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Patients' perception of the quality of community pharmacy services using the critical incident technique

Percepcija pacijenata o kvalitetu usluga u javnoj apoteci korišćenjem tehnike kritičnih incidenata

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Abstract

Background/Aim. The Critical Incident Technique (CIT) is a qualitative research method for measuring consumer satisfaction by collecting and analyzing information on participants and their activities. This method allows participants to present their detailed experiences related to a particular service in the way they perceive them. The aim of this study was to examine patients' perceptions of an incident that occurred in community pharmacies using CIT and determine recommendations for improving the quality of pharmacy services. **Methods.** A qualitative study using an interview based on the CIT was conducted in three pharmacies in Serbia, on the territory of Kruševac city. The entire course of the interviews was audio-recorded, which provided detailed research. **Results.** A total of 68 critical incidents were collected and divided into two groups: positive (37) and negative (31), depending on the (dis)satisfaction of patients with the services of pharmacists in community pharmacies. The following thematic clusters of pharmacy services were covered: accessibility of community-based pharmaceutical services, pharmacist behavior, patient counseling, dispensing drugs and/or medical devices, compounding, and pharmacy sales/commercial practice. **Conclusion.** The results show that the CIT is a useful tool for evaluating and improving pharmaceutical services. Based on the data collected, various aspects of community pharmacy services can be improved, and further research should be carried out.

Key words:
community pharmacy services; patient satisfaction; pharmacists; pharmacy; surveys and questionnaires.

Apstrakt

Uvod/Cilj. Tehnika kritičnih incidenata (TKI) je kvalitativna metoda istraživanja za merenje zadovoljstva klijenata putem prikupljanja i analiziranja podataka o učesnicima i njihovim aktivnostima. Ta metoda omogućava učesnicima u istraživanju da predstave detalje o svojim iskustvima povezanim sa određenom uslugom, na način na koji ih doživljavaju. Cilj studije bio je da se ispita percepcija pacijenata o incidentu koji se desio u javnim apotekama korišćenjem TKI i da se predlože preporuke za poboljšanje kvaliteta farmaceutskih usluga. **Metode.** Kvalitativna studija pomoću intervjua zasnovanog na TKI sprovedena je u tri apoteke u Srbiji, na teritoriji grada Kruševca. Ceo tok intervjua sniman je pomoću diktafona čime je obezbeđeno detaljno istraživanje. **Rezultati.** Ukupno je prikupljeno 68 kritičnih incidenata i podeljeno u dve grupe: pozitivne (37) i negativne (31), zavisno od (ne)zadovoljstva klijenata uslugama farmaceuta u apotekama. Obuhvaćeni su sledeći aspekti usluga u apoteci: dostupnost farmaceutskih usluga u zajednici, ponašanje farmaceuta, savetovanje pacijenata, izdavanje lekova i/ili medicinskih sredstava, rastvaranje lekova i prodaja/komercijalna praksa farmaceuta. **Zaključak.** Rezultati pokazuju da je TKI korisno sredstvo za procenu i unapređenje farmaceutskih usluga. Različiti aspekti usluga u javnoj apoteci se mogu poboljšati što zahteva dalja istraživanja zadovoljstva pacijenata kvalitetom farmaceutske usluge.

Ključne reči:
apoteka, javna, usluge; bolesnik, zadovoljstvo; farmaceuti; apoteka; ankete i upitnici.

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Introduction

An integral part of pharmacist contribution to healthcare is the improvement of rational and economical prescribing and proper use of drugs. The goal of each part of pharmaceutical care service is relevant to each patient, clearly defined, and comprehensively presented to each healthcare provider involved in the treatment and care of patients [1].

Most of the research conducted in the field of quality of pharmacy services is based on practice; they are focused on the identified problem and seek its clarification, evaluation, and improvement of services [2].

The Critical Incident Technique (CIT) is a well-established qualitative research tool used in many areas of health science, education, as well as management, and marketing. John C. Flanagan was the first to describe the CIT, and the original purpose of this method was applied in organizational psychology [3]. The CIT is used to find the cause of system problems to minimize loss of person, property, money, or data. The technique takes into account the collection, analysis, and interpretation of reports on actions taken by experts in response to their experience. This includes the development of constructs that report critical incidents into defined categories; subsequent analysis allows the researcher to draw conclusions on improving results for future scenarios.

The CIT is a method for measuring consumer satisfaction with services by collecting and analyzing information about participants and their activities. This method allows participants to present their details about experiences regarding a particular service in the way they perceive them instead of asking them questions defined by others.

This approach also allows participants to express their satisfaction or dissatisfaction with a particular part of the service. In this paper, the CIT was used to determine (dis)satisfaction of patients with pharmaceutical care services in community pharmacies.

Studies using the CIT in health care have involved nursing staff, physicians, student-patient relations, and healthcare workers (HCW), as well as their behavior in daily work, the standpoint of HCWs in dealing with patients and their complicated chronic conditions, and specific patient needs [4].

In nursing practice, the CIT as a research tool is used to investigate the experiences of patients suffering from age-related wet macular degeneration, how these patients perceive nursing care, and to what extent they are satisfied [5]. In addition, the CIT tool has been used in patients struggling with advanced chronic obstructive pulmonary disease (COPD) and lung cancer [6], as well as in cancer survivors, to investigate and collect information on complementary and alternative medicine (CAM) [7].

Other studies have examined how HCWs make decisions regarding patients' health and reveal why medication errors occur and how to avoid them [8]. The patients suffering from chronic conditions were investigated concerning their perceptions in interactions with HCWs and their time spent in a hospital setting [9, 10].

When searching for publications from pharmaceutical practice, not enough research regarding the quality of pharmaceutical services exist as well as any specific tools that could help in measuring/assessing patient satisfaction.

In a study by Elvey et al. [11] conducted by the CIT tool, the patient-centered professionalism and behavior of early-career pharmacists working in community and hospital pharmacies were examined. Other research was focused on revealing which factors have an impact on pharmacy students when making decisions about over-the-counter drug recommendations to a patient [12]. A few studies have also dealt with pharmacist-related issues, e.g., how they perceive specific situations in their work, the root of patient aggression, the consequence of this aggression on the pharmacist's work and behavior [13, 14], or why community pharmacists might violate the rules of standardized procedures that should be applied when such a violation could pose a potential threat to patient safety [15].

The aim of this study was to examine patients' perceptions regarding the incident occurring in community pharmacies by using the CIT and determine recommendations for improving the quality of pharmacy services.

Methods

A qualitative CIT-based study [3] using the interview method was conducted following the approval of the Ethics Committe in three community pharmacies located in central Serbia (the territory of Kruševac city).

Participants

The sample of patients was selected based on two criteria: patients who visited the pharmacy to collect chronic therapy (for hypertension, asthma, osteoporosis, or diabetes mellitus) for themselves and patients who had any acute symptoms such as headache, high fever, or rash.

The participants had to meet both criteria, after which the time and place of the interview were subsequently agreed upon. The participants were informed of the purpose and protocol of the study and ensured the confidentiality of the data collected. They also signed informed consent.

Sampling was continued until saturation occurred, i.e., until the addition of new incidents contributed to further information for the analysis. Selecting participants ended once there were no new critical incidents in the respondents' answers.

The research was conducted in three community pharmacies: "Benu", "Anđela", and "Lazarica". One pharmacy is located in the city center, and the other two are located on the outskirts of the city (not on the same side). The pharmacies were selected so that one pharmacy is in public ownership ("Lazarica" Pharmacy), and the other two pharmacies are in private ownership, in the pharmacy chain. One of the pharmacies operates only in the local municipality ("Anđela" Pharmacy), while the other operates throughout Serbia ("Benu" Pharmacy).

Ethical approval and consent for participation were applied and waived by the Ethics Committee of the Faculty of Pharmacy, University of Belgrade, No. 430/2. Twenty patients were examined; half of them were in the age group from 30 to 50 years and were predominantly female (90%).

The procedure, analysis, and rigor of data collection

An open-ended interview was designed (Appendix 1); the interviewer (TC) was trained on how to approach participants during the interview. Each interview was audio-recorded and conducted at a time and place convenient for each patient. The interviews lasted 5 to 20 min (10 min on average). All interviews were transcribed verbatim in written format. Each episode was analyzed to gain an in-depth understanding of the significance of the previous participant in a given context [16].

An inductive analysis [16] was performed by identifying the mechanism on which each episode was based and comparing all mechanisms to identify differences and similarities between the studied events. A descriptive list of elements was made and subsequently revised to remove redundancies. Then a list of descriptive elements was organized into a cluster of topics. The expert group (VM, LJT, IK) reached a consensus on the final list of the thematic cluster of pharmacy services and the relationship between the topics. For each example, citations were identified and included anonymously (patient statements only concerning a particular incident).

Results

A total of 20 respondents (90% of women and 10% of men) were included in this study. Table 1 shows data on the sociodemographic characteristics of 20 interviewed respondents, including their age, gender, employment, and the pharmacies they visit.

All critical incidents were sorted according to patients' satisfaction and experience with particular pharmacy services and pharmacist behavior. After classifying the critical incidents, all elements were classified into six thematic clusters (three categories of the structure and three of the procedures), as shown in Table 2.

A total of 68 critical incidents were collected and divided into two groups: positive (37) and negative (31), depending on patients' satisfaction/dissatisfaction with community pharmacy services. The same critical incident was assessed by both participants positively and negatively based on a number of dependent variables: age, gender, prior experience with community pharmacists and pharmacy services, emotional state, and the impact of other patients' experiences (Figure 1).

Table 1

Demographic characteristics of the respondents (n = 20) included in the survey

Characteristics	Respondents n (%)
Age (years)	
< 30	2 (10)
30–50	10 (50)
50–70	6 (30)
> 70	2 (10)
Gender	
female	18 (90)
male	2 (10)
Employment status	
unemployed	3 (15)
employed	6 (30)
retired	11 (55)
Pharmacies included in the survey	
"Anđela"	9 (45)
"Benu"	6 (30)
"Lazarica"	5 (25)

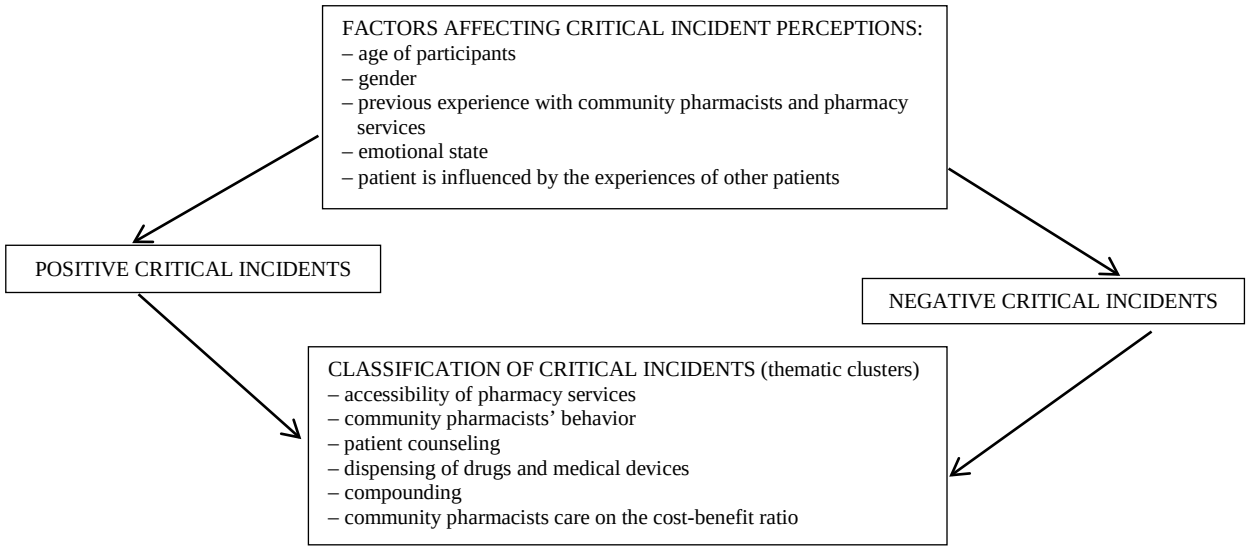

Fig. 1 – Classification of critical incidents (thematic clusters) as perceived by patients.

Table 2

Thematic clusters of pharmacy service and descriptors and a list of quality characteristics leading to the satisfaction/dissatisfaction of patients

Thematic clusters of pharmacy service descriptors	Positive critical incidents (satisfaction of patients)	Negative critical incidents (dissatisfaction of patients)
Accessibility of pharmacy services in community pharmacies	Pharmacy opening hours (working day, weekend)	Pharmacy opening hours (working day/weekend) – working hours too short, especially on Sundays
	Waiting time for pharmacy service	Waiting time for pharmacy service
	Pharmacy access (parking zone for customers, access for people with special needs)	Pharmacy access (parking zone for customers, access for people with special needs)
	Proximity to complementary services (e.g., medical center and laboratory)	
	Pharmacist available at a community pharmacy by phone or mail	
Dispensing of drugs and medical devices	Community pharmacy equipment (wide assortment of prescription drugs, medical devices, dietary supplements, etc.)	Partial (incomplete) information on the proper use of medical devices
	Legible and clear dosing instructions on drugs' packaging	Illegible and confusing writing of the dosing instructions on the drug packaging
	Giving complete information on drugs (name, interval, dosing, route of administration)	Not giving complete information about the drug (name, interval, dosing, route of administration)
	Informing the patient on possible adverse drug/medical device reactions and clinically significant interactions and measures to avoid or alleviate them	Emphasizing the possibility of adverse drug/medical device reaction – the patient is afraid of using the drug prescribed to him/her
	Recognition and reporting of adverse reactions to drugs/medical devices	
	Careful reading of prescriptions	
	Appropriate expiration date of drugs	
	Ordering availability (for products that are not currently available in the pharmacies)	
	Organizing work in the pharmacy	
Pharmacist behavior in a community pharmacy	Politeness and appropriate facial expression of the pharmacist	Community pharmacist using a higher tone of voice
	Responsibility of the pharmacist	Lack of pharmacist responsibility
	Understanding the patient's emotional state	Lack of empathy
	Providing support (assistance) and readiness to help the patient	Community pharmacist who behaves inappropriately
	Careful listening to the patient	Lack of communication with patients
	The patience of the pharmacist in contact with the patient	
Patient counseling	Giving correct and complete evidence-based information during counseling	Providing redundant and incomprehensible information during counseling
	Using appropriate language that patients can understand (without technical and foreign terms)	Dispensing the prescription drugs without counseling (e.g., without giving correct information on how to use the drug)
	Adjusting the tone of voice when addressing patients with hearing difficulty	
	Using capital letters on written materials if the patient has vision problems	
Compounding	Proper labeling of the compound	Illegible writing on the outer compound package
	Control of the expiration date of the compound	Expired date of the compound
	Control of the compound inner package	Lack of detailed instructions
Pharmacist behavior in sale/commercial aspects	Notification on the discounts	Non-reporting on drugs discounts
	Informing the patient about the benefit/cost ratio of the treatment	Short discount periods for dietary supplements and cosmetic products
	Accurate drug billing (participation, total drug costs)	Dispensing more expensive drugs (not covered by insurance)
		Dispensing financially inaccessible drug

Table 3

Thematic clusters of pharmacy service and patients' narratives of positive and negative experiences

Thematic clusters of pharmacy service	Patients' statements (positive critical incidents)	Patients' statements (negative critical incidents)
Pharmacy services accessibility in the community (n = 9)	"The phone line at the pharmacy is never busy, so I can get information on my prescribed drugs from very kind pharmacists."	"I can never find free parking in front of the pharmacy. I take my prescription drugs, and I have no time to ask for any detailed advice (explanation for drugs), as I am in a hurry so that my car does not get towed." "In many community pharmacies, the entrance either has stairs or is so narrow that a wheelchair cannot pass through it."
Dispensing drugs and medical devices (n = 20)	"Although my eyesight is very poor, the pharmacist writes the instructions for taking the drug in capital letters. I try to use it regularly so that it can help me."	"The pharmacist wrote on the drug packaging how to use it for high blood pressure as 0+0+1, so I take it every third day. My blood pressure varies, so I will ask my physician to prescribe me some stronger drug."
Pharmacist behavior (n = 13)		"I was arguing with pharmacists in a community pharmacy for half an hour, trying to explain that it was not the same drug I had been taking for years. He assured me that the manufacturer had changed the packaging and the medicine was the same, and the price was the same. Finally, I took that drug with new packaging when I saw that other pharmacies also no longer had the drug in old packaging." "I went to the pharmacy to get my prescription for diabetes, but also to find out what should I modify in my diet to avoid using insulin so often. The pharmacist was very unpleasant, and she did not want to dispense the prescribed drug to me and emphasized that she was not an endocrinologist." "Once I went to the pharmacy to get my prescribed drugs… they were completely unorganized - piles of scattered papers, prescriptions, etc. The pharmacist dealt more with the papers than listening to me, and she gave me a urinary tract tea instead of the respiratory tract tea that I requested, as I had a dry cough."
Patient counseling (n = 13)	"Lately, my son has been having a harsh, strange, and mutated voice. It was very strange since he is not yet in puberty, but the pharmacist explained that it could be due to the inhaler he was using, so she suggested he should use the Volumatic chamber. She also advised him to rinse his mouth with water so that the drug particles would not deposit in his throat."	"I take this drug for my hypertension only when my blood pressure is high. Why should I take it every day if I do not have high blood pressure every day? Nobody, neither the physician nor the pharmacist, told me that it was important to take it regularly." "The pharmacist scared me when he told me that my son could get an anaphylactic shock if I gave this antibiotic to him. He has never taken this drug before, so I'm not sure if he is allergic or not."
Compounding (n = 6)		"After waiting a long time to perform the OGTT test, I failed because the glucose I bought at the pharmacy did not dissolve in water. When I returned, I went to the pharmacy and informed the pharmacist to check the glucose because I did not want other patients to have the same problem during testing. However, the pharmacist was not interested (he did not want to hear my objections), so I turned and left."
Pharmacist behavior in sale/commercial aspects	"The drug for osteoporosis that my physician prescribed was expensive. The pharmacist offered me a more affordable drug at a discount."	"Ever since I quit smoking, I've been anxious and started eating more, and I've gained 10 pounds. The pharmacist tricked me into selling me the most expensive weight loss formulation that didn't help me lose weight."

Community pharmacy services comprise different inter-related segments, and the underdevelopment of one can cause the weakening of other segments, resulting in health/clinical, economic, and legal consequences. The most interesting patient statements, i.e., descriptions of situations, both positive and negative, are shown in Tables 2 and 3.

Discussion

Patient-centered care describes the partnership between the patient and HCW, where patients' expectations and experiences with their disease, as well as experiences with drugs, determine their willingness to adhere to prescribed drugs [17].

In recent years, the pharmaceutical practice has expanded significantly, with the increase mainly related to person-centered care and patient needs [18].

The context in which health care services are provided by different HCWs, such as physicians, nurses, or pharmacists, is different, but the expectations of patients in these systems are somewhat similar [6].

Behavioral research involving patients exists, but research in pharmaceutical practice from the patients' point of view is rare, so the research instrument used in this study is interesting because it has been used in other disciplines before (e.g., nursing, medical practice).

In this study, the number of actual critical incidents (37) exceeded the number of negative critical incidents (31), indicating that participants were generally satisfied with pharmacy services in community pharmacies. Positive experiences with patients mean that in cooperation with a pharmacist, patients could achieve positive clinical outcomes, while negative critical incidents indicate that pharmacy services require improvement to reduce errors in providing pharmacy services in community pharmacies. A significant cluster of pharmacy services is the process of counseling at the time of dispensing drugs that should be processed with sufficient privacy.

Our results are consistent with the research by Emsfors et al. [5]. In that research, when patients were perceived to have been treated with respect and when they were involved in the process, it created confidence and trust among the patients and a willingness to cooperate. The most common reasons why participants said they were discouraged from asking for advice and help from a pharmacist were: lack of time, lack of privacy, insufficient number of qualified pharmacists in the pharmacy, pharmacists dealing with administrative matters, and inadequate pharmaceutical education. Lack of perceived privacy is an obstacle to patients as well as in the study conducted among cancer survivors, where privacy concerns were a restrictive factor for participants, the same as for patients in our study [7]. It should be noted that patients in different health care institutions (e.g., community pharmacies, hospitals) have almost similar problems when receiving care. Lack of attention and continuity in care, poor communication [6], and insufficient information have reduced the patients' ability to participate in deciding about their care if they were not considered "co-partners" [5]. Therefore, this is considered poor health care.

Of the total number of critical incidents collected, participants had the most positive experiences with the service in a community pharmacy dispensing drugs and medical devices since this service is the most common reason for visiting a community pharmacy and the main and traditional service in pharmacy practice.

Pharmacists' behavior in a community pharmacy can impair communication with patients if the pharmacists do not listen to what their patients say, do not try to explain things in a way the patients can understand, have a negative attitude (insecure, preoccupied, pessimistic), express disinterest in patients' problems, ignore patients' emotional state or patients' fears, or if the community pharmacists are in a constant rush due to various assignments.

Patients should be informed about the drugs they use and how they should be used to achieve the best possible outcome. The same problems arose in nursing practice research conducted by Bailey et al. [6] when patients were unaware of what to expect from the treatment, what would precede their recovery, or when patients felt that their emotional support was gone [7.] As a solution, pharmacists should strengthen the sense of trust with patients, providing them with clear and unambiguous explanations about the use of drugs and possible adverse drug reactions.

Another very important question for patients is how HCW perceives them. It is vital that they are considered equal partners in deciding their treatment with their HCW; they recognize themselves as persons and receive sufficient information regarding their health condition. In a community pharmacy, when patients were not satisfied with the proposed solution or explanation given by the pharmacist, they felt that the quality of service was declining. Our findings are well related to the results of Emsfors et al. [5], who studied patients suffering from age-related wet macular degeneration, and similar nursing behavior resulted in patients' satisfaction and the perception that they received the treatment they needed.

Recommendations on how to overcome barriers in communication between community pharmacists and patients [19] include: avoiding technical language when addressing patients, using written instructions instead of verbal ones where necessary, checking that the patients understand instructions, actively listening to the patients, patiently answering patients' questions, paying attention to patients' emotional and social needs, and communicating with confidence and empathy. Empathy in communication in health care implies humanity, care, altruism, and sharing emotions. It has been noticed that it has a positive effect on the patients' well-being and their perception of the therapy that is received [20].

The results of this study show that the CIT could be a useful tool for improving the quality of pharmacy services in the community by increasing patient satisfaction. Based on the results obtained, various aspects of community pharmacy services can be improved. Further research is needed using the CIT in more community pharmacies and more countries to allow the comparison of results.

Limitations

This study describes the experiences of patients from three different pharmacies in a smaller city in Serbia (Kruševac, about 60,000 citizens). Therefore, the small size of the sample does not allow a conclusion to be drawn about the wider population of patients.

Conclusion

The CIT recognized six descriptors/thematic clusters of incidents in community pharmacy practice as a foundation for a quality improvement recommendation. Patients' perception of pharmacists' behavior was considered a very important descriptor. It was identified especially in three basic pharmacy services (dispensing, canceling, and compounding drugs) to meet the patients' needs and achieve positive therapeutic results. Good communication between a patient and a pharmacist increased patient satisfaction. Moreover, it had an impact on the quality use of non-prescribed drugs (self-medication). Based on the data collected, various aspects of public pharmacy services can be improved, and further research should be carried out.

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Appendix 1

Open-ended questions that led the interview*:*

1) Introductory statement

“We are conducting a study that aims to examine your experiences with community pharmacy services and community pharmacists in any of your previous visits to community pharmacies”;
“May I interview you?”;
“May I record your voice during the interview?” (Signed consent form)

2) Remembering and contextualizing the episode

“Do you remember any good or bad experiences you had with community pharmacists while providing pharmacy services in the community pharmacy?”

3) Describing the dynamics of the event

“Please, describe the event in detail and how it happened.”;

“Please, tell me the details of the episode (e.g., what was the pharmacist doing, how did they behave?)”;

“Have you ever experienced any benefit or consequence as a result of the pharmacist's behavior in the community pharmacy?”