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PERCEPTION OF PHYSICIANS REGARDING PATIENT COUNSELING BY PHARMACIST: A BLEND OF QUANTITATIVE AND QUALITATIVE INSIGHT

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ABSTRACT

The escalation of drugs and the related information in the 1900's expanded and transformed the role of the pharmacist from the dispenser of drugs to that of the educator of both health care professionals and the patients regarding the medications in order to provide better outcomes for drug therapies. However, the recognition of this role in developing nations like Pakistan is still not observed due to lack of interaction and knowledge among the masses and the health care providers and the perception of a pharmacist as a patient counselor is still not established. A mix model design was selected targeting the physicians of Pakistan. 432 were sent questionnaires and 401 responded giving a response rate of 92.8%. The survey employed cross tabs and Chi square X^2 test. The qualitative insights were given in quotes from Physicians as a generalized opinion. The aim was to describe a collective opinion of physicians evolving in Pakistan. A mixed response was seen, half of the physicians (45.5%) were willing to incorporate a pharmacist but as the other half was unwilling (45.6%). Few were unsure about the outcome (8.9%). The gender was associated with the perception. (P value <0.05). Those who responded in favor were of the view that a pharmacist is an important component in the health care system but those unwilling believed that a pharmacist involved in patient counseling will shift the patients' confidence from the physicians towards themselves. The role of pharmacist within the developing countries like Pakistan is still recognized mainly as that of a dispensing professional and acceptance in a clinical setup by the physicians and the patients is still an ongoing process that can only be successfully implemented by reforms in the health care system as a whole.

Key Words:- Perceptions, Physicians, Patient Counseling, Quantitative, Qualitative, Pharmacist, Pakistan.

INTRODUCTION

The profession of pharmacy is relatively new as compared to that of the other health care providers, where the first college to train pharmacists in United States was not established till the year 1821 (Joseph L. Fink III, 2012). However, with the emergence of new drugs and the augmentation of the available literature by the 1900's

revolutionized the role of pharmacist, as it became difficult for physicians to keep abreast with all the available information. In 1962, the first drug information center was opened at the University of Kentucky Medical Center (Hunashal R *et al.*, 2007). The aim of this drug center was to assist and educate the various health care professionals. In 1973, the first formal survey identified 54 drug information centers in the USA (Malone PM *et al.*, 1996). However, the education and counseling of patients was not initiated until the mid 1970s. The Omnibus Budget Reconciliation Act Of 1990 (OBRA'90) included mandates for the states to improve understanding of

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medications by beneficiaries for whom they were prescribed and dispensed (Jesse CV *et al.*, 2008). This act hence reduced the possibility of risk of adverse drug reactions and expanded the role of pharmacist which was altered to include patient counseling regarding drug therapies. In the current circumstances, pharmaceutical care basically means improving the medication use process in order to improve outcomes, including the patients' quality of life, and that involves a focus change for pharmacy from product to patient (J. W. Foppe van Mil *et al.*, 2004).

Although the pharmacy profession is recognized for its importance as a health care provider in many developed countries, in most developing countries it is still underutilized (Anderson S, 2002). In most countries, the role of pharmacists is recognized in community pharmacies, hospital and drug regulatory authorities, the health care system of Pakistan has yet to recognize this role (Azhar S. *et al.*, 2009). There are several reasons for the lack of recognition of the pharmacy profession in Pakistan, such as the lack of pharmacists in public health services and the lack of pharmacists in community pharmacies (Khan AA, 2009), which is a direct cause of insufficient interaction between the patients and pharmacists resulting in scarcity of knowledge among the community about the role of a pharmacist and the practice of pharmacy. But perhaps the most dominant reason in the failure of implementation of pharmacy profession in Pakistan is the weak health care system. There is inefficient surveillance of disease and its management and the overall capacity to undertake health policy and system research is deficient (Health System Review Mission – Pakistan, 2007). Although studies have shown that pharmaceutical care services influence health expenses, save lives, and enhance patient's quality of life (Westerlund T *et al.*, 2009), the role of pharmacist is still deprived of its due recognition and acceptance. In general, it is perceived by pharmacists that physicians are one of the major barriers to the expanding role of pharmacist (Salah M *et al.*, 2012). The most established rationale for the lack of establishment of the role of pharmacist is the absence of counseling during dispensing to the patients due to time pressures. This forces the patients to rely on other health care providers for medication related advice and hence their perception of the pharmacist does not include as the one being that of medication counselor. This cycle has reinforced dysfunctional behaviors and creates no motivation for either party in this dyadic relationship to change (Jon C. Schommer *et al.*, 2013), which in turn does not allow the perception of physicians and patients alike to accept the placement of pharmacist in a clinical association.

The main aim of this study was to analyze the perception of the physicians concerning the counseling of the patients for the medication management and drug therapies in order to evaluate the current role and position of the pharmacist in the health care system of Pakistan with respect to educational intervention such as patient counseling.

METHODS

A quantitative-qualitative mix model study design was selected by targeting the physicians of Pakistan. The quantitative part preceded the qualitative part and it was initiated as a mix mode survey; i.e. by questionnaire, telephonic, electronic mail and focus groups which found out the perception of physicians about a pharmacist counseling their patients. The survey was carried out in Pakistan for a period of 6 months i.e. March 2013 to August 2013 and out of 432 physicians selected, responses of 401 physicians were documented giving a response rate of 92.8%. All physicians practicing in Pakistani health care system were included. Before the initiation of the survey, a verbal consent was obtained from the respondents. The survey included questions on their demographic and their perception of a pharmacist counseling their patient. For the quantitative part, the data was analyzed by SPSS v 20 (Statistical Package for Social Sciences version 20). The survey employed cross tabulation and Chi square X^2 test for association as well as goodness of fit. The qualitative part began after completion of the survey where they were further asked about their opinion and/or justification regarding their perception. The qualitative insights are given in quotes from selected physicians and as a generalized opinion. The aim was to describe a collective opinion of physicians evolving in Pakistan in terms of quantitative as well as qualitative aspect.

RESULTS

A total of 432 physicians practicing all over Pakistan were approached and 401 consented to participate in the survey giving a response rate of 92.8%. Almost equal number of male (48%) and female (52%) physicians participated in the survey. When they were asked about their perception of a pharmacist counseling their patients, a mixed response evolved as half of the physicians (45.5%) were willing to incorporate a pharmacist but as a whole the response was minutely tilted toward unwillingness (45.6%). Few were unsure about the outcome (8.9%). The association of gender with the perception was also tested for association by Chi square test X^2 for association and it was observed that they were associated (P value <0.05).

The results of the quantitative analysis are also summarized in the table. Table 1.1. provides the summary of the quantitative analysis.

The physicians were also evaluated qualitatively about their perceptions. Those who were willing to incorporate a pharmacist in patient counseling (45.5%) were of the view that a pharmacist is an important component in the health care system and it is the need of the hour in Pakistan for pharmacists to be included in the health care system.

“Pharmacist is an important player in the health care team which plays for the patient’s welfare against diseases and their complications.”

This concept and pharmacist’s role as a patient counselor is already well established in developed countries but since Pakistan is new to this concept it will take time to get acquainted to the aforesaid.

“The concept of Pharmacist as a patient counselor is very old and already established in the UK but Pakistan’s physicians and doctors have to accept them as their own kind. In time they will because they have to...”

The physicians, keeping in view their position in Pakistan’s health care system should play a pivotal role in the recognition and implementation of pharmacist’s educational interventions and on a larger picture the role of pharmacist.

“We (the Physicians) in Pakistan enjoy all the authority and influence over others; it is our responsibility to help spreading the awareness and their (pharmacist’s) recognition in the health care system.”

Those who were unwilling to include a pharmacist in patient counseling (45.6%) believed that a pharmacist to intervening as a patient counselor will influence the patient-physician relationship.

“We are now talking about bringing in another player, another influencer. Nothing will change but the situation of patients will change from bad to worse.”

Moreover, few doubted the knowledge of a pharmacist and were unsatisfied with the upgraded

curriculum of pharmacy which was directed towards clinical aspects. They also appeared confident that their knowledge is better than a pharmacist and hence they can counsel a patient better since they are more aware of the needs of the patients.

“A pharmacist is there to dispense as directed by a prescriber, the DO AS DIRECTED concept! I think they should stick their role and let physicians do their job, because a pharmacist has no idea of clinical knowledge even with their upgraded curriculum I have seen many pharmacists recently graduated with the new degree, nothing! A physician’s knowledge has no parallel and he or she (physician) is best aware of the patient’s health care needs.”

Few considered this as a matter of self esteem and breaching of ethical issues and appeared irritated with this concept.

“I oppose this concept because I consider it as a direct intervention in my work aimed at doubting my dedication and practice credibility. It has the potential to misguide the patients against doctors and hence in the longer run can be used by them (pharmacists) as a campaign against us (physicians)! It is an ethical issue which in my strongest words, I oppose!”

Those who were unsure (8.9%) whether a pharmacist is to be included in patient counseling believed that although a pharmacist seemed fit for the job and purpose but the situation of Pakistan does not allow this concept to be implemented and hence need legislation at higher level.

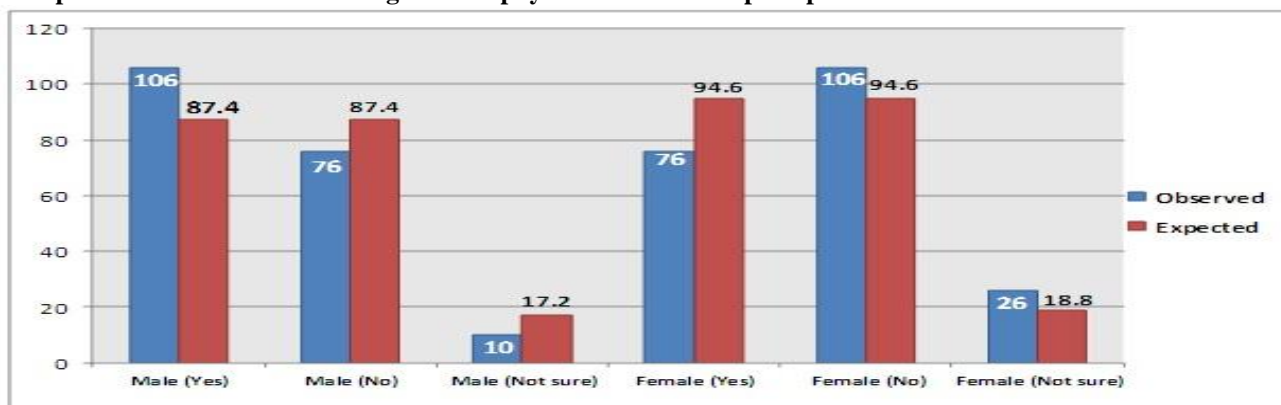
“I support! It is a very good concept in my personal opinion and I have seen its effectiveness in developed countries like the US and European countries, but the question is not the effectiveness, the question is the situation of Pakistan! Those sitting at the top (higher authorities) should consider making this a part of process (Legislation) in the health care system of the country otherwise implementing this concept at our level will bring the pharmacists and physicians at loggerheads! I am not sure if that would be helpful!

Table 1. Summary of results

1	Demographic	N	%		
	Male	193	48%		
	Female	208	52%		
	Total	401	100		
2	Perception	N	%	P value	
	Do you think your patient should be counseled by a pharmacist?			<0.05	
	Yes	182	45.5%		
	No	183	45.6%		
	Not sure	36	8.9%		

	Total	401	100%		
3	Association of demographics with perception			P value	
				<0.05	
		Yes	No	Not sure	Total
	Male Physicians				
	Observed	106	76	10	192
	Expected	87.4	87.4	17.2	192
	Female Physicians				
	Observed	76	106	26	208
	Expected	94.6	94.6	18.8	208

Graph 1. The cross tabulation of gender of physicians with their perception



DISCUSSION

The main objective of this study was to investigate the perception and the stratum of acceptance by the physicians in Pakistan regarding the concept of patient counseling by the pharmacist, which is a commonly observed and accepted practice in the developed countries. But since the concept of a clinical pharmacist although established internationally is relatively new and upcoming in majority of developing countries (Azhar S *et al.*, 2009), the society is yet to accept the new portfolio. Due to lack of interaction and knowledge regarding the role of pharmacist in a clinical setting it is still an emerging trend in Pakistan and face the same situation as other developing countries.

A quantitative qualitative mix study design was used in this study in order to understand the perception and factors leading to developing of that very perception of the physicians regarding the concept of pharmacist's role and involvement in the counseling of patients.

The quantitative analysis was conducted formerly, and it was observed that the physicians were generally receptive to the concept of implication of pharmacist in the role of patient counselor as almost half of the physicians were willing to incorporate this into their practice. However, the most interesting point was the

slighter unwilling attitude of the female physicians as compared to the male physicians. This can be attributed to the social dilemma where the profession is basically dominated by the male gender. Of 132,988 practicing doctors registered with the Pakistan Medical and Dental Council, 58, 789 are women. Of 28, 686 specialist physicians in the country, a paltry 7, 524 are women (Dawn.com, 2013). Because of this obvious minority the female physicians are already struggling to make their position and credibility felt in the profession. The reluctance could be attributed to the notion that the influx of pharmacist within the clinical setup will further weaken their standing.

Pharmacists can improve patient outcomes in institutional and pharmacy settings, but little is known about their effectiveness as consultants to primary care physicians (J. Sellors *et al.*, 2003) the qualitative analysis was performed to evaluate this perception. The physicians who responded positively to the implementation of pharmacist as a patient counselor and to the expansion of their role based their perception on the evidence of success of this execution in developed nations. Conversely, the physicians who showed reservation to the effectiveness of pharmacist in this extended role were of the opinion that the core role of the pharmacist in the pharmaceutical care

does not involve the direct association in the drug therapy, which they considered primarily to be the area of expertise of the physicians and indicated negative experience on their interaction with pharmacist on the therapeutic knowledge.

The 8.9% of the physicians were unsure about the prospect of the inclusion of pharmacist in the clinical and counseling role, were in agreement to the positive input of this practice in the developed nations but held reservations on the possible success of the same in Pakistan due the lack of interaction and knowledge among the community and hence the tribulations that will be observed among the patients, if such practice was to be introduced.

This study brings into limelight the possibility of tolerability among the physicians regarding the expansion of the role of pharmacist in the clinical locale. In order to achieve this, it is of pivotal importance to increase the interaction of the pharmacist with both the health care professionals and within the community in order to enhance their confidence and credence in the ability of the pharmacists to provide other services in the pharmaceutical care setup.

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CONCLUSION

With the expansion and evolutions in the health care profession the role of the pharmacist has transformed from that of the traditional role of mere dispensing of drugs and is now more clinical oriented, where effective functioning of the health care system and medication related issues is now is dependent on the knowledge and experience of pharmacist. This implication in Pakistan is still at infancy and reforms are needed for its acceptance for the development of a well-structured health care system.

CONFLICT OF INTEREST

The authors declare no conflict of interest exists.

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None

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