

## **Community Pharmacist's Perception Towards Their Role In Pakistan's Healthcare System: A Qualitative Study**

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### **Summary**

During the past few years the pharmacy profession has expanded significantly in terms of professional services delivery and now has been recognized as an important profession in the multidisciplinary provision of healthcare. As compared to developed countries, pharmacists role in developing countries are still underutilized and their role as health professionals are not considered to be important by both the community and other healthcare providers. The main objective of this study is to explore the perception of Pakistani community pharmacists regarding their role in Pakistan's healthcare system. A qualitative approach was used. A total of 10 community pharmacists were interviewed using a semi- structure interview guide. All the interviews were transcribed verbatim and thematically analyzed for its content. Thematic content analysis yield 5 major themes: 1) Provision of pharmacy services to consumers 2) Counseling at pharmacy, 3) Application of good pharmacy practice (GPP), 4) Pakistan Pharmacy Association (PPA) contribution towards pharmacy profession, 5) Strategies to improve community pharmacies. As far as the role of community pharmacists is concerned, some community pharmacists interviewed highlighted the importance of having a good practice standard set by the stake holders in order to improve their current practice and professional image. Respondents also mentioned that it is important for pharmacists to engage more broadly in medical counseling services as currently not many pharmacists are doing it as part of their core duties. Almost all pharmacists interviewed agreed that they have a very big role to play in public health especially on rational medicine use process. Community pharmacists in Pakistan do have concern about their present professional role in the health care system and suggestions have been made to improve their present image in the society.

**Key words:** Community pharmacy, pharmacy practice, pharmacist, healthcare.

### Introduction

The role of pharmacists is developing rapidly to cope with the needs of the advance healthcare system. Pharmacists recognized themselves as equally important as to other health professionals on safe and rational use of medicines and are willing to accept the responsibility to ensure that medicines are use safely and effectively, so that maximum therapeutic benefit is achieve from the treatment (1).Pharmacists in the community settings have performed an invaluable services for their communities by avoiding their medication related problems with the use of drug utilization and patient counseling(2). In developed world, professional relationship between prescribers and pharmacists are good due to the professional services offered by the community pharmacists(3).Whereas in developing countries, pharmacy profession face lots of barriers among which include acute shortage of qualified pharmacists and lack of standard practice guidelines(4)In recent past, pharmacy has emerged as one of the important health profession in Pakistan. It has been estimated that around 8102 pharmacists are present in Pakistan, 2836 working in public sector, 5023 in private setting while 243 pharmacists were in total private non-profit organizations(5). Furthermore, approximately 55% were in production of pharmaceuticals, 15% in the federal and provincial drug control and hospital pharmacy setup, 15% in the sales and marketing of pharmaceuticals, 10 % in community pharmacy, 5% in teaching and research (6). With the current population of 10% of the pharmacists in community setting, this number is not sufficient for providing optimal health care (7).The main objective of this study was to explore the perception of Pakistani community pharmacist regarding their role in Pakistan's healthcare system.

### Methods

#### Study Design

Since not a single research was carried out in Pakistani setting regarding the perception of community pharmacist's role in healthcare system of Pakistan, qualitative approach was used to gain the understanding on this issue, as it allows a flexible exploration of respondents' experiences(8).The study took place in two cities of Pakistan, Islamabad and Lahore from April 2007 until June 2007, using a semi-structure interview guide, developed after extensive literature review. Through convenience sampling method, key informants were interviewed until saturation point was reached(9). Written consent was obtained from the participants prior to the interview. Each interview lasted approximately 20 to 30 minutes. All the interviews were audiotape and transcribed verbatim. The first author analyzed the transcripts line by line, which were read repeatedly and thematically analyzed for its content(10). Of the 10 respondents, 5 were from the city Islamabad and remaining 5 community pharmacists were recruited from the city of Lahore through contacts(8).

The interviews mainly focused on the pharmacy practice in the country and services given to the consumers other then dispensing of drugs by the community pharmacists. Furthermore, information was gathered regarding organization contribution towards pharmacy profession. Probing questions were used where necessary and respondents were given freedom to express their views.

Table 1- Demographic characteristics of respondents

	Descriptions	n
<b>Age range</b>	Under 30	1
	30-40	9
<b>Gender</b>	Male	7
	Female	3
<b>Number of years experience in community</b>	More than 10 years	1
	Less than 10 years	9

## Results

Demographic characteristics of respondents are shown in table 1.

Thematic content analysis yielded 5 major themes: 1) Provision of pharmacy services to consumers 2) Counseling at pharmacy, 3) Application of good pharmacy practice (GPP), 4) Pakistan Pharmacy Association (PPA) contribution towards pharmacy profession, 5) Strategies to improve community pharmacies.

### 1. *Provision of Pharmacy service to consumers*

There was mix response from respondents when they were asked for the services provided to the customers other than dispensing.

#### *Non Provision for customers*

*No, we do not provide any kind of services other than dispensing CP 2*

*We focus our services to dispensing only, there is no diagnostic services provided by our pharmacies CP9*

#### *Provision for customers*

*Yes, we are providing diagnostic service, like for, hepatitis test, sugar tests and blood pressure monitoring, all performed by pharmacists CP4.*

*Other than dispensing we have free home delivery service, patient monitoring and diabetics control service CP5.*

### 2. *Counseling at pharmacy*

Counseling at pharmacies was done and necessary information was given to the customers. This practice was followed in all the pharmacies in the country.

*Yes, we give guidance regarding dosage and how to take medicine; it hardly took 5 to 10 minute depending upon the prescription. Any other related information is also passed to customers CP1.*

*We give proper advice to the patient regarding dosage and frequency of medicine, how to use, we also advice them if some problem came across may be due to its side effect then stop taking CP8.*

### **3. Application of good pharmacy practice (GPP)**

Most of the respondents expressed that the term GPP was totally ignored in the country. This is because it is not possible to practice GPP in the absence of pharmacists.

*This term is not used in our atmosphere. If I see my surrounding where I am working there are only few pharmacies in this city working properly. So we can not say it is good pharmacy practice CP4.*

*The concept of GPP is not for our country where you hardly find pharmacist on pharmacies, there is no written guidelines usually I orally guide the personnel about accurate temperatures and cleanliness. CP8.*

### **4. Pakistan Pharmacy Association (PPA) contribution towards pharmacy profession**

PPA is one the leading pharmacy association in Pakistan. Mix response was observed regarding their contribution towards the pharmacy profession.

*PPA is working very well in the country, as because government now announced 36 seats for hospital pharmacists and drug inspectors due to efforts of PPA CP5.*

*Pharmacy profession in Pakistan was in very horrible condition but because of the effect of PPA it is improved a lot CP7.*

### **5. Strategies to improve community pharmacies**

Volunteered suggestions were asked from the respondents as how to improve the current practice and the status of pharmacy profession in the country.

#### ***Awareness program***

*Only pharmacists are allowed to run the pharmacies and awareness about importance of pharmacists should be created through seminars or media so as to tell the laymen about importance of pharmacist CP2.*

*Exactly for the improvement I must say that government should take charge for the profession create awareness through media and seminars then only pharmacy profession evoked. At present the situation is so bad that people even don't know who is pharmacist CP3.*

#### ***Focused towards customer services***

*One thing that I want to share is that the owner of pharmacy should not be the manager instead it should be the pharmacist. Although it's important to manage inventory and cash but our main concern should focused towards patient services. I think government should made policies and pay special attention toward the pharmacy profession CP5*

*There is still lot to be done, rules and regulation must be strict, more pharmacies should be open and run by the pharmacist only, so that the pharmacy students can be accommodated for training and more over patient will have advantages when medicines are dispense by the pharmacist CP8.*

### **Curriculum needs change**

*Subject which we cover in the university not even as theory not even 5 % of it is applicable in practical field, our curriculum should be revised according to the need of the field. Pharmacy student need practical explore but our curriculum is theory based CP1.*

*Lot of planning is required regarding pharmacy education in country with respect to curriculum it should be designed or focused more towards practical approach. For the betterment of profession pharmacist should have given proper training before entering into the field CP10.*

### **Discussion**

Consumer satisfaction is one of the most important indicator of the quality of care because it reflects whether or not a given service is meeting consumers' expectations(11). There was mix opinion in term of the provision of pharmacy services towards customers in Pakistan's healthcare system. Few of the pharmacies did focus on the services towards customers. All the respondents responded in a positive way that they were providing patient counseling at pharmacy regarding dosage and advice if some problem arise due to its side effect. These findings are consistent with the study by Bonnie (12), which shows that pharmacists have been encouraged to take a more active role in patient counseling and this can significantly reduce patient non adherence.

It is recognized and accepted that the conditions of pharmacy practice varied widely from country to country(13). When respondents were asked about the application of GPP in the country, they totally denied the presence of it. The reason explained by them was the absence of pharmacists at the pharmacies. This factor was consistent with the statement by FIP (International pharmaceutical federation) regarding the lack of pharmacists in developing countries (14). Moreover there is a storage of qualified individuals and preference of pharmacists in Pakistan to work in other fields, like the industry(15). However, there are exceptions as shown in the study conducted in Nepal, which was not consistent with the current study. Poudel found that the community pharmacies are very often the first and the only source of health care out side their home(16).

The main aim of the pharmacy professional bodies is to improve the professional standards of pharmacy and to encourage the profession as part of public health and ultimately services provided to the community(17). Due to the effort of Pakistan Pharmacist Association (PPA), the profession has developed in the country. It has created more than 600 seats for pharmacists in all grades(18), as the respondents have very honorable perception regarding the PPA activities in the country.

The respondents expressed that awareness programs should be carried out so that at least people should know who pharmacist is. They felt that the expertise of the pharmacists should be recognized and it is very important to establish a relationship between pharmacists and consumers.

Another point of view which was brought up was that main focus should be given to the services towards customers rather than doing managerial job. The respondents emphasized that patients will get benefits if drugs were dispensed by the pharmacists. These factors were consistent with the finding showing a high public support for the advisory role of the pharmacists(19).

Respondents expressed their views in grief that there is lot to be done in the country with respect to pharmacy curriculum. They further explained the curriculum is totally not applicable in the practical field. These findings were persistence with the article that stated pharmacy curriculum in Pakistan has not been given due importance even though this is very crucial to improve the professional practice in Pakistan(20).

### **Conclusion**

Community pharmacies in Pakistan do have concern about their present professional role in the health care system. The main problem they are facing is the storage of pharmacists at pharmacies. Their services are more focused towards management of pharmacies rather than customers. Due to this reason they are not familiar among the public. Suggestions have been made to improve their present image in the society.

### **Competing interests**

The authors declare that they have no competing interests.

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### **References**

1. FIP. FIP statement of policy on good pharmacy education and practice 2000.
2. Cerulli J. The role of the community pharmacist in identifying preventing and resolving drug related problem 2002 [updated 2002; cited 2009 5 May]; Available from: <http://www.medscape.com/viewarticle/421293>.
3. Adepu, Nagavi. General practitioners perception about the extended role of the community pharmacist in the stste of Kamataka. Indian journal of pharmaceutical sciences. 2006(68):36-40.
4. Sing WS. Pharmacy practice in Malaysia. Malaysian Journal of Pharmacy. 2001;1(1):3-9.
5. WHO, UNCF, DFID, TWB. Report of Health System Review Mission Pakistan. 2007 [updated 2007; cited 2007 25 Sep]; Available from.
6. Ahsan N. Pharmacy Education and Pharmacy Council of Pakistan Pakistan Drug Update. 2005.
7. Khan RA. Pharmacy education and healthcare. Daily Dawn. 2007 February 21;Sect. EDU-17.
8. Berg. Qualitative research methods for the social sciences,. Boston: Allyn and Bacon;; 2004.

9. Roy N, Madhiwalla N, Pai SA. Drug promotional practices in Mumbai: a qualitative study. *Indian Journal of Medical Ethics [Research]*. 2007 April to June 2007;IV(2):57-61.
10. Hassali MA, Kong DCM, Stewart K. Generic medicines: perceptions of consumers in Melbourne, Australia. *International journal of Pharmacy Practice*. 2005;13:257-64.
11. A. Donabedian. The quality of care. how can it be assessed? *JAMA*. 1988:1743-8.
12. Bonnie L, Svarstad, Bultman DC, Mount JK. Patient counseling provided in community pharmacies: effects of state regulation, pharmacist age, and busyness. *Journal of the American Pharmacists Association* 2004.
13. WHO. Good pharmacy practice (GPP) in community and hospital pharmacy settings. 1996 [updated 1996; cited 2009 6 May]; Available from: <http://www.opas.org.br/medicamentos/site/UploadArq/who-pharm-dap-96-1.pdf>.
14. FIP. Good pharmacy practice in developing country. 1997 [updated 1997; cited 2009 12 May]; Available from: [http://www.fip.org/files/www2/pdf/gpp/GPP\\_CPS\\_Report.pdf](http://www.fip.org/files/www2/pdf/gpp/GPP_CPS_Report.pdf).
15. Ghayur MN. Pharmacy education in developing countries: need for a change. *American Journal Of Pharmaceutical Education*. 2006;72(4).
16. Poudel A, Khanal S, Kadir A, Palaian S. Surveys have found that community pharmacies are very often the first and only source of health care outside the home. *Journal of Clinical and Diagnostic Research*. 2009;3:1408-13.
17. International Pharmaceutical Federation. Community pharmacy section. 2009 [updated 2009; cited 2009 11 May]; Available from: [http://www.fip.org/www/index.php?page=pp\\_community](http://www.fip.org/www/index.php?page=pp_community).
18. Bukhari KS. Speech on closing ceremony. 15th International Pharmacy Conference and Exhibition; 2009 5-8 April; Lahore. Pakistan Pharmacists Association; 2009.
19. Al-Hassan MI. A survey on consumer need and opinion about the community pharmacists in Riyadh, Saudi Arabia. *Journal of Medical Sciences*. 2009;9(1):36-40.
20. Babar Z-u-. Pharmacy education and practice in Pakistan: are they affecting our healthcare system. 2005 [updated 2005; cited 2009 10 May]; Available from: <http://www.chowk.com/writers/1514>.