



Short communication

Factors predicting poor counselling about prescription medicines in Swedish community pharmacies

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ABSTRACT

Objective: To investigate predictors of 'no counselling', 'no questioning' and 'provision of no information' for three prescribed medicines in community pharmacies in Sweden.**Methods:** One hundred pharmacies were randomly selected, stratified by size and location. Three simulated patients visited each with a prescription for fluoxetine, naproxen or metformin. Counselling details and information about the pharmacy and its staff were recorded immediately after the visit. Data were weighted by strata size for analysis.**Results:** Data were available for 292 prescriptions. No questioning occurred for 108 (37%), no information for 75 (26%) and no counselling (no questioning *and* no information) occurred with 53 (18%) prescriptions. Staff ignored negative responses about previous usage and rarely asked further questions or provided information. Predictors of no counselling included when the staff member was over 50 years old (OR = 2.10, CI = 1.18–3.43), during lunchtime (OR = 1.69, CI = 1.00–2.86) and when the prescription was for metformin (OR = 2.49, CI = 1.34–4.63).**Conclusion:** The findings suggest the importance of therapeutic class and busy times as predictors of no counselling about prescription medicines in Swedish pharmacies.**Practice Implications:** Although pharmacy staff should counsel patients, in many cases they did not. Why this happens and what hinders them from doing so needs to be further investigated.

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1. Introduction

Internationally, dispensing pharmacists must ensure that patients know what to do with the medicine provided [1–3]. Swedish regulations require that “the pharmacy staff should, by providing individually adapted information, as far as possible assure that the patient knows how to use the medication properly” [4].

Regulatory mechanisms, prescription type, patient questioning, drug class, pharmacy busyness and layout, staff age and staff education are all factors influencing the quality of counselling [5–10]. Despite this, there is no published consensus on how to define patient counselling by pharmacists [6,8]. Often, it is considered merely to be providing information [8]. Pharmacists in Sweden, however, are expected to provide ‘individually adapted information’ [4], meaning finding out what patients know and tailoring information accordingly. As there are no criteria for “good quality”

counselling, we investigated the prevalence and predictors of receiving no counselling in Swedish community pharmacies.

2. Method

All 868 community pharmacies in Sweden were eligible for inclusion. Twenty-five ‘centre’ (in a city or shopping centre), 50 ‘large’ (more than five employees) and 25 ‘small’ (five or fewer employees) pharmacies were randomly selected. Data were weighted to account for differing proportions of pharmacies in the sample compared to the population (‘small’ pharmacies were proportionally under-selected).

We used the simulated patient (SP) method, as alternative methods can be problematic [11], with a national specialist company collecting data. Trained SPs were told to neither ask for nor proffer information, unless questioned. All pharmacies were visited three times, each by a different SP with a different prescription (Box 1) and ensuring coverage of the full week and of all opening times. All pharmacies were told about the study, although not if or when their pharmacy would be visited.

Data on waiting times, questions asked, information provided, staff serving them and privacy when served were recorded using

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Box 1. Description of scenarios used and SPs involved.

Prescriptions were written using trade names, in the usual Swedish fashion. If asked, the SP told the pharmacy staff that this was their first prescription and that they had not received any information from the doctor. They were trained not to proffer any information unless questioned and not to ask for any information from the pharmacy staff. The three scenarios were:

- Pronaxen (naproxen) for dysmenorrhoea, presented by a female SP, 18–26 years old.
- Glucophage (metformin) for high blood sugar, presented by male or female SPs, 47–64 years old.
- Fontex (fluoxetine) for depression, presented by male or female SPs, 27–43 years old.

covert observations and previously designed standardised forms [7]. Information about the age and role of the person serving the SP, productivity and the number of employees on the visit day were gathered during a follow-up phone call.

“No questioning” was when the SP was not asked about previous use, allergies, use of other medicines or knowledge of indications or dosing instructions. “No information provision” occurred when no verbal information was given about indications, dosing instructions, adverse effects or specific instructions. “No counselling” was lack of both questioning and information provision.

Data were analysed using a chi-square statistic for categorical variables and logistic regression for predictors of no counselling, questioning and information provision. Independent variables were chosen based on a theoretical understanding of influences on counselling. The study was reviewed by the regional ethics committee but was judged to not need formal approval.

3. Results

Tables 1 and 2 show pharmacy and pharmacy staff details and the data collected by the SPs. Table 3 shows the questions asked and information given. No questions were asked during 108 (37%) visits and no information was provided during 75 (26%) visits. During 53 (18%) visits, neither questions were asked nor information provided, i.e. SPs received no counselling.

The most commonly asked question (177, 61%) was whether the SP had taken the medicine before (to which the answer was always ‘no’). If asked this, the SP was more likely to also be asked subsequent questions (e.g. if they knew how to take the medicine, in 43 visits, $p < 0.0001$) or to receive information (e.g. on how to take the medicine, in 131 visits, $p < 0.0001$).

There was a significant correlation between the number of SPs receiving no counselling and the prescribed medication ($p < 0.01$), the age of the counselling staff ($p < 0.01$), the formal degree of the counselling staff ($p < 0.05$), the day of the week ($p < 0.05$), the time of day ($p < 0.05$) and the number of others waiting ($p < 0.05$). There was no significant correlation between receiving no counselling and the productivity of the pharmacy or the number of staff on the day of the visit.

The chances of the SP getting no counselling was twice as high if they went to the pharmacy at lunchtime, were served by someone over 50 years of age, or presented a prescription for metformin (Table 4). For the metformin scenario, the odds of getting no counselling was increased twofold at lunch time (odds ratio (OR) 2.53, CI = 1.14–5.63). The odds of no information was increased threefold with staff over 50 years (OR 3.28, CI = 1.48–7.28) but decreased if the SP waited over 6 min (OR 0.49 CI = 0.25–0.99). The odds of no questioning increased twofold at lunchtime (OR 2.26,

Table 1

The pharmacies ($n = 292$) and pharmacy staff involved in the counselling episodes (unweighted data).

	Number (%)
Visits to pharmacies	
Type of pharmacy visited	
Centre pharmacy	73 (25.0)
Large pharmacy	147 (50.3)
Small pharmacy	72 (24.7)
Number of employees on day of visit	
1–10	164 (56.2)
11–20	93 (31.8)
>20	30 (10.3)
Unavailable	5 (1.7)
Productivity on day of visit ^a	
<9.41	98 (33.6)
9.41–11.90	96 (32.9)
>11.90	95 (32.5)
Unavailable	3 (1.0)
Staff involved in counselling episode	
Gender of counselling staff	
Male	25 (8.6)
Female	267 (91.4)
Age of counselling staff	
<31 years old	45 (15.4)
31–50 years old	89 (30.5)
>50 years old	158 (54.1)
Role of counselling staff ^b	
Pharmacist	38 (13.0)
Prescriptionist	215 (73.6)
Pharmacy technician	35 (12.0)
Unavailable	4 (1.4)

^a Weighted measure calculated by Apoteket AB, reflecting the number of prescriptions filled per worked hour for the day of visit.

^b Pharmacists have a 5-year university degree and prescriptionists have a 3-year degree. Both are licensed and have the same rights to make independent decisions within the pharmacy. Technicians have no university education, are not licensed and work under the supervision of the pharmacy manager.

CI = 1.10–4.65), but decreased if they were served by a prescriptionist rather than a pharmacist or a technician (OR 0.40, CI = 0.17–0.98).

For the fluoxetine scenario, the odds of no counselling was increased with staff over 50 years (OR 4.69, CI = 1.08–20.51) or

Table 2

Description of the 292 counselling visits (unweighted data).

	Number (%)
Day of week	
Monday	41 (14.0)
Tuesday	65 (22.3)
Wednesday	41 (14.0)
Thursday	42 (14.4)
Friday	68 (23.3)
Saturday	32 (11.0)
Sunday	3 (1.0)
Time of day	
8 am–noon	91 (31.2)
Noon–2 pm (lunchtime)	88 (30.1)
2 pm–10 pm	113 (38.7)
Waiting time according to simulated patient	
0–6 min	164 (56.2)
More than 6 min	128 (43.8)
Number of other patients waiting	
0–5 patients	187 (64.0)
6–10 patients	66 (22.6)
More than 10 patients	39 (13.4)
Privacy when counselled	
Semi-private	162 (55.5)
Not private	130 (44.5)

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