

Perceptions of Libyan Pharmacy Academics on the Importance of Social Pharmacy Subjects in the Current Pharmacy Undergraduate Curriculum

Omar Saad Saleh Abrika^{1*}, Mohamed Azmi Hassali¹, Abduelmula R. Abduelkarem²

1. Discipline of Social and Administrative Pharmacy, School of Pharmaceutical Sciences, Universiti Sains Malaysia, 11800 Minden, Penang, Malaysia.
2. Ajman University of Science and Technology, Ajman, United Arab Emirates.

*Corresponding author: edri7@yahoo.com

ABSTRACT

It aims to explore the perceptions of pharmacy academics in Libya on social pharmacy education. A qualitative research methodology was adopted in this study. The participants academics, who graduated from pharmacy faculties were teaching at Libyan pharmacy faculties, were interviewed. Based on the content analysis of the interviews, two major themes emerged, which are: the understanding of social pharmacy and the need to include social pharmacy courses in pharmacy education. The majority of the respondents were not familiar with the concept and more than half of those who had no prior knowledge of this term expressed interests in knowing more about it and few of them were unwilling about this notion. Overall, the study reveals a positive perception towards the introduction of social pharmacy into undergraduate curricula. The findings from the pharmacy academics' evaluation suggest the need to incorporate a similar course in the pharmacy curriculum in Libya, with supportive reasons to believe that social pharmacy will play an even more crucial role in future pharmacy.

Key words: Social pharmacy, education, curriculum, academics, Libya

INTRODUCTION

Transition in pharmacy practice from product to patient focused profession over the last three decades had revolutionized the delivery of pharmacy education in many countries around the globe. Within this context, subjects related to understanding social impact of healthcare in pharmacy becoming more eminent. [1] In many Arab schools of pharmacies including in Libya, subject related to social pharmacy is nearly in non existence in the standard pharmacy curriculum. [2] Social pharmacy has been concisely

defined as a discipline concerned with the behavioral sciences relevant to the utilization of medicine by both consumers and healthcare professionals. [3] The World Health Organization (WHO), through a consulting group pinpointed seven roles to which future pharmacists should aspire, namely caregivers, decision-makers, communicators, leaders, managers, life-long learners, and teachers. [4] Within this context, there is a need for future pharmacists to be trained in all aspects related to social pharmacy as it provides background for being involved in patient-oriented services.

A few developing countries have acknowledged these policies and the recommendations of international health institutions, [4] and they have recognized the potential for an enhanced contribution by pharmacy to primary health care and the consideration of social pharmacy as an important subject. A good example of such countries is Malaysia. Since the 1992–93 academic year social pharmacy related courses were introduced into the undergraduate pharmacy curriculum at the Universiti Sains Malaysia. [5] This introduction of social pharmacy courses into pharmacy in Malaysia is said to have successfully brought more knowledge about human behavior to the students and the development of models for the study of patients'/consumers' behavior.

In Libya, students selected based on the grades earned in secondary school (after 11 years total of primary and secondary schooling) need to undergo a one-year pre-pharmacy course at the Faculty of Science in a university. The faculty offers a four-year program leading towards a bachelor's degree in pharmacy. [6] The four-year program including the pre-pharmacy course encompasses the teaching of professional subjects and also includes three sessions of an 8-10 week summer training in the fields of community pharmacy, hospital pharmacy, clinical pharmacy, and pharmaceutical technology conducted at the end of the first, second, and third years of the four-year program.

At present, the possibility of including social pharmacy subjects in the curriculum is a question that remains unanswered in countries worldwide. This paper presents a point of view about how social pharmacy should be incorporated in curricula to improve the confidence and skills of pharmacists. At the same time, some ideas about this topic are presented, taking as reference the Libyan experience in social pharmacy education, supported in the worldwide recognition of the Libyan Higher Education.

The present study aims to document whether there is a need for social pharmacy courses during the undergraduate period in Libya based on interviews of pharmacy academics.

Using a semi-structured interview guide, interviews were conducted with a purposive sample of academics between June and September 2010 (30–45 minutes per participant). Interviews were conducted in the English language and the answers transcribed verbatim by qualified transcribers as to adopt others transcripts were manually analysed on a line-by-line basis to extract relevant themes. [7] Recruitment continued until the point of saturation was reached, whereby no new additional themes emerged from participants in the last five interviews. [8] Face-to-face interview was conducted at a place and time convenient to the participant. Content analysis was used to identify themes and transcripts were coded accordingly. The findings presented related to understanding of social pharmacy education and the need for incorporation of social pharmacy courses into pharmacy education in Libya. In order to elicit more complete ideas from the participants, they were given the freedom to express additional views on this subject at the end of the interview session. Thematic content analysis was used to analyse the interview data with the goal of accurately identifying patterns or regularities. [9] The interviews focused on the following issues: the understanding of social pharmacy education and the need to include social pharmacy courses in pharmacy education.

Currently in Libya, there is no ethical committee that overlooks survey research issues. As part of the ethical requirement for this study, before the commencement of the interviews, we strictly adhered to the written consent of the participants. All participants were assured that their personal information would be kept confidential. As part of the ethical requirements for this study, before the commencement of the interviews, we obtained the written informed consent of the participants. The demographic characteristics of the twelve participants of the study were as follows: three females and nine males; seven lecturers at Alfateh University Tripoli and five lecturers at Alarab Medical University Benghazi, ages ranging from 41 to more than 50 years old.

Themes

Thematic content analysis of the interviews identified two major themes: the understanding of social pharmacy education and the need to include social pharmacy

courses in pharmacy education and one sub-theme suggested implementation of social pharmacy subjects.

The understanding of social pharmacy education

The interview guide questions were focused on the understanding of participants on what social pharmacy education is about (Table 1).

A total of twelve academics were asked about their current knowledge of social pharmacy. The majority of the sample ten reported that they had not heard or had an idea about the social pharmacy concept. The remaining two academics interviewed claimed they knew about the social pharmacy concept. In addition, ten of the academics included in this study expressed their willingness to learn about this new concept. However, it appeared that the majority of the respondents in this study relied on the Internet for their information about social pharmacy, and there is difficulty in identifying the sources used by the Libyan pharmacists to find out information.

When the academics were asked to rate their responses to the question “How do you perceive social pharmacy components”, five of the respondents stated that they had no idea and regretted not being able to provide an answer. However, the other seven respondents were able to describe certain subjects that are commonly taught in social pharmacy courses such as drug use, communication and counseling, pharmaco-economics, pharmaco-epidemiology, pharmaceutical policy, marketing and pharmacy ethics.

The need for incorporating social pharmacy courses in pharmacy education

The respondents were asked about teaching components of social pharmacy to undergraduate pharmacy students in Libya. Two of the pharmacists interviewed reported that they did not agree with teaching the social pharmacy components, while eight of the respondents agreed with the statement that it is a good idea to teach components of social pharmacy to undergraduate pharmacy students in Libya. Two of the respondents reported that they had no idea about the components of social pharmacy and would like to know more about the concept of social pharmacy.

Table 1: Questionnaire used for interview with pharmacy academics in Libya in 2010

First part :	Knowledge Focus: Understanding of current exploring respondents' knowledge towards social pharmacy education. <ol style="list-style-type: none">1. Have you ever heard the terminology called "Social Pharmacy"?2. When was the first time that you came to know the term Social pharmacy?3. Do you have any idea on the social pharmacy concept?4. In your practice, how do you perceive the social pharmacy components?
Second part:	Perception Focus: Evaluate the perception among pharmacy academics in Libya; <ol style="list-style-type: none">1. Do you think that it is a good idea to teach components of social science pharmacy to undergraduate pharmacy students in Libya?<ol style="list-style-type: none">a. If 'yes' could you please tell me for what reasons?2. Identify the level (s) in the curriculum at which the following social science subjects are taught in your school (Psychology, Anthropology, economics)?3. Do you believe that the social pharmacy is important for your communication with patients?
Third part:	Evidence Focus: Evaluate effectiveness (impact) of an educational intervention of understanding of social pharmacy concept among pharmacy academics towards social pharmacy in Libya. <ol style="list-style-type: none">1. Do you think that it is necessary to give social pharmacy knowledge to next generations of pharmacists?<ol style="list-style-type: none">a. If 'yes' could you please tell me for what reason?b. Could you tell me how do you want to achieve this?2. Do you need any additional skills related to social pharmacy for better interacting with patients or customers?3. What do you think the impact of the social pharmacy on the role of pharmacists in health care system?4. What are the suggested strategies for the future of social pharmacy

education?

Forth part: Conclusion: As conclusion, do you have any additional comments about social pharmacy education in over all pharmacists in Libya?

The academics were further asked to explain the reasons for agreeing with the statement “It is a good idea to teach components of social pharmacy to undergraduate pharmacy students in Libya”. Respondents were asked to identify the level in the curriculum at which various social science disciplines and subjects such as psychology, anthropology and economics were being taught to undergraduates in their school. All pharmacy academics reported that they did not cover these topics in any of the pharmacy study levels.

In response to the question about the importance of social pharmacy in improving communication with patients, were eleven respondents with that fact. Even though one of the academics interviewed did not seem to know exactly whether social pharmacy would be important in improving communication with their patients.

Suggested implementation of social pharmacy subjects

To investigate the strategies for adopting the idea of “future implementation of social pharmacy education in Libya”, participants were asked about educating the next generation of pharmacists. The majority of the respondents’ answers were diverse, but can be grouped into two types. Eleven of the respondents suggested that social pharmacy components should be added to the current pharmacy curriculum as courses to be taken by undergraduates during their studies. One the other hand, the second group judged that it necessary to consider some of the components to teach students, although implementation would need qualified local or foreign staff as referred to by one of the responses below.

The theoretical contribution of this present study, the teaching of social pharmacy courses to current pharmacy students, offers a didactic model to implement this measure and, at the same time, is appreciated by academics. The vast majority of interviewed academics fully supported the inclusion of social pharmacy subjects in the undergraduate pharmacy curricula. Currently, social pharmacy is understood as the pharmacists’ compromise to obtain the maximum benefit from the pharmacological

treatments of the patients, and is, therefore, responsible for monitoring their pharmacotherapy.

The transition of adding social pharmacy to the pharmacist's practice is a slow but ongoing process, which started from a philosophical point of view, aimed at transforming the concept of pharmacy from a commodity-based, mercantile operation to a clinical profession in the community. [10] In addition, social pharmacy teaching is relatively new in the Libyan curriculum. Despite it being a novelty, the general acceptance of the module in concept and operation by other faculty members was reflected by agreement to introduce social pharmacy components to undergraduate seminars, workshops and colloquiums.

The reasons expressed by the Libyan academics are in line with arguments reported in previous studies concerning the necessity of teaching social pharmacy.

The present study also found that components of pure social science subjects such as psychology, anthropology and economics were often not taught or poorly represented in undergraduate pharmacy curricula in Libya. Social pharmacy regularly draws upon the disciplines of sociology, social psychology, psychology, political sciences, educational studies, communications, economics, history and anthropology. It leans more heavily on psychology, social psychology, sociology, political science and economics, especially as these relate to issues of public health and social politics. [11] Despite the fact that one of the academics interviewed did not believe that social pharmacy was important to improve communication with patients, eleven academics were of the opposite.

One survey found that the "most striking arguments for teaching social pharmacy/administrative pharmacy" included helping to prepare students for their future professional role, contributing to the safer use of medicines by the patients, promoting better communication with patients and physicians and encouraging the ability of students to think in a more complex way. [12] Furthermore, with the introduction of any new course, there are almost always individual and contextual barriers to implementation, adoption and acceptability. [5] In a nutshell, the findings of this qualitative research indicate a need for social pharmacy courses in Libyan pharmacy curricula. The use of qualitative research for uncovering issues surrounding the need for introducing social pharmacy courses also allows for more rich information, albeit from a small sample size [7]

The main limitation of this study is basically inherent to the use of the qualitative methodology. Qualitative studies always be subjected to it is generalizability. This study was based on a limited sample of qualitative face to face interview with Libyan pharmacists' academics in two faculties, but the use of the use qualitative methodology is the best approach in order to explore the issue of interest indepth prior engaging a large quantitative based studies.

In conclusion, the present study showed the Libyan pharmacy academics had positive views on the incorporation and teaching of social pharmacy subjects to students, as this will enhance their present professional and leadership roles. Many methods were suggested to teach students to provide health care, but it is important to understand that the social pharmacy method as a logical expression of social pharmacy process should be taught; taking into account that the professional method acquires during the teaching.

The scientific facts and data of today may become obsolete or not accepted in the near future. Finally, those pharmacists who can identify and solve their patients' drugs-related problems by applying a reasonable method, may also find themselves able to treat a wider variety of patients with these social pharmacy skills in hand. Therefore, the findings in this study can be used by the pharmacy educators to think actively about incorporating social pharmacy subjects in the existing Libyan pharmacy curriculum.

CONFLICT OF INTEREST

Authors would like to declare of no conflict of interest associated with this study.

ACKNOWLEDGMENTS

I acknowledge Universiti Sains Malaysia (USM) for giving me the opportunity to carry out my post graduate studies and The Libyan Department of Higher Education for providing me with the scholarship to undertake my Ph.D. study.

REFERENCES

1. Blenkinsopp, A., Anderson, C., Armstrong, M. Community pharmacy's contribution to improving the public's health: the case of weight management. *Int J Pharm Pract.* 2008; 16:123-125.

2. Kheir, N., Zaidan, M., Younes, H., Hajj, M. E., Wilbur, K., Jewesson. P. J. Pharmacy education and practice in 13 Middle Eastern countries. *Am J Pharm Educ.* 2008; 72;(6):133.
3. Wertheimer, A. Social/behavioural pharmacy: the Minnesota experience. *J Clin Pharm Ther.* 1991; 16:381-383.
4. World Health Organisation. The role of of the pharmacist in the health care system. Preparing the future pharmacist: curricular development [Internet]. World Health Organisation; 1997 [cited 2008 Jun 9]. Available from: http://whqlibdoc.who.int/hq/1997/WHO_PHARM_97_599.pdf.
5. Ibrahim, M. I., Awang, R., Razak, A. D. Introducing social pharmacy courses to pharmacy students in Malaysia. *Med Teach.* 1998; 20:122-126.
6. Javaid, K. A., Qazi, T. U., El-Migirab, S. Pharmaceutical education in Libya. *Am J Pharm Educ.* 1981; 45:189-191.
7. Morse, J., Field, A. *Qualitative research methods for health professionals.* (2nd Edition). London: Sage Publication; 1995:1.
8. Glazer, B. G, Strauss, A. L. *The discovery of grounded theory: strategies for qualitative research.* New York, Aldine;1997.
9. Sandelowski, M. Focus on research methods whatever happened to qualitative description, *Res Nurs Health.* 2000; 23:334-340.
10. Berenguer, B., La Casa, C., de la Matta, M. J, Martin-Calero, M. J. Pharmaceutical care: past, present and future. *Curr Pharm Des.* 2004; 10(31):3931-3946.
11. Ab Rahman, A. F., Ibrahim, M. I., Bahari, M. B., Nik Mohamd, M. H., Awang. R. Design and evaluation of the pharmacoinformatics course at a pharmacy school in Malaysia. *Drug Inf J.* 2002; 36(4):783-789.

12. Schaefer, M., Leufkens, H. G. M., Harris, M. F. The teaching of social pharmacy/pharmacy administration in colleges of pharmacy with special regard to the situation in Germany. *J Soc Admin Pharm.* 1992; 9(4):141-148.