



Original Research

Quality supply of nonprescription medicines in Portuguese community pharmacy: An exploratory case study

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Abstract

Background: Inappropriate use of non-prescription medicines (NPM) can increase morbidity, mortality and health care associated costs. Pharmacists have a well-established role in self-medication; however, the literature shows that pharmacies performance in the supply of NPM is often suboptimal.

Objective: To explore the interaction and dependability of pharmacy staff use of oral language, as well as staff's own assessment of reasons underlying their behavior during consultation regarding NPM.

Methods: In a case-study design, a high street urban community pharmacy was purposively selected as the setting. Covert patient simulation, using trained simulated patients (SPs), was used to ascertain staff's performance in dispensing NPM, via 4 symptom-based scenarios (SbS) and 3 product-based scenarios (PbS). Performance data were converted into 2 composite indexes: the Interpersonal Performance Index (IPI) and Technical Performance Index (TPI). Audiotaped interactions were transcribed *verbatim* and participants' utterances were identified, time stamped and coded employing the eight higher level categories of a framework inspired by the Roter interaction analysis system (RIAS). The transcripts of the in-depth interviews were analyzed using the *Framework Approach*. The tripartite model of attitudes was employed to develop the thematic framework.

Results: Ten SP visits were considered for analysis. Overall, the mean TPI score was 50% and the mean IPI score was 78%. TPI was higher for SbS (63%) than PbS (31%), whilst there was little difference IPI between SbS (79%) and PbS (76%). The mean number of questions in the evaluation section of technical performance was 4 for SbS and 1 for PbS. There was a clear predominance of closed questions (32%), when compared with open questions (5.5%). Providing advice was more frequent (23.5%) than giving information (12.5%). In line with the SPs data, comparison of information-gathering in SbS and PbS shows that more questions were asked in the former (44% versus 31%), which resulted in more information given by SPs (56% and 49%, respectively). Staff's reaction to their performance showed all the

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3 dimensions of attitude: affective, cognitive and behavioral. Divergence between staff's views on what should be done in NPM consultations and performance data surfaced in the interviewees' accounts on direct product requests. While performance data shows that information gathering was scarce, its importance was overtly acknowledged.

Conclusions: The supply of NPM appears to be influenced by both cognitive and emotional issues. This suggests that multimodal improvement interventions are needed, targeting not only technical and interpersonal communication skills but also the organizational context. Managerial tools such as the balanced scorecard, may prove valuable in addressing improvement in the quality supply of NPM.

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Keywords: Pharmacies; Non-prescription medicines; Patient simulation; Case-study; Patient-oriented communication

Introduction

Self-medication is a phenomenon of growing importance. In Europe, non-prescription medicines (NPM) recorded a net growth greater than prescription only medicines (POM) for the first time in 2008; the current value for the total NPM market stands at around €73 thousand million.¹

In Portugal the use of NPM for the relief of minor illnesses has been encouraged by Government policy for more than a decade, resulting in a list with approved indications for self-medication.^{2,3} Table 1 depicts information to enable an understanding of the context within which NPM are supplied.

It has long been recognized that self-medication can be beneficial for multiple stakeholders – consumers, health care professionals, pharmaceutical industry and the health system – but it is not without risks.⁴ Inappropriate use of NPM can increase morbidity, mortality and health care associated costs.^{5,6}

Pharmacists have a well-established role in self-medication, by screening signs and symptoms, aiding product selection and advising on the safe

and effective use of NPM.⁷ Pharmacies are often the first port of call for consumers with minor illness. However, the literature shows that pharmacies performance in the supply of NPM is often suboptimal.⁸ Notably, most published studies measured professionals' adherence to commonly accepted technical standards, but only a minority assessed both technical and interpersonal communication aspects of NPM provision.^{8,9}

Acknowledging the potential to learn from pharmacies whose performance stands out according to accepted quality criteria for dispensing NPM, this study aims to address pharmacy technical and interpersonal performance in this respect and aspects that might influence it. It is a study objective to explore the interaction and dependability of the pharmacy staff use of oral language, as well as staff's own assessment of reasons underlying their behavior.

Methods

A case-study design was chosen. This approach enables the investigation of complex issues in a

Table 1

Key notes on NPM supply in Portugal

- Medicines are classified into prescription-only (POM), pharmacy-only (P) and non-prescription (NPM). The former two categories are available only in pharmacies; the latter is available in pharmacies and independent/chain retail stores. In any case medicines are only available behind the counter.
- P and NPM prices are set under free market rules, as opposed to POM, which have fixed prices by the government.
- Pharmacies are privately owned and managed; ownership is open to non-pharmacists (with exceptions, such as medical practitioners, wholesalers and pharmaceutical companies) and restricted to a maximum of 4 pharmacies per approved person.
- Each pharmacy must be staffed with at least 2 pharmacists, the pharmacy manager and a pharmacist who replaces the manager's duties in his absence (pharmacies which have less than 60% value of the average annual turnover nationally can legally dispense the second pharmacist).
- Retail outlets selling NPM must operate with a responsible person (pharmacist or pharmacy technician) for every 4 sites.

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