

Evaluation of professional perspective of patient care rendered to patients in pharmacy settings in Freetown Sierra Leone

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Abstract- Background :Pharmacists have a responsibility to optimize outcomes of patients medication therapy. Communication skill is the foundation to all patient-centered care and may pose serious problems if not taken with utmost concern. For effective communication to be established, we need to fully understand the processes and skills that make up human communication which includes questioning, listening, explaining and reflecting. Skills of effective communication and patient care do not necessarily improve with practice experience but are developed when there is a commitment to do so.

Methods: A prospective survey design was used which included a questionnaire which was aimed at assessing the level of patient-centered care in the pharmacy settings.

Results: Sixty five percent of respondents said they seldom identify and take corrective measures in medication related problems whereas 35 % of them did so often even though 82.3% of respondents said they often discuss the patient's drug therapy with him or her.

Conclusion: Counseling services must be improved in the pharmacy settings. Pharmacists and other practitioners in the pharmacy setting should enquire about patient's health related problems and medications used in the past, explain to the patients on how to take the medications correctly and assess the patient's understanding with regards to taking the medication. There is a need for pharmacy professionals to be confident enough to not only identify mrps but to take interventions and communicate with other healthcare professionals.

Index Terms- patient-centered care, pharmacy, medication

I. INTRODUCTION

Patient-centered care is the same as patient-centered approach or patient-focused care¹, a quality of personal, formal and informal relationships. Patient-centeredness (including their families, clinicians and health systems) should be factored into all efforts to promote patient centered care. Thus, efforts to promote patient-centered care should consider patient-centeredness (and their families), clinicians, and health systems².

Patient-centered care consists of many sub-divisions such as patient-centered communication, patient-centered access, patient-centered interview, patient-centered outcome and patient-

centered diagnosis². Reduction in the mean length of stay, better patient satisfaction, effective and efficient treatments are some of the results of application of patient centered care and this has led to reduced cost of care³.

Medications play a crucial role in medical care. How effective a treatment is depends on both the efficacy of the medication as well as the adherence to the medication regimen by the patient⁴. Medication adherence is a must for therapeutic outcomes to be realized⁵. Non-adherence to medications leads to increased mortality and morbidity, greater health care costs as well as prolonged hospital stay⁵.

Hospitalization and ultimate discharge home are periods with high chances of medication related problems and errors⁶ and often involve a break in care, several changes in drug regimen, insufficient patient information, which can result in adverse drug events and preventable health care application.⁷

Changeover from hospital to home usually leads to change in previous drug regimen of patients and also lowered adherence to medications prescribed. These are common when there is changeover from hospital to home care and increase the risk of complications after hospital discharge⁶.

Studies show that twenty percent of hospital admissions is complicated by adverse events following discharge and that 66% of these events are medication related⁶.

Pharmacists are poised to play a crucial role in enhancing medication management during care transitions and minimizing readmission rates⁸. Pharmacist's Interventions by Pharmacists (also known as pharmaceutical care plans) are a means of handling drug therapy problems (both actual and potential)⁹.

Pharmacists are responsible for maximizing medication therapy⁹. Pharmacists have the potential to inform patients about the necessity for continued therapy for addressing queries of patients about their medications and emphasizing adherence at home¹⁰. When a patient is being discharged, the counseling provided by the Pharmacist provides an opportunity to maximize therapeutic outcomes¹¹. Follow up after discharge by Pharmacists have been shown to have mixed effects on readmission to hospital, costs and visits to Emergency Department⁷.

Community pharmacists play a vital role in maximizing medication use, improving disease outcomes, preventing drug misuse and cutting costs¹².

Although counseling usually goes together with dispensing services, these two can be provided separately (American Society of Health-System Pharmacists ASHP guidelines).

A systematic review finding indicates that pharmacists led counselling improves clinical outcomes, quality of life, drug and disease knowledge, patients' satisfaction with service, and economic outcomes¹³.

Evidence based on a systemic review shows that Pharmacists counseling improves quality of life, clinical outcomes, knowledge of illness and medication, as well as satisfaction of patients with services and economic costs^{14,15}.

Although the range of content of the counselling recommended in each guideline differs, all agree on providing the following information: name and description of the medicine, indications, route of administration, dose and dosage form, directions for use, duration of therapy, special directions, precautions, side effects, and contraindications¹⁶.

This assessment was done at Connaught Hospital and 30 Community pharmacies were also included in this assessment. These community pharmacies were selected randomly across the eastern, central and western part of Freetown

II. RESEARCH ELABORATION

The design for this assessment was a prospective survey design using a questionnaire which was aimed at assessing the level of patient-centered care in the pharmacy settings.

This research followed a convenience sampling where in 2 (two) practitioners for each community pharmacy setting were targeted. For Connaught Hospital, a total of 9 professionals (three Pharmacists and six Technicians). Most of the patients visiting the Connaught Hospital Dispensary room are those who have been given prescription to be acted upon by the practitioners in the dispensary room.

The data used for the purpose of this research was from both the practitioners in the selected pharmacy

Questionnaires were prepared so as to collect information from the practitioners in the pharmacy settings.

The questionnaire included Likert scales using questions with range from very often to never and strongly agree to strongly disagree For practitioners, both statements and questions were given. A scale of frequency was also used in the questions that were asked.

Demographic information was also collected.

Sampling techniques

This research followed a convenience sampling where in 2 (two) practitioners for each community pharmacy setting were targeted. For Connaught Hospital, 3 pharmacists and 6 Pharmacy Technicians were targeted

Inclusion criteria

All practitioners (i.e. pharmacists, pharmacy technicians, nurses etc.) that are in the selected pharmacy settings and the patients visiting these settings.

Data collection procedures

Questionnaires were given to the pharmacist in-charge for distribution to other practitioners within the setting data collection spanned a 2-3 month period.

Data analyses and presentation

Statistical methods were used to analyze and interpret the data. Statistical Package for Social Sciences, (SPSS) version 20 was used to generate frequency tables and charts.

Ethical Considerations

Recipients were told they had a choice to participate in the study or say no to participation. Since this research was a prospective study, letters asking for permission were distributed in the various settings.

III. RESULTS

PRACTITIONERS AT THE PHARMACY SETTINGS

Profession (Table 1)

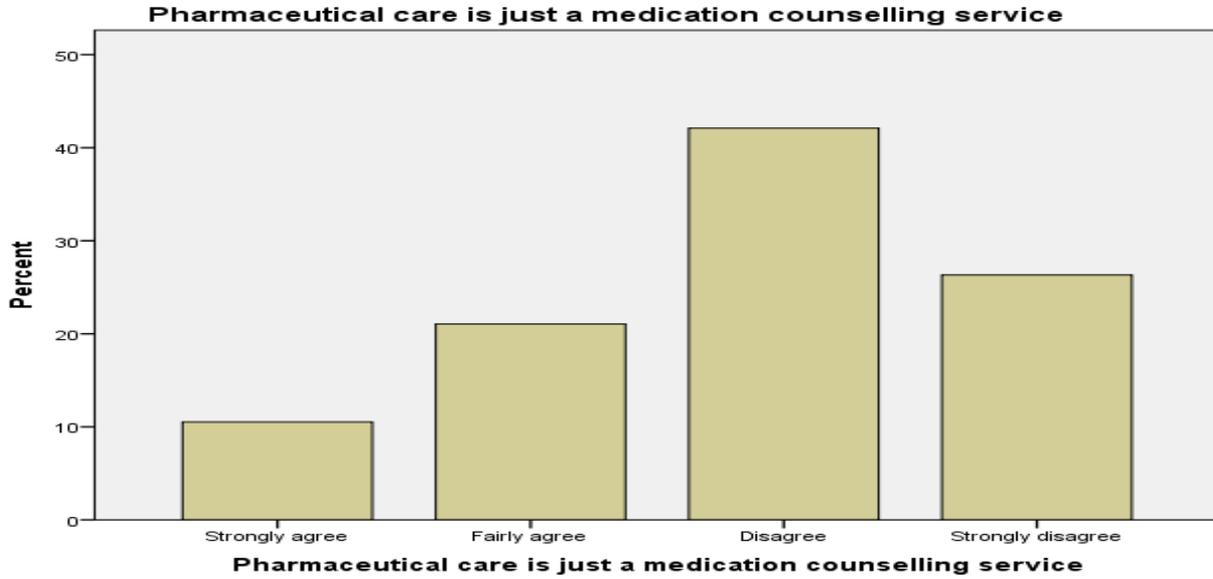
| | Frequency | Percent | Valid Percent | Cumulative Percent |
|---------------------|-----------|---------|---------------|--------------------|
| Valid Pharmacist | 18 | 26.1 | 26.1 | 26.1 |
| Pharmacy technician | 27 | 39.1 | 39.1 | 73.9 |
| Other | 24 | 34.8 | 34.8 | 100.0 |
| Total | 69 | 100.0 | 100.0 | |

(Table 1) Practitioners included Pharmacists, Pharmacy technicians and others (e.g. nurses etc.) 69 were targeted. Of these, 18 were pharmacists, 27 were Pharmacy technicians and 24 fell in the "others" category.

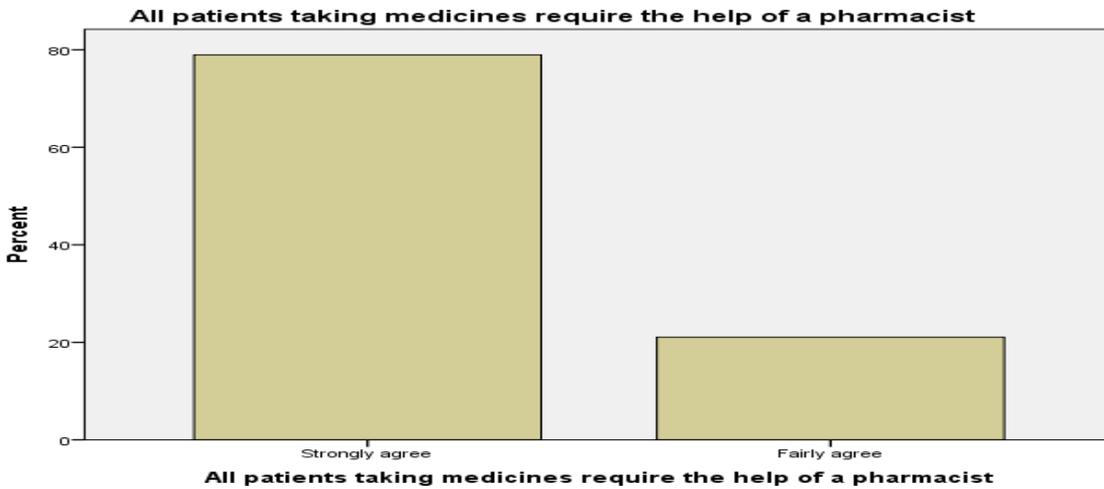
Gender (Table 2)

| | Frequency | Percent | Valid Percent | Cumulative Percent |
|------------|-----------|---------|---------------|--------------------|
| Valid Male | 54 | 78.3 | 78.3 | 78.3 |
| Female | 15 | 21.7 | 21.7 | 100.0 |
| Total | 69 | 100.0 | 100.0 | |

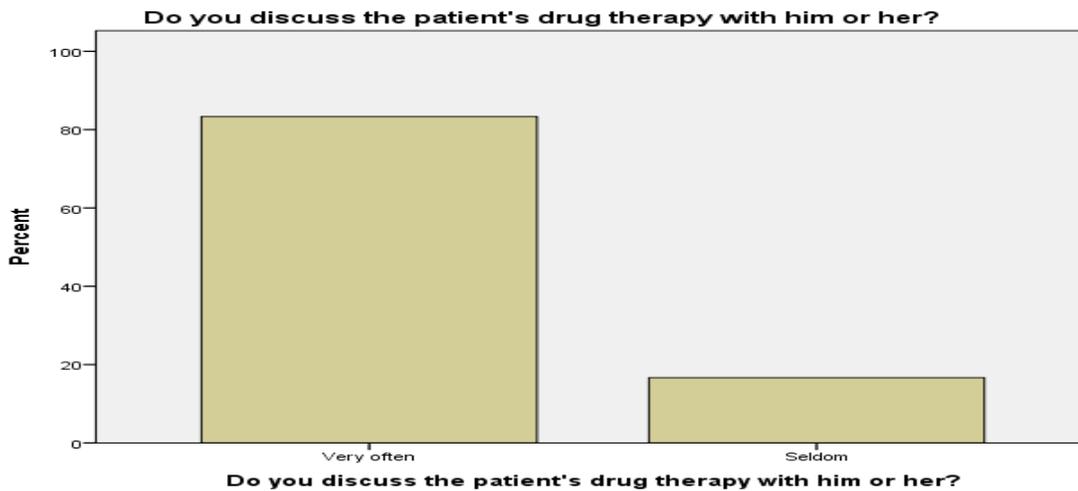
(Table 2) 78.3% of the practitioners contacted were males and 21.7% were females.



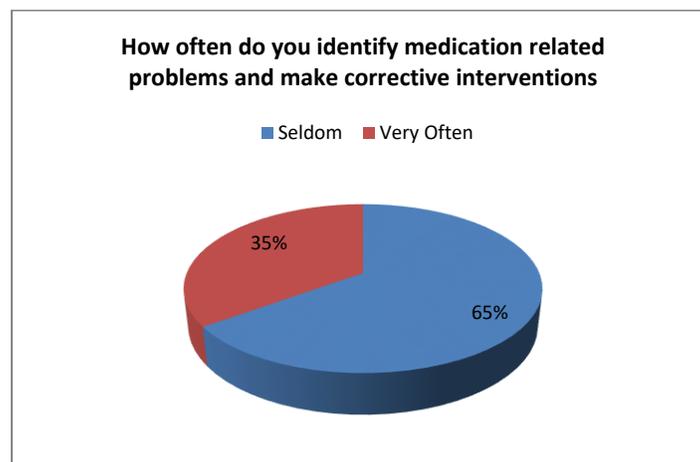
(Figure 1) The highest percentage 44.4% of respondents disagreed and 10% strongly agreed to the statement – Pharmaceutical care is just a medication counselling service.



(Figure 2) 78.2% of respondents strongly agreed that all patients taking medicines require the help of a Pharmacist



(Figure 3) 82.3% of the respondents indicated that they discussed the patient's drug therapy with him or her very often.



Sixty five percent of respondents said they seldom identify and take corrective measures in medication related problems whereas 35 % of them did so often

IV. DISCUSSION

Counseling is an important step in the pharmaceutical care process. Many professional organizations have published guidelines that provide recommendations to pharmacists on how to educate and counsel patients on both prescription and non-prescription medicines¹⁷. According to Okumura *et al* 2014, findings indicate that pharmacist-led counselling improves clinical outcomes, quality of life, drug and disease knowledge, and patient's satisfaction with services. These results are contrary to what the practitioners in the pharmacies stated, as 84.2% of the practitioners in this survey ticked "Very Often". The contributing cause for this is the lack of space for counselling in most pharmacies. Privacy is one inhibitory factor.¹⁸ The potential difficulty of providing a private consultation area within a pharmacy because of limited space was recognized and concerns about other personal information remaining confidential have been previously reported. Another contributing cause is lack of time

In a retrospective study conducted during the fall of 2010, patients suffering from hyperlipidemia were prescribed simvastatin and were placed into two groups, one of which received counselling from community pharmacists and the other were those who simply took their medications and went home. The results that were obtained indicated that those who received counselling were more adherent to their medications¹⁹ (Taitet *et al* 2012). It is important for pharmacists to take important role in counselling patients. It does not only lead to a clearer understanding about questions and concerns each patient may have, but also plays an important role in underlining the necessity of medication adherence¹⁹

82.3% of the practitioners in this survey indicated that they discuss drug therapy with the patients. Furthermore, 94.30% of the practitioners stated that they check out prescriptions from other personnel before giving out the medications. Checking out prescriptions confirms that the drugs are safe and effective to be used through which desired therapeutic outcomes can be achieved. Sixty five percent of respondents said they seldom identify and take corrective measures in medication related problems whereas 35 % of them did so often. The sixty five percent who seldom identified and took corrective measures would often identify these problems but were usually either not confident enough or not sure

if the prescribers would take kindly to being corrected by another health care worker. According to Ezeudo *et al* 2013, the pharmacist's responsibility is to optimize patient's medication therapy. They have the potential to educate patients about the importance of continued therapy and adherence at home also to resolve any uncertainties that patients may have regarding their medications¹⁰.

V. CONCLUSION

Counselling services must be improved in the pharmacy settings. Pharmacists and other practitioners in the pharmacy setting should enquire about patient's health related problems and medications used in the past, explain to the patients on how to take the medications correctly and assess the patient's understanding with regards to taking the medication.

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