

Maximizing Patient Safety in Al-Diwaniya Private Pharmacies: An Exploratory Review of the Various Physiological Disorders Where Field Pharmacists are Central to Treatment and Management

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ABSTRACT

The community pharmacist is unique among health care providers in that he or she interacts with a wide variety of people every day, giving them enough opportunities to raise patients' levels of self-awareness and provide guidance toward healthier lifestyle choices. This project detailed the duties of several authorized committees and administrations, some of which were excellent and others of which were subpar. There has to be more work done by community pharmacists to help improve health care, but integrated care where they provide clinical pharmacy services while dispensing may make a big difference. From December 2021 until the end of May 2022, online surveys were conducted. The pharmacists' understanding of patient safety culture was evaluated using a community pharmacy questionnaire. The results showed that of all the areas examined, patient counseling had the greatest level of positive awareness (23–59%), and yet only 18% of pharmacists regularly educate patients of important information about their new prescriptions, which is a very low response rate.

1. Introduction

Co-existing with the communities is the community pharmacy, which may sit within the community. Pharmacy in its professional sense is about optimizing utilization of drugs to the good of the population's health. For the purpose of undertaking independent pharmacy management that involves delivery of medications with the MTM of illnesses particularly chronic diseases, promotion of health and prevention of sickness (1), the function of pharmacists' practice is in the process of being transformed to be referred to as independent pharmacy management. When it comes to the NABP Model Rules, the following is how the profession of pharmacy is defined: T "Practice of Pharmacy" also includes the activities, study or work that Pharmacist engages in and entails inter alia reviewing any prescription or other medical order, dispensing of prescription drugs, assisting in the selection of drugs and devices and how they are going to be administered; reviewing the regimes, consultation with patients, performing certain acts and services in relation to direct patient care inclusive of primary care and or collaborative management, within the framework of the practice In Besides the professional services and activities related to it, the field in which the present practices of pharmacy are based is not the same. The type for patient care that is needed in the case of medicine is relatively wide, given that medicine entails not only self-medication but also acute care, episodic care as well as chronic care. Hence, it is not an easy task for any setting of practice to address these numerous needs this makes the delivery of therapy a task that is done with more difficulties as with each day passes. Data have shown that over three quarter of pharmacists are employed with community and retail programmes, hospitals, long-term care facilities, health care organizations, and systems, and centres of absent care. As stated by several writers, pharmaceutical firms, research organizations, the USA Food and Drug Administration (FDA), universities, as well as associations (3), there is a large list of specialized occupations in the health care industry. Among them is the drug and poison information center. Communication and consultation with patients, carers and other prescribers, and with other individuals operating in the health care system is a part of the professional services and standards of pharmacy and procedures in every segment and specialty of pharmacy. Currently, the role and responsibilities of a pharmacist in PTM that align with patient-centered care include the following: prescribing and distributing medicines, controlling technicians, following the newest technologies that are currently used in pharma industry, controlling systems and resources, and using information and systems in a highly dynamic context of healthcare activities. One can thus conclude coincisely with the typology of

the work of the community pharmacist.

(15) is summarized as follows:

1. Distributing medications as recommended
2. Ensuring that the therapies one is to receive are particular to their condition and do not have adverse effects when taken alongside others.
3. being responsible for the dosing and identification of the medication to be administered (pharmacists are legally liable for any offences committed during their distribution).
4. Preparation of any drug that may have been synthesized and/or stored in any form other than that which it will be administered.
5. Networking for the administrative and legal action on supervised substances and the maintenance of registry lists.
6. Consulting doctors on the likely prescription;
7. Selling over-the-counter medicines;
8. Regulation of the distribution by prescribing drugs for treatment of simple complaints, and consulting the people.
9. Informing any unfriendly side effects of the medicines that have been prescribed or any other risks such as compatibility between the given particular medicine/treatment and other medicines/treatments.
10. Providing a prescription-based intervention service,
11. About; To see how they are fairing with their blood pressure ; To see how they are fairing with their cholesterol levels .
12. Bent on offering a diabetes screening service to its esteemed members;
13. Recruitment, training, management and supervision of personnel and the support staff of the pharmacy.
14. Budgeting and financial management
15. As to remain conversant with current practice in pharmacy, drugs and their tissues.

2. Methodology

Firstly:

In reality, Iraqi society views a pharmacist as a person from whom they may seek medical assistance, in addition to the function that community pharmacies play in the distribution of medicines (1). We adopted a self-administered questionnaire, and we took community pharmacies as samples from three different regions in Al-Qadisiyah, based on the economic status of their patients: Doctors Street, which represented high status; Alhayu Aleaskariu, Alaskan area, which represented low status; Al-Orouba Street, which represented medium status; or, because the whole picture was taken into consideration, the pharmacist or the support staff in those respective areas filled out the questionnaire for those samples. We anticipated that the methodology that was used in the overall design of the research, as well as the tools that were utilized to gather data, would deter community pharmacies from participating in the study. This was one of the limitations that was anticipated to be a part of the investigation. This was either because of the burden that was placed on the patients or because the patients had a suspicion that the questionnaire was sent by the government or for some other purpose, and it also caused interference with the community pharmacy. Consequently, the community pharmacy relationships that we created inside the faculty of Pharmacy at the University of Al-Qadisiyah or from the syndicate of Al-Qadisiyah pharmacists, as well as research networks, were used in a purposeful recruitment of the community

pharmacies that participated in the study. Although there is one research (5). It was shown that the environment and structure of pharmacies had an effect on the supply of services, and another study (6) found that the delivery of services in community pharmacies was both complicated and diverse. The few community pharmacies that could provide an exposure to all the duties, persons, places and surroundings that could depict the extent to which the problem affected the job of a community pharmacist were deliberately sampled. A schedule of interviews that was only semi-structured was employed for this research study. This was because one of the requirements formulated prior to the study was that only independent pharmacies were selected; in addition, the distance between the study pharmacies and the closest other pharmacy had to be not less than one kilometer. The following subgroup was derived from the pool of Iraqi pharmacists (14), which is a source of data on pharmacies in Iraq. The truth is it is very probable that pharmacies that met these criterion were included in this subgroup. The current numbers of service providers means that we are nowhere near the level of service provision to achieve a medium human development index for Vietnam. There were pharmacies that were found to have the following characteristics: they were private, they were established to serve communities, and they were the only shop which contained a pharmacy operating one kilometer or more away from another pharmacy. By application of these criteria, fifty pharmacies were sampled for the purpose of undertaking the research project. The pharmacies which I approached for the present study were all known to me when I worked as a medical representative for a Canadian firm called Apotex Inc. in these areas. Having established that they were eligible to participate in this study, the participants were contacted by phone and those who agreed were interviewed. For the current study, I contacted these pharmacies. In total for the intended research there were to be 25 interviews. Every single proprietor of the pharmacies that were in the sample used for this research was tried to be reached. Two other pharmacies did not reply; either the phone was unanswered or the phone line was engaged. In one of the pharmacies the owner/pharmacist was never available, three of the pharmacies were closed during the time of the study and in six of the pharmacies the sampling criteria were not met for participation in the study. Out of the above listed, twenty-five of the remaining pharmacies completed the questionnaire, and this gave a seventy-five percent response rate. To ease the administration of the questionnaire forum and to cover more ground as to the views of the support personnel in the pharmacy the forum was translated into Arabic. This is also beneficial in term of saving time, it also save time when it comes to the translation of some of the questions.

Secondly: The questionnaires

The Pharmacy Survey on Patient Safety Culture (PS-POS) is a strategy as opposed to the ... strategy which is more comprehensive and mechanistic in nature and forms the basis of identifying all of the overall organizational culture and practice in terms of patient safety. This approach uses hypothetical definitive questionnaires that are to be filled by the employees of community pharmacies. A few modifications were made as follows; to the survey in order to apply it to the Al-Diwaniya community pharmacy system. For instance, there are no papers which have described the kinds of mistakes that have been committed in Al-Diwaniya pharmacies. This questionnaire is made up of fifteen parts that have been developed from the culture of patient safety with the acronym of crescendo – C2 (see appendix 25). Collection of data Previously, there was a preparation of a draft of the questionnaire, which contains the questions employed in the present research Some preliminary testing of the survey component of the research (a pilot test) was also conducted by the author of the paper (26). To grade the replies, a five point scale was adopted to give a value to the agreement or frequency type of replies. The questions for the survey were sent via a link using Google form and the survey was therefore completed online. Using e-mail to pass the link to the survey to the professional bodies of Iraqi pharmacists and in the two provinces of Al-Qadisiyah, and distributing both hard and soft copies of the survey to the owners of the community pharmacy and the pharmacists was the method that was used to conduct the survey. The participants were not offered any incentives for their participation in the study and no force was used on them to make them participate in the study. The participants were also not identified at all.

Statistical analysis

Statistical analysis of data which has been collected was done by using Statistical Package for Social Science (SPSS; version 22, IBM, New York, United States of America). Known also as SPSS stands for: Systematic Preprogramming of Scientific Software. Thus, when the subjects were under the lens of the microscope, or in other words, when they were analyzed, it was possible to determine the Sample Descriptives, that is the mean as well as the standard deviations' values. Indeed, this was enabled by collating responses such as "strongly agree," "agree," "most of the time" and "always" to create a favourable perception and attitude towards the subject in question. The following are some of the respondents who made negative comments, by next responding to the statement, "I strongly disagree, disagree, never or rarely..." As to each and every one of these inquiries, 'I don't know' was the option to consider. Concerning the process of establishment of a measurement through the determination of a ratio via making a number of mathematical computations on dimensions, the term 'calculation of positive responses' is used. In addition, the use of the negative replies led to the generation of the positive dimensions though the questions with negative words also included the negative response. The participants were further subdivided into three groups on the basis of the number of years any participant had taken in the pharmacy. The first group comprised of those employees who had worked in the pharmacy before and were of a certain age, within this group the subjects had to worked in the pharmacy for a period not exceeding one year from the start of the research. Employment through workers has been existent for a period of time at these places. The second group of workers comprised of those workers who had been working at the drugstore and had served for a period of one to three years. The third category of workers was the employees who worked for the pharmacy for a duration of more than three years. For this reason, the quantitative measures of the degree of dissimilarity between the participants need to be calculated with an assent to the time the participants have been engaged in the research regarding the criteria that are under evaluation. Data which had a skewed distribution was subjected to the Kruskal-Wallis test This is a non-parametric statistic test which is used for analysing data.

3. Result and Discussion

The following is the mean score that we arrived at by applying the star method to each and every one of the replies to the questions. On the other hand, the remaining five questions were based on our analysis of the Al-Diwaniya market (table 1), while the other twenty-five questions were collected from the American Association of Colleges of Pharmacy.

Interaction with patient

In Al-Diwaniya, there are a significant number of pharmacies that engage with patients in an efficient manner, as shown by the fact that an excellent result of 7.2 was reached [8]. One of the factors that play a role in the accomplishments of the community pharmacist is regarded to be this particular component. Having it at least sixty percent of the time is a need for any retail line of business, as stated by the American Retail Industry Association [9], in order to have a profitable firm.

Table (1) : Included questions and Mean \pm stander Error(n=25)

| The questions | The mean \pm SE |
|---|-------------------|
| Interaction With Patients | 7.9 \pm 0.01 |
| Conducting Physical Assessments | 4.3 \pm 0.002 |
| Interpreting Laboratory Values | 5.6 \pm 0.01 |
| Continuity of Relationships | 5.3 \pm 0.06 |
| Collaboration With Other specialists | 7.4 \pm 0.01 |
| Applying Medical Knowledge | 5.9 \pm 0.06 |
| Working in not authorized time(full time) | 4.0 \pm 0.02 |
| Management/Supervision of new pharmacist in your pharmacy | 4.4 \pm 0.03 |
| Pressure/Stress in any way | 7.3 \pm 0.01 |
| Job security | 8.6 \pm 0.05 |
| Community Prestige and outfit | 6.9 \pm 0.01 |

| | |
|---|-----------|
| Geographic location | 8.2±0.03 |
| Working on holidays | 4.3±0.02 |
| How often do you give commissions to nearby physicians | 2.5±0.002 |
| Additional non pharmaceutical help given to the patient | 4.7±0.001 |
| How often do you dispense a brand medication | 4.2±0.003 |
| Do you have an advancing degree | 2.2±0.02 |
| The percent of interest and benefits from such medical Research | 1.4±0001 |

General evaluation of pharmacists to their pharmacy about patient safety

Secondly : After being asked to assess the degree of patient safety in their individual pharmacies, the participating pharmacists characterize it as being excellent, with an average rating of four. Twenty-three percent, or 33 (±0.4), was the value. More particularly, the number 8. Two (±0.2) is the value for very excellent, and for the other levels, it is 0.4 (±0.02), according to the participants who were categorized as Fair. For poor, it is 0.2 (±0.02), which accounts for 77.0 percent of the total. As can be seen in the image below, 67 percent of the pharmacists assessed the patient safety standards of their pharmacy as good, while the remaining 10 percent said that their pharmacy's standards were exceptional.

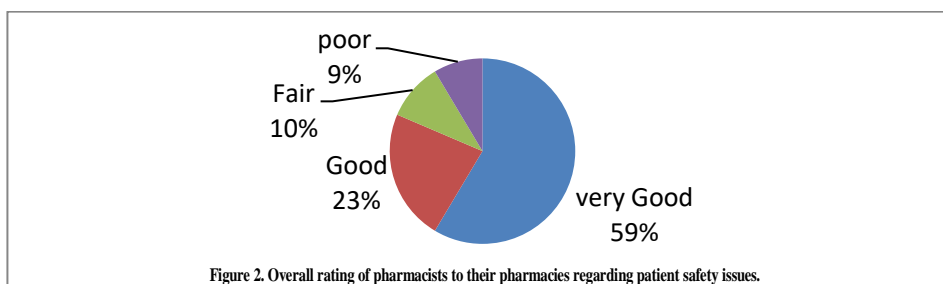


Figure 2. Overall rating of pharmacists to their pharmacies regarding patient safety issues.

Communication physical Evaluation

It was determined that a physical examination of patients would be acceptable for mild illnesses that need the stocking of over-the-counter (OTC) drugs. The answer to this question was 6. 4, which was regarded to be a strong response. It would appear that the majority of pharmacists in low-income neighborhoods, such as Doctor Street, perform this assessment even in cases that require referral to a physician. This is the case when taking into consideration the types of diseases that typically occur in Al-Diwaniya patients, as well as according to the principles of over-the-counter dispensing [7].

Reading laboratory results

All of the pharmacists are aware of these values since they are a part of their research (18), but the support staff that operates almost forty percent of these pharmacies were unable to interpret it or direct the patient to the physician in order to avoid giving the impression that they were inept. As a consequence of this, it was awarded a score of five and three, which is seen as being quite acceptable.

Continuity of relationship Association with other specialists

After that, a result of 7.4 was obtained, and it was also determined to be low owing to the fact that pharmacists have a cultural attitude that is positive toward other health care practitioners in their communities. This was the reason why the outcome was deemed to be low. It is the major responsibility of the pharmacist, in comparison to the other components of the health care system, to facilitate communication about the patient's medication treatment [11] and to report to the physician any problems that are related with the medical treatment [12].

Applying medical knowledge

This form of engagement is considered to be very important, this is evidenced by the score of 5 thus meaning that the community pharmacy spends a vast proportion of the total working hours interacting

with patients. Relative to all kinds of patients, a 9 is not unrealistic when taking into contemplation the broad range of patients. Some of the tasks that may be undertaken by the workers include advising on prescription drugs, advising on drugs that are sold over the counter and advising on other products associated with health and lifestyle [13]. However, all these are not an exhaustive list. Another promising result was the viewpoint and assessment of the respondents who stated that a considerable percentage of their time was spent on the practical application of the medical knowledge which has been acquired.

Working in not authorized time (full time)

On the other hand, as was said before, the overall score that was obtained was a 4. When this is taken into consideration, the response 0 is deemed to be the best possible option; however, that is not the case in the following situations: There are a lot of pharmacies that operate during times that are not authorized, and the majority of them are located in low-income neighborhoods where their opening time is restricted by syndicate laws (14). The majority of the respondents were afraid to put the truthful answer because they suspected that I was a government representative.

Supervision/management of new pharmacist in the pharm

It is the responsibility of both managers and staff pharmacists to oversee the employees working in independent pharmacies. Both of these individuals are liable for this responsibility. Due to the fact that the pharmacist who is scheduled for the day is also the one who is responsible for the management of the staff (15) and the administrative operations that need to be completed (16), this was given a score of 4.4. There are numerous cases in which this occurs.

Pressure/stress

In terms of pressure and stress, respondents put it in the top high-range of the rating scale, which was 7.3. This evaluation is influenced by a number of factors, including interactions with patients, who may sometimes grow impatient, the management of many activities at the same time, and an ever-increasing prescription volume. An additional factor that adds to a stressful work environment is working in front of a "audience" consisting of customers of the drugstore [22].

Job security

It is very important for the success of the company and the location of the pharmacy to have a significant impact on the job security of the community pharmacy. Due to the overall awful situation in Iraq and the privets factors, it should not come as a surprise that community pharmacists placed work security in the high score of 8.6.

Community prestige and outfit

Potential customers of the works, which are to be performed in the area of pharmacy, are the people, who select their employers among those, who are known and appreciated by everybody (17). Among the participants of the identified poll, there was a rather high level of consensus that they ranked significantly higher in terms of prestige in the community. However, in how far this is true, depends on the individual goals which the pharmacists have set for themselves. Hence, it performed outstanding and received the highest score of 6.9 to give this good image about them, especially after the new regulations that the said syndicate had set in that one had to put on gloves and a lab coat while inside the pharmacy. This was so especially given the fact that the syndicate had made these laws.

Geographic location

The location of the pharmacy is considered to be one of the most important factors that can influence the success of the business (18). The reason for this is that, in Iraq there are no strict regulation or policies regarding new openings, and the above restrictions are also not in line with the international standards developed by the international community pharmacists association.(19) Since most of the successful pharmacies depend on the advice of the physician to the patient or the proximity of the

pharmacy is nearest to the physician, it was deemed to give a high score of 8. This was due to the fact that majority of the successful pharmacies relying on either of the two factors.

Working on holidays

Practices based on community pharmacies are typically shut down on major holidays or are open for very few hours in a day. Moreover, most of the time, they are shut down. On the other hand, due to the sharp increase in the holidays in Iraq, it was found that out of a number of pharmacies in Al-Diwaniya, the majority have a tendency to open their shops on most of the holidays and have an overall low score of 4.3.

Commissions to the nearby physicians

Although it received a low score of 2.5, it is experiencing in larger proportions in al-Diwaniya city, despite the fact that it should primarily depend on good manners and politeness with the physicians (21), as we mentioned earlier, there is no commitment to the standard regulations of practice (20). As a result, these kinds of deals are done in order for the physician to recommend a particular pharmacy to the patient in order for the patient to purchase the medication from that pharmacy.

Additional help given to patients

Community pharmacists recorded this element in the medium range for the similar explanations that have more previously been discussed under the continuity of connection with patients. Just like the continuing of relationships, this evaluation was done in a manner that was sequential. Almost all these pharmacists agreed with the assertion that most of the impact they have on the health and wellbeing of patients is immediate rather than indirect. The time spent by these community pharmacists in engaging in small talk with patients is fully supportive of this and is considerably more in the pharmacies in low income areas and in the relatively older pharmacies. For those pharmacies, the overall score was 4.7.

Dispensing a brand medication

FDA laws permit what is called 'maintenance of brand under patent' which means that it is encouraged to give out brand pharmaceuticals. This recommendation can be made based on the FDA regulations laid down on the use of the drugs that are under investigation. Nonetheless, there are pharmaceuticals that can be bought in Iraq and these are produced by generic firms. As an illustration, clopidogrel (brand name: Both Plavix and rabeprazole or Pariet are examples of the medicaments that are still under patent and, therefore, the number of generic versions of them currently offered is virtually innumerable. This might be due to the fact that the Al-Diwaniya patients have a rather low income compare to the other patients, seen in the table above. In addition, copies of drugs and other implements that do not require patent are cheaper compared to inventions; they save much for the nation in general and for the particular patient in particular (23). Another advantage is that drugs found in this category are cheaper than the brand names drugs in the market.

Advancing degree in pharmacy

Most of the pharmacists were not holders of an advance degree in pharmacy, whereas an advance degree may not be relevant for prescription administration or for handling patients, however, for higher learning or bureaucrat jobs in the ministry of health it is useful; thus it is given a score of 2.2. This is important in as much as it is relevant for these positions. To say that it is relevant is to derail from the main point that it is crucial for these positions.

Interest in researches

It is considered to be an independent community pharmacy at that place when there is a pharmacy that is practiced there, but a few pharmacists undertake research in that place. One can hypothesize that the low number of response to this questions, which was low and score of 1.2 (25) might be explained from the observation that pharmacists have been known to refer to the process of searching through the literature and textbook in search of answers to concern or difficulties associated with drug treatment as 'research'.

pharmacists to their pharmacies regarding patient safety issues.

The culture of safety has emerged as a major concept that is of great concern, and more nurse researchers have been focusing their efforts on analysing safety culture. Furthermore, there is an increasing concern of the costs of the maintenance of a number of security solutions that are known to be effective (19). As it has been observed that the organizational culture and the attitudes of the teams influence the delivery of care to the patients and that they may be used to measure performance, the evaluation of the safety culture assumes highest importance. This is so because the need has been proven to have an impact on the healthcare that is delivered to patients. Based on the findings that were generated from this study, it was realized that the area of patient counseling received the largest percentage of nods from the clientele and the most positive findings. Adding on to what has been done, this is in agreement with the findings of a research study done on the state of Wisconsin which is in the United States of America. It is one of the significant functions that have been identified as performed by the community pharmacists in their practice as revealed by research studies conducted in the area. Position of Community Pharmacists is authoritative in as much as they are charged with the responsibility of getting the best out of the medications for a given patient and equally preventing the patient from abusing the medications that he or she is already taking. The pharmaceutical course quite explicitly demonstrated that self-administration of drugs was not a simple task and was susceptible to almost any kind of error (22).

This was made very plain to the patient throughout the whole duration of the pharmaceutical procedure. A continuous quality improvement program which focused on work process of the organization to determine root cause of mistakes happen inside the organization with a view to increasing the safety of patient was also implemented. One of the core root causes of medical mistakes that are not appreciated in the context of the health care setting is the preponderance of a blame culture (29). This contributor forms part of the cause or causes of medical mistakes that are experienced in facilities that handle patients. Apart from the level of trust that ranges between thirty percent between the business and its clients, the last criterion as to the qualities that define employment opportunities with the company is an evaluation of safety culture in the company. The findings of the research project in relation to the staffing work pressure domain indicated that it receive the least positive response. This was the improved understanding that was obtained concerning the fortunes of the research project. Although the study that is being presented in this paper has certain similarities to the investigation conducted in community pharmacies in Abu Dhabi, UAE (31), there are also certain differences. Specifically in relation to the findings of this specific undertaking, it has been concluded that the findings of a study project conducted in the country of Malaysia (32) are comparable to the present ones. In a similar previous study that the author (16) conducted, the anticipated effects were described along the same line of the length of the inquiry. Of all the participants of this study, 33.8% opined that their respective pharmacies could be prone to disruptions that could be fatal on their operations. This, for the first time, came to light as a result of the earlier inquiry. That the pressure that was associated with work had a negative impact on the quality related event which is a word that refers to the event that was either delivered to the patient or which was restrained from being supplied to the patient (33), is something that was reported to have transpired. Despite the fact that only seven percent of the participants have admitted that they have about the right number of workers in the pharmacy to deal with the workload, this is the reality that has come to pass still. There is still another possibility which would be regarded as acceptable and that is, training technicians who would be in a position to minimize the extent of work to be done by the pharmacists in order to provide medicines for patients (34). This differentiation was based on the number of years that the pharmacists had served at the pharmacy, delays or interruptions which occurred while administering medication. That was the case here since there was a statically significant amount of variation in the job that the pharmacists accomplished. As a consequence of interruptions from the healthcare practitioner, there was a considerable stress on the process (35), which caused disruption. This was due to duration which in the case of this study revealed that more time had been spent at the drugstore than at other settings to yield

this result. In other words, the disruption arose from spending more time in the pharmacy than in other retail stores. This is another way of expressing this. Of the 105 questioned pharmacists the considerable portion said that in their opinion the safety aspects of the pharmacies connected with their work are on the excellent level. This was based on a scale that had a mean of 4.02. Most of the comments were in this regard. Besides, a similar observation was made in the earlier study done among the respondents in the state of Wisconsin where 92% of the respondents gave a quality rating of good to their pharmacies(16). This was also seen in the same state. From all of this, it is possible to conclude that quality of pharmacies of Wisconsin is of a high level

4. Conclusion and future scope

From this study, therefore, it can be concluded that community pharmacy is not limited to a basic definition of its role; on the contrary, it involves several activities given the discoveries made above. Furthermore the twenty-five community pharmacies that were visited served as a purposive sample for the variance that occurs in the structure of the work and the function of the community pharmacist during the course of the research. The variation was deemed to be a critical factor in the study and so it was monitored and recorded. The specifics of community pharmacies' organizational and cultural contexts should be examined in view of what factors cause the differences between sites' types, funding, and wages. This is so because it would be rather useful to pay equal attention to both of these qualities. To express the same thing in more polite words, it can be said that the conformity to the ideal roles of experiences in the community pharmacy that were mentioned earlier is another way of it. In all of the fill employed to the term "dispensary staff" within the research focus pharmacies – individually and comprehensively equal and crucial – the term was amplified. This was so even if the titles of the people whom it was expected to dispense were different from one community pharmacy to another. A pharmacist who was in charge of the dispensary and a support staff at the dispensary who had attended a training program could hold this position. These two persons both had the ability to excel in the post. On the other hand, the way in which the behaviour and the fantastic outfit were implemented across the community pharmacy cases was not consistent across the different cases within the same community pharmacy. This was the case even if the community pharmacy was doing the same something the chain pharmacy was doing. It cannot be ruled out that the case is related to the pattern that arises when both the pharmacist and the dispensary support workers provide services in the course of their employment in some situations associated with specific conditions. This suggestion is not without merit; indeed, it is a more natural approach to constructing questions – particularly for those who find it challenging to write them. This is something that should be taken into consideration since it is intriguing The negative consequences of social media network on individuals and the society are numerous. There were, however, other examples of community pharmacy clinical services that utilized another sort of the ideal pharmacist, which was the Pharmacy Owner expanding his corporate stake. Such examples were noticed in some other community pharmacies. The appropriate description of the ideal pharmacist might be expressed in some form of the following terms. Among the findings it was established that some of the community pharmacies in the area did not employ accredited personnel in their fields of practice. More particularly, this was one speech observation that took place. Conversely, the use of support workers appeared to be more successful in the situations where the pharmacist was eager to delegate, to trust, and to understand both the particular patient and the particular physician. When the role of support personnel was used, this was the situation that emerged to be true. When the community pharmacist was absent, the important duties for which he was accountable were not performed satisfactorily. Think of the state that prevailed in dispensaries, where there was limited interaction with patients, and the patient got almost nothing of the medical attention

that he or she requires. This points towards what kind of condition prevails as it were. Thence, the authors of the study (27), as well as the research, discussed in this report, arrived at the fact that there is no single typical model of an ideal pharmacy and the appropriate staff mix for all the community pharmacies. It is about this that the following report seeks to elaborate.

Thus, the authors of the study made the following conclusion. Upon comparing the findings of the research, which is disclosed in this report, it can be regarded that the researchers tend to achieved this outcome while being in accordance with the specific findings which were mentioned above. Applying the results of this study, it will be possible to define the employment of dispensary support personnel at the level of dispensing and at the level of certain CPharm communities. This is something that might be carried out with a view of meeting the conditions that are provided by clients. This research has found out several structural and cultural variables that are antecedent to outcomes, and the realization that this is so would enable one to address all these elements. Some of the considerations that fall under this category are the type of pharmacy that is being adopted together with the social relations that exist between the pharmacists and the customers. However, while there will be a certain randomness in the opening of the machines, and a need for working time, this should not be unrestrained, but should occur under certain guidelines of legal duty hours; tasks should not be confused, and those in charge must be evidently responsible (28). From this research, there is another conclusion that applies, this simply being that the various community Pharmacies have been running successful models that Pharmacies such as that of al Maghreb Street should endeavor to emulate. This is actually yet another possible result which could be arrived at as well. Such models are beneficial because they give patients credible medical advice, and also assess during circumstances that do not compromise the decisiveness of the doctor, they're available during approved times, they offer the products with a physician's imprints or at the least a generic drug of great quality and they rarely depend on commissions to physicians. As a result, to find these models favourable others contribute adding the following factors. It is because of this that they rely on science and others that make them wonderful and successful pharmacies, which offer good healthcare to the patient, by preserving the ideal tasks of the pharmacist, that is why they are important. This is why the pharmacists in the Iraqi community had to ensure that the welfare of their patients was uppermost. They also noticed the relations and interactions that occurred among the pharmacists who worked with the diverse pharmacies. Besides that, they show concern in numerous aspects of the establishment and processes of the pharmacy. In addition, they show concern in the surroundings.

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