



Original Research

An explanatory model of community pharmacists' support in the secondary prevention of cardiovascular disease

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Abstract

Background: Community pharmacists have faced ongoing challenges in the delivery of clinical pharmacy services. Various attitudinal and environmental factors have been found to be associated with the provision of general clinical pharmacy services or services which focus on a specific condition, including cardiovascular disease (CVD). However, the interrelationship and relative influence of explanatory factors has not been investigated.

Objective: To develop a model illustrating influences on CVD support provision by community pharmacists.

Methods: Mail surveys were sent to a random sample of 1350 Australian community pharmacies to investigate determinants of CVD support provision. A theoretical model modified from the Theory of Planned Behavior (TPB) was used as a framework for the survey instrument. Structural equation modeling was used to determine how pharmacists' attitudes and environmental factors influence CVD support.

Results: A response rate of 15.8% (209/1320) was obtained. The model for CVD support provision by community pharmacists demonstrated good fit: $\chi^2/df = 1.403$, RMSEA = 0.047 (90% CI = 0.031–0.062), CFI = 0.962, TLI = 0.955 and WRMR = 0.838. Factors found to predict CVD support included: two attitudinal latent factors (“subjective norms of pharmacists' role in CVD support” and “pharmacists' perceived responsibilities in CVD support”) and environmental factors i.e. pharmacy infrastructure (documentation and a private area), workload, location; government funded pharmacy practice programs; and pharmacists' involvement with Continuing Professional Development and attendance at CVD courses.

Conclusions: Pharmacists' attitudes appeared to be the strongest predictor of CVD support provision. The TPB framework was useful in identifying “subjective norms” and “pharmacists' beliefs” as key constructs

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of community pharmacists' attitudes. Community pharmacies would be able to provide such an advanced clinical service if they strongly believed that this was an acknowledged part of their scope of practice, had adequate infrastructure and employed sufficient numbers of pharmacists with appropriate and relevant knowledge.

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Introduction

Community pharmacy is a unique industry wherein professional pharmacy services and patient-centered health care may be delivered within the retail environment.¹ The literature, however, has reported ongoing challenges faced by community pharmacists in reorienting their practice to embrace delivery of professional pharmacy services; as a result, many maintain a predominant focus on traditional product supply and dispensing services.^{1–4}

Facilitators of practice change in community pharmacies have been explored using frameworks of organizational change strategies and work system models that are commonly used in the business literature.^{5–16} In the context of community pharmacy, good relationships with general practitioners (GPs) and other health care professionals, high patient expectation, the availability of remuneration, appropriate pharmacy infrastructure, adequate staff, as well as external support and assistance from other pharmacists, professional organizations and the government have been identified as essential to the practice change implementation.^{5–13,15,16} Because pharmacists' attitudes toward community pharmacy practice change have also been reported as key influences,^{17–27} behavioral theories such as the Theory of Reasoned Action, the Theory of Planned Behavior (TPB), the Theory of Trying and the Theory of Goal-Directed Behavior have been applied as frameworks in pharmacy practice research.^{28–38} The use of a theoretical framework in pharmacy practice studies serves to enrich the value and interpretability of research findings.³⁹

In numerous studies, some or all of the TPB constructs have been shown to predict community pharmacists' behavioral intention to provide general clinical services, not specific to a condition.^{31–33,35,37} Compared to the "pharmacists' attitudes" and "perceived behavioral control" constructs, the "subjective norm" construct has consistently been found to be the strongest predictor.^{31,32,35}

Pharmacists' behavioral intention has also been shown to predict the delivery of general clinical services.³⁷ In other studies, some behavioral constructs were found to be directly associated with provision of pharmacists' clinical services.^{28,30}

The term "perceived behavioral control" in the TPB literature represents pharmacists' perceptions of their ability, the ease/difficulty, and the degree of control over the performance of behaviors.^{28–37} In this case, the behaviors refer to clinical pharmacy services. Indeed, pharmacists' clinical knowledge and skills in communication could facilitate the provision of such general clinical services.^{6,12,16,17,19,22,40–43} These findings have highlighted the need for appropriate and relevant training and continuing pharmacy education for community pharmacists.^{6,12,16,17,21,24,40–43}

The TPB "subjective norm" construct may be defined as pharmacists' perceptions of others' beliefs about their behaviors.^{28,29,31–37} This could include beliefs of patients, GPs, pharmacy managers, colleagues, professional organizations, and the government of pharmacists performing clinical services.^{34,35,37} In fact, pharmacists have frequently reported patients' and GPs' negative attitudes toward, poor knowledge of, and low expectations of their service provision as significant barriers.^{20,40–47} Furthermore, unfavorable attitudes have adversely affected the pharmacist-GP collaborative practice,^{20,29,41,48–52} a key to providing clinical pharmacy services.⁴

Many researchers have concluded that the TPB is a useful theoretical framework to predict levels of clinical pharmacy services.^{28,31–33,35} However, there is contrary evidence regarding the utility of the TPB.²⁹ Although DeMik et al found high scores for attitudes, perceived behavioral control and subjective norms, there was no significant correlation between these TPB scores and levels of pharmacy services.²⁹ Social desirability bias may be a possible explanation for this, whereby respondents gave desired or acceptable answers that were inconsistent with their personal

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