



MASTER THESIS

Challenges of stakeholder communication for developing organizational resilience: the case of Dutch pharmacies

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Abstract

Resilience has become vital for organizations in today's rapidly changing world and stakeholder communication can contribute to the development of organizational resilience. Contemporary pharmacies need to be resilient because of the increasingly complex, opaque and unpredictable environment in which they operate. This thesis aims to gain an insight in the challenges of stakeholder communication for developing organizational resilience in Dutch pharmacies. The corresponding research question of this thesis is: *“what are the challenges of stakeholder communication for developing organizational resilience in Dutch pharmacies?”* Twelve semi-structured interviews were conducted with Dutch pharmacists. In the Dutch context, preference policy and medication shortages are the main issues that require pharmacies to be resilient. Furthermore, patients, prescribers and health care insurers were identified as the main stakeholders. The findings of this thesis suggest that overall Dutch pharmacists consider their pharmacy to be resilient.

The following challenges in the process of stakeholder communication for developing organizational resilience in the context of preference policy were identified: timely communication with insurers, communication with dissatisfied patients, lack of knowledge from patients about the pharmacy's role and the lack of communication from insurers about preference policy. More specifically, in the communication with patients the following challenges were identified: maintaining good communication, increasing assertiveness and demands from patients and the different needs regarding communication within the patient group. No challenges were found in the communication with prescribers in the context of preference policy. In the communication with insurers the following challenges were identified: dominant position and communication from insurers, unpredictable and uncertain communication and actions, and lack of communication or very limited communication.

The following challenges in the process of stakeholder communication for developing organizational resilience in the context of medication shortages were identified: increasing amount of communication with prescribers that is necessary to remain resilient and lack of understanding, appreciation and acknowledgement of stakeholders. More specifically, in the communication with patients the following challenges were identified: lack of understanding about medication shortages and the role of the pharmacy and the subsequent increasing amount of time and effort is needed to communicate with patients. In the communication with prescribers the following challenges were identified: communicating with frustrated prescribers and increasing amount of time and effort needed to communicate with prescribers to remain resilient. Finally, the main challenge in the communication with insurers concerns communication about reimbursements.

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1. Introduction

1.1 Thesis motives, research goal and research question

Resilience has become vital for organizations in today's rapidly changing world. Overall, the environment in which contemporary organizations operate could be described as turbulent. "Turbulence is a consequence of many shifting forces, including cultural, political, technological, and environmental changes" (Fiksel, 2015, p. 4). Contemporary organizations are continuously challenged to absorb strain, preserve functioning and re-establish meaning after sudden and unexpected events, adversity and disruptions. Besides sudden and unexpected events, contemporary organizations are also challenged by more gradual changes (Fiksel, 2015). Over the past few decades, organizational resilience has received increased attention from scholars as well as organizations themselves. Both scholars and organizations realized that because of the increasingly complex, opaque and unpredictable environment in which organizations operate, organizations need to be resilient in order to survive. "For companies and organizations of all kinds that are navigating the rapids of accelerating technological, social, and economic change, mastery of the art and science of resilience will be the difference between thriving, surviving, and extinction" (Fiksel, 2015, p. ix).

Research on organizational resilience so far often focuses on 'disasters', such as natural hazards and terrorist attacks (e.g. Bhamra, Dani & Burnard, 2011). However, the rapidly changing and increasingly complex world in which organizations operate poses more threats than disasters alone. Furthermore, while most research has focused on traditional private organizations, organizations with a public function face numerous challenges and need to be resilient as well. Pharmacies are a typical example of organizations with a public function that are operating in a complex, rapidly changing environment what requires them to be resilient. Besides disasters (such as pandemic disease (Bhamra, Dani & Burnard, 2011)), pharmacies also face more (adverse) gradual changes which require them to be resilient, such as ageing population, increasing health care costs and shortage of qualified personnel.

When it comes to stakeholders of pharmacies, it has been suggested that "under routine circumstances, patient access to prescription drugs entail a complex and interdependent system, in which physicians write prescriptions, pharmacists fill prescriptions and stock medications, insurers authorize benefits, wholesalers deliver supplies, and patients navigate this process" (Carameli et al., 2013, p. 257). Pharmacies are thus operating in a complex and interdependent environment with various stakeholders. As mentioned before in organizational resilience literature, organizations that "exist in an increasingly tightly coupled and interactively complex world where the unexpected is omnipresent and the speed with which unexpected events can amplify into disaster is ever increasing" are required to be resilient in order to survive (Vogus & Sutcliffe, 2007, p. 3418). This suggests that pharmacies are a typical example of organizations that need to be resilient in order to survive.

Both the sudden and unexpected changes and the more gradual changes lead to communication demands from stakeholders. “Organizations operate in unstable environments where they must constantly evaluate how they will respond to stakeholders” (Stephens, Malone & Bailey, 2005, p. 393). Because of the increasing importance of organizational resilience for organizations in general and pharmacies specifically, and because of the increasing communication demands from stakeholders it is interesting to further explore the challenges of stakeholder communication for developing organizational resilience. “Pharmacists have the potential to contribute to an improved use of medications. Communication is an essential tool in this process. There is, however, a lack of studies regarding the content of the communication in pharmacies” (Olsson et al., 2014, p. 150). So far both the organizational resilience of pharmacies specifically as well as the communication of pharmacies has been understudied. Therefore, more specifically, the research goal of this thesis is to gain an insight in the challenges of stakeholder communication for developing organizational resilience in Dutch pharmacies. In line with this research goal, the following research question has been formulated:

“What are the challenges of stakeholder communication for developing organizational resilience in Dutch pharmacies?”

1.2 Academic relevance

As mentioned before, organizational resilience has received increased attention from scholars during the past decades. However, most scientific research concerning organizational resilience focused on traditional private, for profit organizations or firms even though organizations with a public function, such as pharmacies, nowadays need to be resilient as well. Moreover, the health care sector in general and pharmacies specifically are experiencing increasing external pressures in a turbulent environment, what requires them to be resilient in order keep functioning and survive.

Furthermore, organizational resilience is mostly studied in a context of disasters, such as environmental disasters or terrorism attacks but organizations face a much wider variation of (unexpected) events, adversity and challenges. “It is not only disasters but also small uncertainties or deviations that can cause challenges to organizations” (Bhamra et al., 2011, p. 5375). Thus, there is a gap in resilience research concerning semi-public organizations and non-disaster challenges. This thesis could contribute academically since it concerns this gap: namely semi-public organizations and resilience in a wider context than only disasters. Moreover, the challenges of stakeholder communication for developing organizational resilience has so far been underexposed in research as well, and this thesis will focus on that.

Finally, previous literature has indicated that in the context of organizational resilience, “more real-world based research needs to be done, particularly focused on empirical methods such as a case study” (Bhamra et al., 2011, p. 5388). This thesis provides a real-world based case

study by interviewing Dutch pharmacists about the challenges of stakeholder communication for developing organizational resilience. Thereby, this thesis addresses this recommendation about studies in the context of organizational resilience of previous authors.

Overall, one could say that this thesis is of academic relevance as it aims to contribute to stakeholder communication for organizational resilience research both theoretically and empirically and therefore this thesis contributes to “understanding how organizations positively adjust under conditions of adversity and emerge more resourceful (i.e., resilient) that will help to answer the most pressing questions facing today’s organizations and organization theorists” (Vogus & Sutcliffe, 2007, p. 3422).

1.3 Practical relevance

As mentioned before, it is increasingly important for organizations to be(come) resilient. Sooner or later all organizations will experience adversity but the adversity they face may become more complex and more difficult to predict in today’s rapidly changing, interconnected and turbulent world. Therefore, more and more organizations are facing a so-called ‘resilience-gap’ which entails that “the world is becoming turbulent faster than organizations are becoming resilient” (Hamel & Välikangas, 2003, p. 52). This research could practically contribute to pharmacies by providing an insight in the challenges of stakeholder communication for developing organizational resilience. It would be very valuable for Dutch pharmacies to gain knowledge about the challenges that they are facing in the communication with their stakeholders for developing their organizational resilience.

Dutch pharmacies face multiple, complex changes such as the ageing population, increased health care costs and so on. Thus, they need to communicate with stakeholders and be resilient to cope with these changes. An increased insight regarding the challenges of stakeholder communication for developing organizational resilience will therefore be relevant to Dutch pharmacies. Moreover, it has been argued that “understanding how organizations positively adjust under conditions of adversity and emerge more resourceful (i.e., resilient) will help to answer the most pressing questions facing today’s organizations and organization theorists” (Vogus & Sutcliffe, 2007, p. 3422). This highlights the importance of an improved understanding of organizational resilience for organizations themselves as well besides the organization theorists.

2. Literature review

2.1 Resilience: the rise of a complex concept

Resilience is a concept that is both multidisciplinary and multifaceted (Bhamra et al., 2011). The concept ‘resilience’ was introduced by Holling (1973) who studied resilience from an ecological perspective. Since its emergence in 1973, the concept ‘resilience’ has been studied from various other perspectives as well, including social, psychological, organizational, and engineering perspectives (Connelly, Allen, Hatfield, Palma-Oliveira, Woods & Linkov, 2017). “The concept of resilience is one of the most important research topics in the context of achieving sustainability” (Brand & Jax, 2007, p. 22). This is one of the reasons why, especially more recently, resilience received increased interest across all areas of society (Gibson & Tarrant, 2010). Subsequently, “several definitions and typologies have been developed across several contexts, creating a diverse literature base” (Burnard et al., 2018, p. 352). Besides the perspectives on resilience from a wide variety of research disciplines, the concept of resilience has also been defined and discussed in general. Table 1 provides an overview of definitions of the concept of resilience in general.

Reference	Definition of resilience
Hamel & Välikangas, 2003, p. 55	<i>“a capacity for continuous reconstruction”</i>
National Research Council, 2012, p. 14	<i>“the ability to prepare and plan for, absorb, recover from and more successfully adapt to adverse events”</i>
Hollnagel & Woods, 2005, p. 348	<i>“tantamount to coping with complexity and to the ability to retain control”</i>
Gibson & Tarrant, 2010, p. 8	<i>“bouncing back from adversity”</i>
Bhamra et al., 2011, p. 5385	<i>“fundamentally, the concept of resilience is closely related with the capability and ability of an element to return to a pre-disturbance state after a disruption”</i>

Table 1: Definitions of resilience overview

Table 1 illustrates the variety of definitions of resilience that have been developed over time. Overall, the common characteristics of the listed definitions of resilience in Table 1 seem to be twofold. Firstly, all definitions (in)directly refer to a turbulent, complex or even adverse environment. Secondly, all definitions refer to the ability or capability to recover from this turbulent, complex environment or adversity or perhaps to eventually become even more successful. So regardless the perspective from which one studies resilience, common features of resilience seem to be that resilience refers to the ability to recover or even improve from a turbulent, complex or adverse environment. Therefore, the most general definition of resilience, provided by Bhamra et al., will be used in this study: “fundamentally, the concept

of resilience is closely related with the capability and ability of an element to return to a pre-disturbance state after a disruption” (2011, p. 5385).

2.2 The increasing importance of organizational resilience

As this thesis focuses on pharmacies – thus organizations – the organizational perspective on resilience will be further discussed in this paragraph. In line with the more general definitions of resilience the concept can also be applied to organizations. From an organizational perspective, resilience is related to “organizational responses to turbulences and discontinuities” (Bhamra et al., 2011, p. 5385). Thus, it follows the line of resilience in general but then refers to the coping mechanisms of an organization instead of coping mechanisms in general. More specifically, one could separate the coping mechanisms of an organization regarding systematic discontinuities as well as the continuous adaptability of an organization regarding its new risk environments (Bhamra et al., 2011). In other words, organizational resilience is a continuous process: organizations should be able to respond to systematic discontinuities and changes in its environment, as well as to be able to adapt to new threats occurring in its environment. Table 2 provides an overview of characteristics of resilient organizations according to several scholars.

Authors	What makes an organization resilient?
Mark, Al-Ani & Semaan (2009, p. 690)	<ul style="list-style-type: none"> • The ability to repair old practices and develop new practices when the old ones are no longer possible
Ortiz-de Mandojana & Bansal (2015, p. 1615)	<ul style="list-style-type: none"> • The ability of organizations to anticipate, avoid, and adjust to shocks in their environment
Starr, Newfrock & Delurey (2003, p. 3)	<ul style="list-style-type: none"> • Effectively aligning its strategy, operations, management systems, governance structure, and decision-support capabilities so that it can uncover and adjust to continually changing risks, endure disruptions and create advantages
Lengnick-Hall, Beck & Lengnick-Hall (2011, p. 243)	<ul style="list-style-type: none"> • Thriving despite experiencing conditions that are surprising, uncertain, often adverse, and usually unstable

Table 2: Organizational resilience characteristics

Based on the organizational resilience characteristics overview given in Table 2, one could say that organizational resilience entails the response capabilities of an organization regarding to its environment. However, it has often been assumed that this primarily entails organizations’ response capabilities regarding sudden, unexpected events. This could possibly be traced back to the extensive resilience literature which primarily focuses on disasters, such as natural hazards (Bhamra et al., 2011). One should notice that organizational resilience does not solely refer to a crisis or unexpected event but could also refer to organizational learning putting into use when facing new challenges (Chewning, Chih-Hui & Doerfel, 2012). Organizational

resilience should be seen as a continuous process as well. “Strategic resilience is not about responding to a one-time crisis. It’s not about rebounding from a setback. It’s about continuously anticipating and adjusting to deep, secular trends that can permanently impair the earning power of a core business. It’s about having to change before the case for change becomes desperately obvious” (Hamel & Välikangas, 2003, pp. 53-54).

Organizational resilience “is a way of thinking about short term cycles and long-term trends: minimizing disruptions in the face of shocks and stresses, recovering rapidly when they do occur, and adapting steadily to become better able to thrive as conditions continue to change” (Resiliens, 2015, p. 6). Thus, organizational resilience comprises both the ability to respond to unexpected events, disruptions and so on and the willingness and capability to adapt to its environment to create new solutions (Chewning Chih-Hui & Doerfel, 2012).

However, organizational resilience should not be confused with similar – but slightly different – concepts that are part of organizational resilience. Table 3 provides an overview of the concept of organizational resilience as well as similar concepts that are often confused with organizational resilience.

Concept	Definition/main properties
Resilience	<i>The ability to bounce back to the organization’s original level and learn & grow</i>
Adaptability	The capability to reestablish a state of fit with a changing environment
Agility	The capability to change and move nimbly in and out of different domains
Flexibility	Real-time adjustment of actions in response to actual events
Improvisation	The capability to respond in absence of a plan
Recovery	Returns to its baseline conditions
Redundancy	The ability of a system to persist even when some parts of it are compromised
Robustness	Taking hits with minimal damage to functional capability

Table 3: Organizational resilience and other similar concepts (adapted from Cunha et al., 2013, pp. 40-41)

Table 3 suggests that in order to be resilient, an organization should be able to ‘bounce back’ to its organizational level after a disruptive event and that a resilient organization should learn and subsequently grow from experiencing a certain adverse event.

So-called organizational resilience has received increasing attention by both scholars and the field over time. In line with the aforementioned general definition of resilience, it has been argued that “resilience is becoming acknowledged as a crucial organizational capability, a critical competence to bounce back after experiencing major surprises, stress or crises” (Cunha, Castanheira, Neves, Story, Rego & Clegg, 2013, p. 3). Contemporary organizations need to become resilient in order to survive. The increasing interest for organizational

resilience can be explained by the notion that “the world is becoming turbulent faster than organizations are becoming resilient” (Hamel & Välikangas, 2003, p. 52).

The increasingly turbulent world in which contemporary organizations need to operate, is partially due to the fact that contemporary organizations “exist in an increasingly tightly coupled and interactively complex world where the unexpected is omnipresent and the speed with which unexpected events can amplify into disaster is ever increasing” (Vogus & Sutcliffe, 2007, p. 3418).

When applied to pharmacies, organizational resilience is also expected based on the restricted literature that is available concerning (organizational) resilience of pharmacies. “Catastrophic disasters can create system barriers of patient surge, service delivery breakdowns, and technological failures that affect timely access to prescription medications. Therefore, system wide preparedness is necessary to ensure prescription drug continuity during disaster” (Carameli, Eisenmann, Blevins, d’Angona & Gilk, 2013, p. 257). Thus, pharmacies should both be prepared and able to respond to unexpected events and gradual changes such as service delivery breakdowns and access problems regarding prescription drugs. In other words, to keep functioning, pharmacies are expected, or even required to be resilient in their turbulent environment.

2.3 Communicative constitution of organizations (CCO) linked to organizational resilience and stakeholders

Recently, the notion of ‘communicative constitution of organization’ (sometimes abbreviated as CCO) has grown to the center of organizational communication studies (Vásquez & Schoeneborn, 2018). Essentially, ‘communicative constitution of organization’ theory entails that communication leads to the emergence, sustainment and transformation of organizations (Vásquez & Schoeneborn, 2018). Thus, according to the growing communicative constitution of organization theory, communication inevitably plays a key role in organizations. In line with the communicative constitution of organization theory it has been stated that “organizing is first and foremost a communicative activity” (Schoeneborn, 2011, p. 664). Moreover, it has been argued that “the communication activity is the organization” (Weick, 1995, p. 75). Furthermore, proponents of the communicative constitution of organization theory claim that communication “is the means by which organizations are established, composed, designed, and sustained” (Cooren, Kuhn, Cornelissen & Clark, 2011, p. 1150).

Within the communicative constitution of organization theoretical field, McPhee and Zaugg (2008) have famously distinguished four types of communication that are essential for the constitution of an organization. The model composed by McPhee and Zaugg proposes that organizational phenomena “are constituted through the joint occurrence of four communication processes” (Vásquez & Schoeneborn, 2017, p. 7). In their model, these four communication processes are referred to as four ‘flows’. The four flows distinguished are: membership positioning, self-structuring, activity coordination, and institutional positioning

(McPhee & Zaug, 2008). Membership positioning refers to the fact that “organizations tend to draw a clear-cut distinction between their members and nonmembers and thus are characterized by continuous communicative processes of membership negotiation” (Schoeneborn, 2011, p. 667). Second, self-structuring of an organization refers to “self-reflexive interactions that serve the purpose of designing or controlling organizational processes” (Vásquez & Schoeneborn, 2018, p. 7). Third, “activity coordination consists of interactions through which organizational members or groups dynamically adapt to situation-specific demands and expectations” (Vásquez & Schoeneborn, 2018, p. 7). Fourth, the communication process of institutional positioning refers to “interactions that shape an organization’s relation to its institutional environment, for instance, vis-à-vis other organizations or stakeholders (Vásquez & Schoeneborn, 2018, p. 7). A very important remark in this theoretical model is that the organization is only created when all four flows come together (McPhee & Zaug, 2008).

In line with the ‘communicative constitution of organizations’ theory and the specific communication processes as distinguished by McPhee and Zaug (2008), it is expected that communication is vital for organizational resilience. In general, the communicative constitution of organizations theory states that communication inevitably plays a key role in organizations. Specifically, it has been argued “organizing is first and foremost a communicative activity” (Schoeneborn, 2011, p. 664) and therefore it is expected that the organization of resilience also entails communication. Also, the second ‘flow’ as distinguished by McPhee and Zaug (2008), namely self-structuring focuses on the communication process that designs and controls the organizational processes. In line with this ‘flow’ it is expected that communication also plays a role in organizational processes such as organizing resilience. Also, the third flow as distinguished by McPhee and Zaug refers to the interactions to adapt to situation-specific demands and expectations. This is also in line with the importance of communication in organizational resilience as unexpected events and gradual changes will pose situation-specific demands and expectations to the organization which will be addressed through (amongst others) communication in line with the theory of McPhee and Zaug (2008). Furthermore, the communicative constitution of organizations theory has stated that communication leads to amongst others the transformation and sustainment of organizations (Cooren et al., 2011; Vásquez & Schoeneborn, 2018). This is in line with organizational resilience as organizations may need to transform to remain resilient in the context of unexpected events and gradual changes and organizational resilience in general is about the ability of an organization to sustain in a complex environment. Therefore, based on the link between the communicative constitution of organizations theory and organizational resilience, it is expected that communication is vital in organizational resilience.

Furthermore, stakeholders and stakeholder communication are also expected to be central in organizational resilience based on the literature. As mentioned before in organizational resilience literature, organizations that “exist in an increasingly tightly coupled and interactively complex world where the unexpected is omnipresent and the speed with which

unexpected events can amplify into disaster is ever increasing” are required to be resilient in order to survive (Vogus & Sutcliffe, 2007, p. 3418). Moreover, in line with the increasingly tightly coupled and interactively world in which contemporary organizations operate, communication with stakeholders to which the organizations are tightly coupled and interact with is becoming vital to be resilient and thus survive. Also, contemporary organizations are more and more dependent on external actors and stakeholders and therefore communication with stakeholders is becoming increasingly important. More specifically, the fourth flow of communication as defined by McPhee and Zaug (2008) also refers to the importance of stakeholder communication. Overall, it is therefore expected that stakeholder communication is vital for organizations in general and organizational resilience specifically.

Overall, organizations are expected communicate with stakeholders to develop their organizational resilience because communication is “an absolutely essential element of resilience in many systems” (Longstaff & Sung-Un, 2008, p. 1). And stakeholders are very important in “understanding and communicating resilience concepts” (Connelly et al., 2017).

2.4 Organizational resilience framework

Now that the concepts of ‘resilience’ and ‘organizational resilience’ and its features have been discussed, this section will provide an organizational resilience framework. The emerging scientific literature on organizational resilience has provided a few frameworks concerning resilience. This enables a deeper understanding of how organizations could organize or construct their resilience according to literature. Furthermore, how organizations could organize their resilience affects the communication of its organizational resilience as well. Table 4 provides an overview of three (organizational) resilience frameworks that have been provided by previous scientific literature in 2009 and 2018.

Burnard et al. (2018)	Ponomarov & Holcomb (2009)	Ma et al. (2018)
<i>Environmental scanning</i>	Readiness & Preparedness	Anticipate & Plan
Detection	Response & Adaptation	Manage & Survive
<i>Impact evaluation</i>	Recovery or Adjustment	Learn & Grow
Activation		
<i>Adjustment and/or response</i>		
Evaluation		

Table 4: (Organizational) resilience frameworks overview

Firstly, Ponomarov & Holcomb (2009) suggested that resilience literature could be grouped into three classifications, namely: readiness (and preparedness), response (and adaption) and recovery (potentially through adjustment). More specifically, it was argued that in order to be resilient as a reaction to unexpected events, event readiness should be incorporated, efficient and effective responses should be provided and this should lead to a recovery into the original state or even better after the disruptive or adverse event (Ponomarov & Holcomb, 2009).

However, Ponomarov & Holcomb focused primarily on supply chain resilience and applied their classifications to supply chain cases. Despite this, the classifications of Ponomarov & Holcomb could be found within other organizational resilience frameworks as well.

Burnard et al., (2018) provided an organizational response framework (see Appendix A) consisting of several steps as shown in Table 3. The organizational response framework would provide an overview of how an organization would – in general – react to a disruptive event. First of all, environmental scanning/monitoring would lead to the detection of a disruptive event. Subsequently, the impact of this event will be assessed. Then, based on the impact evaluation management will decide to implement an existing response to the disruptive event or to adopt a new response (adjustment) to the disruptive event. Finally, the response will be evaluated and possibly lead to further readjustment of the response if necessary (Burnard et al., 2018). Furthermore, it is stressed that ‘detection’, ‘activation’ and ‘evaluation’ “form the central decision-making processes within organizational responses” (Burnard et al., 2018, p. 355).

More specifically, detection refers to “the active process through which the determinants or impacts of an event are recognized. This process forms the initial decision-making function within response activities” (Burnard et al., 2018, p. 356). Activation was defined as “the process forming the initial stages of response. Elements begin to deploy response protocols and available resources within the organizational system” (Burnard et al., 2018, p. 355). Finally, evaluation is “the result of response and adjustment activities” (Burnard et al., 2018, p. 355).

Overall, Burnard et al. (2018) have provided a more comprehensive, complicated and organization-focused framework of responses regarding disruptive events compared to Ponomarov & Holcomb (2009). The basis of the classifications provided by Ponomarov & Holcomb could however be traced back in the organizational response framework of Burnard et al. The main focus is on the active detection (being ready and prepared for the disruptive event), activation (deciding on how to respond or adjust to the disruptive event) and evaluation (evaluate how well the organization recovered based on the actions taken and if possible further adjustments are necessary to increase the organizations’ resilience in the future).

Finally, Ma et al (2018) provided an integrated model of organizational resilience in which they emphasize the key aspects of organizational coping strategies in the context of resilience. Figure 1 provides an overview of this integrated organizational resilience model.

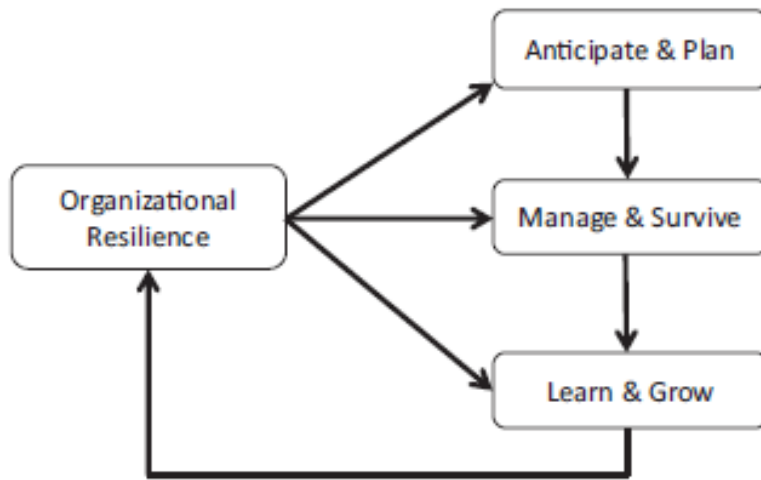


Figure 1: Integrated organizational resilience model (Ma et al., 2018, p. 258)

As figure 1 illustrates, the key aspects or organizational resilience are: ‘anticipate & plan’, ‘manage & survive’ and ‘learn & grow’. According to this integrated organizational resilience model, resilient organizations are “anticipating and planning for disruptions, managing problems and surviving in hardship, to learning and growing in the unexpected events” (Ma et al., 2018, p. 256). Again, this integrated organizational framework could be seen in line with the frameworks provided by Ponomarov & Holcomb (2009) and Burnard et al., (2018). Ma et al also stress that the first key aspect of a resilient organization is to anticipate and plan, which could be seen in line with the suggestion of Ponomarov & Holcomb (2009) that event readiness should be incorporated and that detection is a central decision-making process by management in the context of organizational resilience (Burnard et al., 2018). The second key aspect according to Ma et al., namely ‘manage and survive’ is in line with ‘response and adaptation’ (Ponomarov & Holcomb, 2009) and ‘activation’ (Burnard et al., 2018). The third key aspect according to Ma et al., namely ‘learn and grow’ is in line with ‘recovery or adjustment’ (Ponomarov & Holcomb, 2009) and ‘evaluation’ (Burnard et al., 2018).

Overall, based on the organizational resilience frameworks as provided by Ponomarov & Holcomb (2009), Burnard et al (2018) and Ma et al (2018), one could derive that the process of organizational resilience generally takes place through three steps. In this thesis, the framework of Ma et al (2018) will primarily be used (see Figure 1), as the framework of Ponomarov & Holcomb (2009) was derived from supply chain resilience while this thesis addresses organizational resilience and the framework of Burnard et al comprises of many relatively small details in the organizational resilience context. However, both frameworks of Ponomarov & Holcomb and Burnard et al acknowledge the threefold integrated organizational resilience framework by Ma et al (2018) as shown in Figure 1.

3 Methodology

3.1 Research design

The research design chosen in this thesis is a qualitative case study. A case study could be defined as “a strategy for doing research which involves an empirical investigation of a particular contemporary phenomenon within its real-life context using multiple sources of evidence” (Robson, 2002, p. 178). As this thesis will empirically investigate a particular contemporary phenomenon (namely the challenges of stakeholder communication for developing organizational resilience in Dutch pharmacies), using semi-structured interviews, a case study is thought to be the suitable research strategy. Furthermore, a case study is especially applicable when one aims to “gain a rich understanding of the context of the research and the process being enacted” (Saunders et al., 2009, p. 146). As this thesis aims to gain a rich understanding of the challenges of stakeholder communication for developing organizational resilience in Dutch pharmacies, a case study is a suitable research approach.

By carrying out a case study, this research could also contribute to the literature regarding stakeholder communication for developing organizational resilience. Even though multiple case studies concerning resilience have been carried out over the past few years, only very few of them addressed the organization (and thus organizational resilience) as their point of perspective (Bhamra et al., 2011). Therefore, previous literature has suggested that in the context of organizational resilience, “more real-world based research needs to be done, particularly focused on empirical methods such as a case study” (Bhamra et al., 2011, p. 5388). This research contributes to the literature by carrying out real-world based research in the context of organizational resilience via semi-structured interviews.

Finally, case studies usually comprise of qualitative data (Saunders et al., 2009). In line with the research objective and research question in this thesis, qualitative data is also thought to be the most suitable type of data. As this thesis focuses on challenges of stakeholder communication for developing organizational resilience, the data to describe and understand this is thought to be mainly qualitative. Furthermore, by using qualitative data one could also gain a deeper understanding of the motivations of pharmacists to communicate with stakeholders to develop organizational resilience.

3.2 Data collection

3.2.1 Case selection

This thesis examines the challenges of stakeholder communication for developing organizational resilience. As mentioned before, organizational resilience is an upcoming topic in business research. Within the health care sector, pharmacies are confronted with increasing external pressures, therefore challenges of stakeholder communication for the development of organizational resilience will be researched in this thesis. This will be examined through semi-structured interviews with Dutch pharmacists. The official register of established pharmacists in the Netherlands from the *Inspectie Gezondheidszorg en Jeugd* (IGJ) was used

as a starting point. This register is updated every week and provides an overview of established pharmacies in the Netherlands. Established pharmacists across the Netherlands were contacted based on this list. Cases that would be useful in this research would first of all be Dutch pharmacies, as this is a case study focusing on Dutch pharmacies. Furthermore, the list ensures that it concerns registered Dutch pharmacies. Secondly, another criterium was set as well to determine that the cases would be useful for this research. To create a homogenous group, only open pharmacies were contacted. In total, 12 pharmacists operating in 12 different open pharmacies across the Netherlands were interviewed.

3.2.2 Sample

Table 5 provides an overview of the sample of interviewed pharmacists. In total, 12 pharmacists were interviewed to get an understanding of their challenges in stakeholder communication for developing organizational resilience. According to Guest et al., “for most research enterprises, however, in which the aim is to understand common perceptions and experiences among a group of relatively homogenous individuals, twelve interviews should suffice” (Guest et al., 2007, p. 79). As the aim of this thesis is to understand the common perceptions and experiences of pharmacists regarding challenges of stakeholder communication for developing organizational resilience, 12 interviews should be sufficient to reach saturation. Moreover, as one can see in Table 5, the sample consists of a homogenous group, namely pharmacists operating in an open pharmacy in the Netherlands. Furthermore, Kuzel (1992) “recommended six to eight interviews for a homogenous sample” and twelve to twenty interviews for a more heterogeneous sample (Guest et al., 2007, p. 59). Guest et al., also stated that “saturation occurred within the first twelve interviews, although basic elements for metathemes were present as early as six interviews” (Guest et al., 2007, p. 59). Overall, based on these recommendations 12 interviews should thus be sufficient to reach saturation.

Respondent number	Occupation	Date of interview	Modality
1	Pharmacist	April 9 th , 2019	Face-to-face
2	Pharmacist	April 8 th , 2019	Phone call
3	Pharmacist	April 10 th , 2019	Mail
4	Pharmacist	April 5 th , 2019	Mail
5	Pharmacist	April 23 rd , 2019	Face-to-face
6	Pharmacist	April 24 th , 2019	Face-to-face
7	Pharmacist	May 2 nd , 2019	Face-to-face
8	Pharmacist	April 18 th , 2019	Face-to-face
9	Pharmacist	April 30 th , 2019	Face-to-face
10	Pharmacist	May 15 th , 2019	Phone call
11	Pharmacist	April 29 th , 2019	Mail
12	Pharmacist	May 3 rd , 2019	Face-to-face

Table 5: Sample

All interviewees were given a definition of organizational resilience at the start of the interview, to avoid ambiguity on this topic. Organizational resilience was defined as the ability of the pharmacy to sustain/keep functioning or anticipating during sudden events and/or gradual changes and to possibly improve functioning afterwards. Furthermore, to ensure their privacy, all interviewees were anonymized in this study. Before the face-to-face interviews and phone call interviews, permission was asked to audio record the interviews. All interviewees gave permission for recording the interviews. Similarly, interviewees were told that they did not need to answer the interview questions if they didn't want to and that they could stop the interview at any time. After each interview (including the interviews via mail), permission to use citations of the pharmacists (anonymized) was asked. All interviewees gave permission to be cited.

3.3 Operationalization

Through operationalization operational definitions are developed. An operational definition is "the concrete and specific definition of something in terms of the operations by which observations are to be categorized" (Babbie, 2010, p. 71). Thus, to gain a deeper understanding of the challenges of stakeholder communication for developing organizational resilience in Dutch pharmacies, operational definitions of the main concepts should be created. Table 6 provides an overview of the operationalization process. Previous literature on the main concepts in this research was used as a starting point for operationalization in this thesis. Operationalization results in interview questions as the data collection method for this thesis will be semi-structured interviews as mentioned before.

Table 6: Operationalization overview

Concept	Literature	Operationalization
Organizational resilience	"From an organizational perspective, resilience is related to "organizational responses to turbulences and discontinuities" (Bhamra et al., 2011, p. 5385).	Do you consider your pharmacy to be resilient? Why?
		What are sudden events or gradual changes that your pharmacy has experienced recently?
		Which sudden event or gradual change do you think is the most important/influential? Why?
Organizational resilience characteristics	"A resilient organization effectively aligns its strategy, operations, management, governance structure, and decision-support capabilities so that it can uncover and adjust to continually changing risks, endure	What are, according to you, characteristics of a resilient pharmacy?

	<p>disruptions to its primary earning drivers, and create advantages over less adaptive competitors” (Starr, Newfrock & Delurey (2003, p. 3)</p> <p>“The ability of organizations to anticipate, avoid, and adjust to shocks in their environment” (Ortiz-de Mandojana & Bansal, 2015, p. 1615)</p>	
Improvement of organizational resilience	<p>“Establishing greater resilience is especially necessary in the current economic and security environment, which poses a new set of challenges [...] The openness and complexity of today’s extended enterprise increases the firm’s dependence on a global financial, operational, and trade infrastructure” (Starr, Newfrock & Delurey, 2003, p. 3)</p>	<p>How do you think that the organizational resilience of pharmacies could be improved?</p> <p>Which influence has the partnership/membership of pharmacy chain/independence on the resilience of your pharmacy according to you?</p>
Development of organizational resilience and communication over time	<p>Thus, according to the growing communicative constitution of organization theory, communication inevitably plays a key role in organizations. In line with the communicative constitution of organization theory it has been stated that “organizing is first and foremost a communicative activity” (Schoeneborn, 2011, p. 664).</p>	<p>Have you noticed changes regarding the expected/required resilience of pharmacies over time? If so, could you illustrate this with an example?</p> <p>Have you noticed changes regarding the communication with stakeholders? If so, which changes and with which stakeholders? How do you anticipate to this?</p>
Communication with stakeholders	<p>Communication is “an absolutely essential element of resilience in many systems” (Longstaff & Sung-Un, 2008, p. 1).</p> <p>And stakeholders are very important in understanding and communicating resilience concepts” (Connelly et al., 2017).</p>	<p>To what extent do you think that communication with stakeholders can contribute to the (organizational) resilience of pharmacies? Why?</p>

	Moreover, in line with the increasingly tightly coupled and interactively world in which contemporary organizations operate, communication with stakeholders to which the organizations are tightly coupled and interact with is becoming vital to be resilient and thus survive (Vogus & Sutcliffe, 2007)	
Anticipate & Plan	Resilient organizations are “anticipating and planning for disruptions” (Ma et al., 2018, p. 256)	<p>How and when did you (approximately) discover this sudden event/gradual change?</p> <p>To what extent were you prepared to this sudden event/gradual change?</p> <p>Which stakeholders were involved in this first phase? How?</p> <p>How was the communication with stakeholders during the detection of this sudden event/gradual change?</p>
Manage & Survive	“Managing problems and surviving in hardship” (Ma et al., 2018, p. 256)	<p>Which actions did you take as a pharmacist to respond/anticipate to this sudden event/gradual change?</p> <p>Which parties were involved with/influenced by this sudden event/gradual change and the actions you took?</p> <p>How was the communication with the stakeholders about the actions you took?</p>
Learn & Grow	“learning and growing in the unexpected events” (Ma et al., 2018, p. 256)	How do you evaluate the actions you took as a response to the sudden event/gradual change?

- To what extent do you think that the stakeholders were satisfied about your communication during the sudden event/gradual change?

- Have you changed something in the process or in your intention regarding communication with stakeholders? If so, what?

3.4 Data analysis

All face-to-face and phone call interviews were voice recorded (with permission of the interviewee) to transcribe the interviews in a later stage. After transcribing the interviews, all interviews (including the interviews per mail), were uploaded in Atlas.ti for analysis.

Atlas.ti is a qualitative data analysis (QDA) software. It enables the researcher to manually code the text documents (transcripts of the interviews). Furthermore, through the code-occurrence explorer potential relationships between codes can be found. A main advantage of using QDA software, such as Atlas.ti, is that it enables the researcher to work structured and that it increased the reliability and validity because the analysis becomes “more transparent and replicable which is meaningful in social science disciplines” (Hwang, 2008, p. 521). Also, analyzing data via QDA software “can be time saving and more efficient” (Hwang, 2008, p. 521).

Based on the research question formulated and the literature, two code groups were established: stakeholder communication and organizational resilience. Both code groups comprise of several codes. Table 7 and 8 provide an overview of the code groups. The codes within the code groups are based on the literature and the operationalization table.

Table 7: Code group stakeholder communication

Stakeholder communication
Communication of resilience
Communication over time
Communication with prescribers
Communication with patients
Communication with health care insurance companies

Table 8: Code group organizational resilience

Organizational resilience
Sudden event
Gradual change
Characteristics
Improvement
Organizational resilience over time
Anticipate & Plan
Manage & Survive
Learn & Grow

4. Findings

4.1 Organizational resilience of Dutch pharmacies

As mentioned before, at the beginning of every interview the definition of organizational resilience was shared to prevent ambiguity. Organizational resilience was defined as the ability of the pharmacy to keep functioning, or to adjust, during sudden events and gradual changes and to possibly improve its functioning afterwards. In order to reach the aim of this thesis, namely finding out what the challenges of stakeholder communication for organizational resilience of Dutch pharmacies are, and subsequently answer the research question, the organizational resilience of Dutch pharmacies should be researched first. In other words, to understand what the challenges of stakeholder communication for developing organizational resilience in Dutch pharmacies are, the status quo of the organizational resilience of Dutch pharmacies should first be discussed. Table 9 provides an overview of whether or not the pharmacists interviewed considered their pharmacy to be resilient. As Table 9 shows, all pharmacists, except for one, consider their pharmacy to be resilient.

Interviewee:	1	2	3	4	5	6	7	8	9	10	11	12
Resilient:												
Yes												
No												

Table 9: Do you consider your pharmacy to be resilient?

The one pharmacist who did not consider its pharmacy to be resilient stated that the reason for its lack of organizational resilience is the dependency on other, external factors.

“You are dependent on too many factors to be resilient” (Respondent 2)

However, all other pharmacists considered themselves to be overall resilient, albeit with different certainty and confidence. Pharmacies are mainly considered to be resilient because of their ability to find solutions and react to increasing external pressures and changes. Furthermore, the health care provider role is named as a reason to be resilient: you always try to help your patient.

“We move along with the market and find and think of a solution every single time”
(Respondent 1)

“Every year we are confronted with major system changes, legislative changes with decreasing turnover, increasing regulatory burden and decreasing market power. Nevertheless, the firm remains financially healthy and we receive high customer ratings” (Respondent 4)

“Actually, I think most pharmacies are resilient. I mean, you don’t abandon your patient. So, if you need to comply to laws, you do that. You do not abandon your

patient. If something has to be converted again, you have to do that. And if something is not available then you try everything to find a solution” (Respondent 5)

“Yes, we are resilient because we were able to come up with a solution fairly quickly to all measures and things that we are confronted with” (Respondent 7).

“Yes, we are resilient. I think most pharmacies are. We as well. Yes, you need to deal with what’s coming. In terms of availability, indeed, regarding medication, what’s available. You try to find a solution and you go along with this. Anyways, I think that most people that are working in a pharmacy are solution-oriented. So, we are looking for solutions quite quickly. And from the caregiver role: you want the best for the patients. So yes, we will try to find a solution at all costs” (Respondent 12)

The findings regarding the organizational resilience of Dutch pharmacies as presented in this section already indicate that stakeholder communication may play an important role in the organizational resilience of Dutch pharmacies.

For example, the one pharmacist who did not consider its pharmacy to be resilient referred to the dependency on too many factors. These factors, including external factors or factors beyond the pharmacy’s control, may either come from stakeholders of the pharmacy or influence stakeholders of the pharmacy as well. This indicates that stakeholder communication might be beneficial or even necessary for a pharmacy to be resilient and that there are challenges in the stakeholder communication about these factors that influence the pharmacy’s resilience. If a certain factor influencing the resilience of the pharmacy originates from a stakeholder, communication with this stakeholder may lead to more and/or earlier information about this factor and thus a more informed and/or prepared pharmacy. If a certain factor influences the resilience of the pharmacy but stakeholders of the pharmacy as well then the resilience of the pharmacy could be enhanced via stakeholder communication and subsequent collaboration between the pharmacy and stakeholders affected by this factor.

Furthermore, the pharmacists who considered their pharmacies to be resilient often referred to their ability to find solutions and react to increasing external pressures and changes. In order to find solutions and react to these increasing external pressures and changes, communication with stakeholders will be necessary as these external pressures and changes may again originate from stakeholders or influence stakeholders as well. Moreover, the finding that external pressures and changes are increasing indicate that stakeholder communication may become increasingly important for the pharmacy’s organizational resilience as well. Subsequently, addressing the challenges of stakeholder communication for developing organizational resilience is also becoming increasingly important.

4.2 Organizational resilience over time

4.2.1 Why organizational resilience has become more important over time

As already introduced previously (see 4.1), pharmacies are increasingly required and/or expected to be resilient. In order to understand what the challenges of stakeholder

communication for developing organizational resilience in Dutch pharmacies are, it is important to understand why organizational resilience is increasingly required and/or expected from Dutch pharmacies. The findings as presented below suggest that organizational resilience has become more important over time because of increasing external pressures, a turbulent and unpredictable environment, declining business returns and increasing dependency. Furthermore, the findings indicate that the expectation and/or requirement to be resilient will probably remain or increase in the future.

"I think that resilience is becoming increasingly important because of the decline in business returns over the past years" (Respondent 1)

"As a pharmacy you need to be resilient to survive, this was not so much the case earlier" (Respondent 4)

"I am curious whether everyone will be able to remain resilient until their retirement" (Respondent 4)

"More and more has been added over time and every time more is being added. I mean, we used to decide ourselves which brands we had in stock and delivered to our clients. Nowadays the insurer decides which brands we need to deliver and this differs per insurer. In that way, more and more is expected from you. And we need to meet laws and regulations, such as the AVG¹ we need to deal with now. So yes, you need to meet more things" (Respondent 6)

"I am working as a pharmacist for 8 years now. You notice that more and more regulations are imposed externally [...] this is becoming more and more over the years. This also invokes resilience" (Respondent 11)

"The pharmacy process is strongly dependent on third parties, such as general practitioners, specialists, health care insurers and the government. You will need to embed the imposed policies from these parties, so that the customer is least bothered by this. This requires resilience and flexibility. Over the years we needed to spend more time on this, because health care and costs are under pressure. This leads to increasing rules and administration" (Respondent 11)

"Resilience is increasingly expected. There are more and more things you need to deal with and find a solution for" (Respondent 12).

4.2.2 Increasing importance of stakeholder communication because of increasing importance of organizational resilience

In line with the finding that organizational resilience has become more important over time as described before (see 4.2.1), pharmacists also stated that stakeholder communication for organizational resilience has become more important over time. Understanding why stakeholder communication for organizational resilience has become more important over

¹ Privacy law

time is important to address the challenges of stakeholder communication for further developing organizational resilience in Dutch pharmacies. Pharmacies are increasingly required to communicate with stakeholders in order to be and remain resilient. This is because of a few reasons.

First of all, in line with the increasing importance of organizational resilience for pharmacies in general, stakeholder communication for organizational resilience specifically has also become increasingly important. Pharmacies are increasingly required to be resilient because of amongst others external pressures and changes but also because stakeholders increasingly expect and require pharmacies to be resilient. Therefore, communication for organizational resilience has logically also become increasingly important. Pharmacies are carrying out more proceedings to remain resilient and thus increasingly need to communicate about these proceedings to remain resilient. Also, stakeholders increasingly expect pharmacies to be and remain resilient and therefore demand more communication with the pharmacy about their organizational resilience.

“It takes a lot of time. Not only in a negative way. People often also value the time investment positively. But we often need to explain our method or choices”
(Respondent 3)

“Well, the pharmacy of the past was just a stiff organization that delivered a very high quality in its own opinion, but hardly ever – the pharmacist barely left its desk and the assistants barely left the counter. And that has changed a lot. More information is being provided, more understanding, more contact with prescribers. Pharmacies have to communicate much more and they have started to do so” (Respondent 6)

Secondly, because of the increasing external pressures, a turbulent and unpredictable environment and increasing dependency on external actors, stakeholder communication has become vital for organizational resilience. This can be illustrated in several ways. For example, stakeholder communication enables the pharmacy to coordinate responses to increasing external pressures e.g. through (coordinated) communication with prescribers about responding to increasing medication shortages, as illustrated in the following quotes:

“Make it yourself as easy as possible by keeping lines as short as possible with prescribers so that you can switch more easily with certain things, like when medication is not available. That you already make agreements about this in groups, for example”
(Respondent 1)

“With the GP we can often make arrangements about converting the same medication, so that communication is going very smoothly” (Respondent 2)

Also, stakeholder communication enables the pharmacy to reduce unpredictability of the environment by making agreements with stakeholders e.g. through proactive communication with other pharmacies or wholesalers about expected medication shortages, as illustrated in the following quote:

“We are a group of five pharmacies that belong together so sometimes we communicate with each other if someone finds out that a medication shortage is coming” (Respondent 12)

Also, stakeholder communication enables the pharmacy to reduce the dependency on other stakeholders e.g. by communicating with cooperating pharmacies about medication in stock, as illustrated in the following quote:

“If something is not available then we check with the other pharmacies whether they still have it in stock. If that is not the case then we are going to search for an alternative” (Respondent 12)

Thirdly, the relationship between the pharmacy and one of the most important stakeholders, namely patients, has changed a lot over time. On the one hand, patients have become more assertive over time. On the other hand, patients have also become better informed over time. The knowledge gap between patient and pharmacy has become smaller. This also leads to more critical patients that demand more advanced information about medication (also in case of shortages and changes due to preference policy which requires a pharmacy to act resilient). These developments require increased communication for organizational resilience of pharmacies.

“There is relatively little understanding among a number of patients. Because I don’t want – I certainly don’t want to generalize that. But the small group that is easily agitated is getting bigger. Yes, people are becoming more assertive. Absolutely” (Respondent 1)

“Assertiveness of patients, which is among other things caused by the degree of knowledge about subjects. The latter is caused by the information that is available on the internet for everyone. This phenomenon influences the relationship you have with the patient” (Respondent 3)

“Patients demand instead of ask” (Respondent 4)

“Patients are becoming more assertive and also know more and more. I mean, because of the internet they just know more. They are searching for things. And you really notice. I mean, while it first was: yes, it must be, I don’t know but I accept it. That’s simply no longer the case. Patients know more, demand more, and are more assertive” (Respondent 5)

“The patient acts like a customer. He or she is no longer a patient, but a customer” (Respondent 8)

4.3 Stakeholder communication as a characteristic of a resilient pharmacy

As already shown in section 4.1, pharmacists consider their pharmacies to be resilient because of their ability to find solutions and react to increasing external pressures. In order to find out what the challenges of stakeholder communication for developing organizational resilience in

Dutch pharmacies are, this section further describes the characteristics of a resilient pharmacy. In other words: to find out how the organizational resilience of pharmacies could be developed through addressing challenges of stakeholder communication, this section explores the characteristics that a resilient pharmacy should possess according to pharmacists with special attention for the stakeholder communication aspects.

When asked about characteristics of a resilient pharmacy, overall, pharmacists stated that resilient pharmacies must be inventive, flexible, proactive, well informed, up to date, client-oriented and solution-oriented, as shown in the quotes below. In line with the expectations based on the findings in section 4.1, being solution-oriented was named as a characteristic of a resilient pharmacy and many quotes and descriptions of characteristics of a resilient pharmacy indirectly referred to reacting to external pressures and changes. Moreover, the quotes below explicitly (client-oriented; contact with stakeholders) and implicitly (actively react to everything, being flexible and try in different ways, being well-informed) refer to the importance of communication with stakeholders.

“Work with what you have, be inventive [...], actively react to everything” (Respondent 1)

“Flexible team, employees thinking along, enough financial capacity for changes, inventive, client-oriented, continuous improvement and feeling with LEAN” (Respondent 4)

“Yes, I think so. You just need to be flexible, and try different ways. If something isn’t available in the wholesale, call someone else whether they still have something [...] that kind of things” (Respondent 5)

“Up to date, in line with the digital process. Well informed and in contact with stakeholders, such as GPs, hospitals and home care” (Respondent 11)

Furthermore, stakeholder communication specifically was also described and explained more comprehensively as an important characteristic of a resilient pharmacy. The findings show that communication is very important for organizational resilience and that (proactive) communication of a pharmacy can lead to a more resilient pharmacy. Moreover, (proactive) communication can enhance for example the inventiveness, flexibility, proactivity and focus on solutions of a pharmacy. In other words, (proactive) communication can enhance some required characteristics of resilient pharmacies and thereby make them more resilient.

“Communication is very important. When the pharmacy is the first party to communicate with fellow health care providers about a certain subject, they are inclined to follow this initiative instead and not to re-invent the whole story. Hereby the pharmacy is more in control” (Respondent 3)

“Good communication with other parties, for example with general practitioners, yes, then you can sometimes look for solutions more efficiently. That you once make a proposal about, for example, a substitute, of which all general practitioners say: we

agree. Then you don't have to call again for every recipe. Then you can simply continue working on that. So, in that regard, communication with those parties is very important" (Respondent 12)

4.4 Improving organizational resilience of Dutch pharmacies

Even though most pharmacists consider their pharmacy to be resilient, they have numerous suggestions to improve the resilience of pharmacies in general. In order to find out what the challenges of stakeholder communication for developing organizational resilience in Dutch pharmacies are, the findings of the pharmacists interviewed regarding the possibilities to improve the organizational resilience of Dutch pharmacies are relevant.

Overall, cooperation seems to be the main possible improvement regarding organizational resilience of pharmacies, as illustrated in the quotes below.

"Pharmacists should stand up for themselves more than they are doing now and unite in organizations [...] not acting individually by reinventing the wheel" (Respondent 3)

"I think that you really need to cooperate, you cannot do it on your own. [...] you really need to be in contact with other health care providers: GPs, other prescribers. You really need to have good contact with them, otherwise you just cannot make it. Cooperating is really very important" (Respondent 5)

More specifically, cooperation can have multiple specific benefits. Because of the declining market power of pharmacies and their subsequent increasing dependency, as a result of external regulations from e.g. health care insurers, increasing market power of health care insurers and ever-increasing legislation, they need to organize themselves to create a stronger negotiation position and to have an influence on the agenda setting in the health care sector, as shown in the quotes below.

"Less work pressure, less regulatory pressure, reducing the power of health care insurers" (Respondent 4).

"Yes, well health care insurers only negotiate with large parties. As a pharmacy you used to get a contract at the end of the year from every health care insurer and now they no longer want to do that. Health care insurers simply want to have a contract with three large contracting partners in the country" (Respondent 7)

Moreover, by cooperating pharmacies can also become more flexible and efficient. The flexibility of pharmacies could increase by cooperating with other pharmacies by for example making group-wise agreements about what to do in case of medication shortages. Increasing flexibility may be important because as already suggested in section 4.3 being flexible is an important characteristic of a resilient pharmacies. However, it has been suggested that pharmacies might not always be that flexible and open for change themselves. By cooperating pharmacies can work more efficiently, for example through negotiating or making agreements in groups instead of individually. The quotes below show the possibilities for flexibility and

efficiency when working in groups according to the pharmacists as well as the suggestions that pharmacies might not always be that flexible and open for change in the first place.

“Make it yourself as easy as possible by keeping lines as short as possible with prescribers so that you can switch more easily with certain things, like when medication is not available. That you already make agreements about this in groups, for example” (Respondent 1)

“Pharmacists are, generally, not the most flexible types. Pharmacists’ assistants are not the most flexible types either. They are people who enjoy working in an environment with certain rules, in which they know: when I do this, then this will happen. [...] And then I’m thinking: is this the best attitude? [...] You can also call it preselection. [...] What can you do about this? Preparing people for the big, bad world” (Respondent 6).

“What helps is [...] wondering: what makes me excited. Is this necessary? The ancient Romans: should I get excited about something that happens at the borders of the empire? Or am I simply focusing on what happens in my house, in my street, with my children, to my staff” (Respondent 6)

“Cooperation is good for the – it’s efficient. Thereby you remain more resilient [...] and yes, if it all takes less time than that’s a good thing” (Respondent 9)

“We are also an important factor ourselves. Being open to change is an important starting point” (Respondent 11)

Besides the findings that show that organizational resilience of pharmacies could be improved as shown above, it was also widely acknowledged that stakeholder communication for organizational resilience specifically could be improved. This could mainly be improved by clarifying the role of the pharmacy that does not always appear to be clear to other stakeholders, as will be shown in the quotes below. Especially, when it comes to communication of resilience, for example while responding to preference policy or medication shortages, it seems that patients are not always understanding the exact role of the pharmacy. Thus, improved communication could also lead to better understanding of the role of the pharmacy to stakeholders and more acknowledgement for the proceedings that pharmacies need to enact to remain resilient.

“Well I think that in general it could be better. Because I think – I would say – we are really like ‘we will fix this ourselves’ and then it is fixed and then we tell the patient that we got the medication for them but then it is fixed again. And I think that we actually – and that of course happens more and more now – but for example the overarching organization the KNMP, they could show the outside world more what we are doing, yes” (Respondent 5)

“I think it could be better. I think – it is something that ultimately comes over them, right? To them even more, perhaps, than others. And what – where we perhaps do not explain enough about our own role in this” (Respondent 6)

“We are stuck with a very strange triangle: we have a doctor who prescribes, we have a health care insurer that pays and we have a patient who does not understand that other forces are working on what he or she wants. So, I need to stick to the doctor’s prescription, I have to stick to the payer – the health care insurer who makes all kinds of demands to me, and that patient who doesn’t understand why I am not doing what he thinks is good for him. And with that, he judges my, while my environment – so there is tension. And if you cannot communicate that well, then you have a problem” (Respondent 8)

“I think that if you communicate well with your patients that you are looking for a solution – to continue talking about solutions – then you show more what you are doing. Then you will get more understanding for that. And hopefully a little appreciation too. Which in turn will encourage you to continue” (Respondent 12)

4.5 Resilient pharmacies in practice

In order to find out the challenges of stakeholder communication for developing organizational resilience, practical experiences regarding stakeholder communication for developing organizational resilience were discussed during the interviews.

Firstly, pharmacists were asked which sudden events or gradual changes they have experienced recently or are experiencing at the moment to get an insight in how they are expected and required to be resilient to get an insight regarding the organizational resilience of pharmacies in practice. Table 10 (see next page) provides an overview of the most commonly named sudden events and gradual changes. As one can see, preference policy and medication shortages are by far the most named sudden events and gradual changes. Subsequently, all pharmacists were asked which sudden event or gradual change they would consider to be most important or influential. All but two named either medication shortages or (intensifying) preference policy as the most important or influential event or changes they need to deal with.

	1	2	3	4	5	6	7	8	9	10	11	12
Regulations/preference policy ²												
Medication shortages												
Recalls												
Digitalization												
Informed/assertive patients												
Track and trace												
Other												

Table 10: Overview sudden events and gradual changes

Secondly, after identifying the sudden event or gradual change that, according to the interviewee, requires the pharmacy to be resilient, this sudden event or gradual change was discussed in more detail. More specifically, the process of being resilient when facing the sudden event or gradual change identified was discussed, as well as the (challenges of) stakeholder communication of each important stakeholder group for developing resilience. As regulations/preference policy and medication shortages are by far the most commonly named sudden events and gradual changes that require a pharmacy to be resilient, the next sections (4.6 & 4.7) will further discuss medication shortages and preference policy to get a deeper understanding regarding the challenges of stakeholder communication for developing organizational resilience.

4.6 Preference policy

As discussed in the previous section (4.5), ‘regulations/preference policy’ was identified as one of the most common sudden events/gradual changes that require a pharmacy to be resilient. During the interviews it occurred that ‘regulations’ often referred to the increasing amount of regulations that are imposed on pharmacies in general. More specifically, ‘preference policy³’ was subsequently being discussed as the specific regulation that occurred

² Regulations refer to government regulations about the basic health care package (what will be reimbursed) and to health care insurers’ regulations. However, in almost all cases pharmacists referred to the preference policy (*preferentiebeleid*) imposed by health care insurers. Preference policy entails that health care insurers decide which brands of medication will be reimbursed; this differs between health care insurers. The first preference policy has been implemented in 2008, subsequently more health care insurers have implemented preference policies (such as Eno in 2019). Furthermore, the preference policy has been intensified and changes every year.

³ Regulations refer to government regulations about the basic health care package (what will be reimbursed) and to health care insurers’ regulations. However, in almost all cases pharmacists referred to the preference policy (*preferentiebeleid*) imposed by health care insurers. Preference policy entails that health care insurers decide which brands of medication will be reimbursed; this differs between health care insurers. The first preference policy has been implemented in 2008, subsequently more health care insurers have implemented preference policies (such as Eno in 2019). Furthermore, the preference policy has been intensified and changes every year.

to be most pressing for the pharmacy's organizational resilience. Therefore, this section will discuss preference policy in detail to get a better insight in the challenges of stakeholder communication for developing resilience when a pharmacy is facing preference policy. First, in subsection 4.6.1, the process of organizational resilience and the challenges in stakeholder communication when facing preference policy will be discussed via the integrated organizational resilience model from Ma et al. (2018). By doing so, the practical process of a pharmacy to be and remain resilient when facing preference policy as well as the challenges of stakeholder communication during this process will be discovered. In the following sections, the challenges of stakeholder communication with each important stakeholder group will subsequently be discussed. Second, in section 4.6.2, preference policy and challenges in the communication with patients will be discussed. Third, in section 4.6.3 preference policy and challenges in the communication with prescribers will be discussed. Fourth, preference policy and challenges in the communication with health care insurers will be discussed.

4.6.1 Process of organizational resilience and stakeholder communication challenges when facing preference policy

When it comes to the detection or 'anticipate and plan' (Ma et al., 2018) of preference policy, there is often no or not enough time to anticipate. The implementation of the first preference policy, in 2008, was sudden. Nowadays, most health care insurers have implemented preference policy. However, the preferred medication may change over time and health care insurers made their preference policy stricter during the last decade. Health care insurers are obliged to inform the pharmacies about the preferred medication in time. However, in practice this is not always the case.

It appears that during the 'anticipate and plan' stage of preference policy, it is a challenge to have communication about the implications of new preference policy with health care insurers in time. This challenge regarding stakeholder communication with health care insurers influences the development of organizational resilience of Dutch pharmacies because as a consequence of this challenge there is often no or not enough time to anticipate to the implications of preference policy. And if there is no or not enough time to anticipate to the implications of new preference policy then this severely complicates the organizational resilience of the pharmacy.

The quotes below illustrate the challenges with regard to the timely communication from health care insurers about new preference policy and the implications this has for the organizational resilience of the pharmacy.

"Well, you know we got a list of the medication it was about. We only had it a few weeks in advance. That isn't handy. So, we have not been able to adjust our stock. So, at the moments we have peaks in our stock that we cannot lose anymore. So, we need to throw it away [...] I considered sending a letter to my customers but eventually

haven't done it because of my relationship with the health care insurer. Because it is very difficult to write a good letter about it without telling those people: leave that health care insurer. In retrospect it might have been good to do that anyway. I have informed the GPs intensively about what the effect would be" (Respondent 6).

"I cannot do much yet. Sometimes I take a look at it and consider what it will mean. And if it reaches the news then I consider: what would that mean for our pharmacy?" (Respondent 7)

"Well, health care insurers designated last year which medications were preferred and then afterwards I got a note: it is only available from March 2019 onwards. Then I'm thinking: what are we doing? So they designated something preferred that isn't even available yet" (Respondent 7)

When it comes to activation or 'manage and survive' (Ma et al., 2018), the main challenge in stakeholder communication seems to be the communication with patients. Overall, patients appear to be unhappy with the changes in their medication as a result of the preference policy of their health care insurer. However, most of them are only confronted with the changes in their medication as a result of the preference policy at their pharmacy. Therefore, some pharmacists are proactively communicating about the preference policy of the health care insurers to their patients. The quotes below illustrate the challenges in the communication with patients during the 'manage and survive' stage, during which the pharmacies are implementing the preference policy of the patients' health care insurers, and the possibility to proactively communicate with the patients to partially overcome this challenge.

"Well, those people are told at the desk that the health care insurer has this medication as preferred, so you have to try it. You must try it; it sounds bad doesn't it? [...] You have had this, but now you'll get something else and you need to try it. Yes, but I don't want to. No, you need to try it. Yes, but I always feel sick if I have another box. You have to try it [...] And what if I just quit with this medication? Since the first of January I say: then you stop" (Respondent 6)

"Something very simple, really something very simple. The health care insurer determines which brand I need to deliver – you must have heard this ten thousand times in your previous interviews – and the patient doesn't like that at all. Because he or she is used to this brand and then suddenly you receive another one [...] well you don't like this because you were set to this. That's what happens. If I just add a note, just an A6: dear customer, you had this, but you get this and this is the reason. Then people are already satisfied" (Respondent 8)

Pharmacists are evaluating or 'learn and grow' (Ma, 2018) the preference policy quite negatively. Especially because the role of the pharmacy in the context of preference policy is often unclear. In line with the findings regarding the challenges in stakeholder communication during the 'anticipate and plan' and 'manage and survive' phase, pharmacists experience challenges in the communication with patients and health care insurers.

The challenge in the stakeholder communication with patients is primarily caused by the lack of knowledge of the patients about the role of the pharmacy and the role of the health care insurers in preference policy, as illustrated in the quote below:

“And then people often yell like: ‘yes but I’m already paying so much for my health insurance’. Yes, but then you shouldn’t submit the problem to me. As a customer, I really want to deliver what you want. However, if when I have to declare this to your health care insurer, I need to comply to their rules. And you are the one who entered the contract with the health care insurer” (Respondent 1)

The challenge in the stakeholder communication with health care insurers is primarily the absence of communication from the health care insurer about the (implications of) preference policy. Because of this it is for many patients and prescribers unclear what the role of the health care insurer in preference policy is, and the pharmacies are often blamed for the policy of the health care insurer. Because of this, pharmacies need to spend a lot of additional time on communication with patients and prescribers about the implications of preference policy, their role in preference policy and the role of the health care insurer in preference policy, as illustrated in the quote below:

“You’re busy explaining someone else’s policy” (Respondent 8)

Moreover, when asked about whether the pharmacist is satisfied with the communication about preference policy from the health care insurer, the following quote illustrates the lack of communication from the health care insurer according to the pharmacist:

“Not from the health care insurer. They really don’t know anything. They really don’t know anything [...] they (the health care insurers) have a different interest” (Respondent 8)

4.6.2 Preference policy and challenges in the communication with patients

In this subsection the challenges in the communication with patients for developing organizational resilience in the context of preference policy will be discussed.

First of all, pharmacists strongly agreed that it is a challenge to maintain good communication with patients while being resilient and implementing preference policy. The following quotes show that maintaining good communication with patients while developing organizational resilience by implementing preference policy is very challenging.

“Yes, that causes problems in communication. Because they say that they got the wrong medicine. But that is not true, it is exact the same medicine but it is just originating from another factory at the order of their health care insurer” (Respondent 1)

“It influences the relationship with your customer and you get into a fight with your customer. And yes, this is a central item in everything” (Respondent 6)

“Furthermore, there are often changes in reimbursement legislation (including preference policy). So yes, you need to give bad message to your patients every time. So, if that would change a little bit less every year that would be nice” (Respondent 9)

Furthermore, as a result of the challenge to maintain good communication with patients while being resilient and implementing preference policy, some pharmacists are trying to proactively communicate about preference policy but this appears to be challenging as well. Because even though a very proactive approach in the communication about preference policy may address the challenge of maintaining good communication with some patients, other patients are so deeply dissatisfied with preference policy and the pharmacy that is implementing preference policy that even a very proactive communication will not address the challenge of maintaining good communication with them, as shown in the quotes below.

“Well the thing is [...] it is a fixed percentage. It is 5%. Five percent will not accept it” (Respondent 6)

“If I see how it has changed in the last year and a half, it is enormous. In the beginning everyone was protesting and things like that. So I put a lot of communication on it and now people start to accept it better and better. But of course, they prefer not to accept” (Respondent 8)

Another challenge in stakeholder communication with patients in light of preference policy is the fact that patients have become more assertive over time and that they consider themselves to be customers instead of patients. Therefore, it becomes more complicated to communicate with ‘customers’ about delivering another brand of medication as required via preference policy because this is seen as customer unfriendly. Because patients consider themselves more and more as customers, they have become more demanding with regard to for example the brand of medication they would like to receive from their pharmacist. This subsequently complicates the communication between the pharmacist and the patient when the pharmacist is implementing preference policy. Furthermore, as being client-oriented was seen as a characteristic of a resilient pharmacy (see section 4.3) this may also influence the organizational resilience of the pharmacy or at least how resilient the pharmacy is being perceived by its patients/customers. The quotes below illustrate the change from patient to customer and the subsequent demands from customers.

“And then people often yell like: ‘yes but I’m already paying so much for my health insurance’. Yes, but then you shouldn’t submit the problem to me. As a customer, I really want to deliver what you want. However, if when I have to declare this to your health care insurer, I need to comply to their rules. And you are the one who entered the contract with the health care insurer” (Respondent 1)

“Patients demand instead of ask” (Respondent 4)

“The patient acts like a customer. He or she is no longer a patient, but a customer” (Respondent 8)

Finally, pharmacists widely agreed that it is a challenge to communicate in different ways with patients about preference policy because of the different needs regarding communication and explanation within the stakeholder group of patients. Pharmacists indicated that they experienced differences within the patient group when communicating about their resilience. This difference mostly refers to higher educated people and lower educated people and, in some cases, also between very old people and younger people. Since the resilient proceedings that pharmacies needed to carry out have increased and become more complex over the years (such as changes due to preference policy), the effort and need to communicate for developing organizational resilience have increased for relatively lower educated people and in some cases very old people. Especially in the case of preference policy and the changes in preference policy over the years what could be seen as quite complex, communicating with certain patient groups can be challenging and time consuming. Furthermore, pharmacies sometimes encounter a language barrier, which complicates the communication with patients but this can mostly be solved. Overall, the differences within the patient group also lead to differences in the understanding of the actions and resilience of the pharmacy. To some group of patients, the role of the pharmacy does not seem to be clear. As a result of this, pharmacists indicated that they spend more and more time on communication. The following quotes illustrate the challenges that pharmacists are experiencing in regard to different communication and explanation needs within the stakeholder group of patients:

“I mean people who are higher educated, or have heard many things, then – often that is a bit easier. Then you can just explain it clearly. But there are also people who really are less educated and yes – that makes it more difficult. Because they understand – it’s really not unwillingness of people, but they just don’t understand what’s exactly going on. And then communication just becomes difficult” (Respondent 5)

“I do notice the difference between higher educated people and lower educated people. I can communicate with higher educated people on a story of: this and this is the reason, and this is the cause, so this is the consequence. Lower educated people don’t want to hear this. They have a problem [...]: solve it for me” (Respondent 8)

“You do not communicate with everyone in the same way or things don’t always come across as clear to everyone. Not everyone always understands it well, yes, there is a huge difference in the background of the patient: is someone higher educated or lower educated. Do they understand something? Or some people disagree with something very quickly and stand up very well for themselves. So they start a discussion with you sooner if something is imposed from above. So yes, there are big differences in that way” (Respondent 9)

“And sometimes you experience language problems. You try to explain something, but not everyone speaks Dutch that well” (Respondent 9)

4.6.3 Preference policy and communication with prescribers

In the communication with prescribers for developing organizational resilience, not many challenges were found. Overall, the communication with prescribers about the implementation and implications of preference policy seems to be good. Some findings indicate that the communication with prescribers about preference policy has improved over the years. This may be because of contracts between the prescribers and health care insurers about effective prescription (thus prescribing the preferred medication from the health care insurer). The quotes below illustrate the communication with prescribers about preference policy that is nowadays seen as good and that has improved over the years.

“There is more cooperation with general practitioners. In the beginning, when I started, there was actually no FTO⁴, it was: the doctor prescribes and we had to carry out the assignment. But there really is more cooperation now” (Respondent 5)

“In the past they (prescribers) blamed the pharmacy. Like you should not chase your last euro and it could be that you have a problem in your relationship with your health care insurer but don’t bring that problem to me [...] but nowadays they (health care insurers) have included the provision that the physician cooperates with effective prescription. So they produce statistics about medicines that we deliver for a general practitioner and if that is too unfavorable [...] then he will not receive his bonus” (Respondent 6)

4.6.4 Preference policy and communication with health care insurers

Pharmacists tended to be very negative about their communication with health care insurers when it comes to preference policy. By far the most challenges of stakeholder communication when carrying out preference policy concerned communication with health care insurers.

One of the main challenges in communicating with health care insurers about preference policy is the dominant position of the health care insurer compared to the position of the pharmacies. Over the years, health care insurers have strongly increased their power and become more dominant. The dominant position of the health care insurer has been reinforced with the implementation and development of preference policy. Because of the more dominant position of health care insurers the communication between pharmacists and health care insurers has strongly deteriorated. Overall, it is a challenge for pharmacies to communicate with dominant health care insurers as shown in the quotes below.

“With health care insurance companies it is more like they decide, we cannot negotiate anymore” (Respondent 1)

“Health care insurance companies went from requesting to instructing” (Respondent 4)

⁴ pharmacotherapeutic consultation

“With health care insurers, yes, it really became that they determine. Negotiating is not really an option. It is more like: you can sign or you cannot sign” (Respondent 8)

“The communication with health care insurance companies has deteriorated. The negotiation position of pharmacies has been minimalized when it comes to contracts. While you used to debate about the content, nowadays it is: signing or not signing. Substantive conversations with health care insurance companies are difficult nowadays, because they are very focused on costs and finances” (Respondent 11)

Another challenge concerning the communication with health care insurers about preference policy is the unpredictability and uncertainty of the health care insurers. The unpredictability and uncertainty in the communication of health care insurers when it comes to preference policy has of course a large impact on the organizational resilience. Because of the great unpredictability and uncertainty, it is becoming more difficult for pharmacies to plan and anticipate to preference policy, as also explained in section 4.6.1. As the quotes below will illustrate, the communication as well as the actions of health care insurers have become really unpredictable and uncertain.

“And that [...] happens with changes. Because when I check my mail, health care insurers – you are completely dependent on them of course – but they sometimes get creative with reimbursement rules. Then suddenly it appears that something is not being reimbursed anymore because they are applying a rule more strictly than they have ever done” (Respondent 6)

“You never know what insurers will do. This remains a large uncertainty” (Respondent 12)

Another challenge concerning the communication with health care insurers about preference policy that pharmacists are being confronted with is a complete lack of communication or very little communication, as will be shown in the quotes below.

“Health care insurers ignore” (Respondent 4)

“Health care insurance companies are anyways very poor in communicating” (Respondent 7)

Overall, the challenges concerning communication with health care insurer about preference policy has severe consequences for the organizational resilience of the pharmacy. Because of the dominant position and communication from the health care insurer, the uncertainty and unpredictability in the communication and actions of the health care insurer and the complete lack or poor communication from health care insurers pharmacies are losing their flexibility, becoming less informed, and are less able to anticipate and plan for (changes in) preference policies. As already explained in section 4.3 both flexibility and being informed were mentioned as important characteristics of resilient pharmacies and as shown in this section, these characteristics are now being threatened because of the challenges in the communication with health care insurers about preference policy. Furthermore, as also

outlined in section 4.6.1, being less able to anticipate and plan also reduces a pharmacy's resilience. The following quotes will provide an overview of the consequences of the challenges that pharmacists experience in the communication with health care insurers about preference policy, namely becoming less flexible, less informed and less able to plan and anticipate.

"You completely lose your flexibility. As a buyer you get a totally different position. You used to buy in and decide which box would be delivered. Now the health care insurers decide this for you. This also influences the information you receive [...] I am less informed" (Respondent 6).

"Well sudden was the preference policy. [...] So the health care insurer decides what I should deliver. Well this has been experimented for one year with three medications, and the following year the whole package was, so to say, gone. So, that was a blow. So if you talk about something sudden, well then that's the sudden one" (Respondent 8)

"Introduction of the preference policy, for example [...] this has been an important change for the pharmacy. Since then the health care insurer determines for a large part which brand of medication will be delivered in the pharmacy, to control the health care costs. This influences your inventory management, organization of health care and demands a lot of your communication skills" (Respondent 11).

4.7 Medication shortages

As discussed in a previous section (4.5), 'medication shortages' was identified as one of the most common sudden events/gradual changes that require a pharmacy to be resilient. Therefore, this section will discuss medication shortages in detail to get a better insight in the challenges of stakeholder communication for developing resilience when a pharmacy is facing medication shortages. First, in subsection 4.7.1, the process of organizational resilience and the challenges in stakeholder communication when facing medication shortages will be discussed via the integrated organizational resilience model from Ma et al. (2018). By doing so, the practical process of a pharmacy to be and remain resilient when facing medication shortages as well as the challenges of stakeholder communication during this process will be discovered. In the following sections, the challenges of stakeholder communication with each important stakeholder group will subsequently be discussed. Second, in section 4.7.2, medication shortages and challenges in the communication with patients will be discussed. Third, in section 4.7.3 medication shortages and challenges in the communication with prescribers will be discussed. Fourth, medication shortages and challenges in the communication with health care insurers will be discussed.

4.7.1 Process of organizational resilience and stakeholder communication challenges when facing medication shortages

When it comes to the detection or 'anticipate and plan' (Ma et al., 2018) of the medication shortages, there does not seem to be much what pharmacists can do as the medication

shortages have become a large-scale problem in the Netherlands and they often come unexpected. Some pharmacists try to anticipate to coming medication shortages by adjusting their stock and actively monitoring the availability of common medication, as the quotes below will show. However, the findings did not suggest that there are stakeholder communication challenges during the 'anticipate and plan' phase of medication shortages. Instead, pharmacists stressed that it is very difficult to anticipate and plan for medication shortages as they often come unexpected, as the quotes below will show.

"No, you don't really see that coming. In recent years, manufacturers have kept much smaller stocks. Once one manufacturer runs out of stock, the market – that is, all pharmacies – switch to another manufacturer and this manufacturer has not calculated its stock on this, so this manufacturer will soon run out of stock as well [...] I have been told: it sometimes takes five months before a new badge is completely produced, packaged, shipped, checked, imported and so on before it is available for the market again" (Respondent 1)

"We want to order and then it cannot be ordered. Then you think: well, something must have gone wrong at the wholesaler, it will be there again in two days. But then there is simply no brand available and you think: what happened here? And then there are delivery times of 3 or 4 months before it is back again" (Respondent 5)

"We try to be prepared by adjusting our stock and keeping a close eye on it. For example, that we have a reasonable stock of a brand that we need to deliver from our biggest health care insurer because the brand that you need to deliver differs per health care insurer. You learn to anticipate to it. For example, if you see in a group of painkillers that one is not available, then I know nowadays that in a few weeks the others will probably not be available either because everyone will go there. So yes, on the one hand it's a bit antisocial to the others, but on the other hand everyone starts to go to the other painkiller. Because yes, we know it will follow" (Respondent 12)

"It differs. Sometimes we get a message from the professional organization. There is a website with all shortages. And expected shortages. So yes, every day I check this. Also because sometimes it says that you can still order it that day. Then you know: we need to take it easy with this medication" (Respondent 12)

When it comes to the activation or 'manage and survive' (Ma et al., 2018) phase to respond to medication shortages, besides holding on to a bigger stock in preparation for potential medication shortages, the most common action that pharmacists take is switching to a comparable medication (substitute), in consultation with prescribers.

The main challenge in stakeholder communication seems to be the additional communication with prescribers that is necessary to switch to substitutes. The prescribers prescribe the medication for a patient but when this medication is not available anymore, pharmacists will try to find a comparable medication for the patient. However, in order to do so, communication with the prescriber is required. Thus, in case of medication shortages

pharmacists are required to communicate much more with prescribers in order to be able to convert medication and be resilient in the context of medication shortages. The additional communication with prescribers could be seen as challenging because it is very time consuming, especially in the case of communication with specialists as these medications are often more difficult to convert. The following quotes will illustrate the challenge of additional communication with prescribers when taking action during medication shortages.

“Very often we need to turn to a different kind of medicine in consultation with the prescriber” (Respondent 1)

“Then indeed you would need to go to a similar medicine, but that is not the same medicine. So a medication with the same ultimate goal or effect but of course always in consultation with a prescriber because everything we deliver is subject to prescription” (Respondent 1)

“You can often make agreements with the general practitioner that we can convert the same medication so that communication is going very smooth. Specialist is difficult, because they are difficult to reach, so you have to call them very often and you cannot simply convert that medication” (Respondent 2)

“If something is not available then check with other pharmacies whether they still have something in stock. If that is not the case, we will look for an alternative that we will discuss with the doctors and patients. Yes, we really try our best to find something” (Respondent 12).

When it comes to the evaluation or ‘learn and grow’ (Ma et al., 2018) of medication shortages, the findings indicate that pharmacists are quite positive when it comes to finding solutions for medication shortages and thus being resilient in the context of medication shortages. However, pharmacists experience challenges in the communication with stakeholders in the context of medication shortages because the extra work that was taken to remain resilient and find solutions for medication shortages is not appreciated or taken for granted by patients and prescribers. The quotes below illustrate the lack of understanding and appreciation from prescribers and patients for the pharmacist in the context of medication shortages.

“Well, specialists and GPs [...] they also get tired of another phone call we need to make because we have some unavailable medication so that communication is also less friendly maybe” (Respondent 2)

“It has a lot of influence on your work process. Because you simply do not have the medication you need to deliver. So you have to set this all up, it’s all manual work. And you have to explain it to the patient, who doesn’t understand. So then you often get angry patients” (Respondent 2)

“Well, no. There is not really an understanding for it. It is always a bit of a hassle. Nobody wants to wait long. We also don’t want those medicines – we just want to

deliver them at once and no longer say: well, here you have three more tablets, now you can go on for one week” (Respondent 7)

4.6.2 Medication shortages and challenges in communication with patients

In this subsection the challenges in the communication with patients for developing organizational resilience in the context of medication shortages will be discussed. The challenges in the communication with patients in the context of medication shortages are twofold.

The first challenge in the communication with patients about medication shortages and the pharmacy’s resilient response to these medication shortages is the lack of understanding from patients. Over time, patients have become more assertive and they consider themselves as customers instead of patients. As explained earlier, this led to communication challenges in the context of preference policy (see section 4.6.2). This changing perspective from a patient to a customer also leads to communication challenges in the context of medication shortages. Because patients see themselves as customers, they demand more from the pharmacy and they have less understanding for the medication shortages of a pharmacy, as the quote below illustrates.

“The communication with patients is very stiff because they do not really understand that you don’t have something in stock, that you cannot deliver” (Respondent 2)

“Yes, we try our best to explain it as good as possible. And it really differs per patient how they are reacting [...] Sometimes they are just really frustrated and angry. And yes, we are the ones that are bringing the news [...] So yes, that – they are often not happy (Respondent 12)

The second challenge in the communication with patients in the context of medication shortages is the increasing time and effort that is needed to communicate with patients about medication shortages and the consequences of these medication shortages for the patients. This increasing communication with patients is necessary but very time-consuming. The quotes below illustrate the increasing amount of time a pharmacist needs to take to communicate with their patients because of the medication shortages:

“We must structurally spend more time and communicate with patients about this” (Respondent 4)

“Well, the communication with patients is often very important. It is important that you can explain what the reason is for some kind of substitution or why something is not available [...] this naturally leads to a lot of extra work for the pharmacy” (Respondent 9)

In line with this challenge, the increasing time and effort that is needed to communicate with patients in the context of medication shortages, pharmacists acknowledged the large impact of medication shortages or substituted medicines on patients. Thus, the importance of

communicating more with patients about medication shortages or converted medication because of medication shortages is acknowledged, as will be shown in the quotes below.

“The most significant impact for the patient is the non-availability of medication. And we see that so much is not available lately. The most common, simple medication so to speak, are simply not available. In the Netherlands. And I say the latter on purpose. Because if you cross the border to Gronau: it is there. [...] But this of course has the largest impact on the patient” (Respondent 1).

“I think it could be better. I think – it is something that ultimately affects them, right? To them even more, perhaps, than others. And what – where we perhaps do not explain enough about our own role in this” (Respondent 6)

4.6.3 Medication shortages and challenges in the communication with prescribers

In the communication with prescribers about medication shortages, two main challenges were found.

The first challenge addresses the communication with frustrated prescribers. The findings show that prescribers were often frustrated because of the large number of medications that is unavailable. As explained earlier, the pharmacist often needs to contact the prescriber to convert the medication that is not available. Because of the frustration about medication shortages among prescribers, this communication could be seen as a challenge. The quotes below illustrate this challenge.

“It varies a lot. One prescriber is much easier than another. Sometimes they say that it’s the problem of the pharmacy. I always find that a bit shortsighted because it is also the problem of our common patient. And a prescriber chooses medication A instead of medication B for a reason. So I don’t think that as pharmacist you should do everything that is allowed legally. I think you should really think about that” (Respondent 1)

“Prescribers are trying to get tired of this too” (Respondent 1)

“Yes, there is more understanding. But there is also frustration. And then we are of course the messenger. Yes, for example, if we call the general practitioner again: this isn’t available either, you have to think about something else. Yes, there is not always understanding. That, of course, is also frustrating” (Respondent 12)

The second challenge addresses the increasing amount of time that a pharmacist should communicate with a prescriber because of medication shortages. As described before, in case of medication shortages pharmacists need to communicate with prescribers in order to substitute the unavailable medicine with a comparable medicine. This is a challenge in the context of stakeholder communication for developing organizational resilience because it is very time-consuming, for both the pharmacist and the prescriber. The quote below illustrates the additional communication with the prescriber that is necessary in case of medication shortages.

“And often you search for an alternative. For example, if some antibiotic is not available, then you go for another antibiotic that also works for that. But that is always in consultation with the prescriber, like: can we convert this medicine tot that medicine. For example, substituting Valsartan that wasn’t available because of that recall last year to a similar kind of medicine but always in consultation with the physician. Yes. Often it is searching for something similar [...] in consultation with the prescriber” (Respondent 5)

4.6.4 Medication shortages and challenges in the communication with health care insurers

The findings identified one main challenge in the communication with health care insurers about medication shortages, namely communication about reimbursement. In case of medication shortages, pharmacists try to find a substitute for the unavailable medication in consultation with the prescriber. However, when the substituted medication is for example from another brand, or is not a preferred medication in line with the preference policy (see section (4.6) of the health care insurer then the communication about reimbursement of this medication is very difficult. The challenge of communicating with health care insurers about reimbursement in the context of medication shortages is illustrated in the quotes below.

“They are becoming more and more strict in what they think should be reimbursed and from what manufacturer. Instead of having a bit of freedom in this choice as a pharmacy [...] health care insurers are now more and more interfering by only reimbursing a medicine from one specific manufacturer while that medicine is available from more manufacturers” (Respondent 1)

“The annoying thing is, if a certain product from a certain manufacturer is not available, I have to switch to the same medicine from another manufacturer, which is basically not reimbursed. Then I can opt for logistical necessity, then the claim will go to the health care insurer. However, that initially differs from the contract agreements – so there are certain percentages you need to meet in context of the preference policy. Yes, they are becoming increasingly difficult to achieve” (Respondent 1)

“So it is not reluctance to not deliver the preferred medication, but it is then logistically not possible, but you are still being punished for it afterwards via the health care insurers” (Respondent 1)

5 Discussion

5.1 Discussion

This thesis was based on the following research question: *“What are the challenges of stakeholder communication for developing organizational resilience in Dutch pharmacies?”* To answer this research question, 12 Dutch pharmacists were interviewed to gain an insight in the challenges that they experienced in stakeholder communication for developing organizational resilience. The empirical findings of this thesis concerning challenges of stakeholder communication for developing organizational resilience will now be discussed through the available literature.

The findings show that overall Dutch pharmacists consider their pharmacies to be resilient. Furthermore, pharmacists also acknowledged the need to be resilient in order to survive. This is in line with scientific literature, stating that *“resilience is becoming acknowledged as a crucial organizational capability, a critical competence”* (Cunha et al., 2013 p. 3). Pharmacists mainly considered their pharmacy to be overall resilient because of their ability to continuously find solutions and react to increasing external pressures and changes. This finding corresponds with the organizational perspective of resilience, namely that resilience is related to *“organizational responses to turbulences and discontinuities”* (Bhamra et al., 2011, p. 5385). Furthermore, the health care provider role was mentioned as a reason to be resilient. Some pharmacists clearly stated that they needed to be resilient because they do not want to abandon their patients. The health care provider role was not mentioned in the literature as a reason to be resilient. This is probably because of the small number of previous literature that studied organizational resilience in health care organizations.

To obtain an insight in the challenges of stakeholder communication for developing organizational resilience, pharmacists were first asked to mention unexpected events and gradual changes that require their pharmacies to be resilient. The pharmacists interviewed strongly agreed that preference policy and medication shortages were the main issues that require their pharmacies to be resilient in practice. A notable finding was that most pharmacists considered unexpected events, such as medication shortages and preference policy, as gradual changes as well because of the deeper processes behind these unexpected events, such as increasing medication shortages and increasingly strict preference policy. This finding is in line with previous literature that already suggested that organizational resilience is *“a way of thinking about short term cycles and long-term trends”* (Resiliens, 2015, p. 6). Subsequently, pharmacists were asked to mention the main stakeholders in the context of preference policy and medication shortages. The main stakeholders were identified as patients, prescribers and health care insurers. This is largely in line with Carameli et al. (2014) who also argued that patients, prescribers and health care insurers are the main stakeholders of pharmacies

Table 11 on the next page will provide an overview of the challenges of stakeholder communication for developing organizational resilience that were identified in this thesis.

Table 11: Overview challenges of stakeholder communication for developing resilience

Challenges stakeholder communication through perspective of:	Preference policy	Medication shortages
Anticipate & Plan	<ul style="list-style-type: none"> • Timely communication with insurers 	-
Manage & Survive	<ul style="list-style-type: none"> • Communicating role of pharmacy and role of insurers 	<ul style="list-style-type: none"> • Additional communication with prescribers
Learn & Grow	<ul style="list-style-type: none"> • Lack of knowledge patients • Lack of communication insurer 	<ul style="list-style-type: none"> • Lack of understanding and appreciation from prescribers and patients
Patient communication	<ul style="list-style-type: none"> • Maintaining good communication • Assertiveness and customer position • Different communication needs 	<ul style="list-style-type: none"> • Lack of understanding • More time and effort needed for communication
Prescriber communication	-	<ul style="list-style-type: none"> • Frustrated prescribers • More time and effort needed for communication
Health care insurer communication	<ul style="list-style-type: none"> • Dominant position and communication insurer • Unpredictable and uncertain communication • Lack of communication or little communication 	<ul style="list-style-type: none"> • Communication about reimbursement

Table 11 presents the challenges of stakeholder communication for developing organizational resilience in Dutch pharmacies. The most striking findings will now be discussed through the available literature.

First of all, the findings indicate that health care insurers have a dominant position in the Dutch health care sector. Moreover, the findings also indicate that the communication between health care insurers and pharmacists is hierarchical. The health care insurer is clearly dominant in the communication with pharmacists. Pharmacists noticed that health care insurers have become more powerful during the last years and that preference policy strongly reinforced the dominant position and communication of health care insurers. The current dominant position and communication of health care insurers is seen as a challenge for developing organizational resilience in Dutch pharmacies, especially in the context of preference policy. Because of the dominant position and communication of health care insurers, Dutch pharmacies are becoming less flexible, less informed and less able to plan and anticipate. This limits the development of their resilience.

Based on previous literature concerning challenges of stakeholder communication for developing organizational resilience, such a dominant position and communication from a stakeholder was not expected. This is probably because previous literature concerning stakeholder communication for developing organizational resilience often focused on traditional firms that are delivering regular goods that require less externally imposed policies and regulations.

Secondly, as shown in Table 11, one of the main challenges of stakeholder communication for developing organizational resilience is the increasing time and effort that pharmacies are required to spend on communication with their stakeholders. Pharmacies are carrying out more proceedings to remain resilient and thus increasingly need to communicate about these proceedings to remain resilient. For example, in order to respond to medication shortages pharmacies need to find substitutes for the unavailable medication. To carry out this proceeding, however, pharmacies are required to communicate with prescribers. Furthermore, stakeholders increasingly expect pharmacies to be and remain resilient and therefore demand more communication with the pharmacy about their organizational resilience. For example, patients consider themselves more and more as customers and therefore demand pharmacies to be resilient in the context of medication shortages and preference policy.

The finding that stakeholder communication is of increasing importance for developing organizational resilience is largely in line with the communicative constitution of organization theory. When it comes to organizing resilience, communication with stakeholders is an inevitable and vital part for Dutch pharmacies. Thus, in line with the theory, communication inevitably plays a key role in organizations. And more specifically, the findings have shown that organizing resilience is in line with the following communicative constitution of organization statement: *“organizing is first and foremost a communicative activity”* (Schoeneborn, 2011, p. 664). To some extent, the four ‘flows’ as distinguished by McPhee & Zaig could also be recognized in the findings. Mostly, regarding the ‘self-structuring’, ‘activity coordination’ and ‘institutional positioning’ flows. The first flow, namely ‘membership positioning’ is less applicable to the communicative processes of organizational resilience as

this thesis mainly focused on stakeholder communication instead of internal communication as mentioned in 'membership positioning'. However, 'self-structuring' which referred to the communicative processes that *"serve the purpose of designing or controlling organizational processes"* could clearly be found in the results as communication processes in light of organizational resilience often focus on the design and control of proceedings (organizational processes) to be and remain resilient (Vásquez & Schoeneborn, 2018, p. 7). The third flow, 'activity coordination' could also be traced back in the findings. Activity coordination referred to *"interactions through which organizational members or groups dynamically adapt to situation-specific demands and expectations"* (Vásquez & Schoeneborn, 2018, p. 7). As organizational resilience inherently demands situation-specific demands and expectations to respond to unexpected events and gradual changes, these communicative processes in order to be able to respond customized to ad hoc changes were recognized by pharmacists. The fourth flow, 'institutional positioning' could clearly be traced back in the findings as well. This is in line with the expectations, as this thesis primarily focused on stakeholder communication for organizational resilience and the 'institutional positioning' flow referred to the communicative interactions with stakeholders. Overall, the findings show that pharmacies increasingly need to communicate and interact with stakeholders in order to be and remain resilient and this finding is in line with the communicative constitution of organization theory.

Thirdly, the findings show that the role of the pharmacy in the context of medication shortages and preference policy is not always clear. The finding that the role of the pharmacy is not always clear could be due to the fact that a contemporary pharmacy exists *"in an increasingly tightly coupled and interactively complex world"* (Vogus & Sutcliffe, 2007, p. 3418). Pharmacies are increasingly required to communicate with stakeholders to clarify their own role in the context of preference policy and medication shortages. The indistinctness about the role of the pharmacy is a challenge that pharmacies need to address via stakeholder communication because the unclarity of their role could deteriorate the pharmacy's relation and communication with stakeholders. For example, patients sometimes blame the pharmacy for the preference policy of their health care insurer because the role of the pharmacy in the context of preference policy is unclear to them. This deteriorates the relation and communication between the pharmacy and the patient. Thus, improved communication could lead to better understanding of the role of the pharmacy to stakeholders and more acknowledgement for the proceedings that pharmacies need to enact to remain resilient. This finding is largely in line with the communicative constitution of organization theory that states that communication inevitably plays a key role in organizations (Schoeneborn, 2011).

Fourthly, the findings show that the challenges of stakeholder communication for developing organizational resilience mainly focus on the 'manage and survive' and 'learn and grow' phase. The 'manage and survive' step refers to *"managing problems and surviving in hardship"* (Ma et al., 2018, p. 256). In practice, this referred to for example managing medication shortages and surviving during strict preference policy. The 'learn and grow' step refers to *"learning and*

growing in the unexpected events” (Ma et al., 2018, p. 256). In practice, this referred to for example coordinated communication with prescribers about substitutes in case of medication shortages. Based on the literature, it would be expected that before the ‘manage and survive’ and ‘learn and grow’ steps, organizations would ‘anticipate and plan’ which entails “*anticipating and planning for disruptions*” (Ma et al., 2018, p. 256). The findings show that this is happening to some extent, by for example maintaining a larger stock to remain resilient for a longer time in case of medication shortages. However, the findings show that the degree of ‘anticipate and plan’ differs among pharmacists and that it is often not (practically) possible to actually anticipate and plan because of the unpredictability and uncertainty regarding medication shortages and implementation of preference policy. Therefore, contrary to the expectation of the literature of Ma et al. (2018), pharmacists did not appear to anticipate and plan for disruptions that much simply because they were often not able to do so.

5.2 Practical recommendations

Based on the theory and findings, one could recommend pharmacies to organize themselves more in groups. First of all, by organizing themselves, pharmacies can improve their negotiation position towards health care insurers. As health care insurers seem to have a very strong negotiation position in the Netherlands which has increased a lot since the implementation of the preference policy. This strong negotiation position of health care insurers has limited the flexibility and resilience of Dutch pharmacies. Therefore, creating a stronger negotiation position would be beneficial in terms of organizational resilience for Dutch pharmacies as well. Secondly, by organizing themselves pharmacies could organize their communication with prescribers. As a consequence of medication shortages and preference policies, pharmacists may need to deviate from the prescribed medication. In order to provide the patients with substitutes, a new prescription is required. When all pharmacists in for example a certain region need to communicate about substitutes for an increasing number of patients with various prescribers as a result of the increasing medication shortages and stricter preference policy, this is very time consuming and inefficient for both the pharmacists and the prescribers. Thus, by organizing themselves in groups and making agreements as a group of pharmacists about certain substitutes with prescribers, pharmacies could operate more efficient and spend their time on other day-to-day business. Finally, by organizing themselves, pharmacies could influence the agenda setting and improve the awareness of the role of the pharmacy for the public. This could also be of interest because most pharmacists feel like their additional work to be resilient is not acknowledged and taken for granted which is perhaps increasing the burden of organizational resilience as other stakeholders are not aware of their role in this.

Furthermore, the findings of this study suggest that pharmacies should have a solution-focused approach on a day-to-day basis to respond to ad hoc challenges and remain resilient. Also, the findings suggest that pharmacies should be flexible and inventive to remain resilient and possibly improve their resilience. Sudden events are more and more viewed as gradual changes as the number of sudden events in certain categories (such as medication shortages

and preference policy) are strongly increasing over the years. Therefore, contemporary pharmacies are spending a significant amount of time to proceedings to remain resilient on a day-to-day basis. These relatively invisible proceedings to the outside world, that have become an important part of the work to be done within a pharmacy, require other practices to become more efficient.

Based on this study, one could also recommend pharmacists to invest in stakeholder communication to improve their organizational resilience and relationship with stakeholders. As the findings of this study show, numerous challenges of stakeholder communication for developing organizational resilience have been identified. Stakeholder communication is seen as an essential element for organizational resilience in pharmacies. The general importance of communication for organizational resilience has also been found by previous studies (Longstaff & Sung-Un, 2008). Over time, communication has become more and more important for pharmacists and thus requires more and more time. Patients demand more communication and have become more critical. Qualitative communication is desirable to remain resilient, prevent misunderstandings and to efficiently organize substitutes with for example prescribers. Also, the role of the pharmacy seems to be unclear to some stakeholders (primarily patients) and more effective communication of pharmacies but also health care insurers could perhaps clarify the role of the pharmacy.

5.3 Research implications

This study has empirically researched the challenges of stakeholder communication for developing organizational resilience. Based on the findings of this study, a few recommendations for future research can be made.

First of all, this study focused on Dutch pharmacies. The results show that the organizational resilience context of Dutch pharmacies is very specific. First of all, because of the preference policy implemented in the Netherlands since 2008. Secondly, because of the increasing medication shortages in the Netherlands since the last few years. The findings suggest that the extremely low medication prices in the Netherlands (partially due to preference policy) partially cause the medication shortages. Therefore, it would be interesting to study the organizational resilience of pharmacies in other countries or regions. By researching the challenges of stakeholder communication for developing organizational resilience in other countries or regions, several insights could be gained. For example, the practical developments that require pharmacies to be(come) resilient in other countries could be researched and compared to the Netherlands. Also, the communication between health care insurers and pharmacies and its influence on organizational resilience could be researched and compared. Overall, it would thus be interesting to execute a similar study in different countries or regions because of the apparent dominant position of health care insurers, preference policy and medication shortages that affect the stakeholder communication and development of organizational resilience in Dutch pharmacies.

Secondly, this study could also be extended to different health care providers. Health care organizations are operating in a very turbulent environment and it would be interesting to further research and compare challenges of stakeholder communication for developing organizational resilience in other health care organizations. For example, to see how prescribers handle organizational resilience and to what extent prescribers are aware of the preference policy. Also, differences between prescribers regarding the preference policy could be further researched. Findings in this study suggest that specialists are less aware of the preference policy than GPs.

Thirdly, the findings show that preference policy has a large impact on stakeholder communication for developing organizational resilience in Dutch pharmacies. Also because of the dominant position of health care insurers in the context of preference policy. To obtain a more complete view on preference policy and its consequences regarding stakeholder communication, organizational resilience and medication of Dutch pharmacies, future research could focus on the perspective of health care insurers on preference policy. Thereby perhaps a more complete view on preference policy could be obtained.

Overall, stakeholder communication for developing organizational resilience seems to be an interesting topic with a lot of developments. The findings of this thesis show that stakeholder communication is important for the development of organizational resilience in Dutch pharmacies. Moreover, the findings of this study show that there are still a lot of challenges of stakeholder communication for organizational resilience and that the importance of stakeholder communication for organizational resilience will probably increase. Future research could thereby perhaps further research different kinds of stakeholder communication that take place to develop organizational resilience.

6 Conclusion

This thesis was based on the following research question: *“What are the challenges of stakeholder communication for developing organizational resilience in Dutch pharmacies?”*

The corresponding aim of this thesis was to gain an insight in the challenges of stakeholder communication for developing organizational resilience in Dutch pharmacies. To reach this aim and answer the research question, 12 pharmacists were interviewed. This chapter will answer the research question based on the findings.

Overall, Dutch pharmacists consider their pharmacies to be resilient. Pharmacists mainly considered their pharmacy to be overall resilient because of their ability to continuously find solutions and react to increasing external pressures and changes. In practice, preference policy and medication shortages are the main issues that require Dutch pharmacies to be resilient.

In the context of preference policy, several challenges of stakeholder communication for developing organizational resilience have been identified. First of all, during the ‘anticipate & plan’ phase, timely communication with health care insurers about (the implications of) new preference policy appears to be a challenge. This complicates the development of organizational resilience of the pharmacy because there is often no or not enough time to anticipate to the implications of preference policy. Secondly, during the ‘manage & survive’ phase, the communication with patients appears to be challenging because they are often dissatisfied with the implementation of preference policy. Thirdly, during the ‘learn & grow’ phase, the lack of knowledge of patients about the role of the pharmacy and the role of the health care insurer in the context of preference policy is challenging. Furthermore, there is a lack of communication from the health care insurer about its preference policy.

The challenge of communication with patients in the context of preference policy is threefold. First of all, it appears to be challenging to maintain good communication with patients because of their dissatisfaction with preference policy. Secondly, patients have become more assertive and position themselves as a customer instead of a patient. This leads to increasing demands from patients. Thirdly, it is a challenge to communicate in different ways with patients about preference policy because of the different needs regarding communication and explanation within the stakeholder group of patients. No challenges were found in the communication with prescribers in the context of preference policy. The challenge of communication with health care insurers in the context of preference policy is threefold as well. Firstly, health care insurers have a dominant position and communicate in a dominant way with pharmacists. Secondly, the communication and actions from health care insurers are often unpredictable and uncertain. Thirdly, there is a lack of communication or only very little communication from the health care insurer about their preference policy.

In the context of medication shortages, several challenges of stakeholder communication for developing organizational resilience have been identified as well. Firstly, during the ‘anticipate & plan’ phase, no stakeholder communication challenges were found. Secondly, during the

'manage & survive' phase, the main challenge in stakeholder communication seems to be the additional communication with prescribers that is necessary to switch to substitutes and thus remain resilient. Thirdly, during the 'learn & grow' phase, pharmacists experience challenges in the communication with stakeholders because the extra work that was taken to remain resilient and find solutions for medication shortages is not appreciated or taken for granted by patients and prescribers.

The challenge of communication with patients in the context medication shortages is twofold. On the one hand, there is a lack of understanding about medication shortages and the role of the pharmacy in these medication shortages. On the other hand, an increasing amount of time and effort is needed to communicate with patients about medication shortages and the consequences of these medication shortages for the patients. The challenges of communication with prescribers in the context of medication shortages consists of the following. Firstly, prescribers are often frustrated because of the large number of medications that is unavailable. Secondly, pharmacists need to spend an increasing amount of time on the communication with prescribers to remain resilient in the context of medication shortages. The challenge of the communication with health care insurers in the context of medication shortages consists communication about reimbursements.

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Appendix A: Organizational response framework

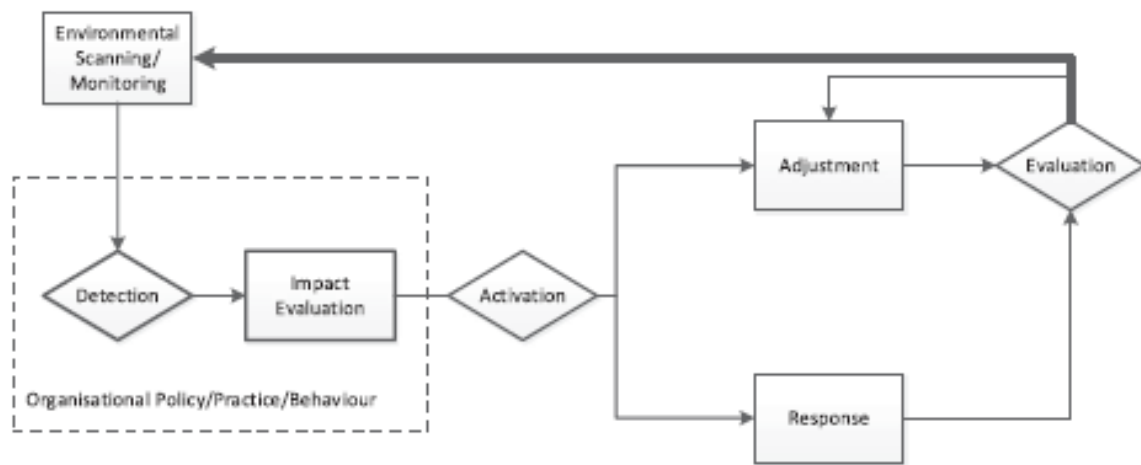


Figure 2 Organizational Response Framework (Burnard et al., 2018, p. 356)

Appendix B: Interview protocol

Korte beschrijving onderzoek

Mijn onderzoek gaat over de veerkracht van organisaties ('*organizational resilience*') en hoe organisaties deze veerkracht communiceren met betrokken partijen. In dit onderzoek wordt onder veerkracht verstaan: het vermogen om te blijven functioneren en/of zich aan te passen tijdens een plotselinge gebeurtenis of geleidelijke verandering en eventueel verbeterd te functioneren nadien.

Specifiek is ervoor gekozen om de veerkracht van apotheken te onderzoeken, omdat zij werkzaam zijn in een complexe omgeving waarin veerkracht van hen wordt verwacht na plotselinge gebeurtenissen (bijvoorbeeld leveringsproblemen medicatie) of geleidelijke veranderingen (bijvoorbeeld digitalisering). Tegelijkertijd wordt verwacht dat apotheken over deze veerkracht communiceren met betrokken partijen (bijvoorbeeld patiënten of zorgverzekeraars).

Korte uitleg interviewvragen

De interviewvragen gaan over *uw ervaring of inzicht* wat betreft veerkracht van apotheken en communicatie met betrokken partijen. Uiteraard hoeft u niet te antwoorden op vragen als u dit niet wilt.

Indien u een plotselinge gebeurtenis benoemt in vraag 2b, wordt u gevraagd om de vragen op pagina 3 in te vullen en de vragen op pagina 4 over te slaan.

Indien u een geleidelijke verandering benoemt in vraag 2b, wordt u gevraagd om de vragen op pagina 3 over te slaan en de vragen op pagina 4 in te vullen.

Vervolgens worden op de laatste pagina nog een aantal vragen gesteld. Mocht een en ander niet duidelijk zijn dan kunt u natuurlijk altijd contact opnemen.

De interviewvragen beginnen op de volgende pagina.

Interviewvragen

Veerkracht algemeen

1a. Beschouwt u uw apotheek als veerkrachtig? Waarom wel of niet?

1b. Kunt u een voorbeeld geven van de veerkrachtigheid van uw apotheek?

1c. Wat zijn volgens u eigenschappen van een veerkrachtige apotheek?

1d. Hoe zou veerkrachtigheid van apotheken in het algemeen kunnen worden verbeterd volgens u?

1e. Welke invloed heeft (de) maatschap/lidmaatschap apotheekketen/zelfstandigheid op de veerkrachtigheid van uw apotheek volgens u?

1f. In hoeverre denkt u dat communicatie met betrokken partijen kan bijdragen aan veerkrachtigheid van apotheken? Waarom?

Verloop van tijd (dat u werkzaam bent als apotheker)

2a. Hoe lang bent u werkzaam als apotheker?

2b. Heeft u in de loop van de tijd veranderingen waargenomen in de vereiste en/of verwachte veerkrachtigheid van apotheken?

2c. Zo ja, welke? Kunt u dit kort illustreren met een voorbeeld?

2d. Heeft u in de loop van de tijd veranderingen waargenomen in de communicatie met betrokken partijen? Zo ja, welke veranderingen en met welke betrokken partijen?

2e. Hoe anticipeert u hierop?

3a. Wat zijn volgens u plotselinge gebeurtenissen en/of geleidelijke veranderingen die uw apotheek (onlangs) heeft ervaren?

3b. Welke plotselinge gebeurtenis of geleidelijke verandering vindt u het meest belangrijk/invloedrijk?

3c. Waarom?

Indien u een plotselinge gebeurtenis heeft benoemd als antwoord op vraag 2b, wordt u gevraagd om vragen 3 t/m 5 over plotselinge gebeurtenissen (pagina 3) in te vullen en vragen 6 t/m 8 over geleidelijke veranderingen (pagina 4) over te slaan.

Vervolgens wordt u gevraagd om nog enkele algemene vragen (dus ongeacht uw antwoord op vraag 2b) te beantwoorden op de laatste pagina.

Indien u een geleidelijke verandering heeft benoemd als antwoord op vraag 2b, wordt u gevraagd om vragen 6 t/m 8 over geleidelijke veranderingen (pagina 4) in te vullen en vragen 3 t/m 5 over plotselinge gebeurtenissen (pagina 3) over te slaan.

Vervolgens wordt u gevraagd om nog enkele algemene vragen (dus ongeacht uw antwoord op vraag 2b) te beantwoorden op de laatste pagina.

PLOTSSELINGE GEBEURTENIS

Ontdekking

4a. Hoe en wanneer (ongeveer) ontdekte u deze plotselinge gebeurtenis?

4b. In hoeverre was u voorbereid op deze plotselinge gebeurtenis?

4c. Hoe schatte u de impact van deze plotselinge gebeurtenis in?

4d. Welke partijen waren betrokken bij deze eerste fase? Hoe waren zij betrokken?

4e. Hoe verliep de communicatie met deze betrokken partijen tijdens ontdekking van deze plotselinge gebeurtenis?

Actie

5a. Welke actie(s) heeft u als apotheker genomen om te reageren/anticiperen op deze plotselinge gebeurtenis?

5b. Welke partijen waren betrokken bij/werden beïnvloed door deze plotselinge gebeurtenis en de actie die u vervolgens nam?

5c. Hoe verliep de communicatie met betrokken partijen over de actie(s) die u ondernam?

Evaluatie

6a. Hoe kijkt u terug op de actie(s) die u ondernam als gevolg van deze plotselinge gebeurtenis?

6b. Waar bent u tevreden over en wat zou u in het vervolg anders aanpakken?

6c. In hoeverre denkt u dat de betrokken partijen tevreden waren over de actie(s) die u ondernam als gevolg van deze plotselinge gebeurtenis?

6d. In hoeverre denkt u dat de betrokken partijen tevreden waren over de communicatie met u ten tijde van de plotselinge gebeurtenis?

6e. Heeft u als gevolg van deze plotselinge gebeurtenis iets aangepast in het proces van uw apotheek of in uw voornemen wat betreft communicatie met betrokken

partijen? Zo ja, kunt u dan beschrijven wat?

GELEIDELIJKE VERANDERING

Ontdekking

7a. Sinds wanneer vindt deze geleidelijke verandering volgens u ongeveer plaats?

7b. Hoe bent u voorbereid op de ontwikkelingen als gevolg van deze geleidelijke verandering?

7c. Welke partijen waren betrokken bij deze eerste fase van de geleidelijke verandering?

7d. Hoe zou u de communicatie met deze betrokken partijen tijdens de ontdekking van de geleidelijke verandering beschrijven?

Actie

8a. Welke actie(s) heeft u ondernomen in het licht van deze geleidelijke verandering?

8b. Welke partijen waren betrokken bij deze actie(s) of werden beïnvloed door deze actie(s)?

8c. Hoe verliep de communicatie over de actie(s) die u ondernam als gevolg van deze geleidelijke verandering met de betrokken partijen volgens u?

Evaluatie

9a. Hoe denkt u dat deze geleidelijke verandering zich verder zal ontwikkelen in de toekomst?

9b. Welke gevolgen heeft dit voor u/uw apotheek?

9c. Hoe communiceert u dit naar betrokken partijen?

9d. Hoe kijkt u tot nu toe terug op de actie(s) die u heeft ondernomen in het licht van deze geleidelijke verandering?

9e. Hoe kijkt u tot nu toe terug op de communicatie hierover met de betrokken partijen?

10. Heeft u verder nog opmerkingen/niet genoemde zaken/ervaringen ten aanzien van de veerkrachtigheid van apotheken en/of de communicatie met betrokken partijen die u graag wilt benoemen? Zo ja, welke?

11. Dit interview vond plaats in het Nederlands, de scriptie zal geschreven worden in het Engels. Gaat u er mee akkoord als er eventueel een citaat van u (uiteraard geanonimiseerd) wordt benoemd in de analyse (bijv. "*I think my pharmacy is very resilient*" – Respondent 1)?

Dit was de laatste vraag. Hartelijk bedankt!