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## Patient Counseling Practices among Community Pharmacists in Qatar

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### Background

Patient counseling is a term used in the field of pharmacy to describe the communication that takes place between a pharmacist and a patient in regards to his or her medication therapy. Patient counseling is deemed to be the professional responsibility of pharmacists. Patients require education on the proper use of medications to improve therapeutic outcomes and avoid treatment failure.<sup>1</sup> Pharmacists are in an excellent position to provide this type of education and counseling to patients, and are readily accessible to the public as a first point of contact for patients with medical inquiries. <sup>2</sup> Several studies have shown that counseling provided by pharmacists can prevent medication related problems, improve patient compliance with medications, and contribute to positive therapeutic outcomes. <sup>3, 4</sup> Patient counseling practices among Arab countries are not clearly identified in literature or mandated by governing authorities or agencies. The reason may be the low expectation by the public of the pharmacist who for so long had confined their role to filling and selling medications. Many studies have identified various aspects such as the busyness of the pharmacies and the education, age, and attitude of the pharmacists as barriers for the provision of counseling. <sup>4</sup> The assessment of these barriers in addition to patient characteristics will assist in further evaluating and understanding pharmacist's counseling practices in community pharmacies. Since patient counseling is an essential element of patient care, investigating the current state of patient counseling practices in Qatar is necessary. One of the methods that help to gain an accurate assessment of pharmacist's counseling practices is to observe pharmacists in their natural environment without prior knowledge to the minimize the Hawthorne effect. <sup>5</sup> Therefore, to lessen the potential Hawthorne effect (change in someone's behavior due to the knowledge that s/he is being observed), this research project will utilize simulated patients (also known as mystery shopper) to examine the counseling practices of community pharmacists in Qatar. The objectives of this research project are to evaluate the quality of patient counseling practices by community

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pharmacists in Qatar and to determine if an association exists between the content of patient counseling and the characteristics of community pharmacists, patients, and community pharmacies.

## Methods

This is an observational cross sectional study to evaluate the community pharmacist's counseling practices in Qatar using simulated patients. Two patient scenarios were created to assess the counseling provided by the pharmacist to the patients with diabetes and asthma. Two simulated patients of Arab decent fluent in Arabic and two simulated patients of non-Arab decent fluent in English were recruited for this study. Each simulated patient was randomly assigned to either the diabetes or asthma scenario. Each simulated patient entered the community pharmacy and observed the number of customers to assess for busyness of the pharmacy. The simulated patient then asked to speak to the pharmacist and requested their assigned medication. Prompting questions were initiated by the patient after each pharmacist was provided with the opportunity to counseling the patient. The simulated patient then purchased the medication to authenticate the interaction and left the pharmacy. Immediately following the interaction, the simulated patient completed a form that assessed the pharmacist's counseling ability. Once completed, the simulated patient returned to the same the pharmacist to explain the purpose of the study. Consent was obtained from the pharmacist and a survey written in English or Arabic was administered only to those who provided consent. The written survey included questions related to pharmacist demographics (gender, age, native language, pharmacy degree received, country of pharmacy education, graduation year, and practice experience), pharmacist's perception on patient counseling (barriers and importance), and pharmacy characteristics (number of staff, availability of a counseling area, and busyness of the pharmacy).

## Results

One hundred and twenty-nine pharmacists consented to participate in this study. The majority of pharmacists were young male pharmacists with at least 2 years of practice experience in Qatar. Most pharmacists have received their pharmacy degree from India and Egypt. Most of the community pharmacies had one pharmacist per shift and no private patient counseling area. In the diabetes scenario (n=64), the male simulated patient received significantly better counseling from the pharmacist when compared to the female simulated patient. The pharmacist's knowledge regarding diabetes was considered poor with over 60% of pharmacists referring the patient to the physician. For the asthma scenario (n=65), the male simulated patient received significantly better counseling from the pharmacist compared to the female simulated patients. Only 6% of the pharmacists were able to properly demonstrate the correct inhaler technique to patients. However, more than 50% of the pharmacists were able educate the simulated patient on the role of the asthma medications. Overall, the pharmacist's gender, age, native language, pharmacy degree, country of pharmacy education, and years of practice experience did not seem to have an effect on the quality of counseling provided to patients. Better counseling was provided by the community pharmacists to the simulated patients when the pharmacy was not busy. Not having a private counseling area in the pharmacy was a significant barrier leading to lower counseling practices among community pharmacists. Some other barriers related to patient counseling identified by pharmacist include time, no access to patient medication records, and patients not interested in the counseling provided by the pharmacist.

## Conclusion

The findings from this study suggest the current counseling practices among community pharmacists in Qatar is substandard. Development of continuing education programs for practicing pharmacists to enhance their communication skills and knowledge to improve counseling practices is strongly advocated. These educational programs will need to be tailored to meet the needs of the pharmacists to address the fundamental communication skills that each pharmacist should possess for practice. In addition, pharmacy laws and regulations need to be updated to meet the changes in the pharmacy profession from dispensing to a patient centered care focus. Community pharmacies need to be equipped

with a counseling area, mandatory drug information resources, and the ability to maintain medication profiles for each patient. Pharmacy regulations should also consider mandating all pharmacists to provide counseling for each patient.

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