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Research Article

Comparison of Patient's Satisfaction with Pharmaceutical Care Services in Ownership-Based Pharmacies in Semarang, Indonesia

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Abstract

Implementation of pharmacists services provided in all pharmacies must meet the standard of pharmaceutical services guidelines, including the provision of drug information. The study aims to compare the patient's perception of drug counseling services by pharmacy staff based on the type of pharmacy ownership (franchise/non-franchise) in Semarang. This research is an observational study with a cross-sectional design. Samples were taken of 286 respondents with a quota sampling technique. Data were collected using an online google form questionnaire tested for validity and reliability. The statistical analysis results used the Mann-Whitney test with a p-value of <0.05. There is no significant difference between the patient's perception of the drug information counseling services by pharmacy staff at the franchise or nonfranchise pharmacies in Semarang with a p-value of 0.264. This study also found that the standard information given by pharmacy staff is healthy eating and education about antibiotics used in the common cold. In addition, only 55% of respondents were sure that the pharmacy staff who gave them drug information in pharmacies was a pharmacist. Consequently, we humbly recommend that pharmacists consistently wear their pharmacist identification.

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INTRODUCTION

Pharmaceutical services are part of a healthcare system oriented toward patient care and quality medication provision¹. Pharmacy practice in pharmacies has complied with the pharmacy service standard in pharmacies. The medicine information service is one critical aspect of clinical pharmacy service². The process of providing information by pharmaceutical personnel to patients is obligatory. Pharmaceutical personnel must be proactive in providing medication information services provided to patients³. Some medication information that needs to be conveyed to patients includes dosage, method and time of use, amount of consumption in a day, storage method, and how to deal with possible side effects⁴.

The pharmaceutical services implementation in Semarang has been evaluated by research conducted in hospitals. The results show that there are still differences in implementing pharmaceutical service standards in several public and private hospitals in Semarang that can potentially prevent medication errors. The difference in the implementation of the service standard will undoubtedly affect the quality of pharmaceutical services provided to patients⁵. Likewise, the pharmaceutical services provided in pharmacies, the implementation of pharmaceutical services provided in the network/franchise, and non-network pharmacies must meet the standards of pharmaceutical services in pharmacies, in the provision of medicine, medical devices, and consumable medical materials, or the clinical pharmacy services, including the provision of medical information⁶. A study of the pharmacist community in 2009 showed that pharmacists are not quite ready, according to the

Department of Health and the Association of Indonesian Pharmacists (*Ikatan Apoteker Indonesia*; *IAI*). The pharmacists in non-franchise pharmacies are even more unprepared than the franchise pharmacies. Franchise pharmacies' pharmacists in the metropolitan city are preparing to face the patient-oriented paradigm and fulfilling the pharmacy service standard. In contrast, the pharmacists in the independent non-franchise pharmacies still emphasize fast service and the lower price of medicine⁷.

The government has enforced a standard of pharmaceutical services in pharmacies through the Minister of Health Decree Number 73 of the Year 2016 concerning the standard of pharmaceutical services in Pharmacies, which includes two aspects. The first aspect is the provision management of pharmacy, medical devices, and consumable medical materials; the second is the clinical pharmacy services. Implementing these standards is a practice guide for pharmacists in carrying out the profession in pharmacies, protecting the public from unprofessional services, and carrying out pharmaceutical practices. Pharmacists must improve knowledge, skills, and behavior in interacting with patients by providing complete information on medication usage, side effects, and monitoring. Therefore, pharmacists must comply with pharmaceutical service standards in pharmacies to ensure the quality of public pharmaceutical services.

Drug information services are an essential part of the clinical pharmacy service¹⁰. The quality of pharmaceutical services at networked/franchise and non-networked/non-franchise pharmacies will affect the completeness of the information provided to patients, so it is necessary to pay attention to good service and meet the Pharmacy Service Standards at the Pharmacy (Standar Pelayanan Kefarmasian di Apotek; SPKA)¹¹. Research on the completeness of drug information to patients is a study that can be carried out to assess and measure the quality of service provided by pharmacists and pharmaceutical personnel in pharmacies¹². The pharmacy service provider acts as the health worker who provides medicine preparation services and information and education services to improve the health and quality of life¹³. Therefore, it is necessary to investigate the completeness of the information by pharmacy personnel in Semarang pharmacies, either networked/franchise or non-network pharmacies. The purpose of this study is to compare patients' perceptions of drug information services by pharmacy staff according to the type of pharmacy ownership (franchise/non-franchise) in Semarang. Through the research, pharmacies can be informed about the medical information services provided by the pharmacy personnel at the respective pharmacies and, at the same time, can be used as evaluation materials to play a more significant role in improving the quality of medication information services to patients.

MATERIALS AND METHODS

A franchise pharmacy is an authorization or official permission or approval granted by a pharmacy company to distributors, groups, or individual owners to establish a pharmacy, for example, Kimia Farma, K24, and Viva Generik. Non-franchise pharmacy is a pharmacy in the general community. Inclusion criteria for respondents in this study were subjects who had redeemed drugs or purchased pharmaceutical products at a pharmacy in Semarang within a maximum of the last three months, had received direct pharmaceutical services from pharmacists and pharmacy technical staff, the minimum age was 17 years, and subjects who were willing to be respondents. The exclusion criteria were respondents who did not complete their questionnaire. The study design and protocol were approved by the Faculty of Medicine Ethics Committee, Universitas Islam Sultan Agung, with the number EC/244/VII/Komisi Bioetik. The tool used in the research was a modified questionnaire Investigating Consumer Attitudes toward Community Pharmacy Services¹⁴. The questionnaire obtained permission from the previous author and was translated "backward-forward" into the Indonesian version by the Center for International Language Development (CILAD) Universitas Islam Sultan Agung with DOI https://doi.org/10.5281/zenodo.6777035. From calculation from the Slovin formula with a population assumed as 1000 people, the study requires 286 and 30 respondents for the validity and reliability test. The respondents were recruited by quota sampling from May until October 2020. Data collection was carried out with a Google Form questionnaire. The questionnaire distribution was through Google Form link sharing as https://bit.ly/pelayananfarmasi by social media. The Questionnaire item was available in the Supplement file. Data analysis was conducted with the Mann-Whitney test.

RESULTS AND DISCUSSION

The research was carried out on Google Form, in which all questions were valid and reliable with R >0.361 for 30 respondents with a significance level of 5%. The reliability test shows that Cronbach's α value was 0.832. **Table I** shows that from 286 respondents who met inclusion criteria, franchise pharmacies have more patients than non-franchise ones, with 167 respondents at franchise and 119 at non-franchise pharmacies.

Table I. Respondents based on types of pharmacies

Pharmacy type	Total respondents	0/0
Franchise	167	58.4
Non-franchise	119	41.6
Total	286	100

Table II shows that in each pharmacy, the number of respondents with females was more dominant than males, with a relatively large ratio. The female respondents in franchised and non-franchised pharmacies were 130 people (77.8%) and 89 people (74.8%), respectively; the rest were males. Most respondents are between 17 and 25 years old with an education diploma or bachelor's degree. The same results were also shown in previous research¹⁵, which explains that women were more concerned about the health of each family member, which affected the frequency of female respondents visiting the pharmacy. In addition, another previous study¹⁶ also shows that women have an essential role as decision-makers in health services for themselves and their families.

Table II. Demographic characteristic of respondents

Damamastana	Franchise pharmacy		Non-franchise pharmacy		
Parameters	Total respondents	0/0	Total respondents	0/0	
Gender	-				
Man	37	22.2	30	25.2	
Woman	130	77.8	89	74.8	
Ages (y.o.)					
17 - 25	135	80.8	87	73.1	
26 - 35	19	11.4	11	9.2	
36 - 45	5	3	9	7.6	
46 - 55	8	4.8	11	9.2	
56 - 65	0	0	1	0.8	
>65	0	0	0	0	
Education					
Elementary school	4	2.4	0	0	
High school	32	19.2	23	19.3	
Diploma/Bachelor	130	77.8	95	79.8	
Magister	1	0.6	1	0.9	
Work background					
Health worker	38	22.8	25	21	
Other	129	77.2	94	79	

Table III describes that of 167 respondents who visited franchise pharmacies, 93 people (55.7%) believed that those who served respondents in pharmacies was pharmacist, followed by 19 people (11.4%) who answered that those who served respondents were not pharmacists or person staff, and 55 people (32.9%) chose to answer that they did not know the person profession who served them, whether it was a pharmacist or person staff. In non-franchise pharmacy have similar results with 45.4%, 20.2%, and 34.4%, respectively. **Table III** analyzes the response to information about drug services for patients, indicating that only 55.7% of patients recognized pharmacists in franchise pharmacies and only 45.4% in non-franchised pharmacies. About 33.7% of patients, in general, did not know whom pharmacy staff in charge provided the services. This study shows that pharmacist roles are still not well known by the community. Since pharmacists are health workers obliged to provide drug counseling, they should not be replaced by pharmaceutical technical personnel. In addition, identity as a pharmacist in pharmacies is essential, so it is always advised to use/wear a special identity sign that shows a pharmacist's profession when performing service in the pharmacy¹⁷.

Table III. Distribution of respondents answers to the question "Are you served by a pharmacist?"

A martinan anha crants	Franchise pharmacy		Non-franchise pharmacy		
Answer category	Total respondents	0/0	Total respondents	0/0	
Yes	93	55.7	54	45.4	
No	19	11.4	24	20.2	
Unsure	55	32.9	41	34.4	
Total	167	100	119	100	

Table IV explains that from 167 respondents in franchise pharmacies, 98 people (58.7%) answered agreed with the assessment that the pharmacy staff who served were experienced, trustworthy, and confident. However, 69 people (41.3%) answered neutrally in that regard. In non-franchise pharmacies have similar results with 58% and 41.2%, respectively.

Table IV. Distribution of respondents' answers to the question "How would you rate the pharmacy staff who served you? Are their experienced/trustworthy/confident/useful?"

A morrow category	Franchise pharmacy		Non-franchise pharmacy		
Answer category	Total respondents	0/0	Total respondents	0/0	
Agree	98	58.7	69	58	
Netral	69	41.3	49	41.2	
Disagree	0	0	1	0.8	
Total	167	100	119	100	

Table V indicates that the majority of the respondent, 140 respondents (83.8%) in franchise pharmacies and 91 (76.5%) in non-franchise pharmacies, admitted that they had been given advice or information by pharmacy staff at the time of service. However, 27 respondents (16.2%) in franchise pharmacies and 28 (23.5%) in non-franchise pharmacies answered that they were not given advice or information during service. **Table VI** shows that 57 respondents (34.1%) in franchise pharmacies and 31 (26.1%) in non-franchise pharmacies answered that they had been given information and advice about healthy eating. They were followed by 35 respondents (21%) in franchise pharmacies and 24 (20.2%) in non-franchise pharmacies receiving education about the use of antibiotics for flu and the common cold. **Table VII** shows that most respondents were satisfied with pharmacy staff service regarding attitude, instruction, drug information about side effects, and asking about previous health history and counseling place. However, the majority of respondents in both pharmacies disagree with a statement about proper drug storage methods information, with 10.8% in franchise pharmacies and 17.6% in non-franchise pharmacies.

Table V. Distribution of respondents' answers to the question " Have you ever been given advice by a pharmacy staff?"

A nextran autogram	Franchise pharmacy		Non-franchise pharmacy		
Answer category	Total respondents	0/0	Total respondents	0/0	
Yes	140	83.8	91	76.5	
Never	27	16.2	28	23.5	
Total	167	100	119	100	

Table VI. Distribution of respondents' answers regarding suggestions/information ever given by pharmacy staff

A marriage antograms	Franchise pharma	Non-franchise pharmacy		
Answer category	Total respondents	%	Total respondents	%
Not answer	22	13.2	18	15.1
Smoking cessation	8	4.8	7	5.9
Healthy eating	57	34.1	31	26.1
Physical training	5	3	2	1.7
Steroid anabolic	0	0	0	0
Hypertension	3	1.8	1	0.8
Diabetes	0	0	0	0
Oral contraception	1	0.6	1	0.8
Antibiotic used in common cold and influenza	35	21	24	20.2
Answer >1 choices	36	21.6	35	29.4
Total	167	100	119	100

Table VII. Analysis of responses to questions "Pharmacy staff services at franchise and non-franchise pharmacies" based on median and mean values

No	Question -		Median		Mean	
NO			Non-F	F	Non-F	value
1	The Pharmacy staff in charge of administering your medicines in a polite manner	3	3	2.89	2.8	0.027
2	Label on each drugs are well instructed by pharmacy staff	3	3	2.82	2.75	0.189
3	Pharmacy staff explain all possible side effects clearly	3	2	2.43	2.29	0.203
4	Pharmacy staff provide written/printed information about drug therapy and/or	3	3	2.52	2.34	0.065
	disease					
5	Pharmacists use information about your previous condition/medication when administering your drug therapy	3	3	2.59	2.49	0.361
6	Pharmacists provide information on proper drug storage methods	3	3	2.44	2.35	0.422
7	Pharmacy provided counseling place to respects your privacy	3	3	2.65	2.58	0.293

According to **Table VII**, the response to information about drug services for patients shows that most respondents agreed that pharmacy staff is in charge, providing medicines politely, always giving a clear label, and explaining all possible medication side effects clearly¹⁸. The study showed that pharmacy staff in Semarang already implemented technical guidelines for pharmaceutical service standards in pharmacies; these activities are included in the dispensing process. In the technical guidelines, it is stated that before handing over the medicine to the patient, a re-examination of the writing of the patient's name on the label, usage instructions, and the type and amount of medicine (the compatibility between the writing of the label and the prescription) must be done¹⁹.

In addition, most respondents agree that pharmacy staff provides written/printed information on drug therapy and patient diseases. The pharmacy staff also used information about the patient's previous condition/medication when administering medicine therapy. When administering medicine to patients, pharmacist or pharmacy personnel must be attentive to the patient's history of medication or disease, especially related to the medications consumed, to reduce the side effects. The process described in the statement is part of the clinical pharmacy service activity: medication information provision²⁰. Based on technical guidelines for the implementation of pharmaceutical service standards in Pharmacies, it is stated that in the drug counseling process, Drug Information Services include activities such as answering questions orally or in writing, making brochures/leaflets containing medication information, as well as providing education and information to patients. In detail, it is necessary to ask the patient questions and data/information in implementing service standards²¹. The counseling process standard also explains that pharmacists need to explore further information by exploring medicine use problems and explaining medicine use problem-solving. The pharmacy services standard's technical guidelines also show that pharmacies must have adequate space, including rooms/places for counseling. At a minimum, there must be a set of tables and chairs for counseling in the counseling space, a book cupboard, reference books, leaflets, posters, counseling supporting tools, and counseling book records and forms to record the patients' treatment²².

The Mann-Whitney test result shows Asymp Sig. (2-tailed) value of 0.264, as shown in **Table VIII**. The significance of the acquisition result value was more than 0.05, which indicates that the completeness of the medication information by the pharmacy personnel between the franchise and nonfranchise pharmacies has no significant difference. The median value acquisition of franchise pharmacies' respondents is 19.00, while the nonfranchise pharmacies' respondents is 18.00. The median value obtained in the two ownership types of pharmacies shows the category of "very complete" in the pharmacy service, which is in the value range of 18-21. Therefore, it can be interpreted that the completeness of medicine information by pharmacy personnel between the franchise and non-franchise pharmacies has no significant difference.

Table VIII. Mann-Whitney test results, Median value of the franchise and non-franchise pharmacies

Test	Sig.	Interpretation			
Non-parametric test: Mann-Whitney test	0.264	Not significantly different			
Median of franchise pharmacies	19.00	Very complete			
Median of non-franchise pharmacies	18.00	Very complete			

In general, not all patients are informed and aware of what to do with the medicines that have been obtained, so medication services are needed to prevent medicine abuse and unwanted medicine interactions. In this case, medicine information

services are still lacking compared to the need for speed in service and information about patients' medicines. Pharmacy personnel must provide patient information. Besides, pharmacy personnel must proactively provide medication information services to patients. Some information that should be conveyed to patients includes the dosage of drugs, methods, the timing of use, the amount of medicine consumed in a day, how to store medicines, and how to deal with possible side effects are possible²³.

In many countries, the sustainability of pharmacy practice has been carried out; pharmacists have integrated regulations to support patients in selecting medications and providing appropriate information advice^{24,25}. For results, pharmaceutical practices' sustainability needs to be maintained for patient quality of service and life. Furthermore, patient's perceptions of the pharmacy profession as a product rather than a service certainly influence satisfaction with community pharmacy services. Interestingly, in some study²⁶, patient satisfaction was high despite the low counseling level rating. According to other studies^{27,28}, the higher the frequency of counseling and monitoring, as well as the more targeted the guidance, the higher the satisfaction rating²⁹. It has also been stated that patient counseling may not be as frequent or as comprehensive due to a lack of demand for these services. These findings emphasize the importance of educating the public about pharmacists' services.

CONCLUSION

Patients' perceptions about pharmaceutical services based on the type of pharmacy ownership (franchise/non-franchise) in Semarang do not significantly differ. Unfortunately, many respondents are still unaware of the pharmacist profession. Therefore, We humbly recommend that pharmacists wear identification as pharmacists as they do pharmacy services to the community.

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AUTHORS' CONTRIBUTION

Nisa Febrinasari: conceptualization, supervision, writing- review and editing. **Abdur Rosyid**: supervision. **Fadhilla Huswatunnida**: investigator, writing original draft.

DATA AVAILABILITY

None.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

REFERENCES

 Bobbins AC, Burton S, Fogarty TL. Different models of pharmaceutical services and care in primary healthcare clinics in the Eastern Cape, South Africa: Challenges and opportunities for pharmacy practice. Afr J Prim Health Care Fam Med. 2020;12(1):e1-11. doi:10.4102/phcfm.v12i1.2323

- Lopes H, Lopes AR, Farinha H, Martins AP. Defining clinical pharmacy and support activities indicators for hospital practice using a combined nominal and focus group technique. Int J Clin Pharm. 2021;43(6):1660-82. doi:10.1007/s11096-021-01298-z
- 3. Eiland LS, Benner K, Gumpper KF, Heigham MK, Meyers R, Pham K, et al. ASHP-PPAG Guidelines for Providing Pediatric Pharmacy Services in Hospitals and Health Systems. J Pediatr Pharmacol Ther. 2018;23(3):177-91. doi:10.5863/1551-6776-23.3.177
- 4. Jimmy B, Jose J. Patient medication adherence: measures in daily practice. Oman Med J. 2011;26(3):155-9. doi:10.5001/omj.2011.38
- 5. Satibi, Marin VYW, Suwarni S, Kuswardhani. Analisis Perbedaan Implemantasi Standar Pelayanan Kefarmasian dengan Potensi Medication Error di Beberapa Rumah Sakit Kota Semarang. J Manajemen Pelayanan Farmasi J Manag Pharm Pract. 2017;7(3):125-31. doi:10.22146/jmpf.33251
- Costa FA, Scullin C, Al-Taani G, Hawwa AF, Anderson C, Bezverhni Z, et al. Provision of pharmaceutical care by community pharmacists across Europe: Is it developing and spreading? J Eval Clin Pract. 2017;23(6):1336-47. doi:10.1111/jep.12783
- 7. Mulyagustina, Wiedyaningsih C, Kristina SA. Implementation of Pharmaceutical Care Standard in Jambi City's Pharmacies. J Manajemen Pelayanan Farmasi J Manag Pharm Pract. 2017;7(2):83-96. doi:10.22146/jmpf.30284
- 8. Wiryanto, Tanjung H, Rumonda R. Implementation of Standards for Managing Pharmaceutical, Medical Devices and Disposable Medical Materials in Community Pharmacy in Medan City. Open Access Maced J Med Sci. 2019;7(22):3769-73. doi:10.3889/oamjms.2019.532
- 9. Ilardo ML, Speciale A. The Community Pharmacist: Perceived Barriers and Patient-Centered Care Communication. Int J Environ Res Public Health. 2020;17(2):536. doi:10.3390/ijerph17020536
- Alamri SA, Al Jaizani RA, Naqvi AA, Al Ghamdi MS. Assessment of Drug Information Service in Public and Private Sector Tertiary Care Hospitals in the Eastern Province of Saudi Arabia. Pharmacy. 2017;5(3):37. doi:10.3390/pharmacy5030037
- 11. Gobel N, Tuloli TS, Madania. Studi Penjaminan Mutu (Quality Assurance) Dalam Pelayanan Kefarmasian Di Apotek. J Syifa Sci Clin Res. 2022;4(2):237-46. doi:10.37311/jsscr.v4i2.13956
- 12. Athiyah U, Setiawan CD, Nugraheni G, Zairina E, Utami W, Hermansyah A. Assessment of pharmacists' knowledge, attitude and practice in chain community pharmacies towards their current function and performance in Indonesia. Pharm Pract. 2019;17(3):1518. doi:10.18549/PharmPract.2019.3.1518
- 13. Hermansyah A, Wulandari L, Kristina SA, Meilianti S. Primary health care policy and vision for community pharmacy and pharmacists in Indonesia. Pharm Pract. 2020;18(3):2085. doi:10.18549/pharmpract.2020.3.2085
- 14. El-Sharif SI, Alrahman NA, Khaled N, Sayah N, Gamal E, Mohammed A. Assessment of Patient's Satisfaction with Pharmaceutical Care Service in Community Pharmacies in the United Arab Emirates. Arch Pharma Pract. 2017;8:22-30.
- 15. Aljuffali LA, Alshabanah MO, Almalag HM. Cross-sectional study to evaluate burnout among pharmacy staff in Saudi Arabia during COVID-19 pandemic. Saudi Pharm J. 2022;30(4):440-53. doi:10.1016/j.jsps.2022.01.017
- 16. Osamor PE, Grady C. Women's autonomy in health care decision-making in developing countries: a synthesis of the literature. Int J Womens Health. 2016;8:191-202. doi:10.2147/ijwh.s105483
- 17. Tommasello AC. Substance abuse and pharmacy practice: what the community pharmacist needs to know about drug abuse and dependence. Harm Reduct J. 2004;1(1):3. doi:10.1186/1477-7517-1-3

- 18. Brown MT, Bussell JK. Medication Adherence: WHO Cares? Mayo Clin Proc. 2011;86(4):304-14. doi:10.4065/mcp.2010.0575
- Manchanayake MGCA, Bandara GRWSK, Samaranayake NR. Patients' ability to read and understand dosing instructions of their own medicines - a cross sectional study in a hospital and community pharmacy setting. BMC Health Serv Res. 2018;18(1):425. doi:10.1186/s12913-018-3252-1
- 20. Fitzgerald RJ. Medication errors: the importance of an accurate drug history. Br J Clin Pharmacol. 2009;67(6):671-5. doi:10.1111/j.1365-2125.2009.03424.x
- 21. Toklu HZ, Hussain A. The changing face of pharmacy practice and the need for a new model of pharmacy education. J Young Pharm. 2013;5(2):38-40. doi:10.1016/j.jyp.2012.09.001
- 22. Ali S, Shimels T, Bilal AI. Assessment of Patient Counseling on Dispensing of Medicines in Outpatient Pharmacy of Tikur-Anbessa Specialized Hospital, Ethiopia. Ethiop J Health Sci. 2019;29(6):727-36. doi:10.4314/ejhs.v29i6.9
- Saqib A, Atif M, Ikram R, Riaz F, Abubakar M, Scahill S. Factors affecting patients' knowledge about dispensed medicines: A Qualitative study of healthcare professionals and patients in Pakistan. PLoS One. 2018;13(6):e0197482. doi:10.1371/journal.pone.0197482
- 24. Bou-Saba AW, Kassak KM, Salameh PR. The current trends and challenges towards good community pharmacy practice and the way forward. Explor Res Clin Soc Pharm. 2022;6:100152. doi:10.1016/j.rcsop.2022.100152
- 25. McConnell KJ, Delate T, Newlon CL. The sustainability of improvements from continuing professional development in pharmacy practice and learning behaviors. Am J Pharm Educ. 2015;79(3):36. doi:10.5688/ajpe79336
- Ali HS, Alhadab AS, Mohamed EB, Prajapati SK, Badulla WFS, Alshakka M, et al. Patients' Perspectives on Services Provided by Community Pharmacies in Terms of Patients' Perception and Satisfaction. J Young Pharm. 2019;11(3):279-84. doi:10.5530/jyp.2019.11.56
- 27. Al-Arifi MN. Patients' perception, views and satisfaction with pharmacists' role as health care provider in community pharmacy setting at Riyadh, Saudi Arabia. Saudi Pharm J. 2012;20(4):323–30. doi:10.1016/j.jsps.2012.05.007
- 28. Hasan S, Sulieman H, Stewart K, Chapman CB, Hasan MY, Kong DCM. Assessing patient satisfaction with community pharmacy in the UAE using a newly-validated tool. Res Social Adm Pharm. 2013;9(6):841–50. doi:10.1016/j.sapharm.2012.10.002
- Larasanty LPF, Cahyadi MF, Sudarni NMR, Wirasuta IMAG. Patient satisfaction with pharmaceutical care services provided at primary-level and secondary-level health facilities in Indonesia's health coverage system. J Health Res. 2019;33(1):80–8. doi:10.1108/JHR-06-2018-0033