Public health in community pharmacy: a systematic review of pharmacist and consumer views

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CRD summary
This review explored the beliefs and attitudes of pharmacists and consumers towards public health services delivered by the community pharmacy. The authors appear to have concluded that views were generally positive, but some barriers remained. The reliability of the findings from this review is limited by reporting inadequacies at the review level and in the included studies.

Authors' objectives
To explore the beliefs and attitudes of pharmacists and consumers, towards public health services, delivered by the community pharmacy.

Searching
MEDLINE, EMBASE, PsycINFO, CINAHL, and DAI were searched for articles published in English from 2001 to 2010. Search terms were reported.

Study selection
Eligible for inclusion were quantitative cross-sectional surveys and qualitative studies, exploring the attitudes and beliefs of community pharmacists and the general public, towards the public health role of community pharmacists. The populations of interest were community pharmacists, pharmacy support staff, customers, and members of the general public. Studies had to evaluate one or more outcomes (listed in the paper) relating to beliefs about whether pharmacists were suitably skilled and knowledgeable to provide public health services; pharmacists confidence in (and training required for) carrying out public health services; and the general public’s use, knowledge, and experience of public health services, provided by community pharmacies.

The included studies were conducted in various countries worldwide; most were in Europe (including the UK) or North America. About equal numbers of studies explored the views of pharmacists (or support staff, or both) and those of the general public (including pharmacy customers). Health topics addressed by pharmacists included smoking cessation, emergency hormonal contraception, general health promotion or screening, and services for drug abusers, and sexual health.

Titles and abstracts were assessed by one reviewer. The full papers for identified articles were assessed by one reviewer and checked by a second reviewer.

Assessment of study quality
An established checklist was used to assess the quality of surveys. Qualitative studies were assessed using the Critical Appraisal Skills Programme (CASP) checklist.

The authors did not state how many reviewers were involved in the quality assessment.

Data extraction
Most of the data extracted were proportions for the various outcomes of interest. Other data appeared to have been used to derive qualitative interpretations, but the detail was lacking.

The data were extracted by one reviewer.

Methods of synthesis
The method of synthesis, and how this followed on from data extraction, were not described. A narrative synthesis was presented.
Results of the review
Sixty-three studies, ranging from five to 2,725 participants, were included in the review. There were 50 surveys, 10 qualitative studies, and three studies using a mixture of survey and qualitative methods. The quality of the included studies varied, with inadequate reporting highlighted as a major limitation. Where reported, the survey response rate ranged from 19% to 95%.

Pharmacists were generally positive about providing public health services, and they felt that this was an important role, secondary to the provision of medicines. Levels of confidence in providing public health services varied; in general, they were average or low, and training was desired in some areas. Time constraints, lack of adequate counselling space, and a perceived lack of demand and expectation from customers, in relation to public health service from pharmacists, were cited as barriers to service provision.

The views of the general public and pharmacy customers revealed that most people supported the provision of public health by pharmacists, but it was rarely an expectation. Those who had experienced such services were largely satisfied. Views about the ability of pharmacists to provide these services were mixed, and issues around a lack of privacy were raised.

Authors’ conclusions
The authors appear to have concluded that the views of pharmacists and customers were generally positive in relation to the provision of public health services by community pharmacists, but some barriers remain, such as a lack of confidence.

CRD commentary
The review question was clear and the inclusion criteria were adequately specified. A number of appropriate data sources were searched, but language and publication restrictions may mean that relevant studies were missed. The review process lacked measures to minimise error and bias, except at initial study selection. Appropriate quality assessment criteria were applied to the different designs of included study.

As acknowledged by the authors, inadequate reporting (particularly in relation to survey response and follow-up), and the use of convenience sampling, mean that the generalisability of the findings may be limited. The lack of detail as to how interpretations were derived from the qualitative data, and no information on whether triangulation of the different types of data was considered, mean that the validity of the synthesis is uncertain. Study details were presented, and these showed wide variation in settings and health care systems, which might affect customers’ and pharmacists’ attitudes; this was not further explored.

The reliability of the findings from this review is limited by reporting inadequacies at the review level and in the included studies.

Implications of the review for practice and research
Practice: The authors stated that training was needed for pharmacists to deliver a number of different public health services.

Research: The authors stated that more research was needed to develop interventions to increase pharmacists’ self-efficacy in providing public health services, and to explore the attitudes of support staff, to establish appropriately targeted training for them.

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This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.