

Highlights of the 2006 CSHP Membership Survey

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INTRODUCTION

In June 2006, CSHP conducted an online survey of its members to obtain their input for the strategic planning process related to CSHP's Vision 2010. The survey was designed to obtain feedback on the Society's current services and the directions where CSHP should focus its efforts in the future.

The survey, conducted through *surveymonkey.com*, consisted of 43 questions. An electronic invitation containing a link to the survey was sent to all CSHP members asking them to participate. Reminder emails were sent twice over a 4-week period. CSHP wants to share with its members what the survey revealed, so we have prepared this article to present some highlights of the survey results.

A total of 543 CSHP members responded to the survey (22.4% of total membership at the time). However, not all questions were answered by all respondents.

DEMOGRAPHIC CHARACTERISTICS

The majority of respondents (64.3%) had been in practice for 11 years or more. It was encouraging that 19.9% had been in practice for less than 5 years and 15.8% had been in practice for 5 to 10 years.

Responses to the survey represented members in all 9 branches of CSHP. The geographic distribution of respondents closely reflected the distribution of the general membership by branch (Table 1).

The majority of respondents (74.4%) were hospital pharmacists. The other respondents were students or residents or were working in industry, the community, government, academia, drug information services, administration, or ambulatory/primary care.

It was encouraging to see a fairly even distribution of respondents with various years of membership in CSHP: 33.5% of respondents had been members for less than 5 years, and 14.9% had been members for more

Table 1. Geographic Location of Survey Respondents and CSHP Membership

Branch	No. (%) of Survey Respondents	No. (%) of CSHP Members*
British Columbia	76 (14.0)	364 (15.0)
Alberta	82 (15.1)	316 (13.0)
Saskatchewan	33 (6.1)	148 (6.1)
Manitoba	40 (7.4)	158 (6.5)
Ontario	231 (42.5)	1009 (41.6)
Quebec	15 (2.8)	115 (4.7)
New Brunswick	24 (4.4)	92 (3.8)
Nova Scotia	32 (5.9)	136 (5.6)
Newfoundland & Labrador	10 (1.8)	71 (2.9)
Other	0	17 (0.7)
Total	543 (100)	2426 (100)

*Membership figures are for the 2005/2006 membership year.

than 25 years, with the remainder having a duration of membership somewhere between these extremes.

CSHP PROGRAMS AND SERVICES

Ranking

The survey listed CSHP's services and programs and asked respondents to rank them by personal importance (very important, fairly important, not very important, or don't know) and by personal satisfaction (very satisfied, fairly satisfied, not very satisfied, or don't know).

The top 6 CSHP services and programs in terms of personal importance (i.e., ranked by respondents as very important and fairly important), are summarized in Table 2. The top 3 services with a personal importance ranking of "don't know" were the CSHP Fellows program (13.1%), the electronically distributed *Employment Opportunities Bulletin* (the *EOB*, now known as the *eBulletin*) (11.1%), and the Research and Education Foundation (10.0%).

In terms of personal satisfaction, 46.2% of respondents were very satisfied with CSHP educational events.

Table 2. Top 6 CSHP Services and Programs, by 2 Categories of Personal Importance (n = 512)

Rank	Very Important		Fairly Important	
	Service or Program	No. (%) of Respondents	Service or Program	No. (%) of Respondents
1	CSHP educational events	354 (69.1)	Awards program	281 (54.9)
2	CSHP Standards, Guidelines, and Information Papers	344 (67.2)	<i>CJHP</i> (print version)	254 (49.6)
3	Advocacy efforts	315 (61.5)	Research and Education Foundation	253 (49.4)
4	Residency program	297 (58.0)	<i>EOB</i>	251 (49.0)
5	CSHP Web site	220 (43.0)	CSHP Web site	244 (47.7)
6	Pharmacy Specialty Networks (PSNs)	211 (41.2)	<i>CJHP</i> (online version)	235 (45.9)

CJHP = Canadian Journal of Hospital Pharmacy, *EOB* = biweekly Employment Opportunities Bulletin, now known as the *eBulletin*.

Table 3. Top 6 CSHP Services and Programs, by 2 Categories of Personal Satisfaction (n = 511)

Rank	Very Satisfied		Fairly Satisfied	
	Service or Program	No. (%) of Respondents	Service or Program	No. (%) of Respondents
1	CSHP educational events	236 (46.2)	CSHP Web site	311 (60.9)
2	Residency program	161 (31.5)	Advocacy efforts	292 (57.1)
3	CSHP Standards, Guidelines, and Information Papers	157 (30.7)	<i>CJHP</i> (print version)	291 (56.9)
4	<i>CJHP</i> (print version)	151 (29.5)	Awards program	277 (54.2)
5	<i>EOB</i>	126 (24.7)	CSHP Standards, Guidelines, and Information Papers	275 (53.8)
6	CSHP Web site	110 (21.5)	<i>EOB</i>	270 (52.8)

CJHP = Canadian Journal of Hospital Pharmacy, *EOB* = biweekly Employment Opportunities Bulletin, now known as the *eBulletin*.

All other responses totalling 50% or more were in the “fairly satisfied” category (Table 3). Of note, the “not very satisfied” responses were 10% or less for all services listed in the survey. The highest “don’t know” rankings for personal satisfaction were for the CSHP Fellows program (46.0%), the Research and Education Foundation (37.0%), the Pharmacy Specialty Networks (23.3%), and the residency program (23.1%). From these rankings, we have concluded that CSHP members need to be better informed about these services and programs.

Publications

Survey responses revealed that 47.7% and 40.1% of respondents read “4 out of 4 issues” of *CJHP* and the *EOB* (now known as the *eBulletin*), respectively. In total, 2.7% and 18.4% of respondents never read *CJHP* or the *EOB*, respectively.

More than a quarter of respondents reported that they access CSHP Standards, Guidelines, and Information Papers at least once a month.

Affinity Programs

CSHP offers various affinity programs, including discounts for Flowers Canada, Hertz car rental, and Ramada hotels. Group RRSP, home and auto insurance, and liability insurance are also available to CSHP members.

Liability (malpractice) insurance was ranked “very important” by 21.3% of 512 respondents. In response to the question about personal importance of the individual affinity programs and services offered by CSHP, 61.5% to 84.9% of respondents stated that they never used the programs (depending on the program). Interestingly, when asked to rank their satisfaction with programs and services, 80.1% to 94.5% of the 512 respondents selected “never used” (depending on the program).

One hundred and seventeen respondents provided suggestions of additional affinity programs that they would like CSHP to offer, including a more competitive rate on liability (malpractice) insurance, discounts on pharmacy software programs for personal digital assistants, pharmacy textbooks, and cell phones. Some



respondents suggested that CSHP should not bother with affinity programs and services, whereas others were unaware of the existing member benefits in this area.

Electronic Communication with CSHP Members

Of the 506 respondents who answered the question about how well informed they felt about the activities of CSHP (National), 71.6% said they were very well or fairly well informed; 26.9% were not very well informed.

When questioned about the importance of CSHP's "e-announcements" as a method of keeping members informed, 92.1% of 506 respondents ranked them as very important (45.3%) or fairly important (46.8%). A total of 79.2% of 504 respondents ranked the frequency of e-announcements (every 1 to 2 months) as adequate.

Of the 506 respondents who ranked how well informed they felt about CSHP branch activities, 73.2% said that they were either very well informed (20.2%) or fairly well informed (53.0%).

Respondents provided several suggestions of how CSHP could better communicate with members regarding activities or issues relevant at the national level: include more background information on issues in e-announcements; reformat the *EOB (eBulletin)* to make it easier to read; and use e-mail and a special section on the Society's Web site to highlight, share, and archive CSHP National activities. Consideration of a student edition of the *EOB (eBulletin)* was also suggested.

Responses to the question about communicating Branch activities and issues with members emphasized that e-mail communication was preferred over print versions of Branch newsletters. Specific suggestions included using the National Web site for updates on Branch activities, upgrading and updating Branch Web sites, using e-announcements or e-mail messages more frequently (monthly), and including updates on National and Branch activities at Chapter Chair events.

LOOKING TO THE FUTURE OF CSHP

Future Directions

Respondents were asked to specify the top 5 services and programs where they felt CSHP should concentrate its efforts (Table 4).

One hundred and fifteen respondents provided comments on how CSHP could improve in these areas. They suggested more diverse educational events, including leadership and management topics; standardization and coordination of Branch Web sites; provision of education and conference presentations online; more regular updates of guidelines; and promotion of the Fellows and residency programs. The following suggestions were each made by more than 10 respondents: that CSHP should advocate for hospital pharmacists in a more timely manner, covering all levels of government; and that CSHP should explore a partnership with the American Society of Health-System Pharmacists (ASHP) for the development of standards and guidelines, as our smaller organization cannot produce them as quickly as ASHP can. Connecting with and educating pharmacy students early in their educational programs about the opportunities and challenges of hospital pharmacy were also suggested by more than 10 respondents.

Future Communication Initiatives

Almost two-thirds of respondents (64.0%) supported the suggestion to discontinue the print version of *CJHP*, while 35.2% of respondents did not support this change (Table 5).

Online education was strongly (54.2%) or moderately (34.6%) supported by most respondents.

Handouts from presentations at CSHP educational events were requested by 86.4% of respondents (strongly supported by 54.6% and moderately supported by 31.8%).

Table 4. Where CSHP Should Concentrate its Future Efforts (n = 500)

Rank	CSHP Service or Program	No (%) of Respondents
1	Educational services (PPC, AGM)	376 (75.2)
2	Advocacy efforts	342 (68.4)
3	CSHP Standards, Guidelines, and Information Papers	313 (62.6)
4	Residency program	225 (45.0)
5	<i>Canadian Journal of Hospital Pharmacy</i>	220 (44.0)
6	Pharmacy Specialty Networks	218 (43.6)

PPC = Professional Practice Conference, AGM = Annual General Meeting.



Table 5. Support for Discontinuing Print Version of *Canadian Journal of Hospital Pharmacy* (n = 500)

Response	No. (%) of Respondents
Strongly support	156 (31.2)
Support moderately	164 (32.8)
Do not support strongly	122 (24.4)
Do not support moderately	54 (10.8)
Don't know	4 (0.8)

Table 6. Frequency of Accessing CSHP National and Branch Web Sites

Frequency of Access	No. (%) of Respondents	
	National Web Site (n = 500)	Branch Web Site (n = 500)
Daily	2 (0.4)	2 (0.4)
Weekly	36 (7.2)	15 (3.0)
Monthly	176 (35.2)	91 (18.2)
Quarterly or less	250 (50.0)	246 (49.2)
Never	36 (7.2)	146 (29.2)

Table 7. Top 5 Reasons for Accessing the CSHP National Web Site (n = 444)

Rank	Reason	No (%) of Respondents
1	CSHP educational events	352 (79.3)
2	CSHP Standards, Guidelines, and Information Papers	310 (69.8)
3	<i>Canadian Journal of Hospital Pharmacy</i>	233 (52.5)
4	Membership	197 (44.4)
5	Advocacy efforts	172 (38.7)

New Initiatives

Several suggestions for future CSHP initiatives were made by more than 10 respondents: to consider providing electronic copies (online or on CD) of the PowerPoint presentations at CSHP conferences rather than hard-copy handouts, to promote hospital pharmacy to high school students and first-year pharmacy students, to provide better online archiving of CSHP documents, to develop mentorship programs for pharmacy students, and to ensure that *CJHP* is indexed and available online before discontinuing the print version. It was also suggested that the hospital pharmacy residency program consider placements or rotations in rural hospitals.

NATIONAL AND BRANCH WEB SITES

More respondents access the National CSHP Web site than their respective Branch Web sites: only 21.6%

of respondents reported accessing their Branch Web site at least once a month, whereas 42.8% reported accessing the National Web site at least monthly (Table 6). Only 7.2% reported never accessing the National Web site, whereas 29.2% reported never accessing their Branch Web site. Reasons for not accessing the Web site included not knowing it existed, not having a reason to do so, or feeling that it was not useful. A small number of respondents (12) said that they were too busy or didn't have time.

The primary reasons given for visiting the CSHP National Web site are listed in Table 7. Overall, respondents rated the National Web site as very easy (14.8%) or fairly easy (76.5%) to navigate. Suggested enhancements to the National Web site were for online membership renewal, online conference registration, updating of member profiles, and ordering of CSHP publications.

PHARMACY SPECIALTY NETWORKS

Half (235) of 474 respondents were members of at least one CSHP Pharmacy Specialty Network (PSN). Of the 235 PSN members, 87.7% belonged to 1, 2, or 3 PSNs (the others belonged to more than 3 PSNs), and 77.9% of the PSN members were either very satisfied or fairly satisfied with the current Yahoo listserv software used. Those who were not satisfied reported hospital firewall issues. More than 10 respondents suggested that a format similar to the one used for the American College of Clinical Pharmacy's Practice and Research Networks be explored.

VOLUNTEERING IN CSHP

Volunteers are the life of CSHP, essential to the organization's success. However, a surprising 71.0% of 473 respondents said that they had not indicated a willingness to volunteer for CSHP on their membership registration form in the past 3 years, and of the 29.0% who had offered to volunteer, only 46.5% had been contacted to participate in some way. CSHP needs to focus on different ways to encourage and engage members in this area.

Those who had not volunteered said it was because they were too busy (65.4%), were not able to get time off work (14.3%), or had volunteered in the past (5.1%), among other reasons.

ADDITIONAL FEES

A total of 473 members responded to the question, "Would you support an increase in your membership



fees to further develop the following services?" with 49.7% answering "yes" for CSHP Standards, Guidelines and Information Papers and 45.2% answering "yes" for advocacy efforts. The "no" responses were strongest for the *EOB (eBulletin)* (91.3%), the CSHP Web site (76.1%), and *CJHP* (71.5%). These responses indicate that some CSHP members are willing to financially support regular review and revision of the CSHP standards and enhancement of the Society's advocacy efforts.

CSHP PARTNERSHIPS WITH EXTERNAL ASSOCIATIONS AND ORGANIZATIONS

Respondents were asked to choose 5 organizations (from a list of 21) with which they felt CSHP should strengthen its relationships. The top 6 choices are listed in Table 8.

This question yielded a suggestion that CSHP work with the faculties of pharmacy and medicine to better integrate pharmacy students into the health care team early in their program and to explore and promote interdisciplinary learning.

MEMBER SATISFACTION

It was encouraging that 91.1% of respondents were either very likely (47.7%) or likely (43.4%) to recommend membership in CSHP to their colleagues!

WHAT COULD CSHP START DOING OR DO BETTER?

Respondents were asked to identify things that CSHP is not doing or could be doing better. Common responses were to improve and increase communication and information dissemination to members, with a focus on the needs of "grassroots" members; to continue and expand advocacy efforts for hospital pharmacists in a timely manner; to improve support for the PSNs; to consider online membership renewal and conference registration; to increase educational opportunities (e.g., through online education), and to regularly update and

revise the CSHP Standards, Guidelines, and Information Papers.

COMMENTS FROM CSHP'S VISION LIAISON

The tremendous response to the 2006 CSHP online survey of members was very encouraging to the CSHP Executive and Council members. Our members provided valuable feedback on what CSHP is doing well and what we should focus on in the future. The survey results served as a valuable information document for the strategic planning workshop that took place in August 2006 to create CSHP's Vision 2010 and subsequent strategic plan. An environmental scan of Council members, Branch presidents, Past Presidents, the CSHP Board and committee members, and external stakeholder organizations (prepared by a consultant) complemented the survey results. Together, the 2 documents provided valuable information for CSHP Council and the Branch presidents.

It is encouraging to see that many of the suggestions made in this survey have already or will soon become reality. Advocacy efforts for hospital pharmacists are a key component of Vision 2010, and funds have been approved in the 2007/2008 budget for public relations resources. CSHP 2015, another key component of Vision 2010, will engage our members in all types of practice settings at all levels of practice. CSHP Council recently approved the implementation of e-commerce on the CSHP Web site, which will allow members to renew their memberships and register for CSHP conferences online, as was overwhelmingly requested in the survey. The *CJHP* strategic plan includes the steps required to successfully obtain online indexing. CSHP staff members have negotiated liability insurance that is competitively priced and available to those practising in community settings as well as those practising in hospitals. A new PSN for primary care pharmacists was created this past year as a joint effort with the Canadian Pharmacists Association. Handouts of

Table 8. Partnerships that CSHP Should Focus on in the Future (n = 468)

Rank	CSHP Service or Program	No (%) of Respondents
1	American Society of Health-System Pharmacists	355 (75.9)
2	Canadian Pharmacists Association	252 (53.8)
3	Institute for Safe Medication Practices Canada	232 (49.6)
4	Canadian Medical Association	216 (46.2)
5	Canadian College of Clinical Pharmacy	188 (40.2)
6	Canadian Association of Pharmacy Students and Interns	184 (39.3)



the presentations at the Professional Practice Conference (PPC) 2007 were provided on CD to all conference registrants. A PPC presentation by Neil MacKinnon, entitled "Keeping Current with Medication Safety Research: What Do Hospital Pharmacists Need to Know?", was recorded and is now available online for CSHP members. A Pharmacy Management Leadership Task Force has provided Council with many recommendations to incorporate leadership and management topics and resources into CSHP educational events and on the CSHP Web site. CSHP is listening to you! And we will continue to listen, so keep your comments coming. You don't need a survey to provide feedback, but in this case it was extremely valuable.

The complete CSHP 2006/2007 Membership Survey, as well as the CSHP 2006 Environmental Scan Summary Report, can be accessed by CSHP members on the CSHP website at <http://www.cshp.ca>

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