

Assessment of Female Satisfaction with the Role of Male Community Pharmacists in the Kingdom of Saudi Arabia

MAHMOUD S ALHADDAD¹, ETHAR ABDULLAH MUDHISH², RAWAN ABDULRAHMAN BUKHARI³, AL-ANOOD AOUN ALADWANI⁴, SHAHAD MOHAMMED ASIRI⁵

ABSTRACT

Introduction: Traditionally, females in Saudi Arabia are usually embarrassed to discuss feminine related issues with males, who are the only pharmacy services providers at community pharmacies in the Kingdom. With a lack of data present on the assessment of this facet, the current study was performed to know about the comfort among females while approaching male community pharmacist's.

Aim: To assess the level of satisfaction of female residents in Kingdom of Saudi Arabia (KSA) regarding services provided by male community pharmacists.

Materials and Methods: A cross-sectional study using non probability convenience sampling technique was conducted from 3rd January 2016 to 31st March 2016. A total of 1200 participants were approached in the public areas of Taif City for electronic and face to face interviews using a pre-validated

questionnaire. Chi-square and Fisher's-exact tests were used to analyse the data and all p-values of less than 0.05 was considered significant.

Results: A total of 290 respondents (35.3%) were completely satisfied with male community pharmacists' services; while (n= 415, 50.5%) participants were only satisfied to a certain extent. About (n=512, 63%) participants were embarrassed to discuss with male pharmacist about the sensitive women requirements. About (n=501, 61%) of the participants preferred the presence of female pharmacists at community pharmacies.

Conclusion: Almost, two-thirds of the participants were satisfied at least to a certain extent from services provided by male community pharmacists. Decision makers in Saudi Arabia should consider the involvement of female pharmacy graduates in KSA to provide services at community pharmacies.

Keywords: Personal satisfaction, Pharmaceutical services, Pharmacy

INTRODUCTION

Pharmacists constitute the third largest health profession. According to Gallup Poll ranking, they have been ranked among the top "most trusted professionals" [1,2].

Community pharmacies provide numerous services like prescription processing, medication management, ensuring that patients understand their medications, treating minor ailments, adverse drug reactions monitoring, and patients' education and counseling [3].

In Saudi Arabia, unlike other countries, all pharmacists working in community pharmacies are males and 96.7% of them are expatriate pharmacists [4].

Only males occupy the jobs in community pharmacies, which could be a real challenge for females who seek advice about their medications considering the conservative culture in Saudi Arabia.

Previously, Saudi women were mostly not allowed to work and her presence as a pharmacist in community pharmacy was not acceptable in Saudi society. However, recently cultural concepts have been changed and Saudi women proved that they have the qualifications that entitled them to work in various fields [5]. Even though, the role of pharmacist in the community has significantly been altered in recent years [6]. Saudi female pharmacists are still not being able to gain their places in community pharmacies [7].

Women frequently visit community pharmacies [8]. Yet, they may not get the right consultations for several reasons. One of the most important reasons is that many females feel embarrassed to ask questions about their conditions to a male pharmacist.

In a study conducted in Ontario, Canada, behaviours of male and female pharmacy managers in the workplace were examined. Results showed that females were more likely to be involved in

direct patient care activities and were found to be more supportive in taking care and providing assistance to patients [9,10].

This study was aimed to assess the level of satisfaction amongst female residents of Saudi Arabia regarding community pharmacy services provided by male pharmacists. In addition, this study aimed to explore the main difficulties that females face in community pharmacies and the urge for employing female community pharmacists.

MATERIALS AND METHODS

A cross-sectional study using non-probability convenience sampling technique was adopted in this study to include participants in the study.

A questionnaire was constructed after rigorous literature search in the related scientific databases. An expert team (three senior academic staff) from Pharmacy Practice Department at Taif University reviewed and validated the questionnaire. Final draft of the questionnaire was piloted on 15 female participants. Reliability value for the pilot study resulted with Cronbach's alpha coefficient 0.72.

Questionnaire was designed into four parts. First part was about the respondents' demographic information. Second part included the respondents' satisfaction with the male community pharmacists' services. Third part was about the respondents' preference for the presence of female community pharmacists. Last part explored the type of services that respondents need from female community pharmacists.

Researchers met with female residents in the public areas of Taif City, Saudi Arabia from 3rd January 2016 to 31st March 2016. They informed participants that all information will be kept confidential. Questionnaire did not take more than 10 minutes to be answered. In

addition, an electronic version of the questionnaire was developed on Google and a link of the questionnaire was sent via social media (Twitter and WhatsApp) to those respondents who are living in other parts of the Kingdom of Saudi Arabia.

Only female residents in Saudi Arabia who were more than 16-year-old were included in this study. All females who were not residing in Saudi Arabia, unable to read or write in Arabic language were excluded from the study.

STATISTICAL ANALYSIS

Descriptive analysis was used to describe the frequencies and percentages where, Chi-square and Fisher's-exact tests were used to compare the results with different demographics of the respondents. A 95% significance level was used in all data analysis and any p-value < 0.05 was considered statistically significant.

RESULTS

As presented in [Table/Fig-1], a total of 822 valid responses were collected out of 1200 invitations sent to participants with a response rate 68.5%. Majority of respondents were between 20-25-year-old (n=344, 41.8%), single women (n=558, 67.9%), university degree holders (n=640, 77.9%) and (n=560, 68.1%) respondent's. Were living in the Taif area. About (n=390, 47.4%) of respondents preferred to get their treatment from hospitals. In addition, (n=291, 35.4%) respondents preferred private clinics for getting their treatments.

Demographic characteristics		Frequencies (n)	Percentages (%)
Age	< 20 years	174	21.3
	20-25 years	344	42.1
	26-30 years	190	23.2
	>30 years	110	13.4
Nationality	Saudi	783	95.3
	Non Saudi	37	4.7
Marital Status	Single	558	67.9
	Married	232	28.2
	Divorced	26	3.9
Education Level	Primary	14	1.7
	Intermediate	9	1.6
	High	124	15.6
	University	640	77.9
	Diploma	17	2.1
	Non educated	9	1.1
Area of Residence	Taif	560	69.7
	Makkah	37	4.8
	Jeddah	110	13.6
	Riyadh	30	3.7
	Others	66	8.2
Most preferred places to get treatment	Hospitals	390	47.4
	Private Clinics	291	35.4
	Community Pharmacy	134	16.3
	Others	7	0.9

[Table/Fig-1]: General characteristics of the respondents.

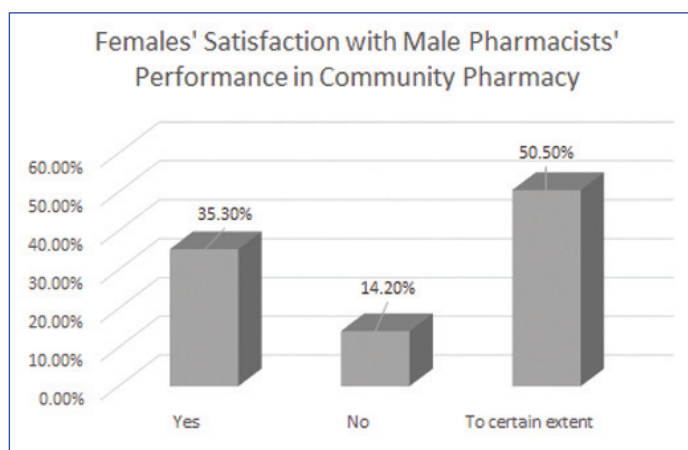
[Table/Fig-2] represents respondents' sources of information about their medication. Physicians (n=429, 52.6%) and pharmacists (n=408, 49.9%) were the main sources of knowledge regarding medications.

As presented in [Table/Fig-3], only (n= 290, 35.3%) respondents were completely satisfied with male pharmacists' services in community pharmacy whereas, about (n= 415, 50.5%) respondents

Section	Responses n(%)						
	Yes	No	Nation-ality	Marital Status	Edu-cation	Resi-dence	Age
From where do you get the information about your medication:							
Pharmacist	408 (49.9)	409 (50.1)	0.860	0.425	0.707^	0.001	0.836
Physician	429 (52.6)	387 (47.4)	0.027	0.323	0.974^	0.153	0.861
Media	36 (4.4)	783 (95.6)	0.100^	0.000	0.425^	0.888^	0.180^
Internet	241 (29.6)	574 (70.4)	0.696	0.175	0.191^	0.188	0.029
Others	17 (2.1)	800 (97.9)	0.549^	0.586^	0.203^	0.960^	0.186^

[Table/Fig-2]: Sources of medications information. ^Fisher-exact test

were satisfied with the male pharmacists' performance to a certain extent (out of 822 respondents).



[Table/Fig-3]: Female satisfaction with male pharmacists' performance in community pharmacy.

[Table/Fig-4] presents the reasons of low satisfaction with male pharmacists' performance in community pharmacy. Embarrassment in discussion with male pharmacist was the main reason of dissatisfaction with male pharmacists' performance that was agreed by respondents (n=274, 39.9%).

[Table/Fig-5] shows major problems that respondents faced at community pharmacy. About (n=512, 63.0%) respondents were embarrassed to discuss queries involving female needs with male pharmacist. However, (n=175, 21.5%) respondents believed that they faced no problems at the community pharmacy.

[Table/Fig-6] represents respondents who need female pharmacist at community pharmacy. Five hundred respondents (60.8%) (out of 822 respondents) supported the presence of female pharmacist at community pharmacy.

According to [Table/Fig-7], (n=393, 48.8%) respondents strongly agreed that the presence of female pharmacist might bring about positive changes in working of the community pharmacy. In addition, (n=463, 57.6%) respondents strongly agreed and preferred to consult with a female pharmacist more than male pharmacist. Furthermore, about (n=393, 48.8%) respondents strongly agreed that the presence of a female community pharmacist would encourage them to visit the community pharmacy more frequently. Finally, about (n=331, 41.2%) respondents strongly agreed on the need for a female pharmacist to provide assistance in community pharmacy.

[Table/Fig-8] represents different kind of services that female residents prefer to get from female community pharmacists. Majority of the respondents (over 90%) preferred the presence of female community pharmacists to provide them services and counseling for maternal health products/and breastfeeding, about creams, lotions or anything related to sensitive areas, counseling for medications or anything related to feminine hygiene or sexual intercourse and counseling about menstrual problems and its analgesics.

Section	Responses n(%)						
	Yes	No	Nationality	Marital	Education	Residence	Age
the reasons of low satisfaction with male pharmacists performance:							
Lack of experience	28 (4.1)	660 (95.9)	0.348^	0.708	0.205^	0.147^	0.535^
Not enough consulting	63 (9.2)	623 (90.8)	0.750^	0.294	0.631^	0.209	0.660
Embarrassing to discuss with male pharmacist	274 (39.9)	412 (60.1)	0.129	0.420	<0.001^	0.403	0.201
Others	6 (0.9)	681 (99.1)	0.1^	0.048^	0.1^	0.187^	0.058^

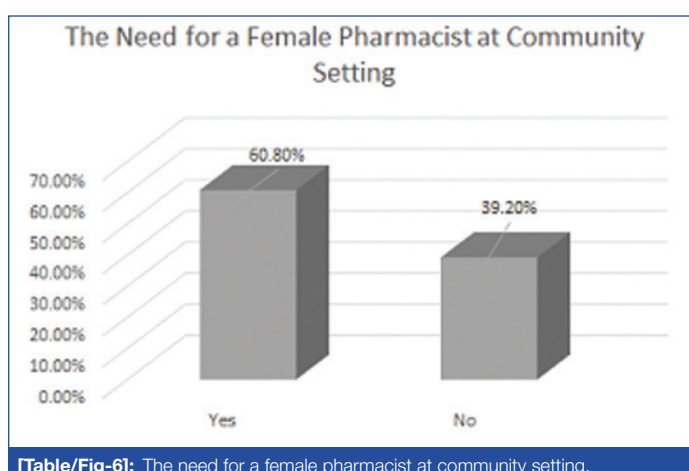
[Table/Fig-4]: Females satisfaction with male community pharmacists performance.

^Fisher-Exact Test

Section	Responses n(%)						
	Yes	No	Nationality	Marital	Education	Residence	Age
The most important problems that you may get when you go to the community pharmacy:							
Crowded	121 (14.9)	691 (85.1)	0.474	0.235	0.300^	0.828	0.159
Lack trust on pharmacist	73 (9.0)	739 (91.0)	0.242^	0.213	0.853^	0.997	0.148
Embarrassing to discuss with male pharmacist to consult specific female needs	512 (63.0)	301 (37.0)	0.916	0.411	0.336	0.006	0.117
Others	3 (0.4)	810 (99.6)	0.1^	0.010^	0.1^	0.270^	0.539^
No problems	175 (21.5)	639 (78.5)	0.402	0.258	0.300^	0.183	0.425

[Table/Fig-5]: Major problems faced by the respondents at community pharmacy.

^ Fisher-Exact Test



[Table/Fig-6]: The need for a female pharmacist at community setting.

DISCUSSION

Community pharmacy is considered an accessible place for getting medical counseling and medications such as painkillers, allergy or asthma sprays, cosmetics, emergency contraception and many

other OTC medications [11]. A study conducted in England, by Hibbert D et al., in 2002, showed that a number of consumers were satisfied receiving their medications from community pharmacies upon the pharmacists' recommendations instead of visiting the physicians' clinic directly [12]. Various researchers have emphasized about the responsibility of pharmacists to orient patients with right medications use and answer patients' questions [13].

In the present study, out of 822 respondents, 52.6% were dependent on physicians to get their information about medications, whereas 49.9% of them were dependent on pharmacists. Two similar studies were conducted in Qatar and England found that majority of patients relied on physicians as the main source of information regarding medications [14,15].

Even though, the number of practicing female pharmacists has been increasing globally [16], in Saudi Arabia, community pharmacies are managed and directed only by men. This could be supported by the findings of a study conducted among chain pharmacies in Saudi Arabia which found that pharmacy managers and owners do not prefer to hire female community pharmacists due to the

Questions	Chi-square test exact p-values								
	SA n (%)	A n (%)	N n (%)	DA n (%)	Nationality	Marital	Education	Residence	Age
1-Do you need female pharmacist to provide assistance in community pharmacy?	331 (41.2)	290 (36.1)	111 (13.8)	71 (8.8)	0.422	0.023	0.333^	0.021	0.073
2-Do you find any difficulty or embarrassment while talking to a male pharmacist?	282 (35.1)	288 (35.9)	120 (14.9)	113 (14.1)	0.492	0.137	0.240^	0.088	0.002
3-Do you not buy some of your medications because of the embarrassment from your request?	193 (24.1)	153 (19.1)	164 (20.5)	291 (36.3)	0.998	0.003	0.625^	0.014	0.112
4-Do you decline asking pharmacist a question, because he is a man?	234 (29.2)	203 (25.3)	159 (19.9)	205 (25.6)	0.278	0.019	0.027^	0.127	0.014
5-Do you prefer to speak with a female more than a male pharmacist?	463 (57.6)	169 (21.0)	110 (13.7)	62 (7.7)	0.041	0.326	0.028^	0.217	0.001
6-Do you think the presence of female pharmacist improve services provided to you as female?	338 (42.1)	283 (35.2)	108 (13.4)	74 (9.3)	0.366^	0.350^	0.073^	0.629^	0.525^
7-Do you think the presence of a female pharmacist in community pharmacy will encourage you to visits the community pharmacy more?	393 (48.8)	169 (21.0)	145 (18.0)	98 (12.2)	0.401	0.013	0.075^	0.409	0.019

[Table/Fig-7]: Respondents need for the presence of female pharmacist in the community setting.

Note: SA: Strongly agree; A: Agree; N: Neutral; DA: Disagree

^Fisher-Exact Test

Section	Responses (n) (%)						
	Yes	No	Nationality	Marital	Education	Residence	Age
Do you need or prefer a female pharmacist in the community pharmacy to provide the following services for you instead of waiting for appointments in hospital:							
1. Service and counseling for maternal health products / and breastfeeding.	727 (91.4)	68 (8.6)	0.539 [^]	0.002	0.650*	0.009	0.045
2. Child care (baby products and milk).	662 (83.4)	132 (16.6)	0.403	0.551	0.653 [^]	0.075	0.130
3. Counseling for medication.	612 (76.7)	186 (23.3)	0.344	0.400	0.559 [^]	0.572	0.068
4. Vaccinations.	579 (72.5)	220 (27.5)	0.289	0.939	0.850 [^]	0.256	0.295
5. Examination services of some diseases and support programs.	600 (75.3)	197 (24.7)	0.133	0.758	0.539 [^]	0.163	0.790
6. Contraception / knowing what is the best and most suitable for you.	696 (87.1)	103 (12.9)	0.461 [^]	0.016	0.470 [^]	0.025	0.023
7. Cosmetics.	700 (87.6)	99 (12.4)	0.205 [^]	0.047	0.839 [^]	0.593	0.230
8. Creams and lotions for the sensitive intimate area.	728 (91.2)	70 (8.8)	0.100 [^]	0.001	0.976 [^]	0.338	0.878
9. Menstrual problems and its analgesics.	721 (90.4)	77 (9.6)	0.158 [^]	0.001	0.933 [^]	0.056	0.504

[Table/Fig-8]: Different kind of services that female residents prefer to get from female community pharmacists.

[^]Fisher-Exact Test

additional requirements and needs in the pharmacy such as private setting areas for female pharmacists, separate toilets for them, and security guards at the pharmacies [17]. Therefore, women face many difficulties to ask or seek counseling from male pharmacists about feminine issues which they may encounter in their daily life. More than half of respondents (57.6%) preferred to consult with female pharmacist more than male pharmacist. Investigators in the United States assessed the degree of comfort associated with patient counseling. They found that male and female pharmacists prefer to counsel patients of the same gender. Furthermore, male pharmacists and pharmacy students were more comfortable to be involved in counseling patients in general health matters that are not related to a specific gender [18].

Thirty five percent of respondents were satisfied with male pharmacists' performance, whereas about 14.2 % were not satisfied. Conservative culture in Saudi Arabia makes females to feel embarrassed to discuss sensitive issues with male pharmacists. The second reason of dissatisfaction was incomplete and short consultations provided from male pharmacists. This might be due to the same reason in which male pharmacists may feel embarrassed to discuss females' specific issues which result in an inadequate counseling provided to females. In a Canadian study conducted by Laurier C and Poston J in 1992 [19], found that female pharmacists counsel patients significantly more than male pharmacists. In another Canadian study in 1989, Laurier JC et al., concluded that prescriptions counseling was higher with female pharmacists than male pharmacists [20].

More than 90% of respondents need female pharmacists to provide services like counseling for maternal health products/breastfeeding, creams and lotions for the intimate areas, and to seek advices on sexual relationship. Not obtaining a full advice regarding medications use may result in irrational and inappropriate use of medications which would lead to deteriorating patients' health and reducing their quality of life.

LIMITATION

A number of the retained questionnaires were excluded from the study due to the large number of missing data. However, less number of other questionnaires was missing only one question and was not excluded from the study.

In addition, majority of respondents were from Taif City. This was due to the difficulty of traveling for researchers to other provinces in the

study area. Therefore, an electronic copy of the questionnaire was developed on Google and a link was sent through social media to those residing outside Taif City. Finally, majority of respondents' age was between 20-25 years. This was due to the ease of collecting responses from students.

CONCLUSION

Almost two-thirds of the participants were satisfied at least to a certain extent from services provided by male community pharmacists. Major dissatisfactions were due to the embarrassment of discussing female health related issues with male pharmacists. Decision makers in Saudi Arabia should consider the involvement of female pharmacy graduates in KSA to provide services at community pharmacies.

REFERENCES

- [1] Toruner EK, Uysal G. Causes, reporting, and prevention of medication errors from a pediatric nurse perspective. *Aust J Adv Nurs*. 2012;29(4):28-35.
- [2] Milligan F, Gadsby R, Ghaleb M, McKeaveney C, Newton K, Randhawa G, et al. Reporting medication errors: residents with diabetes. *Nursing & Residential Care*. 2014;16(11):617-21.
- [3] Doucette WR, Kreling DH, Schommer JC, Gaither CA, Mott DA, Pedersen CA. Evaluation of community pharmacy service mix: evidence from the 2004 National Pharmacist Workforce Study. *J Am Pharm Assoc*. 2006;46(3):348-55.
- [4] Al-Mohamadi A, Badr A, Bin Mahfouz L, Samargandi D, Al Ahdal A. Dispensing medications without prescription at Saudi community pharmacy: Extent and perception. *Saudi Pharm J*. 2013;21(1):13-18.
- [5] Al Munajjed M. Women's Employment in Saudi Arabia A Major Challenge. Booz & Company. 2010. Available from: https://www.arabdevelopmentportal.com/sites/default/files/publication/235.womens_employment_in_saudi_arabia_a_major_challenge.pdf. [Accessed on: 12 May 2017]
- [6] Sadek MM, Elnour AA, Al Kalbani NM, Bhagavathula AS, Baraka MA, Abdul Aziz AM, et al. Community pharmacy and the extended community pharmacist practice roles: The UAE experiences. *Saudi Pharm J*. 2016;24(5):563-70.
- [7] Al-Arifi MN. Community pharmacist perception and attitude toward ethical issues at community pharmacy setting in central Saudi Arabia. *Saudi Pharm J*. 2014;22(4):315-25.
- [8] Boardman H, Lewis M, Croft P, Trinder P, Rajaratnam G. Use of community pharmacies: a population-based survey. *Journal of Public Health*. 2005;27(3):264-62.
- [9] Crockerill R, Tanner J, Barnsley J, Williams AP. Women and men managers in pharmacy: gender issues. *J Health Adm Educ*. 1999;17(3):199-210.
- [10] Gardner SF, Stowe CD. The impact of a gender shift on a profession: women in pharmacy. *The Forum on Public Policy*. 2006. Available from: <http://forumonpublicpolicy.com/archive07/gardner.pharmacy.pdf>. [Accessed on: 23 April. 2017]
- [11] Gidman WK, Hassell K, Day J, Payne K. The impact of increasing workloads and role expansion on female community pharmacists in the United Kingdom. *Res Social Adm Pharm*. 2007;3(3):285-302.
- [12] Hibbert D, Bissell P, Ward PR. Consumerism and Professional Work in the Community Pharmacy. *Sociology of Health and Illness*. 2002;24(1):46-65.

- [13] Knapp DA, Wolf HH, Knapp DE, Rudy TA. The pharmacist as a drug advisor. *J Am Pharm Assoc.* 1996;9(10):502.
- [14] Saffouh EH, Mansoor H. Public's Attitudes Towards Community Pharmacy in Qatar: a pilot study. *Patient Prefer Adherence.* 2011;5:405-322.
- [15] Bissell P, Blenkinsopp A, Short D, Mason L. Patients' experiences of a community pharmacy-led medicines management service. *Health Soc Care Community.* 2008;16(4):363-69.
- [16] Talsma J. Women gain ground in pharmacy profession. 2015. Available from: <http://drugtopics.modernmedicine.com/drug-topics/news/women-gain-ground-pharmacy-profession?page=full>. [Accessed on: 7 April 2017].
- [17] Al-Jassem D. Pharmacy chain says 'no' to hiring women. *Arab News.* 2013. Available from: <http://www.arabnews.com/pharmacy-chain-says-%E2%80%98no%E2%80%99-hiring-women>. [Accessed on: 18 May 2017].
- [18] Beck S, Woodruff B. Level of Comfort Reported by Pharmacists and Pharmacy Students When Counseling Male and Female Patients. *Am J Pharm Educ.* 1994;58(4):38-43.
- [19] Laurier C, Poston J. Perceived levels of counseling among Canadian pharmacists. *J Soc Adm Pharm.* 1992;9:104-13
- [20] Laurier C, Archambault A, Contandriopoulos AP. Communication of verbal information by community pharmacists. *Ann Pharmacother.* 1989;23(11):862-68.

PARTICULARS OF CONTRIBUTORS:

1. Associate Professor, Department of Clinical Pharmacy, Taif University, Taif, Saudi Arabia.
2. Clinical Pharmacist, Department of Clinical Pharmacy, Taif University, Taif, Saudi Arabia.
3. Clinical Pharmacist, Department of Clinical Pharmacy, Taif University, Taif, Saudi Arabia.
4. Clinical Pharmacist, Department of Clinical Pharmacy, Taif University, Taif, Saudi Arabia.
5. Clinical Pharmacist, Department of Clinical Pharmacy, Taif University, Taif, Saudi Arabia.

NAME, ADDRESS, E-MAIL ID OF THE CORRESPONDING AUTHOR:

Dr. Mahmoud S. Alhaddad,
Associate Professor, Department of Clinical Pharmacy, College of Pharmacy, Taif University, Kingdom of Saudi Arabia,
Alhawayah-21974, Taif, Saudi Arabia.
E-mail: dr_mahmoud77@hotmail.com

Date of Submission: **Sep 26, 2017**Date of Peer Review: **Dec 01, 2017**Date of Acceptance: **Apr 03, 2018**Date of Publishing: **Jun 01, 2018****FINANCIAL OR OTHER COMPETING INTERESTS:** None.