

**PUBLICS' PERCEPTIONS OF COMMUNITY PHARMACISTS AND SATISFACTION
WITH PHARMACY SERVICES**Amal A. El-Kholy^{1,2*} and Mohamed M. M. Abdel-Latif^{1,3}¹Department of Clinical and Hospital Pharmacy, College of Pharmacy, Taibah University, Al-Madinah Al-Munawwarah, Kingdom of Saudi Arabia.²Department of Clinical Pharmacy, Faculty of Pharmacy, Ain Shams University, Cairo, Egypt.³Department of Clinical Pharmacy, Faculty of Pharmacy, Assiut University, Assiut, Egypt.***Corresponding Author: Dr. Amal A. El-Kholy**

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ABSTRACT

Background: The pharmacist plays a major role in serving patients and delivering pharmaceutical services to the community. The recognition of pharmacy services by the public is important to the success of pharmacy profession. It is unclear whether the public fully appreciates what the pharmacists can do and their acceptance of the pharmacist as a key healthcare provider. **Objectives:** The aim of the present study was to examine the public's perceptions of the community pharmacist and satisfaction with pharmacy services in Saudi Arabia. **Methods:** A cross-sectional study was conducted on a randomly selected sample of the public (n=1000) in Saudi Arabia. A 40-item structured self-administered questionnaire comprised of questions on demographics characteristics of the respondents, roles and competency of the community pharmacist, pharmacy facility and satisfaction with pharmacy services. Descriptive statistics were used to analyze the data. **Results:** The response rate of the survey was 76.92%. Public' opinions were influenced by the pharmacist's availability and knowledge, pharmacy location, service promptness, and counseling services. Overall, 80.5% of respondents agreed that community pharmacists treat them with respect. The pharmacist was the first professional approached for medicines information; however, fewer respondents considered the pharmacist as a healthcare provider. Doctors were identified as their preferred source of drug therapy consultation by 58.7% and pharmacists by 41.29%. About 72.8% of respondents agreed that pharmacists provided them clear instructions about medication use and 70.2% trusted pharmacists' opinion about medications. The percent of the satisfaction with the pharmacist was 62.5% and pharmacy services were 64.8%. **Conclusion:** The public were satisfied to certain extent with community pharmacists' professionalism and pharmaceutical services. The study amplifies the need for a more projection of the pharmacist's role in the community to be accepted by the public as a healthcare provider.

KEYWORDS: Public, Community pharmacist, Pharmacy services, Satisfaction, Saudi Arabia.**INTRODUCTION**

Over the last years, the pharmacy profession has made great efforts to shift its focus from medication dispensing to patient care. Pharmacists have been undergoing paradigm shift in their role beyond the product-oriented functions of dispensing and compounding of medications to the provision of pharmaceutical services, information and pharmaceutical care.^[1]

Pharmaceutical care contributed to less drug-related morbidities and mortalities, improved clinical outcomes and health-related quality of life and lower medical costs.^[2-4] The cornerstone in the pharmaceutical care success is the quality of patient-pharmacist relationship. In such relationship, patients grant authority to pharmacists to manage their health and well-being. In turn, pharmacists accept responsibility to take care of the well-being of the patients.^[2,5] The community pharmacy

is the front door of medical advice and the sale of pharmaceutical products. The customer loyalty is crucial in medical and pharmacy business.

Problems in pharmacist consultation can occur when patients and pharmacists have different expectations about the pharmacist's role and pharmacy services. Patients who have low expectations for consultation with a pharmacist receive less consultation than patients do with higher expectations.^[6] Therefore; patient-pharmacist relationship is largely influenced by the level of patients' trust in pharmacists.^[7] Trust in pharmacists could be defined as "patients' willingness to be vulnerable to the actions of pharmacists based on the expectation that pharmacists will do what is best for patients, irrespective of patients' ability to monitor pharmacists".^[8]

Patient satisfaction is an important indicator of the quality of health care services and is an important predictor of maintaining a relationship with the health care provider and of adhering to a medication regimen.^[9] However, it is difficult to identify a single factor that is directly associated with a low or high level of patient satisfaction. It has been conceptualized differently over the last 15 years and has been characterized as a complex construct.^[10-12] A variety of factors might be involved in patient satisfaction process. Some of these factors are patient demographics, health status, characteristics of the health care provider such as technical expertise, interest in patient-oriented care and waiting time.^[13,14] Furthermore, the patient satisfaction level is found to directly associate with the patient expectations, as such, patient satisfaction can be defined as the sum of the patient expectation and perceptions toward the treatment or pharmaceutical service provided to them.^[13-15] Implementing changes based on this feedback is vital in upgrading the health system and reaching optimal patient satisfaction.^[16] This interaction between patients and pharmacists has been thoroughly assessed in many developed countries.^[17-20] However, this value is often not generalized to developing countries such as the Middle East where the first priority is still traditional pharmacy practice.^[21] While there have been some efforts to gauge patients' satisfaction level in some Middle East countries.^[22-24] Al-Arifi^[25] has reported that the image and professional performance of the community pharmacist were improving in Saudi Arabia. The Saudi patients showed better satisfaction, perception and appreciation of the pharmacists' role in the health care team.

AIM

The objectives of the present study were to assess the public's views of the community pharmacist's roles in delivering pharmacy services and the image of the pharmacist among the general population. Also we aimed to determine the public's beliefs of and satisfaction with community pharmacy services currently provided in Al-Madinah Al-Munawwarah, Saudi Arabia.

METHODS

Study design

A cross-sectional study was conducted over a period of 6 months from January through June 2016 in Al-Madinah Al-Munawwarah, Saudi Arabia. The study was approved by the Ethical Committee of Taibah University.

Development of the questionnaire

A self-administered questionnaire was developed from previous studies based on an extensive literature review.^[25-30] The survey comprised of questions covering the demographic characteristics (age, gender, nationality, education, marital status, health status, employment and income), public views on community pharmacists

(general image of the pharmacist, availability, politeness and respect, trust, knowledge, advice and counseling), evaluation of pharmacy services (promptness of service, reason and frequency of visits, waiting time, screening and monitoring tests and buying medications), evaluation of community pharmacies (appearance, availability of medicines, availability of a computerized system, waiting area and privacy), barriers on communication with the community pharmacists and satisfaction with the role of the pharmacists and pharmacy services. The questionnaire was initially developed in English language and translated to Arabic by a linguistic expert. The questionnaire was designed to administer in a face-to face interview and to be completed in 10 minutes. The survey was tested with some members from the target population for its comprehension, understandability and clarity.

Study participants

The public's participants were informed that the information derived from the questionnaires will be kept confidential and the data will be presented as groups. The sample size of the study was calculated by referring to similar studies and the total number agreed for enrollment was 1000 enrollees out of 1300 participants.

Data collection and analysis

Complete questionnaires were collected from all participants to evaluate the response of the interviewers. Data were analyzed and presented as a percent (%) of the participants. Descriptive statistics included mean and percent were used for statistical analysis. Results were presented as numbers with percentages or graphic presentations for categorical variables. Uncompleted questionnaires were excluded from the study.

RESULTS

Demographic characteristics of the respondents

A total of 1000 people agreed to take part in this study out of 1300 people approached, giving a response rate of 76.92%. A total of 48.9% of respondents was in the 20-39 age group. The majority of the respondents (57.9%) were college graduates or higher degree levels. Of the respondents, 51.6% were employed with a reasonable income. Nearly, one half of the respondents (49.7%) were single and 44.3% were married. The ratio of Saudi to non-Saudi individuals was 90.5%:9.5%. The respondents had a mix of different health problems, mostly diabetes mellitus, hypertension and asthma. Details of the demographic data of the respondents are shown in **Table 1**.

Table 1. Demographic characteristics of study respondents.

Public's respondents (no.=1000)	Number (%)
1- Gender	
a. Male	461 (46.1%)
b. Female	539 (53.9%)
2- Age	
a. <20 years	240 (24%)
b. 20-39 years	489 (48.9%)
c. 40-59 years	219 (21.9%)
d. ≥60 years	52 (5.2%)
3- Nationality	
a. Saudi	905 (90.5%)
b. Non-Saudi	95 (9.5%)
4- Marital status	
a. Single	497 (49.7%)
b. Married	443 (44.3%)
c. Divorced	40 (4%)
d. Widow	20 (2%)
5- Educational level	
a. College or more	579 (57.9%)
b. High school	304 (30.4%)
c. Less than high school	79 (7.9%)
d. Illiterate	38 (3.8%)
6- Employment status	
a. Full time	319 (31.9%)
b. Part time	197 (19.7%)
c. Not working	484 (48.4%)
7- Income	
a. High	163 (16.3%)
b. Reasonable	576 (57.6%)
c. Low	261 (26.1%)
8-Health status	
a. Diabetes	128 (12.8%)
b. Hypertension	138 (13.8%)
c. Asthma	92 (9.2%)
d. Cardiac	34 (3.4%)
e. Others	413 (41.3%)
f. None	195 (19.5%)

Customers' views of the pharmacy facility, accessibility and privacy

The respondents were asked to assess the pharmacy amenity and accessibility to and services available in the pharmacy with scores ranging from poor, good, fair, very good to excellent. The survey questions included the level of appearance, availability of medicines, availability of computerized systems and waiting area at the pharmacy. The details of the publics' response to those questions are shown in **Table 2**. Forty nine percent of the respondents assured the availability of the medicines at the pharmacy. Most of the respondents (74.6%) stated that the pharmacists were available in the pharmacy to serve them. However, 63.9% of respondents mentioned that there was no a dedicated area available in the pharmacy where they you could speak with the pharmacist without being overheard. On the topic of the recognition of the pharmacist from no-pharmacist staff in

the pharmacy, most of the respondents (71.5%) stated they could easily identified the pharmacist from other staffs. Seven hundred and seventeen (71.7%) of respondents stated that the community pharmacy had a computer system/software.

Table 2. Respondents' views on the community pharmacy.

Public's respondents (no.=1000)	Yes (%)	No (%)	No Comment (%)
1- Does the community pharmacy have the medicines or appliances you need?	490 (49%)	341 (34.1%)	169 (16.9%)
2- Is there someone in the community pharmacy available to serve you?	746 (74.6%)	169 (16.9%)	85 (8.5%)
3- Is there somewhere in the community pharmacy available where you could speak without being overheard?	256 (25.6%)	639 (63.9%)	105 (10.5%)
4- Could you differentiate between the pharmacist and the non-pharmacists staff in the community pharmacy?	715 (71.5%)	217 (21.7%)	68 (6.8%)
5- Does the community pharmacy have a computer system/software?	717 (71.7%)	203 (20.3%)	80 (8%)

Views of the customers on pharmacy appearance, waiting area and busyness

There was a general satisfaction about the level of the appearance and cleanliness of the pharmacy. The percentage scores of the appearance of pharmacy among the customers were 33.2% excellent, 42.2% very good, 17.3% good, 5.2% fair and 2.1% poor (Fig.1A). Regarding the waiting area, the customers rated the comfort and convenience of the waiting area as follows:

17.1% excellent, 28% very good, 26.7% good, 18.2% fair and 10% poor (Fig.1B). Furthermore, the respondents ranked waiting time for services at the pharmacy as 10.7% very satisfied, 37% satisfied, 40.8% fairly satisfied and 11.5% not satisfied (Fig.1C). Waiting time was described as the time between an individual's soliciting pharmacy services and departure from pharmacy.

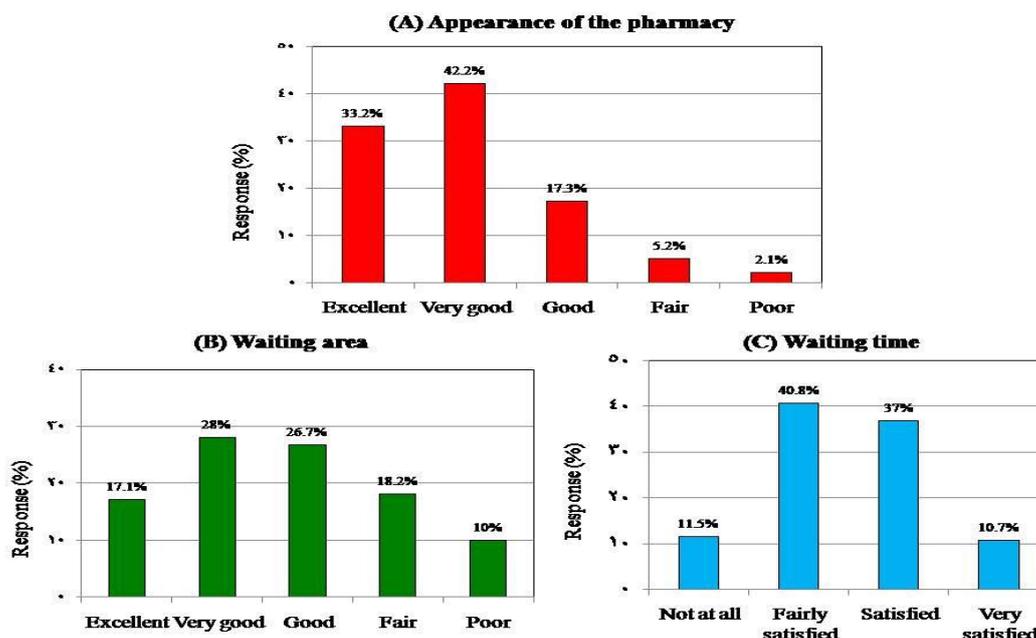


Figure 1: Customers' views on pharmacy appearance (A), waiting area (B) and busyness (C).

Reasons for visiting the community pharmacy

Publics were asked about their primary reasons for visiting a pharmacy. Most respondents (36.7%) stated that they visited a pharmacy to purchase their medicines (Fig.2A). Other factors for a visiting a community pharmacy included 26.5% getting a prescription refill, 19.6% buying toiletries or cosmetics, 17.4% getting a medical advice and 17% something else. We asked the customers about their reasons for visiting a particular community pharmacy; the main reason was the location of the pharmacy (41.1%), as shown in Fig. 2B. This

included the pharmacy being close to home or the doctor's clinic or the medical center. Other reasons for patronizing a particular pharmacy were availability of medicines (31.6%), pharmacist's knowledge (22.2%) and price of medicines (16.1%). Four hundred eighty three customers (48.3%) visited the pharmacy once a month while two hundred fifty seven (25.7%) visited the pharmacy once a week. Fifty six (5.6%) consumers visited the pharmacy more than once a day and two hundred and four (20.4%) visited the pharmacy every few months (Fig.2C).

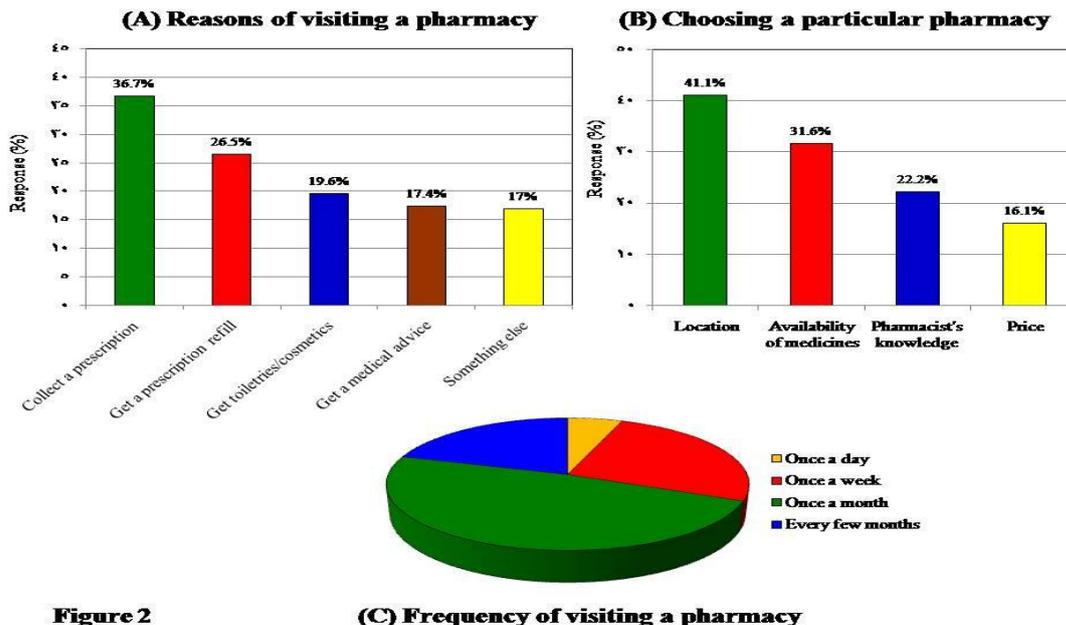


Figure 2 (A) Reasons for visiting the community pharmacy (B). Factors contributing to choosing a particular community pharmacy (C). Frequency of visiting a pharmacy (C).

Figure 2: Reasons for visiting the community pharmacy (A). Factors contributing to choosing a particular community pharmacy (B). Frequency of visiting a pharmacy (C).

The image of the community pharmacists among customers

The pharmacist’s professional role to merely dispensing and supplying medicines to the customers is changing to a more patient-centered service in recent years. We explored the opinions of the customers about the general image of the community pharmacist, the study revealed that three hundred and eighty one (38.1%) of customers viewed the community pharmacist as a vendor of

medicines, 384 (38.4%) as a drug expert, 147 (14.7%) as a health care provider, 79 (7.9%) as a tradesman and 39 (3.9%) as a businessman, as shown in **Fig.3**. Although pharmacists are deemed to be experts on drugs, it is unfortunately not perceived as such in the eyes of many of the respondents surveyed, therefore, they viewed the pharmacist as a vendor of medicines (38%) rather than healthcare professionals (14.7%).

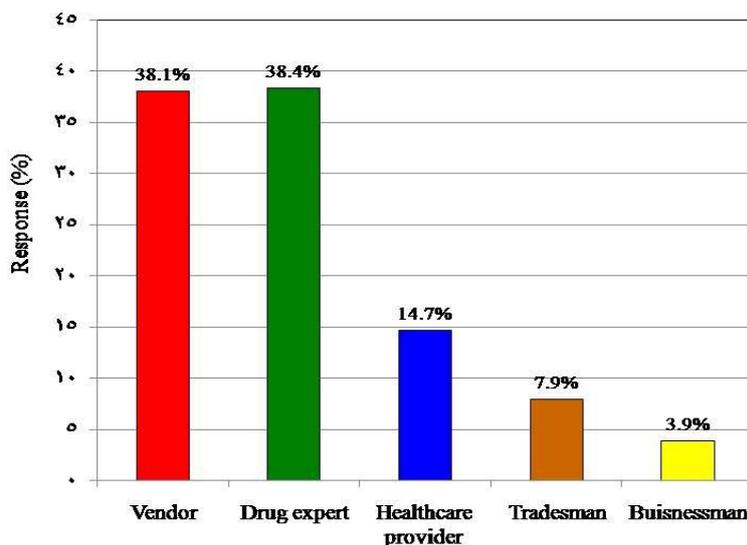


Figure 3: The image of the community pharmacists among customers.

Customers' views on community pharmacist's availability and competency

Most of the respondents (81.5%) assured that community pharmacist was available in the pharmacy and 80.7% of

respondents said that they were treated by the pharmacist with great respect and politeness, as shown in **Table 3**. About 56.7% stated that the pharmacist was spending enough time and 71.7% said that the pharmacist was

willing to answer their questions clearly. About 71.3% of respondents placed a high level of trust in pharmacists to provide pharmaceutical care and solving medication-related problems. On the topic of the promptness of the

service provided by the pharmacist, they were happier by the way it was offered and rated the service as follows: (31%) excellent, (36.5%) very good, (22.3%) good, (8%) fair and (2.2%) poor (**data not shown**).

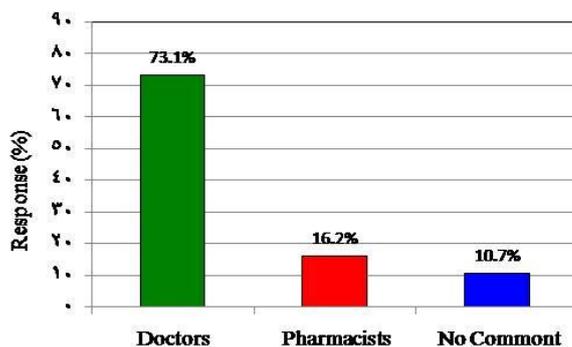
Table 3. Customers' views on the community pharmacists.

Public's respondents (no.=1000)	Yes (%)	No (%)	No comment (%)
1- Is the pharmacist available in the pharmacy at the designated hours?	815 (81.5%)	97 (9.7%)	88 (8.8%)
2- Does the pharmacist deal with you with interest and respect?	807 (80.7%)	90 (9%)	103 (10.3%)
3- Does the pharmacist spend enough time with you?	567 (56.7%)	258 (25.8%)	175 (17.5%)
4- Does the pharmacist answer all questions concerned you?	717 (71.7%)	167 (16.7%)	116 (11.6%)
5- Do you trust the pharmacist's opinion regarding the medications?	713 (71.3%)	142 (14.2%)	145 (14.5%)

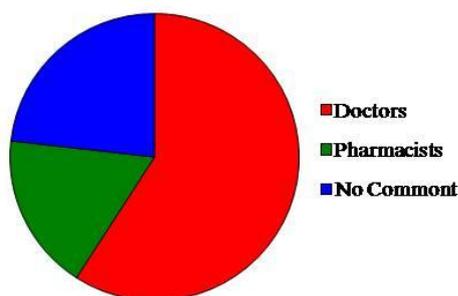
Views on societal acceptance of the community pharmacist as a health care provider

When the customers asked about the perception of the society of the pharmacist's job compared to doctors, the majority of respondents (73.1%) stated that the society

respects the doctors greater than the pharmacists (16.2%), as shown in **Fig.4A**. About 59.1% of respondents preferred the doctor rather than the pharmacist (23.2%) in providing drug therapy consultation (**Fig.4B**).



(A) Society respects doctors than pharmacists



(B) Preference of doctors over pharmacists in providing drug therapy consultation

Figure 4

Figure 4: Perception of the society of the pharmacist's job. Customer's views on Societal's respect of the pharmacist (A). Views on customer's preference of doctor or pharmacist in providing drug therapy consultation (B).

Customers' views on clinical roles of the community pharmacist

Community pharmacists are the healthcare professionals most accessible to the public, and they play an essential

role in educating patients regarding drug therapy and healthcare issues. The community pharmacy setting is a platform for the pharmacist to project himself to the public as a healthcare provider and participate in

changing the image of the pharmacist of being a drug vendor. This part of the survey comprised of 4 questions about the services offered by the pharmacist such as collecting information about medical condition and medications, health screening tests (such as measuring of blood pressure, blood sugar, temperature, weight services) and giving health information on lifestyle and health issues. When the respondents were questioned on these roles of the pharmacist, they felt that the pharmacist had a role to play in obtaining information about their disease status and medications and health screening services (**Table 4**). In response to a question if the pharmacist collected information on current medical condition from the customers when preparing prescription services, they answered by 49.1% with "Yes" answer compared to 35.9% with "No" answer. With regard to collection information on current medications used by the customers, they answered by 45.5% with "Yes" answer and 40% for "No" answer. On the topic of general lifestyle and health issues, respondents (31.5%) stated that pharmacists supplied relevant information about lifestyle (diet, smoking and physical exercise) compared to 58.2% of respondents did not receive information. When the respondents were questioned if the pharmacist measured blood pressure,

blood sugar, temperature, weight services, only 24.3% of respondents answered "Yes" answer compared to 64.2% with "No" answer. This indicates that the public may be unaware of such services being available in the community pharmacies and thus they go to doctors and hospitals for screening tests.

Opinions of customers on pharmacist' role in providing information on the use of medicines

This part of the survey comprised 6 questions on drug costs, drug alternatives, selecting over-the-counter (OTC) drugs, solving drug-related problems and disposing unused drugs. When the customers were questioned about choices of medicines, costs and solving drug-related problems, we noted that the answers of customers were variable, as shown in **Table 4**. Most of respondents (72.8%) stated that the pharmacist gave them clear instruction on the use of their medications. About 36.9% perceived advice on avoiding unnecessary costs related to prescriptions, 77.4% perceived advice on drug alternatives, 66.2% of respondents perceived advice on selecting over-the-counter medicines, 40.4% perceived advice on solving drug-related problems (such as side effects, drug interactions, compliance) and 31.3% on disposing of unused medicines.

Table 4. Respondents' response to clinical roles of community pharmacists.

Public's respondents (no.=1000)	Yes (%)	No (%)	No comment (%)
A. Patient and drug history			
1- Does the pharmacist ask information about your medical condition when preparing your prescription?	491 (49.1%)	359 (35.9%)	150 (15%)
2- Does the pharmacist ask information about your medications when preparing your prescription?	455 (45.5%)	400 (40%)	145 (14.5%)
3- Does the pharmacist provide general advice on healthy lifestyle, smoking, physical exercise?	315 (31.5%)	582 (58.2%)	103 (10.3%)
4- Does the pharmacist measure/monitor any of the following services (blood pressure, blood sugar, temperature, weight)?	243 (24.3%)	642 (64.2%)	115 (11.5%)
B. Medications use			
1- Does the pharmacist provide clear instructions about the use of the medications?	728 (72.8%)	171 (17.1%)	101 (10.1%)
2- Do you get the help from the pharmacist to avoid unnecessary costs related to your prescriptions?	369 (36.9%)	500 (50%)	131 (13.1%)
3- Does the pharmacist give you drug alternatives when the drug is not available?	774 (77.4%)	160 (16%)	66 (6.6%)
4- Do you get the help from the pharmacist in the selection of OTC and herbal medicines?	662 (66.2%)	248 (24.8%)	90 (9%)
5- Does the pharmacist solve any drug-related problems (side effects, drug interactions, compliance) concerned you?	407 (40.7%)	413 (41.3%)	180 (18%)
6- Does the pharmacist provide advice on disposing of medicines you no longer need?	313 (31.3%)	534 (53.4%)	153 (15.3%)

Buying medicines over the Internet and delivering medicines to homes

The Internet can offer customers a convenient way to purchase medicines, but this should be approached with a great caution. Some websites sell prescription and over-the-counter drugs that may not be safe to use and could put people's health at risk. Asking the customers about

their experiences and attitudes to buy pharmaceutical drugs over the Internet, the vast majority (80.7%) of the respondents answered "No" compared to only 13.6% for "Yes" answer (Fig. 5A). On the other hand, a higher percentage of the customers (62.4%) agreed to order medicines for home delivery from the pharmacy (Fig. 5B).

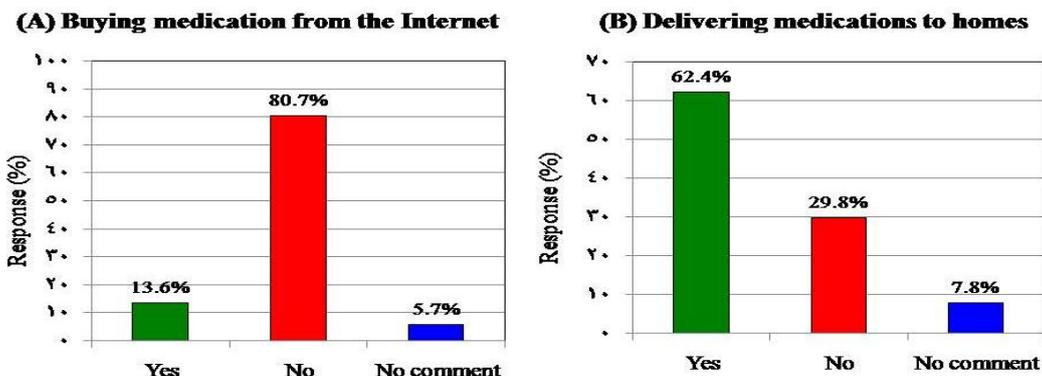


Figure 5: Categorical distribution of respondent’s response towards buying medicines over the Internet (A) and delivering medicines to homes (B).

Satisfaction of customers with the community pharmacist and pharmacy services

Patient satisfaction is used as a measure of the quality of service in medical and pharmacy sectors in the health care settings. Lastly, we have asked the customers about their general satisfaction with the roles of the community

pharmacists and the pharmacy services offered. The majority of the respondents were generally satisfied with the roles of the community pharmacist and pharmacy services offered by pharmacy staff. The percentages of satisfaction for pharmacy services and the pharmacist were 64.8% and 64.8% respectively (Fig. 6A and B).

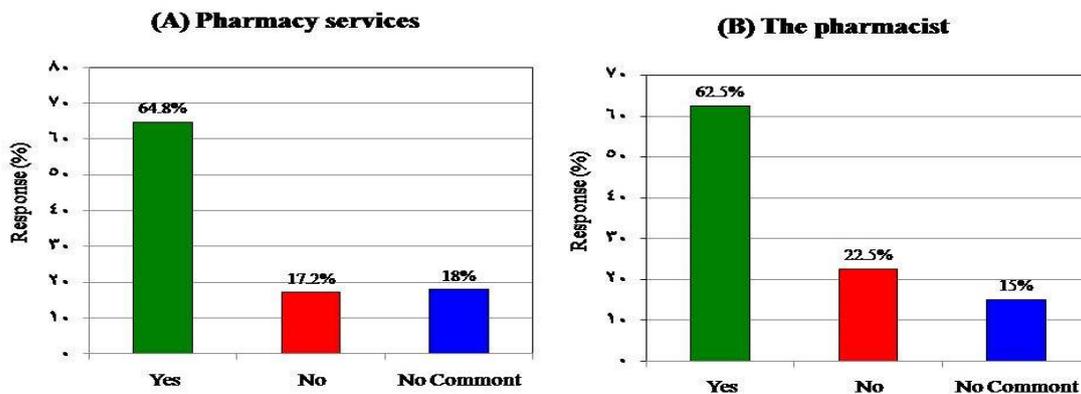


Figure 6: Fig. 6. Categorical distribution of respondent’s level of satisfaction with the pharmacy services (A) and community pharmacist (B).

DISCUSSION

In most countries of the Middle East, community pharmacists taking a business-oriented approach and placing profit before the customers' needs will perceive giving advice and explanations on the correct use of medications as a waste of time and as not directly involving additional financial remuneration and will therefore devote less time to patients.^[31] This cross-sectional study was undertaken in Al-Madinah Al-Munawwarah, Saudi Arabia to evaluate the perceptions

of the customers towards community pharmacies, community pharmacists' roles and pharmacy services. The data from a survey of 1000 respondents of the customers (539 females, 461 males) with regard to views of the customers on the community pharmacist and pharmacy services are presented. The study respondents had positive attitudes toward the community pharmacist and pharmacy services.

An evaluation of the influence of patients' demographics on the level of satisfaction showed that patient satisfaction was affected with several factors such as customers' age and educational level. Higher level of satisfaction with pharmacy services was noted among females than males. The reported higher satisfaction in female respondents is attributable to the emotional buildup of females and their willing to know about their drugs from the pharmacist. Satisfaction with community pharmacy services was also greatly dependent on several factors such as location of the pharmacy and promptness of the services (41.11%), availability of medicines (31.6%), pharmacist's knowledge (22.2%) and price (16.1%). There are many reasons for visiting a pharmacy mainly included purchasing medicines (36.1%) recommended by the doctors from pharmacies and getting a prescription refill (26.5%).

The customers' views about the amenities and accessibility of the pharmacy were also explored in the present study. The examples included in our study were the cleanliness and availability of waiting area and waiting time, which considerably influence patients' satisfaction with a particular pharmacy. In general, the majority of the participants ranked all these aspects as good. Consultation services and waiting time were considered as key factors that could influence patient satisfaction with the delivery of healthcare services.^[32,33] Our study revealed that the respondents rated waiting area as very good (28%) and good (26.7%). More than one half of surveyed customers (52.3%) were satisfied with waiting time spent by the pharmacist on the consultation. Patients who wait longer for care than they expect are less likely to be satisfied with the healthcare service.^[34] Anderson *et al.*^[35] warned that the combination of a short consultation time and long waiting time is toxic in terms of patient satisfaction and this must be avoided by the healthcare providers and by the healthcare system.

The concept of privacy and confidentiality in pharmacies has been the subject of a number of studies with regard to product service, conversations in the pharmacy, medical information and medications being purchased.^[36-38] The pharmacy staff should be more discreet when calling out patient names and providing counseling or screening services.^[37] In our study, only 63.9% of respondents stated that lack of privacy in the pharmacy was a barrier to seek the community pharmacist help. This can be due to the space between people was too small and the lack of a private area for consultation in the majority of community pharmacies. Saudis feel comfortable seeking advice from their pharmacist despite the sensitivity to a possible lack of privacy in the pharmacy.^[23] A study in The Netherlands reported that a lack of pharmacy privacy has led to reluctance to ask questions.^[39] There is an increased concern among customers about the level of privacy and that utilization of community pharmacy services. Therefore, a need to regulate community pharmacy 'space' to ensure privacy

is justified by pharmacists' use of information about consumers' medicines and health conditions to make informed decisions regarding treatment options.

There is a traditional belief among the public in the physician's capabilities and skills in providing medicines information and drug therapy consultation and therefore, they approach physicians when having drug queries. In this study, only 40.7% of respondents considered that the community pharmacist was incompetent to provide them with effective medications consultation when having a drug-related problem. A similar study by El Hajj *et al.*^[24] demonstrated that 70% of patients did not consider the pharmacist was supposed to perform proper screening and monitoring for specific diseases. Wazaifyet *al.*^[26] also reported that the majority of participants (62.7%) would seek advice from a pharmacist when the condition was not serious enough to visit the doctor. Therefore, Saudis' community needs awareness programs and informative campaigns to address the public about the roles and abilities of the community pharmacists in providing patient care and strengthening patient pharmacist relationship.

Although pharmacists were considered by the customers as experts on drugs (38.4%), it is unfortunately not perceived as ones of health care providers (14.7%) in the eyes of many of the respondents surveyed. Therefore, they viewed the pharmacist as a vendor of medicines (38%) rather than healthcare professionals. There were some beliefs among customers that the pharmacist is more concerned with the business side of the profession than with its health side. This result is relatively different comparing to a study by El Hajj *et al.*^[24] where 44% of patients believed that pharmacists have good balance between health and business matters. Hargieet *al.*^[40] measured consumer perceptions of and attitudes to community pharmacy services using a communication audit technique and they found that the community pharmacist's role was perceived by the public as business people (32%), 26% as health people and 42% who saw them as health and business people. The majority of the participants in this study felt that although the pharmacist asks information about the current medications and medical condition when preparing the prescription, pharmacist did not provide them with thorough medication counseling and advices on healthy lifestyle and medication use. It is well-accepted that community pharmacists in Saudi Arabia when dispensing medications are considering that the patients are well-informed about their medical conditions by their physicians.

Patient satisfaction is considered as one of the indicators of quality of medical and pharmacy services in health care settings. In developed countries, patient satisfaction is a key factor in quality assessment of the health care system,^[41] whereas in developing countries, the main quality concern has been the accessibility to health care services.^[42] A large proportion of the public in the

Middle East countries do not consider advice- or information-giving as the primary role of the pharmacists, but rather the dispensing of medicines.^[24,26,40,43] In our study, customers had positive views of satisfaction with community pharmacists and pharmacies. Several studies have investigated patients' satisfaction and attitudes to community pharmacy services.^[24,40,43-48] These studies revealed that satisfaction with community pharmacy services was greatly dependent on several factors including the location of the community pharmacy and promptness of the services and pharmacist's knowledge.

Community pharmacists are coming from different backgrounds and different pharmacy curricula. These curricula may not adequately prepare pharmacy graduates to take an active role in delivering pharmaceutical care. It is mandatory for pharmacy organization and authorities to ensure that community pharmacists are equipped with clinical skills and pharmaceutical competency to deliver worthy pharmacy services at community pharmacies. In addition, the Saudi community pharmacists should make considerable efforts to raise public awareness about their professional role in the safe medication use process, monitoring and counseling patients.

Limitations of the study

Interpretation of the findings of this study should take into account certain potential limitations that might impact upon its conclusions. The study was conducted on a sample of the public in a specific geographic area (Al-Madinah Al-Munawwarah, Saudi Arabia), and may not fully represent the general population in Saudi Arabia. Therefore, further studies on a larger sample of the public in other regions are warranted. The responses of the public may also endure in accuracies due to personal attitudes of intentional deception or misunderstanding of the question. Another limitation in this study was the dearth of open-ended questions, whereas, closed-ended questions limit the respondents to specific response categories that may not include all response possibilities.

CONCLUSION

This is a cross-sectional study to assess the public's views of community pharmacy and pharmacists in a sample of nationals of Saudi Arabia. The study findings showed that most respondents were generally satisfied with the pharmacist and current pharmacy services. The study amplifies the need for a more projection of the pharmacist's roles in the community in order to be recognized as a health care provider and accepted as an integral partner in the health care profession.

Conflict of interests

The authors declare that there is no conflict of interests to this study.

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