

Research

Assessment of Arizona pharmacy students' perceptions of pharmacist behavior regarding provision of emergency contraception during work and/or pharmacy practice experiences

Nicole Wilson, PharmD^{a,d}, Vivian Loo, PharmD^{b,d}, Sam Mahrous, PhD, MBA^c,
Shareen El-Ibiary, PharmD, BCPS, FCCP^{c,*}

^a Olathe Medical Center, Olathe, KS

^b University of California, San Francisco, School of Pharmacy, San Francisco, CA

^c College of Pharmacy—Glendale, Midwestern University, Glendale, AZ

Abstract

Objective: To characterize Arizona pharmacy students' experiences with pharmacists' refusals or provisions of emergency contraception (EC) and determine the influence on students' attitudes towards EC.

Methods: In January 2013, a cross-sectional survey was administered to pharmacy students to assess experiences with pharmacists providing EC. Students were surveyed on personal beliefs towards EC and future willingness to provide EC. Information was collected using Qualtrics[®] and analyzed with SPSS[®] software.

Results: A total of 164 students responded to the survey (50% response rate). About 13% witnessed EC refusals to men and 12% witnessed refusals to women. Approximately one-third of students (32%) stated experiences with pharmacists affected their attitudes on EC. Respondents who identified themselves as Christian, Latter Day Saints (LDS), or Catholic were more likely to agree that EC increased the risk of sexually transmitted infections ($p \leq 0.001$, $p = 0.0013$, $p = 0.003$, respectively). Witnessing a pharmacist refuse EC to a woman of age predicted that experiences with pharmacists influenced students' perceptions of EC ($p = 0.013$).

Conclusion: Interactions with practicing pharmacists may influence students' attitudes toward EC. Religion and gender may also affect students' attitudes and beliefs regardless of experiences with pharmacists. A greater emphasis on education and training related to best practices and ethical decision making for both pharmacists and students may be necessary to ensure that students are learning appropriate methods to handle situations where personal beliefs may be a factor in providing medications, to ensure patient access to optimal health care, and to maintain the professional representation of the pharmacy profession.

© 2014 Elsevier Inc. All rights reserved.

Keywords: Emergency contraception; Pharmacy students; Pharmacist

Previous presentation of work: American Pharmacists Association Annual Meeting, March 2, 2013 in Los Angeles, CA.

Conflicts of interest: The authors have no conflicts of interest.

Midwestern University Office of Research and Special Projects along with the College of Pharmacy for providing an intramural grant of \$1014 that funded this project.

* Corresponding author: Shareen El-Ibiary, PharmD, BCPS, FCCP, College of Pharmacy—Glendale, Midwestern University, 19555 N. 59th Ave., Glendale, AZ 85308.

E-mail: selibi@midwestern.edu, shareen373@yahoo.com

^d Was a student at Midwestern University, College of Pharmacy—Glendale at the time of project completion.

Introduction

Provision of emergency contraception (EC) has been a controversial topic in the years since the U.S. Food and Drug Administration (FDA) approved the over-the-counter (OTC) availability of the product Plan B (levonorgestrel) 0.75 mg \times 2 doses to those 18 years and older in August 2006 (subsequently 17 years and older in 2009), and more recently with new regulatory changes to OTC status for all ages. Following these changes, some states adopted a

conscience clause that supports a pharmacist's right to refuse provision of a service based on personal objections. Currently 12 states, including Arizona, have conscience clauses that permit pharmacies or pharmacists to refuse to dispense contraception, which may include EC.¹ While the incidence of pharmacists refusing the provision of EC services has decreased and EC status has changed, barriers to contraceptive access still exist.² Pharmacists and pharmacy students have identified possible barriers to provision of hormonal contraceptive services that include a lack of private counseling areas and need for increased training.^{3,4} As recently as 2010, cases of pharmacists refusing to sell EC to clients of lawful age are being reported, particularly in the case of a man requesting EC on behalf of a female partner.⁴ In these instances, men may be turned away because the age of the female partner could not be verified. Pharmacists refusing EC to men cited inability to verify the age of the recipient as well as a concern for reduced routine contraception use as reasons for refusal even though regulations do not exist that preclude men from purchasing EC.^{5,6} Furthermore, in 2006 the FDA supported provision of EC to men of appropriate age.⁷ Recent regulatory status changes, including the elimination of minimum dispensing age, make the pharmacist's role in provision of EC education to patients more crucial than before. Pharmacists may refuse to provide EC for a variety of reasons, however, the reasons and effects on student pharmacists witnessing these decisions have not been previously characterized or assessed.^{4,8}

Objectives

This study aims to characterize Arizona pharmacy students' experiences with pharmacists providing EC and determine if experiences with pharmacist preceptors influence student perceptions and willingness to provide EC in their future practices.

Methods

A cross-sectional study of Arizona pharmacy students was conducted from January 2013 to February 2013. Students were included if they completed their introductory pharmacy practice experiences (IPPEs), were in the process of completing advanced pharmacy practice experiences (APPEs), or had any pharmacy work experience. Paper surveys were distributed to second-year students at Midwestern University and completed on January 7, 2013. Third-year pharmacy students were surveyed electronically utilizing Qualtrics[®] during a one-month period. An initial e-mail was sent, and it contained the informed consent letter along with the hyperlink to the online survey. An e-mail reminder was sent one week and three weeks after the initial contact was made. The survey was constructed through discussion by the authors, expertise of the senior author, and review of relevant literature on the topic³ and validated by five pharmacy students and three faculty members not associated with the study. The survey contained

open- and closed-ended questions regarding students' recall of experiences with pharmacists (either IPPE/APPE pharmacist preceptors or pharmacists at any time point of their work experience) providing emergency contraception, a 4-point Likert scale assessing students' beliefs and knowledge regarding EC, closed-ended questions assessing students' future dispensing habits, and a demographic questionnaire section ([Appendix I](#)). Refusals, in the context of this article, are defined as an instance where EC was not provided. If a pharmacist refused for personal beliefs, this was defined as a refusal instance where no clinical or lawful reason existed as to why the patient did not receive EC. Completed paper surveys were manually entered into the Qualtrics[®] software. These data were subsequently analyzed using SPSS[®] ver.18 statistical software. Descriptive statistics along with a general linear model (multiple regression) analysis were used to analyze the data. Two regression models were conducted. One model contained the following predictor variables ([Survey-Appendix I](#)) in the regression: witnessing an EC refusal or provision to a woman (Items 8 and 14), witnessing an EC refusal or provision to man (Items 18 and 24), level of education (Question 33), gender of student (Item 34), and self-identified religion (Item 37) cross-matched with student belief statements (Item 28). The other model contained all of the above-mentioned predictor variables except for religion. To be conservative and examine if our results were consistent, we ran the model with and without religion due to the number of categories for self-identified religion that could influence results. Significance was set at ≤ 0.05 . This study was approved by the Midwestern University Institutional Review Board (IRB).

Results

Demographics

A total of 164 surveys were completed with a response rate of 50%. The response rate was higher for the paper survey versus the electronic survey. About three-fourths (76%) of the respondents were second-year students. Almost all students completed an IPPE (98%). Those with IPPE exposure completed both a community and institutional experience. About a fifth of respondents completed either an ambulatory APPE (20%) or institutional APPE (19%). A majority of the respondents had chain retail experience (85%) and some indicated independent retail experience (28%). There were no differences in attitude responses based on respondents' year in school. Women accounted for more than half (57%) of the respondents. The ages of respondents ranged from approximately 18–60 years old with the majority of respondents falling in to the range 25–30 years old (51%). Political views identified included conservative (32%), liberal (17%), and middle of the road (51%). A majority identified themselves as Caucasian race (62%) or Asian or Pacific Islander (30%), and others as Hispanic or Latino (4%), African American (1%), and

Download English Version:

<https://daneshyari.com/en/article/353017>

Download Persian Version:

<https://daneshyari.com/article/353017>

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