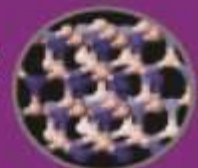




ISSN : 2347 - 2243

*Indo - American Journal of
Life Sciences and Biotechnology*



www.iajlb.com

Email : editor@iajlb.com or iajlb.editor@gmail.com



How Maltese citizens see their neighborhood drugstores and pharmacists

C. Anusha, S. Neelofer Sulthana, Dr. B. V. Ramana

Abstract

Our goal was to get an idea of how regular Maltese citizens feel about their neighborhood pharmacy and the services it offers. Psychometric evaluation was used to look at the trustworthiness and validity of a self-reported survey. Five hundred clients were surveyed, or 10 from each of fifty community pharmacies. They conducted a few descriptive analyses.

Standout outcomes: Ninety-five percent of respondents said they were extremely or very satisfied with their pharmacists in terms of their responsiveness to their requests, while ninety-one percent said they were satisfied with their pharmacists' ability to maintain confidentiality when discussing their patients' medical histories, and ninety percent said they were satisfied with the professional nature of their interactions with their pharmacists. The pharmacy had the lowest satisfaction rate (69%) for personal space. More than eighty-seven percent of respondents said they would use a diagnostic test performed by a pharmacist, and eighty-three percent said they would use the pharmacist for longer hours.

Conclusions Consumers in Malta generally have a favorable impression of community pharmacies and the services they provide. They supported expanding existing professional services to accommodate more clients..

Keywords neighborhood druggist; neighborhood pharmacy; neighborhood patient; neighborhood patient satisfaction

Introduction

Quality of treatment may be gauged by looking at how satisfied patients are with their primary care providers. The pharmacist's role may be assessed in terms of both quality and patient satisfaction, allowing for adjustments to be made in response to feedback about the pharmacist's emphasis on care. Public education regarding the community pharmacist's role in health care delivery may raise awareness of how pharmacists may utilize their pharmacological and illness expertise to enhance patient outcomes (as stated in [1,2]). Primary care community pharmacists have challenging decisions as they juggle commercial and professional responsibilities. Since most governments don't finance community pharmacies [4], they need to make a profit. How effectively to balance a community pharmacist's commercial and professional responsibilities is a matter of ongoing debate. Community pharmacists who place profit maximization ahead of customer happiness will see advising patients on appropriate medication use as a lost opportunity and will spend less time doing it. A community pharmacist's responsibilities include, but are not limited to, consulting with patients to learn about their symptoms and other pertinent information, making product recommendations based on that data, and coordinating treatment with the patient's physician and other healthcare professionals. [6-8] A pharmacist has an ethical obligation to refuse to dispense a product if he or she has reasonable suspicion that doing so may endanger a patient. Professionals have succeeded when they are able to refuse service to a consumer while still giving them a reasonable, personable

justification.

prescription drugs instead of worrying about the bottom line.

Community pharmacists' promotion of a service focused on individual patients is expected to boost public opinion and, in turn, revenue.

A Maltese community pharmacy

Independent and a part of the European Union, Malta is a sovereign nation. Malta has one of the greatest pharmacy to population ratios in the European Union, with 209 community pharmacies serving a population of around 414 000. [9] The only place to get any kind of medication, prescription or otherwise, is in a community pharmacy. In Malta, community pharmacies are independently owned and operated for profit without government assistance. According to a schedule set by the Malta Medicines Authority, community pharmacies in Malta are open from 9:00 am to 12:00 pm and from 16:00 pm to 19:00 pm on weekdays, and from 9:00 am to 12:00 pm on weekends and public holidays.

According to findings from a 2009 research conducted in the country, 30% of Malta's pharmacists are employed in community pharmacies. There is a high need for pharmacists in the healthcare consulting industry (16%), as well as in hospital and clinical pharmacy (9%), industrial pharmacy (8%), regulatory affairs (4%) and pharmacy management (3%). Not practicing, teaching, retiring, or living abroad account for the remaining 5-10% of pharmacists.

Pharmaceutics

Dr.K.V. Subba Reddy Institute of Pharmacy

(Approved by AICTE,P.C.I New Delhi& Permanently Affiliated to JNTUA Anantapuramu
MOU with Government General Hospital &KMC, K urnool

prescription drug store .[10]

The purpose of this research was to learn how Maltese customers see their local pharmacists and how satisfied they are with the pharmaceutical services now available in Maltese pharmacies.

Method

Sample Selection

Every community pharmacy in Malta was included in the sample period. These were then tabulated alphabetically in a Microsoft Excel spreadsheet, separated into the five districts specified by the Maltese National Statistics Office. Starting with pharmacy number one in each district, the Excel file lists the pharmacies in numerical order. Using a random number table and a stratified random sample method, ten community pharmacies were chosen from each district. Using convenience sampling, we were able to collect data from 500 customers at 50 different pharmacies.

Statistics from the Questionnaire

A questionnaire for self-completion was prepared. The questionnaire was developed after a thorough examination of the relevant literature. [1,5,11–17] The survey asked respondents about their experiences with pharmacies, the quality of care they received, their impressions of the pharmacist, how they felt about the pharmacist's expanded role in the community, and how they felt about having to pay extra for the convenience of having a local pharmacy treat minor ailments.

The questionnaire has 14 well-defined items and was offered in both English and Maltese. Questions on the questionnaire were closed and did not allow for free-form responses, including a comment box and demographic data collection questions. Attitudes and views of customers were gauged by presenting respondents with statements and asking them to indicate the degree to which they agreed or disagreed on a five-point Likert-type scale. When answering questions about the services provided by a community pharmacy, customers have the option of selecting several answers.

Evaluating psychological factors

The questionnaire underwent testing for its content validity, face validity, reliability, adaptability, and practicability. Ten participants (two hospital pharmacists, two community pharmacists, two primary care physicians, two pharmacy students, and two consumers) participated in a focus group to validate the questionnaire. Participants in the validation panel were given the survey and asked for feedback. After that, the investigator convened a roundtable discussion (FW). This was done to find out whether any crucial details were left out, if the structure made sense, and if the questions posed were easily grasped or if they needed to be reworded. Instructions were studied carefully.

Ten consumers were selected at random and given a questionnaire to fill out at time 0 (Test 1) and again a week later (Test 2) for the purposes of test/retest reliability testing (Test 2). Cronbach's alpha for the questionnaire was 0.90, which is rather high. It took respondents an average of 6 minutes to complete the survey (range 3–12 min).

Data collection

The investigator went to each of the 50 randomly chosen community pharmacies to collect signed permission forms. After

that, the researcher met with the subjects for a total of fifty 3-hour meetings during which they filled out the questionnaire. These visits were spread out throughout the week, however most occurred between the hours of 16:00 and 19:00. This approach took some time, but it was straightforward, inexpensive, and yielded an impressively high rate of responses. Ten randomly chosen customers were given the questionnaire. Customers who came into the drugstore to make purchases or see a doctor at the clinic were approached, given information about the research, and given the option to take part. Patients were informed that their participation in the study was entirely optional, that their care would continue unaffected by their decision not to take part, and that their responses would be kept anonymous. Customers who were unable to complete the survey at the time were given a questionnaire and a self-addressed, stamped envelope to send it back later.

Results

Statistics on the composition of the consumer market

The whole research population consisted of 500 customers. It was a very even split between the sexes, with 52% women and 48% men. Nearly half of the market share (41%) had advanced degrees. The majority of buyers were between the ages of 36 and 45 (24%), while the average and median shopper ages were 40 and 38. (range 18–84 years). The majority of buyers were either managers, administrators, or executives (29%), followed by professionals (21%; think teachers, attorneys, and accountants) and technicians (21%), clerks (16%), and finally housewives (16%).

Consumer behavior about trips to the local pharmacy

Forty-eight percent of customers only go to their local pharmacy once a month or less, 32 percent go there twice a month, 14 percent go once a week, and just 6 percent go more than once a week. Most customers (67%) usually visited the same community pharmacy, 22% always visited the same community pharmacy and 11% seldom visited the same community pharmacy.

Ninety percent of customers at community pharmacies were there to fill a prescription and sixty-five percent were there to stock up on over-the-counter medications. Cosmetics and toiletries accounted for 40%, followed by advice from the pharmacist at 25% and infant items at 5%. Eighty percent of customers who frequented a specific community pharmacy did so because it was conveniently located near their residence or place of employment.

Afterwards, 44% said they looked for a sympathetic and approachable pharmacist before deciding on a community pharmacy. The devotion of customers to their pharmacy (18%), the store's layout and appearance (17%), and the availability of a broad variety of items (38%).

Customer contentment with pharmacist traits

The majority of customers had a positive impression of their neighborhood pharmacy and were either very or somewhat satisfied with a variety of aspects of their service, including the pharmacist's efficiency in responding to their requests (95%), the pharmacist's clarity in explaining how to take medications (94%), the pharmacist's use of language (93%), the pharmacist's discretion (91%), the pharmacist's ability to maintain a professional relationship with each customer (90%), the pharmacist's ability to explain the mechanism of action of medications (86%), and the pharmacist's Both the level of privacy in the pharmacy (69%) and the interaction time between the customer and pharmacist (73%), received the lowest ratings from customers (Figure 1).

Aspects of business vs those of a professional nature

Overall, 56% of customers saw pharmacists as having a foot in both the

business and healthcare worlds, whereas 35% saw them more as healthcare specialists and 9% saw them more as entrepreneurs. Most customers who were polled regarding whether or not they would pay for services rendered by their local pharmacy's community pharmacists

said they did not want to pay for any kind of service, even getting advice on whether over-the-counter medications were safe and effective for their specific

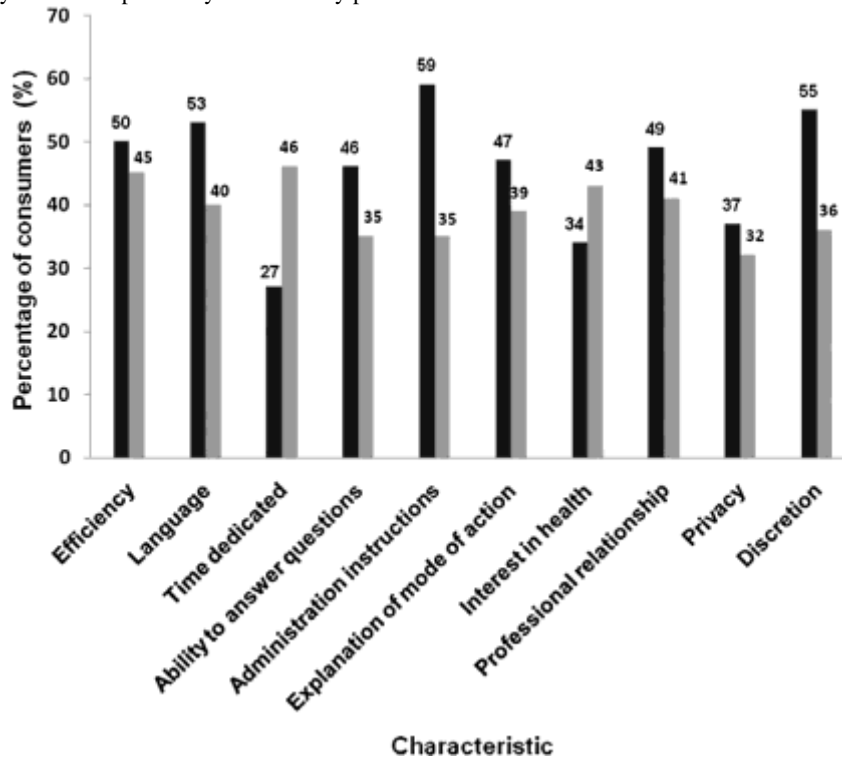


Figure 1 Satisfaction with pharmacist characteristics (n = 500). (■ Very satisfied; (■ Fairly satisfied).

counsel offered while buying a prescription medicine (83%), and general advise given regarding any problems expressed (72%).

Purchasing non-prescription medication and health advice

Seventy-five percent of respondents said they would trust their neighborhood pharmacist's recommendation when buying an OTC drug. The majority of people (76%) would go to their family doctor before visiting their local pharmacy (11%). Family and friends (10%) and the internet (4% of all respondents) also provided helpful guidance.

Eighty percent of consumers would go to a community pharmacist for advice if their problem wasn't serious enough to warrant a trip to the doctor, fifteen percent would go to the community pharmacist if they didn't have time to wait for a doctor's appointment, thirteen percent would rather speak with a pharmacist, and six percent would rather get free advice from a pharmacist. Consumers are more likely to seek guidance from their neighborhood pharmacy than from any other professional (13% vs. 86%).

colds, flu, dyspepsia, and diarrhea are all common reasons why customers visit their neighborhood pharmacy (Figure 2).

Health care for minor injuries and illnesses

Consumers were given a list of 13 common diseases and asked to decide whether they would see a local pharmacy, doctor, or treat the condition themselves. Consumers are more likely to see a community pharmacist for a cough (44%) or gastrointestinal issue (38%). Acne, spots, rashes,

Consequences of a wider view of the community pharmacist's responsibilities

The majority of customers (91%) support the idea of a community pharmacist coordinating treatment with other doctors (87%), diagnostic tests (87%), longer pharmacy hours (83%), and the availability of a private consultation place in the drugstore (80%). Less than two-

thirds of respondents supported the idea that community pharmacists and doctors should work together to treat patients with chronic diseases, and just a third thought that community pharmacists should be available to patients outside of the drugstore.

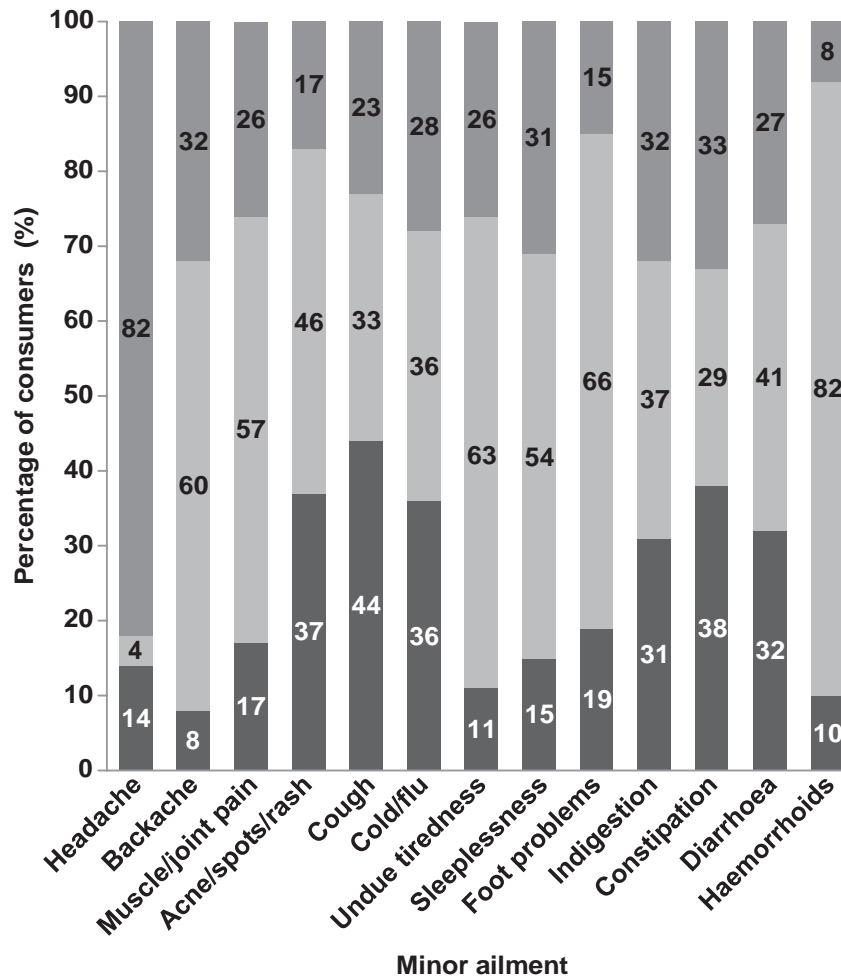


Figure 2 Treatment of minor ailments (n = 500). (■ Self-treat; (□) Doctor; (■) Pharmacist.

Table 1 Community pharmacist extended roles (*n* = 500)

	Very important	Fairly important	Neither important nor unimportant	Not very important	Not important
Longer pharmacy opening hours	56%	27%	10%	4%	3%
Pharmacist accessibility outside pharmacy opening hours	39%	28%	18%	9%	6%
Private area for consultation	46%	34%	10%	7%	3%
Diagnostic testing (urinalysis, blood pressure, blood glucose monitoring)	57%	30%	9%	2%	2%
Liaison with primary and secondary care-based physicians	62%	29%	7%	2%	0%
Management of chronic conditions (asthma, hypertension, diabetes)	33%	35%	23%	7%	2%
Pharmacist prescribing	15%	32%	21%	22%	10%

opening hours (67%) and community pharmacist prescribing(47%) (Table 1).

Discussion

Consumers in Malta have a favorable impression of community pharmacists and the services they provide, according to this survey.

When evaluating the quality of care delivered, patient happiness is crucial.

[18] Many customers reported being either extremely pleased or somewhat satisfied with various aspects of their local pharmacist. Results reported in the United States[1,19], the United Kingdom[15], and the Netherlands were quite similar. [17] High levels of pharmacy patronage were found in this research, with the majority of customers visiting the same community pharmacy on a regular or even daily basis. This is promising information since it suggests that customers' high level of loyalty to their preferred community pharmacy may be indicative of their contentment with the services received there. Both British[14,15] and Canadian[16,17] research supports this result. [20]

Similar to the findings of this study, research conducted in the United Kingdom[21,22] and South Africa[23] reports that customers frequent a specific community pharmacy for reasons like proximity to home or work and the warmth and compassion of the pharmacist. Similar to findings by Bell et al.[15] in the UK, the most prevalent reason for visiting a community pharmacy reported in the present investigation was to acquire drugs recommended by a physician.

Similarly to a research conducted by Hargie et al.[14] in the UK, the majority of customers in the present study saw pharmacists as businesspeople as well as healthcare professionals. Most Maltese customers in this research, however, were unwilling to pay for the pharmacist's assistance. In contrast, a survey of Canadian customers found that both willingness to pay and reimbursement levels were increasing. [20]

Most Maltese customers said they would see a

community pharmacy for assistance on a variety of minor diseases and when their condition wasn't critical enough to see a doctor, suggesting that they accept the pharmacist's advising function in respect to minor ailments. Consumers in Malta also said that they would trust their local pharmacist's recommendation when buying an over-the-counter medication.

For similar reasons, the local pharmacy in the United Kingdom was traditionally considered the go-to spot for the treatment of less serious medical issues.

[24] However, in two different investigations conducted out by the According to surveys conducted by the Welsh School of Pharmacy[25,26], only a tiny minority of customers said that they would seek a pharmacist for guidance on treating minor diseases because they think that pharmacists do not know enough about their specific health. In Scotland once again, it was found that fewer than 10% of the general people saw the pharmacist as the 'first person for guidance on health concerns. [27] In Canada, both pharmacists and doctors are regarded as "go-to" experts on patient health. [20]

In this survey, customers rated pharmacy privacy as low on a scale from 1 to 10, with a private consultation space ranking highest in importance. It has been claimed that people in the Netherlands[17] and the United Kingdom have had the same issues with privacy at community pharmacies. [28] Private consultation rooms in community pharmacies are highly valued in the United Kingdom and should be a priority for any new or remodeled pharmacies in the country. [14,16,29] Longer pharmacy hours and community pharmacist availability outside of pharmacy hours were also seen as a positive service enhancement among research participants. A research done in the United Kingdom came to the conclusion that extending the professional part of community pharmacy might benefit by offering telephone assistance lines, pharmacist domiciliary visits, and longer or more variable

operating hours to better meet the requirements of patients. [30]

Consumers in Malta also noted improvements in physician cooperation for the treatment of chronic illnesses and diagnostic tests as examples of professional services provided by community pharmacies.

[16]Limitations

One drawback of this research is that because customers were recruited from within a pharmacy context, it is probable that only those consumers who frequently frequented pharmacies and had a favorable overall view of the pharmacist were included in the study, leading to potential bias. The surveys might be given out to people scouted during public and social gatherings. The research might be strengthened by recording the specific reasons why people who filled out the surveys were going to the pharmacy, such as to buy medicine or to see doctors at the pharmacy clinic.

Conclusion

Customers in Malta generally have a favorable impression of community pharmacies and the services they provide. Community pharmacies is consistent with the findings of the vast majority of research conducted in Europe and the United States. The results of the survey show that customers want community pharmacists to invest more heavily in collaborative care practice, diagnostic testing, and longer store hours.

References

1. Patient satisfaction with pharmacological care: revision of a validated instrument. Larson LN et al. It was published in 2002 in the Journal of the American Pharmaceutical Association (42:44–50).
2. Frequency of prescription medication counseling in community pharmacies, by J. Kraska et al. The year 1995 saw the publication of Issue #3 of the International Journal of Pharmacy Practice.
3. Finally, Chewning B. and Schommer JC. Promoting public understanding of community pharmacists' contributions to their communities. In the year 1996, Pharm. Res. 13(13):1299-1304.
- 4.
5. D'Arcy PF, et al. The primary care pharmacist's role in general practice. Medical Journal of the Pharmaceutical Society of Great Britain and Ireland 1980;224:539–542.
6. Consumer views and attitudes about community pharmacists' advice-giving function. Morrow N., et al. Clinical Pharmacy 1993;25(1):25-27.
7. Be WS in prayer number six. The role of the pharmacist as a counselor for individual health care. Journal of the American Pharmacists Association 1996;36:336-334.
8. Seventh Zillich AJ, et al. Potential of a survey instrument for assessing the quality of communication between doctors and pharmacists. Reference: 46:453-458 J Am Pharm Assoc (2006).
9. 8 McDermott D et al., The perspective of family physicians on expanded roles for community pharmacies. Journal of the American Pharmaceutical Association 259(R):R39 (1997).
10. Report on the Worldwide Pharmacy Workforce. 2009, The Hague: International Federation of the Pharmaceutical Industry.
11. Hili, S. The Maltese Pharmacists' Directory. It was published in 2009 by the University of Malta

- Press in Msida (dissertation).
- 12.
 13. Pharmacist-patient relationships: variables impacting quality and commitment. Worley MM, Schommer JC. 2011. 1999, vol.16, no.3, pp.157-173 of the Journal of the Society for Administrative Pharmacy.
 14. Patient-guided counseling in the community pharmacy: a systematic review. Barnett CW et al. This article first appeared in the Journal of the American Pharmaceutical Association in the year 2000 (Vol. 40, No. 7, Pages 765-772).
 15. Kraska, J. and Kennedy, E., 2013. Customer expectations and experiences with over-the-counter drug purchases in northern Scottish pharmacies. Reference: Pharm J 1996; 256:354–356.
 16. Consumer views and opinions on community pharmacy services. 2014. The Pharmaceutical Journal 249(9):688-691, 1992.
 17. Community pharmacist and community-based pharmaceutical services: societal views. Bell HM, et al. 2015. For the full citation, please use: J.Soc.Admin.Pharm.2000,17:119-128.
 18. Public perceptions of community pharmacists' growing roles: a pilot research. Iversen L, et al. Medical journal article citation: Fam Pract 2001; 18: 534-536.
 19. Evaluation of patient perspectives at a pharmacy: a multi-level intervention research. Pronk MCM et al. Reference: Int J Pharm Pract 2003; 11:143-151.
 20. Patients' expectations and their satisfaction with pharmaceutical services. Kukukarslan S, Schommer JC. The American Journal of the Pharmaceutical Association 2002;42(4):489-496.
 21. Twenty-nine. Ried LD, et al. Patients' pleasure and their impression of the pharmacist. J. Am. Pharm. Assoc. 1999; 39:835-842.
 22. Ratiopharm. Consumers' Opinions on Pharmacy Services According to the Ratiopharm CFP Report. www.ratiopharm.ca/pdf/cfp_eng.pdf, Canada: Ratiopharm, 2004. (accessed 19 August 2010).
 23. Client considerations in requesting pharmacy advice, 21 Smith FJ. Journal of the American Pharmaceutical Association 1990;244(6):692-693.
 24. Health promotion by community pharmacists: consumer perspectives. Anderson, C. Int J Pharm Pract. 1998;6:2-12.
 25. A preliminary investigation of the public's view of community pharmacists in South Africa, by S. Bornman et al. In terms of health, South Africa The year 2006 saw the release of volume 11 of the journal *Gesondheid*, which had articles numbered 27-40.
 26. A route to the family doctor: using the pharmacist for first treatment (or "consultation") 24 Hassell K, et al. Family Practice, 14(9), 498-502 (1997).
 27. John DN, Evans SW for the 25th spot. The public needs to know who they may go to for help with certain symptoms, but who would they go to? In the Pharmaceutical Journal, 259(R):R41 (1997).
 28. John DN, et al., posed the following question to consumers: "Why don't customers obtain guidance from community pharmacists about mild ailments?" Medicine and Pharmacy 1997;25(9):R38.
 29. Community pharmacists in a Scottish bedroom community: a user's perspective and expectations. Journal of the American

- Pharmaceutical Association 1997;258:457–460.
30. Focus group discussion analysis of confidentiality in community pharmacy. Hirst JE et al. *Pharm J* 1999; 263: R38–R39.
 31. How to create room in your community pharmacy for patient consultations. J. Buisson. *Pharmaceutical Journal* 2005;275:689–691.
 32. In the 30th spot, we have Hassell K et al. A look at the variables that prompt people to make their local pharmacy their first stop when seeking medical attention. Reference: 7:51–59 *International Journal of Pharmacy Practice*, 1999.