



Original Research

Factors influencing the provision of adherence support by community pharmacists: A structural equation modeling approach

Sarab M. Mansoor, B.Pharm., Dip. Clinical Pharm., M.Sc., Ph.D.^a,
Ines Krass, B.Pharm., Dip. Hosp. Pharm., Grad. Dip. Educ. Studies
(Health Ed.), Ph.D.^a, Daniel S.J. Costa, B.Sc.(Hons.), Ph.D.^b,
Parisa Aslani, B.Pharm.(Hons.), M.Sc., Ph.D., Grad. Cert. Ed.
Stud.(Higher Ed.)^{a,*}

^aFaculty of Pharmacy, The University of Sydney, Pharmacy and Bank Building, A15, Sydney, NSW 2006, Australia

^bSchool of Psychology, The University of Sydney, Lifehouse Building (C39Z), Sydney, NSW 2006, Australia

Abstract

Background: Non-adherence to medication represents an important barrier to achieving optimum patient outcomes. Community pharmacists are well placed to deliver interventions to support adherence.

Aims: To investigate community pharmacists' activities in supporting patient adherence; and identify factors influencing pharmacists' provision of adherence support.

Method: A random sample of 2020 Australian community pharmacies was mailed a questionnaire investigating their provision of adherence support. The self-completed, structured questionnaire consisted of eight sections, five of which were relevant to this study: strategies used to identify non-adherent patients, strategies used to support patients' adherence to medications, pharmacists' attitudes toward provision of adherence support, perceived barriers to provision of adherence support, and demographics. Structural equation modeling (SEM) was used to determine potential influencing factors.

Results: A response rate of 31% was achieved ($n = 627$). Pharmacists reported using strategies to identify non-adherent patients for less than half (45%) of the prescriptions dispensed. A mean of 8.4 ± 14.9 (mean \pm SD) strategies was used by respondents in the 7 days prior to survey completion. Dose administration aids was the most commonly used strategy (provided by 96.5% of respondents). Time pressure for patients (68%) was perceived by pharmacists as the main barrier to adherence support. SEM identified "stakeholders/skills" and "number of full time equivalent staff" as influencing provision of adherence support strategies.

Conflict of interest disclosure: The authors declare no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

* Corresponding author. Tel.: +61 2 9036 6541; fax: +61 2 9351 4391.

E-mail address: parisa.aslani@sydney.edu.au (P. Aslani).

Conclusion: Provision of adherence support by pharmacists was episodic and infrequent, impeded by a number of barriers. By addressing barriers, it is possible to enable pharmacists to become more proactive and effective in supporting patient adherence.

© 2015 Elsevier Inc. All rights reserved.

Keywords: Adherence to medications; Pharmacists; Barriers; Attitudes; Australia

Introduction

Medication non-adherence has been widely recognized as a continuing problem among patients with chronic diseases, including hypertension, diabetes and lipid disorders.^{1–4} Non-adherence has been associated with higher mortality and morbidity as well as increased health care costs.^{5,6} In developed countries, among patients with chronic diseases on long-term therapy, the average medication adherence rate is approximately 50%, with some variation between conditions.^{1,2}

A large body of research has focused on the common barriers to medication adherence.^{1,7,8} These include: *patient-related factors* such as knowledge, beliefs, attitudes and/or expectations; *social and economic factors* such as lack of social support and/or poor socioeconomic status; *health care team and system-related factors* such as poorly developed or fragmented health care systems and/or lack of knowledge and training of health care providers; *condition-related factors* such as severity of symptoms, severity of disease and/or rate of progression; and *therapy-related factors* such as complexity of the medical regimen, duration of treatment and/or side effects.

Recognition of these barriers has influenced the development of a variety of targeted strategies intended to enhance adherence and persistence to therapy. For more than three decades, researchers and health care professionals have sought to promote and improve patients' adherence to medication by interventions which primarily focus on fostering behavioral change.⁹ Interventions aimed at promoting adherence to therapy have resulted in improvements in adherence and in some cases, improvements in clinical outcomes.^{2,10} The goal is to encourage and empower the individual patient to learn, adopt, and sustain a regular pattern of medication-taking behavior.¹

As health care professionals, community pharmacists are well placed to identify non-adherence and offer support to patients to help them take their medications as prescribed, as part of routine

pharmacy practice.¹¹ Indeed, monitoring and improving patients' adherence to medications should be a routine component of patient care in community pharmacy. Patients must regularly visit the pharmacy to collect their medications offering pharmacists a unique opportunity to assess, identify and resolve problems concerning the chronic use of medications.^{11,12} At each visit, they also have the opportunity to reinforce information already provided by other health care professionals, provide additional information and to continue monitoring adherence.¹³

As a first step toward improving medication adherence, there needs to be broader recognition of the problem, and once identified, several simple strategies may be used to support and improve medication adherence.³ Pharmacists can track medication adherence by pill counts, review of dispensing records and by asking patients directly how they are managing their medications. In terms of supporting adherence, pharmacists can provide advice on the use of tools, such as pill boxes and medication calendars to promote adherence, supply unit dose packaging or dose administration aids, and/or offer to measure blood pressure and cholesterol levels as a way of encouraging self-management.¹ Thus supporting patients' adherence to medication should be a key professional responsibility of community pharmacists.

To date, little is known about how and to what extent Australian pharmacists engage with their clients to address issues related to medication adherence and the factors shaping their practice. Therefore, the objectives of this study were to:

- 1) investigate the frequency and types of strategies used by Australian community pharmacists to identify, address and improve patients' adherence to medication;
- 2) explore pharmacists' attitudes and barriers to the provision of adherence support activities; and
- 3) develop a structural model of the factors influencing pharmacists' provision of medication adherence support.

Download English Version:

<https://daneshyari.com/en/article/2508299>

Download Persian Version:

<https://daneshyari.com/article/2508299>

[Daneshyari.com](https://daneshyari.com)