



Research Article

AN EVALUATION OF HOSPITAL PHARMACY POLICIES AND JOB-RELATED ATTITUDES IN TWO GULF NATIONS: A QUALITATIVE STUDY

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Article Received on: 05/08/19 Approved for publication: 20/08/19

DOI: 10.7897/2230-8407.1009261

ABSTRACT

The objective of this study is to explore the Saudi Arabian and Kuwaiti pharmacy health policies and job-related attitudes of hospital pharmacists: workload, job satisfaction, working environment, education, training, and services development. Thirty hospital pharmacists, 15 from each country, were interviewed. The study involved semi-structured telephone interviews with snowball sampled respondents. Interviews were recorded and transcribed verbatim and a thematic analysis conducted. Most of the participants reported escalating workload in hospital pharmacy. A crucial issue with pharmacy policies was under-representation of the pharmacy profession as a key body in the policy dialogue. It was indicated that the main barrier to practicing clinical pharmacy in Kuwait was that its importance had not been recognized. On the other hand, Saudi pharmacists found that the main obstacle was the inadequate number of clinical pharmacists. Evaluating the job satisfaction of pharmacists is important in advancing the pharmacy profession. Several issues have been highlighted in both countries, which are mainly centred around the weak representation of the pharmacy profession as a stakeholder in the policy dialogue.

Keywords: Gulf countries, pharmacy, Job satisfaction, Services development, Kuwait, Saudi Arabia

INTRODUCTION

Saudi Arabia is growing fast in all fields, especially in health and education^{1,2}. The supply of Saudi healthcare professionals has been increasing recently; however, most of the workers are expatriates from around the world². Hospitals in Saudi Arabia are run by various organisations including the military, the Ministry of Health, the National Guard, and universities. Each of these organisations has a different set of rules and regulations to manage their hospitals, which creates a complex healthcare system³.

Pharmacy education in Saudi Arabia has gone through tremendous changes recently. For example, the number of pharmacy schools rose from one to 27 during the last two decades². Some of the universities have adopted the Pharm D programme alongside the traditional bachelor's degree in pharmacy, whereas the rest have opted for one of the two programmes^{4,5}. A pharmacy residency programme was established at King Faisal Specialist Hospital and Research Centre in Riyadh in 1997. The development in pharmacy education in Saudi Arabia has increased the number of pharmacy graduates, who have started to replace non-Saudi staff^{2,6,7}. However; the variation in graduate qualifications together with expatriates who obtained their degrees from their home countries is believed to create tension among the practising workforce⁶.

Kuwait, however, established a pharmacy school in 1996 with the introduction of a five-year bachelor's degree course in pharmacy which has a curriculum based on the United States Pharm D program. The University produced its first graduates in 2002⁸. Most of the Kuwaiti pharmacists work in governmental hospitals

since community pharmacy is perceived as a 'supermarket' due to the free access to almost all the medicines⁸. Other factors for this could be the lack of interaction between pharmacists and patients when dispensing medications, technology is hardly used in community settings, and pharmacists are not legally required to keep patients' records⁸.

Work-related attitudes in the pharmacy profession such as job stress, job satisfaction, workload, and turnover intentions, and services development have not been investigated widely in the Gulf region. The aim of this qualitative study was to explore the Saudi Arabian and Kuwaiti pharmacy health policies and job-related attitudes of hospital pharmacists: workload, job satisfaction, working environment, education, training, and services development.

METHODS

This study followed a qualitative prospective study design. Reporting this qualitative research was based on the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines⁹.

The study participants included 30 hospital pharmacists, 15 from each country, who were identified through a snowball sampling technique. Interviewees were purposively sampled on the basis of nature of employment, personal characteristics and geographical location. The sampling technique aimed to provide a diverse range of opinions and experiences. Participants' job titles varied from chief pharmacist to junior pharmacist. Respondents were working in different public and private hospitals in different

regions of the Kingdom of Saudi Arabia and Kuwait. A consent letter was emailed to the participants.

The hospital pharmacy sector was selected because it is the most developed sector¹⁰. Also, it is more accessible by the public as medications are provided free of charge and are collected from hospital and primary healthcare centre pharmacies¹⁰.

A telephone one-to-one semi-structured interview was used to collect the data. This technique was thought to be more appropriate than the focus group method because the study requested data about sensitive topics such as relationships with supervisors, colleagues and other healthcare professionals, as well as data regarding promotions and bonuses. Telephone interviews were selected because of accessibility as the researcher was based in the UK and to ensure the variability of the sample by recruiting pharmacists from different regions in the two countries.

The semi-structured interview schedule was developed and reviewed by the research team. The interview schedule consisted of a number of open-ended questions on work related attitudes and pharmacy health policies. The interviews were conducted in Arabic language and lasted between 20-30 minutes. The recorded interview discussions were transcribed verbatim and then translated into English. The accuracy of the translation was ensured by having 10% (n = 3) of the transcripts checked by an English-Arabic bilingual researcher at UCL School of Pharmacy.

Data analysis

The data was analysed using the thematic analysis approach. Open coding was used to identify a thematic framework that covers the main issues raised by respondents. The primary coding frames were developed and applied to the data. More detailed thematic frames (axial coding) were developed. The issues that emerged were examined both within cases and between cases. The findings were presented in form of quotations from the participants' perspectives. Coding the data was conducted by the two authors and a total of five themes were identified. To ensure credibility of the findings, four participants (two from each country) agreed that the conclusions reached represented their views on job satisfaction, service development and professional development.

Research ethics committee at the UCL School of Pharmacy indicated that research approval was not needed. The study was carried out as per Declaration of Helsinki guidelines.

RESULTS

The main findings suggested that there are several factors that influenced the job satisfaction of the hospital pharmacists in Saudi Arabia and Kuwait. From the thematic analysis, a total of five themes were identified. The results were presented in the form of the quotations from both the Saudi (S) and the Kuwaiti (K) hospital pharmacists.

First: Influence of work environment

The interview participants in both countries reported that there are several factors that influence their job satisfaction. These were workload, relationship with colleagues and supervisors. The participants highlighted that their jobs involve high workload especially during holiday seasons, which has a negative impact on their job satisfaction.

K3: 'The number of staff varies with time, e.g. in holidays seasons...In general, we do not have a sufficient number of staff. We have many patients, and sometimes we stand at the window dispensing for three hours without a break.'

S12: 'The number of clinics in the hospital increased last year so did the number of patients... So, we are currently under too much pressure...the workload is three times the number of staff...I feel stressed, and I've started to think of changing my job.'

Most of the pharmacists in both countries had a positive working environment with their supervisors and co-workers. They received support and encouragement from their colleagues and supervisors, which improved their performance and job satisfaction.

K4: 'My relationship with my supervisor is good because he is a sociable person... he always listens to what we have to say, and we exchange opinions... we communicate very well with him.'

S7: 'My relationship with my supervisor is good... his positive points: I would say that if you do your job properly and ask for anything, he would do it for you...'

However, a few of the Kuwaiti pharmacists found that friendship with colleagues had a negative effect on work environment.

K3: 'because we're friends, it is hard to criticize them. For example, when they take a long break... they might get sensitive. If we weren't friends, they would accept my criticism and comments. They wouldn't take it personally, and it wouldn't be a sensitive issue.'

Second: Financial incentives and promotion policies

This theme explores hospital pharmacists' perception towards financial incentives and promotion policies. Some of the pharmacists thought that allowances were unfairly allocated.

K4: 'We have an allowance for the best employees but, at the moment, anyone could get it. The head of the department decides who gets it, but he does not give it based on the performance; it is given based on who you are and how close you are to your supervisor.'

Almost all pharmacists believed that promotions are limited, and the pharmacy career ladder is fixed.

K2: 'No chances for promotions... it is a fixed career ladder... so your job title changes based on the number of years you've been working for... but you will be doing the same job.'

S5: 'When working in a hospital, there is hardly any promotion. Promotions are more if you're working for a university.'

Third: Health policies controlling the pharmacy profession

This theme captures the impact of local health policies on shaping the pharmacy profession and the provision of advanced pharmacy services. The interview participants highlighted three challenging areas related to practicing in the hospital pharmacy sector. First, the professional development opportunities were not part of a national strategic plan for workforce development.

K11: 'There are chances for studies, but it is not a part of a strategic plan... and it won't make a huge difference to the salary... and when you get a degree, you'll still be doing the same job.'

S11: 'I did not get any support for professional development... we worked like machines... there was no appreciation or increments... even if you do something useful... they either won't acknowledge it, or they might take the credit...'

Second, some Kuwaiti pharmacists stated that achieving a postgraduate degree in pharmacy does not offer the opportunity for any promotion or change to the job title.

K3: 'For example, I now have a master's in clinical pharmacy, but there is no difference between me and any other pharmacist who has only a bachelor's degree. The salary and the job description are the same; I would be in my same place.'

In addition, Most of the Kuwaiti participants stated that clinical pharmacy is not officially implemented in Kuwait. However, there are some personal efforts to practice it. In Saudi Arabia, clinical pharmacy is not practiced widely.

K13: 'Officially we don't have clinical pharmacy... However, there have been talks between the University and the Pharmaceutical Society to implement it.'

S11: 'Clinical pharmacy is at its early stages, and clinical pharmacists are newly qualified, but they are trying their best.'

One of the biggest obstacles to implementing clinical pharmacy in Saudi Arabia is the limited number of clinical pharmacists.

S9: 'Clinical pharmacy is well established, but we don't have enough staff... they are doing their best... they can't cover all the wards.'

In Kuwait, however, the main barrier to implementing clinical pharmacy services is the lack of job description and defined roles for clinical pharmacist

K12: 'The main reason for not having clinical pharmacy is that the leaders aren't excited about establishing it... there is no job description.'

Other challenges that hinder the implementation of the clinical pharmacy services are healthcare system and 'old-school' doctors and pharmacists.

K9: 'Clinical pharmacy is not yet implemented... money isn't a problem... the problem is with bosses who are scared of people taking over their positions.'

S5: 'What makes it difficult to implement is some doctors have old mentalities; they don't like anyone to interfere with their work.'

Promoting the practice of clinical pharmacy at a local level could be attained by having a chief pharmacist who appreciate it and encourage its practice; and at a national level, postgraduate scholarship opportunities for young pharmacists to study clinical pharmacy.

K2: 'My current supervisor managed to persuade the pharmacy chief to implement clinical pharmacy.... I've heard that the Ministry of Health will officially establish a clinical pharmacy department soon.'

S11: 'What supported having a clinical pharmacy there is a chief pharmacist who is a clinical pharmacist ... he is a US graduate, so he encouraged young pharmacists to do clinical pharmacy, and also he organized some clinical rotations as a part of the training.'

Fourth: Perceived appreciation to the pharmacy profession

This theme describes the perceived perspectives of the public and other healthcare professionals such as doctors on the pharmacy profession.

Half of the pharmacists believed that people are unaware of the pharmacists' roles and perceive them as merely a dispenser. However, recently, people, especially younger generations, have started to appreciate the profession.

K4: 'The public don't trust pharmacists, and they don't know anything about their capabilities and their knowledge. They do not know the role of the pharmacist ...they don't trust pharmacists. They say, 'Just give me the medicine, and I'll ask the doctor about it.'

K13: 'But on the other hand, younger patients – they trust us... they know the role of the pharmacist...'

Almost half of the pharmacists thought that other healthcare professionals have positive views on the pharmacy profession. A few pharmacists from Kuwait believed that younger doctors appreciated pharmacy more than older doctors.

K12: 'I feel that doctors [have] recently started to show some support and appreciation...everyone knows their role ...their views are much better when you compare it to five years ago...we don't deal with nurses that much.'

S15: 'They respect pharmacists and accept their suggestions and ask them questions and trust them; in most of the wards they believe in them.'

Fifth: Leaving the job

This theme describes pharmacists' intentions to leave their current jobs. Pharmacists had different views on this aspect. Some of them did not intend to leave their jobs because there were not any better options. Some of them stated that they would leave their current jobs to join a hospital where clinical pharmacy is practiced. Others wanted to leave to enter academia or carry out research. Most of the Saudi pharmacists who had intentions to leave their job were planning to study for a postgraduate degree in pharmacy or to work for drug companies. Workload and lack of chances for professional development were the main reasons for pharmacists to leave their jobs.

K1: 'I want to work in a place where clinical pharmacy is implemented.... I'm doing some research now.... I'm planning to get a job at Kuwait Research Centre.'

S2: 'Yes, ever since I started this job and I wanted to leave... I got a scholarship, but then I thought I would stay and work for a while, get some work experience and save some money.'

DISCUSSION

This study has provided important insights into job satisfaction of the hospital pharmacists in two gulf nations: Saudi Arabia and Kuwait. Participants indicated that having a positive working environment where they communicate effectively with their colleagues, supervisors and other healthcare professionals enhanced their job satisfaction. On the other hand, high workload and working shifts negatively affected their job satisfaction.

A crucial issue with pharmacy policies was under-representation of the pharmacy profession as a key body in the policy dialogue. The Ministry of Health, which is the main regulatory body for

healthcare services, lacks pharmacy stakeholders who would be representative of the profession. This has resulted in a mismatch between the efforts made by education and practice authorities to enhance the profession, limited opportunities for advanced or senior career positions, and unclear job description (particularly in Kuwait)⁶. The pharmacy profession is not yet seen to have a role in the policymaking process and is not regarded as being as well-established as other healthcare professions such as medicine and dentistry⁶. Another concern is the lack of a specific strategic workforce development plan for the pharmacy profession.

It was indicated that the main barrier to practicing clinical pharmacy in Kuwait was that its importance had not been recognized. On the other hand, Saudi pharmacists found that the main obstacle was the inadequate number of clinical pharmacists. Attempts to reform or change the pharmaceutical sector in Kuwait were found to be met with resistance. The barriers towards pharmacy workforce development are due to the perceptions of some senior pharmacists and physicians that this will result in their role being 'taken over'. The perceived threat to power was identified to be a barrier to implementing certain pharmaceutical policies.

Some strategies that would help with decision-making blockages includes adopting pharmaceutical policies from more developed countries, reforming the perceived threat, making sure that pharmacists' voices are heard, and their professional development needs are met, and better representation of the pharmacy public sector in the Ministry of Health.

A few consequences of the present pharmaceutical policies were raised by participants, such as intention to leave the public sector for drug companies, academia and research, as well as hospitals where the clinical pharmacy is practiced; or to pursue further education – this latter factor was observed in Saudi Arabia in particular.

At an institutional level, respondents raised some issues including work overload, lack of appreciation from other health professionals and the public, unfair bonuses and promotions, poor financial incentives, and lack of a clear job description.

The main limitation of this study is that the target population was limited to hospital pharmacists, so other pharmacy sectors such as community, regulatory, and academia were not investigated. Efforts were made to ensure that translation was accurate by double-checking the transcripts by another Arabic-English speaker, but the colloquial language used when conducting the interviews means that some of the meaning might have been lost. A snowball sampling technique was utilized to recruit participants, which might have limited the sample's variety. Almost all the participants were female; this was influenced by cultural and social factors which prevented male pharmacists from participating in a study conducted by a female researcher.

CONCLUSION

Evaluating the job satisfaction of pharmacists is important in advancing the pharmacy profession. Several issues have been highlighted in both countries, which are mainly centred on the weak representation of the pharmacy profession as a stakeholder in the policy dialogue.

ACKNOWLEDGEMENTS

The authors would like to acknowledge with great appreciation all the pharmacists who took part in this study and the Scientific Deanship at King Khalid University for their administrative and technical support.

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Cite this article as:

Mona Almanasef and Dalia Almaghaslah. An evaluation of Hospital pharmacy policies and job-related attitudes in two gulf nations: A qualitative study. *Int. Res. J. Pharm.* 2019;10(9):51-54
<http://dx.doi.org/10.7897/2230-8407.1009261>

Source of support: Nil, Conflict of interest: None Declared

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