

# CHAPTER I

## INTRODUCTION



Historically, the paradigm of pharmacy practice has continuously changed (Penna, 1990; Holland and Nimmo, 1999; and Asawavilai, 2002; Asawavilai, 2003). From 1948 to 1952, the pharmacy practice focusing on compounding moved to the practice focusing on dispensing in conjunction with the delivering of product information. In 1960, pharmacy practice started to integrate the dispensing pharmacy with counseling activities. Since 1990, pharmacy practice in the current era involves a set of patient care activities, pharmaceutical care, and has been accepted as the philosophy of pharmacy practice since then. Factors including individuals and the environment have influenced the changing status of pharmaceutical practice. The factors consisted of psychosocial components, socioeconomic status, health care system, pharmacy education, professional commitment, health care technology, and socio-economic changes. The current context of pharmacy practice includes the advancement of pharmaceutical care-based pharmacy practice.

The concepts of pharmaceutical care were addressed by several authors including Penna (1990); Hepler & Strand (1990); Odedena et al. (1996); Yarborough (1997); Farris and Kirking (1998); and Holland and Nimmo (1999). The concept firstly introduced by Hepler and Strand encompassed many patient care activities. It clarified the extended role of the pharmacist involving dispensing activities, and the implementation and monitoring of therapeutic plans to achieve specific outcomes that

consequently improved patients' quality of life. The challenge to providing pharmaceutical care also brought the attention of the pharmacists to modify their practice in a community setting. This concept was introduced to Thai pharmacist about a decade ago (Sripakorn and Hemayakorn, 1995). Among the community pharmacists, only some of them had moderate to high understanding about this care (Sripa, 2000). The provision of pharmaceutical care was mostly taken place within the hospital setting where the practice emphasized more on clinical practice. Although the community pharmacists did not fully employ this concept, the traditional pharmaceutical care service involving some activities such as counseling was considerably mentioned in several studies (Sripakorn and Hemayakorn, 1995; Karnjanakantika et al., 1996; Chaiyakun, 1997, Sripa, 2000; and Prachachalerm et al., 2001). Some studies showed good outcomes including patient's satisfaction and positive attitude concerning the dispensing and counseling by pharmacists. Many studies reported the barriers including their workload, no remuneration, lack of knowledge, lack of professional organization supports, and competition to the attitude relative to the novel pharmaceutical care service as exemplified by patient medication record and drug monitoring (Sripa, 2000; Prachachalerm et al., 2001). In addition, several studies in developed countries (Bell, McElnay, Hughes et al., 1998; Farris, 1998, Rossing, 2002) showed some constraining factors to perform this care including inter-professional conflict, role conflict, organization, competency and patient demand. Various studies (Odedena, 1996; Farris and Kirking, 1998; and Kittisopi, 2001; Kittisopi et al., 2001) found that the attitudinal dimension was the important key factor to increase pharmacists' contribution to provide this practice. Other psychosocial and individual factors considered to be the influencing factors of

this service included self efficacy, perceived behavioral control, instrumental belief, past behavior, knowledge, and intention to perform this practice. Furthermore, professionalism was identified as one of the characteristics of a fully socialized professional that focus on the patient welfare which is the basis of emergence of pharmaceutical care (Almardottir et al., 2001; Lerkiatbundit, 2000), and also empathy was defined in patient-care situations as the cognitive attribute that involved an ability to understand the patient's inner experiences, feelings and perspective and capability to communicate this understanding (Hojat et al., 2002; Gardner, Boyce, and Herrier, 1998).

With respect to the community pharmacy practice in the context of Thai drug system, self medications without prescription by drug sellers were found rampantly (Suttajit, 2000; Rattanavijitrasin, 1997; Sooksriwong and Leelanitkul 2001; and Wibulpolprasert, 2002). The primary care pharmacy service including health prevention, health promotion, and treatment of minor ailments was commonly found in the community setting. Although many studies concerning pharmacy practices have shown the general term of pharmaceutical care and clinical practice, the specific term or explicit dimensions of pharmacy practice related pharmaceutical care has not been clearly classified (Lungsopaparn, 1999; Sripakorn and Hemayakorn, 1995; Supaporn et al., 1996; Prachachalerm et al., 2001; Prapanwatana, 2000; and Arvipan et al., 2001). Inappropriate drug use were mostly found among these outlets (Suttajit, 2000; Ratanavijitrasin, 1997; Wibulpolprasert, 2002). According to Federal International Pharmaceutics (FIP) with the support from the WHO (WHO, 1997) in the development of the pharmacy professional practice to promote pharmacy service and good practice involving patient and quality of care, the

drug store development project in which pharmaceutical care- based pharmacy practice was employed, was currently established during 1994 -1997 (Pumtong, 1998). The result showed that the participation of the drug stores just has shown some positive physical changes including cleanliness and interior appearance. In the studies by Tien-ngern in 1994 and Tongrod in 2002, the standard practice guidelines of community pharmacy were documented. These studies were designed to support the community pharmacist to implement some domains of pharmaceutical care. It was found that such guidelines were not good enough to measure the degree of patient satisfaction and a number of pharmacists did not agree with several contents in the guidelines. There was negative attitude on the employment of this practice guidelines and the voluntary implementation of practice guidelines of pharmacy service was recommended.

To date, the research conducted in community pharmacy in Thailand to explore the provision of pharmaceutical care- based pharmacy practice is still limited. The extended role beyond the current counseling practice in this decade is still not clearly identified. Thus, the specific pharmacy service domains regarding the pharmaceutical care provision in the real setting of Thai context should be explored. Furthermore, predicting this practice related to pharmaceutical care and the more comprehensive factors to promote the role of community pharmacists should also be investigated.

## **Research Questions:**

1. What is the extent of Pharmaceutical care- based Pharmacy practice among community Pharmacist in Thailand including type and level of the provision?
2. What are the factors affecting this Pharmaceutical care- based Pharmacy practice?

## **General Objective**

To assess the extent of pharmacy practice among community pharmacist and to determine the factors influencing the provision of Pharmaceutical care-based Pharmacy practice.

## **Specific Objectives**

1. To explore the extent of pharmaceutical care-based pharmacy practice among community pharmacists in Thai context.
2. To determine the degree of pharmaceutical care-based pharmacy practice among community pharmacists in Thai context.
3. To identify the factors influencing the intention of community pharmacists to provide pharmaceutical care- based pharmacy practice.
4. To identify the factors influencing community pharmacists to provide their current pharmaceutical care- based pharmacy practice.

## **Expected Benefits**

1. Pharmaceutical care activities of community pharmacists in Thai context will be identified explicitly.
2. The well-established definition of pharmaceutical care-based pharmacy practice may influence community pharmacists to extend their role on the provision of pharmaceutical care.
3. Knowing the barriers and facilitators of community pharmacists in providing pharmaceutical care, professional associations may use the study result to design the intervention program to encourage community pharmacists to provide pharmaceutical care.
4. Finding from the study could assist Pharmacy Council of Thailand to establish the guidelines of pharmaceutical care service for community pharmacy accreditation.