



AN OVERVIEW OF BARRIERS TO PROFESSIONAL SERVICES IN A COMMUNITY PHARMACY

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ABSTRACT

The aim is to evaluate barriers to community pharmacy in Kerala state in India. The objectives are to determine the awareness of pharmacist about professional services in community pharmacy. The study is planning to conduct in 250 community pharmacies in Kerala state. The survey was conducted based on the questionnaire. The data will be collected from pharmacists by using questionnaire. The study is carried out in community pharmacies in Kerala state. Those who are willing to participate in study are excluded. This study gives some insight into the impediments community pharmacists in Kerala. The findings can be used to promote discussion in the profession and about the future role of community pharmacist in patient care in India. This review article explains about the barriers to professional services in a community pharmacy.

Key words: Barriers, Community pharmacy, Counselling.

INTRODUCTION

For the last years pharmacist's role has converted from product oriented to patient centered services in many parts of the world. Because of this conversion there has been a need for pharmacist to interact with patients, health service providers and government officials who assisted in opening wider healthcare delivery opportunities for pharmacists. Because of this, there are many barriers restrict the efficient pharmaceutical services in community pharmacy.

Community pharmacy is a pharmacy service center established in a community set up catering to the needs of the society for their drug products, healthcare items and related materials. Community pharmacy aims to offer health care to a group of people with emphasis on prescriptions and related matters including the medications commonly used in homes. In India majority of community pharmacies are privately owned and are established as business centers [1-3]. In this study, 250 questionnaires were personally distributed to 250 randomly selected community pharmacies in Kerala state. Both urban and rural areas were selected for conducting survey. There are

sections to collect information on socio-demographic data which includes age, gender and practical issues related to daily pharmacy practice including questions about pharmacist's qualification, position in pharmacy, number of prescriptions dispensed in one week, number of non-prescription products initiated in pharmacy, usage of computer services and ways used to contact physician. For most questions respondents were asked to rate their response using options strongly disagree, disagree, unsure, agree and strongly agree. The study was carried out over a period of 4 months (October 8, 2015 to January 30, 2016) [4].

Data analysis

After analyzing the data, the responses were reduced to mainly strongly disagree/disagree, unsure and agree/strongly agree. Descriptive analysis was used to calculate the proportion of each group of respondents who agreed/disagreed with each statement regarding the barriers to pharmacy services item [5]. A total of 220 of the 250 questionnaires were returned giving a response rate of

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62%. In these 64.5% male and 80.6% holding bachelor degree. More than half 51.6% of them were less than 41 years old and only 19.4% were in age of 51-61 years or more (Table 1). In the study the pharmacist in charge was employed on a full time basis in more than half 58.1% pharmacies. More than half 58.1% reported that they were dispensing more than 100 prescriptions in one business week during the study period. Most of pharmacists reported that they dispense medications and other health related products by their own without prescriptions in their pharmacies such as vitamins (93.5%), non-steroidal anti-inflammatory drugs (87.1%), tooth pastes (90.3%), cough

remedies (96.8%), anti-allergies (87.1%), nasal decongestants (87.1%), eye drops (77.4%) (Table 2). Only (54.8%) of respondents made frequent use of computer, internet services and almost (48.4%) do not have computer in their pharmacies. The British National Formulary (BNF) was the main (80.6%) reference book, MIMS were only (9.7%) (Table 3). In the study almost (48.4%) of respondents either strongly disagreed or disagreed that time was a major barrier to community pharmacy. (93.5%) respondents agreed that high running expenses and lack of sales are barriers mostly affected [6].

Table 1. Pharmacists' demographic information (Gender, age and highest qualification)

Pharmacist	(%)
Gender	
Male	(64.5)
Female	(35.5)
Age (years)	
21-30	(9.7)
31-40	(41.9)
41-50	(29)
51-60	(16.1)
61+	(3.2)
Highest Qualification	
Diploma	(9.7)
B Pharm	(80.6)
M Pharm	(3.2)
Pharm D	(6.5)
Position held	
Sole proprietor	(12.9)
Partner proprietor	(3.2)
Salaried manager	(3.2)
Pharmacist in-charge	(58.1)
Second pharmacist	(22.6)

Table 2. Drug dispensing, pharmacy prescribing in community pharmacies

Variable	(%)
<i>Number of prescriptions dispensed in one week</i>	
0 to 10	(3.2)
10 to 50	(19.4)
50 to 100	(19.4)
100+	(58.1)
<i>Medicines prescribed in pharmacy</i>	
Vitamins	(93.5)
NSAIDs	(87.1)
Antibiotics	(38.7)
Nicotine repl. Therapy	(51.6)
Tooth paste	(90.3)
Blood press. Agents	(12.9)
Cough remedies	(96.8)
Anti-allergies	(87.1)
Nasal decongestants	(87.1)
Eye drops	(77.4)

Oral hypoglycemic	(12.9)
Cholesterol lowering	(9.7)

Table 3. Reference books and computer usage in daily community pharmacy

Variable	(%)
<i>References used in Pharmacies</i>	
BNF	(80.7)
CD ROM's (e.g. MIMS)	(9.7)
Martindale	(12.9)
MIMS or other guides	(51.6)
Pharm. data base	(6.5)
Web-based info.	(61.3)
Other	(9.7)
<i>Dispensing computer Usage</i>	
Not available	(48.4)
Barcode reader	(67.7)
Regular internet use	(54.8)
Regular e-mail use	(58.1)
Other	(3.2)

Table 4. Barriers to pharmacy service delivery

Barriers to pharmacy services	Strongly disagree/disagree	Unsure	Strongly agree/agree	Strongly agree or agree responses
	(%)	(%)	(%)	(%)
Shortage of time to offer services	(48.4)	(12.9)	(38.7)	21.65-55.77
Shortage of pharmacists and/or employees	(45.2)	(3.2)	(51.6)	34.11-69.12
Lack of customers' demand and recognition	(38.7)	(6.5)	(54.8)	37.41-72.27
Lack of appropriate knowledge by pharmacists	(58.1)	(19.4)	(22.6)	7.94-37.22
Lack of confidence by pharmacy staff	(74.2)	(6.5)	(19.4)	5.52-33.19
It is not felt by pharmacists to be part of their job	(64.5)	(3.2)	(32.3)	15.89-48.63
Inappropriate salary level for pharmacists	(29)	(3.2)	(67.7)	51.37-84.1
Lack of rights and protection against malpractice	(29)	(12.9)	(58.1)	40.78-75.35
Under-estimation by other healthcare Professionals	(9.7)	(22.6)	(67.7)	51.37-84.11
High pressure on pharmacists to generate sales	(19.4)	(16.1)	(64.5)	47.76-81.27
Lack of financial rewards from enhanced pharmacy services	(19.4)	(16.1)	(64.5)	47.76-81.27
Inefficient Pharmacy training before graduation	(35.5)	(19.4)	(45.2)	27.73-62.59
Lack of interpersonal and management skills by Pharmacists	(58.1)	(16.1)	(25.8)	10.48-41.13
Pharmacy practice turned to be a business	(16.1)	(9.7)	(74.2)	58.87-89.52
High running cost expenses in addition to sales bonus stoppage	(0)	(6.5)	(93.5)	84.94-100.00

CONCLUSION

The findings from the study can be used to promote discussion in the profession and about the future role of the community pharmacist in patient care in India. Future studies should focus on providing further data on barriers to community pharmacy as well as evaluating the perceptions of healthcare professionals and customers on the role of community pharmacists in India.

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CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

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