

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~~ structured Questionnaire 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

Comment [LK1]: Mention acronym in full at first use.

Comment [LK2]: Sentence not clear, who will administer the questionnaires.

Avoid unnecessary use of caps in sentences.

Comment [LK3]: Clarify the scope, is it hospital and retail pharmacies? The title does not indicate retail pharmacies.

Also state what methods will be used to analyse the collected data

Comment [LK4]: Separate the background and the introduction. Clearly indicate the scope, justification, problem statement, methodology of the study

The write up lacks flow; I encourage you to follow a funnel style for the Introduction i.e. start with a global studies or African studies (What factual information is available around this topic), then narrow down to region view (e.g sub-Saharan/ Eastern Africa) then Ethiopia

45 pharmacy services, it is important that the pharmacist's mind-set should be properly educated
46 and professional with respect to drugs². The role of pharmacists in the health care system has
47 vastly extended to include drug therapy. In reality, the Community Pharmacy seeks to
48 improve the health and quality of life of patients, and this contribution can be made by
49 supplying the best drug care³. Various methods are used to determine the level of satisfaction
50 of patients with pharmacist services⁴. In order to identify customer satisfaction, which is a
51 significant indicator of service quality according to the Donabedian model, the three primary
52 components, form, process and result, are important⁵. As a result, patients' satisfaction was
53 perceived to be a valuable tool for gathering patient feedback at health care facilities⁵.
54 In addition, clients are the greatest source of information about both the quality and quantity of
55 healthcare facilities⁵. The first, the definition of Pharmaceutical Care was identified as the
56 conscientious procurement of pharmacological therapy in order to achieve concrete outcomes
57 to increase the quality of life of the patient⁶. Considering only the pharmaceutical business, it
58 is futile to quantify the degree of patient satisfaction such that the support, organisation and
59 services of employees are used for that pharmacy structure as criteria that hamper the results
60 of the service⁶. Patient satisfaction is a crucial difference between clinical results of different
61 patient care services, procedures and strategies that are very successful in improving health
62 care and ensuring greater compliance. It is also an important tool for monitoring the success
63 and efficacy of health care delivery systems⁷. Approximately 80% of medications are sold to
64 patients through retail pharmacy stores in Pakistan. A strong pharmacy infrastructure results
65 in greater comfort, appearance, protection and profitability for the pharmacy and
66 pharmacists⁸. Pharmacy design means the layout within the available room of various
67 furniture, medications and all the required necessities at the pharmacy⁸. The pharmacy
68 architecture should be versatile in order to allow improvements to lodgings according to
69 business patterns, trends and requirements⁸. If the pharmacist can get the idea of medication
70 stock, then he / she can get an idea of the best use of space. Health care services should be of
71 high quality in order to achieve optimum efficiency. It is important to reinforce the operation
72 and planning of prescription care programmes by reviewing pharmacy procedures and
73 optimising efficiency⁹. In addition to delivering better outcomes, the recovery of the
74 pharmacy practice process further decreases costs by reducing redundancy, repetitive labour
75 and repeating the work already done⁹. The pharmacy may be patient-centred or employee-
76 centred and may include a full or partial connection with a third party commercial pharmacy
77 chain that has been established¹⁰. Retail pharmacy will also allow patient health services to be
78 refreshed aggressively, improve patient loyalty and drive improved qualitative results.¹⁰ The
79 Indian pharmaceutical industry has increased its rapid growth rate of 13 percent over the past
80 six years. For pharmacists, the health care system is going to get more relevant. Pharmacy
81 Therapy Administration consists of health services where pharmacists may offer a thorough
82 overview of all prescribed, non-prescription and natural drugs obtained by a person to their
83 patients. As a result, patient education contributes to improved patient health benefits and
84 lower health care costs.¹¹ Pharmaceutical therapy at the Ministry of Health of Saudi Arabia
85 consists of diagnosis and follow-up, which is one of the main indicators of patient satisfaction
86 in pharmaceutical care¹². The analysis consists of demographic data, health status, pharmacy
87 position and contact, waiting room time, patient recommendation, mediation, pharmacist and
88 patient relationship, drug costs, overall satisfaction of patients with pharmacy services,
89 referred to other patients by the pharmacy.^{12,13} The government focused primarily on creating,
90 supervising and administering unbiased health care¹³. The main factors determining the
91 standard of service are scheduled service and expected service, which are largely focused on
92 technical quality and functional quality. Technical aspects include the premises and location
93 of the pharmacy, while technical characteristics include factors affecting the pharmacy
94 compliance of the patient¹³. Medication therapy was the key concern of contemporary

Comment [LK5]: Does patient and client mean the same?

If not please clarify each for the purposes of the study.
If they refer to the same thing, I encourage you maintain use of one throughout the study.

Comment [LK6]: Avoid unnecessary use of caps in middle of sentences.

Comment [LK7]: Avoid unnecessary use of caps

95 neighbourhood pharmacists for forecasting the quality of pharmaceutical services¹⁴. Patient
96 satisfaction is a fundamental element in the quality of primary health care^{15,16}. Proper advice
97 on the role of the neighbourhood pharmacist in healthcare helps to increase awareness of the
98 use of their medications among patients and to improve the quality of healthcare¹⁵. Retail
99 pharmacist is responsible for determining variables that govern the safe and effective usage
100 of medications, listening to patients about their conditions and related factors, and
101 recommending the safest and more appropriate medication. In order to ensure continuity of
102 pharmaceutical care centres, the International Pharmaceutical Federation (FIP) and the World
103 Health Organisation (WHO) are urging pharmacists to consider patient desires and
104 demand¹⁶. A chain pharmacy is defined as a network of more than 10 stores belonging to the
105 National Neighbourhood Pharmacists Association formerly known as NARD¹⁷. This covers
106 mass merchandisers such as K-Mart, Pathmark convenience stores, and pharmacy stores such
107 as those owned by Rite Aid Corporation¹⁷. [The last visit to the clinic is Healthcare¹⁷]. In a
108 1995 survey, 3400 participants of Managed Care Organizations (MCOs) had a preference of
109 pharmacy that was rated as a more significant sign of satisfaction than hospital options or
110 referrals, whereas some members of the Managed Care Association claimed that independent
111 pharmacies provided more changed facilities that made a difference to patients¹⁷. Drug
112 regulations vary from country to country, and there is also a varying standard of enforcement
113 under these laws¹⁸. In 2006, the Institute of Medicine's Avoiding Prescription Mistakes study
114 reported that at least 1.5 million people in the United States suffer from drug mistake every
115 year¹⁸. When more medications enter the market, the use of medicines becomes more
116 complicated and the mishap of drugs becomes more evident, raising the demand for
117 prescription treatment and thereby enhancing medical conditions and results. User reactions
118 confirm emotional pleasure and thus about 77.3 per cent of the group survey responses
119 display an affective reaction to satisfaction, and 64 per cent of the interviewees changed the
120 word 'satisfaction' to more affective words. Latest U.S. study has found that conformity with
121 healthcare programmes is directly connected to the mental health status of patients. Patients
122 who are more comfortable with the care they receive often demonstrate reduced rates of
123 improvement in primary care facilities or discontinuation of treatment at their own expense.
124 When this partnership is adapted to pharmacies, it should be assumed that the happiness of
125 the customer would be a significant help factor. Group pharmacy practise in Nigeria faces
126 many obstacles, such as poor returns on investment due to low demand for mutual patients, as
127 a number of illicit drug trafficking networks have also arisen into practice¹⁹. Self-medication is
128 popular in society for both counter and prescription drugs, whereas private hospitals and
129 clinics administer medicines without the knowledge of the pharmacist. Community pharmacy
130 in Nigeria was then mainly targeted at the sale of medications and the maintenance of
131 prescription treatment records¹⁹. The Multidimensional Assembly Patient Satisfaction
132 Questionnaire shows the level of patient satisfaction²⁰. Schommer and Kucukarslan review
133 four abstractions of satisfaction in the assessment of patient satisfaction with pharmacy
134 services and recommend performance assessment, disconfirmation of expectations, impact-
135 based assessment and equity-based assessment. Patient satisfaction has been essential in the
136 assessment requirements in healthcare services around the world and in developed
137 countries²⁰. Pharmaceutical treatment usually includes identifying patients' medical issues as
138 part of new / refill medication intake, non-prescription consultations, sitting chronic condition
139 consultations, individualised drug evaluations, designing care plans, requiring tailored
140 treatments for patients, collaborating with other health care workers as required, and
141 monitoring patients^{20, 21}. The input from the analysis could help to recognise discrepancies in
142 patient interaction with therapy between pharmacists and patients and could help in indicative
143 areas for possible change²¹. One goal of this research was to evaluate and compare the level
144 of satisfaction of patients and community pharmacists with various aspects and to analyse the

Comment [LK8]: Avoid unnecessary use of caps

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Comment [LK9]: This is a wrong reference: The reference mentioned the review paper, therefore you ought to mention the paper independently in the protocol if you refer to it.

The author has lifted most of the words from the publication that mentioned the review. Please rephrase the wording.

145 preferences of both patients and pharmacists about the application of drug therapy guidelines
146 as a method to increase the consistency of drug counselling^{20,21}. A number of related articles
147 were reviewed²²⁻²⁸.

Comment [LK10]: On the methodology this method has not been clearly articulated.

148 **Objectives:**

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

Comment [LK11]: The objectives are not clear / not scientific. They are different from the study topic e.g. based on objective 1. Objective 2: You may need to clearly elaborate what "viability" means in the context of this study in the problem statement and why it is important? Objective 3: Please elaborate what about the "cost difference" is the study looking into? Are you focusing on specific medicine of the general service of the pharmacy? Which medicines and why those medicines? Kindly read more on research methods and how to phrase research objectives and questions for a research study.

157 **Methods:**

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

Comment [LK12]: How will the study determine this? What will be the reference of the prices? Does the Ministry of health/ relevant authorities have an essential list that also guides on pricing?

171 **Study design:** Descriptive cross-sectional study.

Comment [LK13]: Is the study already done? Or yet to be done?

172 **Sample collection:** Random sampling technique.

Comment [LK14]: What does the acronym stand for? It is good practice to share the reference number or serial number of the approval. In case any persons wishes to verify the nature of the approval.

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

Comment [LK15]: It is good practice to share the questionnaire as supplementary documentation; for the reviewers to better understand the themes as well.

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

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

Comment [LK16]: What is the basis of the random sampling technique and why? What is your sample size and why?

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

Comment [LK17]: The study area is not clearly stated, to indicate scope.

181 **Discussion:**

182 This research was intended to assess the level of happiness of the patient and their behaviour,
183 while buying a prescription in the hospital pharmacy shop and the supermarket pharmacy.
184 Only patients and their needs are based on a retail pharmacy. Service is the number one target
185 drug store in the retail pharmacy. They have facilities and possibilities that would never have
186 been dreamed of by department stores. Well-trained specialists are in the hospital drug store
187 and advice and supply clients with knowledge about their everyday medications and their

Justification of the study and study area is also not well captured. How will the retail pharmacies be selected and why? Does the Ministry of health or local municipality have records of number of pharmacies and location operating in the area? This ...

Comment [LK18]: Define "severely ill" in the context of the study

188 safety and dangers. They not only advise people on their drugs, but also offer resources and
189 evidence such as immunizations, disease control and preventive screening. They still have the
190 capacity to have a free distribution service. Patients get annoyed at the hospital pharmacy due
191 to medical scarcity or lack of variety and supply of drugs, and then the pharmacist is reluctant
192 to suggest medicines to patients under such situations that patients are redirected to the
193 discount pharmacy stores. Displaying discount systems will also create a cheap effect on the
194 customer's mind. Management must then have some sort of training programme in the
195 pharmacy hospital to develop the expertise of the workers. As far as customer handling is
196 concerned, the preparation given to workers is satisfactory, as customers are found to be
197 pleased with the staff service. The pharmacist will routinely monitor all drugs, supplements
198 obtained and ingested by a customer. They will also inform the customer's history of
199 medications that have been prescribed or are actually taking. The drawbacks of both the
200 hospital and the retail store should also be acknowledged and overcome.²⁹⁻³⁰

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

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

204 **References:**

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Comment [LK19]: I could not find this reference

Comment [LK20]: Reference appropriately

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Comment [LK21]: These references are incomplete; they do not have the titles.

Comment [LK22]: These references are a repetition

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Comment [LK23]: I could not find any relation in these publications relating to their use in this study.

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UNDER PEER REVIEW