Patients’ satisfaction and the pharmacist’s role in hospital settings

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Introduction

Clinical pharmacists are specially trained practitioners who provide direct patient care and comprehensive medication management (Jacobi, 2016). Since the medication management is the primary focus, the role of the pharmacist obtains optimal use of medications and avoidance of the adverse effects through pharmacist’s education, monitoring and intervention (Jacobi, 2016). Since the traditional role of the pharmacist in the procurement, dispensing, manufacturing and supplying of the medicines evolved in pharmacist’s care service provider, the center of the pharmacist’s main activities beside the therapy became the patient (Onatade et al., 2018). The clinical services of the pharmacist include ensuring that there is an appropriate indication for each medicine, selecting and recommending the most appropriate medicine and dose regimen, providing medicine, ensuring the appropriate administration, monitoring drug therapy, counseling patients and evaluating effectiveness (Webb et al., 2015). The patient’s compliance to the therapy and the outcomes of the treatment deeply depends of the patient’s satisfaction of provided services basically on patient’s perspective of quality and effective service (Grady and Reichert, 2014).

Measuring patient’s satisfaction with the pharmacist’s services they receive is imperative for the purpose of their successful implementation, long term sustainability and quality improvement in health care delivery (Shelton, 2000).

Aim and objectives

Clinical services provided by pharmacist at the University Clinic of Pulmology and Allergology in Skopje, Republic of North Macedonia were not introduced until 2018 because there was not employed pharmacist. In June 2018 the pharmacist with the relevant education, competences and skills started to work and the clinical services started to be implemented. One of the services that pharmacist started to provide was counseling the patients with chronic obstructive pulmonary disease (COPD) and asthma for the proper use of the medications. The idea for evaluating patients’ satisfaction came as a result that we haven’t found any satisfaction survey that had been performed before on the clinical services provided by the pharmacists working in hospital settings. The objective was to evaluate patients’ satisfaction with clinical pharmacist’s services and the pharmacist herself. It was important to find if there were differences in patient satisfaction and the pharmacist’s role in hospital settings.

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satisfaction, in the provision of the service consultation on pharmacotherapy, in understanding the use of medicines and the adherence of the therapy after the engagement of the pharmacist in the clinic since the interviewed patients were all chronic ones that have visited the clinic for several years before and after the employment of the pharmacist.

Materials and methods

An anonymous patient satisfaction survey was offered to patients receiving COPD and asthma treatment at the University Clinic of Pulmology and Allergology in Skopje, Republic of North Macedonia. It contained demographic data like gender, age, education level and profession, 4 statements that patient evaluated according Likert psychometric scale, ranging from totally disagree to totally agree and 7 open – ended questions. The statements were used for assessing the patient satisfaction from the quality of the service, whether the service had improved in the presence of the pharmacist, the need of increased use of pharmacist’s services in the future and the need of implementing pharmacist’s clinical activities in other hospital settings. The opened – ended questions were intended to provide the data whether the pharmacists had an appropriate conversation with the patient about pharmacotherapy, if the provided information by the pharmacist was understandable and useful, if the patient clearly understood the role of the pharmacist and what should be done for the improvement of the provision of the services. Criteria for participant inclusion consisted of chronic patients that have visited the clinic in the several past years, 2 – 3 times a year, male and female. The survey was performed from September to December 2019.

Results and discussion

A total of 64 patients participated in this study, 28 females and 36 males. Patients were between the ages of 43 and 84. The results have shown that total patients’ satisfaction for the quality of the clinical services provided by the pharmacist is better than average (4.1), and almost all fully agreed that the services are improved in the presence of the pharmacist (4.8). Most respondents rated high the need for increasing the rate of provided services by the pharmacist (4.4) and the need of receiving such services in other hospital settings (4.8). There was no significant difference in provided answers based on demographic factors, level of education and profession with patient satisfaction.

Conclusion

This study has shown that the activities and the role of the pharmacist were fully recognized by the patients. The evaluation of patient satisfaction with pharmacy service may be a valuable means of feedback for the pharmacists providing clinical services, for the hospital and clinical settings, mainly for evaluating the quality of provided care in order to improve patient treatment and outcomes. Performing patient satisfaction studies should be more frequent and more standardized in the future in order to improve the provision of the services.

References


