

Public's Perception of Pharmacist

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The pharmacy profession is transforming, and pharmacists have a diverse scope of practice, namely, medication management services, immunization, patient counseling, and formulating pharmaceutical care plans for patients.¹ When I began counseling patients about their medications upon discharge from the hospital, I was surprised by the questions addressed to me by other members of the healthcare team, particularly those inquiring how patients could benefit from such a service. This concern appears to be universal, as underlined by Howard, who notes that in the United States, “many physicians are excited to have a pharmacist join the team, but many do not fully understand the pharmacists’ level of training and expertise in chronic disease management.”² Clearly, as addressed by Waterfield,³ a key challenge faced by the pharmacy profession is demonstrating the benefits of incorporating pharmacists’ knowledge into patient care.

In ancient times, the pharmacist’s work was intertwined with that of the physician, but in the 11th century, Al-Biruni’s *Book of Pharmacology* outlined the pharmacist’s role, functions, and duties.⁴ In the early 1900s, pharmacists acted as apothecaries, and by the 1950s, the pharmaceutical industry had narrowed the pharmacists’ role to compounding, dispensing, and labeling prefabricated products. By the mid-1960s, the profession had progressed into a more patient-oriented practice, and the concept of clinical pharmacy had been developed.⁵ Unfortunately, however, the public’s perception of pharmacy did not evolve, appearing to have come to a halt at the image offered in the 1950s.

Buresh and Gordon⁶ believe that the media reflects the public perception of a profession. A study of US film and television from January 1970 to July 2013⁷ concluded that the portrayal of pharmacists was primarily negative. This realization leads to some important questions: Why does the public have a poor perception of pharmacists? Why is it important to improve this perception? Also, what factors have contributed to this situation?

Several studies have demonstrated the public’s limited understanding of the pharmacy profession, including a Polish study that concluded, “Polish society tends to reduce

the role of pharmacists to retailers/dispensers of medicines, and is not interested in pharmaceutical care or treating pharmacists as health consultants.”⁸ Similarly, a study in Saudi Arabia measured the public’s perceptions of and attitudes toward community pharmacists, finding that most participants were satisfied with pharmacists’ commitment and communication skills but not with the level of pharmaceutical care services, such as counseling provided.⁹ The study stressed the importance of community pharmacists improving their pharmaceutical care skills and providing valuable services to gain their patients’ trust. These services enhance the patient experience, but patient satisfaction is not interchangeable with patient experience and cannot be considered as a measure of patient experience.¹⁰ A related New Zealand study assessed secondary school career advisors’ knowledge about the pharmacy profession and found that while they were familiar with the traditional roles of a pharmacist in a community setting, they had limited knowledge of the roles of pharmacists in other settings.¹¹ The study noted that many participants incorrectly responded to the statement “pharmacists usually have no input into a patient’s medication management” as true.

Many other studies have provided important insights. For example, Santarossa et al¹² studied tweets sent on World Pharmacist Day (WPD) 2020 and found that pharmacists’ healthcare practices were lost in a sea of tweets portraying their role in drug distribution, noting no improvement in this one-sided image since the initiation of WPD by the International Pharmaceutical Federation (FIP) in 2010. Elvey et al suggested the existence of a tug-of-war within pharmacists, who were fighting their desire to be recognized as clinical practitioners and their devotion to their traditional identity as medicine makers.¹² This realization supports Potter’s¹³ observation: “An odd thing happened to the

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pharmacy profession while all of the pharmacists watched. Someone forgot to ask working community/chain and hospital staff pharmacists what direction the profession should take.” Kellar et al hypothesized that if pharmacists do not identify themselves as clinicians, no amount of legislative changes, remuneration models, or education elevation and changes will result in the practice transformation the profession is so eager for.¹² Shuck and Philips, however, put the onus on education, arguing that for the pharmacy profession to advance, pharmacy education must transition from rigid adherence to training models emphasizing facts and details to those emphasizing the application of knowledge.¹⁴ Furthermore, Rosenthal et al. went on to note that differences in opinion are likely to grow if pharmacists fail to evolve to focus on patient-centered care.¹⁴

The Agency for Healthcare Research and Quality¹⁰ defines patient experience as the range of interactions that patients have with the healthcare system and considers it an integral component of healthcare quality. Patient experience entails several aspects, including clear apprehensible information and communication that is tailored to patient needs (eg, risks and benefits of treatments) and empowers self-care.¹⁵ Considerable evidence marks a positive association between, for example, good communication among providers and patients and several important healthcare processes and outcomes, including patient adherence to medical advice, better clinical outcomes, improved patient safety practices, and lower utilization of unnecessary healthcare services.¹⁰ Henceforth, pharmacists are in a strong position to educate patients about their diseases, afford information about the appropriate use of medications and potential side effects, encourage adherence, and identify, resolve, and prevent drug-related problems in collaboration with other healthcare providers.¹ Despite this good position, according to the International Pharmaceutical Federation, pharmacists are underutilized resources. A key element for underutilization could be the existing controversies in the field, which include the introduction of new professional roles in healthcare,¹⁶ and controversy within the profession.

It is clear that altering the public’s perception of pharmacists requires rethinking and redefining the problem to determine solutions. This begins with a deep understanding of pharmacists’ perceptions of their profession and their role in the provision of healthcare, which is a necessity also stated by Gregory et al.¹ Thus, I recommend using a design thinking approach to focus on front-line staffs’ needs, perspectives, and visions to assist in narrowing the gap in professional practice and to provide insight into how to further the profession’s progress.


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