

A comparative study of the perceptions of healthcare providers, public and patient on some professional services of pharmacists in a hospital

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Abstract: Pharmacist offer many professional services to healthcare providers and patients like interpretation of prescription orders and dispensing of drugs and advocacy for rational use of drug. There are only a few references are available on the literature on the professional responsibility and the competence of pharmacist to discharge his responsibilities. Hence the study was design to determine the perception of healthcare providers, public and patient regarding professional services currently being rendered by a pharmacist in a hospital. A validated, self administered questionnaire was provided to a group of randomly selected stakeholders. The questionnaire comprised a set of 10 statements against which the respondents were asked to indicate the level of agreement using 3 point Likert scale. 1= agree, 2=neutral, 3=disagree. In addition those responders who were ignorant could select “do not know” option. The result indicates that out of all the categories clinicians least agreed and patients most agreed that pharmacist is contributing his professional services effectively in hospital. The results of this study can be used to develop suitable interventions to create greater awareness amongst healthcare providers, patient and public on the professional role of pharmacist to improve patient outcome.

Keywords: Professional services, Pharmacists, Perception, Healthcare providers, Patient.

INTRODUCTION

Pharmacy profession provides services to the patient like interpretation of prescription orders, compounding, labeling, dispensing of drugs for appropriate use of medication and useful information and advice to healthcare stakeholders like drug information, adverse drug reaction and drug monitoring etc to achieve optimal therapeutic outcomes. Previously pharmacists was considered mainly as a dispenser of medicines and medicinal products but now he is required to assume greater responsibility of providing better therapeutic outcome as a expert on medicines as a widely regarded expert in medicine and an integral member of a health care team [1]. As compared to the developed countries the growth of pharmacy profession in India and other developing countries faces various barriers, such as lack of standard practice guidelines and ignorance of people and other health workers about the scope of pharmacy profession [2-6], This study was aimed at determining the perception of different

stakeholder regarding the conventional and enhanced scope of Professional Pharmacy Services.

MATERIALS AND METHODS

The questionnaire comprising of some statements covering few aspects of professional responsibilities and duties of a pharmacist was framed. The questionnaire was validated by a randomly selected group consisting of the faculty of pharmacy, medical and nursing colleges in Jaipur as well as patient and public who were requested to give their opinion on the questions with respect to their profession, relevance and language. On the basis of the response and comments, the questionnaire was suitably modified and finalized. A final questionnaire was thus designed for all the stakeholders in the vernacular language (Hindi) and English. It was then provided to various stakeholders (clinicians, pharmacists, nurses, public and patient), the number of which was determined in consultation with a statistician on a random basis. The responses of each group were computed, categorized and subjected to

appropriate statistical analyzed tests. The study protocol was approved by the Institutional Research Ethics Committee. This study was conducted for the period of

1 year from October 2016 to October 2017 in a state capital in India.

BOX

Pharmacists is contributing his duty effectively by-

1. Dispensing medicines to patients on the prescription of the registered medical practitioner.
2. Providing counseling and health education to the patient.
3. Maintaining records of Adverse Drug Reactions.
4. Discussing about medicines with clinicians/health professional to provide better patient care.
5. Conducting supervision and training for subordinates and health workers.
6. Counseling and advising the public on the treatment of minor ailments.
7. Dispensing emergency hormonal contraception.
8. Monitoring blood pressure and cholesterol levels.
9. Keeping up to date with current pharmacy practice, new drugs and their uses.
10. Providing drug information services.

RESULTS AND DISCUSSION

Above 92% (514) stakeholders out of 558, to whom the questionnaire was given, responded to the study. These comprise of Nurses (100), Clinicians (103), Pharmacists (102,) Patient (103), Public (106). The parameters on which the responses were elicited are mentioned in a box.

The Results presented in the Table shows the responses expressed as percentage of the each group to the various statements. Statistical analysis reveal that the difference between the responses of patient, public, nurse, pharmacist and clinician with respect to statement no. 7 was not significant ($p=0.120$) whereas for all other statements there was statistically significant difference ($p<0.05$). Majority of the stakeholders agreed on the statement on 7, 9 and 10. The responses reveals that only the clinician disagreed on statement no. 6 while only the patient agreed on statement no.8 and disagreed on statement no.1 and the public agreed on statement no.2. The remaining statements that are 3, 4 and 5 the stakeholders evoked mixed opinions.

The ANOVA test shows a significant difference ($p<0.05$) on total agreement scale between the stakeholders. Out of all the categories clinician least agreed and patient most agreed whereas public, nurse and pharmacist response was between these two categories. The pharmacist is often the first point of contact of the patient in several minor medical conditions and this may explain the observed confidence of the patient. Other workers have also mentioned that pharmacists themselves were not confident enough of providing good professional services particularly in direct patient care [7, 8]. One study also suggests that community pharmacists accepted that they would give greater preference to increasing their business of retail pharmacy rather than to provide professional services to patient [9]. Few researchers found that physicians and nurses were less aware of professional services of pharmacist [10, 11] this study also reveals a similar response of nurses and clinicians.

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Statement	Patient (n=103)				Public (n=106)				Nurse (n=100)				Pharmacist (n=102)				Clinician (n=103)				Pearson Chi-Square		
	DK	D	N	A	DK	D	N	A	DK	D	N	A	DK	D	N	A	DK	D	N	A	Value	df	P value
1.	3.88	53.4	9.71	33.0	19.8	21.7	23.5	34.9	1.00	1.00	0.00	98.0	0.00	9.80	2.94	87.2	0.97	8.74	8.74	81.5	243.019	12	0.00
2.	2.91	48.5	7.77	40.7	12.3	2.83	11.3	73.5	6.00	51.0	15.0	28.0	0.00	75.4	9.80	14.7	0.00	66.9	7.77	25.2	156.196	12	0.00
3.	14.6	8.74	23.3	53.4	54.7	1.89	42.4	0.94	13.0	51.0	11.0	25.0	0.98	52.9	4.90	41.1	20.3	6.80	40.7	32.0	293.856	12	0.00
4.	21.4	6.80	23.3	48.5	56.6	1.89	40.5	0.94	9.00	51.0	13.0	27.0	0.00	50.0	8.82	41.1	2.91	59.2	14.5	23.3	297.040	12	0.00
5.	5.83	45.6	8.74	39.8	15.0	0.00	20.7	64.1	7.00	51.0	17.0	25.0	0.98	13.7	0.98	84.3	13.5	7.77	23.3	55.3	173.917	12	0.00
6.	13.6	6.80	6.80	72.8	0.94	0.94	0.94	97.1	9.00	49.0	17.0	25.0	0.00	6.86	2.94	90.2	0.00	63.1	10.6	26.2	269.061	12	0.00
7.	0.00	0.00	0.00	100	0.00	0.00	0.94	99.0	2.00	3.00	0.00	95.0	0.00	1.96	0.98	97.0	0.97	4.85	0.00	94.1	17.846	12	0.12
8.	0.97	0.00	0.00	99.0	31.1	39.6	14.1	15.0	7.00	57.0	13.0	23.0	0.00	77.4	10.7	11.7	1.94	68.9	10.6	18.4	347.034	12	0.00
9.	21.4	7.77	23.3	47.5	12.3	25.5	0.94	61.3	11.0	8.00	2.00	79.0	0.00	24.5	1.96	73.5	3.88	23.3	14.5	58.2	105.544	12	0.00
10.	8.74	11.6	7.77	71.8	15.0	25.5	3.77	55.6	4.00	15.0	27.0	54.0	2.94	4.90	0.98	91.1	0.00	37.8	4.85	57.2	124.752	12	0.00

ANOVA Test								
	Patient (n=103)	Public (n=106)	Nurse (n=100)	Pharmacist (n=102)	Clinician (n=103)	Total (n=514)	F	value
Mean	7573	5755	1200	2.6765	.0777	4436	.949	.000
SD	61781	93552	00785	0.73339	96700	0791		

*DK= Do not know, A= Agree, N= Neutral, D= Disagree, the response is expressed as percentage (%).

CONCLUSION

The present study reveals that the maximum disagreement that the pharmacist was competent to conduct various aspects investigated in the study was the clinician where as the patient agreed that the pharmacist could do so. Overall there is a greater need for developing appropriate curriculum, training, communication between healthcare providers and development of guidelines and its dissemination amongst health care providers, public and patient.

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