



Review Article

Attitudes and attributes of pharmacists in relation to practice change – A scoping review and discussion

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Abstract

Background: Multiple barriers and facilitators to the uptake of cognitive services in pharmacy practice have been identified. Pharmacists' attitudes and attributes have been described as barriers and facilitators in relation to the uptake of extended pharmacy services, in addition to those of a more systemic nature.

Objectives: To systematically scope and review the literature describing pharmacists' attitudes and attributes in relation to the implementation of cognitive services or role extension and to critically analyze and discuss their relevance as barriers or facilitators.

Method: A scoping review of the literature on attitudes and attributes of pharmacists in relation to pharmacy practice was performed, including 47 articles on attitudes and 12 on attributes, forming the basis for a critical analysis within theoretical frameworks.

Results: Pharmacists' attitudes toward role extensions and new pharmacy service models are generally positive and their personal attributes and personality traits appear favorable for roles as health professionals. Pharmacists perceived a number of barriers to the uptake of extended roles.

Conclusion: Pharmacists' attributes, including personality traits, and attitudes favor the implementation of cognitive and patient-focused health care services and should not be regarded as major barriers to the uptake of extended pharmacy practice roles. Framing their attitudes and attributes within the theories of planned behavior and personality trait theories indicates that individual motivation needs to be underscored by systemic support for pharmacy practice change to succeed on a wide scale.

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Keywords: Pharmacist; Attitude; Attribute; Personality trait; Cognitive pharmaceutical services; Pharmaceutical care

Introduction

Pharmacists have had many opportunities to develop their professional role over the last three decades. By many measures pharmacy as a health profession and as a business model has been changing constantly and with it the practice of individual pharmacists. Like other health professionals pharmacists have to continuously adapt

to changing business and health care models, government policies and regulations, technology and its application, new diseases and treatments, continuous changes and updates to treatment and lifestyle guidelines and increased consumer engagement with health care decision-making. In many countries and jurisdictions, pharmacists' scope of practice is extending considerably and

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the supply of medicines role is increasingly moving from the center of pharmacists' practice.^{1–4}

Change and innovation in health professions often relates to the implementation and application of new technologies or techniques. In pharmacy more advanced technologies assisting in medication supply, workflow and business management, the outsourcing and specialization of tasks like compounding or preparation of dose administration aids, enables pharmacists to become more involved in other health care activities. A recent workforce survey of pharmacists in the USA showed that from 2009 to 2014 pharmacists decreased the time devoted to medication dispensing from 55% to 49% and increased their time providing patient care services from 16% to 21%. Time spent on other activities did not change significantly, 13% was allocated to business and management, 7% to education, 4% to research and 6% to other activities. Medication Therapy Management (MTM), which includes a comprehensive, interactive review of medicines, identifying drug interactions and gaps in medication use, was offered by 60% of community pharmacies. Immunization services had been implemented by 53%, and 52% reported monitoring and adjusting of medication therapy to attain desired outcomes.⁴

A number of barriers and facilitators for change in pharmacy practice have been identified, for example, competence and confidence of pharmacists or a lack thereof and public or organizational support, with a variety of factors exerting influence on the adoption rate of new practice models and extension of pharmacist roles as health care providers.^{5–10} Many of these factors, such as workplace design, workflow and regulatory requirements, originate from within the system and external environment pharmacists practice in.^{9,11–13} Few studies investigated the interventions or actual process of accomplishing changes in pharmacist behavior and how these were promoted or supported.¹⁴ Some barriers to change have been attributed to pharmacists as individuals, with pharmacists described as reluctant to change their practice to implement novel service models, which involve more patient contact and clinical responsibility than the supply of medicines.¹⁵

While many pharmacists are extending their professional roles, a significant number seems hesitant in providing novel services and accepting new responsibilities in patient care while the evidence for their outcome benefits to patients is

still emerging.^{16,17} Slow uptake of roles as prescribers, reluctance to take responsibility for outcomes in patient care and closer involvement with patients has been related to pharmacists' personal attributes and personality traits as well as to their attitudes and beliefs.¹⁵ The extent to which pharmacists' individual or personal attributes and attitudes are inhibitors to extending their roles and whether these are innate or possibly acquired throughout their training, professionalization and professional practice warrants consideration. Understanding how attitudes and attributes or external and systemic factors influence the uptake of wide-spread practice change will potentially guide future implementation strategies for changes to pharmacy practice.

This paper provides a critical analysis of recent empirical research examining pharmacists' attitudes and personal attributes and whether they constitute barriers or facilitators to practice change. In this context attitude can be understood as the degree to which a pharmacist has formed a favorable or unfavorable evaluation or appraisal of a specific role or cognitive service and attribute as a psychological characteristic of an individual.¹⁸ The format of a scoping review was chosen as it allows for mapping a broad range of evidence and the summation of research findings generated by studies of potentially widely varying designs. It lends itself to providing a narrative overview of a broadly defined topic and the potential identification of future research opportunities.¹⁹

Methodology

A preliminary screen of the literature identified the body of published research into attitudes and attributes of pharmacists as heterogeneous and mainly qualitative in nature. Thus, a scoping review was chosen as the method of summarizing and disseminating the findings of this wide range of research.¹⁹ A scoping review was also deemed a suitable methodology to accommodate expected difficulties in determining the inclusion or exclusion of studies due to the broad terms of reference of the review and the not always unambiguous use of terms of interest, e.g. 'cognitive services,' in the literature.

A literature search of MEDLINE, CINAHL via EBSCOhost and PsycINFO databases was performed with the search terms of pharmaceutical services or care, community pharmacy services, pharmacy or pharmacies, pharmacist* as

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