

Study Protocol

Assessment of Patient's Satisfaction about the Availability of Medicines at Hospital and Cost Affordability: A Study Protocol

Abstract:

Background: Consumer satisfaction towards pharmacy services is an essential instrument for measuring the quality of pharmacy services offered to patients and the distribution of pharmacy care in hospitals. The obstacles to better health care services are inadequate access to quality drugs, high drug rates, poor education and lack of access to qualified health professional. Patients who are happy with the pharmaceutical provider are more likely to take medications properly and are less likely to replace health care providers. High quality of pharmaceutical service is required in order to sustain a consistent relationship with patient needs. This study aims to assess the patient's satisfaction about the pharmacy services, availability of drugs/medicines and its cost affordability at AVBR Hospital Wardha.

Methodology: This will be a descriptive cross-sectional research conducted at AVBRH, Wardha. Patients will be randomly selected and Structured Questionnaire will be administered with patients and pharmacists. The collected data will be analysed with suitable statistical tests.

Results: Result will reflect the patient satisfaction level with pharmacy services provided at hospital pharmacy and retail pharmacy of AVBRH.

Conclusion: Conclusions will be drawn on careful analysis of results.

Keywords: Pharmacy Services, Patients satisfaction, hospital pharmacy, retail pharmacy.

Introduction:

The Ethiopian Ministry of Health has made a tremendous increase in patient satisfaction at the hospital pharmacy level¹. Consumer satisfaction of pharmacist services is an essential instrument for measuring the quality of pharmacy services offered to patients and the distribution of pharmacy care in hospitals¹. The obstacles to better health care services are inadequate access to quality drugs, cheap drug rates, poor education and lack of access to qualified health professional¹. A critical tool for evaluating the level of pharmacy services available to patients and the delivery of prescription treatment in hospitals is patient satisfaction of pharmacy services¹. Patients who are happy with the pharmaceutical provider are more likely to take medications properly and are less likely to replace health care providers¹. High quality of pharmaceutical service is required in order to sustain a consistent relationship with patient needs¹. The position of a pharmacist has not been thoroughly investigated and is often seen by many medical personnel as passive². Pharmacists are experts in prescription treatment and primary clinical providers². Patient conformity with medicine is

an important factor in the prognosis of multiple diseases. Poor patient compliance is an issue across the globe today². Pharmacy programmes are a priority of the company, but one of the main goals should be customer satisfaction. When measuring the satisfaction of patients with pharmacy services, it is important that the pharmacist's mind-set should be properly educated and professional with respect to drugs². The role of pharmacists in the health care system has vastly extended to include drug therapy. In reality, the Community Pharmacy seeks to improve the health and quality of life of patients, and this contribution can be made by supplying the best drug care³. Various methods are used to determine the level of satisfaction of patients with pharmacist services⁴. In order to identify customer satisfaction, which is a significant indicator of service quality according to the Donabedian model, the three primary components, form, process and result, are important⁵. As a result, patients' satisfaction was perceived to be a valuable tool for gathering patient feedback at health care facilities⁵. In addition, clients are the greatest source of information about both the quality and quantity of healthcare facilities⁵. The first, the definition of Pharmaceutical Care was identified as the conscientious procurement of pharmacological therapy in order to achieve concrete outcomes to increase the quality of life of the patient⁶. Considering only the pharmaceutical business, it is futile to quantify the degree of patient satisfaction such that the support, organisation and services of employees are used for that pharmacy structure as criteria that hamper the results of the service⁶. Patient satisfaction is a crucial difference between clinical results of different patient care services, procedures and strategies that are very successful in improving health care and ensuring greater compliance. It is also an important tool for monitoring the success and efficacy of health care delivery systems⁷. Approximately 80% of medications are sold to patients through retail pharmacy stores in Pakistan. A strong pharmacy infrastructure results in greater comfort, appearance, protection and profitability for the pharmacy and pharmacists⁸. Pharmacy design means the layout within the available room of various furniture, medications and all the required necessities at the pharmacy⁸. The pharmacy architecture should be versatile in order to allow improvements to lodgings according to business patterns, trends and requirement⁸. If the pharmacist can get the idea of medication stock, then he / she can get an idea of the best use of space. Health care services should be of high quality in order to achieve optimum efficiency. It is important to reinforce the operation and planning of prescription care programmes by reviewing pharmacy procedures and optimising efficiency⁹. In addition to delivering better outcomes, the recovery of the pharmacy practise process further decreases costs by reducing redundancy, repetitive labour and repeating the work already done⁹. The pharmacy may be patient-centred or employee-centred and may include a full or partial connection with a third party commercial pharmacy chain that has been established¹⁰. Retail pharmacy will also allow patient health services to be refreshed aggressively, improve patient loyalty and drive improved qualitative results.¹⁰ The Indian pharmaceutical industry has increased its rapid growth rate of 13 percent over the past six years. For pharmacists, the health care system is going to get more relevant. Pharmacy Therapy Administration consists of health services where pharmacists may offer a thorough overview of all prescribed, non-prescription and natural drugs obtained by a person to their patients. As a result, patient education contributes to improved patient health benefits and lower health care costs.¹¹ Pharmaceutical therapy at the Ministry of Health of Saudi Arabia consists of diagnosis and follow-up, which is one of the main indicators of patient satisfaction in pharmaceutical care¹². The analysis consists of demographic data, health status, pharmacy position and contact, waiting room time, patient recommendation, mediation, pharmacist and patient relationship, drug costs, overall satisfaction of patients with pharmacy services, referred to other patients by the pharmacy.^{12,13} The government focused primarily on creating, supervising and administering unbiased health care¹³. The main factors determining the standard of service are scheduled service and expected service, which are largely focused on

technical quality and functional quality. Technical aspects include the premises and location of the pharmacy, while technical characteristics include factors affecting the pharmacy compliance of the patient¹³. Medication therapy was the key concern of contemporary neighbourhood pharmacists for forecasting the quality of pharmaceutical services¹⁴. Patient satisfaction is a fundamental element in the quality of primary health care^{15, 16}. Proper advice on the role of the neighbourhood pharmacist in healthcare helps to increase awareness of the use of their medications among patients and to improve the quality of healthcare¹⁵. Retail pharmacist is responsible for determining variables that govern the safe and effective usage of medications, listening to patients about their conditions and related factors, and recommending the safest and more appropriate medication. In order to ensure continuity of pharmaceutical care centres, the International Pharmaceutical Federation (FIP) and the World Health Organisation (WHO) are urging pharmacists to consider patient desires and demand¹⁶. A chain pharmacy is defined as a network of more than 10 stores belonging to the National Neighbourhood Pharmacists Association formerly known as NARD¹⁷. This covers mass merchandisers such as K-Mart, Pathmark convenience stores, and pharmacy stores such as those owned by Rite Aid Corporation¹⁷. The last visit to the clinic is Healthcare¹⁷. In a 1995 survey, 3400 participants of Managed Care Organizations (MCOs) had a preference of pharmacy that was rated as a more significant sign of satisfaction than hospital options or referrals, whereas some members of the Managed Care Association claimed that independent pharmacies provided more changed facilities that made a difference to patients¹⁷. Drug regulations vary from country to country, and there is also a varying standard of enforcement under these laws¹⁸. In 2006, the Institute of Medicine's Avoiding Prescription Mistakes study reported that at least 1.5 million people in the United States suffer from drug mistake every year¹⁸. When more medications enter the market, the use of medicines becomes more complicated and the mishap of drugs becomes more evident, raising the demand for prescription treatment and thereby enhancing medical conditions and results. User reactions confirm emotional pleasure and thus about 77.3 per cent of the group survey responses display an affective reaction to satisfaction, and 64 per cent of the interviewees changed the word 'satisfaction' to more affective words. Latest U.S. study has found that conformity with healthcare programmes is directly connected to the mental health status of patients. Patients who are more comfortable with the care they receive often demonstrate reduced rates of improvement in primary care facilities or discontinuation of treatment at their own expense. When this partnership is adapted to pharmacies, it should be assumed that the happiness of the customer would be a significant help factor. Group pharmacy practise in Nigeria faces many obstacles, such as poor returns on investment due to low demand for mutual patients, as a number of illicit drug trafficking networks have also arisen into practice¹⁹. Self-medication is popular in society for both counter and prescription drugs, whereas private hospitals and clinics administer medicines without the knowledge of the pharmacist. Community pharmacy in Nigeria was then mainly targeted at the sale of medications and the maintenance of prescription treatment records¹⁹. The Multidimensional Assembly Patient Satisfaction Questionnaire shows the level of patient satisfaction²⁰. Schommer and Kucukarslan review four abstractions of satisfaction in the assessment of patient satisfaction with pharmacy services and recommend performance assessment, disconfirmation of expectations, impact-based assessment and equity-based assessment. Patient satisfaction has been essential in the assessment requirements in healthcare services around the world and in developed countries²⁰. Pharmaceutical treatment usually includes identifying patients' medical issues as part of new / refill medication intake, non-prescription consultations, sitting chronic condition consultations, individualised drug evaluations, designing care plans, requiring tailored treatments for patients, collaborating with other health care workers as required, and monitoring patients^{20, 21}. The input from the analysis could help to recognise discrepancies in

patient interaction with therapy between pharmacists and patients and could help in indicative areas for possible change²¹. One goal of this research was to evaluate and compare the level of satisfaction of patients and community pharmacists with various aspects and to analyse the preferences of both patients and pharmacists about the application of drug therapy guidelines as a method to increase the consistency of drug counselling^{20,21}. A number of related articles were reviewed²²⁻²⁸.

Objectives:

1. To assess the patients satisfaction about the various drugs/ medicine.
2. To assess the viability of drugs/medicine at hospital.
3. Role of community / Retail pharmacy in the drugs/medicine which are available at retail pharmacy store.
4. Cost difference.
5. To determine patient's satisfaction of pharmaceutical services provided by the community pharmacist.
6. Financial affordability of drugs for the patients

Methods:

A descriptive cross-sectional research was undertaken to determine the level of satisfaction of patients with pharmacy facilities among pharmacists with hospital pharmacy employees, retailers or neighbourhood pharmacy staff and patients. The survey featured both open and closed questions and, in total, took an average time of 10 minutes to complete. Questionnaires were submitted at two separate levels (one in the hospital pharmacy area and the other in the community / retailed pharmacy area). The questionnaire contains the socio-demographic considerations of the customer, the satisfaction questions and the system-related questions that may possibly impact the satisfaction of the pharmacist service of the patient. Patients were asked to score their happiness on a five-point scale (Good:-1, Not Good:-2, slightly / Neutral:-3, Yes:-4, Not:-5). The data was gathered by a face-to - face interview with the interviewer. A regular analysis of the questionnaires collected was carried out to ensure the completeness, precision, transparency and quality of the results. The IEC approval was received from the Legal Institutional Commission.

Study design: Descriptive cross-sectional study.

Sample collection: Random sampling technique.

Place of study: Acharya Vinoba Bhave Rural Hospital (AVBRH) and community or retail pharmacy outside the hospital campus.

Expected Outcomes/Results: A level of patient's attitude with their level of satisfaction about the price, viability and comparison of the drugs at hospital and retailed pharmacy.

Inclusion criteria: All the patients above 18 years of age, hospital pharmacist staff and retailed pharmacists.

Exclusion criteria: The patients who are deaf and dumb or blind are excluded and also those patients who are severely ill.

Discussion:

This research was intended to assess the level of happiness of the patient and their behaviour, while buying a prescription in the hospital pharmacy shop and the supermarket pharmacy. Only patients and their needs are based on a retail pharmacy. Service is the number one target

drug store in the retail pharmacy. They have facilities and possibilities that would never have been dreamed of by department stores. Well-trained specialists are in the hospital drug store and advise and supply clients with knowledge about their everyday medications and their safety and dangers. They not only advise people on their drugs, but also offer resources and evidence such as immunizations, disease control and preventive screening. They still have the capacity to have a free distribution service. Patients get annoyed at the hospital pharmacy due to medical scarcity or lack of variety and supply of drugs, and then the pharmacist is reluctant to suggest medicines to patients under such situations that patients are redirected to the discount pharmacy stores. Displaying discount systems will also create a cheap effect on the customer's mind. Management must then have some sort of training programme in the pharmacy hospital to develop the expertise of the workers. As far as customer handling is concerned, the preparation given to workers is satisfactory, as customers are found to be pleased with the staff service. The pharmacist will routinely monitor all drugs, supplements obtained and ingested by a customer. They will also inform the customer's history of medications that have been prescribed or are actually taking. The drawbacks of both the hospital and the retail store should also be acknowledged and overcome.²⁹⁻³⁰

Results: Results will reflect the patient satisfaction level with pharmacy service provided at hospital pharmacy and retailed pharmacy.

Conclusion: Conclusions will be drawn on careful analysis of results.

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