

Iran J Public Health, Vol. 45, No.4, Apr 2016, pp.555-557

Letter to the Editor

Patient Satisfaction with Community Pharmacies in Tehran, Iran; Part I

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(Received 21 Oct 2015; accepted 16 Nov 2015)

Dear Editor-in-Chief

Community pharmacists, the most accessible member of health chain, have outreached from medicine dispensers to health professionals responsible for safe, effective and rational use of medicines besides patient counseling with drug information while other personnel of a pharmacy help to complete the health care services (1-3). "Most drug related problems are avoidable and community pharmacies are assuming an active role in preventing and solving them" (4).

Patient satisfaction is an essential indicator of care quality. Managed care organizations in the United States include patient satisfaction as an item for service quality. The information of patient satisfaction has been a precious tool to assess the patient's interest fields of community pharmacy services. The quality of a department in health care including pharmacy can be assessed using a satisfaction questionnaire (5-7).

Several researches have evaluated patient satisfaction with community pharmacy services. There are papers investigated other related aspects in Iran, but no literature exists on satisfaction of pharmacies or pharmacists there, although few studies have taken a view on the geographical distribution of pharmacies in Iran (8, 9).

This is an investigation of patients' satisfaction with the quality of health services of pharmacists and pharmacy staff in Tehran, Iran. It focuses on the pharmacists' performance quality illustrating the defects of pharmacies and pharmacists' health care services in aspect of patients' opinion.

Ten central city areas of Tehran were considered. Ten community pharmacies were randomly chosen from each area. Twenty questionnaires were separately filled by 20 patients, randomly selected from each pharmacy (Totally 2000 patients or questionnaires). The questionnaire contained 7 items about patient experience with the health services given by pharmacist and pharmacy personnel. Every item was responded by patients as "good", "moderate" or "poor" (Table 1).

Demographic characteristics of the patients showed that the number of women and men were almost equal and almost equally distributed among the different age groups. Considering all patients of the study, the response output was about 85% and Cronbach's alpha coefficient of reliability was calculated as 0.890.

Percentages of every answer "Good", "Moderate" and "Poor" were calculated for every item presented in Table 1, indicating the rate of patients' satisfaction with every item.

Items 1 to 4 were the most satisfactory items for patients since they received more percentages of answer "Good" than answer "Moderate" or "Poor" and also more percentages of answer "Moderate" than answer "Poor". Indeed 61.7%

of the patients appreciated "speed of pharmacy services", 78.3% were pleased with the "availability of pharmacist", 56.0% were thankful for "complete drug information given by pharmacist" and 46.4% declared acceptable "superiority of pharmacists' drug information over physicians".

In contrast, only 36.3, 38.6 and 9.5% of the patients appreciated the items 5 to 7 as "quality of compounding products", "importance of general role of pharmacists or general performance of pharmacists" and "quality of health services given by pharmacy personnel", respectively, although their percentages of answer "Moderate" were relatively high. Such results revealed dissatisfactions with items 5, 6 and especially 7, indicating some defects involved to these issues. Therefore, this

study suggests a more concentration on these latter issues to be improved among all aspects related to community pharmacies.

Besides, although the items 1 to 4 showed higher satisfactions, but they received just 61.7, 78.3, 56.0 and 46.4 % of answer "Good" which actually make them not to be perfect in patients' opinion. Thus the quality of these services also needs to be improved.

According to the last row of the Table, average percentage of answer "Good" for all the 7 items was 46.6%, of answer "Moderate" was 39.6% and of answer "Poor" was 12.9%, revealing that in general the patients were moderately happy with the health services given by community pharmacies in Tehran.

Table 1: Number of answer Good, Moderate and Poor for questionnaire items by patients of the study

No.	Item		Answer (%)	
		Good	Moderate	Poor
1	Pharmacy services are fast.	61.7	31.3	5.3
2	Pharmacist is often available.	78.3	22.6	7.3
3	Drug information given by pharmacist is adequate.	56.0	35.8	10.5
4	Drug information given by pharmacist is more complete	46.4	39.6	12.6
	than that given by physician.			
5	Pharmacy compounding products are satisfying.	36.3	49.8	10.0
6	Pharmacists' services of all aspects are satisfying.	38.6	45.2	6.7
7	Drug information given by pharmacy personnel (other than	9.5	53.4	38.2
	pharmacist) is helpful.			
Mean of		46.6	39.6	12.9
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Acknowledgments

The research was supported by Ardabil University of Medical Sciences. The authors declare that there is no conflict of interests.

References

 Bush J, Langley CA, Wilson K. (2009). The corporatization of community pharmacy: Implications for service provision, the public health function, and pharmacy's claims to profes-

- sional status in the United Kindom. Res Social Adm Pharm, 5: 305-18.
- Vogler S, Habimana K, Arts D (2014). Does deregulation in community pharmacy impact accessibility of medicines, quality of pharmacy services and costs? Evidence from nine European countries. *Health policy*, 117: 311-27.
- 3. Iqbal Z, Jalees AF, Khar Roop Krishen KR, Sushama T (2008). Pharmacist as an Indispensable Part of Health Care System: A Survey, Outcome and Reflections. *Indian J Pharm Educ Res*, 42 (1): 78–83.
- 4. Hammerlein A, Griese N, Schulz M (2007). Survey of drug-related problems identified by

Available at: http://ijph.tums.ac.ir

- community pharmacies. *Ann Pharmacother*, 41 (11): 1825–32.
- 5. Kucukarslan SN, Nadkarni A (2008). Evaluating medication-related services in a hospital setting using the disconfirmation of expectations model of satisfaction. *Res Social Adm Pharm*, 4(1): 12–22.
- 6. Farris KB, Stenton SB, Samnani M (2000). How satisfied are your patients? *CPJ*, 133: 32–6.
- 7. Kucukarslan S, Schommer JC (2002). Patients' expectations and their satisfaction with pharmacy services. J Am Pharm Assoc (Wash), 42: 489–95.
- 8. Kheirandish M, Gharibnaseri Z, Kebriaeezadeh A (2012). PHP115 Geographical distribution of pharmacies versus population: The case of two capital cities in Iran. *Value in Health*, 15 (7): A628.
- 9. Kebriaeezadeh A, Hashemi Meshkini A, Janghorban M, Keshavarz K, Nikfar S (2014). Assessment of geographic pharmacy accessibility in Qom (Iran): A geographic information system analysis. *Thrita*, 3 (1): e9648.