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شكر وتقدير

قال تعالى (وَمَنْ شَكَرَ فَإِنَّمَا يَشْكُرُ لِنَفْسِهِ) ﴿٤٠﴾ النمل

وقال رسوله الكريم ﷺ: «مَنْ لَمْ يَشْكُرِ النَّاسَ لَمْ يَشْكُرِ اللَّهَ» (رواه الترمذي)

أحمد الله تعالى حمداً كثيراً طيباً مباركاً على السماوات والأرض على ما أكرمني به من إتمام هذه الدراسة التي أرجو ان تنال رضاه.

ثم إنه لا يسعني إلا أن اشيد بالفضل وأقر بالمعروف لكل من ساهم في إنجاز هذا البحث وأخص بالذكر..

أستاذي المشرف الدكتور مصطفى علي الصغير على ما خصني به من التوجه والتصويب. وما علمني من فيض انسانيته وخلقه الرفيع ومستواه الراقى.

وإلى كل الأشخاص والصيدليات التي دعمتني وساعدتني في إنجاز هذا البحث، إلى كل اساتذتي الأفاضل بكلية الصيدلة.

الدكتور عمر ابريكة، الدكتور حافظ أبوبكر الاسود

صيدلية الشعب، صيدلية ذات الصواري

كما اشكر كل من مد لي يد العون من قريب او بعيد ولو بالدعاء بظهر الغيب، والله المسؤول أن ينفع بهذا العمل على قدر العناء فيه وأن يجعله خالصا لوجهه الكريم إنه على ذلك لقادر.

DEDICATION

الإهداء

إلى سندي وحببي الأول...

إلى الذي علمني معنى أن يكون الإنسان قويا وطموحا...

إلى من كان دائما أب و صديق لي...

إلى الذي قدم لي أكثر مما أستحق....

والدي العزيز

إلى القلب الحنون التي كانت سبب كل نجاح وصلت إليه....

إلى من كانت بجانبني دائما...

إلى زهرة بيتنا....

والدتي العزيزة

إلى من يحملون في عيونهم ذكريات طفولتي وشبابي

إلى من أرى السعادة في ضحكتهم....

إلى من لي سنداً وذخراً في حياتي

أخواتي وإخواني

إلى رفيقة دربي وأغلى ما أملك

إلى من أرى نجاحها نجاحي وسعادتها سعادتي...

رفيقة دراستي

ABSTRACT

Objective: To examine extent of public' use of community pharmacy in in the southern Libya "Sebha" and to determine the public's views and their satisfactions toward community pharmacy services currently provided in Libya.

Methodology: This study a descriptive, cross-sectional survey and a self-administered questionnaire was developed. The questionnaire was divided into four sections that measured the frequency use of community pharmacy, reason of visiting and education given to the customers, preference visit particular pharmacy and their priority to choose healthcare center. In addition. evaluate the community pharmacy staff communication and their providing of drug information as well as customers' expectations and satisfactions toward community pharmacy services.

Result: Of all 600 questionnaires were handed, only (462, 77%) were returned. The majority of respondents (436, 94%) were in the young and middle age and (241, 52.2%) were university graduates. The majority of respondents (343, 74.3%) reported they had visited the community pharmacies at least "once" in a month. The highest reason of visiting reported by respondents was dispensing their prescription medications (304, 65%) while purchasing "medication without prescriptions" was accounted with (162, 35%). Other reasons as purchasing women items, baby products, getting health information, cosmetics and medical supplements were reported by (97,21%) and (93, 20%), (74, 16%), (71, 15.3%) and (70, 15.1%) of the respondents respectively. The highest rate of respondents was given advice about antibiotic use (224, 48.5%) followed by physical exercises (178, 38.5%) and healthy eating (173, 37.4%). The majority of respondents (358, 77.4%) preferred to visit community pharmacy over other health care center because minor health problems. The major factors influence the consumers choose any particular pharmacy were the professionalism of pharmacy staff (254, 55.4%) and the availability of products (221, 47.8). Other factors as availability of the pharmacist to answer queries (122, 26.4), location (82, 17.7%), Quick services (80,17.3%), confidential customer processing (78, 16.8%), whilst the lowest percentage was pharmacy appearance and decoration (46, 9.9%). The primary health center chosen when they faced drug related problem was the community pharmacy (248, 53.6%) compared with private clinic (124, 26.8%) and public clinic (90, 19.5%). Attitude regarding communication skills as the politeness, giving privacy, staff

listens attentively and time the community pharmacy staff spends with them were reported by (347, 75.1%), (289, 62.5%), (265, 57.4%) and (219, 49.6%) of respondents respectively. On the other hand, for provision of drug information as “how to work the drug when the first-time use”, “customer experience of side effects” and “their ability to using the prescribed medicine properly during their consultations” were reported by (215, 46.5%), (149, 32.2%) and (146, 31.6%) respectively. In contrast, (302, 65.3%) of respondents denied that community pharmacy staff were asking for if the customer have further questions as well as (285, 61.7%) of respondents denied that the staff were providing the medication storage information. More than half of the respondents in each (250, 54.1%) and (273, 58.7%) agreed that services of community pharmacies tend to concern about making money and others believed that services of were more concern toward the business matter than patient health. However, (191, 41.3%) of respondents believed that services are balanced in both sides whereas minority of respondents (192, 41.6%) believed that the services more concerned with the health of patient than business side. More positive attitude, (51.2%) of respondents agreed that services concerned about drugs and public healthcare. Interestingly, almost all of respondents (366, 85.7%) acknowledged the role of community pharmacy as indispensable health care setting. The majority of respondent were satisfied with general service of community pharmacy and experience of pharmacy staff which they reported by (244, 52.9%) and (249, 53.8%) respectively. However, the availability of product and cost of pharmacy products satisfied by only (195, 42.2%) and (81, 17.5%) of respondents respectively compared with (70, 15.2%) and (253, 54.7%) of respondents were dissatisfied correspondingly.

Conclusion: The study revealed that the majority of Libyan people are regular use of community pharmacies. Although there were various topics of the advices had been given in community pharmacies, they were not a routine performance by community pharmacy staff. Generally, the public has positive attitude toward the quality of communications as, politeness, Privacy and respect, listens to the them attentively and time spent during encounters and they acknowledge the role of community pharmacy in the health care system, However they have negative attitude toward quality of scientific counselling and cost of products.

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CHAPTER I

1. Introduction

Dispensing prescribing drugs and selling of the over-the-counter medications are the important missions of community pharmacies. The drug policy in many countries about availability, quality, safety and efficacy of medicines as well as timely access to affordable medicines with ensuring rational use of medicines.

A pharmacy in general, is a place where the medicines are stocked and dispensed to the patients on valid prescription or legally permitted without prescription, and it typically required to have a pharmacist. In most countries, checking and dispensing of prescription drugs is subject to pharmaceutical legislations which regulate how the dispensaries operate and what the storage conditions are required in an official pharmacy. Each country's definition of community pharmacy differs, on Wikipedia, a pharmacy or "community pharmacy" is a retail shop which provides prescription drugs, among other products and the license provided by a national authority is needed to open and operate a community pharmacy in most countries (wiki/Pharmacy).

Over the period of time, the community pharmacy has undergone rapid expansion, with many services moving away from the traditional supply function to more patient-focused services (Anderson, 2007). This shifting from product-to patient-focused approach is increasing the accumulated pressure on the community pharmacy staff to provide a better level of services that required a higher degree of interpersonal skills and multidisciplinary education in drug information. Hence, these pharmaceutical services can play a crucial role on the health outcomes of individuals or the society based on the quality and the nature of these services.

Community pharmacists' responsibilities in close: review and dispensing prescription medications, provide drug information to the customers, physicians, and other health professionals for rational drug use as well as counseling patients to enhance their health and to preventing from diseases. (PSA).

1.1. Community Pharmacies utilization:

Community pharmacies not only act as sites of drug purchase but also as stations of patient counseling and help. They provide several of the benefits as a setting for public health activities. Officially, they are a place where selling miscellaneous items of health care to the public such as cosmetics, shampoo, healthy and diet foods, medical equipment and children and woman needs. Community pharmacies are very frequently the first contact with the health system and in some cases even before a general practitioner. This type of pharmacies deals with large numbers of consumers and patients who seek assistance and advising for minor illness. They are visited by both persons who are sick or who are a healthy. They easily accessible since client or patients usually attain the encounter with a pharmacy practitioner without an appointment. Furthermore, they are the most frequently visited health-care destinations (Care, 2008). A study found that the rate of patients use community pharmacy was 35 times in a year compared with visiting to physicians which accounted by four times in a year.(Moose and Bran ham, 2014).

Grace et al. study was conducted in Ghana in (2019) to reveal that the majority of the respondents use the services of community pharmacies and that availability of pharmacies in the community, money and trust in the pharmacist were to constitute key factors that influence the customer choice of a particular pharmacy (Okai et al., 2019).

Extended opening hours of the community pharmacies providing more accessibility than other settings that can gives community pharmacies also more access to a range of individuals and may not have easily capability to contact with other places of the health providers. Furthermore, socio-economical communications can give real an opportunity to introduce a wide range of pharmaceutical services to the individuals and community. Kevrekidis et al. study reveal that the pharmacy's location, opening hours and staff were the most important factors among them (Kevrekidis et al., 2018).

Therefore, community pharmacies are part of the primary care system and can play a vital role in health promotion and health care community since they have the advantage of face-to-face encounters with the most patients and clients and providing a wide range of services to the community (Hepler and Strand, 1990).

Purchases of prescription medicines and over-the-counter (OTC) medicines are the main visiting reasons in community pharmacies in several countries (Krska and Morecroft, 2010, Rodgers et al., 2016).

Self-medication with both over-the-counter (OTC) and prescription medicines is common among all socio-economic strata of society since the self-medication mainly associate with accessibility of medicines to the costumer or patient (Khalid and Mahsood, 2016). Community pharmacy services for self-medication may influence by the health needs of the patients, the health-care system, and the sociocultural context (Golden and Earp, 2012).

1.2. Health Promotion & Commercial environments:

Community pharmacy staff manage the customer inquiries about over-the-counter (OTC) every day. Gathering information from the costumers about symptoms or medical history and medicines their treatment goal assist the pharmacist in providing appropriate recommendation. To fulfillment this interaction by community pharmacy staff need to have clinical skills, pathophysiology and communicate appropriate since the community pharmacy sitting are recognized as source of drug information. The community or the private pharmacist is an important source of drug information and can play a vital role in promoting patient health care in the community (Boshhiha et al., 2018). The patient or the client visit a community pharmacy usually to buy medicine or to ask the practitioner's opinion about a symptom, a medical condition, or a drug product.

Thus, over the last few decades the role of the pharmacist has changed and Community-based pharmacy practice is evolving from a focus on product preparation and dispensing to becoming a health care sitting within the limited commercial building.

In most countries, Basic steps performed by a community pharmacy upon dispensing new prescriptions to patients include provision of written information accompanied by a counseling session.

However, as it is part of private sector which is to behave on an economy basis, it assumes it doesn't get subsidize from the government. In order to attract customers and develop their loyalty, community pharmacies seek to improve particular promotion strategies based on the new information about consumers' attitudes and their behavior in the marketing process. Thus, it needs gain profit to be survived furthermore apply its assigned health

duties toward the society. Therefore, as one of private health providers, the owners of the community pharmacies face several challenges primarily the balancing between the commercial and professional aspects of their profession.

Professional pharmacy services are performed actions conducted and organized by the pharmacy staff whether they are pharmacists or other health care providers who apply their pharmaceutical comprehension to optimize the patient health care process. (Moullin et al., 2013).

However, Community pharmacy considered as health care sitting and business. It has been skepticism raised about the contribution of these pharmacies in health-care of the community due to their isolated roles and their commercial environment's performance (Bryant et al., 2009). This dual characteristic may arise conflict of interest can have adverse effects on patient receiving services by community pharmacy and may influence ethical and legal responsibilities toward customers or patients.

Bosnian study (Catic et al. in 2013) found that the Majority of respondents consider the community pharmacist as primary health care professional (59.3%), whereas, 35.2% believed that pharmacist is a seller and a health professional (Catic et al., 2013).

Therefore, the dignity and welfare of patients can be compromised when pharmacy staff allow the business objectives to influence them and control their conduct.

1.3. Community pharmacy services:

The recent changing of practice of community pharmacy in the last decades highlight the fact that pharmacies are important partners for the widening of public health access (Oparah and Okojie, 2005). The development of the community pharmacies services and to be successful to involve changing in the behavior of both practitioners of pharmacy and pharmacy customers.

The Joint International Pharmaceutical Federation (FIP)/WHO guideline on good pharmacy practices enclose that health promotion as one of six components which contribute to improve the health of the people who get access to community pharmacy services (Thompson, 2011).

In addition to drug dispensing, community pharmacies provide many services which contribute significantly to disease prevention and follow-up of chronic patients: medication

therapy management; immunizations for children and adults; monitoring diabetes and cardiovascular disease; and health education consultation for a range of health risks and conditions (Meyer son et al., 2013).

A study conducted in England in this area found that how the pharmacist's role is crucial and effective in management of obesity of their customers who suffering from obesity, along with targeted information and advice on how to perform a proper diet coupled with constant physical activity (Eades et al., 2011).

The majority of pharmacy customers in a survey in Sweden (2008) expected to receive information regarding medicines from the pharmacists (80.5%), while over one-third (36%) expected information on general health issues and approximately one-quarter expected advice on diet (24%) and one-fifth for each expected recommendation regarding smoking cessation (21%) or disease/illness (20.5%) (Larsson et al., 2008).

Patients also rely on pharmacists for medicine information when they cannot get all the information they need from their physicians, which allows pharmacists to have an impact on adherence (Du Pasquier and Aslani, 2008). However, retailer non-pharmacists in community pharmacy may lack training, experience and responsibility equivalent to those of pharmacists. Consequently, they are not capable to provide the same quality of services and patient's protection that a professional pharmacist can be provided.

Therefore, a community pharmacy-based business model with high volume, minimal staff, and lack of pharmacists may be undermined the role of pharmacists and community pharmacies from providing pharmaceutical health care.

1.4. Communication between pharmacy staff and client:

Persuasion is defined as a successful, intentional effort to influence another's mental state through communication in a setting in which the target audience has a measure of freedom. Tacking adequate time to counsel the patient and provision of appropriate counseling is one of the most important elements of ethical pharmacy practice (Åström et al., 2000).

Persuasion by using oral counseling tool a play a key role in communication between the pharmacy retailer and patient and can be strengthened by written instructions which may help to build the exchangeable trust and satisfactions.

Pharmacy staff's information elicitation and advice provision behavior can affect clinical outcomes as well as patient and professional satisfaction.

Hence, creating a meaningful relationship between the pharmacy staff and customer can fulfill the pharmaceutical care process through using effective communication and building exchangeable trust during their interviews at the community pharmacy ((APhA), 1995).

On the other hand, those they do not offer high quality patient counseling can affect negatively on the customer satisfaction and may they lose their customers.

Pharmacy staff's information elicitation and advice provision behavior can affect clinical outcomes as well as patient and professional satisfaction (Maguire and Pitceathly, 2002).

Community pharmacists eligible to prescribe OTC products and answer their related inquiries through communication and introducing advice to their customers in the community pharmacy setting (Bell et al., 2016). The advice provided in community pharmacy based on consultation of pharmacy retailer with the consumers which may include medical referral, product recommendation, medicine information, non-pharmacological advice, and/or other relevant advice (Krinsky et al., 2015). Pharmacy staff can provide the patient's medication discussion during the interview or the retailing and provide the patient with further information voluntarily even if the customer does not express his or her a desire for counseling process in order to compensate these patients for money that they spend at the pharmacy. Therefore, pharmacy staff must be available in sufficient numbers to ensure the appropriate functioning of the pharmacy and spending enough time with each customer.

Many factors can influence the quality of information exchange during the consultations such as the communication skills of pharmacy staff, consumer expectation, privacy, and the valid classification of the medicine. (Watson et al., 2014).

The evidence showed that effective counselling about specific drug is an important as importance of dispensing this medication by appropriate manner. Catic et al. study reveal that 87.4% of respondents in Bosnia would accept switch of alternative medication by pharmacy staff if the prescribed or requested medicine is not available (Catic et al., 2013).

Loyalty as a concept is influenced by satisfaction, Patient loyalty to community pharmacy is the frequent use of the same pharmacy for pharmaceutical services besides counter-based interpersonal communications (Antunes et al., 2015). In community pharmacy, a productive dialogue of the pharmacy team with the patient or the customer can help build up social relations with the public. Communication skills are, therefore, play an important role for building a solid interpersonal relationship with the client to establish trustfulness and loyalty-based this relationship which improve the consultancy process as well as fulfill the primary ethical duty (Ilardo and Speciale, 2020). Kevrekidis et al. study reveal that most respondents (77%) stated that they tend to use the same community pharmacy in always or most of the time and also the majority of them (69%) of the familiar with the pharmacy staff and prefer their relationship (Kevrekidis et al., 2018). Given that, the use of effective communication skills is considered essential to providing adequate assistance and advice to patients and improve the health of each individual patient.

Appropriate medication counseling with the patient is important to prevent drug related problems and allergies and avoid doing any activity can harm him while undertaken the medications (Bailey, 1995, Le Grand et al., 1999). Appropriate consultation Performance also help of Gathering of medical adequate information from the customers which is also a crucial component in providing patients with proper advices to assist them to obtain an appropriate healthcare

Similarly, on the other hand, Ineffective communication can cause consequences affecting the patient, but also the pharmacist which is leading to a loss of customers and, therefore, to a loss of business., several studies have highlighted inadequate counseling as a possible reason for patients' non-adherence (Ansel., 1985).

Studies in Indonesia reported a poor quality of self-medication counselling provided by community pharmacy staff. Information-gathering performed by pharmacy staff is not comprehensive, the advice provided to patients is often inappropriate, and most pharmacy staff fail to provide information regarding the medication sold (ROSS-DEGNAN et al., 1996, Puspitasari et al., 2011).

Studies in Saudi Arabia reported that unsatisfactory provision of dispensing services and counseling services, in community pharmacies (Abdulhak et al., 2011, Al-Mohamadi et al.,

2013). Based on the above review, an evaluation of associated factors, such as individual characteristics, perceptions of pharmaceutical care services provided and facilities in the community pharmacy, would help to highlight potential interventions for improving patient satisfaction.

1.5. Patient satisfaction:

Satisfaction is to entail cognitive assessment and an emotional attitude to the structure, activities, and outcome of services (Cleary and McNeil, 1988). Ware et al. also specify it as "the personal assessment of health care services and providers" (Ware Jr et al., 1983).

The interaction of the consumer with community pharmacy practitioners may generate mutual assessment behavior or impression about their encounters in various situations. Consumers are satisfied when their expectations are exceeded toward the received services but more likely they will be dissatisfied when their expectations are not meet (MacKinnon and Swanson, 2005). Hence, most of the costumers of community pharmacy visiting the same pharmacy if they have a trusted pharmacy staff and satisfied with providing their medical information and less likely to change from one healthcare professional to another (Catic et al., 2013, Briesacher and Corey, 1997).

Patient satisfaction is an important tool to evaluate patient preferences and expectations about the healthcare process. It is a set of attitudes and perceptions of patients towards health services. In other words, it is the judgment of the patients about their needs and expectations met by the care provided or an evaluation based on the fulfillment of expectations of the user. Patient satisfaction is therefore a match of expectations with experiences of the patient during a treatment process (Ahmad et al., 2011).

Zastowny et al. indicates that, there is a reciprocal relation between satisfaction and utilization. Hence, it is quite rational to expect that satisfaction bring people to health services. Based on this if the situation is satisfactory, the compliance result and satisfaction, while skepticism keeps persons away from potential useful health services (Zastowny et al., 1989).

High satisfaction enhances related favorable behavior, for instance, compliance and adherence therapy with a healthcare provider (Khudair and Raza, 2013). A patient's

adherence to their treatment, influenced by several factors such as satisfaction of the patient, dosing regimen and frequency of administration (Barbosa et al., 2012). Ning Yan et al. (2008) indicated that patients satisfied with their pharmacy services are substantially more likely to adhere to their medication (Ning Yan et al., 2008). Additionally, the review of Barbosa et al. (2012) suggested the more patient satisfaction to the way of been treated was more likely to continuity to the treatment and he or she feels with less burden of the treatment and accept the complexity of the regimen (Barbosa et al., 2012). This relationship also necessitates consistency on the opposite side, where the dissatisfaction degree is associated with the rate of poor compliance. When the community pharmacy staff encounters were unpleasant to consumers may lead to poor compliance and increase dissatisfaction (Zastowny et al., 1989).

Patient satisfaction is considered a personal evaluation or appraisal of a service or product received as well as the level of satisfaction with medication counseling (Pascoe, 1983, Schommer and Kucukarslan, 1997).

Hence, the pharmacist or pharmacy practitioners should have sufficient knowledge on illness management and prescription practice and communication skills.

In order to ensure the implementation of community pharmacy services, its quality should be assessed by using customer satisfaction. Assessment of patients' satisfaction can help improve the delivery of community pharmacy services and becoming a popular healthcare quality indicator.

The competition of community pharmacies focuses attention on the quality, as health providers seek to improve their services and struggle to distinguish themselves from others.

In the same way, since, in general, the competitive pharmaceutical marketing among community pharmacies also focuses attention on quality, the private health providers seek to improve their pharmacy services and to distinguish them from others through gain their customer satisfactions. Thereby, patient satisfaction is an important humanistic testimony to determine the outcome of these serves and sustainability of any health care services (Johnson, 1997).

Patient satisfactions' feedback can help healthcare providers to identify potential area for improvement and alert providers to their concerns, need, prescription and non-prescription treatments (Aharony and Strasser, 1993). Meanwhile, understanding of the pharmacy customers' needs, and knowledge about the public utilization can assist the community pharmacy in enhancing the quality of their services and improving customer satisfaction.

Consumer satisfaction with health care services is an important determinant of the viability of health care providers and ensure the implementation of Good pharmacy practice (GPP). Thereby, examine Patient satisfaction become a more popular indicator in many studies to assess the quality of health care services.

1.6. Community pharmacy services in developing countries:

The poor socioeconomic status in the country, the rising of the cost of medicines and non-accessibility physicians can affect negatively on accessing appropriate healthcare in the society (Shankar et al., 2002).

Although the pharmacy profession is recognized for its importance as a health care provider in many developed countries, in most developing countries it is still underutilized (Anderson, 2002). The challenges of the developing countries to providing good pharmaceutical services may differ from those difficulties encountered in developed countries. However, pharmacy practice models vary significantly from one country to another. In some countries, the appropriateness of prescribing by retail pharmacy staff has been found to be far from acceptable.

Community pharmacies mainly in developing countries are considered the first point of contact for patients to seek medical and wellness advice (Ahmad et al., 2014, Goel et al., 1996). The expansion of nonprescription medicines in pharmaceutical marketing has given the consumers greater choice in the self-medication as well as provided community pharmacy with an opportunity to introduce more services and healthcare benefits of consumers. In Pakistan. About 80% of medicines are distributed to patients through community pharmacy (Hussain et al., 2013). Hence, most of the illnesses are treated by self-medication and the community pharmacy practitioners has a multifaceted role to play in facilitating self-medication in the society when they prescribe pharmaceuticals like

physicians. Besides that it is considered a cheap and easily accessible treatment option from retailer pharmacy, however, numerous of these countries have a shortage in numbers of trained professional pharmacy staff, and the ratio of pharmacist/population were less than 1:100,000 in many developing countries (WHO, 1988).

In Ghana, a study which was conducted in a rural area revealed that the staff in five community pharmacies were lacking training in pharmacy practice. The population bought drugs without prescriptions; the staff of these shops contributed to drug misuse by providing misinformation about drugs and selling drugs according to popular demand (Wolf-Gould et al., 1991).

This situation in developing countries. Raises also the question whether these large numbers of medications in pharmacies are selling appropriately since in most developing countries, lack of appropriate drug policy is the most common problem encountered (Farris et al., 2005). Hence, drug use in these countries has been widely documented as ‘irrational’ by many researches including prescribing and/or consumption of ineffective, unsuitable, sub-optimal or unsafe pharmaceutical products.

Many studies have examined patients’ satisfaction and their attitudes toward the community pharmacy services. There is a need to investigate patient satisfaction with pharmacy services in the Libya an assessing patient satisfaction with pharmacy services is essential for improving community pharmacy performance as were mentioned in the many studies. However, yet, in the Libya, patient satisfaction with pharmacy services remains unknown, but this study, attempts to fill somewhat parts from this gap.

1.7. Community pharmacy in Libya:

Libya has a population of around 5.5 million people. However, there is a major shortage of medical staff such as pharmacists (Report., 2009). In the last three decades, the Libyan government transit some pharmaceutical services from the public to the private sector. Several countries use geographical criteria to determine whether a pharmacy license can be issued in order to prevent the concentration of community pharmacies in the same area. The ministry of health in Libya also issued a law to protect the right of ownership of the pharmacy and to prevent disparities of pharmacies distribution in the community. The

health Law 106 Article No. 88 For granting a license to open a pharmacy, conditioned the distance between the pharmacy to be licensed and the nearest authorized pharmacy should not be less than 350 meters and the regulations prescribing how to measure this distance (Health). The number of pharmacies and pharmacists is not regulated, and it dramatically increased. The first faculty of pharmacy in Libya was established in 1975, which offers a bachelor's degree in the pharmacy profession from Tripoli University. However in the last two decades, the number of local faculties of pharmacy rise up to 10 or more in Libya almost of them in the northern area only one faculty of pharmacy in Sebha city which established in 2014 at Sebha University. Thereby, there is a shortage of pharmacists working in the health sectors and community pharmacies in the southern region compared with the northern area.

In recent years, there has been an increase in the number of community pharmacies. Community pharmacies in Libya are privately owned, run on a profit basis and are not subsidized by the state. The rules and permissions regarding the operation and ownership of community pharmacies vary across territories of Libya as a result of its instability since 2011. Therefore, the number of pharmacies in Libya has increased by 100 percent in 11 years, The Health Ministry' survey found that there were 2,089 pharmacies in 2018, up from 1,543 in 2007 (yang, 2019).

In Libya, some private pharmacies and wholesalers operate with no licenses. Many pharmacies were owned and operated by local pharmacists and business people. Owners and dispensers at some of them are not pharmacists (Elfituri et al., 2018).

Meanwhile, the majority of community of pharmacies in Sebha are still lacking of enough graduated pharmacists to their population needs and reinforcement their entitled role toward the community.

Health care providers including pharmacists are responsible to enhance and optimize patient healthcare. Based on the WHO perspective, the pharmacist can play an important role in health promotion. (WHO 1988; WHO 1996), particularly in developing countries where is public health needs are limited.

Elfituri et al. (2018) document the professional opinion of 20 pharmacy practice professionals, on Libya's current pharmaceutical situation, utilizing a WHO indicator-

based approach. They reported that pharmaceutical marketing in the private sector observes frequent drug shortages and large prices increases, with a lack of government control or monitoring. Accordingly, counterfeit and substandard products are currently expected to circulate in the country freely in many community pharmacies, with estimates of rates equal to or higher than those in countries of high prevalence. This also revealed that, yet, the good pharmacy practice (GPP) in these community pharmacies is not guaranteed or marketing authorization of pharmaceutical products is not taking place in Libya (Elfituri et al., 2018).

However, the Libyan Health Law act number 106 of 1973 and its explanatory notes of 1975 state that registration of medicines within the Libyan Ministry of Health should precede the availability of any medicine in the Libyan market (Mustafa and Kowalski, 2010).

It is known that in Libya most of the community pharmacies are a private enterprise, but also some are owned by and operated by pharmacist and business person. Consequentially, their economic objectives may disturb the quality of patient counseling and customer satisfaction. Moreover, the large number of functioning community pharmacies with irregular distribution of these pharmacies in the city leads to high business competition and sometimes their practice may be oriented to business side rather than patient health care. In addition, in many developing countries, the most barrier to effective pharmacy practice models is a shortage of qualified pharmacists where the pharmacist is not the sole dispenser and medical practitioner in community pharmacy even in Libya, many community pharmacies still breaching the health law 106 in this point.

1.8. Pharmaceutical regulations in Libya:

In many world countries have an extensive legal and regulatory framework, covering all aspects of the pharmaceutical sector. However, in Libya, national drug policy was developed incomplete in 2003, never implemented or even updated. Thus, the health infrastructure is still weak, and it lacks of reliable data and an adequate drug legislation and regulations which reflect negatively on pharmaceutical institutional stability and pharmaceutical marketing (Elfituri et al., 2018).

A community 'pharmacy' "is a registered premise, approved and licensed dependent on individual country's legislation and regulations" (Moullin et al., 2013).

In many countries, the ownership of a community pharmacy is restricted to a pharmacist to enable a high level of professional judgement by alleviate the risks of corporate ownership, which might give directives to commercial profit over the public health. Likewise, Community pharmacies in Libya are private and licensed from the Ministry of Health (MOH) based on the pharmacy practice law conditions which include that the owner must be a registered pharmacist.

According to health Law 106 article 120 in 1973: “Definition Community pharmacy means any place under the direct supervision of a pharmacist where the practice of pharmacy occurs or where prescription orders are compounded and dispensed other than a hospital pharmacy or a limited-service pharmacy.” The law request professionalization of pharmacy performance and precluded the practice of the pharmacy profession by persons other than licensed pharmacists. In other words, the presence of a pharmacist is a legal requirement whenever the pharmacy is opened and if no pharmacist is accessible in the community pharmacy, it must be prohibited from performing its activity until the pharmacy manager provides a recognized pharmacist.

Besides, a pharmacist is authorized to dispense only the prescription drugs and those defined as over the counter (OTC).

According to health Law 106 article 80 in 1973:

“It is not permissible for anybody to practice the pharmacy’s mission unless he holds a degree in pharmacy from one of the recognized universities or higher institutes, and it is considered a practice for the pharmacy profession to supply, install or divide any medicine, drug, medicinal plant, or pharmacy material used through internal or external way, or In a way of injection for the purpose of protecting humans or animals from diseases or treating them from diseases, or they are described as having these advantages” (Health).

The Libyan Pharmacy Law (health Law 106) does not offer enough guidance on the clinical or counseling aspects of pharmacy practice, leaving these important functions essentially unregulated.

CHAPTER II

2. Literature Review

Research on patient satisfaction with pharmacy services began 25 years ago and a significant volume of literature has been to generate. Most measurement tools of pharmacy services are conceptualized that patient satisfaction is a considerable performance indicator. This approach uses rating scales to patient or customer opinions and attitudes about the characteristics of a particular service (Traverso et al., 2007).

To date, several studies have been conducted worldwide to investigate the public view, perception, satisfaction, and attitude towards community pharmacy services and various studies have investigated public visiting rate and attitudes about, community pharmacy in several countries as Ghana, Bosnia, Qatar, Malta. Canada, Jordan, Estonia, UK, Malta, Saudi Arabia, and other countries.

Study was conducted in Ghana West district A cross-sectional household (2019), out of the 497 respondents, 80% of respondents indicated that they had visited community pharmacies within the last 12 months. The majority of the pharmacy users (about 84%) stated that they frequently visit community pharmacies to get treatment for minor ailments, 55% for the purchase of prescription medicines, 48% for the purchase of OTC products, whereas the minority reported their visit for getting advice and treatment for another person (10.8%) and the nearly similar rate they reported the advice on general health conditions 9.4% was the reason of their visits. A large proportion of the respondents (45.8%) who used a pharmacy in the last 12 months indicated that waiting time in the pharmacy is short, with 22.4% and 30.4% suggesting that they spent a very short period or acceptable time during visiting the community pharmacies in respectively. And the majority of those using pharmacy services (59.3%) were meeting the pharmacist as the first person for drug-related questions. Additionally, the majority of the respondents (58.5%, representing strongly agree and agree) perceived that community pharmacists have the knowledge to provide advice on general health conditions. Also, less than half of the respondents (48.7%, representing strongly agree and agree) perceived community pharmacists as health professionals with a good balance between health and business matters.

In Bosnia study (2013), Catic et al. showed that over 182 respondents, 47.3% of patients visited the community pharmacy monthly or less frequently, 32.4% visited two to three times a month, 14% went once a month and only 5.5% visited the pharmacy more than once a month. Most patients (61.0%) often visited the same community pharmacy, 26.9% always visited the same community pharmacy and 12.1% rarely visited the same community pharmacy. Most of the patients who regularly visit the same community pharmacy have a truthful pharmacist (73.6%).

Main reason for visiting pharmacy among respondents were purchasing of prescribed medicines and over the counter medicines, but also a significant number of patients visit pharmacy for advice and consultation (Catic et al., 2013).

In Qatar, El Hajj et al. study showed that the majority of participants (52%) reported visiting a pharmacy at least once per month. The two primary stated reasons for visiting a pharmacy were to obtain over-the-counter medications (93% of respondents) and prescription medications (83%). Only 35% of surveyed patients reported visiting a pharmacy primarily to ask for pharmacist advice and only 23% stated primarily visiting the pharmacy to get general health information. The primary factor was the pharmacy location (90% of respondents), which included the proximity of a pharmacy to home, work, medical clinic, or hospital and the presence of a pharmacy in a shopping mall followed by provision of a good range of products and services (79%) and convenient pharmacy working hours (76%). The pharmacist's knowledge was considered as a primary factor by 66% of respondents.

Forty-five percent of respondents agreed that they felt totally at ease about asking the pharmacist for advice. Only 37% agreed that the pharmacist gave them enough time to discuss their problem and was knowledgeable enough and always ready to answer their questions. Nevertheless, the respondents' satisfaction toward community pharmacy services was highly satisfying among 88% of the participants.

Most patients agreed that the community pharmacist should provide them with the directions of use of medications (93%), answer their drug-related questions (88%), check their prescriptions for accuracy (83%), and advise them about the treatment of minor

ailments (79%); however, more than 70% of patients didn't expect the community pharmacist to monitor their health progress and to perform any health screening.

When asking the respondents about their reasons for seeking to visit a pharmacist before a physician, almost all the respondents (91%) indicated the minor ailments is the primary reason, short waiting time needed to see the pharmacist (78%), lack of appointment required to visit the pharmacy (76%), and high medication knowledge (62%) of the pharmacist. Interestingly, a minority of participants (9%) declared that they would never seek the pharmacist's advice. The top four community pharmacist qualities that most respondents desired included communication skills (100% of respondents), medication knowledge (98%), honesty and professionalism (97%), and understanding of patients' concerns (93%). Communication in the native language was an important quality for 72% of (El Hajj et al., 2011).

In a study conducted in Kuwait by Awad et al. reported that the most common reasons for visiting a pharmacy were to purchase medications (prescription: 78.1% and nonprescription 68.4%). It also found that just 20 % of respondents believed that performance of the community pharmacists regarding a drug related problem was balanced between health and business objectives. And 52% of respondent admitted they visit a physician before the pharmacist, despite 58.9% of respondents trusted the pharmacists, 54.8% believe they believe that the pharmacists have good ability of answering questions regarding the medications and the diseases and 59.6% they satisfied with the current community pharmacy services. However, 54.5 % of respondents did not aware the role of pharmacists is included in the monitoring health progress to assure safety and efficacy of drug use (Awad et al., 2017).

Switching from one pharmacy to another in the past 2 years was reported by 19% of the respondents. The leading reasons given for switching were poor service (e.g., prescription not ready) (33%) and bad relations with the pharmacist or other staff (e.g., not friendly) (18%), followed by high price (15%). The remainder cited a variety of other reasons (Stergachis et al., 2002).

In a study of Saudi Arabia, reveal that the main reason for visiting a particular community pharmacy was the availability of qualified and trusted pharmacist in this pharmacy. (Services, 2004).

In Jordan (2008), a total of 1,085 members of the public were interviewed. Proximity to home was the main reason to visit the same pharmacy (26.2%), More than 60% of participants mentioned that they bought anti-microbial from pharmacies without prescriptions. The majority of participants (62.7%) reported that they would seek advice from a pharmacist when the condition was not serious enough to visit the doctor (Wazaify et al., 2008).

In Saudi Arabia, (2004) Bawazir study reported that, fifty-nine per cent of respondents often or sometimes visited a particular pharmacy. It reveals also a 25% of respondents agreed that community pharmacists as having a good balance between health and business sides, whereas 56.1% believed those community pharmacists were more likely concerned with the business matter. 58.5% of respondents indicated that their pharmacists showed sensitivity to privacy by speaking more quietly across the counter most respondents (65.2%) indicated that their pharmacist was willing to discuss their health problems and tried to understand their feelings. Consumers' priorities for new services were: monitoring blood pressure; measuring weight, height and temperature; monitoring blood sugar; and monitoring cholesterol (Bawazir, 2004).

2.1. Rational of study:

With better knowledge of consumer needs and preferences, community pharmacies can improve the quality of services to satisfy these needs. To the best of our knowledge, no study was conducted to investigate the public's use of community pharmacy and patient satisfaction with community pharmacy services in Libya. This study represents the first attempt to assess visiting rates of costumers to the community pharmacies and consumer's satisfactions with community pharmacy services in a Libyan area. Alongside, this study will provide the first data on the public's use of community pharmacies in Libya and its findings will also form a baseline data for any future comparison studies may be conducted about community pharmacy services. This research, therefore, will provide better

understanding of community pharmacy services provided for the Libyan community and highlight the extent of community pharmacies contribution to public healthcare.

CHAPTER III

3. Methodology

3.1. The objectives:

As insufficient data is available on the assessment of community pharmacy services in Libya, we undertake this study.

To assess public' use community pharmacy of with services provided in the southern Libya "Sebha" and to determine the public's views of and satisfaction with community pharmacy services currently provided in Libya. This study a descriptive, cross-sectional survey and the aims of the study including the following to:

- 1) Investigate the frequency of public visits to community pharmacies.
- 2) examine the impact of these visits on their health education,
- 3) Identify the factors influence the costumer choosing to visit a particular pharmacy.
- 4) To evaluate the staff members about their providing of drug information and communication with the customers.
- 5) To determine the public's views of and satisfaction with community pharmacy services currently provided in Libya.
- 6) Examine Expectation, attitudes and satisfaction of participants about community pharmacy services.

No study was published focused on measuring patient satisfaction with pharmaceutical services in Sebha or other Libyan cites.

Sebha is an oasis city located in southwestern Libya approximately 750 km from the capital of Libya Tripoli. Its population is estimated to be over 150,000 individuals, It was historically the capital of the Fezzan region (Wikipedia).

Information strained from the results can be used, as guidelines to implement better policies than the existent policies and continuous quality improvement in Libya's public healthcare system and help increase pharmacy service viability and to help manages achieve internationally accredited public healthcare service status. Knowledge about public utilization of community pharmacy and it is services can assist pharmacy owners in

meeting customers' needs, in enhancing the quality of their services and improving customer satisfaction.

3.1.1. Study design:

Patient satisfaction questionnaires have grown substantially over the last decades as tools to measure healthcare from the patients' view point (Quintana et al., 2006). It is important to evaluate patient/customer satisfaction with community pharmacy services through appropriate studies as a crucial part of development of health services. This will be helpful in identifying specific areas of the service which need improvement to achieve high quality of community pharmacy services in general and also for enhancing the favorable changes in the current pharmaceutical services provision in Libya. In the measurement of the level of satisfaction of patients/clients with the services of pharmacies different instruments have been used (Rigolosi and Reed, 2001, Horvat and Kos, 2010, Larson et al., 2002, MacKeigan and Larson, 1989). From the various studies, which applied a variety of approaches, different findings have been reported. Studies in Qatar Saudi Arabia, Palestine and Pakistan reported on the levels of satisfaction of clients with the services of community and respectively (El Hajj et al., 2011, Mohamed and Al-Dogaither, 2004, Khmour and Hallak, 2012, Aziz et al., 2018).

The Pharmaceutical Care Satisfaction Questionnaire (PCSQ) was designed to be (1) convenient to administer, (2) simple to score, (3) able to assess the proficiency of pharmacists in several aspects of pharmaceutical care, (4) adaptable to several ambulatory care settings, and (5) sensitive to patient care expectations (Marshall et al., 1993).

3.1.2. Inclusion criteria

The participation in the study was voluntarily, the study population comprised patients who came to collect medication at the community pharmacy. Adult able to read and write Arabic and aged >18 years purchasers of medicine or any pharmaceutical items from community pharmacies were selected with their consent. Patients with a lack of understanding or difficulty in answering questions were excluded.

3.1.3. Questionnaire:

A self-administered questionnaire was developed. Various literature sources were reviewed to develop the questionnaire with some modification.

Written questionnaire in Arabic and English was designed, field tested, revised and finalized (see supplements 1 for English translation).

The pilot study tested the questionnaire for reliability, comprehension, question design and length.

The survey consisted of mostly 25 close-ended questions excluding. Questions for demographic data and a comments section. Sociodemographic characteristics included age, gender, marital status level of education, occupation, income and city.

It is divided into two subscales of a series of questions regarding utilization of community pharmacy [questions from 1 to 6] and the patients' perception towards provision of drug information 'performance [Table 1] and satisfaction with the pharmaceutical services [Table 1 &2] provided by the pharmacy staff in community pharmacy.

The questionnaire addressed the following topics:

1. The Reasons of visiting community pharmacy. Q1
2. The role of the pharmacy visits on public education. Q2
3. reasons of using pharmacy before the clinic Q3
4. Factors affecting participants to choose a particular pharmacy to visit. Q4
5. Assess pharmacy staff providing of drug information and their communication with the customers. Table 1
6. Expectation of participants about community pharmacy services. Table 2.
7. Satisfactions of participants about community pharmacy services. Table 3

For questions intended to measure consumers' attitudes and opinions, respondents were presented with statements and asked to agree or disagree using a five-point Likert-type scale.

For questions intended to evaluate providing of drug information and communication with the customers by pharmacy staff, the respondents need to present his/her experience in a

frequency scale from always, sometimes rarely and never in one option for each sub question in the table1.

3.1.4. Ethical consideration:

The survey was offered to patients while they were waiting to be seen at the community pharmacy. The Investigator requested patients' verbal consent and used an informative brochure to explain the purpose of the survey. They also explained that the questionnaire was anonymous and should be deposited in a box located outside the clinic in order to guarantee confidentiality. The data generated will be and will be used for research purposes only and will keep confidential and not be shared with anybody.

3.1.5. Statistical analysis:

The data were collected and completed questionnaires were coded, reviewed for accuracy to enter an Excel database by the researchers and were analyzed using Statistical Packages for Social Sciences (SPSS), version 18. A SE β 95% and a lower level of significance α 0.05 were considered.

CHAPTER IV

4. Results

4.1. Demographic data

Data obtained regarding visitors to the community pharmacies who provided their opinions in responses to questions or statements. All 600 questionnaires were handed to visitors of community pharmacies. Only (462, 77%) of the distributed questionnaires were returned and collected.

Data analysis

The characteristics of demographic of the respondents are summarized in Table 1.

Table 1 Study subjects' demographical characteristics	
Ages	N (%)
18-30 years	224(48.5)
31-60	212(45.9)
>60	26(5.6)
Gender	
M	242 (52.4)
F	220 (47.6)
Occupation	
Students	92(19.9)
Owen business	108(23.4)
Employee	201(43.5)
Others	61(13.2)
Educational level	
Secondary	122(26.4)
University	241 (52.2)
Higher education	86 (18.6)
Academic	13 (2.8)

Respondents were divided in three age groups. The majority of respondents (436, 94%) were classified of ages in terms as: young (18-30) and middle (30-60) years old which were accounted (224, 48.5%) and (212, 45.9%) respectively. The rest of them elderly (age > 60 years) was consisted of only (26, 5.6%) of the respondents.

The distribution of the participants according to the gender was largely equal, and they were (242, 52.4%) men and (220, or 47.6%) were women.

A large proportional of respondents (201, 43.5%) were employee which also represented over two-fold of respondents of who were working as self-employed (108, 23.4%) were students (92, 19.9): while other professionals were accounted just (61, 13.2%).

Regarding participants educational level, over half of respondents were university graduates which represented (241, 52.2%) compared to those who are at secondary level of education and represented just over quarter of respondents (122, 26.4%). In addition, about a fifth of respondent (99, 21.4%) had done higher education and academic level of education.

4.2. Frequency of visiting

The majority of respondents (343, 74.3%) reported that they had visited the community pharmacies at least “once” in a month and over one third (34%) of those respondents reported: they had visited at least once a week which at the same time represent just over the quarter (120, 26%) compared with all respondents. Nearly half of respondents (223, 48.3%) reported that they had visited community pharmacies about once a month compared with a few of respondents who had visited community pharmacies twice a year or once a year which were accounted (75, 16.5%) and (44, 9.5%) respectively.

Table (2) and figure (1) display the frequency of reported participants of community pharmacy visiting rates.

Table 2 Participants community pharmacy visiting rates		
Rate of use a pharmacy	Frequency	%
Weekly	120	26
Monthly	223	48.3
Twice a year	75	16.2
Once a year	44	9.5

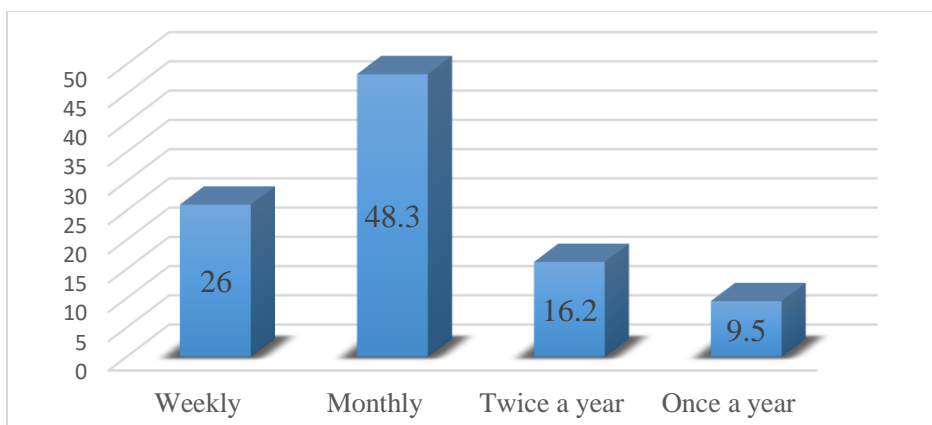


Figure 1 Participants community pharmacy visiting rates

4.3. Reason for participants visiting community pharmacies

The main reasons for visiting a community pharmacy are shown in Table (3) and figure (2). The majority of participants (304, 65.8%) reported: dispensing their prescription medication was one of the main reasons for visiting the community pharmacies and the next reason was purchasing medication without prescriptions which was reported by over one third of respondents (162, 35.1%). However, the reasons for purchasing women and baby products were represented by (97, 21%) and (93, 20%) of the all respondents respectively. Consultation and getting health information, cosmetics and medical supplements were reported by (74, 16%), (71, 15.4%) and (70, 15.2%) of the respondents respectively. In general, the reason for purchasing non medications items represented (71.7 %) of respondents.

Table 3 Reasons of visiting pharmacy	Frequency	%
To collect a prescription (for myself, someone else or both)	304	65.8
To purchase medication without prescription	162	35.1
For consultation and get health information	74	16
Medical supplements	70	15.2
Cosmetics	71	15.4
Baby's product (milk , food)	93	20.1
Woman's products	97	21
<i>Note: The participants has more than one option to select.</i>		

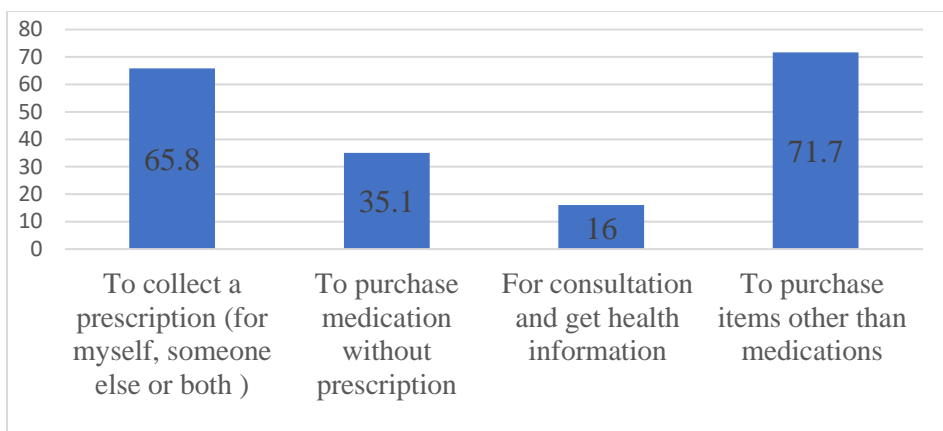


Figure 2 Participants Reasons of visiting community pharmacies

4.4. The role of the pharmacy visits on public education

Nearly a half of respondents (224, 48.5) reported that they had been given advice about antibiotic use which represents the highest rate compared with those respondents (136, 29.4%). It is a contradicted statement that community pharmacy provides this information. Moreover, a large proportion of participants reported that they had been given advice regarding physical exercises and healthy eating which were accounted by (178, 38.5%) and (173, 37.4%) of respondents respectively. On the other side, respondents who opposed them for the same questions were nearly equal in rate which were accounted by (154, 33.3%) and (169, 36.6%) respectively. Lower ratios were found among respondents who reported that they had been given advice regarding smoking cessation which accounted nearly a quarter of respondents (114, 24.7%). There are a proportion of respondents reported that they had been given advices regarding diabetes disease which accounted by a fifth of respondents (106, 22.9%). However, the respondents who denied they had been given advice regarding smoking cessation and diabetes disease were accounted with (195, 42.2%) and (199, 43.1) respectively. In addition, lesser respondents reported that they had been given advice regarding pregnancy and oral contraceptive which was accounted by a fifth of respondents (91, 19.7%) while those opposed to them accounted by (184, 39.8%). Interestingly, the rate of given advice regarding the neurological disorder to the respondents, was reported the lowest which was accounted only (62, 13.4%) among all

respondents. On the other hand, respondents who denied had been given advice regarding neurological diseases were the highest rate which they were accounted by (225, 48.7%).

given an advice about any of the following by the pharmacy staff	yes		No		No answer	
	F	%	F	%	F	%
Smoking cessation	114	24.7	195	42.2	153	33.1
Diabetes	106	22.9	199	43.1	157	34
Healthy eating	173	37.4	169	36.6	120	26
Pregnancy & oral contraceptive	91	19.7	184	39.8	187	40.5
Physical exercise	178	38.5	154	33.3	130	28.1
Neurological disorders	62	13.4	225	48.7	175	37.9
Antibiotics use	224	48.5	136	29.4	102	22.1

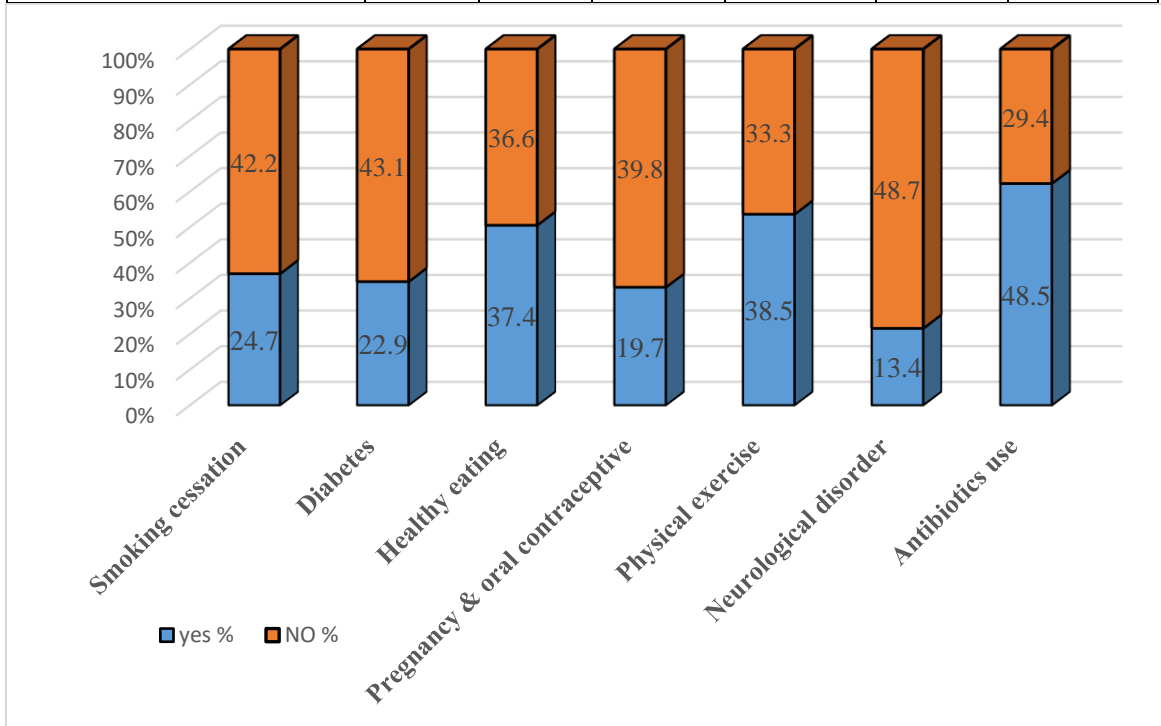


Figure 3 the role of the pharmacy visits on public education

4.5. The reason for consumer approach the pharmacy before the clinic:

Regarding the attitude of community pharmacies, consumers toward contact with the community pharmacy before visiting the clinics, the majority of respondents (358, 77.5%) reported the minor health problems were their main reasons for visiting community pharmacy rather than visiting the clinics. Nevertheless, the easy communication with pharmacy staff came the second rate of reason for primary choosing community pharmacy before the clinic which is accounted by (124, 26.8%) of the respondents. Just over the quarter of respondents (119, 25.8%) chose the reason of “no appointment is needed to visit the community pharmacy. I was one of the reason for their preference visiting community pharmacy over the clinic. Moreover, (103, 22.3) of respondent who reported their preference reason was “the consultation in community pharmacy is free of charge “. However, the rate of respondents who totally disagree with visiting community pharmacy before the clinic was the lowest rate which was accounted (76, 16.5).

Table 5 The reason for you to approach the pharmacy before the clinic		
The reason for you to approach the pharmacy before the clinic	Frequency	%
Minor health problems	358	77.5
Easy communication with the pharmacy staff	124	26.8
No appointment is needed to visit the pharmacy	119	25.8
The pharmacy consultation is free of charge	103	22.3
Always go to the clinic before the pharmacy	76	16.5
<i>Note: the participants has more than one option to select.</i>		

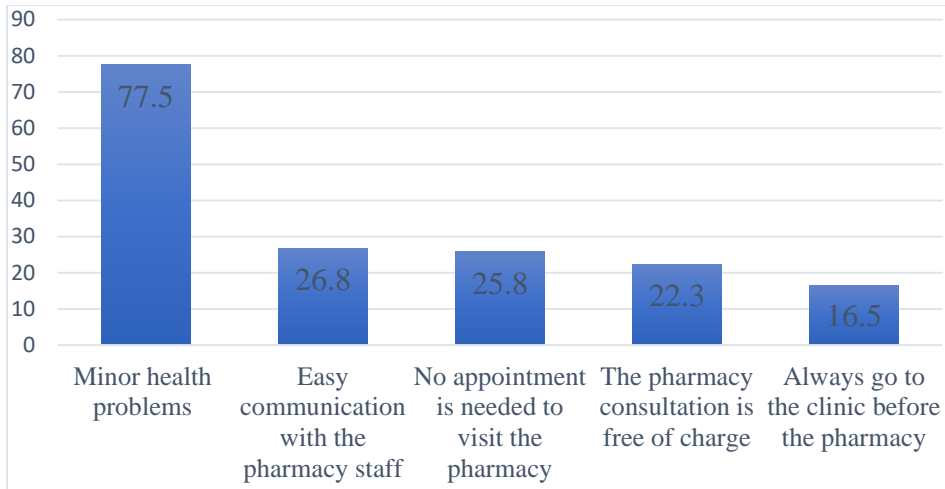


Figure 4 the reason for you to approach the pharmacy before the clinic

4.6. The factor that influences the consumer to choose any particular pharmacy to visit:

The main factors influencing the choice of any particular pharmacy are shown in table (6) and figure (5).

The primary factor was considered among respondents was the expertise and professionalism of pharmacy staff which was accounted by more than half of respondents (256, 55.4%). The next factor was considered among nearly the half of respondents was “the availability of products” which was represented by (221, 47.8) of respondents. Moreover, a large proportion of respondents (138, 29.9%) consider “pharmacy reputation” in their account when visiting the community pharmacy. Over a quarter of respondents accounted that availability of the pharmacist to answer queries which was represented by (122, 26.4) of the participants. The lower ratios were for those visiting the community pharmacy because of its location (82, 17.8%), Quick services (80,17.3%), followed by confidential and private customer processing, and previous social relation with community pharmacy staff which they accounted by (78, 16.9%) and (69, 14.9%) of respondents respectively, whilst the lowest percentage for pharmacy appearance and decoration (46, 10%) of all respondents.

The factor may influence participant selection particular pharmacy to visit.	Frequency	%
Knowledge & experience of the pharmacy staff	256	55.4
Availability of products	221	47.8
The previous social relation of pharmacy staff	69	14.9
Quick services	80	17.3
Dealing with confidential and privacy	78	16.9
Attractive pharmacy appearance and decoration	46	10
The availability of the pharmacist to answer your questions	122	26.4
Location of pharmacy	82	17.8
Pharmacy reputation	138	29.9

Note: the participant has more than one option to select.

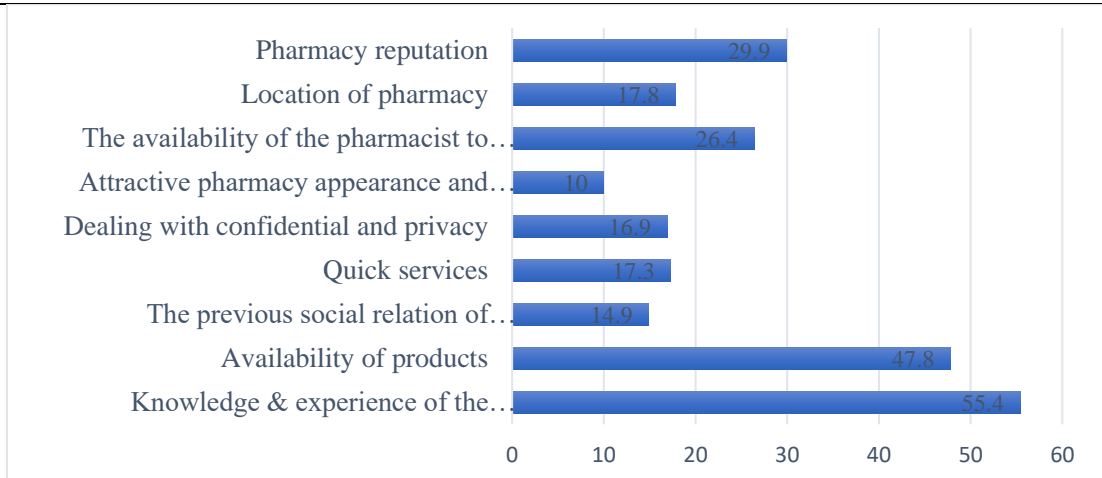


Figure 5 the factor that make you choose any particular pharmacy to visit

4.7. The first healthcare center you will choose to visit by participants about drug related question or problem:

Regarding preference of participants to choose the first health care center when they faced a health problem, the primary health center chosen by respondents was the community pharmacy which accounted more than half of respondent (248, 53.7%) compared with just over the quarter of respondents (124, 26.8%) chose the privet clinics and nearly a fifth of respondents (90, 19.5%) preferred to go to the public clinic.

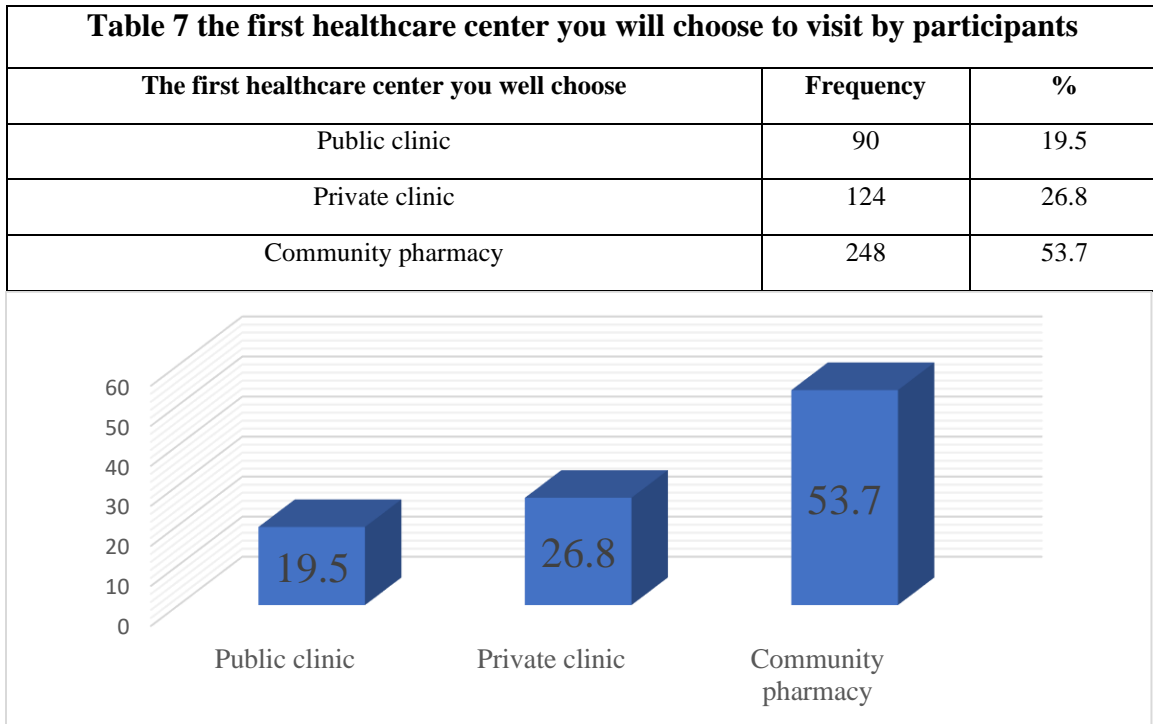


Figure 6 the first healthcare center participants chosen

To evaluate the possible relationship between the rate of respondent's visits and a choice of first health-care center, the data variables were analyzed by chi square test. Unexpectedly, the result showed that the participants who less frequent use community pharmacy are more likely to preference to choosing community pharmacy as the first health care center to inquiring about drug information with statistical significant (P value =0.032). For instance, participants who use the community pharmacies by once a year, represented the highest rate of choosing community pharmacy as first health care center for inquiring about drug information with (31, 12.5%) compared with the respondents (62, 25%) who reported they use the community pharmacies weekly.

Table 8 the relationship between the rate of using community pharmacy and participants preferences of choosing health care center regarding drug information enquiring										
The first healthcare center participants' choosing	Use of pharmacy								Total	
	weekly		monthly		Twice a year		Once a year			
	F	%	F	%	F	%	F	%	F	%
Public clinic	26	5.6	38	8.2	17	3.7	9	1.9	90	19.5
Private clinic	32	6.9	73	15.8	15	3.2	4	0.9	124	26.8
Community pharmacy	62	13.4	112	24.2	43	9.3	31	6.7	248	53.7
Total	120	26	223	48.3	75	16.2	44	9.5	462	100
Pearson Chi-square (P-value):							13.829 (0.032)			
contingency coefficient:							0.170			

4.8. Evaluating the community pharmacy services introduced to the clients.

Regarding community pharmacy services, the majority of participants agreed that community pharmacy staff dealing with costumers in polite ways which were reported by (347, 75.1%) compared with those who disagreed with this issue (30, 6.4). Similarly, most of the respondents reported they had been given privacy and sufficient consideration by the community pharmacy staff which was accounted by (289, 62.6%) while the respondents who selected “rarely” or “never” options were accounted by (67, 14.5%) of the total respondents. Alongside, over the half of respondents agreed that the community pharmacy staff listens attentively to them which represented (265, 57.4%) whereas, a lesser rate of respondents who disagreed this statement were accounted by (63, 13.6%). Nearly half of respondents (219, 49.6%) were satisfied with the time the community pharmacy staff spends with them. On the other hand, the respondents who disagreed to this question were represented by (91, 19.7%). Likewise, nearly half of respondents (215, 46.5%) reported that the community pharmacy staff explains the mechanism of action of the new medicine to them during they are dispensing their medications. Whereas less than quarter of the participants disagreed with this statement, which were accounted by (53, 11.5%) for whom reported “rarely” and (48, 10.4%) for whom reported “never”. Furthermore, almost equally

of respondents supported the statement that the community pharmacy staff are asking the pharmacy visitors about their experience about side effects of medicines. With those agreed the staff are to enquire them about their ability to using the prescribed medicine properly during their consultations with them were accounted by (149, 32.3%) and (146, 31.6%) for "almost" and (132, 28.6%) and (116, 25.1%) for "sometimes" respectively. While respondents who reported "never" and "rarely" were (181, 39.2%) and (200, 43.3%) separately for each statement.

On the other hand, approximately two thirds of respondents denied that community pharmacy staff were asking the costumers if they have further questions by reporting "rarely" or "never" which was accounted by (302, 65.4%). Similarly, nearly two thirds of respondents denied that these staff provided the medication storage information to the costumers during their encounters which represented by and (284, 61.4%).

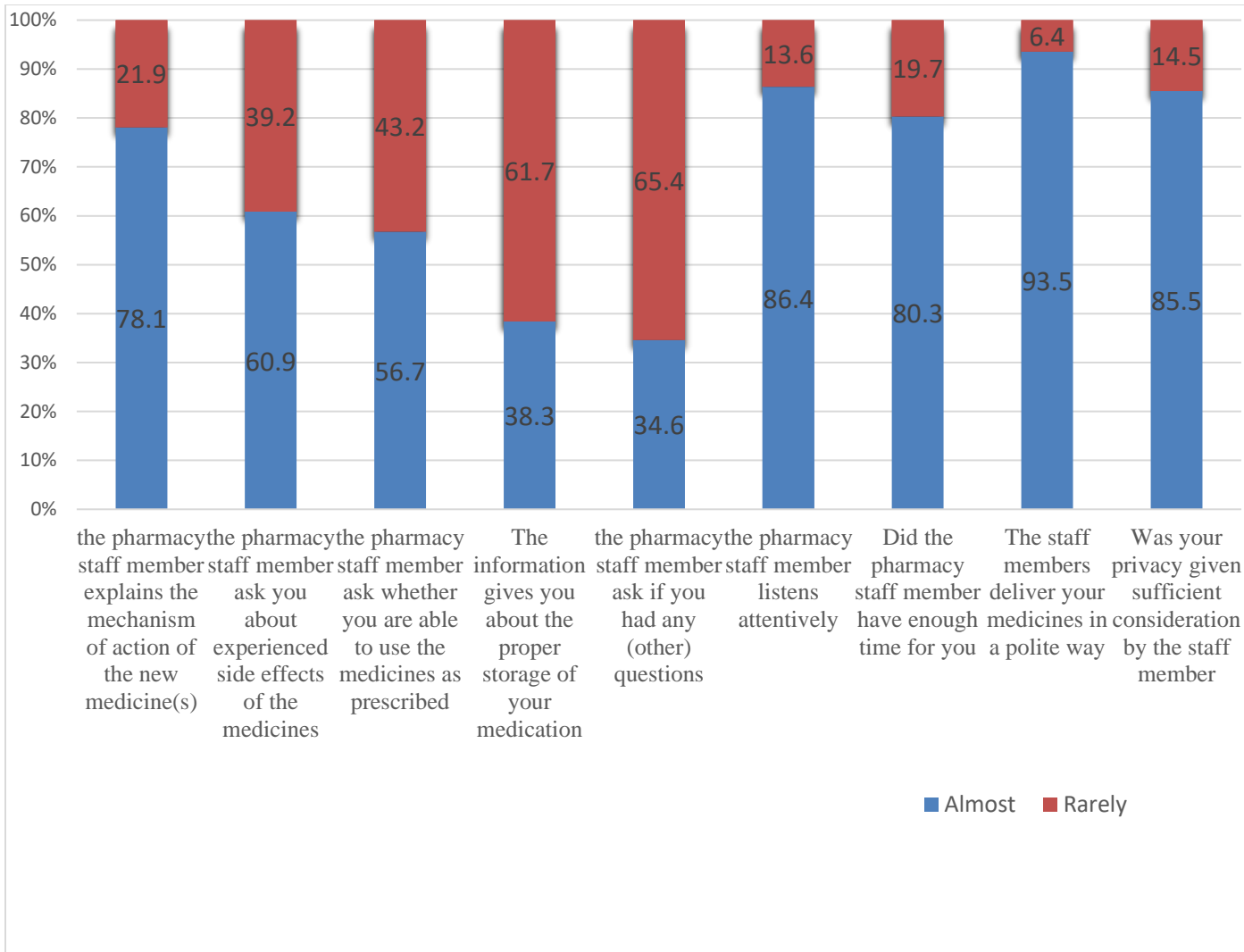


Figure 7 evaluate the staff members about their providing of drug information and communication with the customers

Table 9 Evaluate the staff members about their providing of drug information and communication with the customers										
	Almost		sometimes		rarely		never		Mean	Std. Deviation
	F	%	F	%	F	%	F	%		
The pharmacy staff member explains the mechanism of action of the new medicine(s).	215	46.5	146	31.6	53	11.5	48	10.4	1.85	1.00
The pharmacy staff member asks you about experienced side effects of the medicines.	149	32.3	132	28.6	89	19.3	92	19.9	2.26	1.13
The pharmacy staff member asks whether you are able to use the medicines as prescribed.	146	31.6	116	25.1	88	19	112	24.2	2.34	1.19
The information gives you about the proper storage of your medication.	98	21.2	79	17.1	95	20.6	190	41.1	2.80	1.87
The pharmacy staff member asks if you had any (other) questions.	75	16.2	85	18.4	98	21.2	204	44.2	2.80	1.22
The pharmacy staff member listens attentively	265	57.4	134	29	43	9.3	20	4.3	1.59	0.85
Did the pharmacy staff member have enough time for you?	229	49.6	142	30.7	57	12.3	34	7.4	1.75	0.96
The staff members deliver your medicines in a polite way?	347	75.1	85	18.4	21	4.5	9	1.9	1.32	0.67
Was your privacy given sufficient consideration by the staff member?	289	62.6	106	22.9	46	10	21	4.5	1.56	0.86

To find out the relationship between the rate of respondents visits and participants attitude toward asking community pharmacy staff about capability of respondents to adhere to using of medication as it is prescribed. The data result was analyzed by chi square shown in the table no (10). It can be seen that participants who use community pharmacy more

likely to agree that community pharmacy staff “almost” checking the customer's ability to follow the instructions for using medication as prescribed with statistically significant (p value =0.014). For instance, the respondents who visit community pharmacy weekly reported the highest rate (52, 43.3%) to say that community pharmacy staff are “almost” checking ability of the customer to adhere the instruction of using their prescribed drugs compared with respondent who use community pharmacy once a year which accounted by (8, 18.2%) with the same attitude.

Table 10 the pharmacy staff member asks whether you are able to use the medicines as prescribed								
Use of pharmacy	Evaluating the staff members about their providing of drug information and communication with the customers						Total	
	Almost		Sometimes		Rarely			
	F	%	F	%	F	%	F	%
Weekly	52	11.3	28	6.1	40	8.7	120	26
Monthly	60	13	59	12.8	104	22.5	223	48.3
Twice a year	23	5	15	3.2	37	8	75	16.2
Once a year	8	1.7	15	3.2	21	4.5	44	9.5
Total	143	31	117	25.3	202	43.7	462	100
Pearson chi-square (P-value):					16.016 (0.014)			
Contingency coefficient:					0.183			

To assess the relationship between providing storage information of medications to clients of community pharmacies and the rate of using community pharmacies, the data result was analyzed by chi square are shown in the table no (11). Participants who use community pharmacy more likely to disagree the statement that community pharmacy “rarely” gives information about proper storage of medicine with highly statistically significant (p value =0.007). Participants who used to visit once a year (37, 84.1%) disagreed with the statement compared with those use the community pharmacies by a once a month (124, 55.6%).

Table 11 the information gives you about the proper storage of your medication								
Use of pharmacy	Evaluating the staff members about their providing of drug information and communication with the customers						Total	
	Almost		Sometimes		Rarely			
	F	%	F	%	F	%	F	%
weekly	25	5.4	24	5.2	71	15.4	120	26
Monthly	59	12.8	40	8.7	124	26.8	223	48.3
Twice a year	10	2.2	12	2.6	53	11.5	75	16.2
Once a year	4	0.9	3	0.6	37	8	44	9.5
TOTAL	98	21.2	79	17.1	111	61.7	462	100
Pearson chi-square (P-value):					17.619 (0.007)			
contingency coefficient:					0.192			

Regarding participants attitude to community pharmacy services, the data was analyzed by chi square test as shown in the table no (12). Based on this result, it can generally be seen that participants who use community pharmacy more likely to have positive attitude regarding providing drug information and communication by community pharmacy staff with their clients than those they reported a less visiting rates with a statistically significant (p value= 0.046). For example: respondents (46, 31.7%) who use the community pharmacies by once a week reported that community pharmacy staff are “almost” providing drug information and communicate with client compared with those use community pharmacies once a year with the same attitude, which they represented by (8, 5.5%).

Table 12 shows the relationship between the percentage of visits and the assessment of pharmacy staff on their performance in providing pharmaceutical information and communicating with clients										
Evaluating the staff members about their providing of drug information and communication with the customers	Use of pharmacy								Total	
	weekly		monthly		Twice a year		Once a year			
	F	%	F	%	F	%	F	%	F	%
Almost	46	10	76	16.5	15	3.2	8	1.7	145	31.4
Sometimes	57	12.3	102	22.1	45	9.7	24	5.2	228	49.4
Rarely	14	3	41	8.9	15	3.2	10	2.2	80	17.3
Never	3	0.6	4	0.9	0	0	2	0.4	9	1.9
Total	120	26	223	48.3	75	16.2	44	9.5	462	100
Pearson Chi-square (P-value):							17.155 (0.046)			
contingency coefficient:							0.189			

4.9. Expectation and attitude of participants about community pharmacy service

Regarding Expectation and attitude of participants about community pharmacy service, more than half of the respondents (250, 54.1%) agreed that services of community pharmacies tend to more concern about making money than about patient health compared with respondents (118, 25.5%) who contradicted the statement. Similarly, over the half of respondents (273, 59.1%) believed that services of community pharmacies are interested in both health and business purpose, but these services were more concerned toward the business matter while those who disagreed these respondents were accounted by (93, 20.1%) of respondents.

In addition, the large proportion of respondents reported that community pharmacy services are balanced between health and business matter (191, 41.3%). Compared with

(102, 22.1%) of respondents who opposed this statement. Similarly trends, large proportional of respondents (192, 41.6%) declared that the community pharmacy services more concerned with the health of patient more than the business side, while the respondents who disagreed were accounted by (129, 27.9%). Over half of the participants (237, 51.3%) agreed that statement that the services of community pharmacies concerned about drugs and caring for the public compared (110, 23.8%) who disagreed the same statement. The majority of respondents acknowledged the role of community pharmacy and agreed with the statement that the community pharmacy indispensable effective part of the health care system which were accounted by (396, 85.7%).

Table 13 : skepticism of participants about the primary reason for introducing the community pharmacies their service to the customers.

	Highly agree		Agree		natural		disagree		Highly disagree		Mean	Std. Deviation
	F	%	F	%	F	%	F	%	F	%		
The services is more concerned on making money than with health of patient.	154	33.3	96	20.8	94	20.3	93	20.1	25	5.4	2.43	1.29
The services are interested in both health and business matters but tend more on concern with business.	111	24	162	35.1	96	20.8	78	16.9	15	3.2	2.39	1.13
The services are balanced between health and business matters.	67	14.5	124	26.8	169	36.6	86	18.6	16	3.5	2.66	1.08
The services are more concerned with the health of patient than business side.	79	17.1	113	24.5	141	30.5	106	22.9	23	5	2.67	1.21
The services are concerned about drug and caring for the public.	92	19.9	145	31.4	115	24.9	86	18.6	24	5.2	2.54	1.20
A pharmacy is an indispensable effective part of the health care system.	262	56.7	134	29	42	9.1	16	3.5	8	1.7	1.63	0.93

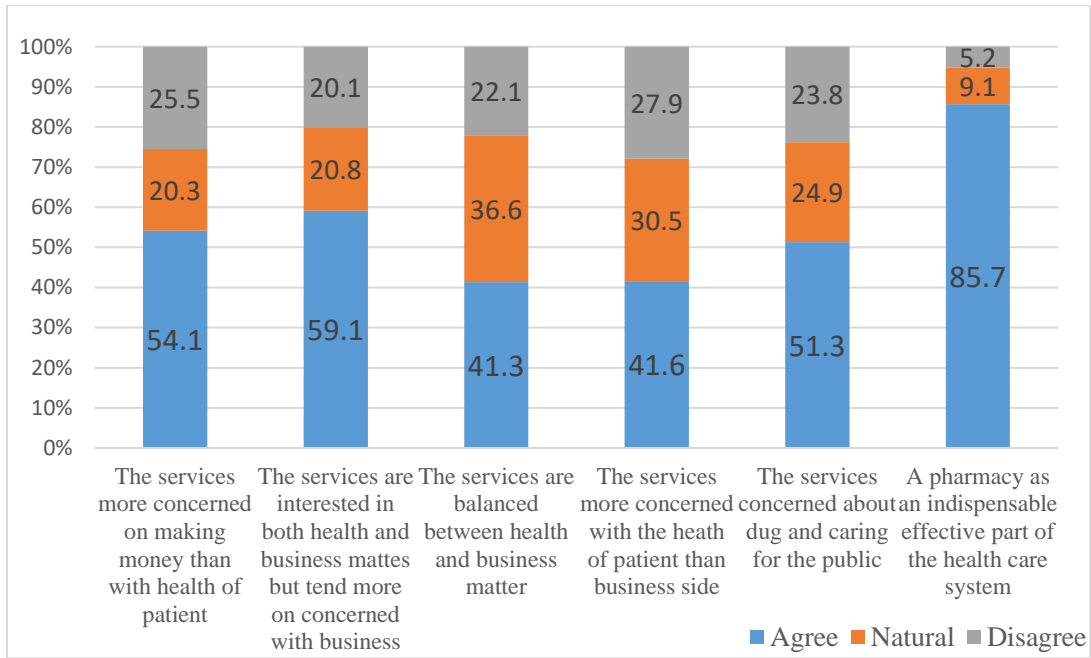


Figure 8 Expectation and attitude of participants about community pharmacy service

To assess the relationship between the rate of respondents' visits and participants' attitude towards the statement that a community pharmacy is considered as an indispensable and effective part of the health care system as statistical analysis was conducted. The data result was analyzed by chi square as shown in the table no (14). It can be found that the respondents who frequently use community pharmacy is more likely to agree with the statement 'with statistically significant' with (P value =0.020). For instance, the respondents who visit the community pharmacy by rate of weekly (110, 91.7%) or monthly (122, 78.2%) agreed with the statement compared with participants who visit once a year (35, 79.6%) or twice a year (39, 75%).

Table 14 A pharmacy as an indispensable and effective part of the health care system								
Use of pharmacy	Expectation and attitude of participants about community pharmacy service.						TOTAL	
	Agree		Neutral		Disagree		F	%
	F	%	F	%	F	%		
Weekly	110	29.6	8	2.2	2	0.5	120	32.3
Monthly	122	32.8	21	5.6	13	3.5	156	41.9
Twice a year	39	10.5	6	1.6	7	1.9	52	14
Once a year	35	9.4	7	1.9	2	0.5	44	11.8
TOTAL	306	82.3	42	11.3	24	6.5	462	100
Pearson chi-square (P-value):						15.056 (0.020)		
contingency coefficient:						0.197		

4.10. Level of client's satisfaction

Regarding participants' satisfactions about the community pharmacy services, a minor rate of respondents (53, 11.4%) were dissatisfied about the community pharmacy services in general while the rest of respondents reported "totally satisfied" and "moderate satisfied" which were accounted by (244, 52.8%) and (165, 35.7%) respectively. Alongside, (249, 53.9%) of respondents totally satisfied with overall experience of pharmacy staff compared with the respondents who dissatisfied which were accounted by (75, 16.2%). A large proportion rate of the respondents (195, 42.2%) are satisfied with the availability of their prescribed medications in the community pharmacies compared with (70, 15.2%) of respondents who were been dissatisfied. On the other hand, over the half of respondents (253, 54.7%) dissatisfied about the cost of pharmacy products to ordinary people compared with respondents who been satisfied which were accounted by (81, 17.5%).

Table 15 client satisfaction's												
Level of client's satisfaction	Very satisfactory		satisfactory		Moderately satisfactory		dissatisfactor y		Very dissatisfactory		Mean	Std. Deviation
	F	%	F	%	F	%	F	%	F	%		
Community pharmacy services in general	84	18.2	160	34.6	165	35.7	44	9.5	9	1.9	2.42	0.96
Overall experience of pharmacy staff	85	18.4	164	35.5	138	29.9	60	13	15	3.2	2.43	1.09
The cost of pharmacy products to ordinary people	36	7.8	45	9.7	128	27.7	159	34.4	94	20.3	3.44	1.22
The availability of medications that are prescribed to you in the pharmacy	54	11.7	141	30.5	197	42.6	54	11.7	16	3.5	2.63	0.97

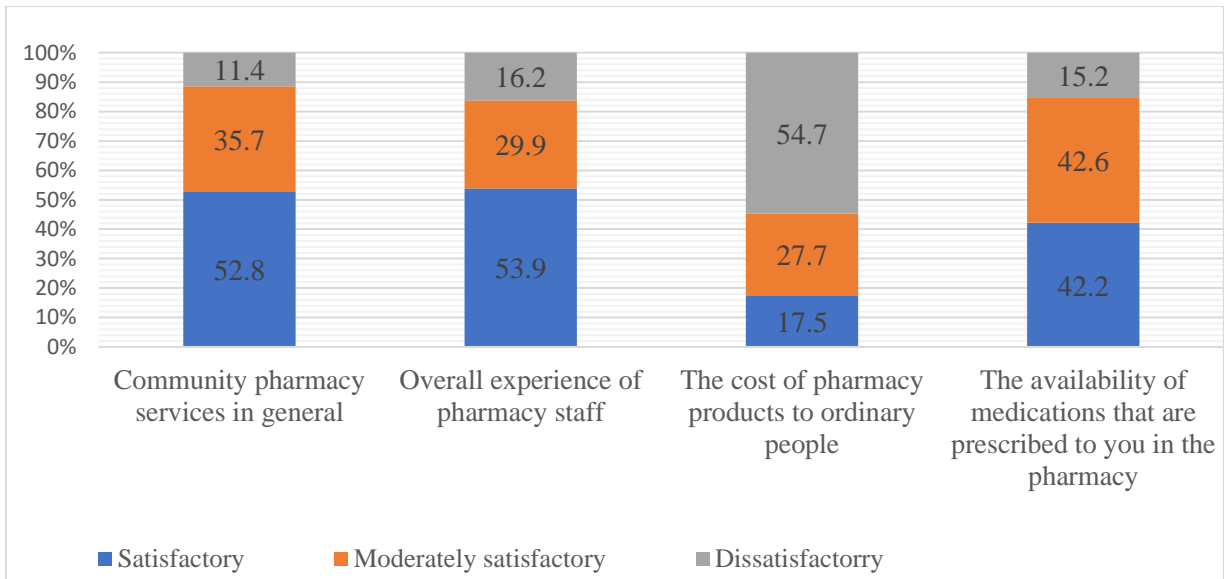


Figure 9 Level of client's satisfaction

To assess the relationship between the type of occupations of respondents and participant's satisfactions regarding the cost of pharmacy products to the ordinary people, the test of chi square was performed, to analyze the data as showed in the table no (16). It can be seen that the type of respondents' occupations has influence on the degree of participants'

satisfactions about the cost of community pharmacies products with statistically significant (P value=0.021). For example: Nearly two thirds of employee participants (124, 61.7%) have the highest rate of dissatisfaction about the cost of medicine in community pharmacies compared with the respondents who work on their own business (44, 40.7%) they had also been dissatisfied with the cost of the community pharmacies products.

Table 16 the cost of pharmacy products to ordinary people

Occupation	Level of client's satisfaction						TOTAL	
	Satisfactory		Moderately Satisfactory		Dissatisfactory			
	F	%	F	%	F	%	F	%
Student	16	3.5	24	5.2	52	11.3	92	19.9
Own business	23	5	41	8.9	44	9.5	108	23.4
Employee	34	7.4	43	9.3	124	26.8	201	43.5
Other	8	1.7	20	4.3	33	7.1	61	13.2
TOTAL	81	17.5	128	27.7	253	54.8	462	100
Pearson chi-square (P-value):						14.941 (0.021)		
contingency coefficient:						0.177		

To find out the relationship between the rate of respondents visits and the influence of availability of medications on participants preference to visit a particular pharmacy, the data result was analyzed by chi square as shown in the table no (17). It can be noticed that the participants' satisfactions are more likely associated with frequent use of community pharmacies by respondents with statistically very significant (P value =0.002). For example: the majority of respondents (63, 52.9%) who used to visit community pharmacies weekly were more likely to choose a particular pharmacy because of the availability of their medications, while only (15, 34.1%) of respondents who used to visit community pharmacies a twice a year with the same attitude.

Table 17 the availability of medications that are prescribed to you in the pharmacy								
Use of Pharmacy	Level of client's satisfaction						TOTAL	
	Satisfactory		Moderately Satisfactory		Dissatisfactory			
	F	%	F	%	F	%	F	%
Weekly	63	13.7	43	9.3	13	2.8	119	25.8
Monthly	95	20.6	93	20.2	35	7.6	223	48.4
Twice a year	24	5.2	32	6.9	19	4.1	75	16.3
Once a year	15	3.3	27	5.9	2	0.4	44	9.5
TOTAL	197	42.7	195	42.3	70	15	462	100
Pearson chi-square (P-value):						20.520 (0.002)		
contingency coefficient:						0.206		

CHAPTER V

5. Discussion

Demographic's characteristics of participants using community pharmacies:

This study was the first of its kind in Libya to examine from a societal perspective public uses of community pharmacies, the general public's attitudes as well as clients' satisfactions regarding community pharmacy services in Sebha city. It also studied the characteristics of people who visit community pharmacies.

A total of 462 out of the 600 customers of community pharmacies surveyed responded to the questionnaire. It represents a (77%) percent response rate which exceeded our target return of 50% rate. This high rate of responding could be related to several factors, including the short time required to complete the questionnaire, filling out the questionnaire while in the community pharmacy, and the high percentage of educated adults among respondents.

The study revealed that females participated nearly equal to males. This is not surprising since the female visit to the community pharmacy is common and frequent in the urban area as well as the community pharmacies contain various products especial for woman and babies. However, the finding of our study varied from a study in the UK which reported that women were more likely to use community pharmacies compared with men (Boardman et al., 2005, Tully and Temple, 1999).

Pharmacies as a community setting that are frequently visited by many local people from different categories. The study found that the majority of respondents (343, 74.3%) of this study were regular users of community pharmacies at least once a month, regardless of their reasons. This finding is concordant with other studies were conducted in other countries such as the United Kingdom (74.6%) (Wazaify et al., 2005), Malta (70.8%) (Cordina et al., 1998), Northern Ireland (67.7%) (McElnay et al., 1993), Jordan (67.4%) (Wazaify et al., 2008) and Qatar (52%) (El Hajj et al., 2011).

The majority of customers of community pharmacies were young and middle ages which represent (94%) while the elderly were accounted only for (5.6%). This trend consistency

of the last statistical calculation of the Libyan population in 2007 which reports that elderly people above 65 years and over were 4.6% of the general Libyan population. (Elghblawi, 2013). This minority of elderly costumers of community pharmacies could be also explained by the societal cultures in many developing countries where usually the elderly are appreciate and assisted by their families rather than relying on themselves. However, Zimbabwe's study revealed the elderly are extensive users of community pharmacies. (Govo et al., 2008).

The majority of respondents had at least graduated from universities (73.4%). This can be attributed to the fact that many Libyans are well educated, which may provide the community pharmacy staff easiness in communication and counseling with their customers.

There are many similarities between countries in terms of the public use of community pharmacies. The study reveals that the majority of the respondents went to the community pharmacy on reason to the purchase of prescription medications (65%) while the followed reason was purchasing medications without a prescription or over-the-counter medications (35%). A similar trend was reported in several studies that dispensing prescribed medication is the primary reason for using community pharmacies where purchase OTC medications were the second reason for using community pharmacy among the public. In the Boardman et al study which was reported by almost 60 % of respondents visit community pharmacies for collecting prescribed medications compared with 40 % who had bought an OTC product. A study conducted in Kuwait reported that the most common reasons for visiting a pharmacy were to purchase medications (prescription: n = 338 [78.1%] and nonprescription: n = 296 [68.4%]). (Awad et al., 2017).

In Pakistan also where approximately one-third of the participants (31%) visited the pharmacy to obtain prescription medications and 26% to obtain OTCs medications.(Iffat et al., 2015). In Ghana 55% for the purchase of prescription medicines, 48% for the purchase of OTC products. (Okai et al., 2019). however, in Qatar study revealed that visiting a pharmacy was to obtain over-the-counter (OTCs) medications (93%) was the most reasonable, and followed reason was prescription medications (83%). (El Hajj et al., 2011). This variation rates between the processing of prescribing drugs and OTCs products

in different countries could be associated with affordability and availability of OTCs drugs compared with prescription drugs in each country. Besides, in Libya, the community pharmacies setting is still been portrayed as a place of dispensing and selling medicines. Our study also examined the extent to which community pharmacies are used as a source of health advice. In many countries, community pharmacies unquestionably handle and manage large numbers of consumers and are recognized as a source of professional health advice. However, our study found only a small minority of respondents (16%) consciously use the community pharmacy to seek consultation and get health information or advice. The Low level of purchasing OTC medication and seeking health advice compared with purchasing prescribing medications suggested that community pharmacy staff in Libya as many developing countries are not actively involved in providing pharmaceutical care-related services. This has been highlighted also in the study by Tully and Temple. (Tully and Temple, 1999). pharmaceutical care which involves the detection, prevention, and solution of drug-related problems has proved beneficial in diseases. (Kennie et al., 1998). The study also revealed that the reason for purchasing non-medications was represented (71.7%) of respondents which indicate expansion of community pharmacy services to the society.

The practice of Community pharmacies in the last decades is developing from its traditional role of providing preparation and dispensing of products to becoming an accessible health care destination. (Jean-Venable Goode, 2019). They are ideally positioned to provide health care advice to all categories of people.(Smith, 2004).

Community pharmacies manage large numbers of consumers who seek help and advice on different topics regarding their health. Community pharmacy staff have an opportunity to implement interventions related to antimicrobial stewardship (AMS) due to their expertise in medicines and accessibility to patients. In our study, nearly half of respondents (48.5%) reported that they had been advised about antibiotic use. Pharmacy staff believes that they have a role in educating the general public through counseling patients on effective self-care treatments for common infections, appropriateness of antibiotics, antibiotic adherence, and how to prevent their adverse effects. (Jones et al., 2018). A Spanish study found that patients' antibiotic adherence behavior was improved when verbal education was provided

in the pharmacy, compared with the control group. (Munoz et al., 2014). However, Lower ratios were found among respondents who reported they had been advised regarding and diabetes disease, smoking cessation, pregnancy, and oral contraceptive while the lowest rate of respondents (13.4%) who have been given advice was regarding the neurological disorder to the respondents. This variation in topics of the advice that had been given to the respondents in community pharmacies could be associated with the level of satisfaction of the customers toward the professionalism of the community pharmacy staff about these topics.

One of the advantages of community pharmacies over other health care settings is accessibility. over the quarter of respondents (25.8%) and reported that "no appointment is needed to visit the community pharmacy" was one of the behind reasons their preference to visit community pharmacy over the clinic. Research from different countries indicates that the customer's long waiting period may restrain the clients to receive easily accessing the health care services. (Goel et al., 1996, Porteous et al., 2016, Caldow et al., 2007).

Community pharmacy staff can support customers who seek self-care for their minor ailments and, in case they need further investigations the pharmacy staff will also refer them to appropriate healthcare professionals. As per the results, the majority of respondents (77.5%) reported the minor health problems were the main reason for their visiting to community pharmacy rather than visiting the clinics. A similar trend in Qatar's study found that (91%) of respondents would prefer to approach the pharmacists over the physicians in the case of minor ailments. (El Hajj et al., 2011). As per the results, the majority of respondents (53.7%) in this study seem to have trust in the community pharmacies from their declares they willing to contact to pharmacy professional staff a first, on drug-related issues. Although most health care providers can rationally involve in drug use, WHO has recommended a distinctive role for pharmacists, particularly ensuring safety and effective administration of drugs.(Mil, 1999). Pharmacists can provide clinical expertise regarding drug choice, best admiration, appropriate utilization of medications, and making sure that drugs achieve the maximum benefits for the patients' health outcome.(Moles and Stehlik, 2015). However in Libya as many developing countries, there is an acute shortage of pharmacists practicing in community settings including community pharmacies (Chang et

al., 2017). The pharmacist population was only 6 pharmacists per 10,000 people. The absence of qualified pharmacists in community pharmacies is an important factor that vastly contributed to inappropriate community pharmacy practices especially in countries that health infrastructure is still weak.

Deliver successful marketing services that meet patients' expectations is one of the main challenges for many community pharmacies in Libya. This study revealed that the next factor that influences the respondents to choose any particular pharmacy was the availability of products in the community pharmacy among nearly half of the respondents (47.8%). Elfituri et al. (2018) document the professional opinion of 20 community pharmacy professionals which reported that pharmaceutical marketing complains from frequent drug shortages and the cost of products on the rise up. (Elfituri et al., 2018).

A wide rate of communication with the society enables the pharmacy professional staff to provide the medical information directly to patients in need and even other healthy persons. Community pharmacies mainly in many developing countries are considered the first health care setting for getting free medical advice.

(Ahmad et al., 2014, Goel et al., 1996). This consistent with our study which showed that (22.3%) of respondents reported the free charge consultation in community pharmacy was one of the preference reasons to visit community pharmacy rather than to approach other healthcare settings.

Based on this preference of respondents to the community pharmacy as their primary health setting for treatment of simple ailments would have a significant advantage from different perspectives such as convenience to approach the community pharmacy staff without appointments or referrals

(Bawazir, 2004), , These reasons seem related to the community pharmacy but other factors could also promote the use of community pharmacy such as the consumers don't wish to stay a long time in queues as in hospitals, shortage of specialist physicians in clinics or public hospitals, and reducing the overall cost of adhering the process of health care (Okai et al., 2019). . In such unstable countries as Libya where the health facilities are limited coupled with lacking adequate infrastructure in the health system and poor quality of the services may constrain many people from being able to access the services of public healthcare settings which may make the community pharmacies to the individuals the last

resort especially for those with a minor ailment. It is therefore not surprising in Libya that the majority of the users of community pharmacy approach the pharmacy before the clinic since they believe treating minor illness is an easy mission. However, this needs an expert pharmacist to be available in community pharmacies to ensure introduce desired pharmaceutical services to the customers. In Libya, some community pharmacies operate with no licenses and their owners and dispensers at some of them are not pharmacists. (Elfituri et al., 2018). In this study, the result showed that the participants who were more frequently use community pharmacy were more likely to prefer to choosing community pharmacy as the first health care center to enquiring about drug information with statistically significant (P-value =0.032). for instance, participants who use the community pharmacies at least once a month, they represented by (70%) to choosing community pharmacy as the first health care center for inquiring about drug information compared with those respondents (30%) who reported they use the community pharmacies a once or twice a year. This may be elucidated that the respondents who consider the community pharmacy as their first choice for their enquiring about drug information may have had successful experiences which promoted their frequent using the community pharmacy.

Given the competitive marketing, community pharmacies need to have to provide their consumers' unique services and strategies to achieving consumer trust, satisfaction, and loyalty.(Lostakova and Horakova, 2014). Therefore, consumer loyalty or choice towards a particular pharmacy is crucial in the business matter and depends to extent of customers gaining benefits from received pharmacy services during visiting the pharmacy. In other words, the quality of community pharmacy services and the performance of its staff can influence people's decisions as to which pharmacy they would visit. At the disaggregated level, our study revealed that the majority of respondents (55.4%) consider the expertise and professionalism of pharmacy staff as the primary factor for choosing a particular pharmacy. This finding is in line with the existing studies from different countries such as the UK, the Netherlands, South Africa, and Japan also concluded that availability of professional staff and services and, clear advice, were the primary criteria of costumers' pharmacy choice.(Pronk et al., 2003, Whitehead et al., 1999, Ried et al., 1999, Bornman et

al., 2006, KAMEI et al., 2001). . Clients or patients who are satisfied with the quality of health care services by a particular health care center or specialists are more likely to adhere to their treatment instructions and at the same time, they are less likely to change their current choice to others. (Briesacher and Corey, 1997). However, a community pharmacy-based business model with high volume, minimal staff, and lack of pharmacists may be undermining the role of community pharmacies in providing pharmaceutical health care. In Qatar study reveals that 66% of respondents considered the pharmacist's knowledge is the main factor that influenced their choice for using a particular pharmacy. (El Hajj et al., 2011). In our study, Over a quarter of respondents accounted for the availability of the pharmacist to answer queries which were represented by (26.4%) of the participants. A Pharmacist is qualified to provide medication counseling to patients which can enhance rational drug use and facilitate achieve desired outcomes. (El Hajj et al., 2011). According to Libyan health Law 106 article 120 in 1973, the presence of a pharmacist is a legal requirement whenever the pharmacy is opened and if no pharmacist is in the community pharmacy, it must be closed during this absence.(Health).

Community pharmacies have become a more patient-centered and caring service rather than traditional dispensing of medications. The face-to-face encounters enable the community pharmacy staff opportunity to provide a wide range of services that play a vital role in health promotion to the community.(Hepler and Strand, 1990). on the other hand customer expectation or meet their needs by these provided services is essential for measuring its quality and assessing the success of their pharmaceutical care to the society (Hasan et al., 2013). This will help the community pharmacy to fulfill patient and customers' needs and what is their opinion regarding community pharmacy services.

This study showed that the majority of participants agreed that community pharmacy staff dealing with customers in a polite way which the were reported by (75.1%) compared with those who disagreed with this issue (6.4%). A similar finding was reported In the United Arab Emirate study in which the majority (74.1%) of the respondents agreed that the pharmacist politely delivers their medicines. (El-Sharif et al., 2017). The empathy of community pharmacy staff toward costumers during encounter allow them to participate

in required consultations with the customers about their requests, enquires and feelings around medications which will enable them to identify and meet their appropriate pharmaceutical care. As Cipolle et al. state, "Care means communication. Quality care means quality communication" (Cipolle et al., 1998).

It is to be known that ethical practice between healthcare providers and the patient has a positive impact on the health care system.(Deans, 2007). For the community pharmacy to fulfill effective services to their customers they need to provide appropriate facilities in the setting such as the private area to perform comfortable consultation of patients. Most of the respondents in this study reported they had been given privacy and sufficient consideration by the staff community pharmacy staff which was accounted by (62.6%). However, Palestine's study found only 11.1% of respondents reported that in community pharmacies staff used a private area within the pharmacy when discussing personal or private matters.(Khdour and Hallak, 2012). Generally, the patient meets the physician in his office with adequate privacy during the medical examination process, however, in community pharmacy does not usually possible, since several customers may be in the surrounding area during communication with the pharmacy staff. Community pharmacy staff adopted various practices to overcome privacy obstacles. They can manage private counseling through take the customer a little bit away from a crowded place to an isolated area and lowering their communication voice. According to the cultural norms of Libya, the gender difference is one of the barriers to having appropriate private conversations. therefore, customers learn to deal with community staff who from the same gender to establish private communication.

Community Pharmacy practice is mainly based on interpersonal communication with the patients or healthy customers. Effective communication by community pharmacy staff is essential to establish a social relationship with the customer which as result improve patient medication use (McDonough and Bennett, 2006) and can create trustful relationships between healthcare professionals and their patients. (Beebe et al., 2007). The pharmacy staff as the receiver of the customer's message need to focus the client's message attentively by using active listening techniques and giving enough time to answer all pertinent inquiries.

In this study, over half of respondents (57.4%) agreed that the community pharmacy staff listens to them attentively and (49.6%) acknowledged that time spent during encounters was adequate. This sort of effective communication can enhance the capability of community pharmacy staff to seek pertinent information and identify the health problem of the patient through attentive listening and encourage the patient to talk about his disease. Therefore, spending a short time on customer encounters can undermine establishing effective patient counseling.

(Albekairy, 2014).

Provision of appropriate drug information to the public in community pharmacies is crucial for rational drug use and society's healthcare outcome. On the other hand, incomplete or inaccurate drug information can undermine the quality of this vital information which consequence can harm healthcare. In this study, the respondents' answers to the provision of drug information by community pharmacy staff were varied. Nearly the half of respondents (46.5%) reported that almost the community pharmacy staff explains how the medicine works on the body when customer start using a new medicine, approximately third of respondents (32.2%) indicated that "almost" the community pharmacy staff are asking them about their experience of side effects of medicines. A similar trend in the UAE study was found that approximately 30% of respondents agreed that the pharmacist explains all possible side effects and provides information on proper storage of the medication.(El-Sharif et al., 2017). ability to using the prescribed medicine properly during their consultations with them. On the other hand, approximately two-thirds of respondents denied that community pharmacy staff were asking the customers if they have further questions by reporting "rarely" or "never" and approximately similar rate regarding provided the medication storage information to the costumers.

Evidence showed that drug information provided in the community pharmacies increases client satisfaction with community pharmacy services.

(Singhal et al., 2002).

It can be seen those participants who use community pharmacies were more likely to agree that community pharmacy staff, “almost” checking the customer's ability to follow the instructions of using the medications as prescribed statistically significant (p-value

=0.014). In the same way, participants who use community pharmacy were more likely to disagree with the statement that community pharmacy, “rarely” given information about proper storage of medicine with highly statistically significant (p-value =0.007). Increased accessibility of community pharmacists is a good opportunity to disseminate valuable drug information such as side effects, drug interactions, storage information, and others that result from enhancing rational drug use. However, in southern Libya, there is acute shortage in a number of qualified pharmacists in most community pharmacies, and what is worse, in these pharmacies, the pharmacist is not the sole dispenser among the pharmacy staff. According to health Law 106 article 80 in 1973: “It is not permissible for anybody to practice the pharmacy’s mission unless he holds a degree in pharmacy from one of the recognized universities(Health).

Community pharmacy is a business setting certified for selling medicines and other products related to the health care. However, they also have ethical and legal responsibilities and professional duties toward their costumer and society. Although are under the private business activities, they are also an important part of the healthcare system, thus, their expected practice is balanced between the profitability of their business and patient-centered care services because the multiplicity of goals can mutually reinforce each other which may create competition between these benefits(Osterwalder and Pigneur, 2011). This study found that more than half of the respondents (54.1%) agreed that services of community pharmacies tend to more concern about making money than about patient health which represents more than double than those who contradicted the statement. Similarly, over the half of respondents (59.1%) believed that services of community pharmacies are interested in both health and business purposes but these services were more concern toward the business matter while those who disagreed these respondents were accounted by (20.1%) of respondents. A similar trend was found in Malta’s study which the majority of the consumers (56%) regarded pharmacists as both business people and healthcare professionals. As the community pharmacy market in Libya is competitive, this may be indicative of community pharmacies divert their practice toward commercial interest due to financial challenges. However, professional pharmacies even under this

competitive inclined toward to providing professional services (Martins and Queirós, 2015).

The study participants responded positively regarding community pharmacy services. When asked participants about their current level of satisfaction regarding general service and experience of community pharmacy staff, the majority of respondents in this study satisfied. this trend consistent with finding in the Qatar study (El Hajj et al., 2011). This customer satisfaction level to the community pharmacy services may reflect the quality of their performance, while when unsatisfied clients due to exposed to unpleasant previous experience will less likely to visit again the same community pharmacy unless they are coerced to do that. According to risk management perspectives, the client who is satisfied with community pharmacy services is less liable to complain against community pharmacy staff to the health or government institutions (Aharony and Strasser, 1993).

In Libya, community Pharmacy services as part of the private sector, are available only for customer who can afford their purchased items, thus, most Patients and customers in community pharmacy in have to pay out-of-pocket the cost of their purchased medicines due to due to lack of social insurance and inadequate health public subsidized services. Though this study did not assess the relation of income with satisfaction, the majority of respondents (54.7%) were dissatisfied regarding the cost of pharmacy products compared with respondents who been satisfied (17.5%). This dissatisfaction of participants could be related to that Libyan marketing of pharmaceutical products suffers from insufficiency of some essential medicines and increasing in their cost which can be undermined drug affordability to the public as well as can reduce their satisfaction level toward the introduced community pharmacy services. However, community pharmacy staff from the ethical perspective they can reduce rates of medication inappropriate prescribing and alleviate self-medication costs which in long term alleviate some of the costs associated with irrational drug use.

Satisfactions regarding availability of medications, the majority of the respondents (392, 84.8%) were satisfied to a different extent compared with just (70, 15.2%) of dissatisfied respondents. Acute shortage of prescribed medications in public health institutions leads to many people requesting these products in community pharmacies. However, pharmaceutical marketing in community pharmacies also bears a shortage in some pharmaceutical products which may also not always easily available in all community pharmacies. Therby, an unfulfillment of community pharmacies to provide the customer's needs and expectations may create a negative impact on the client's satisfaction toward community pharmacy services.

CHAPTER VI

6. Conclusion

The study revealed that the majority of Libyan people are regular users of community pharmacies particularly educated people from young and middle Ages person. Despite a wide range of community pharmacy services were reported, the purchasing of prescription medications was the main reason for the majority of participants visiting the community pharmacies. Various topics of the advice that had been given in community pharmacies. However, this advice given to the customers was not a routine performance by community pharmacy staff. As assuming the expertise and professionalism of pharmacy staff is the primary factor for choosing a particular pharmacy, the study revealed that the majority of respondents tended to contact the pharmacy professional staff a first, on drug-related information and minor ailments, however, a shortage of availability of pharmacists in Libyan community pharmacies can undermine opportunity of given reliable quality educational services from these pharmacist-patient communications. The study found that the public has a positive attitude toward quality, politeness, privacy and respect, listens to them attentively and time spent during encounters. This sort of effective communication can be exploited by community pharmacy staff to collect the relevant information and identify the health and drug-related problems of their customers. However, the quality of consultation regarding drug and health information was unsatisfactory in most of the public. The study found that most customers dissatisfied regarding the cost of pharmacy products this could be attributed to that community pharmacy owners or investors tend to make community pharmacy practice is sale-oriented rather than actual pharmaceutical care in the community. These a public negative perception or dissatisfaction toward some community pharmacy services highlights the need for effective training programs for the community pharmacy staff and the education programs should be established to them by the pharmacy council of the health ministry.

6.1. Recommendation

- In Libya, a shortage of pharmacists and professional staff of community pharmacy is the main hurdle to achieving effective pharmaceutical care to the society.

- Hence, it is important to adopt suitable strategies to facilitate the accessibility of the pharmacist in the community pharmacy by strict government enforcement to adhere to the health ministry regulations and regularly monitoring the performance of community pharmacies to improve the participation of community pharmacists in public health activities.
- As with any professional pharmacy practice, the pharmacy staff should not disregard the necessary medication information that is needed to the patients or customers as well as providing them enough counseling time for delivery of this information that enable the community pharmacy staff to play a vital role in the healthcare system for the society.

6.2. Limitation of study

The study has some limitations. The study has some limitations. The reliability of the survey method that used in this study was not evaluated in Libya. However, to decrease this obstacle, the study designed the questionnaire-based similar to previous studies. The study was conducted in one city of southern Libya which may not properly represent the Libya population.

Besides, our findings may also not be generalizable as rural areas as long as the study is conducted only in the capital city of southern Libya which is considered a center of services of many rural villages that are distributed in wide geographic Fezzan state.

Another limitation is that selection of participants of this study was restricted only from visitors of the community pharmacy which their attitude may bias due to their frequent use of a pharmacy.

CHAPTER VII

7. References

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CHAPTER VIII

8. APPENDIXES

8.1. The Questionnaire

Demographic data

<p>● Age:</p> <p>18-30 <input type="checkbox"/></p> <p>31-60 <input type="checkbox"/></p> <p>>60 <input type="checkbox"/></p>	<p>● Gender</p> <p>male <input type="checkbox"/></p> <p>Female <input type="checkbox"/></p>	<p>● Occupation:</p> <p>students <input type="checkbox"/> Employee <input type="checkbox"/></p> <p>Own business <input type="checkbox"/> other <input type="checkbox"/></p>	<p>● Education level:</p> <p>Secondary <input type="checkbox"/> High <input type="checkbox"/></p> <p>University <input type="checkbox"/> Academic <input type="checkbox"/></p>
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Frequency of visiting

- **How often do you use a pharmacy? (please select only one option)**
- Weekly • Monthly • Two a Year • Once a year

Reasons of visiting pharmacy

- | | |
|--|---|
| <p>a) To collect a prescription (for myself, someone else or both) <input type="checkbox"/></p> <p>b) To purchase medication without prescription <input type="checkbox"/></p> <p>c) For consultation and get health information <input type="checkbox"/></p> | <p>d) To purchase items other than medications:</p> <p>I- Medical Supplements <input type="checkbox"/> ii- Cosmetics <input type="checkbox"/></p> <p>iii- Baby's product (milk, food) <input type="checkbox"/></p> <p>iv- Woman's products <input type="checkbox"/></p> |
|--|---|

The role of the pharmacy visits in patient education.

- **Have you ever been given an advice about any of the following by the pharmacy staff?**

- | | Yes | NO | | Yes | NO |
|-------------------------------------|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|
| a. Smoking cessation: | <input type="checkbox"/> | <input type="checkbox"/> | e. Physical exercise: | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | f. Neurological diseases: | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Healthy eating: | <input type="checkbox"/> | <input type="checkbox"/> | g. Antibiotics use: | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Pregnancy & Oral contraceptives: | <input type="checkbox"/> | <input type="checkbox"/> | h. Others | | |

What are the reasons for you to approach the pharmacy before the clinic?

- | | |
|--|---|
| <p>a) Minor health problems <input type="checkbox"/></p> <p>b) Easy communication with the pharmacy staff <input type="checkbox"/></p> <p>c) No appointment is needed to visit the pharmacy <input type="checkbox"/></p> | <p>d) The pharmacy consultation is free of charge <input type="checkbox"/></p> <p>e) Always go to the private clinic before the pharmacy <input type="checkbox"/></p> <p>f) Other</p> |
|--|---|

What are the factors that make you choose any particular pharmacy to visit?

- a) Knowledge & experience of the pharmacy staff
- b) Availability of products
- c) The previous social relation of pharmacy staff
- d) Quick services
- e) Dealing with Confidential and privacy
- f) Attractive pharmacy appearance and decoration
- g) The availability of the pharmacist to answer your questions.
- h) Location of pharmacy
- I) Pharmacy reputation
- J) Others

In case of any drug related question or problem which the first healthcare center you will choose to visit :

- Public Clinic
- private clinic
- Community pharmacy

Evaluate the staff members about their providing of drug information and communication with the customers

		Almost	sometimes	rarely	never
1	Did the pharmacy staff member explain the mechanism of action of the new medicine(s)?				
2	Did the pharmacy staff member ask you about experienced side effects of the medicines?)?				
3	Did the pharmacy staff member ask whether you are able to use the medicines as prescribed?				
4	The information gives you about the proper storage of your medication				
5	Did the pharmacy staff member ask if you had any (other) questions?				
6	Did the pharmacy staff member listen attentively				
7	Did the pharmacy staff member have enough time for you?				
8	The staff members deliver your medicines in a polite way?				
9	Was your privacy given sufficient consideration by the staff member?				

	Expectation and attitude of participants about community pharmacy service.	highly agree	agree	neutral	disagree	highly disagree
1	The services more concerned on making money than with health of patient					
2	The services are interested in both health and business mattes but tend more on concerned with business.					
3	The services are balanced between health and business matter.					
4	The services more concerned with the heath of patient than business side					
5	The services concerned about dug and caring for the public.					
6	A pharmacy as an indispensable and effective part of the health care system					

	Level of client's satisfaction	very satisfactory	satisfactory	moderately satisfactory	dissatisfactory	very dissatisfactory
1	Community pharmacy services in general					
2	Overall experience of pharmacy staff					
3	The cost of pharmacy products to ordinary people					
4	The availability of medications that are prescribed to you in the pharmacy					

Thank you for participation
