

Pharmacists' self-perception of their professional role: Insights into community pharmacy culture

Meagen M. Rosenthal, Rene R. Breault, Zubin Austin, and Ross T. Tsuyuki

Abstract

Objective: To obtain an understanding of how community pharmacists self-describe their professional role, in order to begin understanding some of the assumptions underlying pharmacy culture.

Design: Cross-sectional qualitative study.

Setting: Edmonton, Canada, and surrounding area.

Participants: 115 community pharmacists.

Intervention: Brief telephone interview.

Main outcomes measure: Pharmacists' self-description/perception of their professional role and its relation to underlying assumptions of pharmacy culture.

Results: 100 pharmacists provided usable responses. The majority of pharmacists practiced in a community chain setting (76%) and within the city of Edmonton (81%). The median length of time in practice was 15 years. A total of 278 separate response items were obtained. Of these responses, 45% were categorized as product focused, 29% as patient centered, and 26% as ambiguous. The first response of 52 of the 100 pharmacists was a product-focused description of their role. Overall, in either their first or second response, 57% of the pharmacists used the term "dispensing" or dispensing-related terms to describe their professional role.

Conclusion: The results of this study seem to suggest that community pharmacists who participated viewed themselves primarily as "dispensers of medication," not patient-centered practitioners. Sustainable pharmacy practice change will be possible only if the current culture aligns with change initiatives. Our findings may suggest that pharmacists' self-perception of what they do and, perhaps by extension, the culture of pharmacy itself, could be important barriers to implementing practice change initiatives. We need to better understand the culture of pharmacy to foster meaningful practice change.

Keywords: Culture, pharmacy practice, community pharmacy, patient-centered care, Canada.

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Meagen M. Rosenthal, MA (Sociology), is Project Coordinator, EPICORE Centre/COMPRIS, Faculty of Medicine and Dentistry, University of Alberta, Edmonton, Canada. **Rene R. Breault BSc(Pharm), PharmD**, was a student pharmacist, Leslie Dan Faculty of Pharmacy, University of Toronto, Toronto, Canada, at the time this study was conducted; he is currently Clinical Assistant Professor, Faculty of Pharmacy and Pharmaceutical Sciences, University of Alberta, Edmonton, Canada. **Zubin Austin, PhD**, is Associate Professor and OCP Research Professor in Pharmacy, Leslie Dan Faculty of Pharmacy, University of Toronto, Toronto, Canada. **Ross T. Tsuyuki, BSc(Pharm), PharmD, MSc, FCSHP, FACC**, is Professor of Medicine and Director, EPICORE Centre/COMPRIS, Faculty of Medicine and Dentistry, University of Alberta, Edmonton, Canada.

Correspondence: Ross T. Tsuyuki, BSc(Pharm), PharmD, MSc, FCSHP, FACC, EPICORE Centre/COMPRIS, Division of Cardiology, Faculty of Medicine and Dentistry, 220 College Plaza, University of Alberta, Edmonton AB T6G 2C8, Canada. Fax: 780-492-6059. E-mail: ross.tsuyuki@ualberta.ca

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The imperative to change pharmacy practice toward more patient-centered care has become clear. Recently, pharmacy organizations, both nationally and internationally,¹⁻⁴ in response to increasing demands from various parties including governments,⁵⁻⁷ have composed a number of vision statements designed to lay the foundation for pharmacy practice advancement. For instance, the Canadian Pharmacists Association, in conjunction with provincial regulatory and advocacy bodies, pharmacy faculties, and business and industry leaders, has developed the Blueprint for Pharmacy.⁴ This document outlines a call to action for Canadian pharmacists centered on the following mission statement: “optimal drug therapy outcomes through patient-centered care.”⁴ This statement is functionally similar to the definition of the pharmaceutical care model.⁸ With increasing calls for pharmacists to become actively involved in patient care, the need to understand the lack of sustained success in pharmacy practice change is imperative.

However, before continuing in recognition that “each health professional thinks he or she is patient-centered,”⁹ we would like to introduce the definition of the term we will be applying in this work. According to the Blueprint for Pharmacy: Implementation Plan, patient-centered care is a “merging of several models of health care practice including patient education, self-care, and evidence-based care into four broad areas of intervention: communication with patients, partnership with patients, health promotion and delivery of care.”¹⁰ A brief review of literature relating

to patient-centered care reveals that the tenants of open communication, partnerships with patients, and general health promotion are common, despite a lack of agreement on their application in practice.¹¹⁻¹³

In the past, studies have been conducted asking pharmacists to identify barriers to practice change. The commonly identified barriers include lack of time, training, remuneration, and support from other health professionals.¹⁴⁻¹⁶ Of note, attempts to address and remove some of these barriers generally have not led to an adoption of patient-centered care.¹⁵ As such, it would appear that this approach to pharmacy practice change may be inadequate.

Alternatively, we suggest that pharmacists' underlying attitudes and beliefs are impeding the desired changes in pharmacy practice. One way in which these underlying attitudes can be identified and understood is through an examination of culture. A culture is a group or society consisting of a set of members working within a particular environment, carrying out characteristic activities.¹⁷ Further, these activities are carried out using a pattern of shared values, beliefs, and assumptions considered to be the appropriate way to think and act within that environment by that group or society.¹⁸⁻²⁰ These values, beliefs, and assumptions are developed over time by the group to address two basic problems, the first of which is external adaptation (i.e., ensuring the group's ability to survive and adapt to its external environment).²¹ The second problem is that of internal integration or the process by which the group ensures cohesiveness and establishes a common approach to external problems.²¹

Another important factor in understanding any culture is an examination of the assumptions under which a group functions. Assumptions are those aspects of a group's culture that are not written down or actively discussed but work behind the scenes to influence how group members react to challenges to their culture.¹⁸ Further, assumptions are generally taken for granted by group members. As such, direct articulation of assumptions by a group member is virtually impossible because they likely have never considered them consciously.¹⁷ For this reason, culture has a pervasive influence on the actions and behaviors of individual members of any group.^{21,22}

Pharmacy culture is not well understood. Unlike the explicit examinations of culture undertaken in medicine and nursing,²³⁻²⁶ less work on pharmacy culture has been undertaken and most often the work has focused on professionalism. More specifically, this work has focused on what has been called pharmacy's “marginal status” as a profession and its seemingly contrary relationship with a business model.²⁷⁻³¹ One of the first authors to identify this discrepancy was McCormack.²⁷ As such, we sought to begin an examination of pharmacy culture through a brief telephone interview with community pharmacists. While statements from pharmacy organizations such as the Canadian Pharmacists Association and the Blueprint for Pharmacy provide direction for change in pharmacy practice, we contend that before this change can occur, gaining a better understanding of the present pharmacy culture is important, in order to tailor the messages around practice change. Pharmacists' descriptions of their professional role may provide initial insight into the assumptions underlying the culture of the pharmacy profession.

At a Glance

Synopsis: Pharmacists practicing in the area of Edmonton, Canada, were surveyed regarding their self-described professional role. Of 278 separate response items, 45% were categorized as product focused, 29% as patient centered, and 26% as ambiguous. Of 100 pharmacists, 52 provided a product-focused description of their role in their first response, 26 a patient-centered response, and 22 an ambiguous response. Overall, 57% of pharmacists used dispensing or product-focused terms in either their first or second response.

Analysis: *Many of the community pharmacists surveyed here did not appear to embrace a vision in which the profession shifts its focus from products to patients. The authors suggest that pharmacists' self-perception of their professional role and, perhaps by extension, the culture of pharmacy itself, could be important barriers to implementing practice change initiatives. If a profession's culture does not align with a desired change in behavior or practice, the culture will trump the change. Therefore, the authors believe that further inquiry into pharmacy culture is necessary. An understanding of pharmacy culture and pharmacists' perceptions of current practices will help tailor practice advancement programs and thereby help to ensure sustained practice change.*

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