

Public's attitude towards Community Pharmacy Practice in Gulu Municipality-Northern Uganda

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ABSTRACT.

Introduction: The public health care system in Uganda is unable to provide adequate health care services to the ever increasing population. The private health care sector including community pharmacy is the bridging gap. However studies revealed little knowledge about the services offered in community pharmacies. Here we present the recent findings on public's attitude towards community pharmacy practice to identify the loopholes and areas of improvement.

Objectives: This study aimed to assess public attitude towards community pharmacy services in Gulu municipality.

Methods: Cross sectional descriptive study was employed. Semi structured questionnaire was used to collect data from clients 18 years and above in five randomly selected community pharmacies in three divisions of Gulu Municipality. Data was entered, cleaned and analyzed using SPSS version 20.

Findings: 85 (85%) defined community pharmacy as place where drugs are sold in both small and large quantities. Main services offered were medicines supply (24%) and medication advice (10%) and pharmacy personnel were key staff offering services. As per the level of satisfaction, 56% of the respondents were satisfied with the services offered such as drug supplies, counselling and quick services.

Discussion: The majority of the respondents who visited community pharmacy were between ages of 20-24 (38%) which is similar to a study done in sultanate of Oman. This is because this age group are more aware of the drugs and services in community pharmacy possibly due to advancement in technology where most of them get health information through the internet.

Recommendation: We recommend that community members have to be informed on all the range of services offered by community pharmacy staff to improve utilization of services provided by the community pharmacies.

Conclusion: The overall findings showed that the public has good attitudes and awareness of the services provided by community pharmacy, with the exception of advice on minor illness, family planning services, cosmetics, herbal medicine and

nutritional supplements Further study can be done to explore barriers in utilization of services offered by the community pharmacy.

Index Terms- Community pharmacy, drugs, perception and pharmaceutical care.

INTRODUCTION

A community pharmacy is a pharmacy licensed to sell/ dispense drugs and provide pharmaceutical services to the public [15]. A community pharmacy can either be retail, wholesale or both. In Uganda there are 1749 registered pharmacy outlets serving an estimated population of 45,560,177 [28]. Community pharmacies in Uganda are licensed and regulated by National Drug Authority (NDA) based on the NDPA act which requires that a registered pharmacist should be the supervisor [18]. One pharmacist can supervise two pharmacies meaning that there is not always a pharmacist present at the point of dispensing. Usually nurses, midwives, clinical officers and on rare cases, pharmacy technicians are employed to work in community pharmacies. This means that there is a seeming gap in community pharmacy practice.

Over the past four decades, the pharmacy profession has made considerable efforts to shift its focus from medication supply to patient care. Community pharmacies are in a distinctive position to identify, prevent, and resolve drug-related problems in ambulatory patients, and data suggests that community-based pharmacy services can improve health outcomes [24]. Community pharmacies therefore play a pivotal role in provision of patient care services which include; dispensing and compounding of medications, medication information, point of care testing, patient counselling, monitoring and follow up, prescription refill and pharmaceutical care [26].

Community pharmacy holds a number of benefits as a setting for public health activities. With extended opening hours and no appointment needed for advice, community pharmacy can be more accessible than other settings. Although there is clear potential for pharmacy to contribute in a unique way to public health, changes in the behavior of both pharmacy personnel and

pharmacy customers are likely to be required for the services to be successful [5].

According to a study conducted in Palestine, many patients seek medical advice directly from the community pharmacies because they are faster and less expensive than the physicians visit. [14]. This is even more obvious in urban areas where the available health facilities serve a greater proportion of the population. As such, the role of community pharmacies in Uganda appears to be similar to that of other countries in that they play a major and important role in public and community health issues and in the management of a wide range of illnesses.

Knowledge about public utilization of, and views about community pharmacy services can assist pharmacy personnel in meeting customer's needs, in enhancing the quality of their services and improving customer satisfaction. Greater customer satisfaction, in turn, can be translated into greater loyalty to particular pharmacies and can facilitate the provision of pharmaceutical care through better customer-pharmacist communication.

Therefore, the advancement of community pharmacy practice through the adoption of the pharmaceutical care model needs understanding of patients' perceptions of the pharmacist's role as well as of their utilization and views of community pharmacy services.

To our knowledge, consumers' perceptions of and attitude towards community pharmacy services have not been evaluated in Gulu. There is a great need to generate awareness in public as well as pharmacy personnel about their roles and responsibilities in the community healthcare system. Hence, the study was aimed at assessing the attitude of the public towards community pharmacy in Gulu municipality.

LITERATURE REVIEW AND METHODOLOGY

Patients' acceptance to provision of healthcare by each professional group is affected by either the understanding of language used for communication, or the cultural perception toward health and is greatly dependent on their cultural background. It is probable that prejudice on the pharmacist's role may arise from the public's expectations, and will influence the decision whether they seek advice, trust the pharmacy personnel and use pharmaceutical services as desired (Tang and Sporrang, 2008). It is noted that operational guidelines for pharmacy practice varies between countries (Tang and Sporrang, 2008) Cleary and McNeil (1988) defined satisfaction as "the health care recipient's reaction to salient aspects of his or her service experience". Ideally the definition of professional value of pharmacists needs to be considered in terms of how consumers perceive it (Cavaco et al., 2005). Unless the patients appropriately understand the pharmacist's professional role especially with respect to direct patient care activities, the successful implementation of the pharmaceutical care framework in pharmacies cannot be attained (Hajj et al., 2011).

Patient satisfaction is generally high when patients are loyal to pharmacies where they have a good relationship with the staff and appreciate the overall atmosphere of the pharmacy (Malewski et al, 2015).

Pharmacy personnel have provided clinical expertise regarding selection, handling, preparation, procurement, and utilization of medications and, more recently, making sure that drugs attain the

maximum benefits for the patients (Schondelmeyer, 2009; Joint Commission of Pharmacy Practitioners, 2008; Kelly and Rucker, 2006).

Various studies have been conducted worldwide assessing public's or patient's perception and satisfaction of the roles and responsibilities of pharmacists (Hajj et al., 2011). Results varied depending on the studies with some demonstrating a good level of perception and satisfaction while others indicating a lot of areas for improvement (as expected by the consumers).

The society expects the pharmacist to play a definite role in positive patients' outcome by taking pro-active role in various segments. The advancement of community pharmacy practice through the adoption of the pharmaceutical care model needs understanding of patients' perceptions of the pharmacist's role as well as of their utilization and views of community pharmacy services.

Around half of Saudi customers believed that the pharmacy personnel were more concerned with the business side of the profession than with its health side. (Bawazir S. 2004; 12:83-89...)

In comparison, most Canadian customers considered pharmacists as health care professionals even if they practiced in retail settings. (The ratio pharm CFP Report).

Patients also rely on pharmacists for medicine information when they cannot get all the information they need from their physicians, which allows pharmacists to have an impact on adherence. Problems in pharmacist consultation can occur when patients and pharmacists have different expectations about the pharmacist's role and pharmacy services. One study has demonstrated that patients who have low expectations for consultation with a pharmacist receive less consultation than patients with higher expectations. In addition, if patients with low role orientations do receive any consultation they might not comply with it, severing the effects that pharmacy services can have on patient outcomes.

Knowledge about public utilization of, and views about community pharmacy services can assist pharmacists in meeting customers' needs, in enhancing the quality of their services and improving Customer satisfaction. Greater customer satisfaction, in turn, can be translated into greater loyalty to particular pharmacies and can facilitate the provision of pharmaceutical care through better customer-pharmacist communication. (Oparah et al, 2006).

Methods and Materials

Study design

Cross sectional descriptive study using qualitative means of data collection was done.

Study area, period and source population.

Gulu Municipal is administratively divided in to 4 divisions and has a total of 146,858 people [20] and 17 community pharmacies. The study period was from June 5th -July 21th 2019 and data collection was from June 5th 2019 to June 15th 2019. Qualitative data was collected from five randomly selected pharmacies.

Study population

18 years and above clients receiving health services from the five randomly selected pharmacies in Gulu municipality.

Sample Size and sampling method.

Sample size = $\frac{DN}{T}$,

Where

D= total number of days that was spent to carry out the research (10)

N=number of clients interviewed per day (5), and

T=maximum time that was taken for the interview per client (1/2 hour).

Therefore, sample size= $(10 \times 5) / \frac{1}{2} = 100$ clients.

The sample size of the study was 100 clients receiving health services from the five selected pharmacies.

Sampling technique

Simple random sampling technique was used to pick 100 clients from all the five selected pharmacies. In each pharmacy, 20 clients were selected.

Sampling procedure

Random numbers labeled from 1 to 50 were used to pick the clients. Each client was given a chance to pick the number randomly from a pool. Any client who picked any number from 1 to 20 was selected for the interview and those who picked from 21 and above were not selected. This procedure was repeated until the 20 clients were all selected from each of the five pharmacies.

Selection criteria

Inclusion criteria

Any client 18 years and above who visited any of the five randomly selected pharmacies in Gulu municipality and consent for the study.

Exclusion criteria

This study excluded anybody below 18 years, very sick patients and those who did not consent.

Data collection method and tools.

Qualitative and quantitative methods were employed to collect data using semi-structured questionnaires from study clients.

In this research, semi- structured questionnaires using interview were employed for data collection.

One-on-one interview was used to get client's responses

Data Quality assurance

The questionnaires were pre-tested by research team before conduction of data collection, necessary corrections were made to include feedback during pre-testing. During data collection, the research team ensured that all questions were properly filled before leaving the field. Data were thoroughly cross-checked for errors and any identified error was corrected before data analysis.

Data analysis

Data were entered, cleaned, and analyzed using excel and SPSS Version 20. Thematic analyses were performed for qualitative data analysis. Qualitative data was handled manually and categorized and individually coded with themes

related to the variables and added as an explanation for the findings of quantitative analysis

The study was done for a period of 2 months and 100 participants were interviewed meeting our intended sample size of the study. Figure 1 shows a total of 57 (57%) male and 33 (33%) female participants in the study.

RESULTS

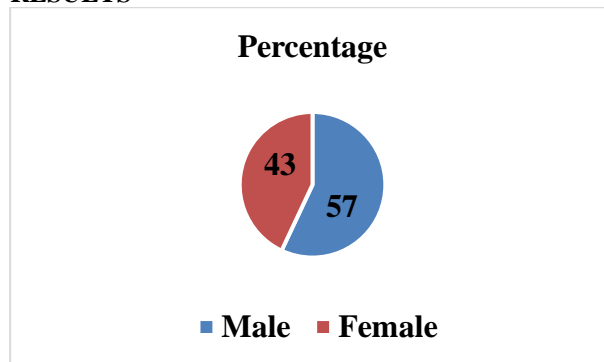


Figure 1: A figure showing the sex of the respondents

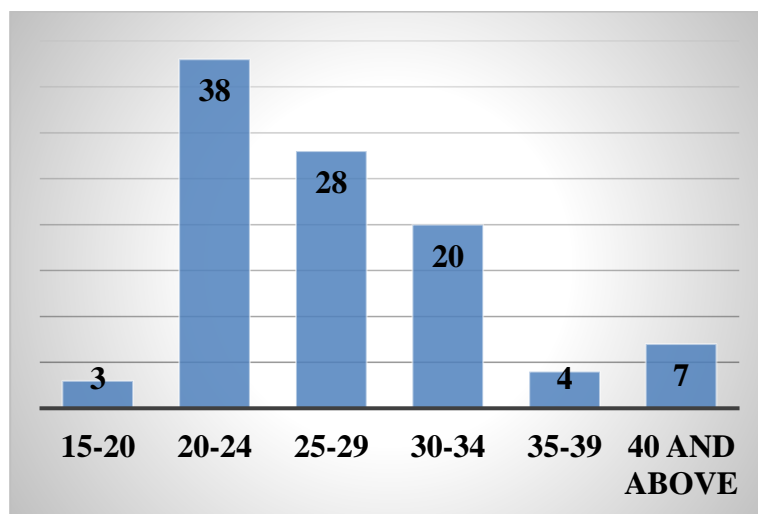


Figure 2: A figure showing age ranges of respondents

The finding indicated that 38 (38%) of the respondents were between ages of 20-24 years and only 3 (3%) were between 15-20 years.

Respondents' occupation

The result showed that 36 (36%) of respondents were unemployed, 20 (20%) were medical personnel, 19 (19%) were business people and 25% were people of other occupations.

Respondents' understanding about community pharmacy

The results indicated that 85 (85%) of the respondents understood community pharmacy as being a place where drugs are sold in both small and large quantities, and 1 (1%) understood it as a place where patients get medication counseling and diagnostic testing services. However, 4 (4%) were not sure about what a community pharmacy is.

Expectations of the respondent about community pharmacy

According to the study conducted, 1 (1%) of the respondents expected their medications to be labelled from the community pharmacy, and 14 (14%) expected their drug related questions to be answered from the community pharmacy.

Reasons for visiting community pharmacy

Ninety-seven percent of the respondents had ever visited a community pharmacy before while 3% of the respondents had not. As per the study, 70% of the respondents visited community pharmacy to purchase medications without prescription, while 8% visited community pharmacy to purchase prescription medication and 4% visited to get drugs and supplies. Other respondents visited community pharmacy for; advice, first aid information, general health information, quick services and get drugs at cheaper price. Some visit community pharmacy for more than one reasons.

During their visit, 24% of the respondents said that they received medications, 10% got advice and medication, 7% were counseled on their medications and 3% got diagnostic testing services like blood pressure measurement and blood sugar testing.

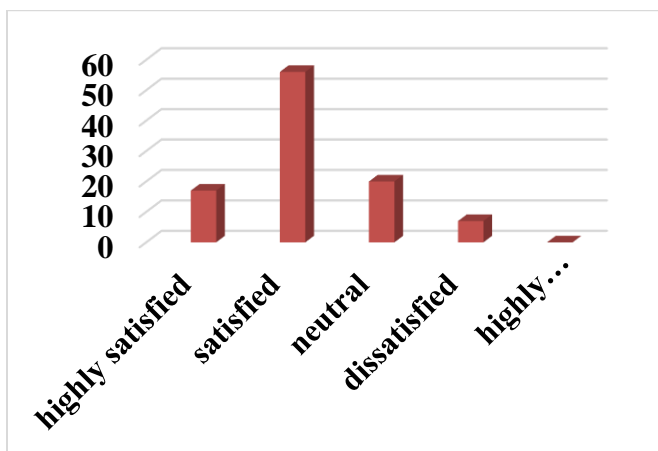


Figure 3: A figure showing level of satisfaction of respondents in percentage.

The result showed that 56% of the respondents were satisfied, 20% were neutral and 7% were dissatisfied by the services offered by the community pharmacy.

Reasons for the level of satisfaction of the respondents.

As presented in figure 3 above, 15% of the respondents did not have any reason for their level of satisfaction, 28% were satisfied because they were supplied with drugs, counseled and got quick service. However, 11% were dissatisfied because no information on side effects of the drugs were given to them, unqualified staff in the pharmacy and expensive drugs. Others were satisfied or dissatisfied for more than one reasons.

Services to be provided in the community pharmacy.

The study showed that 85 (85%) know community pharmacy as a place for selling drugs. 6% of the respondents needed

communication with the doctor, 5% and 3% needed diagnostic and screening services, and drug information respectively. Other respondents had more than one view of services to be provided such as injections, family planning, cosmetics, herbal and nutrition supplements, advice on minor illness and immunization.

Staff providing services in the community pharmacy.

As per the study, 24% of the respondents were served by pharmacy personnel, 65% were served by nurses and 6% were served by business people. Some were served by doctors, or any other personnel. None of the respondents were served by cleaner or security personnel.

Staffs the respondents expected to serve them in the community pharmacy

Most of the respondents (68%) expected to be served by pharmacy personnel, 8% expected to be served by other medical personnel, 3% were not sure of who to serve them. Others expected to be served by any medical personnel or business people.

DISCUSSIONS.

The majority of the respondents who visited community pharmacy were between ages of 20-24 (38%) which is similar to a study done in sultanate of Oman. This is because this age group are more aware of the drugs and services in community pharmacy possibly due to advancement in technology where most of them get health information through the internet.

The result showed that 85% of the respondents perceived community pharmacies as a place where drugs are sold in both large and small quantities, 4% knew it as a place where they can get medication counseling while only 1% perceived it as a place where patients get diagnostic testing and monitoring services which was the case with a study done in Qatar. This means majority of the respondents know community pharmacy as a place for business with little awareness of other services offered. This implies that those visiting the pharmacy do not seek other services like counseling, diagnostic and point of care testing services which should have been the case since the study showed that most of the visit was to purchase drugs without prescription (10%). Much as the majority of the respondents attained tertiary level of education (63%), they still have little or no information on the services offered by a community pharmacy because they think community pharmacy is a place where they go to purchase drugs only and they wouldn't expect to be counselled, get drug information, home diagnostic services, and first aid information.

According to the result, 56% were satisfied with the community pharmacy services while 20% were neutral and 7% were dissatisfied. The reasons for their satisfaction was because they were supplied with the right drugs, got quick services and were advised on their medication whereas others were dissatisfied because they were not given information on side effects, drugs were expensive and thought they were served by unqualified staff. This was the case with a research done in West Bank where

most clients were not counselled and expected to see a physician in the community pharmacy. According to the results 36% of the respondents are unemployed, this could be an explanation for their submission that products were expensive as being one of their reasons for dissatisfaction.

When asked about who normally serve them whenever they visit a pharmacy, 24% thought they are normally served by pharmacy personnel whereas 6% were served by business people. However, when asked about who they expected to serve them, 68% of the respondents expected to be served by pharmacy personnel and 3% were not sure of who to serve them. This may imply that community pharmacy owners tend to minimize expenses by employing unqualified staff to serve in the community pharmacy. These unqualified staff would not offer professional services to the clients therefore, effort has to be made to employ pharmacy personnel knowledgeable about the services in community pharmacies to meet clients' expectations.

Recommendations

The public has to be made aware of the various roles that community pharmacies play in pharmaceutical care. This should be done by the pharmacy personnel and NDA.

We also recommend the community pharmacy owners in Gulu municipality to employ qualified pharmacy personnel so that quality services are provided to meet patients' satisfaction.

NDA as the regulatory authority directly responsible for licensing community pharmacy should do the following;

1. Carry out regular inspection and assessment of the staff employed in the community pharmacy.
2. Encourage research and development of herbal medicines since some respondents expect to see community pharmacy providing herbal products.
3. Promote rational use of drugs through appropriate professional training.
4. Offer sponsorship to pharmacy students and this will increase the number of personnel to be recruited to provide professional services to patients in community pharmacy.
5. Establish and revise professional guidelines and disseminate information to health professionals and the public so as to increase their knowledge and promote professional service provision by the pharmacy professionals.
6. Provide advice and guidance to the Minister and bodies concerned with drugs on the implementation of the national drug policy that will ensure quality of medicines and services being provided which will increase patient satisfaction.

CONCLUSION

This study is the first known attempt to assess public's attitudes toward the community pharmacy services and to investigate the public's use and views of community pharmacy in Gulu municipality. Despite its limitations, this study still provided valuable data, on which further data can be built. The study showed that the public has good attitudes and awareness of the services provided by community pharmacy, with the exception of

advice on minor illness, family planning services, cosmetics, herbal medicine and nutritional supplements. In addition, several issues of concern related to community pharmacy services in Gulu municipality were raised in this study. These included: inadequate medication counseling, expensive drugs, and unsatisfactory knowledge level of community pharmacy staff. Therefore, to improve community pharmacy practice and to successfully implement pharmaceutical care in community pharmacies in Gulu municipality, efforts may be warranted to address identified issues and to promote the services of the community pharmacy on advice on minor illness and family planning services.

Appendix

Not applicable.

Acknowledgments

Not applicable.

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