

Perceived Barriers to the Implementation of Pharmaceutical Care among Pharmacists in Private and Government Hospitals in Metro Manila

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Abstract

This study determined the private and government hospital pharmacists' perceived major barriers to the implementation of the pharmaceutical care practice in the Philippines. It employed a cross-sectional, descriptive research design using self-administered survey as data collection method. The weighted mean scores from the results of the Likert scale were used to determine the perceived major barriers in the provision of pharmaceutical care. A total of 194 pharmacists from private and government hospitals in Metro Manila participated in the study. The perceived major barrier to the implementation of pharmaceutical care among hospital pharmacist was the lack of support from other health professionals. This result has been consistent with the observation across different countries. However, pharmacists practicing in private hospitals identify the lack of economic incentives for delivering pharmaceutical care as the greater barrier towards pharmaceutical care practice in the Philippines as compared to their counterpart in the government hospitals. This may be attributed to the lower salary and compensation in these types of hospitals as compared to those in the government hospital in the Philippines. Comparison of the responses also revealed that government hospital pharmacist on the other hand perceive insufficient physical space as another major barrier towards their provision of pharmaceutical care, which was less likely considered to be a barrier by their private hospital counterparts. Other perceived major barriers identified were related to documentation, time and lack of guidelines.

Keywords: Perceived Barriers, Pharmaceutical Care, Hospital Pharmacists, Pharmacy Practice

Introduction

The International Pharmaceutical Federation (FIP) and the World Health Organization (WHO) in 2010 redefined the major roles that should be practiced by the pharmacists. These roles intend to embrace the emerging changes in the Pharmacy Profession particularly within the pharmaceutical care practice paradigm¹. In the Philippines, the pharmacist's roles continue to expand and evolve beyond the traditional product oriented functions of compounding and dispensing. The pharmaceutical services today, as stated by Salenga² include more patient-centered, administrative and public health functions. They further identified public health roles of pharmacist in the promotion of health and well-being of the people. These are (1) patient and medication counseling, (2) active participation in the health care team, (3) public health education, (4) participation in health programs and community projects such as Health Planning and Management, Immunization Programs, Substance abuse and Family Planning, (5) Health promotions, (6) Participation in outreach and medical and

surgical mission, (7) Conduct of Population-based studies and surveys, (8) Involvement in regulatory programs, (9) Conduct of Scientific researches for drug discovery from natural sources and (10) health policy making.

Although pharmacists are slowly embracing the emerging roles in their profession, there are still barriers in the implementation of such activities in the Philippines. Ocampo³, et.al., in the 8th Asian Conference on Clinical Pharmacy in 2008, stressed out that patient counseling is not widely practiced in the country. Since the current practice lacks patient counseling, absence of patient medication profiles and monitoring of patient compliance have also followed. It is observed that there is rather a slow progress in the implementation of pharmaceutical care practices among pharmacists in the Philippines.

The main objective of this study was to determine the perceived barriers to the implementation of pharmaceutical care practice among hospital pharmacists in Metro Manila through self-evaluation. Specifically, it determined the difference between the perceived major barriers to the provision of pharmaceutical care among government and private hospital pharmacists.

Materials and Methods

The method employed in this research is a cross-sectional, non-experimental design. The data were collected from hospital pharmacists in selected level 3 and level 4 government and private hospitals in Metro Manila through self-administered questionnaires, adapted from the studies conducted by Sarriff^{4,5}, et. al. in 2011 which explored Malaysian Pharmacists' perceptions on pharmaceutical care.

There was no accessible database of pharmacists currently employed in the hospitals within the National Capital Region, thus the researchers utilized hospital institutions in the sample selection. A list of licensed government and private hospitals was obtained from the website of the Department of Health. From this list, the level 3 and level 4 hospitals were identified. In order to determine the hospitals to be included in the study, a priority list was made based on previous studies which have been identified to provide clinical and training services for pharmacists^{6,7}. These were categorized to either private or government type accordingly. The willingness of the institutions to participate in the study was confirmed through submission of letter of requests to the respective hospital administrators. This served as the primary inclusion criteria and exclusion criteria. The number of pharmacists sampled per hospital depended on each of the institution's protocol. A letter requesting to conduct the survey in the hospital was given to the head of the different hospitals as well as to the respective heads of their pharmacy departments for approval. Upon approval, the questionnaires were distributed to the selected government and private hospitals through their respective pharmacy departments. The survey was conducted through self-administration.

The data gathered from the survey was encoded and analyzed into Microsoft Office Excel 2010. Descriptive statistics was used to summarize the data. Specifically, for the barriers to the provision of pharmaceutical care the weighted mean scores were determined for each item and then the statements were ranked accordingly. Finally, the major perceived barriers were determined both for government and private hospitals.

Results and Discussion

17, out of the 33 hospitals requested to participate in the study, have confirmed to participate in the study. Out of these 17 hospitals, 10 were government and 7 were privately owned. A total of 283 questionnaires were distributed to the different hospitals, 203 were returned. Of these, 9 were rejected since most items were unanswered. The final sample size consisted of 194 pharmacists, 97 of which were coming from private hospitals and 97 from government hospitals, representing a total of 68.55% response rate.

Table 1 presents the ranked perceived barriers to the provision of pharmaceutical care arranged according to their weighted mean scores. Results revealed that lack of support by physicians and other health professionals was the perceived major barrier to the provision of pharmaceutical care practice, while pharmacist-related barriers such as lack of confidence, unwillingness to provide pharmaceutical care consistently and refusal to document patients' data were deemed to be less likely to be a barrier. This indirectly indicates the positive intention and acceptance of responsibility by pharmacists to perform pharmaceutical care services⁸. Comparing the results between practice settings, private hospital pharmacists considered lack of economic incentives and proper remuneration for providing pharmaceutical care as the major barrier in providing pharmaceutical care.

TABLE 1. PERCEIVED BARRIERS TO THE PROVISION OF PHARMACEUTICAL CARE PRACTICES RANKED BY MEAN SCORES

Perceived Barriers to the Provision of Pharmaceutical Care of the General Population	Mean Scores
Lack of support by physicians and other health professionals	4.07
Lack of information technology (IT) support for data collection and documentation	3.88
Lack of economic incentives and proper remuneration for providing PC	3.86
No standard guideline for PC practice	3.86
Lack of time	3.85
Lack of patient's demand for PC services	3.69
Pharmacist lacks training	3.60
Poor pharmacist's communication with other healthcare professionals	3.58
Poor pharmacist-patient communication	3.54
Insufficient physical space	3.53
Lack of a clear definition of PC for which reimbursement is sought	3.49
Collection and recording of patient information is time consuming	3.46
Lack of accessible drug information resources	3.46
Pharmacist's clinical skills are not up to the mark	3.32
Pharmacist lacks knowledge related to disease states	3.15
Pharmacist lacks confidence	3.02
Pharmacist is unwilling to provide PC on a consistent basis	2.90
Pharmacist refuses to document patient data	2.56

Majority of the respondents agreed that the perceived major barrier to the implementation of pharmaceutical care practice is the lack of support by physicians and other health professionals. This has been consistent with the observation across different countries^{4,5,9,11}. It has been noted that innovation in practice often leads to reluctance among different professionals, which is also affected by the absence of professional acknowledgement among each other.⁹ Others may feel threatened of the seemingly overlapping roles^{9,11}. In a study exploring physicians' perceptions of the new roles of the pharmacists, it has been reported that general practitioners accept the traditional roles of pharmacists of supply and distribution but did not agree with more clinical roles of medicine management.¹⁰ Although, it must be realized that a complete patient care environment must be composed of pharmacists working hand in hand with other members of the health care team such as physicians and nurses, which would in turn enable the realization of the pharmaceutical care practices.¹¹

An effective documentation for each patient is another important element of pharmaceutical care practice and is considered an indispensable part of the pharmaceutical care process. As such, an electronic documentation must support pharmacists to create patient charts, schedule follow-up visits, and create written care plans and medication records. According to Strand¹¹ it is difficult to support a busy pharmaceutical care practice without an appropriate electronic documentation system. Most hospitals in the Philippines have not yet adopted a computerized patient-record system which may indicate that pharmacists oftentimes are burdened with documentation-associated problems in patient care. This may also affect the amount of time they may use in fulfilling other roles.

Lack of economic incentives is also one of the barriers deemed to be greatly affecting the implementation of pharmaceutical care in the Philippines. The lack of economic compensation from authorities and administrator together with the shift of focus from selling and dispensing products to selling and providing services may produce scepticism for the pharmacists⁹. Table 2 presents the six perceived major barriers between government and private hospital pharmacists. Based on the comparison, it is even evident that hospital pharmacists from the private setting perceive the lack of economic incentives to be a more important barrier than the support of health professionals. This may be attributed to the lower salary and compensation in these

types of hospitals as compared to those in the government hospital. This also signifies that administrators may have not yet realized the value and importance of the services given by pharmacists. This should make pharmacists realize the need to assert their roles in the healthcare system and provide evidences of the benefits of providing these services.

TABLE 2. COMPARISON OF THE PERCEIVED MAJOR BARRIERS IN THE PROVISION OF PHARMACEUTICAL CARE BETWEEN PRIVATE AND GOVERNMENT HOSPITALS

Government Hospitals		Private Hospitals	
Perceived Barriers	Mean Scores	Perceived Barriers	Mean Scores
Lack of support by physicians and other health professionals	4.08	Lack of economic incentives and proper remuneration for providing PC	4.11
Lack of information technology (IT) support for data collection and documentation	4.04	Lack of support by physicians and other health professionals	4.05
Lack of time	3.97	No standard guideline for PC practice	3.87
No standard guideline for PC practice	3.85	Lack of time	3.72
Insufficient physical space	3.68	Lack of information technology (IT) support for data collection and documentation	3.72
Lack of patient's demand for PC services	3.67	Lack of patient's demand for PC services	3.71

The pharmacists practicing in government hospitals, on the other hand, identify lack of physical space as one of their major barriers in providing pharmaceutical care. An appropriate space must be provided for pharmacists-patient encounters¹¹. Since most of government hospitals in Metro Manila are sometimes crowded in comparison with their private counterparts, the lack of space is a problem for pharmacists in government hospitals. On the other hand, private hospital pharmacists usually have spacious and more conducive spaces for engaging in pharmaceutical care services.

Many pharmacists may also feel confused about the new practice paradigm, thus there should exist a specific practice guideline that can be adopted by all. This will ensure that each pharmacist from any practice setting shall perform a practice framework that will be uniform to all, thus creating a solid impact to the healthcare system. As such, the new roles of the pharmacist will soon be realized and appreciated by other members of the healthcare team as well as the patients, and so the demand for pharmaceutical care services will also be expected to increase dramatically. However, currently there is still no provision for such in the country.

Conclusion

Collaboration among different health professionals is needed to optimize the entire health care process. Lack of support of physician and other health professionals was the perceived major barrier of the hospital pharmacists to the provision of pharmaceutical care. It must be reinforced that pharmacists are not physician substitutes, but rather collaborators with the same objective about patient's needs. Evidences of the benefits of providing pharmaceutical care may aid in promoting acceptance among other health professionals. There is also a need to increase the patients' participation and collaboration in the process.

It is important that the Philippines create standard guidelines on the qualifications and the standard practices of hospital pharmacists in the provision of pharmaceutical care and increase their competencies through trainings to harmonize the professional practice in the country. This would perhaps address concerns on information management, economic remuneration and time allocation on pharmaceutical care services.

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