Professional autonomy correlates with quality dispensing processes and pharmaceutical care services by community practitioners in a northern county in Taiwan

Chen Ling-Jie 1, Ho Yunn-Fang 2.
1Graduate Institute of Clinical Pharmacy, College of Medicine, National Taiwan University. 2Graduate Institute of Clinical Pharmacy, College of Medicine, National Taiwan University

Background Community pharmacies and physician clinics are both legal practice settings in Taiwan for pharmacists engaging in primary care. The quality of dispensing services would have substantial impacts on pharmacotherapeutic safety and efficacy and, certainly, on societal image of the profession toward the two settings; however, investigations are lacking.

Purpose The objectives of the study were to establish quality indicators for probing dispensing service quality, to investigate factors associated with better quality, and to compare quality of services offered by the two primary pharmaceutical care settings.

Method Questionnaires and indicators for estimating dispensing quality were developed by a panel of specialists. Questionnaires recorded relevant queries in six domains, namely practice setting characteristics, pharmacists’ attributes, hardware and software at work, medication management and inventory control, pharmacist-physician relationships, and societal environment and policy issues. Quality indicators reflected efforts devoted to dispensing processes (from receipt of a prescription till the delivery of medications), and pharmaceutical care services (face-to-face drug consultations, follow-up assessment, and patient reliance) by pharmacist practitioners. The survey instrument was distributed in 2008 via regular mail to random samples of community pharmacies (pharmacists-in-charge) and clinics (practicing pharmacists) in a northern County in Taiwan. Descriptive and multiple logistic regression were performed as appropriate.

Findings A total of 505 questionnaires (response rate 52.6%), including 231 pharmacy and 274 clinic practitioners, were collected. Multiple logistic regressions indicated that certain factors could predict quality of dispensing processes and pharmaceutical care services, respectively. Specifically, the overall quality of dispensing processes were better at community pharmacies (versus clinics), with more prescription drugs, regular check-up of medication expiration dates by pharmacists, confidence in medication storage conditions, and larger dispensing areas. In contrast, pharmacists with attributes of older age and physicians’ employees were associated with inferior quality. The quality of pharmaceutical care services of NHI-contracted pharmacies and clinics were better if with larger dispensing area, in-person inventory check-up by pharmacists, and confidence in medication storage conditions. To the contrary, inferior pharmaceutical care service quality was associated with pharmacists of male gender, physicians’ employees, and the Tai-Lin subarea.

Conclusion Professional autonomy should be the key to quality dispensing processes and pharmaceutical care services. Pharmacists endowed with greater responsibilities, by taking control of their practice settings, medication management, and inventory control, offered higher quality services to the public. To further validate the findings, researches from the perspectives of collaborative professionals and patients should be designed and performed in the future.