



ORIGINAL ARTICLE

Perception of community pharmacists toward their current professional role in the healthcare system of Dubai, United Arab Emirates



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Abstract The new paradigm to pharmacy profession has changed the focus of pharmacists from product-centered to patient-oriented. This change has brought new set of beliefs and assumptions on the way services should be delivered to pharmacy clients. The main aim of this study was to explore the perception of community pharmacists on their current professional role in Dubai. Key findings show that community pharmacists are more directed toward business than patients. They almost dispense all categories of medicines over-the-counter without the need of prescriptions. However, a new trend of pharmacists in Dubai is to provide enhanced pharmacy services such as consultation to patients upon request.

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1. Introduction

Most recently, pharmaceutical care has adopted a new set of assumptions, concepts, and values that have made the pharmacy practice patient-centered rather than merely product-oriented (Anderson, 2005; Peterson and Kelly, 2004;

Anne et al., 2010). In order to create better understanding on the role of community pharmacists in Dubai, United Arab Emirates (UAE), a bigger study was done to explore perceptions of stakeholders which was divided into two categories: outer and inner environments. The outer environment resembles perceptions of general public and the inner one focuses on reflecting ideas and beliefs of healthcare professionals including physicians, nurses and pharmacists themselves on the expected role of community pharmacists in Dubai. Exploring pharmacists' perceptions on their role within the community pharmacies is a challenging task because pharmacists face many constraints in many countries. Some challenges pharmacists come through are technical like shortage of time to offer services, lack of licensed pharmacists, and the elevating expenses on the business (Hasan et al., 2011) and other

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challenges are personality traits related to patient care like lack of confidence, fear of new responsibility, paralysis in the face of ambiguity, need for physician's approval, and risk aversion (Rosenthal et al., 2010; Austin et al., 2007; Shuck and Phillips, 1999). The aim of this study was to utilize a part of the results collected through a nation-wide survey to explore the perception of community pharmacists toward their current professional role in Dubai's healthcare system.

2. Material and methods

A questionnaire was developed depending on 3 bases: the qualitative part of the same study, extensive literature review, and a survey of Australia's community pharmacists (Berbatis, 2002). The questionnaire had five sections which included demographic information, information about the pharmacy, interaction with physicians, pharmacists' current professional role, and barriers to enhanced pharmacy services. Each inter-linked section of the questionnaire included a set of statements for which the participants were asked to respond. There were questions which required choosing among different choices by checking the box beside the chosen answer. By doing so, the answer is considered 'yes' and by leaving the box unchecked, the answer is considered 'no'. To indicate the level of agreement, a 5-point Likert scale using the options "strongly disagree", "disagree", "not sure", "agree", and "strongly agree" was used in question 17 of the questionnaire and a 5-point Likert scale using options "most of the time", "often", "sometimes", "very rarely", "never" was used in question 18. (Interested readers might obtain a copy of the questionnaire from the corresponding author.) There are many examples in the literature to support the use of a five-choice scale. The questionnaire was pre-tested and modified as appropriate before use.

The primary version of the questionnaire consisting of 38 items was viewed by experts in the same area. They were asked to assess the questionnaire by providing their overall opinion and by listing the questions in order according to its relevance and importance. Statements with more relevance and importance were highlighted. To assess face validity of the questionnaire, thirty participants were randomly approached for a pilot study. In addition, these participants were asked to express their views on the significance, wrathfulness, and simplicity of each question and to identify which questions they would point out to be removed so to make the questionnaire precise and brief. In addition to this, the participants were also welcomed to suggest comments on the questions whether they are understandable or not. Most of them suggested simplifying the questions. The reliability test was applied on all the variables comprising all domains. The reliability of the tool was estimated on the basis of Cronbach's Alpha ($\alpha = 0.76$).

This study population consisted community pharmacists operating in the city of Dubai. Sample size was calculated using an electronic sample size calculator namely 'Raosoft' with a confidence interval of 95% and a margin of error of 5% (Raosoft, 2014). A sample size of 225 was calculated by referring to the total number of licensed pharmacists working in Dubai which was 540 in 2013 (DSC, 2013). By adding 25% drop-out rate, the sample size has increased to 281. Questionnaires were distributed by hand to 281 community pharmacists working in Dubai. Data were obtained through visiting

community pharmacies in DHA control area and the pharmacists working full time in the pharmacies who agreed to participate were given 2 choices; either to answer the questionnaire and handle it on the spot or handle it later on. Pharmacists who chose the second option were visited 1 week later to collect the completed questionnaires.

Survey was conducted over a period of 3 months from December 1, 2013 till February 22, 2014. Prior to each participated community pharmacy's visit, pharmacists were informed about the survey's nature, objectives, and way of administration and a verbal consent was given to them before execution of the study took place.

Questionnaires were filled and collected. Results were exported to the Statistical Package for the Social Sciences (SPSS®), version 20.0 to test and analyze the data collected (SPSS, 2014).

Non-parametric statistical analysis and appropriate descriptive statistics for the demographic data (mean and standard deviation for age) were performed. Frequency and descriptive analysis were done on the demographic information that was collected including age, gender, nationality, country of initial qualification, and pharmacist's highest qualification. Chi-square test was used to test the significance of association between the independent variables (demographic information) and the dependent variables (barriers to optimized pharmacy services). Statistical significance was accepted at P value of < 0.05 .

3. Results

During a period of three months, 281 questionnaires were distributed and 198 questionnaires were filled and returned giving a response rate of 70.46%. By reducing the added drop-out ratio and depending of the actual sample size of 225 questionnaires, the actual response rate was 88%.

3.1. Demographic characteristics of respondents

Demographic characteristics of the respondents are detailed in Table 1. Mean age of the respondents was 34.5 years and the SD = 9.59 years. Among the respondents, 67.7% ($n = 134$) were men and 32.3% ($n = 64$) were women. The highest percentage of respondents' age bracket was in 31–40 years old (42.4%, $n = 84$) followed by 41–50 years old range (27.3%, $n = 54$). Almost three quarters of the community pharmacists participated came from India (73.7%, $n = 146$) with Indian qualification in pharmacy (71.7%, $n = 142$).

3.2. Interaction with physicians

This section of the questionnaire was sub-divided into 2 parts: the first is concerned with community pharmacists' prescribing manners in their pharmacies without the need of prescription orders by physicians, and the second is the way a pharmacist react with he/she needs clarification about one of the prescriptions from a physician. Table 2 describes the categories of medicines and remedies community pharmacists in Dubai prescribe without referring to prescriptions. Among the results, the highest prescribed items by pharmacists are vitamins (89.9%, $n = 178$) followed by cough remedies (84.8%, $n = 168$) and NSAIDs (72.7%, $n = 144$).

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