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## **Full Length Article**

## An elderly, urban population: Their experiences and expectations of pharmaceutical services in community pharmacies



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#### ABSTRACT

Objective: The aim of this study was to determine the pharmaceutical services experiences of an elderly, urban population in relation to their expectations in community pharmacy. Design: and setting: The study was a cross-sectional descriptive empirical study and was conducted by means of a structured questionnaire, designed and administered by the researcher, in face-to-face interviews at an old age residence in the participants' own dwellings (N = 242). The management of this specific village approached the researcher about healthcare concerns for their residents and granted permission for this study to be conducted. Main outcome and results: The sample population of elderly patients (n = 67) had a higher expectation of community pharmacists, in terms of pharmaceutical services, than what they had experienced. Significant differences were found in all aspects examined. Effect size, amongst others, revealed that expectations were not met in discussions about the effect of other medicines on their chronic medicine (d = 1.94); whether they had any medicines left from previous issues (d = 1.77) and questions regarding existing chronic conditions (d = 1.69). There was an association between questions, regarding the use of chronic medicines at pharmacies and at other healthcare professionals (d = 0.26), as well as the supply of written information at pharmacies and other healthcare professionals (d = 0.42). The study reveals that this population has expectations of their community pharmacists that are not met. Conclusions: Pharmacists can be active members of the healthcare team and restore their professional image in the eyes of the community, if they renew their attitudes, have confidence in their abilities and understand their role in patient care. The community pharmacist should focus on the health-related quality of life of the individual patient and identify the immediate healthcare needs of their unique community, with specific reference to vulnerable populations like the elderly. Pharmacists should establish themselves as the go-to healthcare professional. © 2017 The Authors. Publishing services by Elsevier B.V. on behalf of Johannesburg University. This is an open access article under the CC BY-NC-ND license (http://creativeco mmons.org/licenses/by-nc-nd/4.0/).

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#### 1. Introduction

Healthcare has evolved from bloodletting to a highlysophisticated science. Constant improvements in healthcare, contributes to the increased life expectancy of humanity. In South Africa, life expectancy increased by 13 years since 1960 (Mayosi et al., 2012). Actuaries estimate that life expectancy will increase by 1.5 years every decade (Jacobzone, Cambois, & Robine, 2001). The resulting increased number of elderly would want to live healthier for longer (Vaupel, 2010). Pharmacists, with expert medicine knowledge, supplying supportive pharmaceutical services, have an important role to play in the health-related quality of life in the elderly population. The pharmacist is the most accessible healthcare professional (McGann, 2012): no appointments are needed and the public considers the pharmacist as the first port of call in healthcare (Oakley, 2015).

Elderly patients use more medicine than those under 60 years of age (Benjamin, 2010). They are more likely to experience medicine-related problems due to multi-morbidities and the associated polypharmacy. These problems are compounded by low levels of education and language, and cultural differences between healthcare professional and patients (Nobili, Garanttini, & Mannucci, 2011). In the light of the increased risk of medicine-related problems in elderly patients, the role of the community pharmacist should be examined.

Do community pharmacists contribute to an improved health-related quality of life in the elderly patient by supplying pharmaceutical services?

Do the elderly patients expect pharmaceutical services from their retail pharmacist?

#### 2. Objective

The aim of this study was to determine the pharmaceutical services experiences of an elderly, urban population in relation to their expectations, in community pharmacy. The elderly are more likely to have multi-medicine and multidisease conditions, and thus present a good population in which to examine the pharmaceutical services supplied by community pharmacy.

#### 3. Ethical considerations

The study was approved by the Health Research Ethics Committee (HREC) of the Faculty of Health Sciences, North West University (NWU-00036-15-S1).

#### 4. Research methods

A cross-sectional descriptive study was conducted. The researcher used a structured, researcher-designed questionnaire to conduct face-to-face interviews with the participants at their own dwellings. The setting was an urban residence for the elderly with 242 residents. The management of this residence previously approached the researcher regarding healthcare concerns for their residents and granted permission for this study to be conducted. Participation was voluntary and written informed consent was obtained from all participants.

Participants had to comply with the following inclusion criteria:

- They had to be over 65 years of age. (In South Africa, the elderly are classified by the Older Person's Act (13 of 2006) as males of  $\geq$ 65 years of age and females of  $\geq$ 60 years of age).
- They had to be ambulatory.
- They had to be able to administer own medicines. The resident nursing sister assisted in determining their ability to do so.
- They had to reside at specified residence for the duration of the study.

This specific population was questioned on their perception of pharmaceutical services as experienced in the past year. The questionnaire also determined their expectation of such services. One idea was addressed per question. The demographic data was obtained using closed-ended questions, with options of yes/no answers or stating a definite fact. The pharmaceutical services expectation and experience-questionnaire were structured using a four-point Likert scale. Pharmaceutical services, as indicated in the Pharmacy Act (53 of 1974 as amended in 1995), were used as guidelines in the development of the questionnaire. Participants were afforded an opportunity to raise questions regarding the study and/or regarding their health issues or medicines after the interview.

Validity and reliability in this study were ensured by using only one interviewer (Joubert & Ehrlich, 2012). The researcher was familiar with the language and culture of the participants, increasing the face validity of the study (Joubert & Ehrlich, 2012). The questionnaire was based on personal experiences of the study population over the past 12 months. Staff members of the Pharmacy Practice and Clinical Pharmacy departments of the School of Pharmacy at the North West University (NWU), Potchefstroom Campus, and the study leaders reviewed the questions and structure of the questionnaire to ensure it tested for required information (Maree, 2012). No pilot study was done, due to the sample size and time constraints of this study. The researcher also used questions adapted from those used in other studies in the field of pharmaceutical services and pharmaceutical care (Strand, Cipolle, Morley, & Frakes, 2004; Volume, Farris, Kassam, Cox, & Cave, 2001).

The data from the participants were collected during June 2015. Questions in the questionnaire focused on the following aspects: demographical profile of participants, chronic disease and medication profile of participants, preferences of participants relating to pharmacist and pharmacies, as well as participants' experiences and expectations of pharmaceutical services.

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