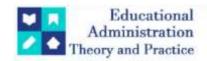
Educational Administration: Theory and Practice

2024, 30(5), 11171-11176 ISSN: 2148-2403 https://kuey.net/

Research Article



A Study On The Impact Of Pharmaceutical Care Provided By The Pharmacist

Dr. Malini S^{1*}, Dr. B Jaykar ², Dr. Santhosh M Mathews³.

- ¹*Professor and Head, Department of Pharmacy Practice, Pushpagiri College of Pharmacy, Thiruvalla, Kerala.

 ²Director, Clinical Trials, Vinayaka Missions Research Foundation (Deemed to be University), Salem, Tamil Nadu.

 ³Principal, Pushpagiri College of Pharmacy, Thiruvalla, Kerala.
- of finicipal, I usupagni conege of finarmacy, finituvana, kerai

*Corresponding Author: Dr. Malini S Email: malinianil505@gmail.com

 $\textbf{Citation:} \ \ \text{Dr. Malini S, et al (2024) A Study On The Impact Of Pharmaceutical Care Provided By The Pharmacist, \textit{Educational Pharmaceutical Care Provided By The Pharmacist}, \textit{Educational Pharmaceutical Care Provided By The Pha$

Administration: Theory and Practice, 30(5), 11171-11176

DOI: 10.53555/kuey.v30i5.4913

ARTICLE INFO ABSTRACT

Now a days, Pharmacy profession has evolved from just compounding and dispensing drugs to provide patient care. The pharmaceutical industry focused primarily on compounding in the previous century. Almost thirty years ago, the idea of pharmaceutical care was introduced in developed nations. The careful administration of medication with the goal of attaining a specific result that enhances patient quality of life is known as pharmaceutical care. The present study aims to observe the impact of pharmacists on pharmaceutical care in patients. It was assessed by evaluating the responses of the patients with respect to facilities at pharmacy, pharmacy personnel and the quality of the dispensed medicines by using a validated questionnaire.

Keywords: Pharmaceutical Care, Pharmacists, Patient care, Good Pharmacy Practice

INTRODUCTION

The focus of the pharmacy profession has moved from technical, product-based tasks to patient-oriented, health outcomes-focused counselling information and professional services. This transition, generally known as "Pharmaceutical Care," In partnership with other healthcare professionals, the nation's pharmacists take on responsibility for patient outcomes related to their medication therapy. For far too many people, health simply refers to being free from illness or disease altogether. WHO defines health as total physical, mental, and social well-being, not just the absence of disease (1). Clinical pharmacists are qualified healthcare professionals with extensive education and training who work in a variety of patient care settings with an emphasis on complete medication management. These trained pharmacists are committed to obtaining best patient outcomes through the use of drugs, placing special emphasis on dosing, monitoring, identifying side effects, and economic effectiveness. (2) According to numerous studies, improper pharmaceutical use and a lack of awareness about medications lead to diminished efficacy and wasteful use. The capacity to deal with patients and other health-care professionals is evaluated using one's attitude. It contributes to raising practice standards and implementation. (3)

The average Indian citizen is now aware of the quality of healthcare services and has started to expect them. Physicians are seeing more patients than ever before, which leaves them with less time to teach patients on lifestyle changes, medication use, and diseases. The pharmacist has several possibilities to support the doctors in both hospital settings and community pharmacies. (4) Good Pharmacy Practice (GPP) is the cornerstone and soul of the pharmacy profession. Additionally, it expresses our commitment to the patient to not only "do no harm" but also to enable effective therapeutic outcomes when using medications. It is acknowledged that pharmacy practice differs greatly from one nation to the next and from one continent to the next, including emerging, transitional, and developed nations. (5)

The pharmaceutical care framework cannot be successfully implemented in pharmacies unless patients are aware of the pharmacist's professional responsibilities, particularly with regard to direct patient care activities. **(6)** In general, patient satisfaction factors may include, but are not limited to, aspects such as consultation privacy, language, communication skills, and barriers, rapid dispensing, complete explanation with regard to

use, side effects, and storage of medication. The role of the pharmacist in educating the public and raising their awareness of sensible drug use, consequences of healthy diet, antibiotic misuse, and other lifestyle habits is also important (7)

Pharmacists work with people from all walks of life and offer a vital service to society. Community pharmacies are frequently the first stop for patients seeking treatment or advice for their common ills because of their accessibility and the welcoming nature of the pharmacists there. Additionally, pharmacists have the chance to contribute to public health plans, support public health initiatives, and help with decision-making (8).

Student Pharmacist who were the future pharmacists should be aware of the information needed to support medication-related decisions and to assess those decisions. Pharmacy informatics and medical decision-making are closely intertwined. Additionally, the rationale used by doctors in choosing which medications to prescribe is sometimes hidden or tacit. As part of the ordering process, pharmacy informatics can help with the online documentation of medication-use indications (9).

The white coat has come to stand for professionalism and the fiduciary connection between the clinician and the patient. Few studies have looked at the effect of pharmacist dress on patients' perceptions of professionalism and trust, despite the fact that the topic is thoroughly covered in the literature for physicians. Understanding how patients view a pharmacist's appearance and how it affects their comfort, confidence, trust, and professionalism may help prescribe improvements to the provider-patient relationship (10).

METHODOLOGY

It was a cross sectional prospective observational study design. The questionnaire was prepared and tested for their quality, language and content validity. Further, for the questionnaire for the patients has done the language validation by retranslation method. All the questionnaires are approved by the IEC, Pushpagiri College of Pharmacy. The study was conducted at and around 05 districts, by covering rural, urban areas. The patients were included from all the areas like, Government hospitals, PHCs, Private hospitals and as well as Community Pharmacies.

Demographic Characteristics.

The impact of Pharmaceutical Care was assessed by evaluating the responses of the patients. 869 patients participated in the study. Out of 869 patients, 469 (54%) were Female and 400 (46%) were Males (Table -1).

Gender Frequency Percentage Female 469 53.97 Male 400 46.03 Total 869 100 **Distribution of Respondents District Wise.** Alappuzha 184 21.17 Kottayam 222 25.55 Kozhikode 163 18.76 18.18 Thrissur 158 Trivandrum 16.34 142 Total 869 100 Distribution of Patients according to Study Area. **Community Pharmacy** 551 63.41 Private Hospital 152 17.49 Primary Health Centre 166 19.10 Total 869 100

Table 1: Demographic Characteristics.

1.2 Distribution of Respondents District Wise.

The patients were randomly selected from those who visited Community Pharmacy, Private Hospital and Government Public Health Centres in various regions of Kerala. (Table - 1).

1.3 Distribution of Patients according to Study Area.

The patients were distributed according to study area. The study area included in the study was Community Pharmacy, Pharmacies attached to Private Hospital and Government Primary Health Centre (PHC).

Out of 869 patients participated, 551 (63.41 %) were getting medicines from Community Pharmacy as they were considered as the primary contact of majority of the patients. 152 (17.49%) of them were visited various private hospital pharmacies for their medication after they consult with the physicians in that hospital. 166 (19.10 %) were from Government Public Health Centre (Table -1).

2 Impact of Pharmaceutical Care.

Table - 2: Ouestionnaire for Impact of Pharmaceutical Care.

Sl No	Questions	Question Code
1	Location of pharmacy is suitable for you?	IMPACT1
2	Are you satisfied about dispensing area in pharmacy shop?	IMPACT2
3	Are you satisfied with cleanliness and hygienic condition of pharmacy shop?	IMPACT3
4	Do you think staff is well educated?	IMPACT4
5	Are you satisfied with the staff attitude?	IMPACT5
6	Are you satisfied that number of staff is adequate to pharmacy operational requirement?	IMPACT6
7	Are you satisfied with availability of medicines or health appliances you needed?	IMPACT7
8	Are you satisfied with the quality of medicines?	IMPACT8
9	Are you satisfied that instructions on your medications are easily readable?	IMPACT9
10	Are you satisfied with knowledge and attitude of counselling person?	IMPACT10

RESULTS AND DISCUSSIONS

Table - 3: Responses for Impact of Pharmaceutical Care.

Question	Response	Frequency	Percentage
	Yes	654	75.26
IMPACT-1	No	181	20.83
	Not Specific	34	3.91
	Yes	768	88.38
IMPACT-2	No	64	7.36
	Not Specific	37	4.26
	Yes	756	87.00
IMPACT-3	No	84	9.67
	Not Specific	29	3.33
	Yes	503	57.88
IMPACT-4	No	75	8.63
	Not Specific	291	33.49
	Yes	705	81.13
IMPACT-5	No	143	16.46
	Not Specific	21	2.41
	Yes	624	71.81
IMPACT-6	No	89	`10.24
	Not Specific	156	17.95
	Yes	673	77.45
IMPACT-7	No	165	18.98
	Not Specific	31	3.57
	Yes	561	64.56
IMPACT-8	No	42	4.83
	Not Specific	266	30.61
	Yes	740	85.16
IMPACT-9	No	106	12.19
	Not Specific	23	2.65
	Yes	271	31.19
IMPACT-10	No	448	51.55
	Not Specific	150	17.26

2.1 Impact of Patient on Pharmacy Facilities.

The first and foremost things that influence the patient in selecting the pharmacy is the location of the pharmacy. It must be in a location most accessible to the patient. In this study, 654 (75.26%) of the patients find the location most appropriate and easily accessible while 181 (20.83%) were not satisfied. Among all 34 (3.91%) of the patients were not specific in their opinion as they visit different pharmacies (Table -3, Figure -3.1).

The dispensing area and the arrangements are equally important for the appropriate dispensing of the drugs. Good internal arrangements will help for fast and easy dispensing of drugs without dispensing errors. In this study 768 (88.38%) of the participants were satisfied with the facilities at the dispensing area while 64 (7.36%) were not satisfied. Out of 869, 37 (4.26%) did not give any opinion. (Table –3, Figure – 3.1)

Since drugs are being handled, cleanness and hygienic conditions of the pharmacy is of great importance. The contamination of the drugs may lead to health hazards. In this study 756 (87%) of them were satisfied while 84 (9.67%) were not and 29 (3.33%) has expressed no opinion. (Table-3. Figure-3.1)

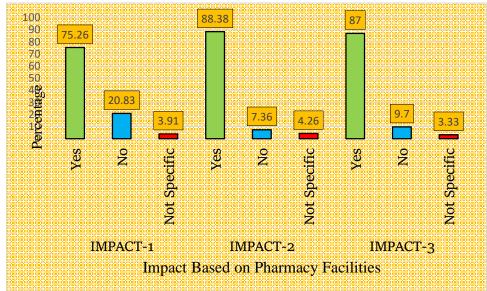


Figure 3.1: Impact in Patient based on Pharmacy Facilities.

2.2 Impact of Patients on Pharmacy Personnel.

The Qualifications and Knowledge of the persons working in the pharmacy plays a vital role in appropriate dispensing of the drugs. In this study 503 (57.88%) of the patients expressed satisfaction in the educational standard of the staff working in their pharmacies. Among them 75 (8.63%) were not satisfied while 291 (33.49%) said they have no idea about their educational levels (Table- 3 and Figure - 3.2.)

Another very important parameter which governs the satisfaction of the patient is the Attitude of the staff who dispense the drugs to them. 705 (81.13%) of them were satisfied while 143 (16.46%) was not and 21 (2.41%) given no opinion. (Table- 3. and Fig-3.2)

In most of the pharmacies one of the main concern is the availability of adequate staff for proper functioning of the pharmaceutical care. 624 (71.81%) of the patients expressed satisfaction over the number of staff available for pharmacy operations, 89 (10.24%) were not satisfied and 156 (17.95%) were not concerned with the staff in the pharmacy. (Table-3. and Figure-3.2)

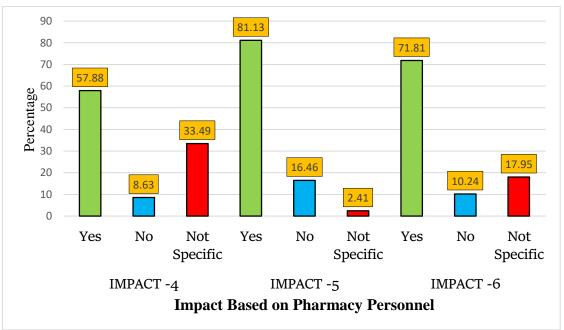


Figure 3.2: Impact of pharmacists based on Pharmacy personnel.

2.3 Impact of Patients on Availability, Quality and Dispensing of Medicines.

It was generally reported that sometimes the required medicines and appliances are not available in the pharmacy where patients usually take medicines. As a result, patients were forced to visit many pharmacies to satisfy their needs. In this study 673 (77.45%) of the patients said that they get all their requirements from the pharmacy where they regularly visited. But 165 (18.98%) of them said they were not satisfied with the pharmacy

all the time because sometimes they were sent to other pharmacies for their medications and appliances.31 (3.57%) of them expressed no responses. (Table -3 and Figure-3.3)

Another important parameter which governs the Pharmaceutical Care is the quality of medications. Now a days a large number of spurious medications are available and pharmacies sell them in place of standard medicines at low price. Since patients are having economic benefits they may be tempted to buy them. In this study 561 (64.56%) of the patients were satisfied with the quality of the medicines they received while 42 (4.83%) were not. But a large number of patients expressed the opinion that they are not sure of the medications quality (Table- 3.and Figure-3.3.)

Usually, the instruction related to all medications are written on the envelop. Among all,740 (85.16%) of them were satisfied with the instructions provided while 106 (12.19%) said that they are not satisfied as many times they mark only lines and abbreviated forms for the directions for use. 23 (2.65%) did not comment on them. (Table- 3 and Figure -3.3.)

As per the ethics of the Pharmacy Practice, all the patients must be properly counselled before dispensing the drugs. But in most of the cases the drugs were given without proper counselling. Knowledge as well as the Attitude of the Pharmacist is very much important in this aspect. This is reflected well in this study. Among 869 participants, only 271 (31.19%) of the patients were only satisfied with the Knowledge and Attitude of the counselling pharmacist while 448 (51.55%) of them were not satisfied. But 150 (17.26%) were not commented (Table - 3 and Figure -3.3).

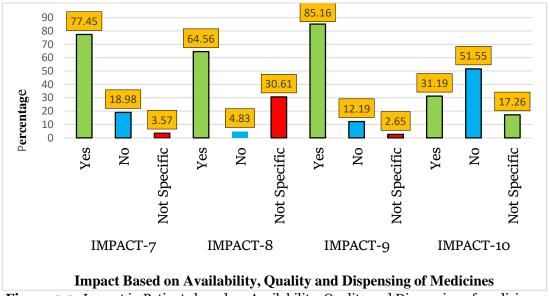


Figure 3.3: Impact in Patients based on Availability, Quality and Dispensing of medicines.

CONCLUSION

The location of the pharmacy is very much important for the access of the patients. Usually, they are established in locations which are easily accessible to the patients. Community pharmacies are established in places where parking facilities and bus station are available and near to clinics and hospitals. In hospitals they are established in locations near to outpatient clinics preferably in the ground floor. In this study most of them were satisfied with the location of the pharmacy. But in Government Public Health centres, particularly in Primary Health Centers the location is not easily accessible as the government hospitals have limited facilities for pharmacy. Similarly, the dispensing area also not much impressed. Whereas the cleanness and hygiene conditions were satisfactory. Qualifications of the pharmacists usually reflects in the attitude and knowledge while dispensing medications. The overall satisfactory level is above average. Majority of the patients were satisfied with the availability of sufficient number of staffs for pharmacy operations. The availability of prescribed medications and the quality of the medications are of great concern for the patients. Most of them were satisfied with the availability of the medications but many were doubtful about the quality of the medications as the different brands were dispensed occasionally. Usually all directions were written on the envelop of the medications. But still some pharmacists were using abbreviations and putting lines for the use of medications. There were found not satisfactory for the patients. But the general opinion was above average. The most important factor for adherence of the drug therapy is the appropriate patient counselling. But most of them said that proper counselling was not provided. Most of them said this was mainly due to the poor knowledge and attitude of the counselling persons.

FUNDING NONE

CONFLICT OF INTEREST

The authors declare no conflict of interest, financially or otherwise.

DECLARATION:

NONE

ACKNOWLEDGEMENT:

Authors would like to express gratitude to Vinayaka Mission University Research Department and faculty of Pharmacy for all their sincere support during the entire period of work.

REFERENCES

- 1. Kokane VJ, Avhad PS. Role of Pharmacist in Healthcare System. Journal of Community Health Management. 2016 Jan- Mar; 3(1): 37-40.
- 2. Jacobi J. CLINICAL PHARMACISTS: PRACTITIONERS WHO ARE ESSENTIAL MEMBERS OF YOUR CLINICAL CARE TEAM. Rev Médica Clínica Las Condes. 2016 Sep;27(5):571–7.
- 3. P Divya Sree et al. Evaluation Of Knowledge, Attitude And Practice Towards Drug Use Along With Good Pharmacy Practice Among Pharmacy Students Of Sri Venkateswara College, Chittoor, India. Int Res J Pharm. 2017 Mar 13;8(3):29–32.
- 4. Tumkur A, Muragundi PM, Naik A, Shetty R. Pharmaceutical Care: Need of the Hour in India. J Young Pharm. 2012 Oct; 4(4):282–6.
- 5. World Health Organization. Joint FIP/WHO Guidelines on good pharmacy practice: standards for quality of pharmacy services. WHO Technical Report Series, 2011; Available from: http://apps.who.int/medicinedocs/documents/s18676en/s18676en.pdf.
- 6. Shraim NY, Al Taha TA, Qawasmeh RF, Jarrar HN, Shtaya MAN, Shayeb LA, et al. Knowledg Adepu R, Nagavi B. Attitudes and behaviors of practicing community pharmacists towards patient counselling. Indian J Pharm Sci. 2009;71(3):285-89.e, attitudes and practices of community pharmacists on generic medicines in Palestine: a cross-sectional study. BMC Health Serv Res. 2017 Dec;17(1):847-55.
- 7. Poyongo BP, Sangeda RZ. Pharmacists' Knowledge, Attitude and Practice Regarding the Dispensing of Antibiotics without Prescription in Tanzania: An Explorative Cross-Sectional Study. Pharmacy. 2020 Dec 13;8(4):238.
- 8. Hanafi S, Poormalek F, Torkamandi H, Hajimiri M, Esmaeili M, Khooie SH, et al. Evaluation of Community Pharmacists' Knowledge, Attitude and Practice towards Good Pharmacy Practice in Iran. jpc.tums.ac.ir. 2013 Jan; 1(1): 19-24.
- 9. Khanfar NM, Zapantis A, Alkhateeb FM, Clauson KA, Beckey C. Patient Attitudes Toward Community Pharmacist Attire. J Pharm Pract. 2013 Aug;26(4):442–7.
- 10. Andrade TU de, Burini DM, Mello M de O, Bersácula N dos S, Saliba RAD, Bravim FT, et al. Evaluation of the satisfaction level of patients attended by a pharmaceutical care program in a private communitarian pharmacy in Vitória (ES, Brazil). Braz J Pharm Sci. 2009 Jun;45(2):349–55.