

Clients Satisfaction Regarding the Pharmaceutical Care Services Delivered in Community Pharmacies in Mettu Town, Southwestern, Ethiopia: A Descriptive Cross-Sectional Study, 2021



Gudisa Bereda* and Gemechis Bereda

SWAN diagnostic pharmaceutical importer, Addis Ababa, Ethiopia

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***Corresponding author:** Gudisa Bereda, SWAN diagnostic pharmaceutical importer, Addis Ababa, Ethiopia, Email: gudisabereda95@gmail.com

Abstract

Background: The community pharmacist must be a qualified and pertinent with sound education, skills, and competence to deliver the professional service to the community. The impact pharmacists can have on patient care can be measured not only by clinical outcomes but also by patient satisfaction with the service.

Objective: To determine client's satisfaction regarding the pharmaceutical care services delivered in community pharmacies in Mettu town.

Methods: A descriptive facility based cross-sectional study design was carried out from January 17/2021 to March 19/2021. Data was collected through employing check list and semi-structured questioner, and then the collected data was cleared, coded, and analyzed by statistical packages for social sciences 25.0 version statistical software. A comparison between patients and pharmacists was made using a chi-square test. p-value ≤ 0.05 was considered statistically significant.

Results: The current study found that the overall prevalence of clients satisfaction regarding the pharmaceutical care services delivered in community pharmacies was 41.5%. Of the total participants, 132 (31.3%) were age between 19-30 and 242 (57.3%) were female. Preponderance 112 (26.5%) of customers were purchased cosmetics and 203 (48.1%) of clients were communicate with pharmacist 5 minute on average. Clients whose age between 31-40 (AOR: 5.13; 95%CI: 0.415-63.464; P=0.003) and female (AOR: 2.447; 95%CI: 0.130-1.538; P=0.007) than male. Customers who communicate with pharmacist 10 minutes (AOR: 2.501; 95%CI: 0.927-4.876; P=0.001) were significantly predictors for the enough level of satisfaction.

Conclusion and recommendation: Our current study revealed that the overall prevalence of clients satisfaction regarding the pharmaceutical care services delivered in community pharmacies was meagre. Pharmacists should have to work well to improve health education, communication and understanding between the clients friendly.

Keywords: Clients Satisfaction; Community Pharmacy; Pharmaceutical Care; Mettu; Ethiopia.

Introduction

American society of hospital pharmacists defined the mission of the pharmacist, with some modification on the definition by Hepler and Strand, 1990 as the provision of pharmaceutical care which in turn was defined as the direct, responsible provision of medication related care for the purpose of achieving definite outcomes that improve a patient's quality of life [1]. Pharmacy practice in Ethiopia has traditionally involved product-oriented approach majorly. The different practice areas in the country include health institution pharmacy, community medicine retail outlets, the pharmaceuticals supply system, manufacturing establishments, medicines regulatory body and academic areas among others. In recent times there have been moves toward a major shift in the direction of patient-oriented pharmacy services

[2]. The goal of health care system all over the world, seeks is to attain, sustain and compete in high service quality by gaining patients' trust and satisfaction. Patient is the targeted interface between physician and pharmacist. Interaction of the patient with pharmacist plays a vital key in the quality of pharmaceutical care services. Since, it generates opinions, views, and attitudes in both parties, in various situations. In addition to that, patient's impression and attitudes formed from previous, and experiences represent the perception towards pharmacist' performance [3]. Satisfaction is a patient's general attitude toward his or her product or service received. It is habit of person of perceiving the utility of goods and service. Evaluating the level of satisfaction with medication counseling has become one of the pivotal components

for predicting the quality of pharmacy services [4]. It remains a usual practice that in most pharmacies, and unlike western countries, the practice is product-centered rather than patient-centered. It has been emphasized that changes in the health care system affect all aspects including the role of pharmacist, pharmaceutical care delivery, and patients' expectations and attitude [5]. The community pharmacist role in, for example, patients' counseling as part of pharmaceutical care delivery is important where the pharmacist can advocate rational drug use by giving patients drug information in terms of appropriate drug usage, administration, dosage, side effects, storage, and drug-drug and drug-food interactions [6]. Many myths were generated around the pharmacy profession such as "In business the quality of care is secondary to generating profit", but in fact "Business and pharmacy practice are mutually compatible" this occurs when patients perceive the community pharmacy trustworthy and feel satisfied from the service offered [7]. Patient satisfaction aspects may include, but not limited to, aspects such as consultation privacy, language, communication skills and barriers, rapid dispensing, complete explanation with regard to use, side effects, and storage of medication, in addition to the role of the pharmacist in educating the public and increasing their awareness of rational drug use, consequences of antibiotic misuse, healthy diet, and other lifestyle habits [8].

In Iraq, Qatar, and Kuwait, there are lack of knowledge and appreciation of the pharmacy profession. The public is not aware that pharmacists are involved in monitoring drug therapy, performing health screening, and providing drug information. Other findings in Jordan showed that patient perception for community pharmacy services is affected by insufficient time and patient interaction [9]. In Ethiopia, few studies on the satisfaction of clients/patients with the general health care services in different health institutions have been conducted which did not emphasize pharmacy services [10]. One study done in Addis Ababa assessed the quality of pharmaceutical services in governmental hospitals, assessing satisfaction of clients with the services as one component [11]. Many factors affect patient satisfaction in pharmacy service including; socio-demographic variables (age, sex, marital status, and race), waiting time, health status, and the patient's expectations, pharmacy location, availabilities of medication, and cost [12]. Health care has shifted to a model of quality care for less cost, as a result of not only legislative action but also an increased emphasis on positive patient outcomes, while also dealing with an overall shortage of health care providers [13]. The skills set required for this function include, but not limited to, the ability to lead, manage interpersonal relationship and being well-organized, as well as having the strategic foresight to detect changes in the environment and tailor sustainable responses from time to time. Generally, community pharmacists lacked adequate time and confidence levels to provide them [14]. Additional challenges are faced by community pharmacies in low- and middle-income countries (LMICs) in their quest to be more professional services oriented. This stemmed from an underdeveloped health system and legislation's that did

not facilitate proper development of pharmacy practice [15]. As a result, quality of even basic pharmacy services such as dispensing, and counselling are much poorer compared to developed nations. This study may point out the expectations and needs of patients and help pharmacy managers in implementing changes to improve services and health authorities to accept evolving roles of the pharmacist. The feedback from a survey could help to identify differences in levels of satisfaction with pharmaceutical care services between pharmacists and patients and could assist in pinpointing areas for future improvement.

Methodology

Study area, design and period

The study was conducted in Mettu town located at 600 km southwestern of Addis Ababa. The town had a total population of 102,074 with sex composition of 50,857 males and 51,217 females, and in Mettu town there was 11 private drug stores, and 3 pharmacies which serve the community. A descriptive facility based cross-sectional study was conducted for the period of 3 months from January 17/2021 to March 19/2021 targeting general community adults who visit community pharmacy settings after taking informed consent form.

Inclusion and exclusion criteria

The patients whose age were ≥ 15 years old were included in the study. Students and professionals in medical and health related fields, those who were deemed unfit to participate, those seriously ill, laboring mothers, and psychiatric and pediatric patients without an attendant were excluded.

Sample size & sampling technique

The sample size was determined by using the single population proportion formula: Due to paucity of data in the country, proportion of population, clients satisfaction regarding the pharmaceutical care services delivered in community pharmacies was assumed to be 50%. Then, $n = \frac{Z^2 P(1-P)}{d^2}$, $n = \frac{(1.96)^2 0.5(1-0.5)}{(0.05)^2} = 384$. By adding 10% contingency for non-response rate, a total of 422 study participants were involved. A multi-stage sampling technique was used to select 422 study participants. A list of community pharmacy prepared, and the pharmacy were stratified into private for profit and private for non-profit health facilities. Then they were selected by simple random sampling from the list. The sample size to each selected facility was allocated proportionally using client volume in the facilities served in the year 2021.

Data collection process and management

In order to collect the necessary data for this work we used a questionnaire on "clients satisfaction of the Service delivered in private pharmacies". The clients were interviewed using the structured questionnaire. A study information sheet was developed, which contains information about research aims and objectives, researcher's background, and benefits of conducting this study. The interview guide and the information

sheet were translated into the Oromiffa language by two native speakers through the forward and backward translation method. The interview questionnaire and the study information sheet were sent to all stakeholders prior to conducting interviews. The questionnaire consisted of four parts, the 1st referred to characterization issues such as gender, age, educational status, monthly income, marital status, spoken language. The 2nd part consists evaluation of the community pharmacy service. The 3rd

part consist the role of the pharmacist in patient education and the 4th part has involved customers' satisfaction with the services provided by the community pharmacist. The scale contains eight descriptive items about customer satisfaction. For each item there are several possible answers using the respondent to effect a three-point Likert scale as as (1) agree (A), (2) neutral (N) and (3) disagree (D). The data was collected by 2 PIs.

Table 1: Socio-demographic and socio-economic status information of clients, Mettu, Ethiopia (n=422).

Variable	Category	Frequency	Percent
Age	19-30	132	31.3
	31-40	118	28
	41-50	107	25.4
	51-60	35	8.3
	≥61	30	7.1
Sex	Male	180	42.7
	Female	242	57.3
Residency	Rural	208	49.3
	Urban	214	50.7
Monthly income	<500	168	39.8
	501-2500	138	32.7
	2501-5000	85	20.1
	>5000	31	7.3
Marital status	Single	173	41
	Married	161	38.2
	Divorced	66	15.6
	Widowed	22	5.2
Educational status	Unable to read & write	142	33.6
	Grade 1-8	110	26.1
	Grade 9-10	77	18.2
	Grade 11-12	47	11.1
	Diploma	27	6.4
	Degree and above	19	4.5
Spoken language	Oromic+Amharic	253	60
	Oromic only	104	24.6
	Amharic only	65	15.4
Prevalence of clients satisfaction	Yes	175	41.5
	No	247	58.5

Table 2: Evaluation of the community pharmacy services to the customers, Mettu, Ethiopia (n=422).

Variable	Frequency	Percent
Why did you visit the pharmacy?		
To collect a prescription (for myself, someone else or both)	98	23.2
For consultation	17	4.1
Cosmetics	112	26.5
Baby's product (milk, food)	97	22.9
Supplements	41	9.8
Woman's products	53	12.6
Others	4	0.9
Was the pharmacists' help to get other items satisfactory?		
Yes	173	41
No	249	59
Was there a language barrier in communication with the pharmacist?		
Yes	166	39.3
No	256	60.7
What amount of time the pharmacist spends with you?		
Enough	161	38.2
Not enough	261	61.8
How much time on average?		
<5 minute	203	48.1
5 minute	162	38.4
10 minute	23	5.5
15 minute	23	5.5
>30 minute	11	2.6
How do you rate your usual pharmacist?		
Experienced	10	25.1
Trustworthy	115	27.3
Confident	65	15.4
Helpful	70	16.6
Others	66	15.6
Have you ever been given an advice about any of the following by the pharmacist?		
Yes	151	35.8
No	271	64.2

Data quality assurance

The questionnaire was developed in English and translated to Oromiffa and back- translation of the guide to English was carried out to ensure the accuracy of the translation. The quality of data was

ensured through training of data collectors, close supervision, and immediate feedback, reviewing each of completed questionnaire daily. Data consistency and completeness were made through out the data collection, data entry and analysis.

Table 3: The role of the pharmacist in clients education, Mettu, Ethiopia (n=422).

Variable	Frequency (%)	
	Yes	No
Physical exercise	68(16.1)	354(83.9)
Smoking cessation	38(9.0)	384(91.0)
Hypertension	76(18.0)	346(82.0)
Oral contraceptives	167(39.6)	255(60.4)
Healthy eating	65(15.4)	357(84.6)
Anabolic steroids	12(2.8)	410(97.2)
Diabetes	69(16.4)	353(83.6)
Antibiotics use in flu and cold	21(4.9)	401(95.1)
Others	9(2.1)	413(97.9)

Table 4: Client’s satisfaction with the services provided by the community pharmacist, Mettu, Ethiopia (n=422).

Variable	Frequency (%)		
	I agree	Neutral	I disagree
Is the pharmacist delivers your medicines in a polite way?	115(27.3)	138(32.7)	169(40.0)
Is the instructions were clearly labeled by the pharmacist on each medication?	146(34.6)	140(33.2)	136(32.2)
Could the pharmacist clearly explains to you all possible side effects?	138(32.7)	178(42.2)	106(25.1)
Would the pharmacist provides you with written information about drug therapy and/or diseases?	150(35.5)	154(36.5)	118(28.0)
Is the pharmacist uses information about your previous drugs when assessing your drug therapy?	148(35.1)	140(33.2)	134(31.8)
Could the pharmacist provides you with information about the proper storage of your medication?	164(38.9)	123(29.1)	135(32.0)
Would the place of pharmaceutical counseling respects your privacy?	145(34.4)	85(20.1)	192(45.5)
Is any recommendations you think will improve the performance of the pharmacist?	120(28.4)	110(26.1)	192(45.5)

Ethical consideration

The study was commenced after the approval taken from SWAN diagnostic pharmaceutical importer. Participants were informed about the purpose and design of the study and assured that participation was voluntary and behind the scenes. All information provided in the questionnaire by the participants were anonymous and strict behind the scenes was maintained and was used for research purposes only. The data generated was kept behind the scenes and not be shared with anybody.

Operational Definitions

Community pharmacy: is the branch of pharmacy that deals with different aspects of patient care, dispensing of drugs and advising patient on the safe and rational drug use.

Data processing & analysis

Data was checked and entered into a computer. All the entered data were checked before final analysis. The participants’ responses were encoded, and the data were analyzed using statistical package for the social sciences 25.0 statistical Software. Three categories of the relevant responses (agree, neutral, and disagree) were used in questions related to patient’s satisfaction of the services provided by community pharmacy. Descriptive analysis was used to calculate the proportion of each group of respondents who agreed/disagreed with each statement in the questionnaire. Binary logistic regression was used to identify any significant difference among the participant’s responses regarding certain statements in the questionnaire. Those variables with P<0.25 in the uni-variate analysis were included in the multivariate analysis. In the final model, p-value ≤ 0.05 was considered statistically significant.

Satisfaction: is defined as and assumed to entail cognitive evaluation and an emotional reaction to the structure, process, and outcome of services.

Result

A total of 422 clients were participated making a response rate of 100%. Of the total participants,132 (31.3%) were age between 19-30 and 242 (57.3%) were female. Half of the respondents were urban 214(50.7%), income <500 168 (39.8%) and single 173 (41.0%). Regarding to spoken language, 253 (60.0%) of the patients were speaking both Oromic+Amharic and also 142 (33.6%) were unable to read & write. The prevalence of clients satisfaction regarding the pharmaceutical care services delivered in community pharmacies was 175(41.5%) (Table 1).

Table 5: Logistic regression for client's satisfaction with the services provided by the community pharmacist, Mettu, Ethiopia (n=422).

Variable	Category	n(%)	AOR (95% C.I)	p-value
Age	19-30	132(31.3)	Reference	
	31-40	118(28.0)	5.13(0.415-63.464)	0.003
	41-50	107(25.4)	1.790(0.096-33.489)	0.697
	51-60	35(8.3)	0.937(1.098-7.890)	0.269
	≥ 61	30(7.1)	5.444(0.697-42.504)	0.106
Sex	Male	180(42.7)	Reference	
	Female	242(57.3)	2.447(0.130-1.538)	0.007
Residency	Rural	208(49.3)	Reference	
	Urban	214(50.7)	0.620(0.705-5.152)	0.658
Income	<500	168(39.8)	Reference	
	501-2500	138(32.7)	1.54(0.013-4183)	0.004
	2501-5000	85(20.1)	0.107(0.005-1669)	0.09 5
	>5000	31(7.3)	1.932(1.853-2.341)	0.08
Marital status	Single	173(41.0)	Reference	
	Married	161(38.2)	2.93(2.013-4183)	0.007
	Divorced	66(15.6)	0.107(0.005-1669)	0.095
	Widowed	22(5.2)	1.342(0.927-1.736)	0.429
Spoken language	Oromic+Amharic	253(60.0)	Reference	
	Oromic only	104(24.4)	4.016(1.065-5.739)	0.000
	Amharic only	65(5.6)	0.154(0.20-1.190)	0.73
Educational status	Illiterate	142(33.6)	Reference	
	Grade 1-8	110(26.1)	4.063(2.970-9.341)	0.000
	Grade 9-10	77(18.2)	0.294(1.174-1.943)	0.927
	Grade 11-12	47(11.1)	1.873(0.056-3.618)	0.037
	Diploma	27(6.4)	2.032(1.109-1.856)	0.187
	Degree and above	19(4.5)	0.094(0.216-1.927)	0.749
How much time on average?	<5 minute	203(48.1)	Reference	
	5 minute	162(38.4)	1.431(1.937-3.831)	0.97
	10 minute	23(5.5)	2.501(0.927-4.876)	0.001
	15 minute	23(5.5)	0.984(0.386-1.439)	0.074
	> 30 minute	11(2.6)	0.219(0.037-1.148)	0.587
Have you ever been advised?	Yes	151(35.8)	Reference	
	No	271(64.2)	1.596(1.25-2.851)	0.095

Evaluation of the community pharmacy services

Majority 112(26.5%) of clients were visit community pharmacy for cosmetics and 249(59.0%) of clients were not satisfactory to pharmacist help for other items. Preponderance 256(60.7%) of clients were not language barrier in communication with the pharmacist, and 261(61.8%) of clients were not acquire enough amount of time the pharmacist spends with them. Slightly less than half 203(48.1%) of clients were communicate with

pharmacist 5 minute on average. Majority 115(27.3%) of clients were rate the usual pharmacist trustworthy. Preponderance 271(64.2%) of clients were not given an advice about medication and non-medication items (Table 2).

The role of the pharmacist in clients education

Information given to participants by the community pharmacist covered smoking cessation (38,9%), healthy diet (59,15.7%), exercise (68,16.1%), anabolic steroids (12, 2.8%),hypertension

(76,18%),diabetes (69,16.4%),oral contraceptives (167,39.6%), the use of antibiotics in cold and flu (21,4.9%),health eating (65,15.4%) and others (9, 2.1%) (Table 3).

Client's satisfaction with the services provided by the community pharmacist

Almost one quarter (115,27.3%) of respondents agree that the pharmacist delivers their medicines in a polite way. One-third of the participants (146,34.6%) agree that the instructions were clearly labeled by the pharmacist on each medication. Slightly less than one-third 138 (32.7%) of the respondents agreed that the pharmacist clearly explains all possible side effects. Only (150,35.5%) of the respondents agreed about the pharmacist providing them with written/printed information on drug therapy and/or diseases. Only (148,35.1%) of the respondents agreed that pharmacist uses information of the previous condition/drugs when assessing the drug therapy. The majority (164,38.9%) of the respondents agreed that the pharmacists provided them with information about the proper method of drug storage. Less than one-third (120,28.4%) any recommendations you think will improve the performance of the pharmacist and pharmaceutical care delivery. More than one-third of participants (145, 34.4%) agreed that the place of pharmaceutical counseling respects their privacy (Table 4).

Logistic regression for client's satisfaction with the services provided by the community pharmacist

Clients whose age between 31-40 were 5 times more likely satisfied (AOR:5.13; 95% CI:0.415-63.464; P=0.003) and female were 2 times more likely satisfied (AOR: 2.447; 95%CI:0.130-1.538; P=0.007) than male. Customers who were earn monthly income between 501-2500 were 1.5 times more likely satisfied (AOR:1.54; 95%CI: 0.013-4183; P=0.004),and married were 2.93 times more likely satisfied (AOR:2.93; 95%CI: 0.013-4183; P=0.007) than other marital status. Customers who speaking only Oromic language were 4 times more likely satisfied (AOR:4.016;95%CI:1.065-5.739; P=0.000) than those who speaking Oromic+Amharic and Amharic only. Clients whose educational status were grade 1-8 were 4 times more likely satisfied (AOR:4.063; 95%CI: 2.970-9.341; P=0.000) than other educational status, and customers who comm unicate with pharmacist 10 minutes were 2 times more likely satisfied (AOR: 2.501; 95%CI: 0.927-4.876; P=0.001) (Table 5).

Discussion

Generally, the society's perception to the community pharmacists as health care services professionals in charge of the utilization of pharmaceuticals in the avoidance and treatment of diseases is limited [16]. An analysis of the available literature has been conducted and studies measuring patient satisfaction with pharmacy services delivered by pharmacists in a community setting were identified and evaluated. In the present study the overall prevalence of client's satisfaction regarding the pharmaceutical care services delivered in community pharmacies

was 41.5%. This is finding on the present study was found to be lower than that of a study conducted in Mozambique 55%, JUSH 61.9% Brazilian 58.4%, Malaysia 74.6%, South Wollo 59.4%, Valencia 76.0%, Blacklion Specialized Referral Hospital 51.6% [17-22]. Which assessed clients' satisfaction with pharmacy services as part of overall health services and reported a high level of satisfaction. This difference was due to the majority of community pharmacy in our study where not give advice accordingly on the items purchased by the customers, and not communicate with the clients enough times about what they were bought, and there is different time in study period. In our study 35.8%clients were satisfied to counseling given by pharmacists was showed a slightly consistent with the degree of satisfaction with the medication counseling service compared to the survey employed in South Korea 34.0% [23].This similarity was due to the community pharmacies in our study and South Korea were independently owned and are more business-oriented than oriented towards patient- centered care, and also they gave priority for their profit rather than customers satisfactions. In our current study 31.3% clients ages were between 19-30 were consistent with the study conducted in United Arab Emirates revealed that majority of respondents were from the younger population sector with their ages ranging between 20 and 34 years and with good educational level [24]. This is due to younger females visit the community pharmacy mostly to purchased contraceptives, and clients age between 19-30 where visit community to also bought beauty commodities. And also 48.1% customers spent <5 minutes in pharmacy were slightly less than the study conducted in Emirates which revealed the most respondents feel that the time spent in the pharmacy was enough, the average time spent with a patient in this study varied from <5min up to 10 min [21].This was due to most community pharmacy workers where had unwillingness to conservative with clients to keep their self-dignity, and some where non-health related workers (cleaners, and cashiers) works in some community pharmacy as assistant. So, they know nowt about medication except some drug name. The current study revealed only few of client were acquired educational information 2.8%use of anabolic steroids and 4.9% Smoking cessation were consistent with the study conducted in Arab the number of respondents who received health educational information in the community pharmacy was rather low with regard to smoking and use of anabolic steroids [24].This was due to clients were reluctant to accept the counseling given about tobacco, khat, and alcohol because few customers uses those social substance as incentive, and also pharmacists fear to brought them advice due to their profit they got from those customers. The present study showed the preponderance 27.3% and 34.6%of participants were agreeing that the pharmacist delivers their medicines in a polite way, and instructions were clearly labeled on each medicine respectively, were contrary to the study carried out in United Arab Emirates which displayed the majority (74.1%) and (43.7%) of the respondents agreed that the pharmacist delivers their medicines in a polite way, and instructions were clearly labeled on each medicine respectively. Present study was "the information the

pharmacist [21]. In our survey the pharmacists very few clients were acquiring their medication in polite way and clearly labeled instructions due to the prescription where ineligible and made pharmacists higgledy-piggledy, then pharmacists prescribed carelessly for profit rather than send back to the physicians. The current study showed the pharmacist clearly explains to you all possible side effects, provides you with written/printed information about drug therapy and/or disease, uses information about your previous condition/drugs when assessing your drug therapy, and provides you with information about the proper method of storage of your medication were less than half of satisfaction were consistent with the study done in Gondar which showed that how well the pharmacist explains about the proper storage of your medication, possible side effects, storage, expected results from the medications and other were responsible for the lower level of satisfaction [25]. The difference is due to the community pharmacies in our survey were no adequate place to consult, no enough time to brought the clients written form about medication, and no much knowledge about unique medications storage, drug interaction, and side effects, so they not brought education to the clients accordingly.

In our current study age between 19-30 were 5 times more likely satisfied (AOR: 5.13; 95%CI: 0.415-63.464; P=0.003) than others age category contrary to some previous studies, however, have found that older patients were more likely to report satisfaction compared with younger patients. This was due to most age between 19-30 bought familiar commodities, and then pharmacists bought them adequate consult. In our survey female were 2 times more likely satisfied (AOR: 2.447; 95%CI: 0.130-1.538; P=0.007) than males was consistent to some studies revealed, females were more likely to express satisfaction than males while in others no relationship was found between gender and satisfaction [26]. The majority of clients perceived that they spent 5 min counseling from pharmacists, were 2 times more likely satisfied (AOR: 2.501; 95%CI: 0.927-4.876; P=0.001) inconsistent with the study conducted with South Korea which were showed the majority of pharmacists perceived that they spent 1-5 min counseling patients, whereas the majority of clients reported that the length of time taken for medication counseling was less than 1 min [23]. Present study displayed customers who speaking Oromic language were 4 times more likely satisfied (AOR: 4.016; 95%CI: 1.065 -5.739; P=0.000) than those who speaking Oromic+Amharic and Amharic only were inconsistent with the study done in Saudi Arabia which showed mostly Arabs who can speak a second language may have significantly contributed to the high response rate obtained in the present study [24]. Because they had got what they want and they comprehend each other accordingly due to they use their mother tongue language.

Conclusion and Recommendations

Our current study found that the overall prevalence of client's satisfaction regarding the pharmaceutical care services delivered

in community pharmacies was meagre. This due to preponderance of community pharmacy were profit oriented rather than patient centered. Majority of clients were visit community pharmacy to purchase cosmetics and to collect a prescription (for myself, someone else or both). Greater than one-third of customers were obtained regarding oral contraceptives due to majority of the respondents was female. The level of satisfaction was found to be significantly affected by clients age category, sex, customers monthly income, marital status, educational status, spoken language, and on average time pharmacist spent with clients. Pharmacists should have to work best to improve health education, communication, and understanding between the clients friendly. Government should have construct community pharmacy to improve level of customers satisfaction. Pharmacists should have to work well to improve health education, communication and understanding between the clients friendly.

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