

ORIGINAL ARTICLE

PROFILE OF COMMUNITY PHARMACISTS' PERFORMANCE BY PHARMACY TEAM PERCEPTION

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ABSTRAK

Visi baru dari masyarakat Indonesia di masa depan yang akan dicapai melalui pembangunan kesehatan dirumuskan sebagai "Indonesia Sehat 2010". Pembangunan kesehatan dilaksanakan dengan mengedepankan upaya promosi kesehatan dan pencegahan penyakit di samping upaya kuratif dan rehabilitatif. Pelayanan kefarmasian yang merupakan bagian dari pelayanan kesehatan memiliki peranan penting. Praktik Farmasi yang baik dapat dicapai oleh kinerja yang baik dari apoteker. Salah satu cara untuk menilai kinerja apoteker di apotek adalah melalui persepsi staf di apotek. Tujuan dari penelitian ini adalah untuk menggambarkan kinerja apoteker dalam *setting* apotek dari persepsi staf di apotek. Penelitian ini dilakukan dengan desain studi *cross-sectional* dan menggunakan kuesioner yang telah divalidasi. Besar sampel penelitian ini adalah 145 staf apotek di 74 apotek di Surabaya. Sampel diambil dengan teknik *purposive sampling*. Hasil penelitian ini menunjukkan profil pendidikan staf apotek adalah SMF (Sekolah Menengah Farmasi) sebagai mayoritas (lebih dari 50%) dan 11,8% responden memiliki pendidikan non-farmasi dengan tingkat universitas. Profil kinerja apoteker pada kegiatan profesional adalah: (1) Skrining resep, sebanyak 21,4% kinerja rendah (2) Penyiapan obat, sebanyak 19,8% kinerja rendah (3) Informasi obat, konseling, dan monitoring, sebanyak 37,1% kinerja rendah dan (4) Promosi kesehatan dan pendidikan, sebanyak 54,5% kinerja rendah. Kinerja apoteker dalam praktek pelayanan kefarmasian berdasarkan persepsi staf di apotek masih belum memenuhi standar persyaratan, terutama dalam kegiatan promosi kesehatan dan pendidikan. Hal ini perlu pengkajian lebih lanjut untuk memetakan faktor pendukung kinerja apoteker dan langkah konkrit untuk meningkatkan praktik kefarmasian yang baik misalnya, pendidikan profesional berkelanjutan.

Kata kunci: kinerja apoteker, apotek, persepsi, staf apotek

ABSTRACT

The new vision of Indonesian community in the future to be reached through the health development is formulated as "Healthy Indonesia 2010". Health development is executed with priority given to health promotion and disease prevention efforts beside the curative and health recovery efforts. Pharmaceutical services which part of health services has important role. Good Pharmaceutical Practices reached by good performance of pharmacists. One of tools to appraise performance of pharmacists is by the pharmacy team perception. The goals of this study were to describe performance of pharmacists in community pharmacy practices by pharmacy team perception. A cross-sectional study design utilizing questionnaires, measuring previously validated constructs was used. Sample sizes in this study are 145 respondents (pharmacy team) in 74 community pharmacies in Surabaya, Indonesia, taken by purposive sampling technique. Results of this research shows education profiles of pharmacy teams were senior high school in pharmacy as majority (more than 50%) and 11.8% respondents had non-pharmacy education with university level. The profiles of performance of pharmacists on professional activities are: (1) Screening of prescription with 21.4% low performance (2) Dispensing and compounding with 19.8% low performance (3) Drug information, counseling, and monitoring with 37.1% low performance (4) Health promotion and education with 54.5 % low performance. Pharmacists' performance in pharmaceutical care practices still doesn't meet requirement standard, especially in health promotion and education aspect. It is need further assessment to mapping the contributing factor in pharmacists' performance and several steps to improve good pharmaceutical practices such as: continuing professional education.

Keywords: pharmacists' performance, community pharmacy, perception, pharmacy team

INTRODUCTION

The new vision of Indonesian community in the future to be reached through the health development is formulated as "Healthy Indonesia 2010". Health development is executed with priority given to health promotion and disease prevention efforts beside the curative and health recovery efforts. Pharmaceutical services which part of health services has important role.

There is disparity between everyday practice of pharmacists' performance in community pharmacy and current recommended the practices of pharmaceutical care. This gaps will affect the successfulness of pharmaceutical services. The essential role of the practising pharmacist, especially in community pharmacy is providing appropriate advice and counselling by the pharmacist can encourage patient compliance through a better understanding by the patient of their medication, thereby improving therapeutic efficacy and the patient's well-being. Patient compliance from the pharmacist's point of view is largely dependent upon the communication of information necessary for the correct use of medication in association with supportive advice or counseling.

Therefore, pharmacist must give drug information, counselling, and monitoring services in community pharmacy related to rational drug use as community request. Nowadays, there is disparity between everyday practices of performance of pharmacist on drug information, counselling, and monitoring services in community pharmacy and the current recommendation of practices of pharmaceutical care (Athijah, 2005). This gap will affect the successfulness of pharmaceutical services.

The facts that occur in pharmacies can be monitored from the workings of the pharmacist in pharmaceutical services. The one component that can measure the performance of pharmacists is a pharmacy team perception in a pharmacy.

The goals of this study were to describe pharmacy team profiles and their perceptions around community pharmacists' performance in professional activities. Thereby helping pharmacists formulate an enhanced role for the profession within a health care environment.

METHODS

Data source

A cross-sectional study design utilizing questionnaires, measuring previously validated constructs was used. Pharmacy teams as respondents was taken by purposive sampling technique. Setting of this study is community pharmacies in Surabaya, Indonesia. Data collection for the study was conducted between August and September, 2006.

Variables

The variables of this study consist of three informations, personal information of pharmacy teams, volume of community pharmacies, and pharmacy teams' perceptions of pharmacists' performance.

Measures

Pharmacy teams were asked the intensity of pharmacists doing the professional activities when they present in community pharmacies. The intensity of professional activities were measured using 7-point Likert-type scale ranging from 1 (never) to 7 (always). Professional activities based on Standard of Pharmaceutical Services in Community Pharmacy issued by Indonesian Ministry of Health. These activities related to prescription screening, prescription compounding and dispensing, drug information, consultation, and monitoring, and activities related to health promotion and education to community. These items were taken from previous studies of pharmacists' performance. Those who perceived that pharmacists were likely never do these activities were interpreted with negative and very negative performance. Those who responded that pharmacists were likely always do these professional activities were expressed with positive and very positive performance. Furthermore, those who reported that pharmacists in the middle intensity were described with neither negative or positive performance. Personal informations of pharmacy team, such as are gender, age, education, experience, workday, and position in pharmacy were asked. Responses related to volume of pharmacy measures included number of prescription served daily and number of patients served daily.

RESULTS AND DISCUSSION

The results of this study, there were questionnaires of 145 respondents that fulfilled. Its spread in 74 community pharmacies in Surabaya.

Demographics information

The demographic profiles of the respondents in gender were very comparable, more than 90% were women. The average of age of respondents was 31.6 years old. With largest proportion of age (46.2%) was in range between 21 and 30 years old.

The education profiles of pharmacy teams were senior high school in pharmacy as majority and of course it also correlate with position in pharmacy as pharmacy technician, both more than 50% respondents. Interestingly, there was only 3.4% pharmacy teams were pharmacists, but education of respondents in university was 15.2%. It means 11.8% respondents had non-pharmacy education with university level.

To help develop a ratio of technicians to pharmacists, we also asked respondents how many pharmacists worked in their pharmacies. Pharmacist respondents also reported an average of 3 pharmacist Full Time Equivalent (FTEs) per community pharmacy, for a ratio of 1 technician FTE per pharmacist FTE in community settings.

Responses related to experience profiles of pharmacy teams expressed with duration of working in community pharmacy. The mean $\pm$ SD of experience was 9.63 $\pm$ 9.49 years and duration of working in current pharmacy was 5.9 $\pm$ 6.35 years. More than 50% respondents had experience under 6 years. The same result happens to respondents who asked regarding duration of working in current community pharmacy which were most of them (73.1%) work under 6 years too. These proportion between duration of experience and working in current pharmacy indicate that there's job turn over of 6 people in every 10 respondents.

The profiles of pharmacists' performance on professional activities

The pharmacy teams rated their perceptions about pharmacists' performance for screening of prescription activities. Table 1 displays the results with.

Table 1. Pharmacy teams perception toward pharmacists' performance on screening of prescription activities

Screening of prescription activities*	Respondents' perception toward pharmacists' performance (n=145)		
	Negative or very negative (%)	Neither negative or positive (%)	Positive or very positive (%)
Administrative screening	14.5	13.8	71.7
Pharmaceutics screening	20.7	17.9	61.4
Clinical screening	29.0	17.9	53.1
Composite	21.4	16.6	62.0

(*Item based on Standard of Pharmaceutical Services in Community Pharmacy issued by Indonesian Ministry of Health, 2004)

From the existing data, all administrative activities begin screening prescription screening, pharmaceutical screening and clinical screening already done by the pharmacist. Nevertheless, there were still 21.4% of respondents stated that screening of prescription was not done by the pharmacist.

Table 2 showed that compounding activities by pharmacists get the lowest appraisal. This was because in the pharmacy there was usually an interpreter who worked on the prescription

compounding activities. Whereas pharmacist only supervised the interpreter.

Table 2. Pharmacy teams perception toward pharmacists' performance on dispensing and compounding activities

Compounding and dispensing activities*	Respondents' perception toward pharmacists' performance (n=145)		
	Negative or very negative (%)	Neither negative or positive (%)	Positive or very positive (%)
Compounding activities	26.9	18.6	54.5
Obvious and readable labelling	17.2	11.0	71.7
Tidy and suitable packaging	20.7	9.7	69.6
Rechecking before delivered	14.5	8.3	77.2
Composite	19.8	11.9	68.3

In the component of drug information, counselling, and monitoring activities (Table 3), the performance of pharmacists was the lowest. It was especially in giving counseling to the patient, monitoring drug therapy and medication recording, whereas it was a key component in ensuring the success of patients' therapy.

Another interesting results were in performance of pharmacist on health promotion and education activities (Table 4). This composite result showed better perception from pharmacy team than previous activities, although residential care were the lowest performance of pharmacist. This could be evaluated that items of giving information, counselling and monitoring more details technically than health promotion and education activities. And also pharmacist were rarely had direct interaction with patient so this activities were rare to do by pharmacist (Faturrohman, et al., 2008). This must be corrected immediately by the pharmacist, to achieve the mission of Healthy Indonesia 2010. Things can be done by the pharmacist in improving competence is to follow the continuing education to improve their quality of professional performance in pharmacy.

From those data pharmacist was still very small role in the health care component to the community. A solid system should be constructed by the college pharmacy and professional organizations to enhance the role of pharmacists in the community. Forward expectations are pharmacists can more active role in providing health services to the community.

Table 3. Pharmacy teams' perception toward pharmacists' performance on drug information, counselling, and monitoring activities.

Drug information, counselling, and monitoring activities	Respondents' perception toward pharmacists' performance (n=145)		
	Negative or very negative, (%)	Neither negative or positive, (%)	Positive or very positive, (%)
Giving right, clear, current information wisely	17.3	11.0	71.7
Giving information about drug use management	20.0	9.0	71.0
Giving pharmaceutical dosage form, medication and health counselling	26.2	12.4	61.4
Giving drug counselling to patient with prescription and self medication	22.8	20.0	57.2
Giving continuing counselling to patient with chronic diseases	46.2	13.1	40.7
Drug monitoring to specific patient by phone or asking when they revisit pharmacy	60.7	10.3	29.0
Medication recording to patient especially with chronic diseases	66.9	13.1	20.0
Composite	37.1	12.7	50.2

Table 4. Pharmacy teams' perception toward pharmacists' performance on health promotion and education activities.

Health promotion and education activities*	Respondents' perception toward pharmacists' performance (n=145)		
	Negative or very negative, (%)	Neither negative or positive, (%)	Positive or very positive, (%)
Giving drug use information to public	60.0	9.0	31.0
Interacting actively with other health provider	38.6	17.9	43.5
Educating patient about self medication	36.6	18.6	44.8
Participating in continuing pharmacist education	49.0	14.5	36.5
Residential care to patient especially with chronic diseases	88.3	2.7	9.0
Composite	54.5	12.5	33.0

CONCLUSION

The performance of pharmacist professional activities in prescription screening, dispensing and compounding activities, delivering drug information, counselling, and monitoring services was still low. Therefore, pharmacist as “long life learner” needs continuing education programs served by college pharmacy and professional organizations in order to advance their pharmaceutical care practices.

Limitations

Since this was the first such study of the pharmacy technician workforce, and no baseline profile or exact number of practising pharmacy technicians exist, it is difficult to asses the extent to which the findings are representative of the pharmacy technician population as a whole. For these reasons, care should be taken in extrapolating these results to the overall population.

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