

Hospital pharmacists' willingness to develop pharmacy services in outpatient dialysis centres: a qualitative study

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Introduction

Pharmacists' involvement in outpatient dialysis centres in Australia is currently limited, despite the positive contribution of pharmacists to renal patients' medication management and health outcomes outlined in the literature.¹

Aim

The aim of this study was to explore hospital pharmacists' willingness to implement pharmacy services in outpatient dialysis centres.

Methods

Qualitative in-depth, semi-structured interviews were conducted with a convenience sample of hospital pharmacists recruited through the Society of Hospital Pharmacists of Australia Renal Special Interest Group. The interview guide was developed based on the Theory of Planned Behaviour², which explains human behaviour as the result of attitudes, subjective norm, and perceived behavioural control. These components determine behavioural intention which is the immediate antecedent of behaviour. The interviews were recorded, transcribed verbatim, and thematically content analysed.

Results

Thirteen renal hospital pharmacists were interviewed. All except one demonstrated high behavioural intention, as a consequence of positive attitudes towards the implementation of the service, favourable subjective norm, and high perceived behavioural control. The expected outcomes of the service perceived by pharmacists included benefits to patients, the renal team, and the pharmacy profession, as well as economic savings due to dose optimization and improvement of patients' adherence. Subjective norm was favourable meaning that nephrologists, nurses and patients were thought to be receptive towards future services. Barriers pointed out for the implementation comprised: funding, hospital administrators' approval, time and staff shortage, academic training, relationship with physicians, and attitudes of pharmacists, renal team, and patients. Facilitators included: having an interview room with access to information sources, consent from the team, access to patients' profile, and a full-time pharmacist with clearly defined roles.

Attitudes

Favourable attitudes: thinking patients are not stable and the importance of ensuring their optimal management; benefits of the service in terms of patient education and promotion of compliance; importance of gathering a single medication history, as patients see several specialists; patients contact with nephrologists not very often.

Unfavourable attitudes: financially unpractical to have a full-time pharmacist.

Subjective Norm

Nephrologists and nurses receptive to the service, depending on the collaboration history and personalities.

I would personally have good relations with nephrologists and with the key personnel within our dialysis service here, I think that they would be fairly sort of accommodating to that. (Pharm 13)

Patients appreciative if they know what to expect from the service.

Perceived Behavioural Control

...I think it wouldn't be hard to actually, from a non financial point of view, get agreement that the service is required. Just the logistics of actually starting it up and also getting the people's agreement that it is worth committing funds to. (Pharm 11)

I think anything that's a bit different and requires change and requires setting up is difficult even if everybody's on board with it. (Pharm 11)

Behavioural Intention

I would, definitely. I think it would be an exciting thing and a worthwhile thing to do [implementing pharmacy services in dialysis centres]. [...] I would definitely jump at the chance of doing outpatient reviews in patients... because it's an extension of our natural role as an inpatient pharmacist. (Pharm 2)

Barriers

Funding
 Hospital Administrators
 Time and staff shortage
 Academic training
 Relationship with physicians
 Attitudes/motivators pharmacists
 Attitudes/motivators renal team
 Attitudes/motivators patients

Facilitators

Interview room
 Access to information sources
 Consent from the team
 Access to patients' profile
 Full-time pharmacist with clearly defined roles
 Patients as a captive audience

Conclusion

Pharmacists showed high behavioural intention and perceived behavioural control to develop pharmacy services in outpatient dialysis centres. The potential barriers outlined should be taken into account, as well as the holistic approach for the successful implementation of cognitive pharmacy services.

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