

Community Pharmacy Users' Characteristics, Reasons for Visit to the Pharmacy and Perceptions of the Role of Community Pharmacists in Harare, Zimbabwe.

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Community pharmacists need information about their customers' needs, opinions and perceptions of themselves and their services, in order to serve them better. This study investigated the customers' perceptions of community pharmacies and pharmacists in Harare, Zimbabwe. Forty three percent of the customers visited the pharmacy less than once a month. The majority of respondents (91 %) visited the pharmacy to purchase medicines recommended by their doctor. Most of the respondents (61.2 %) were not loyal to any particular pharmacy. The choice of a particular pharmacy by the respondents was mainly influenced by convenience (62.9 %). Many respondents did not have adequate knowledge of all the major roles of the pharmacist. Respondents generally held positive views and opinions of community pharmacies and community pharmacists.

Key words: Community pharmacy, consumer perceptions, Zimbabwe

INTRODUCTION

Worldwide, pharmacists play a very critical role in rational drug use and promotion of health [1]. The pharmacy users' perceptions of community pharmacy and pharmacists' services has a bearing on their satisfaction and continued utilization of these services. There is a disconnect between patients' expectations and what pharmacists believe are their patients' desires [2-4]. Community pharmacies and pharmacists need to know and understand the needs and wants of their consumers in order to serve them better. This is particularly critical given the increasing number of people who are using community pharmacies rather than the underperforming public health facilities to meet their health care needs.

There is a dearth of information about consumers' needs, perceptions and opinions towards community pharmacies and pharmacists in Zimbabwe. Little is known about what pharmacy consumers think about pharmacists and their services. This hinders efforts towards improvement of pharmaceutical care in Zimbabwe. This study was designed to assess consumers' perceptions of community pharmacies and pharmacists' services in Harare, Zimbabwe.

METHODS

A cross-sectional study was carried out in Harare, Zimbabwe between December 2005 and February 2006. The study population consisted of consumers aged over 18 years who visited the pharmacies. Ten pharmacies were randomly selected from the Medicine Control Authority of Zimbabwe register [5] to participate in the study. There were about 124 retail pharmacies in Harare at the time of the study. Permission was obtained from the pharmacist in charge to interview consumers while they were still in the premises. Seven consumers visiting each pharmacy were randomly selected using systematic sampling. Every fourth person entering the pharmacy to purchase medicines was invited to participate in the study and informed consent obtained. Consenting pharmacy clients completed a self-administered questionnaire. The research assistant assisted respondents who were unable to complete the questionnaire on their own. Only three respondents did not complete the interview citing lack of time and their questionnaires were not included during data analysis.

The survey instrument was developed based

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on a study conducted in Saudi Arabia by Bawazir [6]. The questionnaire was pilot tested using 10 randomly chosen consumers. These consumers were interviewed after completing the questionnaire to ascertain their views on the clarity of the questions in the questionnaire. Consequently, minor modifications were made to the final questionnaire based on their feedback.

The questionnaire was designed to capture demographic information such as age, sex, marital status, religion, education and occupation of the respondent and the respondents' reasons for visiting the pharmacy. Respondents also indicated their opinions about the pharmacy and the pharmacist(s) and had an opportunity to make relevant comments and suggestions. The data obtained were analysed using Statistical Package for Social Sciences® (SPSS) version 12.0.1. Descriptive statistics were calculated and frequency tables presented for important variables. A significance level of 0.05 was

used for all statistical tests.

RESULTS

A total of 67 consumers participated in the study for a 95.7 % response rate. Thirty-six (53.7 %) respondents were female (Table 1) while thirty-nine (58.2 %) respondents had health insurance cover (medical aid). The respondents' mean age was 34 years.

Twenty-nine consumers (43.3 %) visited the pharmacy less than once a month while 41.8 % reported visiting the pharmacy once a month. Five (7.5 %) consumers visited the pharmacy more than once a week. Similarly, 5 (7.5 %) consumers visited the pharmacy once a week. Respondents aged 40 years and over visited the pharmacy more frequently than those aged less than 40 years ($p = 0.001$). Female clients visited community pharmacies more frequently than male ones ($p = 0.002$). There was no significant difference in the frequency of visits between those people who were on medical aid and those who were not ($p = 0.379$).

Table 1: Sample Demographic Characteristics

Characteristic	Particulars	Frequency (%)
Age	Less than 20 years	9 (13.4)
	20-29 years	21 (31.3)
	30-39 years	22 (32.8)
	40+ years	15 (22.4)
Sex	Males	31 (46.3)
	Females	36 (53.7)
Marital Status	Single	35 (52.2)
	Married	27 (40.3)
	Other	5 (7.5)
Religion	Christianity	62 (92.5)
	Islam	1 (1.5)
	African Tradition	4 (6.0)
Highest level of education attained	None	5 (7.5)
	Primary	5 (7.5)
	Secondary	28 (41.8)
	Tertiary	29 (43.3)
Occupation	Employed	28 (41.8)
	Self employed	17 (25.4)
	Student	13 (19.4)
	Retired	6 (9.0)
	Other	3 (4.5)

Majority of respondents (91.0 %) visited the pharmacy mainly to purchase medicines recommended by their doctor (Table 2). More female customers visited the pharmacy to ask pharmacists for advice compared to male customers ($p = 0.021$), while more female respondents reported going to a community pharmacy primarily to purchase over the counter medicines than male respondents ($p = 0.045$). In addition, more females reported that they went to a pharmacy primarily to buy cosmetics, toiletries, baby foods and baby products ($p = 0.026$).

Most of the respondents (61.2 %) stated that they were not loyal to any particular pharmacy and the rest stated that they were loyal (38.8 %). Female consumers were significantly more loyal to a particular pharmacy than male ones ($p = 0.035$). Loyalty to a particular pharmacy also

increased with age ($p < 0.05$).

The main reason given for visiting a particular pharmacy was convenience (62.9 %). This included the pharmacy being close to home, to work or to the doctor's clinic (Table 3). Twenty seven percent chose to patronize a pharmacy because of keen interest taken by and good advice given by the pharmacist. Respondents who were 40 years or older were more likely to visit a particular pharmacy because of this reason ($p = 0.034$) than the rest of the respondents. There was no significant difference in the reasons given by male and female for choosing a particular pharmacy ($p > 0.05$).

Most of the respondents (98.5 %) were familiar with the prescription processing role of the pharmacist. Monitoring of drug utilization was the role many customers were least familiar (38.8 %) as shown in Table 4.

Table 2: Primary reasons for visiting a particular pharmacy

Primary reason	Frequency (%)
To purchase medicines recommended by your doctor	61 (91.0)
To purchase over counter medicines	32 (47.8)
To purchase cosmetics and toiletries	25 (37.3)
To ask pharmacist for advice	23 (34.3)
To purchase baby foods and baby products	8 (11.9)

Table 3: Reasons for using a particular pharmacy

Reason	Frequency (%)
Convenient - close to home, work or doctor's clinic	44 (65.9)
The pharmacy is well stocked	36 (53.7)
The pharmacy offers a quick service	22 (32.8)
Keen interest taken by and good advice given by the pharmacist	19 (28.4)

Table 4: Respondents' perceptions of the role of pharmacists

Role	Yes (%)	No (%)
Processing of prescriptions	98.5	1.5
Supplying information about new medicines	91.0	9.0
Health promotion and health improvement	79.1	20.9
Extemporaneous preparation and small scale manufacture of medicines	67.2	32.8
Management of minor ailments	56.7	43.3
Monitoring of drug utilization	38.8	61.2

Faced with a health problem, a majority of respondents (71.6 %) reported that they first approached a doctor. Only 19 %, 6 % and 3 % reported first visiting the pharmacist, traditional healer and others, respectively. Most respondents (53.7 %) perceived community pharmacists as health professionals who have a good balance between health and business matters (Table 5). Consumers' perception of pharmacists did not differ significantly by gender or educational level ($p > 0.05$).

Most respondents (67.2 %) reported feeling at ease about asking the pharmacist for advice. Respondents (65.7 %) also agreed that pharmacists supply relevant information about drugs only if they ask (Table 5). There were no significant differences in consumers' view of community pharmacist provision of advice and support by gender or education level ($p > 0.05$). Nearly one out of every two consumers (49.3 %) felt that pharmacists allowed them enough time to fully discuss their problems and that they listened well. There were no significant differences in consumers' views of community pharmacists' handling of consultations and response to problems by gender or educational level ($p > 0.05$).

In addition to the services being offered by pharmacies, respondents suggested that pharmacies should expand their roles to include monitoring of blood pressure, blood glucose level and cholesterol levels and measuring weight, height and temperature.

DISCUSSION

The findings of this study show that pharmacy loyalty is low (39 %) in Zimbabwe. This is much lower compared to 62 % found in a study in Malta by Cordina *et al.* in 1998 [7]. Female consumers were more loyal than male consumers. Pharmacy loyalty was found to increase with age in line with findings by Schommer [8]. The elderly are extensive users of community pharmacies.

Convenience of location and pharmacy's stock level were the primary determinants in pharmacy selection in this study. This

correlates well with the main reasons cited in a study carried out by McElnay *et al.* [9]. Very few consumers cited the quality of service offered as their primary reason for choosing a pharmacy.

The results of the study indicate that consumers did not have adequate knowledge regarding all the pharmacists' roles and responsibilities. Only 38.8 % of the respondents, for example, were aware that pharmacist can monitor drug utilisation and only 56.7 % were aware that pharmacists could recognise symptoms of minor ailments. This can explain why most respondents usually visit physicians first even for minor health problems. In line with findings by Bislew and Sorensen [10] and Langlois [11], patients involved in the present study had limited understanding of the role of pharmacists in healthcare. More campaigns should be done to increase awareness of pharmacy services and pharmacists' skills. Consumers in Harare need to be educated about the roles and responsibilities of community pharmacists in order to increase the utilisation of pharmacy services and products. This would reduce the workload on other health professionals and demand for hospital visits.

The findings of this study indicate that pharmacists in Harare are willing and available to consult, talk to and counsel patients on their medicines and helping them to get the most out of their medicines. The large number of respondents (39 %) who reported that the pharmacist did not give them enough time to discuss their physical health problems and feelings is worrisome. Similarly, consumers (30 %) who reported that they did not feel totally at ease asking pharmacist for advice and the 37 % who reported that they usually can not get a chance to speak to the pharmacist indicate notable shortcomings in the manner in which pharmacists are consulting and counselling their customers. These gaps could be explained by the inadequate number of qualified pharmacists, lack of private areas for consultation in some pharmacies and heavy workload.

This study shows that consumers in Harare

Table 5: Pharmacists' accessibility and approachability

Views	Yes (%)	No (%)	Not sure
View of the pharmacist^a			
Pharmacists are primarily business people more concerned with making money	11 (16.4)	46 (68.7)	10 (14.9)
Pharmacist tend to be more concerned with business side of things than health matters	27 (40.3)	34 (50.7)	6 (9.0)
Pharmacists have a good balance between health and business matters	36 (53.7)	17 (25.4)	14 (20.9)
Pharmacists' accessibility and approachability^a			
Feel total at ease about asking the pharmacist for advice ^b	45 (67.2)	20 (29.9)	2 (3.0)
Feel awkward and uncomfortable about asking the pharmacist for advice	16 (23.9)	49 (73.1)	2 (3.0)
Usually can not get the chance to speak to the pharmacist	23 (34.3)	43 (64.2)	1 (1.5)
The current design of pharmacies does not allow me to consult the pharmacist	25 (37.3)	19 (28.4)	23 (34.3)
The pharmacist hands you your medicine and encourages you to ask questions or concerns	27 (40.3)	35 (52.2)	5 (7.5)
The pharmacist puts your medicine in a pill bag but does not inquire about any possible concerns	31 (46.3)	33 (49.3)	3 (4.4)
The pharmacist hands you your medicine and will only supply relevant information when you ask	44 (65.7)	11 (16.4)	12 (17.9)
Handling consultations and response to problems			
Does not allow you any time for discussion ^a	7 (10.4)	54 (80.6)	6 (9.0)
Gives you short time but does not appear to be listening and there are many interruptions ^a	31 (46.3)	30 (44.8)	6 (9.0)
Gives you enough time but does not listen to you carefully ^a	13 (19.4)	46 (68.7)	8 (11.9)
Gives you enough time to discuss your problem and listens to you carefully ^b	33 (51.6)	26 (40.6)	5 (7.8)
Continues to speak at his normal voice level as if totally insensitive to your need for privacy ^c	13 (22.0)	41 (69.5)	5 (8.5)
Speak more quietly across the counter ^d	25 (41.0)	30 (49.2)	6 (9.8)
Uses a more private area within the pharmacy ^c	33 (55.9)	21 (35.6)	5 (8.5)
Does not discuss any physical health problem or your feelings at all ^e	4 (7.0)	47 (82.5)	6 (10.5)
Only discuss issues about your physical health problem but is not keen to deal with your feelings ^d	15 (24.6)	37 (60.6)	9 (14.8)
Will discuss issues related to any physical health problems and asks how you are feeling ^d	46 (75.4)	8 (13.1)	7 (11.5)
Willing to discuss fully your health problem and your feelings, concerns and anxieties ^d	40 (65.6)	9 (14.8)	12 (19.7)

Key: ^an = 67, ^bn = 64, ^cn = 59, ^dn = 61 and ^en = 57

want pharmacists to expand their roles to include monitoring of blood glucose, blood pressure and cholesterol levels, as well as measurement of weight, height and temperature. These findings further indicate that some consumers trust community pharmacists and are willing to see them expand their roles.

Community pharmacists should diversify their roles to cater for those identified consumer needs in line with contemporary pharmaceutical care concepts. Experience of diabetes, asthma, hypertension or hyperlipidemia community pharmacist-based disease management programmes in developed countries shows that such programmes could lead to improved patient care and outcomes at lower cost [12].

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CONCLUSION

Consumers are not aware of all the services that can be offered by the pharmacist. This study indicates that consumers' perceptions of the community pharmacist were generally positive. There is a great potential for pharmacists in Harare to enhance and improve their services, to better serve the consumers. Consumers need to be educated on the roles and responsibilities of pharmacists.

Two limitations in this study were noted. First, the sample size was small and the study may not be representative of the Zimbabwean community pharmacy users. Second, response bias could occur because of the social values involved in the issue.