

CONSUMER PERCEPTION OF
THE COMMUNITY
PHARMACEUTICAL AND
COMMUNITY PHARMACY
SERVICES IN TIRUR CITY

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INTRODUCTION

12A community pharmacy, often said as retail pharmacy or referred to as retail drug outlet, is a place where medicines and drugs are stored and dispensed, compounded, supplied, sold or distributed. The community pharmacies are commonly known as "medical stores." Pharmacists working in the community pharmacies are either Diploma pharmacists or graduated pharmacists with B Pharm degree. Consumer satisfaction is an important part of the quality of primary health care. Determining the consumer perception of patient-centered services enables a perspective by which standards of care can be determined, thus the pharmacist's role can be judged for overall improvement of the quality of service provided to the customer and their satisfaction can be improved. Increasing the consumer knowledge about the contribution of the community pharmacist in the field of health care can help to make the consumers and the common people more aware of how community pharmacists can use their medicines and knowledge about in the improvement of care.

and advice 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 for such activities to the patients.

by the patients as the survey indicated. Tirur city consumers have a positive overall perception of community pharmacists and of the services offered from community pharmacies that is comparable to most studies in Europe and the USA. Patient satisfaction can be reliably measured by surveys structured around the principles of pharmaceutical care. The introduction of patient counseling into routine

community pharmacy operations can improve patient satisfaction, especially when accompanied by formal consultations about their medical conditions. This study will provide guiding information about the population perception, views and satisfaction with pharmacist performance as health care provider in the community pharmacy setting, this study reveals the image and professional performance of community pharmacist among the consumers. Patients show better satisfaction perception and appreciation of the pharmacist role in the health care team. Extra efforts should be paid to improve the clinical skills of the Community pharmacist.

Community pharmacists today are involved in a wide variety of professional activities which may be considered as either product or patient oriented. Community pharmacist can play an important role in patient counseling and should be able to give basic drug information in terms of appropriate drug usage, side effect, and drug-drug and drug food interaction. This study generates opinion and view of performance is crucial to improve the quality of current services, evaluating the need for new services and enhancing communication and expectations between two sides. This study also provides a baseline before implementing new strategies or clinical service to measure patients' views about pharmacist's role in health care team and even improve patients' adherence to medication.

They should play a proactive role in becoming an effective and indispensable part of health care. They should be able to advise, guide, direct and persuade the patient to comply with correct use of drugs. Community pharmacist should equip themselves with appropriate knowledge and competencies in order to tender efficient and outstanding pharmaceutical health care.

Community pharmacist today are involved in a wide variety of professional activities which may be considered as either product or patient oriented. Community pharmacist can play an important role in patient counseling and should be able to give basic drug information in terms of appropriate drug usage, side effect, and drug-drug and drug food interaction. Hope this study generates opinion and view of performance is crucial to improve the quality of current services, evaluating the need for new services and enhancing communication and expectations between two sides. This study may provide a baseline before implementing new strategies or clinical service to measure patients views about pharmacist's role in health care team and even improve patients adherence to medication.

Clinical Pharmacy

health, and disease is prevention in a patient supporting manner. Clinical pharmacists care for patients in all health care settings, but the clinical pharmacy movement initially began was inside hospitals or clinics usually. Pharmacists should provide a direct patient care done by service that makes the use of medication and promotes wellness. Clinical pharmacists sometimes combines with physicians and other healthcare professionals to improve the pharmaceutical care that they can provide. Clinical pharmacists are now an integral part of the patient care. They often participate in patient care rounds drug product selection and other patient care programs .

The role clinical pharmacist's involves creating a proper drug therapy plan for specific patient problems, determining goals of therapy, and reviewing all prescribed medications before dispensing and administration to the patient or the required consumer. These process often involves an evaluation of the

appropriateness of the drug therapy like frequency, drug choice, route, dose, and duration of therapy and its efficacy. The pharmacist must also look for potential interactions, adverse reactions, and assess patient drug allergies while designing and initiating a drug therapy plan

Ambulatory Care Pharmacy

The modern clinical pharmacy, ambulatory care pharmacy practice has emerged as a unique pharmacy practice setting. In 2011 the board of Pharmaceutical Specialties approved ambulatory care pharmacy practice as a different board of certification. designation for pharmacists who pass the ambulatory care pharmacy specialty certification exam would be Certified Ambulatory Care Pharmacist and can carry the initials BCACP. this pharmacy practice is mainly based primarily on pharmacotherapy services that a pharmacist provides in a clinic or in a hospital. Pharmacists in this setting often do not dispense drugs, rather see patients in office visits to manage chronic disease states. In the federal health care system which includes the VA, the Indian Health Service, and NIH, ambulatory care pharmacists are given with the full independent prescribing authority and all rights. In some states such North Carolina and New Mexico and some other European countries these pharmacist clinicians are also given collaborative prescriptive and diagnostic authority

Compounding Pharmacy

Compounding is the process of preparing drugs in new forms and methods. Like, if a drug manufacturer provides a drug as a tablet, a compounding pharmacist might convert it to medicated lollipop that contains the drug or to other dosage

forms. Patients who have difficulty in swallowing the tablet may prefer to suck the medicated lollipop instead or can be given syrups or such liquid dosage forms. Another method compounding is by mixing or adding different strengths of capsules or tablets to yield the desired amount of medication necessary for the patient. This form of compounding is found at community pharmacies or hospital pharmacies or in the home administration therapy. Compounding pharmacies specialize in compounding, although many sometimes dispense the same non-compounded drugs that patients can obtain from the community pharmacies or other medical stores.

Internet Pharmacy

A large no of internet pharmacies has been developed since the year of 2000. Most of these pharmacies have similarities to that of community pharmacies, and in fact, many of them are actually operated and controlled by big community pharmacies that serve consumers online and those that walk in their door, and this has been proven useful to the development and publicity of the pharmacies . The main difference between the two types of pharmacies is the method by which the medications are requested and given. for some customers this to be more convenient and private method traveling to a community drugstore where another customer might overhear about the drugs that they take would not be convenient for some customers so for them this type of pharmacies would be much preferable . Internet pharmacies are also known as online pharmacies, they are also recommended to some patients by their doctor if they are homebound and in such a condition that the patient cannot go and get the required medicaments so online pharmacies are a great advantage to them .

. such pharmacies dispensing substandard products have also been reported. particular concern with online pharmacies is the ease with which people, youth in particular, can obtain controlled substances like Vicodin and such drugs, through the Internet without a prescription issued by the physician or the medical practitioner who has a good doctor-patient relationship. There are also cases where a practitioner gives a prescription, brokered by an Internet server, for a controlled substance to a "patient" who has been never met.

In the U S, in for a prescription valid, it must be issued only for a legitimate medical purpose that to by a licensed practitioner acting, this has been done for safety reasons to avoid unnecessary problems. The pharmacy has a responsibility to ensure whether the prescription is valid or not. Often, individual state laws outline what is defined as a valid patient-doctor relationship. Canada is home to dozens of licensed online pharmacies, many of them sell lower-cost prescription drugs to U.S. consumers and also to the customers of the nearby countries thus providing them with easy access to the drugs at low cost, US is one of the country who pay one of the world's highest drug prices. In recent years, many consumers in the US and in other countries with high drug costs, have turned to depend on Internet pharmacies of countries like Israel, India, and the UK, etc which often have even lower prices than in Canada. In the U S, there has been a push to legalize import of medications and drugs from Canada and other countries, who provide drugs at low cost in order to reduce costs of the drugs. But in most of the cases importation of prescription medications and drugs violates Food and Drug Administration (FDA) regulations and federal laws and rules, enforcement is generally targeted at international drug suppliers, rather than consumers. There is no known case of any U.S. citizens buying

Canadian drugs for personal use with a prescription, which has been charged by authorities.

Consultant Pharmacy

Consultant pharmacy practice looks more on medication review like “cognitive services” other than on actual dispensing of the drugs. Consultant pharmacists most typically work in nursing homes, or in dispensaries but are increasingly branching into other institutions and non-institutional settings. Traditionally consultant pharmacists were usually independent business owners, though in the US many now work for several large pharmacy management companies. The consultant pharmacists begin to work directly with patients, primarily because most of the elderly people are now taking numerous medications but continue to live outside of institutional settings thus this old trend may be gradually reversing. Some community pharmacies employ consultant pharmacists and also provide consulting services along with compounding and dispensing of drugs. Helper and Strand in 1990 developed the main principle of consultant pharmacy .

Nuclear Pharmacy

Nuclear pharmacies focus or aim at the preparation of radioactive materials for diagnostic tests and for treating certain diseases like cancer . Nuclear pharmacists need special additional training specifically in handling radioactive materials, and unlike in community and hospital pharmacies, nuclear pharmacists typically do not interact directly with patients and sell them directly to the customers.

Veterinary Pharmacy

Military P Consumer patterns for visiting the community pharmacy

(58.4%) of consumers visited the community pharmacy frequently, (19.6%) visited regularly, (5.6%) went weekly and only (16.4%) answered not known about their visit. Time consumption in a community pharmacy includes time to place patient's prescription and the time for buying drugs. For placing prescription opinion of (58.4%) consumers recorded as immediate service, according to (34.8%) pharmacist take up to one minute for receiving their prescription. According to (5.2%) between one and five minutes and for (1.6%) pharmacist took more than 5 minutes to place their prescription. (86%) patients received their drugs within 10 minutes, (13.6%) waited 10 to 30 minutes for their drugs, and only(0.4%) waited more than 30 minutes.

Nature of purchasing prescribed/non prescribed medication

Most of the consumers/patients purchased prescribed drugs that were about (87.6%) of total population, only (12.4%) are visited community pharmacy for self-medication.

Satisfaction with pharmacist

The majority of consumers had a good perception of the community pharmacist and was very or fairly satisfied with various pharmacist characteristics, namely pharmacist efficiency. When dealing with their requests (80%), provision of instructions on how to take medications (88%), times spend by pharmacist for patient (72%), professional pharmacist–consumer relationship (79.2%). Consumers have an average perception and was very or fairly satisfied about knowledge and ability to answer questions and pharmacist interest in patient health(52.40%) ,

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Patient perception about the quality of the drug

The majority of consumers had a good perception about the drug administered and was very or fairly satisfied with the quality of the drug(82.8%). (8%) were neutral and (9.2%) consumers were unsatisfied with the quality of their drugs.

Satisfaction with community pharmacies

Majority consumers had a good perception of the community pharmacy and was very or fairly satisfied with the maintaining their privacy in pharmacy (64.8%). And question about whether they satisfied with this pharmacy (77.2%), (19.6%) were neutral and (15.6%) were not satisfied with their privacy in community pharmacy. The consumers in this study were not at all satisfied with the privacy in the pharmacy and considered having a private consultation area in the pharmacy as important. Similar complaints against lack of privacy in community pharmacies have been reported in the Netherlands and the UK. The incorporation of private consultation rooms in community pharmacies has been supported in the UK and should be considered as an asset for newly established pharmacies or renovated premises (15.6%) have neutral opinion and (7.2%) were not satisfied with the

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Military pharmacy is present in an entirely different working environment due to the fact that technicians performs most duties that in a civilian sector would be illegal so the pharmacist working in such environment also should be trained to face such conditions and adverse effects. State laws of Technician patient counseling and medication checking by a pharmacist usually do not get applied in this case.

COMMUNITY PHARMACY AND CONSULTANT PHARMACISTS

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Hospitals and Other Institutional Settings

-oriented services, the demand for practitioners in this area of pharmacy would also grow significantly without any doubt

Managed Care Pharmacy

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Pharmacists are employed with various capacities within managed care organizations (MCOs). Managed care is mainly designed to optimize patient care and outcomes and foster the quality through greater coordination of medical services. MCOs incorporate pharmaceutical care is said to improve access of primary and preventive care, ensure the most appropriate and effective use of medical services in a much cost-effective way. It was estimated that more than 130 million individuals in U.S. received health care services through managed care by the end of 1995. Managed care continues to be assumed to have a larger role in our health care system, opportunities for pharmacists practicing in these types of settings are expected to grow significantly and uncontrollably . some Areas in where managed care pharmacists can play a vital role may include:

Practice Guidelines and Protocol Development

Pharmacists in Managed care often work directly with physicians or medical practitioners or other care givers to determine the medical treatments, including drug therapies, are most effective in improving patient outcomes. It can also involve

regularly reviewing medical literature to determine which drugs are the safest and most effective and with less side effects for treating a particular disease, gathering data and information from the plan's patient population, and performing analyses based on those studies.

Drug Utilization Review And Drug Use Evaluation

Managed care pharmacists review drug utilization to determine which patients' and prescribers are using a specific medication. They may allow the pharmacist to determine whether the drugs are properly prescribed or used. With this knowledge, the pharmacist and health care providers can then actively participate in the patient's care program to assure better result.

Care Management Programs

Care Management Programs are often called "disease management programs," these programs involve having all the health care managers like physicians, pharmacists, case managers and others to work together to effectively manage and also to coordinate the overall care of patients who are at high risk with complications because of certain diseased conditions.

Other responsibilities in the managed care environment can include:

- Contracting and keeping connections with local pharmacies and also the local physicians to develop networks to serve plan members. Maintaining a relation between the pharmaceutical manufacturers and dealers so as to get rebates on prescription drug products and also to get other value-added services and discounts to increase the working efficiency of the pharmacy

- claims processing should also be given proper importance so that the patient-prescriber data can be transmitted electronically
- regular claims payment and information providing to assist with clinical functions such as drug should also be performed.
- Developing and managing of the plan's approved for drug therapy would also be encouraged.

The Pharmaceutical Industry

Another good option in pharmacy is determined as the pharmaceutical industry which ensures the supply of chemicals, prescription and on prescription drugs, other health products, etc. usually Pharmacists do such things as marketing, quality control sales, research and product development, and administration. pharmacists go on to get PG degrees in order to meet the technical demands and support and scientific duties required in pharmaceutical manufacturing feild. interest in sales and administration of the pharmacist along with the technical background in pharmacy can combine this with by serving as medical service rep.. Experienced and successful medical representatives who are also good at administrative field often rise to supervisory or executive posts in the pharmaceutical industries . Pharmacists are also often employed as sales representatives, supervisors, and administrators in wholesale drug firms and industries.

Academic Pharmacy

In the nation's colleges and schools of pharmacy over 3,000 full-time faculty members work. They are involved with activities such as research, teaching, public service, patient care and such other activities . Others serve that they provide is as

consultants for local, state, national, and international organizations. Becoming a member of the faculty at a college of pharmacy usually requires PG degree along with proper knowledge and experience . though some pharmacists who complete graduation exercise the option to teaching, there is a shortage of faculty, creating good opportunities for pharmacists in the field of teaching.

Other Fields in Pharmacy

Pharmacists often use their basic educational backgrounds and qualification in a host of federal, state, and professional positions. At the federal level, pharmacists hold staff and supervisory posts in many areas. Some of them may include

Some of these posts provide a commissioned officer status also; others are under the category of civil service. At the state level there are agencies charged with regulating the practice of pharmacy to protect the public health. These legal boards governing pharmacy practice usually have pharmacists employed as full-time executive officers and inspectors. As more state health agencies consolidate their purchases, a pharmacist is often engaged as a purchaser of medical and pharmaceutical supplies for the entire state. Nearly every state has an active pharmaceutical association which employs a full-time executive officer, usually a graduate of a college of pharmacy.

The remainder follows one or another of the special fields you have just reviewed. The opportunity for success in any of these fields is wide open for men and women with ability, education, and imagination.

Community Pharmacy Practice in India: Past, Present and Future

India is a developing nation that is home to over 1.1 billion people. Rapidly growing, the country accounts for 2.4% of the world's surface but is home to 16.7% of the world's population¹. Throughout its 28 states and 7 union territories, 22 national languages have been recognized and upwards of 400 mother tongues and 800 different dialects is in common use. The genesis of community pharmacy practice in India can be traced back to British India when allopathic drugs were introduced and were made available through drug stores towards the end of the nineteenth century. During the colonial period, the pharmacy vocation remained business oriented and those trained to sell drugs were called drug sellers or sometimes dispensers. The pharmacy practice scenario and especially community pharmacy practice during pro-independence era was highly unregulated and there were no restrictions on the practice of pharmacy in India. The practice of prescribing and dispensing was normally a function performed by doctors. In addition, most doctors trained their clinic assistants to dispense medicines and assist in the compounding of medicinal preparations. The assistants were popularly known as "compounders", whose status, functions and duties were ill defined and improperly understood

Community Pharmacists

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and section (2) of the Pharmacy Act 1948, and their presence is legally required during the dispensing and selling of medicines according to Rule 65 of the Drugs and Cosmetics Rules 1945.

Pharmacy Regulation

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number of persons, without any recognized education or training, were reported to have registered their names as pharmacists (called non-diploma pharmacists). Many of these people, who did not succeed in placement in government hospitals, are currently working as community pharmacists in the

private community pharmacies. On paper, every community pharmacy must have a diploma pharmacist or B. Pharm pharmacist onsite. In practice, few pharmacists are onsite in community pharmacies and the dispensing is undertaken by the owner of pharmacy, a relative in case of the pharmacy being owned by a pharmacist, or other supporting person (assistant or attendant) with knowledge of selling medicines. A study conducted in 2005 found about 50% of the pharmacies function without pharmacists (Basak 2005). This study further observed that the majority of patients (70-80%) seek advice about sexually transmitted diseases, menstrual disorders, contraceptive methods and minor illnesses from community pharmacists. A majority of pharmacy owners, who are not pharmacists, hire pharmacists on a token basis and as a result, pharmacists are never available to dispense medications.

Image of Community Pharmacists

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Community Pharmacy and Availability of Medicines

The community (retail) pharmacy sector is the prime source of medicines for both ambulatory and hospitalized patients (minimum stock in many hospitals). The medicines manufactured by pharmaceutical companies are made available to the community pharmacy level through their distributor or clearing and forwarding agent. In many developing countries, private community pharmacies are often seen as a source of inexpensive medical care. India is of no exception. Private pharmacies are often the first and only source of health care for a majority of patients in developing countries. During the early period the diploma courses were mostly run by Government medical colleges. Since the 1980's there has been phenomenal growth of private institutions offering D. Pharm. courses. However, most of these self-financing institutions that provide education in pharmacy are away from practice environment resulting in diploma pharmacists lacking the skills needed for the community practice setting.

Community pharmacy in India- the way forward

According to unofficial estimates, there are over 600,000 licensed retail outlets for medicines sale and supply. In India, consumers' (or patients) expectations from community pharmacists are that the medication should be effective, safe, and affordable. Other expectations from Indian pharmacists would be to dispense the drugs according to the rules with proper advice on how and when the medicines should be taken, and what to do in the case of adverse drug reactions as well as the provision of advice on common ailments. However, it is an undeniable fact that the community pharmacist has failed to provide all these patient oriented services. Perhaps our curriculum of D. Pharm., revised way back in 1991 has failed to change its focus from the preparative and compounding pharmacy towards a focus on patient care. Nonetheless, the introduction of the Doctor of Pharmacy (Pharm. D.) program recently in India (Table-1) may not help the community pharmacy sector and apprehension has been raised regarding the utilization of this course for international status and a tool to serve the US pharmacist workforce shortage. [Jamshad S 2007] In nutshell, India faces massive challenges in providing health care for its vast and growing population. Despite many barriers, community pharmacy services are central to the safe and effective medicines management in advancing health. With rapidly occurring changes in the health care delivery and growing patient expectations, it is hoped that community pharmacy practice will change accordingly.

Community pharmacists are the health professionals most accessible to the public. They supply medicines in accordance with a prescription or, when legally permitted, sell them without prescription. In addition to ensuring an accurate supply of appropriate products, their professional activities also cover counseling of

patients at the time of dispensing of prescription and non-prescription drugs, drug information to health professionals, patients and the general public, and participation in health-promotion programmes. They maintain links with other health professionals in primary health care.

Today, an increasingly wide range of new and analogous products are used in medicine, including high-technology biological products and radio-pharmaceuticals. There is also the heterogeneous group of medical devices, which includes some products analogous to medicines, some of which demand special knowledge with regard to their uses and risks (e.g., dressings, wound management products, etc.). Pharmacists have progressively undertaken the additional task of ensuring the quality of the products they supply.

In a study conducted on Factors contributing to customer satisfaction with community pharmacies at Malaysia reveals the four most influential variables affecting customer satisfaction are convenient hours, availability of OTC drugs and a variety of products, pricing and the attitude of the pharmacy/pharmacist. It was found that elderly and unemployed groups have a significant influence upon satisfaction ($p < 0.01$) In a study on Consumer satisfaction with Community Pharmacies in Warri, Nigeria. Rated their satisfaction as excellent regarding availability of genuine drugs, the pharmacist, and household consumer goods, respectively. The mean total score for pharmaceutical care items was found to be 3.50 ± 1.32 , while the mean total score for traditional pharmacy items was computed to be 3.56 ± 1.34 (midpoint=3, range=1 to 5). Consumers' income status was associated with their satisfaction, with the lower income earners experiencing higher satisfaction ($F=2.668$, $P=0.050$). Another study on Public's attitudes towards

community pharmacy in Qatar: a pilot study(Samah salem 2011)[Most patients agreed that the community pharmacist should provide them with the medication directions of use (93%) and advise them about the treatment of minor ailments (79%); however, more than 70% didn't expect the community pharmacist to monitor their health progress or to perform any health screening. Half of the participants (52%) reported visiting the pharmacy at least monthly. The top factor that affected a patient's choice of any pharmacy was pharmacy location (90%). When asked about their views about community pharmacy services in Qatar, only 37% agreed that the pharmacist gave them sufficient time to discuss their problem and was knowledgeable enough to answer their questions.

A study on Patient satisfaction with pharmaceutical care delivery in community pharmacies at Canada (Marise Gauci 2011). The pilot study's three-factor satisfaction structure was confirmed. Overall, satisfaction measures did not differ by demographics or medical condition, but there were strong and significant store-to-store differences and consultation practice advantages when pharmacists or pharmacists-plus-students participated, but not for consultations with students alone.

A study on Consumer perception of the community pharmacist and Community pharmacy services in Malta (Christine klinner 2006) : The majority of the consumers were very or fairly satisfied with various pharmacist characteristics, such as pharmacist efficiency when dealing with requests (95%), provision of instructions on how to take medications (94%), pharmacist discretion (91%), professional pharmacist–consumer relationship (90%), provision of explanations on how medications work (86%) and pharmacist knowledge and ability to answer questions (81%). They were least satisfied with the privacy in the pharmacy (69%).

Consumers were in favor of the evolution of pharmacist professional services, namely the community pharmacist liaising with primary and secondary care-based physicians (91%), provision of diagnostic testing (87%) and extended opening hours (83%). Another study on Service quality in community pharmacy: An exploration of determinants at Australia (S. Homer 2002) indicated the pharmacy staff perspective, service quality is significantly limited by insufficient internal communication and control processes that impede role clarity and the resolution of conflicting role expectations among customer service personnel. Participants indicated that these problems could be alleviated through the implementation of more transparent, realistic, measurable, and accepted quality specifications by pharmacy management. The study indicates that the extent and quality to which pharmacy management sets, maintains, and communicates service quality specifications to staff directly affects role clarity, role conflict, and organizational commitment among customer service staff, which in turn directly influence the level of service quality provided to the done

LITERATURE REVIEW

WAIKUAN et.al., 2011 Conducted a study at the state key laboratory of quality research in china medicine, institute of Chinese medical science, university of Macao, Macao. The main aim of the study was to investigate community pharmacy response of business strategy and internal management to the rapidly raising competition in Macao. The survey was conducted in 2011. A questionnaire was designed through field interview and sent through mail to all the 135 community pharmacies in Macao, 67 valid questionnaires were selected for further studies and calculations. From the studies it was visible that to meet the fast raising competition most of the community pharmacist widely chose to increase the product categories, search more supplies and provide pharmaceutical and medical services. The could also make a note that the pharmacies chose to improve primary layout, provide staff training, increase their product stock and improve the communication with wholesaler. The studies concluded that raising competition pressures were forcing community pharmacist to enrich business scope, increase professionalism and improve service quality it could also be seen that the main limitations these pharmacist's had to face was due to their financial and human resources and management capabilities.

BURIN et.al., 2010 Department of community pharmacy, Silpokorn University, studied regarding the consumer perception of demonstration pharmacies in Thailand. The main objective was to determine consumer perception of general pharmacy patronage and pharmacist consultation service activities offered by Thai demonstration pharmacies. The study was also aimed at evaluating the factors related to general pharmacy patronage and pharmacist consultation service activities.

For the studies about 1000 customers were selected using 7 demonstration pharmacies. The subjects were asked how important 13 general pharmacy patronage dimensions and 6 pharmacist consultation service activities were. They were asked questions about drug purchase and demographic information. The result shows that the average general pharmacy patronage components may not be enough to assure the success of the demonstration pharmacies and in order to maintain customary loyalty; the service aspect should not be ignored.

SARA et.al., 2009 project regarding the chronic illness rate affected to the people of Australia and the role of community pharmacist towards them. The main objective of the study was to explore new role, opportunity and any associated barriers for community pharmacist to better assist consumer with chronic illness, for this representative of non-government consumer health organizer was interviewed along with health advocates, health care professional, representative of health care professional, organization of pharmacy and medicine. About 21 interviews were conducted and emphasis was placed on the improvement of the pharmacist current role, particularly in the area of medication advice and accessibility, with the current pharmacy remuneration identification model as a barrier to becoming a health hub destination. It was concluded that the eventual progression towards a health hub destination was seen to be important to better assist consumers with chronic conditions.

GEETHA et.al., 2009 Conducted a study to determine the consumer views of community pharmacy services in Bangalore city, India. The opinion about pharmacy service was studied using an instrument which measured satisfaction with primary services. The main focus was to access patient opinion and expectations. The level

of satisfaction with different dimensions was also compared across the different demographic characteristics. The study result revealed significant difference in general satisfaction and interpersonal skill among the various age groups. There was an overall satisfaction dimension score of 56.83% in the current practice and 68.83% in the desired practice. The survey concluded that awareness about pharmacy continuity education program for practicing pharmacist will higher the pharmacy profession in our country.

MOHAMMED et.al., 2008 conducted a survey about community pharmacy perception towards the locally manufactured generic medicines. The survey was conducted in Malaysia. The study included the entire population of practicing community pharmacist in the state of penary, Malaysia, using a self-completed anonymous questionnaire. It was seen that only 48 pharmacist's responded to the questionnaire (17.8%). It was seen that about 97.9% of the responded pharmacist actively dispense generic medicines in their practice. 37.5% says that locally manufactured generic medicines are equal in quality while compared to imported generics, and 47.9% believes that they need to pass more stringent approval process. The survey reports that the majority of responded urged the regulatory authority should convince pharmacist about the quality of domestic generic medicines. It was also clear that the Malaysian pharmacist have lack of confidence with generic medicines produced by local companies.

HASSALI et.al., 2010 Performed a study to document the current level of involvement with health promotion activities among community. State of Penang, Malaysia was the area for the studies. Health promotion mainly involves the process of enabling people to increase control over their health and improve their health. A

cross-sectional study using a questionnaire was undertaken. A total of 100 questionnaires were prepared and distributed to the pharmacist, 80 of the valid questionnaire were collected back. It was observed that the pharmacist counseling was mainly done on activities like, weigh management (92.5%), diabetes counseling (91.3%), medicine counseling (83.8%), nutrition and health (82.5%) etc. It was concluded that most of the community pharmacist in Penang showed a high confidence in providing health promotion activities but still there are some areas where they have to concentrate and improve.

AZAH et.al. 1996 Conducted a qualitative study to find the perception of dispensers regarding dispensing practices in Pakistan. The main purpose of the study was to explore the perceptions' of dispensers regarding dispensing practices and the salient factors affecting dispensing practices in three major cities of Pakistan - Islamabad, Peshawar and Lahore. The main method used was a snowball sampling technique to identify fifteen dispensers working in community pharmacies in Islamabad, Peshawar and Lahore. Semi-structured interviews were conducted with the dispensers until the point of saturation was obtained. Dispensing practices, regulation and influencing factors, were the main areas focused. The studies concluded that all respondents in the different cities agreed that there was a shortage of pharmacists leading to their roles being taken over by the non-professionally qualified personnel working in Community pharmacies.

SEMIRA et.al., 2010 Performed a study regarding the Knowledge, Perception, Practice and Barriers of Breast Cancer Health Promotion Activities among Community Pharmacists. The studies were conducted in Two Districts of Selangor State, Malaysia This cross-sectional survey conducted between May to September

2010, included a sample of 35 community pharmacists. A 22 validated questionnaire that included both closed and Lickert scale questions was used to interview those pharmacists who gave their informed consent to participate in the study. Only 11.3% of the community pharmacists answered all the questions on the knowledge section correctly. The mean overall knowledge of the community pharmacists on risk factors of breast cancer and screening recommendations is 56%. None of the respondents was currently involved in breast cancer health promotion activities. Lack of time (80%), lack of breast cancer educational materials (77.1%) and lack of training (62.9%) were the top three mentioned barriers

SAIRA et.al, 2008 evaluated the Perception of Community Pharmacists Regarding their Role in Pakistan's Healthcare System. A semi-structured interview guide was developed and face to face interviews were conducted. The participants were community pharmacists and were recruited through one of the researcher's personal contacts in two cities of Pakistan (Islamabad and Lahore) from April to June 2008. It was concluded from the studies that Community pharmacies in Pakistan currently face shortage of pharmacists. This has resulted in non-provision of patient counseling; rather services are more focused more on the management of pharmacies than clients. As a result, there is little public awareness of the pharmacist's role in health care.

MURATHAN et.al., 2007 Reported about the role of community pharmacist on the life style of diabetic patient. Questionnaires addressing issues which were important for their diseases and lifestyles were given to diabetic patients who visited the pharmacy of the researcher in Safranbolu. Patients were informed about the quality of lifestyle changes by the pharmacist, and then questionnaire forms were re-

given. It was observed that 64% of the patients who participated in the first questionnaire were on a diet. After consultation with the pharmacist and having the necessary information, it was determined that 76 % of patients took up a diet. Results of the study suggest that pharmacists have a positive effect on life style changes of diabetic patients.

FRANCESCA et.al. 2007 Department of Pharmacy, University of Malta, Msida, Malta researched on the Consumer perception of the community pharmacist and community pharmacy services. They aimed to determine the perception of Maltese consumers to the community pharmacist and of the services offered from community pharmacies. A self-administered questionnaire was developed and psychometrically evaluated. Fifty community pharmacies were chosen by stratified random sampling and the questionnaire was distributed to 500 consumers, 10 from each pharmacy, selected by convenience sampling. Descriptive statistics were undertaken. It was concluded that the Maltese consumers have a overall positive perception of community pharmacists and of the services offered from community pharmacies. They were in favor of the development of extended professional services.

DEWA AYU et.al. 2010 Biomedical and Clinical Pharmacy, Department of Pharmacy Faculty of Mathematics and Natural Sciences, Udayana University, reported the Comparison between Patient's Perception and Expectation on Pharmacy Services in Denpasar. A 22- items questionnaire was supplied to the patient, The comparisons between patients' perceptions and expectations used Servqual score (Perceptions score – Expectation score) and analyzed using Friedman test followed by Wilcoxon test. The average perception of all points on each dimension service

2.91 while the expectation 3.31, resulting in a score ServQual of 2.91 to 4.37 = -0.40. Statistical tests show that patients' perceptions and expectations differ significantly almost in all dimension and statement points.

ZAHEER-UD et.al., 2010 Studied the perception and practices of community pharmacists on generic medicines in relation to dispensing and substitution trends. A cross-sectional survey of randomly selected community pharmacies across West Malaysia was conducted. A total of 40 pharmacies were surveyed in four geographical regions of West Malaysia by using a questionnaire. About 41 per cent of the respondents had 41 – 60 per cent of their stocks as generics and more than half of the community pharmacists agreed that high profit margin is one of the reasons for their practice of generic substitution. The majority of the pharmacists (62 per cent) did not favor the concept of compulsory generic substitution. When asked about their views on 'government-initiated mass campaign to the public on generic medicines in lieu of' more concerted contribution by the pharmacists on educating consumers', only 73 per cent agreed with this point. It was concluded from the project that. The use of generic medicines can be enhanced by improving their quality, instituting proper generic medicine-substituting policies as well as by educating consumers.

P. GAVAZA et.al., 2008 Researched about Community Pharmacy Users' Characteristics, Reasons for Visit to the Pharmacy and Perceptions of the Role of Community Pharmacists in Harare, Zimbabwe. This study investigated the customers' perceptions of Community pharmacies and pharmacists in Harare, Zimbabwe. Forty three percent of the customers visited the pharmacy less than once a month. The majority of respondents (91 %) visited the pharmacy to purchase

medicines recommended by their doctor. Most of the respondents (61.2 %) were not loyal to any particular pharmacy. The choice of a particular pharmacy by the respondents was mainly influenced by convenience (62.9 %) Respondents generally held positive views and opinions of community pharmacies and community pharmacists.

HOCH et.al., 2009 Reported a study regarding the Pharmacists' Perceptions of Participation in a Community Pharmacy-Based Nicotine Replacement Therapy Distribution Program. The purpose of this study was to evaluate a program where nicotine replacement therapy starter packs were provided to patients through community pharmacies at no cost. An online survey was developed to assess community pharmacists' participation in the program, perceptions of the initiative as a whole, and perceptions of smoking cessation counseling activities. Eighty-three pharmacists working at participating pharmacies completed the survey (65% response rate). Ninety-nine percent of pharmacists provided smoking cessation counseling during the study period; the median (IQR) number of patients counseled over the initial 3.5-months of the NRT distribution program was 50 (24–100), and the median number of minutes per counseling session was five (3–7). Most (89%) agreed smoking cessation counseling was accommodated into the pharmacy workflow. A Majority (85%) agreed the community pharmacy is an ideal location for distributing free NRT products and that the program should be replicated in other pharmacies (78%). In conclusion, the community pharmacy is a viable location for implementation of community-based public health initiatives related to smoking cessation.

ZAHER et al., 2007 performed a comparative study about the Role of Pharmacists in Asia and Africa to that of UK and Sweden. There is clear regard to their professional image in medicinal knowledge, but the perceived value of their expertise to patients' healthcare is limited. The respondents still struggles if their inclination is on the healthcare or business practice; but a demand for health maintenance services (screening tests, lifestyle education) in pharmacies shows hope for the former. Considering the present scarce number of studies done in this topic, there is a need for far more systemic and supranational investigation in order to address how cultural differences fit into pharmacy practice context

ZINAIDA et al., 1996 performed a study to find out the consumers and pharmacist view on community pharmacy services in the republic of Moldova. The aim of this study is to determine and appreciate the demand and the offer of pharmaceutical services in community pharmacies in the Republic of Moldova. The study has shown a great demand for pharmaceutical services among the population of the Republic of Moldova. There are different "target groups" for different community pharmacy services. On other hand, Community pharmacists are still product-oriented and don't offer patient-oriented pharmaceutical services on a regular base. There is a big gap between expected and provided information about medicines. There are no major barriers in implementing pharmaceutical services, but pharmacists are not very optimistic about this.

NANDAKUMAR GANESAN et.al., Conducted a study in Chennai to find out the Public Perception of Community Pharmacist. This is the first ever study conducted to assess the public perceptions and consumer/patients comfort and expectations of their experience with community pharmacists. 840 subjects (63.6%) were participated in this study from Dec 2010 to April 2011 in capital city of Chennai. from the result it was concluded that although public perception may differ from actual behavior, overall the response was positive and encouraging.

AIM AND OBJECTIVES

AIM

This study aimed to determine the perception of Tirur consumers of the community pharmacist and of the services offered from community pharmacies.

OBJECTIVES

- To find the time interval of visit in the pharmacy
- To find how long the consumer wait to place the prescription and to get the drug
- To find how the consumer identify the pharmacist
- To find out the satisfaction of the consumer from the pharmacist
- To find out the pharmacist consumer relation ship
- To find out the dealing efficiency of the pharmacist
- To find out the pharmacist knowledge and ability towards patient counseling

PLAN OF WORK

❖ Random selection of community pharmacies:

10 community pharmacies were randomly selected from different pharmacies of Tirur city in Kerala state.

❖ Designing of a questionnaire:

Literature reviews were collected based on the topics selected. Questionnaire was prepared from the literature review. Detailed study was carried out using standard references. The designed questionnaire was analyzed by the guide.

❖ Provide questionnaire to the consumers:

The questionnaire developed has two sections. First section includes the questions regarding the general demographic information's such as age, name, sex, marital status, qualification, etc. Second section of the questionnaire contains questions regarding the history of the patient, which includes visit of pharmacy, wait for drug and what type of drug, pharmacist identification, knowledge and ability and time spend by the pharmacist etc.

❖ Data collection and analysis:

All the data's were collected from the consumers and pharmacist and analyzed using statistical pack.

METHODOLOGY

A study was conducted to find out the consumer perception of the community pharmacist and to evaluate the services offered from community pharmacies. Some of the important methods used comprises of study design, Area selected for the study, study period, population and sample, data analysis, data collection, etc.

Study Site:

The study is planned to conduct at selected community pharmacies in different areas of Tirur city.

Study Design:

A prospective observational study was conducted to describe the consumer perception of the community pharmacist and the services offered from community pharmacies.

Duration of the Study

Present observational study was carried out at community pharmacies in Tirur city over an 8 month period (July 2013- January2014)

Study population and Samples

The study population is the consumers attending the community pharmacy. Sample size calculations were done to determine the population necessary for the studies. To produce the required sample size, random selection of about 10 community pharmacies were done from different pharmacies of Tirur city in Kerala

state. From these about 100 consumers were used for the studies and further researches. 1000 filled questionnaires were also collected from them which contained the demographical and self-medication related information necessary for the studies.

STUDY CRITERIA:

Inclusion Criteria:

- Consumers of community pharmacies
- Patients of both sex
- Malayali patients

Exclusion Criteria:

- Children
- Hospital pharmacist

PARAMETERS FOR EVALUATION:

- Provision of instruction on how to take medication.
- Provision of explanation on how medication works.
- Professional pharmacist – consumer relationship.
- Pharmacist knowledge and ability to answer questions.
- Pharmacist knowledge and ability to answer questions.
- Consumer satisfaction.

- Time dedicated by pharmacist.
- Efficiency of service.
- Privacy in the pharmacy.

DATA COLLECTION TOOL

A draft questionnaire was prepared for consumers who attending community pharmacies, based on the input from the pharmacy consumers. This questionnaire was submitted to departmental research panel and the comments and suggestions from them were noted accordingly. The validated questionnaire was then provided to 10 consumers to confirm its understanding and acceptability. Changes were made and a newly prepared questionnaire was prepared and used throughout the further studies.

RESULT

DEMOGRAPHICAL DATA

Demographical data:1

Table 1: Gender wise distribution data

SL NO	GENDER	NUMBER	PERCENTAGE
1	Male	524	52.40%
2	Female	476	47.60%

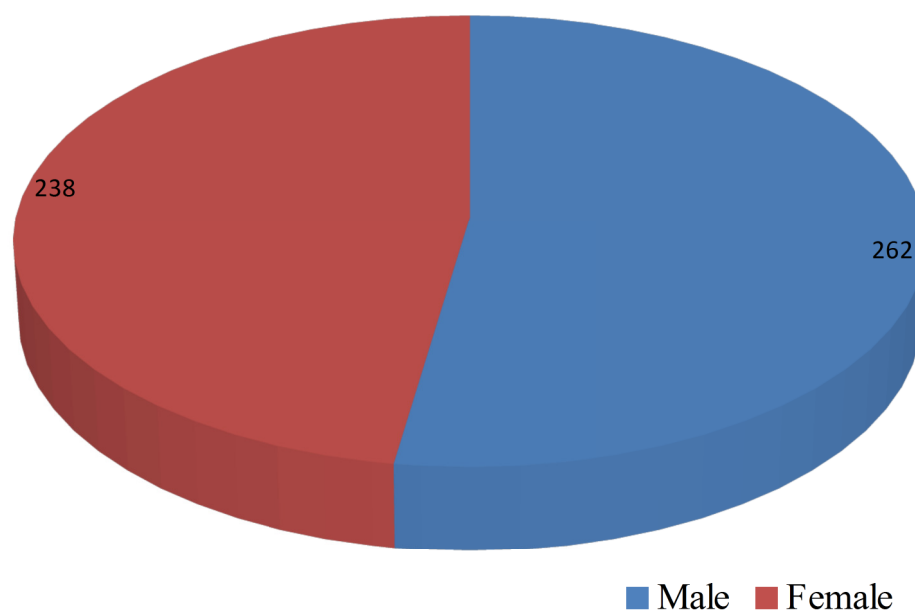


Figure 1: Gender wise distribution data

Demographical data:2

Table 2: Age wise distribution data

SL NO	AGE DISTRIBUTION	NUMBER	PERCENTAGE
1	Less than 30	108	10.8%
2	31-40	248	24.8%
3	41-50	308	30.8%
4	51-60	248	24.8%
5	Above 61	88	8.8%

AGE WISE DISTRIBUTION DATA

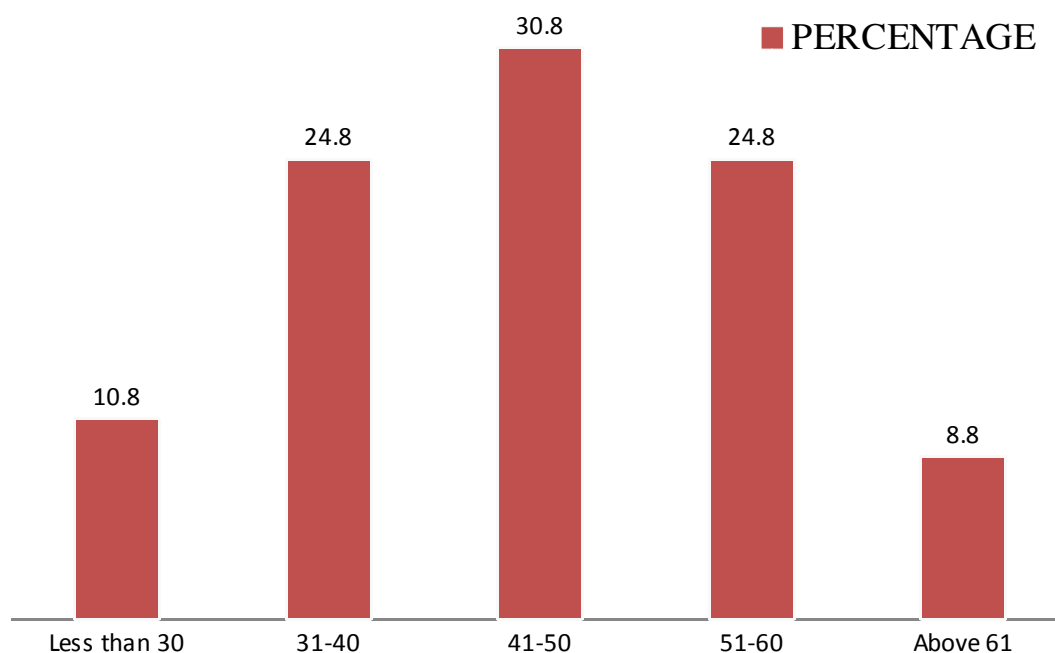


Figure 2: Age wise distribution data

Demographical data: 3

Table 3: Educational wise distribution

SL.NO	EDUCATION	NUMBER	PERCENTAGE
1	Below 10	384	38.40%
2	10 to Plus two	460	46%
3	Degree and above	156	15.60%

EDUCATIONAL QUALIFICATION WISE DISTRIBUTION

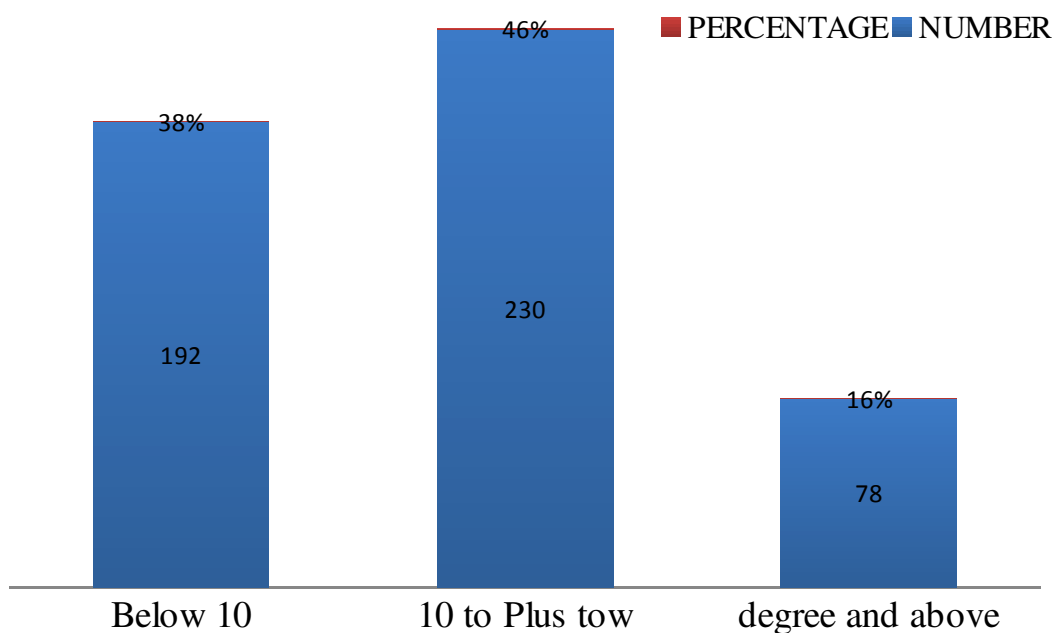


Figure 3: Educational qualification wise distribution

CONSUMER PERCEPTION RELATED DATAS

Consumer perception related data: 1

Table4: Consumer patterns for visiting the community pharmacy

SL NO	ANSWER	NUMBER	PERCENTAGE
1	Regularly	196	19.60%
2	Frequently	584	58.40%

3	Once in a week	56	5.60%
4	Not known	164	16.40%

VISITTING PATTERN DISTRIBUTION

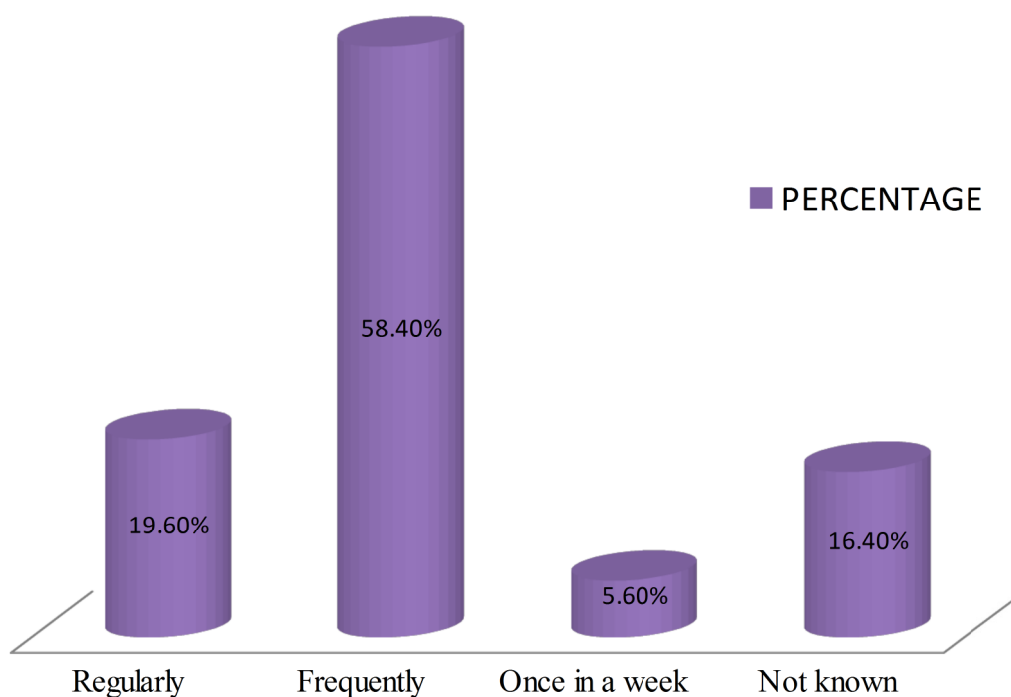


Figure 4: Consumer patterns for visiting the community pharmacy

Consumer perception related data: 2

Table 5: Time taken by the consumer to place the prescription

SL NO	CATEGORY	NUMBER	PERCENTAGE
1	Immediate service	584	58.40%
2	less than one minute	348	34.80%

3	B/W 1 and 5 minutes	52	5.20%
4	More than 5 minutes	16	1.60%

DISTRIBUTION OF TIME TO PLACE PRESCRIPTION

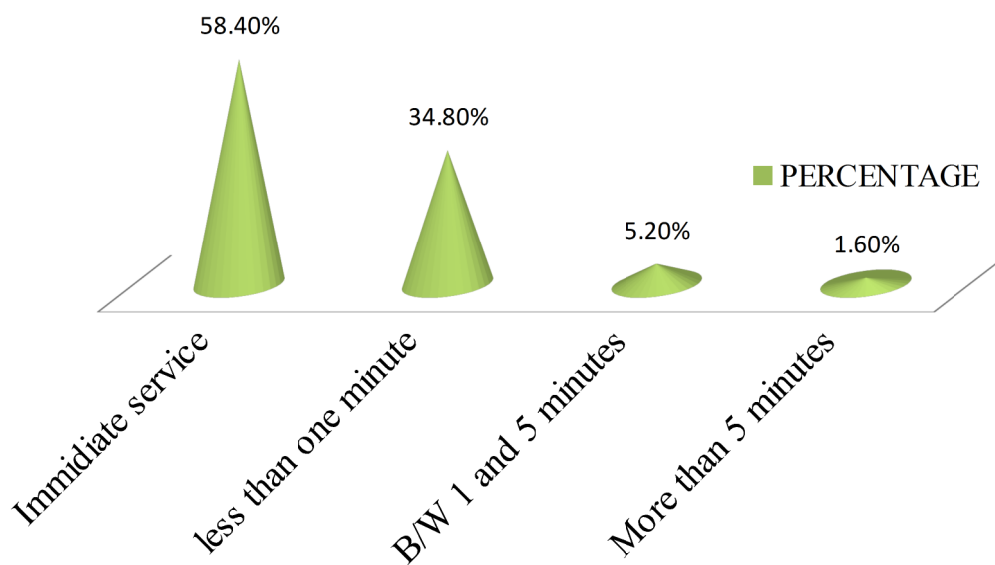


Figure 5: Time taken by the consumer to place the prescription

Consumer perception related data: 3

Table 6: Time taken by the consumer to wait for the drug

SL NO	CATEGORY	NUMBER	PERCENTAGE
1	Less than 10 minutes	860	86%
2	B/W 15 and 30 minutes	136	13.60%
3	More than 30 minutes	4	0.40%
4	More than one hour	0	0%

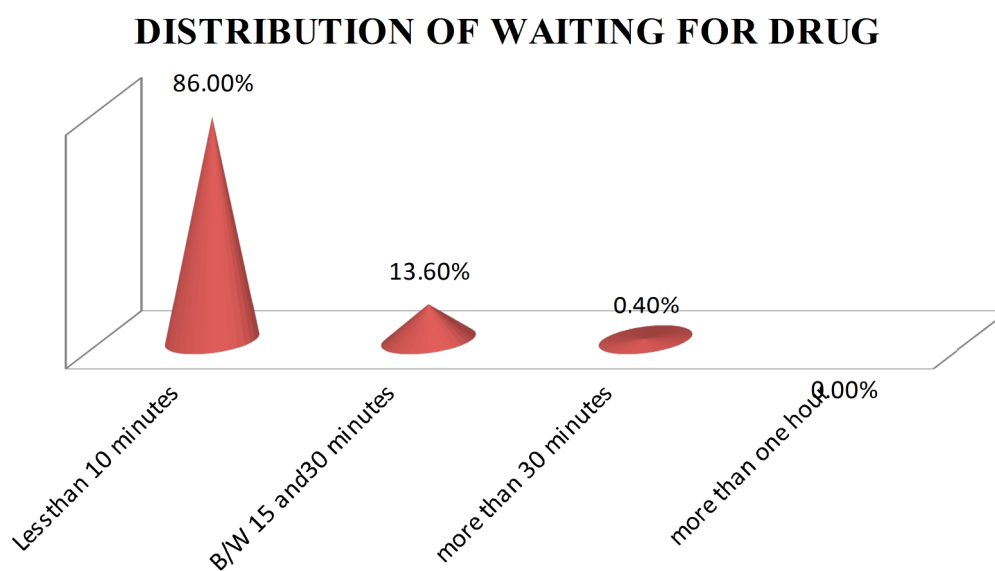


Figure 6: Time taken by the customer to wait for drug

Consumer perception related data: 4

Table 7: Nature of purchasing prescribed or non-prescribed medication

SL NO	CATEGORY	NO	PERCENTAGE
1	Prescribed drugs	876	87.60%
2	Self medicated drugs	124	12.40%

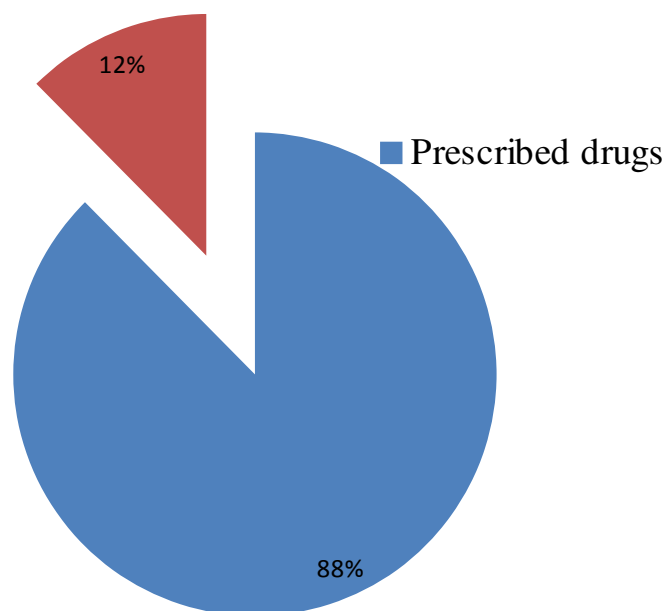


Figure 7: Nature of purchasing prescribed or non-prescribed medication

Consumer perception data: 5

Table 8: Pharmacist identification by consumer

SL NO	CATEGORY	NUMBER	PERCENTAGE
1	Pharmacist wear white coat	56	5.60%
2	Not identified	799	79.90%
3	Don't know	152	15.20%

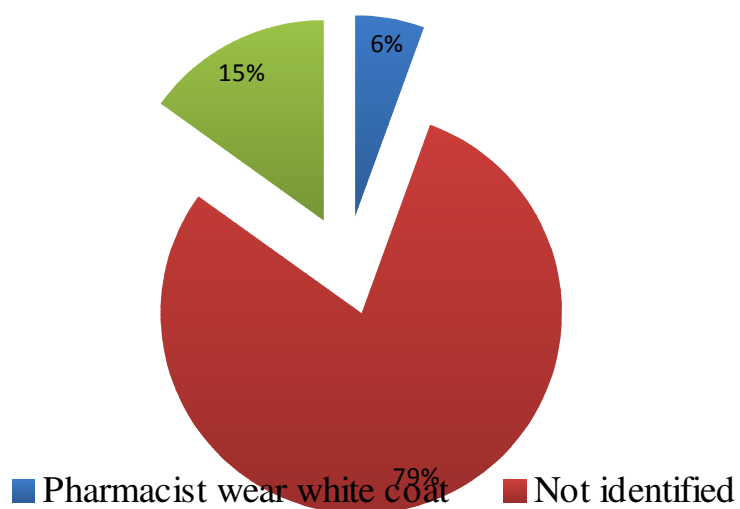
PHARMACIST IDENTIFICATION DATA

Figure 8: Pharmacist identification by consumer

Consumer perception data: 6

Table 9: Satisfaction with pharmacist efficiency in dealing with request

SL NO	CATEGORY	NUMBER	PERCENTAGE
1	Highly satisfied	164	16.40%
2	Satisfied	636	63.60%
3	Neutral	112	11.20%
4	Un satisfied	88	8.80%
5	Strongly unsatisfied	0	0%

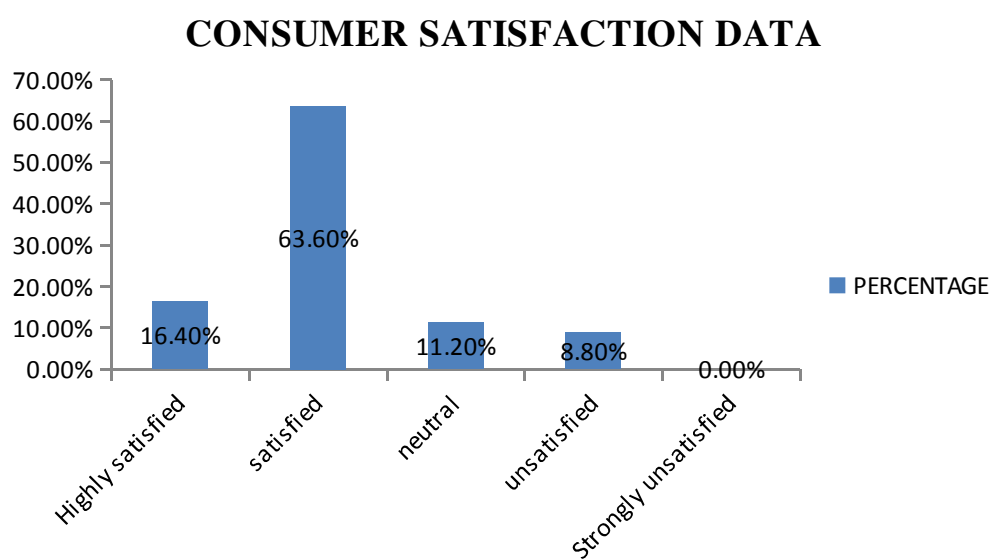


Figure10: Satisfaction with pharmacist efficiency in dealing with request

Consumer perception data: 7

Table 11: Satisfaction of consumer with the provision of instruction given by pharmacist

SL NO	CATEGORY	NUMBER	PERCENTAGE
1	Highly satisfied	176	17.60%
2	Satisfied	704	70.40%
3	Neutral	80	8%
4	Unsatisfied	40	4%

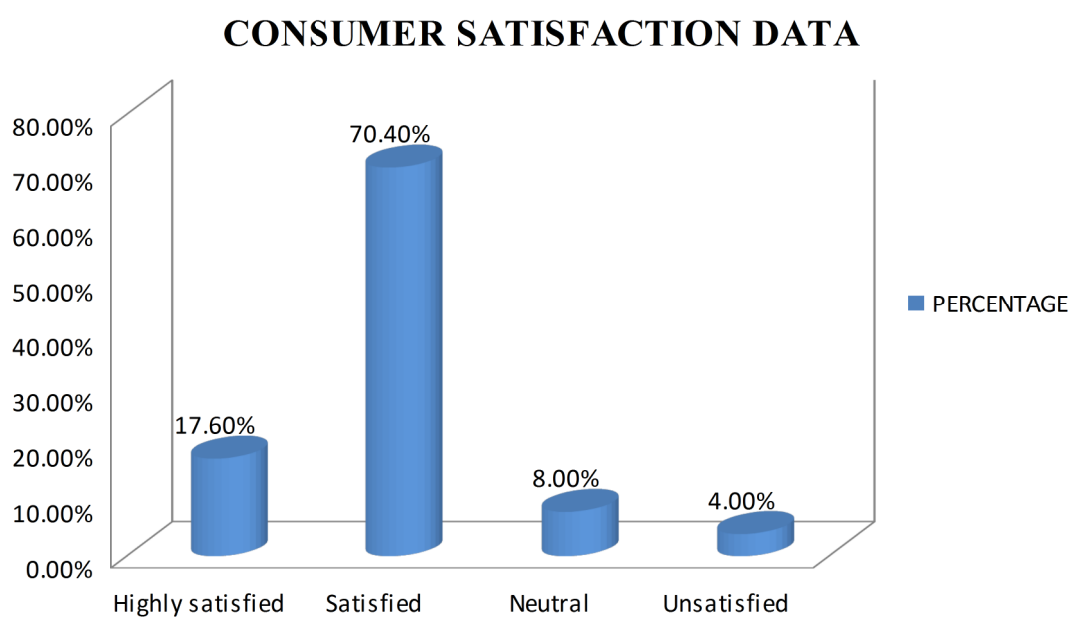


Figure 11: Satisfaction of consumer with the provision of instruction given by pharmacist

Consumer perception related data: 8

Table 12: Consumer satisfaction with pharmacist knowledge and ability to answer question

SL NO	CATEGORY	NUMBER	PERCENTAGE
1	Highly satisfied	52	5.20%
2	Satisfied	472	47.20%
3	Neutral	396	39.60%
4	Unsatisfied	80	8%

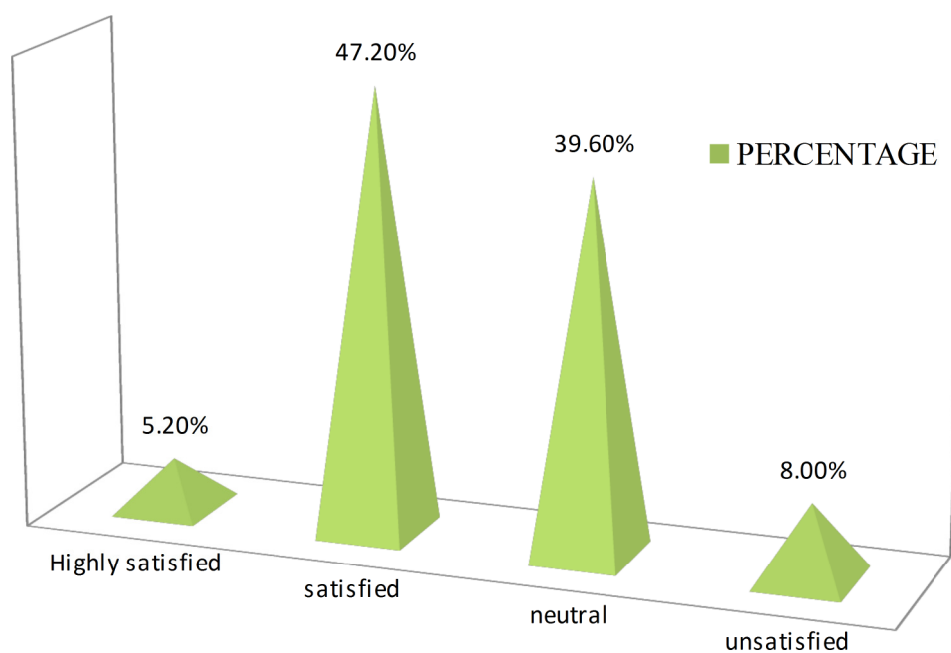
CONSUMER SATISFACTION DATA

Figure 12: Consumer satisfaction with pharmacist knowledge and ability to answer question

Consumer perception data: 9

Table 13: Consumer satisfaction with provision of explanation of how drug work

SL NO	CATEGORY	NUMBER	PERCENTAGE
1	Highly satisfied	36	3.60%
2	Satisfied	348	34.80%
3	Neutral	504	50.40%
4	Unsatisfied	112	11.20%

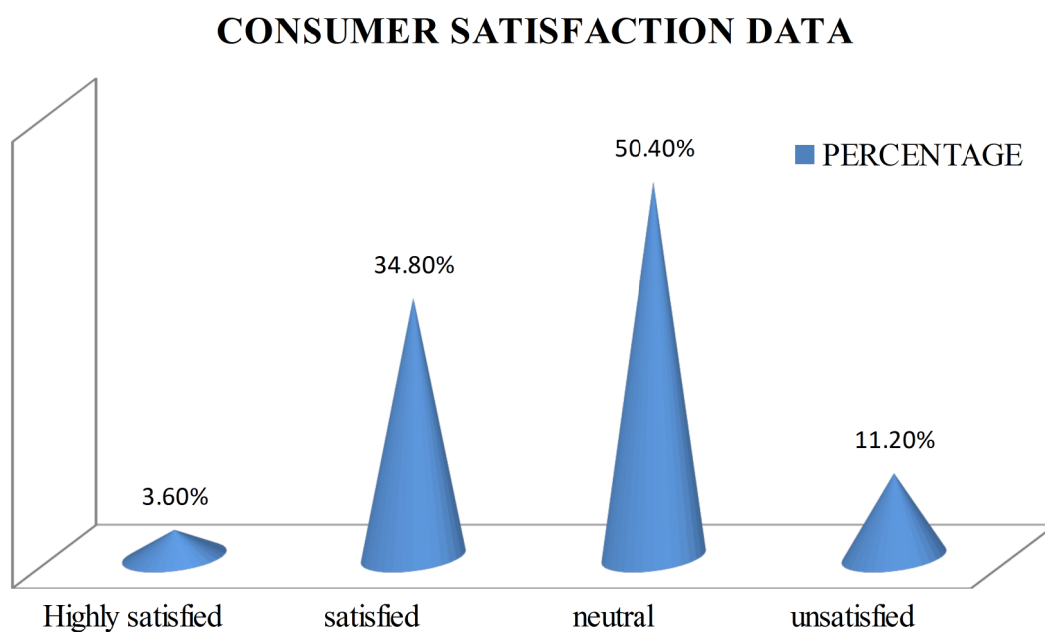


Figure 13: Consumer satisfaction with provision of explanation of how drug work

Consumer perception data:10

Table 14: Consumer satisfaction with time spend by pharmacist

SL NO	CATEGORY	NUMBER	PERCENTAGE
1	Highly satisfied	36	3.60%
2	Satisfied	684	68.40%
3	Neutral	156	15.60%
4	Unsatisfied	124	12.40%

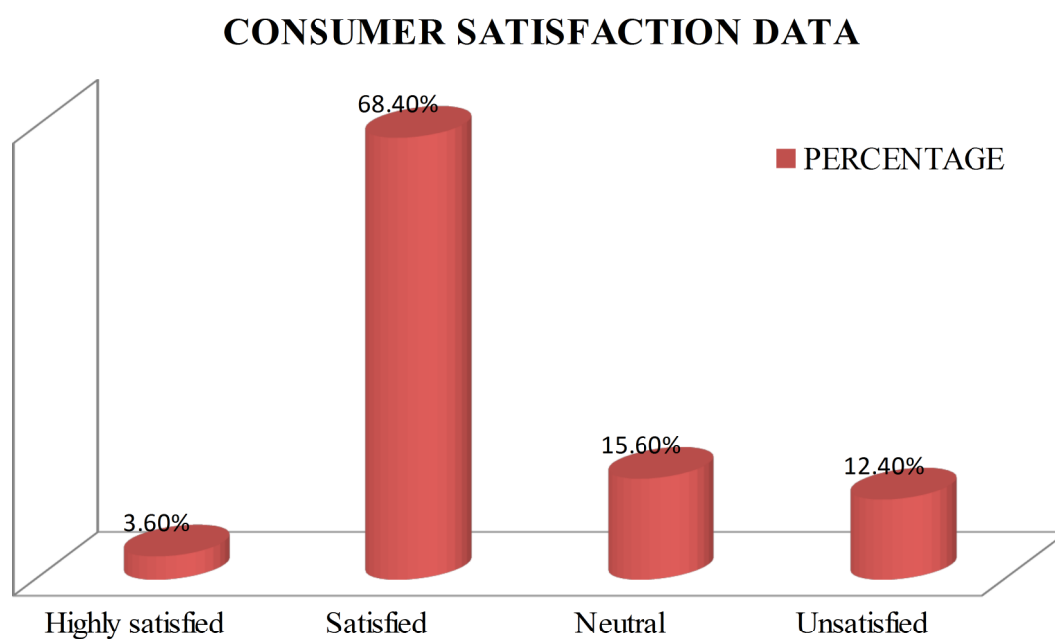


Figure14: Consumer satisfaction with time spend by pharmacist

Consumer perception data: 11

Table 15: Consumer satisfaction with maintaining privacy in pharmacy

SL NO	CATEGORY	NUMBER	PERCENTAGE
1	Highly satisfied	40	4%
2	Satisfied	608	60.80%
3	Neutral	196	19.60%
4	Unsatisfied	156	15.60%

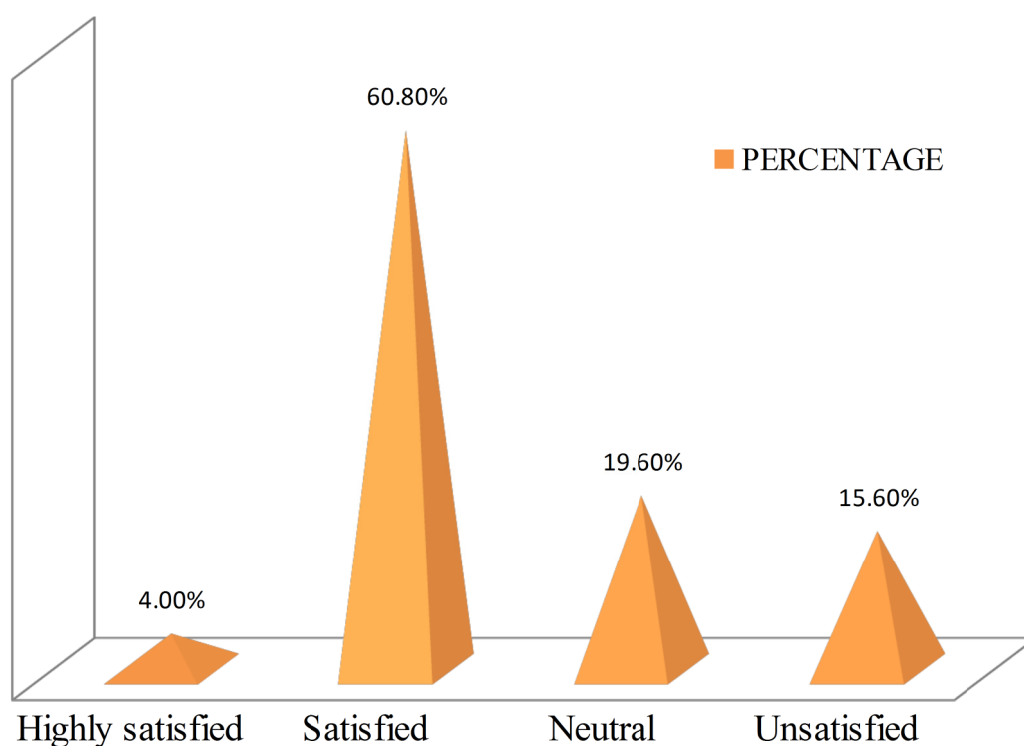
CONSUMER SATISFACTION DATA

Figure 15: Consumer satisfaction with maintaining privacy in pharmacy

Consumer perception data: 12

Table 16: Consumer satisfaction about the quality of the drug

SL NO	CATEGORY	NUMBER	PERCENTAGE
1	Highly satisfied	76	7.60%
2	Satisfied	752	75.20%
3	Neutral	80	8%
4	Unsatisfied	92	9.20%

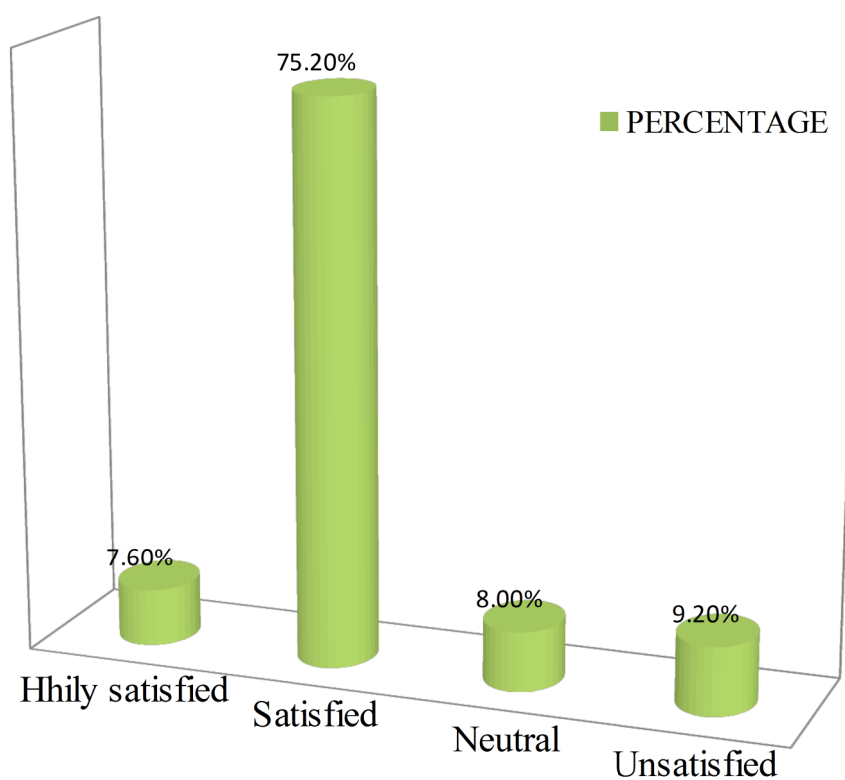
CONSUMER SATISFACTION DATA

Figure 16: Consumer satisfaction about the quality of the drug

Consumer perception data: 13

Table 17: Consumer satisfaction with pharmacist relationship

SL NO	CATEGORY	NUMBER	PERCENTAGE
1	Highly satisfied	116	11.60%
2	Satisfied	676	67.60%
3	Neutral	128	12.80%
4	Unsatisfied	8	8%

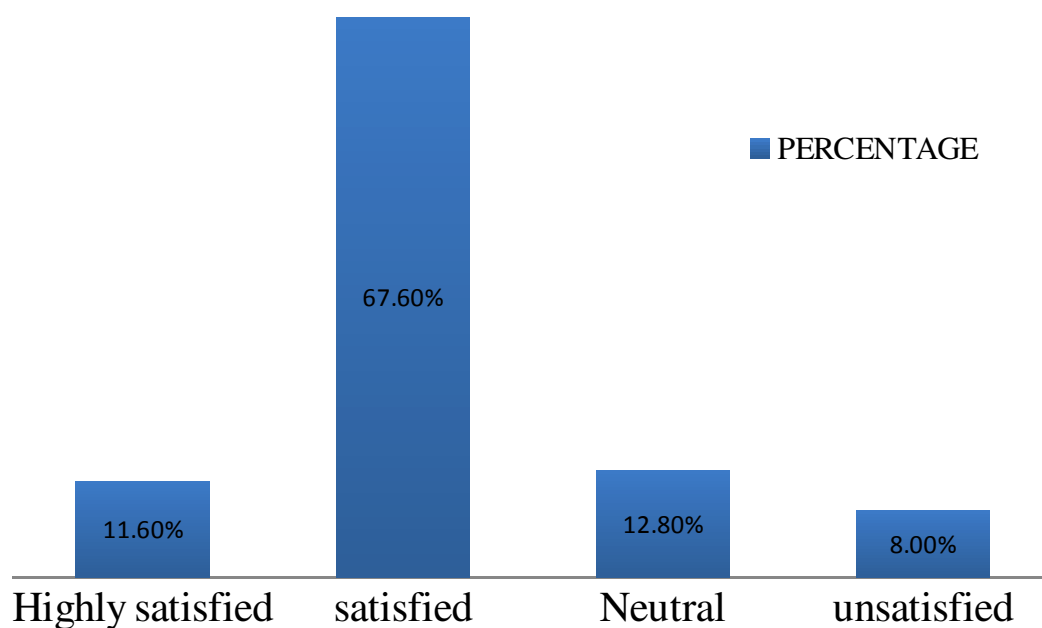


Figure 17: Consumer satisfaction with pharmacist relationship

Consumer perception data: 14

Table 18: Consumers reason for selecting pharmacy

SL NO	CATEGORY	NUMBER	PERCENTAGE
1	Low coast	56	5.60%
2	All drugs available	160	16%
3	No rush	208	20.80%
4	Good pharmacist	4	0.40%
5	Nearest pharmacy	256	25.60%
6	No reason	316	31.60%

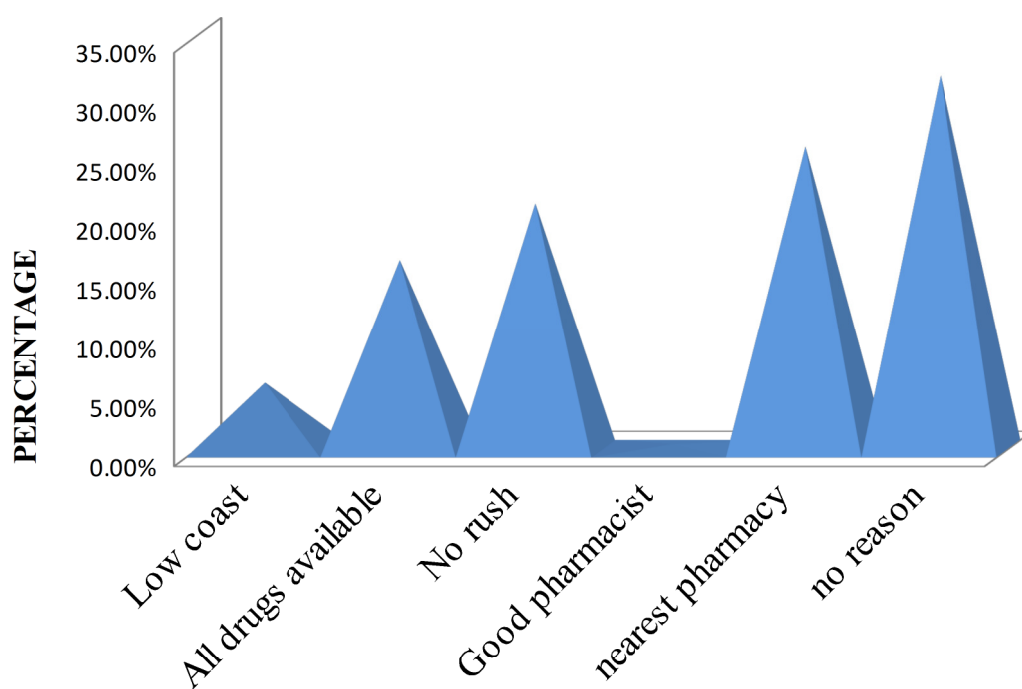


Figure 18: Consumers reason for selecting pharmacy

Consumer perception data: 15

Table 19: Consumer satisfaction with selected pharmacy

SL NO	CATEGORY	NUMBER	PERCENTAGE
1	Highly satisfied	40	4%
2	Satisfied	732	73.20%
3	Neutral	156	15.60%
4	Unsatisfied	72	7.20%

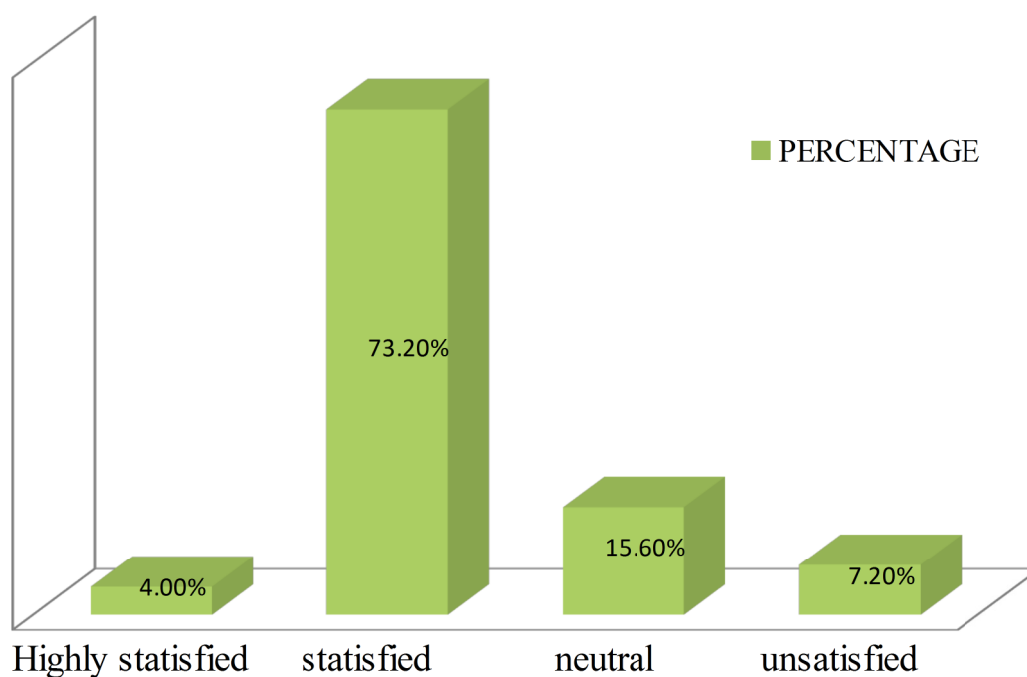
CONSUMER SATISFACTION DATA

Figure19: Consumer satisfaction with selected pharmacy

DISCUSSION

This study indicates that Tirur city consumers have a positive overall perception of the community pharmacist and the services provided in community pharmacies. Patient satisfaction is an important measure of how well services are provided. The majority of consumers in this study were very or fairly satisfied with a number of pharmacist characteristics. The majority of consumers in this study frequently or always visited the same community pharmacy, indicating a high pharmacy patronage. The outcome from this data is encouraging since the high degree of loyalty to a particular community pharmacy could transmit satisfaction with the services being offered.

Consumer Demographic Information

The total study population consisted of 1000 consumers. Both sexes were well represented (52.4%) male and (47.6%) female. Most of the consumers (61.6%) were educated to SSLC and above. Only (38.4%) were educated below 10th. The age distribution of the consumers was predominantly in the (41- to 50) year age group (30.8%), age distribution between (31 to 40) and (51 to 60) have an accidental co incidence both are (24.8%), below 30 year only (10.8%) and above 60 year was the least distribution with (8.8%).

Consumer patterns for visiting the community pharmacy

(58.4%) of consumers visited the community pharmacy frequently, (19.6%) visited regularly, (5.6%) went weekly and only (16.4%) answered not known about their visit. Time consumption in a community pharmacy includes time to place

patient's prescription and the time for buying drugs. For placing prescription opinion of (58.4%) consumers recorded as immediate service, according to (34.8%) pharmacist take up to one minute for receiving their prescription. According to (5.2%) between one and five minutes and for (1.6%) pharmacist took more than 5 minutes to place their prescription. (86%) patients received their drugs within 10 minutes, (13.6%) waited 10 to 30 minutes for their drugs, and only(0.4%) waited more than 30 minutes.

Nature of purchasing prescribed/non prescribed medication

Most of the consumers/patients purchased prescribed drugs that were about (87.6%) of total population, only (12.4%) are visited community pharmacy for self-medication.

Satisfaction with pharmacist

The majority of consumers had a good perception of the community pharmacist and was very or fairly satisfied with various pharmacist characteristics, namely pharmacist efficiency. When dealing with their requests (80%), provision of instructions on how to take medications (88%), times spend by pharmacist for patient (72%), professional pharmacist–consumer relationship (79.2%). Consumers have an average perception and was very or fairly satisfied about knowledge and ability to answer questions and pharmacist interest in patient health(52.40%) , whether consumer satisfied with provision of explanation of pharmacist about how medication work(38.4%), (39.6%) have neutral opinion and (8%) were unsatisfied about knowledge and ability to answer questions and pharmacist interest in patient health.(50.4%) has neutral opinion and (11.2%) were unsatisfied with whether

consumer satisfied with provision of explanation of pharmacist about how medication works.

Patient perception about the quality of the drug

The majority of consumers had a good perception about the drug administered and was very or fairly satisfied with the quality of the drug(82.8%). (8%) were neutral and (9.2%) consumers were unsatisfied with the quality of their drugs.

Satisfaction with community pharmacies

Majority consumers had a good perception of the community pharmacy and was very or fairly satisfied with the maintaining their privacy in pharmacy (64.8%). And question about whether they satisfied with this pharmacy (77.2%), (19.6%) were neutral and (15.6%) were not satisfied with their privacy in community pharmacy. The consumers in this study were not at all satisfied with the privacy in the pharmacy and considered having a private consultation area in the pharmacy as important. Similar complaints against lack of privacy in community pharmacies have been reported in the Netherlands and the UK. The incorporation of private consultation rooms in community pharmacies has been supported in the UK and should be considered as an asset for newly established pharmacies or renovated premises (15.6%) have neutral opinion and (7.2%) were not satisfied with the community pharmacy they were visited. Consumers had mixed reason for visiting a community pharmacy were majority. Selected their pharmacy without no reason (31.6%), (25.6%) selected their nearest community Pharmacy, (20.8 %) selected pharmacy which did not have rush. (16%) selected community pharmacy which

contains all drugs prescribed. (5.6%) selected fair prize community pharmacies. Less than (1%) who sought pharmacist sympathy and friendliness when choosing a community pharmacy. As has been reported in different parts of the world, the main reason for using any Particular pharmacy in our study was pharmacy location.

Identifying pharmacist with white coat

Question about how to identify the pharmacist, the pharmacist wear white coat was (5.6%). (79.9%) were not identified the pharmacist and (15.2%) don't know about the pharmacist Majority (95.2%) cannot identified pharmacist with their white coat indicate that majority community pharmacist in the Tirur city did not wear their white coat during their duty time.

CONCLUSION

Tirur city consumers have a positive overall perception of community pharmacists and of the services offered from community pharmacies that is comparable to most studies in Europe and the USA. Patient satisfaction can be reliably measured by surveys structured around the principles of pharmaceutical care. The introduction of patient counseling into routine community pharmacy operations can improve patient satisfaction, especially when accompanied by formal consultations about their medical conditions. This study will provide guiding information about the population perception, views and satisfaction with pharmacist performance as health care provider in the community pharmacy setting, this study reveals the image and professional performance of community pharmacist among the consumers. Patients show better satisfaction perception and appreciation of the pharmacist role in the health care team. Extra efforts should be paid to improve the clinical skills of the Community pharmacist.

According to the survey Consumers have an average perception and were very or fairly satisfied about knowledge and ability to answer questions and pharmacist interest in patient health, whether consumers were satisfied with provision of explanation of pharmacist about how medication works. This means pharmacist should be able to advise, guide, direct and persuade the patient to comply with correct use of drugs. Community pharmacist should equip themselves with appropriate knowledge and competencies in order to tender efficient and outstanding pharmaceutical health care. Community pharmacist need to be able to reach out to patient, assess their hesitations and promptly offer solutions which were appreciated.

by the patients as the survey indicated. They should play a proactive role in becoming an effective and indispensable part of health care.

Community pharmacist today are involved in a wide variety of professional activities which may be considered as either product or patient oriented. Community pharmacist can play an important role in patient counseling and should be able to give basic drug information in terms of appropriate drug usage, side effect, and drug-drug and drug food interaction. This study generates opinion and view of performance is crucial to improve the quality of current services, evaluating the need for new services and enhancing communication and expectations between two sides. this study also provide a baseline before implementing new strategies or clinical service to measure patients views about pharmacist's role in health care team and even improve patients adherence to medication.

This study provides guiding information about the population perception, views and satisfaction with pharmacist performance as health care provider in the community pharmacy setting, this study reveals the image and professional performance of community pharmacist among the consumers. Patient shows better satisfaction perception and appreciation of the pharmacist role in the health care team.

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CONSUMER PERCEPTION OF COMMUNITY PHARMACIST AND COMMUNITY PHARMACY SERVICES IN TIRUR CITY

DEMOGRAPHICAL DATA

NAME:

AGE:

GENDER:

MARITAL STATUS:

EDUCATIONAL QUALIFICATION:

OCCUPATION:

QUESTIONNAIRE

1. Do you visit the pharmacy regularly?
 - Regularly
 - Frequently
 - Once in a week
 - Not known

2. How long did you have to wait to place your prescription?
 - Immediate service
 - Less than service
 - b/w 1 and 5
 - more than 5 minutes

3. How long did you have to wait for your drug?
 - Less than 10 minutes
 - Between 15 to 30 minutes
 - More than 30 minutes
 - More than 1 hour

4. For which drugs you visit this pharmacy?
 - Prescribed drug
 - Self- medicated drug

5. How did you identify the pharmacist?
 - Pharmacist wear white coat
 - Not identified
 - Don't know

6. Are you satisfied with pharmacist efficiency in dealing with your request?
 - Highly satisfied
 - Satisfied
 - Neutral
 - Un satisfied
 - Strongly un satisfied

7. Are you satisfied with the provision of instruction on how to make medication?
 - Highly satisfied
 - Satisfied
 - Neutral
 - Un satisfied

8. Are you satisfied with pharmacist knowledge and ability to answer questions and pharmacist interest in your health?
 - Highly satisfied
 - Satisfied
 - Neutral
 - Un satisfied

9. Are you satisfied with provision of explanation of how medication works?
 - Highly satisfied
 - Satisfied
 - Neutral
 - Un satisfied

10. Are you satisfied with amount of time that pharmacist spent with you?
 - Highly satisfied
 - Satisfied
 - Neutral
 - Not satisfied

11. Are you satisfied with maintaining your privacy in pharmacy?

- Highly satisfied
- Satisfied
- Neutral
- Not satisfied

12. Are you satisfied with the quality of the drug?

- Highly satisfied
- Satisfied
- Neutral
- Un satisfied

13. Are you satisfied with pharmacist consumer relationship?

- Highly satisfied
- Satisfied
- Neutral
- Un satisfied

14. Why did you select this pharmacy..?

- Low coast
- All drugs available
- No rush
- Good pharmacist
- Nearest pharmacy
- No reason

15. Are you satisfied with this pharmacy?

- Highly satisfied
- Satisfied
- Neutral
- Un satisfied

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