

Received: 19 June 2013; Accepted: 05 August 2013

Conflict of interest: none declared.

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DOI: 10.5455/msm.2013.25.206-209

ORIGINAL PAPER

Mater Sociomed. 2013 Sep; 25(3): 206-209

Patients Perception of Community Pharmacist in Bosnia and Herzegovina

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ABSTRACT

Community pharmacists play a significant role in patient/disease management and perception by patients is increasingly important. A self-administered questionnaire was developed consisted of sociodemographic part and 15 questions. Patients have a positive overall perception of community pharmacists that is comparable to most studies in Europe. Community pharmacists' beyond dispensing drugs play a significant role in patient and disease management. This role of the pharmacist is performed through pharmaceutical care. Patient's opinion is increasingly considered to be a useful component in the determination of care outcomes and consumer satisfaction is an integral component of the quality of primary health care. For the purpose of this study we developed self-administered questionnaire consisted of sociodemographic part, and 15 questions. Survey has been conducted in 10 pharmacies. Results are presented in tables and figures and descriptive statistics has been used. We found that patients in Bosnia and Herzegovina have a positive overall perception of community pharmacists and of the services offered from community pharmacies that is comparable to most studies in Europe, but there is still room for improvement of relationships and pharmaceutical services.

Key words: patients perception, community pharmacists.

1. INTRODUCTION

The pharmacist remains one of the most accessible and trusted health care professionals. Community pharmacists' responsibilities extend beyond dispensing medications. They play a significant role in educating patients about their diseases, explaining side effects, encouraging adherence, ensuring accuracy of dosing, and alerting patients and prescribers to potential drug interactions. This application of the pharmacist's expertise is commonly referred to as medication therapy management. (1)

Role of the pharmacist is important in disease management and achieving satisfactory pharmacotherapy outcomes. It has been well described in literature in different countries and health states (2, 3, 4).

In Bosnia and Herzegovina roll of the pharmacist is defined by Low on Pharmacy and Low on Health Care adopted at entity levels due to country administration and health care system organization, but there are no significant differences among them in terms of pharmacist jurisdictions (5, 6, 7, 8). According to those laws main roll of the community pharmacist is dispensing medicines, ensuring its accessibility and safety but also other services are allowed and recommended like blood glucose level measuring and monitoring, blood pressure measuring, and counseling about therapy and diseases. Some of those services are provided but mostly on the commercial basis and in terms of pharmacy marketing plans and there are no organized and

systematical approach through health campaigns recorded. Community pharmacies are either state owned or private but operates on commercial basis since they are not supported by health budget like other health care professionals; physicians at primary care level for instance. Community pharmacists in primary care face difficult choices in balancing the commercial and professional aspects of their profession.

In recent years, patient's opinion is increasingly considered to be a useful component in the determination of care outcomes and consumer satisfaction is an integral component of the quality of primary health care. (9) It is the community pharmacist's professional responsibility to appreciate the factors governing the safe and effective use of medicines, question patients about their symptoms and related factors, recommend the most appropriate products and lies with physicians and other healthcare professionals. This new role of the community pharmacy should be implemented through „pharmaceutical care“ concept. (10,11)

Most pharmaceutical professional associations have defined precisely role of the community pharmacist. (12)

2. METHODS

A self-administered questionnaire was developed based on various literature sources reviewed to develop the questionnaire. (13-15) The questionnaire consisted of sociodemographic part, and 15 questions addressing the following topics: consumer

contact with pharmacies, consumer satisfaction with services provided, perception of the pharmacist, seeking advice and the treatment of minor ailments, consumer believes and experiences with pharmacists. For questions intended to measure consumers' attitudes and opinions, respondents were presented with statements and asked to agree or disagree using a five-point Likert-type scale. For questions dealing with services offered from a community pharmacy, the consumers could either select one or more than one response as applicable.

Survey has been conducted by pharmacy students in 10 pharmacies, state and private owned, during November 2012. All respondents are informed verbally and also cover letter, before the survey questions, described the rationale behind the survey and stated that by completing the survey, the patient was providing consent to participate in the one-time survey.

The completed questionnaires were collected and they were coded in Microsoft Excel and descriptive statistics were used for data analysis.

3. RESULTS

Patient demographic characteristics

Of total 200 surveys collected 182 of them have been correctly filled and represent total study population. Both sexes were well represented: 57.7% female and 42.3% male. Most of the consumers (95.6%) were educated to graduate level; high school or university, 46.7% and 48.9% respectively. The age distribution of the consumers was predominantly in the 26 to 55-year age group (44.5%) and older than 56-years (36.8%). Regarding average monthly income most of respondents earns 205-409 euro per month (38.5%), and more than 401 euro per month (36.8%). Detailed population is described in Table 1.

Characteristics	n	%
Gender		
Female	105	57.7
Male	77	42.3
Age		
<25	34	18.7
26-35	25	13.7
36-45	28	15.4
46-55	28	15.4
≥56	67	36.8
Education (level)		
Primary school	8	4.4
High school	85	46.7
University	89	48.9
Average monthly earnings (EUR)		
≤204	45	24.7
205-409	70	38.5
>410	67	36.8

Table 1. Demographics of responders to the survey (n=182)

Patient patterns for visiting the community pharmacy

Some 47.3% of patients visited the community pharmacy monthly or less frequently, 32.4% visited two to three times a month, 14% went once a month and only 5.5% visited the pharmacy more than once a month. Most patients (61.0%) often visited the same community pharmacy, 26.9% always visited the same community pharmacy and 12.1% rarely visited the same community pharmacy. Most of patients visiting same pharmacy has a trusted pharmacist (73.6%).

The two most common reasons for visiting a community pharmacy were to purchase medicines prescribed by a physician (86.8%) and to purchase non-prescription medicines (81.9%).

How would you rate the competence of pharmacists	Completely agree (%)	Agree (%)	I'm not sure (%)	Disagree (%)	Strongly disagree (%)
Pharmacist explain how to take the medicine	107 (58,8)	64 (35,2)	1 (0,5)	4 (2,2)	6 (3,3)
Pharmacist explain how drugs work and their effects	80 (44,0)	73 (40,1)	17 (9,3)	2 (1,1)	10 (5,5)
I can say pharmacist for problems that have	66 (36,3)	76 (41,8)	20 (11,0)	11 (6,0)	9 (4,9)
Pharmacist inform me about side effects of drugs	74 (40,7)	61 (33,5)	29 (15,9)	9 (4,9)	9 (4,9)
Pharmacist is always open for discussion	74 (40,7)	60 (33,0)	42 (23,1)	3 (1,6)	3 (1,6)
Pharmacist always tries to help me with my concerns that I have regarding medication	82 (45,1)	76 (41,8)	17 (9,3)	4 (2,2)	3 (1,6)
Pharmacist devote enough time to me	72 (39,6)	79 (43,4)	16 (8,8)	10 (5,5)	5 (2,7)
Pharmacist always answers my questions	78 (42,9)	70 (38,5)	20 (11,0)	6 (3,3)	8 (4,4)
I believe in the professionalism of pharmacists	81 (44,5)	74 (40,7)	17 (9,3)	7 (3,8)	3 (1,6)
I feel better after talking with a pharmacist	56 (30,8)	69 (37,9)	34 (18,7)	15 (8,2)	8 (4,4)
Pharmacist asks me if I feel improvement of the medications I am taking	55 (30,2)	51 (28,0)	45 (24,7)	25 (13,7)	6 (3,3)
Pharmacist asks questions to make sure that the drugs really work	53 (29,1)	50 (27,5)	43 (23,6)	26 (14,3)	10 (5,5)
Pharmacist asks me if I experienced any adverse reactions to the medications I am taking	60 (33,0)	52 (28,6)	32 (17,6)	24 (13,2)	14 (7,7)

Table 2. Patients level of agreement on pharmacists' competences (n=182)

Other reasons included: consultations with pharmacist (39.0%) and to purchase cosmetics and beauty products (21.4%), and to purchase baby products (15.4%). Most patients chose to visit a particular community pharmacy as it was close to their home or work place and reasonable prices (important for 74.4%), followed by the availability of a wide range of products (important for 71.7%), impact of advertisement and image of pharmacy which is important for 43.3% of respondents. Established relationships with pharmacist is important factor for 40.0% while sympathy for the pharmacist is the lowest factor for choosing of particular pharmacy – only 29.4% of respondents see this as important.

Community pharmacist characteristics appreciated by patients

Majority of respondents see community pharmacist both as primary health care professional (59.3%), while 35.2% see pharmacist both as seller (business oriented professional) and

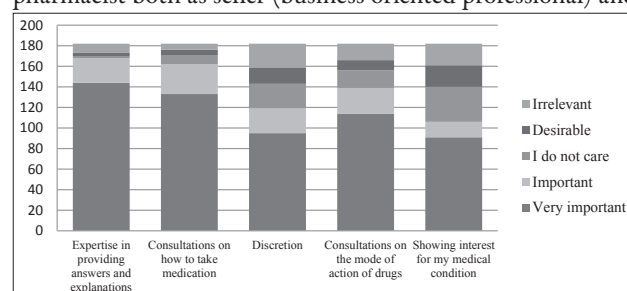


Figure 1. Characteristics of pharmacists particularly appreciated by patients

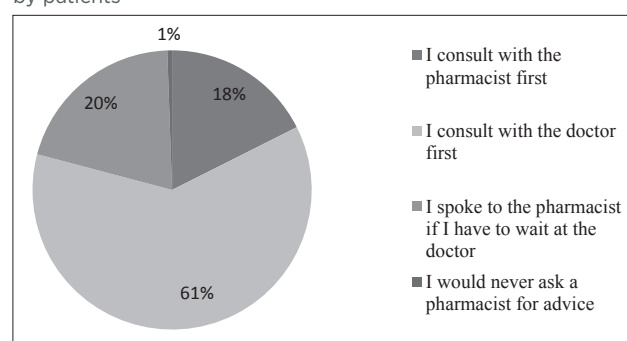


Figure 2. Patients' preference for medical advice

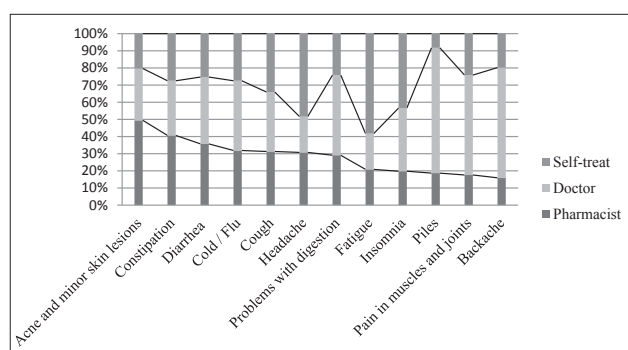


Figure 3. Patient choice of HCP in common minor conditions

health care professional. Expertise in providing answers and explanations to patients is very important characteristic of the pharmacist for 79.1% followed by providing clear consultations on how to take medication (73.1%). Consultations on the mode of action of drugs taken by patient and discretion are also very important characteristics, as it is showed in the Figure 1. 57.1% of patients do not make difference between public or private owned pharmacy. Table 2 summarizes degree of patient agreement on pharmacists' competence which are important in community pharmacy as part of pharmacist role.

Purchasing non-prescription medication, therapeutic switch and medical advice

When buying non-prescription drugs (OTC, dietary supplements) 92.9% of respondents find important advice and recommendations from pharmacists and would rely on it. In a case that prescribed or requested medicine is not available 87.4% patients would accept switch. Therapeutic switch or replacement at most cases depends on confidence to pharmacist and lower or similar co-payment or price in 39.9% and 38.7% cases respectively. In case that replacement product is domestic or foreign manufacturer, patients prefer domestic (3.3%) versus foreign (1.1%) even familiarity with manufacturer is important for 9.9%.

Regarding medical advice 61.74% responders would consult doctor first, 20.33% would consult pharmacist in case that they do not have access to doctor due to schedule and long waiting and only 17.58% consider pharmacist as first choice for medical advice (Figure 2).

Treatment of minor health conditions

Twelve common minor health conditions were presented from which the consumers had to choose whether they would consult the community pharmacist or physician or self-treat. The majority of consumers would primarily seek advice from a community pharmacist for acne and minor skin lesions (49.5%) and constipation (40.7%). In case of piles, pain in muscles and joints and backache patients prefer to consult doctors, while self-treat they prefer in cases of fatigue, headache and insomnia. Detail overview is given in Figure 3.

4. DISCUSSION

This study indicates that patients in Bosnia and Herzegovina have a positive overall perception of the community pharmacist and the services provided in community pharmacies. The majority of consumers in this study frequently or always visited the same community pharmacy and have trusted pharmacist in that pharmacy, indicating a high pharmacy patronage.

The outcome from this data is encouraging since the high degree of loyalty to a particular community pharmacy could

transmit satisfaction with the services being offered. This finding is supported by studies carried out in the UK and in Malta (16, 17). Main reason for visiting pharmacy among respondents were purchasing of prescribed medicines and over the counted medicines, but also significant number of patients visit pharmacy for advice and consultation. Similar rates are described and published from studies in UK (16). Regarding advises related to minor health conditions, even patient showed trust in pharmacist and consider them first as health care oriented professionals, majority of respondents would first consult physician for consultation and afterward pharmacist, which indicate that pharmacist should invest more efforts in self-promotion and additional clarification of their roles and responsibilities in order to increase patients trust. Findings from previous similar studies carried out in UK and Scotland indicate that there are differences in patient preferences in this issue. In UK patients see pharmacy as the most appropriate place for the treatment of minor illness (18), while in Scotland only a small percentage of consumers stated that they would ask a pharmacist for advice regarding minor ailments, as they believed that pharmacists do not know enough about their individual health (19). Again in Scotland, it was reported that less than 10% of a sample of the general public considered the pharmacist to be the 'first person for advice on health problems' (20).

It is interesting that patients would accept switch of therapy or medicines in very high percentage what is seen as potential for implementation of generic drug policy in Bosnia and Herzegovina. Pharmaceutical switch is allowed in Republic of Srpska, one of the entities in Bosnia and Herzegovina, while in Federation of Bosnia and Herzegovina this is prohibited or in special cases like when there is officially announced shortage of particular medicine is announced. Rising cost and pharmaceutical spending as well as budget constraints could be controlled and even cut if generic policy is introduced as it is described in literature (21).

It is also important to stress that pharmacists are paid only for dispensing medicines by public health funds and services provided are not reimbursed. This is an open issue which should be explored if there is interest for additional copayment by patients for extra services or how would public payment as possible incentive affect pharmacists' engagement.

Limitation of this study is that patients were selected from within a pharmacy setting; it is possible that only those consumers who regularly visited pharmacies and had a good overall perception of the pharmacist were included in the study, leading to possible bias. This is also first study conducted in the field of patient-pharmacist relations and patients expectation which can be used as basis for further research in this field, what is intention of the authors since roll of the pharmacist is increasing and pharmaceutical services should be moved to advanced level.

5. CONCLUSION

Patients in Bosnia and Herzegovina have a positive overall perception of community pharmacists and of the services offered from community pharmacies that is comparable to most studies in Europe. This study identifies perception of pharmacist by patients (consumers) and findings from this study can be applied in everyday practice and work with patients. It also identifies potential room for improvements at pharmacist side so additional services and efforts should be engaged either from individual pharmacist or pharmaceutical associations.

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