Consumer's Perspective on Community Pharmacy Care

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Abstract

The pharmaceutical industry is a chief cause for medical innovation. The foremost significance on the subject of pharmaceutical industry is the safety and worth of drugs. The preponderance of the populace is spending on healthcare costs; therefore, it is indispensable to have an opposite guiding system. This can be ensured with the assistance of the pharmaceutical care. Consequently, the pharmaceutical industry must focus on patient-oriented drugs rather than profit-oriented drugs. They ought to be responsible for enhancing the patient's life quality. The pharmaceutical care is accomplished by the pharmacists through presuming the roles such as advisor, caretaker, communicator, researcher, counsellor, etc. This study identifies the consumer's perception about pharmacy care. The pharmacists initially are required to analyse the need for medication followed by appropriate discharge of medicines. The trust in the minds of patients should be reminiscent for the pharmacists while performing their job. The patients must be enlightened with the genuine information regarding the medications. Results indicate that there is a good relationship between pharmacists and doctors.

Keywords

Nanomedicines · Pharmacokinetics · Delivery · Guidelines

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INTRODUCTION

The pharmacists serve as a catalyst in administering and enhancing the healthiness of inhabitants. For instance, in case of an alcoholic patient the pharmacist can provide suitable support, vigilant monitoring and sagacious counselling in order to recover the patient from those detrimental habits. These aspects have a momentous brunt towards gratifying the patient and offering prominent care. The pharmaceutical care moreover ministers in order to deteriorate the health care costs. The pharmacist is accountable for examining the validity, suitability as well as the safety with respect to the side effects on the foundation of prescription order. This may possibly assist the patients to be in a tranquil state regarding the topic of harmless medications being delivered. The pharmacists must also accumulate the previous and existing drug history for the purpose of endowing with pertinent medications headed for the health of patients. All these features are stalwartly

prejudiced by the introduction of technological advancements. Subsequently, the decrees of drug therapy are obliged to be taken into consideration. The mainstream of the pharmacists is engrossed in research activities for the formulation of new medicines towards different set of diseases. As a result, the pharmacists ought to ascertain a brawny affinity with the patients for attaining a hale and hearty environment.

REVIEW OF LITERATURE

Fay et al. (2018) intended to evaluate the collaboration, barriers, perceived values as well as awareness of improved pharmacy services offered by care managers and primary care responders. The data were collected from healthcare professionals of North Carolina. The study concludes that the lack of knowledge possessed by the pharmacies, referral process and services offered were recognized as the vital barriers for them.

Twigg et al. (2018) evaluated the cost effectiveness done by the pharmacy plan care services. The study concludes that the conscription in primary plan care services was usually affiliated with enhancement over a period of 12 months in the clinical in addition to process metrics. It is also instituted that this could provide a cost-effective service.

Hossai et al. (2018) identified the key determinants of the practice that will be capable of impacting the execution of the Government funded community pharmacy services with reference to healthcare services in Australia. The study used stakeholder collaborative approach. The study concluded that the determinants were assigned at various levels in the healthcare system.

Turner et al. (2018) focused on recognizing the role of the network ties in order to aid the execution of community pharmacy improved services network. The study describes how the network ties are created and retained. The comparison between the high and low performing pharmacy communities that participated in the enhanced services network is carried out.

Kolar et al. (2018) utilised rubric in the study in order to evaluate the concept maps. The recommendations given are to formulate a room for teaching, build connections and provide advice on curriculum that has to be shared.

Klepser et al. (2018) spotlight the management programs for acute diseases towards influenza and agreement practices towards it. The study suggests that improved entrée to testing of point – of – care facilitates collaborative agreement practices.

MacLure et al. (2017) shows that the patient care ought to be assisted by the pharmacy technology towards endorse the responsibility of staff working in collaborating the patients. The edification as well as training must be formulated for multidisciplinary teams for the purpose of skill development. The foundation for all these is the information governance with specific regard to patient confidentiality.

Brewer et al. (2018) found that a large number of patients are keen for receiving POCT at community pharmacy and tests are financially feasible. Jobin et al. (2018) investigated the capability of technicians in the pharmacy for collecting the medication history throughout the admission process of the inpatient admitted at the regional medical centre. The study was conducted at the salem hospital. It is found that the pharmacy technicians will be able to collect medical histories completely. The verdict also provides recommendations for the medication reconciliation process.

Westrick et al. (2018) described about the immunization services that are offered in the community pharmacies. The barriers towards proper delivery of these services were also addressed in this study. The study used survey method and non-response bias. The pronouncement of the study demonstrates that organizational factors and environmental factors are not the barriers, but cost and insurance were considered as barriers.

Gauthier et al. (2018) discussed that the clinic and pharmacy collaboration have a significant effect on the treatment retention. It is revealed that collaborating the pharmacy patients were probably being engaged in care. The use of working in partnership with the pharmacy ought to be motivated at the early stages.

Look et al. (2018) scrutinized the allotment of the community pharmacies and association with location of treatment for addiction in addition to opioid-related events within Wisconsin. The study used descriptive statistics and pearson correlation. The illustrations depict that the community pharmacy is basically situated within the region that is exploited to assist addiction treatments in the abuse treatment facilities.

Weir et al. (2018) elaborated that pilot pharmacies are integrated towards HRM for scheduled practice in order to notify about the progress of generic HRM Care Bundles route map. The process map comprises of the patients and staff journey. The pharmacists were necessary for the purpose of the clinical assessment that indicates the suitability of the whole team involvement.

PERCEPTION ABOUT PHARMACY CARE

The data collected from 101 consumers of pharmaceutical product at selected pharmacy in Chennai. The consumers were selected by using convenient sampling technique. Questionnaire includes variables such as gender, age, educational qualification, number of visits to pharmacy and perception about pharmacy care.

Table 1: Demographic Profile of Consumers

Gender	Frequency	%	Educational Qualification	Frequency	%
Male	49	48.5%	UG	34	33.7%
Female	52	51.5%	PG	28	27.7%
Total	101	100.0%	Others	39	38.6%
Age	**Frequency**	**%**	Total	101	100.0
Less than 35 years	51	50.5%	**No. of Visits**	**Frequency**	**%**
35-45 years	50	49.5%	0-2 times	24	23.8%
Total	101	100.0%	3-5 times	77	76.2%

Table 1 shows the frequency scores of gender, educational qualification, age and no. of visits. Male and female contribute 51.5 and 48.5 respectively. In the collected sample, 50.5 percent of consumers are in age group of less than 35 years and possessing good educational qualification. It is clear that both male and female are regularly visiting the pharmacy. Their perception about pharmacy care is detailed in Table 2.

Table 2: Perception about Pharmaceutical Care

S. No.	Pharmaceutical Care	Mean	Rank
1	The pharmacist shows concern about my health. (Concern)	3.30	10
2	The professional relationship with pharmacist. (Professional Relationship)	3.45	9
3	Privacy of my discussion with pharmacist. (Privacy)	3.94	2
4	Advice taken from pharmacist. (Advice)	3.79	8
5	Time taken by the pharmacist to address me. (Time)	3.91	4
6	The appearance of pharmacy. (Appearance)	3.90	5
7	The relationship between my doctor and pharmacy. (Relationship)	4.04	1
8	The way of response by the pharmacist for my queries. (Response)	3.84	6
9	Respect exposed by the staff members of pharmacy. (Respect)	3.82	7
10	Pharmacist support when medication fails to work. (Support)	3.93	3

Perception about pharmacy care is measured using Likert's five-point scale. Table 2 indicates that variable "Relationship" contains maximum mean value of 4.04 followed by privacy (3.94), support (3.93), time (3.91), appearance (3.90), response (3.84), respect (3.82), advice (3.79), professional relationship (3.45) and concern (3.30). Pharmacy maintains good relationship with the doctors.

Table 3: KMO and Variance

S. No.	KMO	Component	Total	% of Variance	Cumulative %
1		Component 1	1.855	16.3863%	16.863%
2		Component 2	1.524	13.858%	30.721%
3	0.861	Component 3	1.439	13.085%	43.806%
4		Component 4	1.228	11.167%	54.973%
5		Component 5	1.140	10.365%	65.339%

Table 3 shows the results of factor analysis. KMO refers to Kaiser-Meyer-Olkin test for discovering data sufficiency. Here, the value is more than 0.6 and hence it concludes that 101 samples data are sufficient for doing factor analysis. Furthermore, table reveals that 10 variables form five factors and explain 65 percent of variance.

Table 4: Rotated Components Matrix

S. No.	Pharmaceutical Care	Factors				
		1	2	3	4	5
1	Professional Relationship	0.706	-	-	-	-
2	Relationship	0.612	-	-	-	-
3	Time	0.575	-	-	-	-
4	Support	0.527	-	-	-	-
5	Concern	0.458	-	-	-	-
6	Advice	-	0.888	-	-	-
7	Response	-	-	0.910	-	-
8	Appearance	-	-	-	0.626	-
9	Respect	-	-	-	-	0.810
10	Privacy	-	-	-	-	0.618

Table 4 shows that variables of Professional relationship (0.706), Relationship (0.612), Time (0.575), Support (0.527) and Concern (0.458) are grouped into factor 1. Factor 2, 3 and 4 include variable of advice (0.888), Response (0.910) and Appearance (0.626) respectively. Last factor includes two variables namely Respect (0.810) and Privacy (0.618).

The difference between consumer's perception about pharmacy care and their demographic profile is discussed in Table 5.

Table 5: Demographic Profile Vs Perception about Pharmacy Care

S. No.	Pharmaceutical Care	Gender – T Value	Age – F Value	Qualification – F Value	No. of Visits – F Value
	Relationship				
1	Professional Relationship	0.084	1.327	2.232	0.520
2	Relationship	0.820	0.659	1.708	2.136
3	Time	0.184	1.079	0.419	3.720
4	Support	-0.030	2.939	1.645	0.508
	Concern				
1	Concern	-0.307	0.128	2.243	0.899
	Advice				
1	Advice	-0.303	0.480	0.783	2.110
	Response				
1	Response	-1.741	0.133	0.647	1.778
	Appearance				
1	Appearance	0.166	0.364	3.350**	0.005
	Respect				
1	Respect	1.092	0.326	1.382	0.842
2	Privacy	-0.017	0.043	0.351	1.111

**Sig. at 5 percent level

Value of T is calculated by means of independent samples t test. F value is the result of analysis of variance. In majority of the cases, both t and F values are insignificant. Hence, it states that there is no difference between consumer's perception about pharmacy care and their demographic profile. All are experiencing similar care from pharmacy.

CONCLUSION

The pharmaceutical care guarantees affirmative upshots when it is austerely employed. The digital health lends a hand in scrutinizing the health of the general public by their own with the help of electronic gadgets. The precision medicine provides a new approach in the field of treating the diseases by indulging the genetic abnormalities. The 3D printing cosseted into the medicines aids in building the appropriate dosage of chemicals within the pills. Artificial intelligence introduces robots for an assortment of purposes in the meadow of

healthcare. Nano technology based on nanometres utilized for the discharge of anti-cancer medications for the function of compressing the toxicity. These types of technologies paved way towards the partnering of the pharmacy companies with the companies good at technological advancements. This might likely help in the development of competitive benefits for these pharmaceutical companies. The end result of all these features are that augmenting a quality life for the patients by ensuring a healthy physical condition for them in terms of better fitness.

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