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Evaluation of medication counseling practice at community pharmacies in Qassim region, Saudi Arabia

Abubakr A. Alfadl*, Alian A. Alrasheedy, Musaad S. Alhassun

Unaizah College of Pharmacy, Qassim University, 51911 Unaizah, Qassim, Saudi Arabia

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ABSTRACT

Introduction: Pharmacists have a unique opportunity to promote good health through assuring the quality use of medicines. One of the most important tools to achieve this is medication counseling. Counseling plays an important role in enhancing medication adherence and optimizing medication therapy. Therefore, for improving the quality of services delivered by community pharmacists, it is essential to assess the current situation of counseling services delivered to patients.

Aims and objectives: To date, there is a paucity of data regarding the quality of counseling services delivered to patients in community pharmacies in Saudi Arabia. This study aims to fill this gap through evaluating the counseling skills and counseling content delivered by pharmacists in a sample of community pharmacies in Qassim region, Saudi Arabia.

Methods: The study was conducted at eleven community pharmacies in Qassim region. A convenient sample of community pharmacies was chosen based on their willingness to participate. To gather information, a form was prepared based on the core and complementary drug use indicators for evaluation of drug use in healthcare settings developed by the WHO. The study was conducted through observing the counseling services performed by the community pharmacists who participated in the study.

Results: Two hundred and thirty-five forms were completed in eleven community pharmacies. A total of 44.4% of the counseling skills was found to be performed adequately, while only 20.1% of the counseling contents were performed adequately.

Conclusions: The overall standard of medication counseling services provided to patients to improve usage of their medications, and consequently, their well-being was poor.

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1. Introduction

Community pharmacists are uniquely positioned (through their accessibility, expertise, and experience) to play a large patient care role in the healthcare delivery system. They work at the heart of communities and are trusted professionals in supporting individual, family, and community health. Also, they are often patients' and other members of the public's first point of contact and, for some, their only contact with healthcare professionals. In addition,

community pharmacies are not only a valuable health asset, but also an important social asset because often they are the only healthcare facility located in an area of deprivation.

By using their position at the heart of communities, pharmacists can use every interaction as an opportunity for a health-promoting intervention, facilitation, and provision of a wide range of public health and other health and wellbeing services. Also, by helping people to understand the correct use and management of medications as well as provide healthy lifestyle advice and support for self-care, community pharmacists can help contribute to better health and reduce admissions to hospitals. Provision of adequate counseling is considered as a primary condition for the achievement of all these mentioned objectives for many reasons. Firstly, counseling plays a critical role in enhancing patients' adherence. Adequate counseling is a necessary pre-requisite to help patients use their medicines as instructed and reduce possibilities of drug-drug interactions, drug-food interactions, drug allergies, or any other precautions that need to be taken while using medications (Carroll and Gagnon, 1983; Bailey, 1995; Park et al., 1996;

* Corresponding author.

E-mail addresses: abubakr13@yahoo.com (A.A. Alfadl), Alian-A@hotmail.com (A.A. Alrasheedy), musaad.alhassun@gmail.com (M.S. Alhassun).

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Ansari, 2010). It has been proved in the literature that appropriate counseling is as important as the appropriateness of the dispensed medication itself. Several studies have emphasized the importance of adequate information provision to assure the patient's adherence and indicated that provision of adequate information on medications is associated with better patients' adherence (Isacson and Binge-fors, 2002). Similarly, on the other hand, several studies have highlighted inadequate counseling as a possible reason for patients' non-adherence (Ansel, 1985; Le Grand et al., 1999; Jimmy and Jose, 2011). While proper patient counseling is assumed helpful for better therapeutic outcomes, on the other side, drug overdoses, ineffective drugs, injury, or even death can be a direct result of poor medication counseling (Brushwood and Simonsmeier, 1986; Rupp, 1992; Headden and Lenzy, 1996; Chen et al., 2005; Sanii et al., 2016). All of these make adequate counseling one of the most essential components of pharmaceutical care to improve patients' outcomes (Dobie and Rascati, 1994).

The American Society of Health System Pharmacists (ASHP) defines patient counseling as: "providing verbal or written information about medications to the patient or his/her caregiver. It also includes providing proper directions of use, advices on side effects, storage, diet and life style modifications" (ASHP, 1997). Hence, patients' non-adherence can be directly linked to physicians' and/or pharmacists' failure to provide appropriate counseling about the prescribed medications (Hussar, 1995). Therefore, provision of appropriate counseling is considered now as an integral part of healthcare provision (Astrom et al., 2000).

In Saudi Arabia, according to the pharmacy law, medication dispensing services should be executed by registered pharmacists. However, despite that law, which laid a solid ground for good pharmacy practice, and consequently appropriate counseling services, the literature does not seem to support the assumption of provision of satisfactory dispensing services, including counseling services, in community pharmacies in Saudi Arabia (Abdulhak et al., 2011; Al-Mohamadi et al., 2013; Hadi et al., 2016). To further explore the quality of counseling services in community pharmacies in Saudi Arabia, and uncover the areas that need improvement and intervention, this study aimed at evaluating the counseling practices of the community pharmacists in Qassim region of Saudi Arabia through documenting the counseling skills and content of counseling services provided by community pharmacists to the public. It was hoped that this would reveal the strengths and weaknesses of counseling practices in community pharmacies and, thereby, enhance further research on the topic that will lead to improvement of the service.

2. Method

The study was conducted at eleven community pharmacies. Data collection took place between April and May 2017. A convenience sample of community pharmacies was used. A form to gather information was prepared based on the core and complementary drug use indicators for evaluation of drug use in health-care settings developed by WHO (WHO, 1993, 2002). It was then piloted in two community pharmacies in order to check the feasibility, improve the design, and subsequently modify it accordingly in order to ensure that the data would provide reliable information. The data collection form is anonymous; no pharmacist's information was documented.

The researchers closely observed both the skills (facial expression, greeting, and closing) and the content of counseling. According to the prepared form it is assumed that upon the request for a medicinal product the pharmacist should consider: demographics of the patient (e.g. identification of the patient receiving the medicinal product and considering his/her gender and real/approximate

age); verifying administrative issues (e.g. expiry of the prescription); verifying non-dispensing criteria (precautions), namely; pregnancy, breastfeeding, allergies, contra-indications with illnesses or health problems, duplicity; verifying usage instructions; and finally verifying what the patients expect or what the physician has told them to expect from the medication. Also, the time in seconds spent in interaction and counseling was measured and documented.

To minimize the observer effect, acceptance for participation (passive consent) was secured several months before conducting the study, so the exact date of the data collectors' visit to the pharmacy was not known to the observed community pharmacist. Also details given to community pharmacists about the study objective were limited to "wanting to observe the dispensing services provided by pharmacists." All observations were conducted by two trained researchers in order to minimize variability and improve consistency. The study was reviewed and approved by the Research Unit, Unaizah College of Pharmacy, Qassim University.

3. Results

A total of 235 forms were completed with no missing information.

3.1. Counseling skills

Counseling skills were measured using three items. Each item carries an equal weight (33.3%). A total of 44.4% of the counseling skills (based on the summation of the satisfactory results of the three items) was found to be performed adequately. Although counseling skills seems adequate regarding 'facial expression' and 'closing,' as shown in Table 1, not a single pharmacist greeted a patient before starting counseling.

3.2. Counseling contents

Counseling contents were measured using four subsections: 'Counseling opening,' 'What is this medication used for?' 'How is this medication used?' and 'What are the expectations from this medication?' These subsections have three, one, five, and four items respectively. Each subsection carries an equal weight (25%) which is divided equally among its items. A total of 20.1% of the counseling contents (based on the summation of the satisfactory results of the items of the four subsections) was found to be performed adequately. All the pharmacists did not consider any of the items listed under the subsection 'Counseling opening.' Similarly, no patient was counseled about any of the items listed under the subsection 'What are the expectations from this medication?' The performance was average (17.2% out of 25%) for the subsection 'How is this medication used?' but weak (2.9% out of 25%) for the subsection 'What is this medication used for?' Frequencies and percentages for the counseling contents items as listed in the evaluation form are recorded in Table 2.

3.3. Counseling duration

The researchers recorded the duration of each counseling session between community pharmacists and their clients. The average counseling duration was less than one minute (51.54 ± 15.839 s). Details of counseling duration are shown in Table 3.

4. Discussion

An observational method is considered the most appropriate for conducting this type of studies to avoid social desirability bias that

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