

Public Perception Regarding Practice, and Barriers towards Pharmacist Counseling in the Community Pharmacy

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Abstract Background: The role of the pharmacist includes an effective informative counseling with the patient. Pharmacists should practice delivery of patient-centered services and patients should know their rights for proper counseling. **Objectives:** To assess patient's perception and attitude towards counseling in the community pharmacy. **Methods:** The cross sectional study employed an anonymous questionnaire with closed ended questions, written in English and Arabic and posted online. **Results:** Only 362 participants responded within the specified period. The majority (314, 86.7%) of participants were females, age range of 17-24 years (238, 66%), Arabs (354, 98%), and single (234, 64.6%). Participant's visits to the pharmacy were 2-4 times (120, 33.1%) and > 10 times (107, 29.6%) annually. The main reason of these visits was to obtain medications (248, 68.5%). Large number of participants ask about the dose (278, 77%) and frequency of administration and duration of use (238, 65.7%), while only 91 (25.1%) of participants ask about side effects. Surprisingly, 182 (50.3%) of the participants admitted not asking about side effects. Reasons of participants not asking for information include getting these from the prescribing physician (204, 56.4%) and having earlier experience (175, 48.3%) with the medication. Sources of information were mainly the physician (262, 72.4%) followed by the pharmacist (220, 60.8%). Participants who consult a physician when feeling ill comprised 146 (40.3%) and a few consult the pharmacist (64, 17.7%). **Conclusion:** In UAE, the usual practice in most community pharmacies is product- rather than patient-centered and such a perception negatively influences patient's satisfaction with community pharmacy services.

Keywords: public perception, practice, counseling, community pharmacy

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1. Introduction

The role of the pharmacist includes effective informative counseling with the community pharmacy visitors. It has been suggested that the identified challenges engage pharmacy customers in effective communication at the counter entailed a new and extended role for pharmacists in the health care system. [1] Challenges to effective counseling include customer expectations, earlier experience with the medication, shyness to ask, lack of private counseling area, and the busy schedule of the pharmacist. [2,3,4] The role of pharmacists in the healthcare system have tremendously evolved and the profession is no longer product-centered, but it became widely practiced as patient-centered. [5,6] Through patient assessment, disease management, proper consultation, and follow-up, great improvement can be achieved in therapeutic outcomes. Moreover, patient's

adherence to medication has been reported to be significantly improved as a result of increased patient satisfaction. [7,8] Previous reports indicated that consumers may not accept pharmacists' advice if they had experienced unsatisfactory interaction with the pharmacist. [9,10] The joint efforts of the International Pharmaceutical Federation (FIP) and the World Health Organization (WHO) established standards for quality of pharmacy services. [11] The guidelines stressed pharmacists to understand consumers' concerns and demands to ensure the quality of pharmaceutical care. Results of a previous study [2] showed a general patient's satisfaction with the help provided by the community pharmacist. However, the pharmacist needs to fully practice his/her role to the advantage of the patients, and the latter needs to be aware of what to expect and demand from the community pharmacist. The present study aims to explore consumer's perceptions regarding the pharmaceutical care that community pharmacists in the United Arab Emirates (UAE) provide.

2. Methods

A descriptive cross-sectional study design was carried out at the University of Sharjah-United Arab Emirates from October to December 2020. The study was based on a questionnaire designed and written in both Arabic and English. The questionnaire was pre-piloted for face validity by distributing it to six administrators at the University of Sharjah. Their comments and recommendation were considered in the final version of the questionnaire but their responses were not included in the results. The first part of the questionnaire includes questions on demographic characteristics of the participants including age, gender, ethnicity, profession, and marital status. The second part includes questions on the number of visits to the pharmacy per year, reasons for visiting the pharmacy, type of pharmaceutical products they purchase, and whether they ask on how to use a pharmaceutical device. The third part questioned pharmacy visitors on whether they ask about the indication of their prescribed medication, dose, frequency of administration and duration of use, and possible side effects. In addition, participants were asked about their sources of pharmaceutical information and the reasons for not asking the pharmacist about their medications. Participants were asked about their sources of drug information and who they consult when feeling ill. They were also asked to comment on the pharmaceutical services they receive at the community pharmacy. The surveys (English and Arabic versions) were prepared using 'Google Forms': <https://docs.google.com/forms/u/0/>, and then the English version was posted at:

<https://docs.google.com/forms/d/1Myv6WTsH9YdyByHPM1TCkZoqMFYXQ2OLwdOOOgth4vc/edit?%20USP=drive%20web>.

The Arabic version was posted at:

https://docs.google.com/forms/d/1grBhA1BPIWfs-Ys-BS_Zw74I84sirvHG5szS2kxsn_o/edit.

A thematic analysis approach was applied in this study and a Microsoft Excel 2013 was used for data analysis. Responses in English were encoded and the Arabic responses were translated into English by one of the researchers and revised by another two colleagues then the responses were added to the original English responses to generate a complete thematic framework that integrated all the findings. Comments and recommendations raised by the participants were first reviewed by two researchers and representative samples were considered to avoid duplication. As the study focused mainly on exploration rather than measurement of consumer perceptions, the data is qualitatively represented as frequency and percentages. Ethical approval was obtained from the Ethical Committee of the University of Sharjah, Reference number: REC-19-02- 11-02-S. The purpose of the study was clearly explained to the study participants. Voluntary participation by filling the questionnaire was considered as verbal consent. For the purpose of maintaining confidentiality, a participant's name was not used at the time of data collection. In addition, all other personal information was kept entirely anonymous throughout the study period.

3. Results

The response was quite reasonable as 362 participants responded by completing the questionnaire within the period specified. **Table 1** shows the demographics of the participants. The majority (314, 86.7%) were females, within the age range 17-24 years (238, 65.7%), Arabs (354, 98%), single (234, 64.6%), and university students (189, 52.2 %). The number of visits per year is shown in **Figure 1**, where the highest frequency was 2-4 times (120, 33.1%) and > 10 times (107, 29.6%). **Figure 2** demonstrates that the main reasons for visiting the pharmacy. About two-thirds (248, 68.5%) visited the pharmacy to obtain medications. The most frequently purchased medicines are shown in **Figure 3**. These were in the order of, analgesics (234, 64.6%), cosmetics (157, 43.4%), antitussive syrups (152, 42%), and antibiotics (138, 38.1%). Less than 50% (157, 43.4) of pharmacy visitors purchased cosmetics. Responses of participants to questions on whether they seek information when purchasing a device or medicine are shown in **Table 2**. A large number (278, 76.8%) of participants asked about the dose and frequency of administration, and duration of use (238, 65.7%) of the medication, but only a few (91, 25.1%) asked about side effects. The main reasons for not asking for information are shown in **Table 3**. These include getting information from the prescribing physician (204, 56.4%), and having earlier experience with the medicine (175, 48.3%). Sources of information were mainly the physician (262, 72.4%) followed by the pharmacist (220, 60.8%), and when feeling ill, participants consult a physician (146, 40.3%) and a few consult the pharmacist (64, 17.7%). Respondents who self-medicate by using medication available at home comprise (102, 28.2%) participants. The most common comments and recommendations of participants on the delivery of pharmaceutical care by the community pharmacist include;

"The pharmacist must be more proactive, should never dispense medications without a prescription, and should give enough time of voluntarily counseling to patients."

"An Arabic speaking pharmacist should be available to serve the non-English speaking patient."

"The pharmacist should engage more in the pharmaceutical care process."

"The pharmacist should share his knowledge with the patient and show him/her all options."

"The pharmacist must be sure to suggest the right medicine to a patient who seeks an advice to purchase medication without prescription because sometimes the pharmacist suggests a medicine which is not actually helpful to treat the condition."

"Pharmacies need to have enough professionals so that they can provide proper counseling."

"Please do tell us about HOW, WHEN, and WHY to use this drug. Most pharmacists do not tell us and assume we already know and we ignore asking the pharmacist when he/she ignores telling us. Please do not force us to buy expensive cosmetic stuff when you know it is the same as the much cheaper ones just because it is a 'new brand and I should try it.'"

Table 1. Demographic characteristics of participants

Characteristics	Frequency (%) N=362
Gender	
Male	48 (13.3%)
Female	314 (86.7%)
Age	
17-24	238 (65.8 %)
25-39	58 (16%)
40-59	61 (16.9%)
60 and above	5 (1.4%)
Ethnicity	
Arab	354 (97.8%)
Non-Arab	8 (2.2%)
Marital Status	
Single	234 (64.6%)
Married	123(34%)
Divorced	5 (1.4%)
Profession	
Student	189 (52.2%)
Health care practitioner	57 (15.7%)
Others	116 (32%)

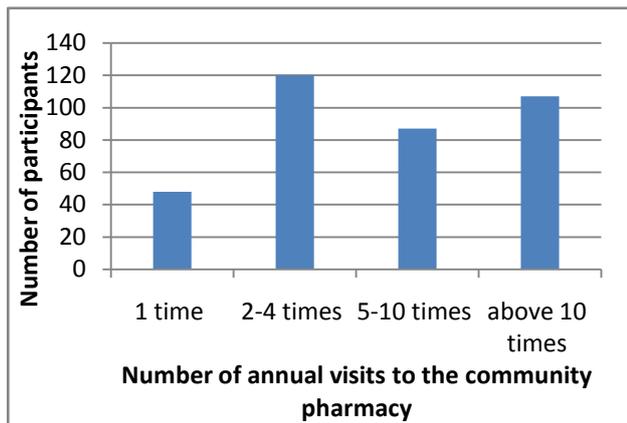


Figure 1. Number of participants' visits to the community pharmacy per year

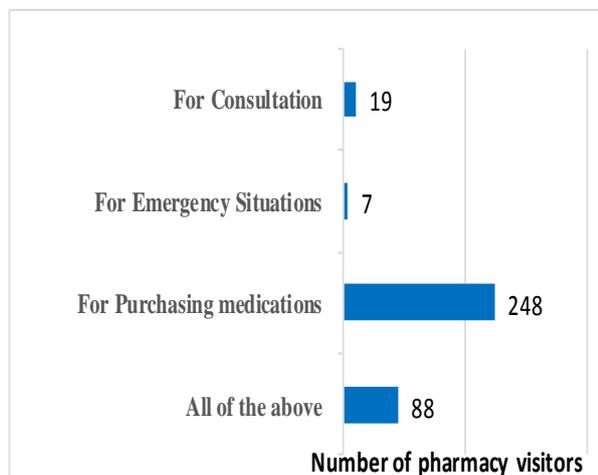


Figure 2. Reasons of participants for visiting the community pharmacy

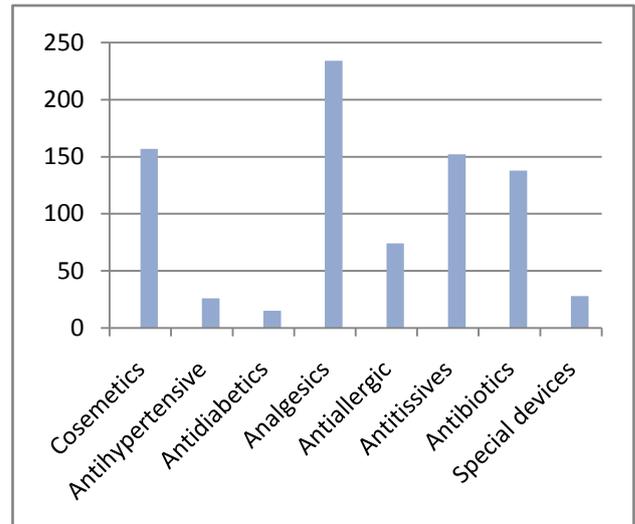


Figure 3. The most common purchases of community pharmacy visitors

Table 2. Responses of participants to questions on whether they seek information when purchasing a device or a prescription drug

Question	Frequency (%) - N=362		
	Yes	No	Sometimes
Do you ask the pharmacist about how to use special devices?	129 (35.6%)	126 (34.8%)	107 (29.6%)
Do you usually ask the pharmacist about the indications of your prescribed drug?	149 (41.2%)	125 (34.5%)	88 (24.3%)
Do you ask about the Dose of the drug?	278 (76.8%)	38 (10.5%)	46 (12.7%)
Do you ask about the frequency of doses and duration of therapy?	238 (65.7%)	80 (22.1%)	44 (12.2%)
Do you ask about the side effects of the drug?	91 (25.1%)	180 (49.7%)	91 (25.1%)

Table 3. Reasons for not asking for information on procured medicines

Reason	Frequency (%), n=362
Feeling shy	76 (21%)
Language defect	27 (7.5)
No consultation room	37 (10.2)
Early experience with the medicine	175 (48.3%)
Physician provided information	204 (56.3%)
Lack of time	52 (14.4%)
Do not trust the pharmacist	36 (9.9%)
Other reasons	10 (2.8%)

4. Discussion

The present study is the first to assess the perception and attitude of the public towards demanding information about their medications from the community pharmacy. Previous studies focused on the assessment of the level of counseling practiced by pharmacists in community pharmacy settings. The highest frequency (27.6%) of monthly visits to the pharmacy are rather lower than in other countries [4,12,13]. Our results with less frequent visits to the pharmacy may be attributed to the fact both

nationals and residents in UAE enjoy the benefits of health insurance and get their prescription medicines at the hospitals. The order of the most frequently dispensed medication was analgesics, antitussives, antibiotics, and antiallergic agents. In agreement with the results of the Qatar study [4], most of our participants visit the pharmacy to purchase medicines. Like earlier findings in Qatar [4], and Lebanon studies [14], our survey showed public perception and attitude toward community pharmacists in UAE to be poor. This is in contrast to the results of a study in Dubai-UAE where community pharmacists were positively perceived [15]. The main focus of pharmaceutical counseling should be the therapeutic indication of the medication, directions for its responsible use, possible adverse effects, and proper storage conditions [16]. A large number of our participants are not provided with such information and they ask about the dose of the medication, its frequency of administration, and the duration of therapy. This supports earlier findings in Canada [17], and Pakistan [18]. On the other hand, only a few respondents ask the pharmacist about the possible side effects of the medication. Experiencing side effects may lead to discontinuation of medication use. Similarly, pharmacists should inform patients on the appropriate and efficient method of using a medical device. In the present study, less than 50% of our participants ask for information on how to use special devices. It has been reported that among the reasons for the lack of disease control in for example asthma and chronic obstructive pulmonary disease patients is the inappropriate use of inhaler devices leading to worsening of the conditions and risk of increased hospitalization [19,20,21]. Therefore, it is advisable that, whether the patient asks for information, or not, the pharmacist must provide information about the use of special devices. The pharmacist can ask for a demonstration on how the patient uses his/her device even if the patient claims expertise in such a matter. In UAE, the usual practices in most community pharmacies are product-centered, and it is suggested that patient's satisfaction with community pharmacy services is greatly influenced by such a perception [2]. Therefore, the challenge facing both the pharmacist and managers of community pharmacies is to recognize and distinguish between what patients want, and what responsible pharmaceutical care they should receive [22]. It has been reported that limited counseling practice maybe a consequence of the business-oriented practice in community pharmacies, or the heavy workload for many community pharmacists. [23] In spite of the fact that almost all (98%) the participants in the present study were Arabs and a large number of them filled in the English version of the questionnaire, a common comment of respondents was to have a pharmacist versatile in the Arabic language to communicate easily and effectively with non-English speaking patients. Participants also recommended the availability of more pharmacists in the pharmacy and a private counseling area which indicates their real need for information on their medication regimen and devices. Respondents in the present study seem aware of what they need as many of them recommended that "The pharmacist should engage more in the pharmaceutical care process" and "should share his/her knowledge with the patient and show him/her all

options". Despite the controversial reports about the impact of the rate of counseling on the level of patient satisfaction [23,24,25], it is the duty of the pharmacist to educate patients on the various aspects of their medications. The pressure of working on multiple prescriptions by a single pharmacist in a busy community pharmacy is the main barrier to proper counseling. Patient's perceived barriers for not asking for information are many including, among others, shyness, language, lack of a counseling room, and time constraint. Availability of a counseling room in community pharmacies is a necessity as it encourages patients to feel more secure to freely ask about important information. In the present study, the main reasons for patients not asking for information as expressed by a majority of respondents were receiving information from the prescribing physician, and having earlier experience with the medication. Only very few participants admitted not trusting the pharmacist. It is customary in many countries for the physician image to dominate that of other healthcare providers including the pharmacist. Despite the limitations of the present study such as the small sample size, and the possible recall bias, the results may be utilized by decision-makers to establish national guidelines for counseling in the community pharmacy setting on responsible use of medications pharmaceutical products, and special devices.

5. Conclusions

The present study indicated that although a majority of participants knew their need for detailed information about their dispensed medications. Pharmacists should provide the professionally expected rational pharmaceutical service as healthcare providers. As such they would contribute to the achievement of the best therapeutic outcomes. National guidelines for counseling on various aspects of medicines and special devices should be established, implemented to the benefit of the patients.

Conflict of Interest

The authors declared no conflict of interest.

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