

Original Research

Consumers' view, expectation and satisfaction with community pharmacy services

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Abstract

Community pharmacy has undergone a rapid expansion with various services moving away from the traditional supply function to other patient-focused services. Thus, the aim of this study is to examine consumer views and expectations toward the services provided in Libyan private community pharmacies, as well as customers' skepticism and their general satisfactions toward these services. The study is descriptive, cross-sectional survey and self-designed administered questionnaire. Study population comprised of adult patients or costumers who visited the community pharmacies. Out of the 600 questionnaires were personally handed, 462 of the distributed questionnaires were returned (response rate 77%). The majority of the participants reported that community pharmacy staff dealing with customers in polite ways (75%) and providing privacy and sufficient consideration (60%). Respondents agreed that the staff listens attentively and satisfied with encounter time by 60% and 50%, respectively. For provision of drug information as "how the drug work in the first-time use", "customer experience of the side effects" and "their ability to using the prescribed medicine properly" were reported by 45%, 30% and 30%, correspondingly, while 60% of the respondents denied that staff provided the medication storage information. Regarding the customer skepticism toward community pharmacy services, 55% respondents agreed that services of community pharmacies tend to just concern on commercial aspects and 60% of respondents believed that services concern toward the business matter more likely than patient health. Interestingly, 85% of the respondents acknowledged the role of community pharmacy as indispensable healthcare setting. The availability of the pharmaceutical product and the cost of pharmacy products satisfied by 40% and 20% of the respondents, respectively. In conclusion, this study demonstrated low customer satisfaction with regard to community pharmacy services in the southern region of Libya. Community pharmacy staff should have an understanding of the codes of conduct and the ethical requirements for their practice of pharmacy profession.

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Keywords: Community pharmacy services, customer expectation, drug information, satisfaction

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Introduction

A professional pharmacy service is an action or set of actions undertaken in organized by a pharmacy or delivered by pharmacist or other health care practitioners to optimize the process of care, with the aim to improve

health outcomes and the value of healthcare [1]. Thereby, delivering this service require applies specialized health knowledge personally or via an intermediary, with patient/client population or other health professional. Over the time, the community pharmacy has undergone rapid expansion, with many services moving away from

the traditional supply function to more patient-focused services [2]. This shifting from product to patient-focused approach is increasing the accumulated pressure on the community pharmacy staff to provide a better level of services that required higher degree of interpersonal skills and multidisciplinary education in drug information. Based on this development, community pharmacies do not only act as sites of drug purchase but also as stations of patient counseling and help. They provide several of benefits as a setting for public health activities. Hence, these pharmaceutical services can play a crucial role on health outcomes of individuals or the society and the widening of public health access [3]. However, community pharmacy considered as healthcare sitting and business. It has been skepticism raised about contribution of these pharmacies in healthcare of the community due to their isolated roles and their commercial environments performance [4]. The interaction of the consumer with community pharmacy practitioners may generate mutual assessment behavior or impression about their encounters in various situations. In order to ensure the implementation of community pharmacy services, its quality should be assessed by using customer satisfaction. Satisfaction is defined as and assumed to entail cognitive evaluation and an emotional reaction to the structure, process and outcome of services [5]. Ware *et al.* [6] specify it as the personal assessment of healthcare services and providers. Patient satisfaction is, therefore, a match of expectations with experiences of the patient during a treatment process [7]. Assessment of patients' satisfaction can help improve the delivery of community pharmacy services and becoming a popular healthcare quality indicator. Pharmaceutical services in developing countries face some specific challenges unlike those faced in the developed world as well as pharmacy practice models vary significantly from one country to another. Over the last three decades, Libyan authorities transit some pharmaceutical services from public to private sector and the number of pharmacies has increased by 100% in ten years. The Health Ministry' survey found that there were 2089 pharmacies in 2018 up from 1543 in 2007 [8]. As insufficient data is available on the assessment of community pharmacy services in Libya, thus, we undertake this study in the southern Libya, Sebha city. The first part of which has been published [9]. Therefore, the aim of this study is to examine consumer's view and assess their expectations toward the services provided in the community pharmacies, specifically focusing on drug information, quality of their staff communication and consultation with consumers. In addition, it is aimed to

examine the skepticism and general satisfaction of the consumers toward these services.

Materials and methods

This work examines the responses of the participants from the previous research which was conducted about community pharmacy in southern Libya. It is a descriptive, cross-sectional survey which was conducted during 2020 in Sebha city. After retrieving in literature and reviewed various literature sources to develop a validated questionnaire, the researchers found that different instruments have been used in several studies to measure the level of satisfaction of the consumers toward community pharmacy services [10 - 13]. Therefore, self-administered questionnaire was designed and developed based on those similar previous studies. Written questionnaire in Arabic and English was designed, field tested, revised and finalized. Each survey form was accompanied by a cover letter with explanation the objectives of the study. The pilot study tested the questionnaire for validity, reliability, comprehension, question design and length. The study targeted population comprised patients and costumers who came to collect medications at the community pharmacy. Customers were invited to voluntarily participate in the anonymous survey. Adults able to read and write Arabic and aged < 18 years who intend to enquire or purchase medicines or any pharmaceutical products from community pharmacies were selected based on their consents. In addition, to encourage the participation in the study, personally clarification to all participants regarding the techniques employed to assure confidentiality and anonymity and data used for research purposes only. Patients with lack of understanding or having difficulty in answering the questions were excluded. The ethics approval for the study was obtained from the Sebha University Research Ethics Committee (2020).

Data processing and analysis: Data were entered using Microsoft Excel 2014, and exported to SPSS version 20 for analysis. Descriptive statistics were used for the analysis of socio-demographic and clinical characteristics. Statistical measures such as frequency distribution, percentage, mean and standard deviation were used.

Results

All the distributed 600 questionnaires which were handed to the visitors of community pharmacies, 462 of the questionnaires were returned and collected (response rate

is 77%). The demographical characteristics of the respondents are summarized in **Table 1**.

Table 1: Study subjects' demographical characteristics

Demographical characteristics		n (%)
Age	18 - 30 years	224 (48.5)
	31 – 60 years	212 (45.9)
	> 60 years	062 (5.6)
Gender	Male	242 (52.4)
	Female	220 (47.6)
Occupation	Students	92 (19.9)
	Own business	108 (23.4)
	Employee	201 (43.5)
	Others	061 (13.2)
Educational Level	Secondary	122 (26.4)
	University	241 (52.2)
	Higher education	86 (18.6)
	Academic	013 (2.8)

Consumers' view toward communication quality of community pharmacies' staff: Regarding community pharmacy services, **Table 2** shows that the majority of the participants agreed that community pharmacy staff deals with customers in a respectful way which were reported by 347 participants (75.1%) compared with those who disagreed with this issue (n = 30, 6.4%). Similarly, most of the respondents reported that they had been given privacy and sufficient considerations by the community pharmacy staff which was accounted for 289 participants (62.6%), while the respondents who selected "rarely" or "never" options were accounted for 67 participants (14.5%) of the total respondents. Alongside, over half of the respondents agreed that the community pharmacy staff listens attentively to them which represented by n = 265 (57.4%), whereas, a lesser rate of respondents who disagreed to this statement were accounted by n = 63 (13.6%). Nearly, half of the respondents (n = 219, 49.6%) were satisfied with the time that community pharmacy staff spends with them. On the other hand, the respondents who disagreed to this question were represented by 19.7% (n = 91). Furthermore, almost equal number of the respondents supported the statement that the community pharmacy staff is asking the pharmacy visitors about their history about side effects of medicines.

Likewise, nearly half of the respondents (n = 215, 46.5%) reported that the community pharmacy staff explains the mechanism of action of new medicines to them during dispensing their medications. Whereas, less than the quarter of the participants disagreed with this statement which are accounted for 11.5% (n = 53) for whom reported "rarely" and 10.4% (n = 48) for whom reported

"never". Similarly, nearly two thirds of respondents denied that these that the staff provides the medication storage information to the costumers during their encounters which represented by 61.4%, (n = 284).

With those agreed the staff are to enquire them about their ability to using the prescribed medicines properly during their consultations with them were accounted for 149 (32.3%) and 146 (31.6%) for "almost" and 132 (28.6%) and 116 (25.1%) for "sometimes", respectively. While respondents who reported "never" and "rarely" were 181 (39.2%) and 200 (43.3%) separately for each statement. On the other hand, about two thirds of the respondents denied that community pharmacy staff is asking the costumers if they have further questions by reporting "rarely" or "never" which was accounted for 65.4%, (n = 302).

The present study investigated the skepticism of participants about the primary reasons that induce the community pharmacies to introduce their service to the customers. According to data from the **Table 3 and Figure 1**, it is found that more than half of the respondents (n = 250, 54.1%) agreed with services of community pharmacies tend to more concern about making money than about patient health compared with respondents (n = 118, 25.5%) who contradicted this statement. Similarly, over the half of the respondents (59.1%) believed that services of community pharmacies are interested in health and business purpose, but these services were more concerned toward the business matter while those who disagreed were accounted for 20.1% (n = 93) of respondents.

In addition, the large proportion of respondents reported that community pharmacy services are balanced between health and business matter (n = 191, 41.3%) compared with 102 (22.1%) of the respondents who opposed this statement. Similarly, trends, large proportional of the respondents (192, 41.6%) declared that community pharmacy services more concerned with heath of the patient more than the business side, while the respondents who disagreed were accounted for 27.9%. Over half of the participants (n = 237, 51.3%) agreed with the statement that the services of community pharmacies concerned about drugs and caring for the public compared with who disagreed the same statement (110, 23.8%). The majority of the respondents acknowledged the role of community pharmacy and agreed with the statement that community pharmacy indispensable effective part of the health care system which were accounted for 396 (85.7%).

Table 2: Participants' views about quality of providing drug information and communication with customers by community pharmacy staff

Parameters	Almost		Sometimes		Rarely		Never		Mean	SD*
	F	%	F	%	F	%	F	%		
The pharmacy staff member explains the mechanism of action of new medicines.	215	46.5	146	31.6	53	11.5	048	10.4	1.85	1.0
The pharmacy staff member asks you about experienced side effects of the medicines.	149	32.3	132	28.6	89	19.3	092	19.9	2.26	1.1
The pharmacy staff member asks whether you are able to use the medicines as prescribed.	146	31.6	116	25.1	88	19.0	112	24.2	2.34	1.2
The information gives you about the proper storage of your medications.	098	21.2	079	17.1	95	20.6	190	41.1	2.80	1.9
The pharmacy staff member asks if you had any (other) questions.	075	16.2	085	18.4	98	21.2	204	44.2	2.80	1.3
The pharmacy staff member listens attentively	265	57.4	134	29.0	43	09.3	020	04.3	1.59	0.9
Did the pharmacy staff member have enough time for you?	229	49.6	142	30.7	57	12.3	034	07.4	1.75	1.0
The staff members deliver your medicines in a polite way?	347	75.1	085	18.4	21	04.5	009	01.9	1.32	0.7
Was your privacy given sufficient consideration by the staff member?	289	62.6	106	22.9	46	10.0	021	04.5	1.56	0.9

*standard deviation

Table 3: Skepticism of participants about primary of community pharmacies reason for introducing their services to the customers

Parameters	Highly agree		Agree		Natural		Disagree		Highly disagree		Mean	SD*
	F	%	F	%	F	%	F	%	F	%		
The services is more concerned on making money than with health of patient.	154	33.3	096	20.8	094	20.3	093	20.1	25	5.4	2.43	1.3
The services are interested in both health and business matters but tend more on concern with business.	111	024	162	35.1	096	20.8	078	16.9	15	3.2	2.39	1.1
The services are balanced between health and business matters.	67	14.5	124	26.8	169	36.6	086	18.6	16	3.5	2.66	1.1
The services are more concerned with the health of patient than business side.	079	17.1	113	24.5	141	30.5	106	22.9	23	05	2.67	1.2
The services are concerned about drug and caring for the public.	092	19.9	145	31.4	115	24.9	086	18.6	24	5.2	2.54	1.2
A pharmacy is an indispensable effective part of the health care system.	262	56.7	134	29.0	042	09.1	016	03.5	08	1.7	1.63	0.9

*standard deviation

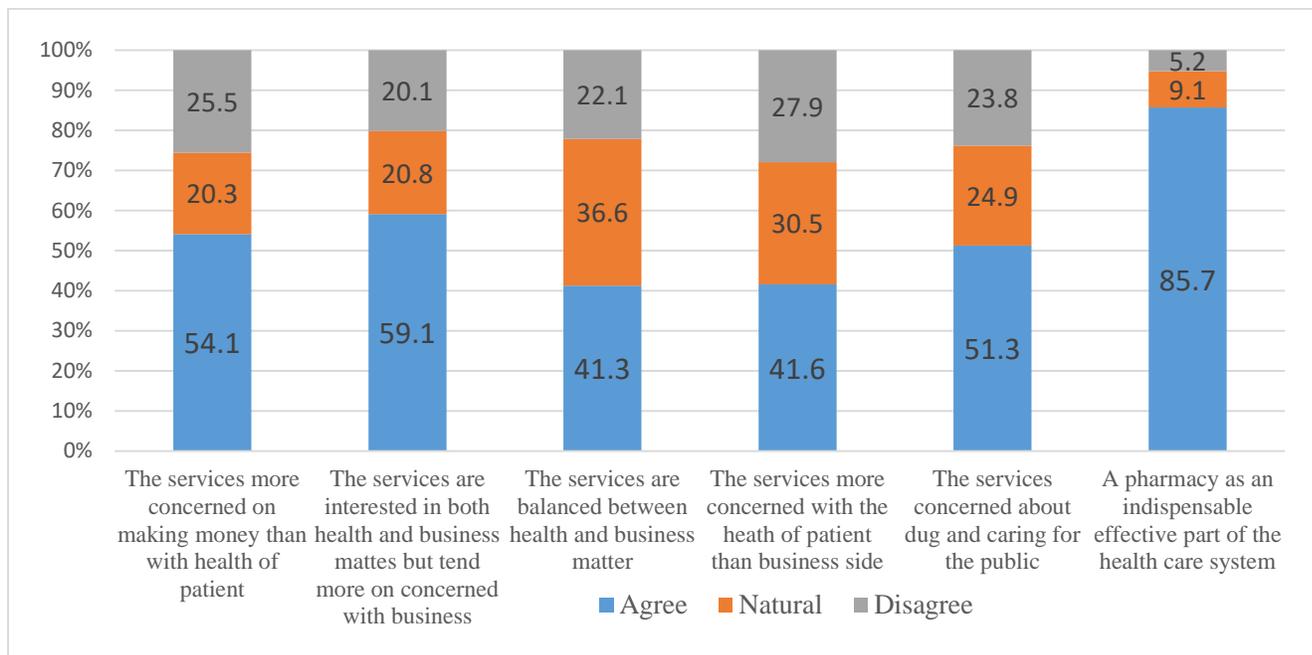


Figure 1: Skepticism of the participants about Libyan primary of community pharmacies

Level of client’s satisfaction: Regarding participants’ satisfactions about the community pharmacy services, a minor rate of respondents (53, 11.4%) were dissatisfied about the community pharmacy services in general while the rest of respondents reported “totally satisfied” and “moderate satisfied” which were accounted for 244 (52.8%) and 165 (35.7%), respectively, (Figure 2 and Table 4).

Alongside, 249 participants (53.9%) of the respondents totally satisfied with overall experience of pharmacy staff

compared with the respondents who dissatisfied which were accounted for 16.2% (n = 26). A large proportion rate of the respondents, n = 195 (42.2%) are satisfied with the availability of their prescribed medications in the community pharmacies compared with 70 participants (15.2%) who have been dissatisfied. On the other hand, over the half of the respondents (253, 54.7%) dissatisfied about the cost of pharmacy products to ordinary people compared with respondents who have been satisfied which accounted for 17.5% (n = 81).

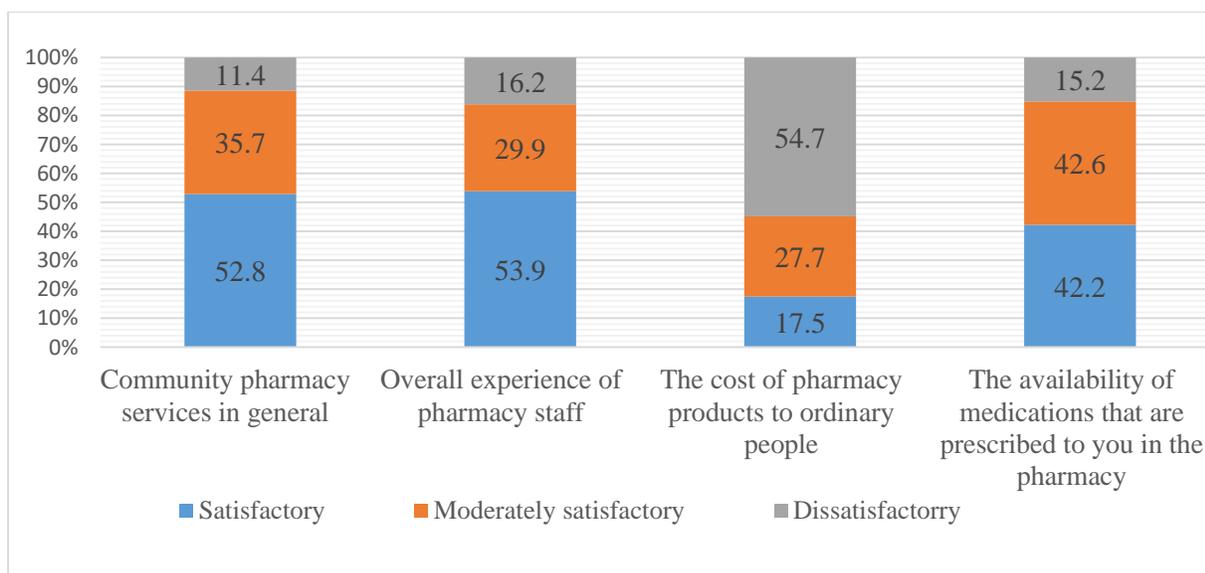


Figure 2: Participants’ satisfactions toward Libyan community pharmacy services

Table 4: Participants' satisfactions toward community pharmacy services in Libya

Level of client's satisfaction	Very satisfactory		Satisfactory		Moderately satisfactory		Dissatisfactory		Very dissatisfactory		Mean	SD*
	F	%	F	%	F	%	F	%	F	%		
Community pharmacy services in general	084	18.2	160	34.6	165	35.7	44	09.5	09	01.9	2.42	01.0
Overall experience of pharmacy staff	085	18.4	164	35.5	138	29.9	60	013	015	03.2	2.43	01.1
The cost of pharmacy products to ordinary people	036	07.8	045	09.7	128	27.7	159	34.4	094	20.3	3.44	01.2
The availability of medications that are prescribed to you in the pharmacy	054	11.7	141	30.5	197	42.6	054	11.7	016	03.5	2.63	01.0

*standard deviation

Discussion

The current study was the first of its kind in Libya to examine the general public's attitudes as well as clients' satisfactions regarding community pharmacy services in Sebha. Community pharmacies become more patient-centered and caring service rather than traditional dispensing of medications. The face-to-face encounters enable community pharmacy staff opportunity to provide wide range of services that play a vital role in health promotion to the community [14]. On the other hand, a study of customer expectations and their attitude about the provided community pharmacy services are essential for measuring their quality and assessing the success of their pharmaceutical care to the society [15]. The majority of the participants agreed that community pharmacy staff deals with costumers in a respectful way which are reported by 75% compared with those who disagreed this issue by only 5%. A similar finding was reported in UAE which the majority of the respondents agreed that the pharmacist delivers their medicines in a polite way [16]. The empathy of community pharmacy staff toward costumers during encounter allow them to participate in required consultations with the customers about their requests, enquires and feelings around medications which will enable them to identify and meet their appropriate pharmaceutical care [17] state care means communication and quality care means quality communication. It is to be known that ethics practice between healthcare providers and patient has positive impact on the health care system [18]. In order for the community pharmacy to fulfill an effective service to their customers they need to provide appropriate facilities in the setting such as private area to preform comfortable consultation of patients. Most of respondents in this study reported that they had been given privacy and sufficient consideration by the staff of

community pharmacy. However, in Palestine's study found only 10% of respondents reported that in community pharmacies staff used a private area within the pharmacy when discussing personal or private matters [19]. Generally, patient meets physician in his office with adequate privacy during medical examination process, however, in community pharmacy does not usually possible, since several customers may be in the surrounding area during communication with the pharmacy staff. Community pharmacy staff adopted various practices to overcome privacy obstacles. They can manage private counseling through taking the costumer a little bit away from crowd place to isolated area and lowering their communication voice or costumer lean to deal with community staff who from the same gender to establish privacy communication. Hence, according to the cultural norms of Libya gender difference is one of the barriers to having appropriate private conversations. Community pharmacy practice is based on the interpersonal communication with the patients or healthy costumers. Effective communication by community pharmacy staff is essential to establish social relationship with customer which as result improve patient medication use and can create trustful relationships between healthcare professionals and their patient [20, 21]. The pharmacy staff as receiver of customer's message need to focus the client's message attentively by using active listening technique and giving enough time to answer all pertinent enquiries. Over the half of respondents agreed that the community pharmacy staff listens to them attentively, while the rest acknowledged that time spent during encounters was adequate. This sort of effective communication can enhance of capability of community pharmacy staff to seek the pertinent information and identify the health problem of the patient through attentive listening and encourage patient talking about his disease.

Therefore, spending a short time to customer encounter can undermine to establish effective patient counseling [22]. Provision appropriate drug information to the public in community pharmacies is crucial for rational drug use and society healthcare outcome. Incomplete or inaccurate drug information can undermine the quality this vital information which consequence can have a negative impact on the healthcare. Currently, nearly half of respondents reported that almost the community pharmacy staff explains how the medicine works on the body when customer start using a new medicine, about third of respondents indicated that “almost” the community pharmacy staff are asking them about their experience of side effects of medicines. A similar trend in UAE study [16] was reported that about third of the respondents agreed that the pharmacist explains all possible side effects and provide information on proper storage of medication. Present study describes about the third of participants agreed that the staff are “almost” enquire them about their ability to using the prescribed medicine properly during their consultations with them. However, two thirds of respondents denied that community pharmacy staff were asking the costumers if they have further questions by reporting "rarely" or "never" and about a similar rate regarding provided the medication storage information to the costumers. Under competitive marketing, the success of community pharmacy staff is not assessed by the quality of information provided to the consumers, but principally only in term daily income of their work. Consequently, the quality of information provided by pharmacy practitioner can be compromised as it is only secondary consideration for many community pharmacies. Evidence showed that drug information provided in community pharmacies increases client satisfaction with community pharmacy services [23]. Increased accessibility of community pharmacists is a good opportunity to disseminate valuable drug information as side effects, drug interactions, storage information and others which result of enhance the rational drug use. However, in Southern Libya, there is an acute shortage in number of qualified pharmacists in most community pharmacies and what is worse, in these pharmacies, the pharmacist is not the sole dispenser among the pharmacy staff. According to health law 106 article 80 in 1973: It is not permissible for anybody to practice the pharmacy's mission unless he holds a degree in pharmacy from one of the recognized universities [24]. Community pharmacy is a business setting certified for selling medicines and other products related to the health care. However, they have ethical and

legal responsibilities and professional duties toward their costumer and society. They although are under the private business activities, they are an important part of the healthcare system, thus, their expected practice is balanced between profitability of their business and patient-centered care services because the multiplicity of goals can mutually reinforce each other which may create competitive between these benefits [25]. The rate of participants who agreed that services of community pharmacies just concern about making money was double of rate of those who contradicted this statement. Similarly, the rate of participants who believed that services of community pharmacy are more inclined to business purpose more than health of the customers compared with one-third who opposed this attitude. A similar trend was reported in Malta's study which the majority of the consumers regarded pharmacists as business people and healthcare professionals. As the community pharmacy market in Libya is competitive, this may be indicative of community pharmacies divert their practice toward commercial interest due to financial challenges. Consequently, the professionalism of pharmacy and quality of information can be compromised as they are a secondary consideration for many community pharmacies particularly when the owner is non-pharmacist. However, the professional pharmacies even under this commercial competitive should be keep their providing professional services. The study participants responded positively regarding community pharmacy services. When asked participants about their current level of satisfaction regarding general service and experience of community pharmacy staff, the majority of respondents in this study satisfied. This trend consistence with finding in Qatar study [26]. This customer satisfaction level to the community pharmacy services may reflect the quality of their performance, while when, unsatisfied clients due to exposed to unpleasant previous experience will less likely to visit again the same community pharmacy unless they are coercion to do that. According to risk managements perspectives, the client who satisfied toward community pharmacy services are less liable to complain against community pharmacy staff to the health or government institutions [27]. In Libya, a community pharmacy services as part of private sector, are available only for customer who can afford their purchased items, thus, the most of patients and customers in community pharmacy in have to pay out-of-pocket the cost of their purchased medicines due to lack of social insurance and inadequate health public subsidized services. Though this study did not assess the relation of income with satisfaction, the

majority of respondents dissatisfied regarding the cost of pharmacy products compared with respondents who have been satisfied. This dissatisfaction of participants could be related to that Libyan marketing of pharmaceutical products suffer from insufficiency some essential medicines and increasing in their cost which can be undermine drug affordability to the public and can reduce their satisfaction level toward the introduced community pharmacy services. However, community pharmacy staff from ethical perspective they can reduce rates of medication inappropriate prescribing and alleviate self-medication cost which in long term alleviate some of the costs associated irrational drug use. Satisfactions regarding availability of medications, the majority of respondent were satisfied in different extent compared with other respondents who were dissatisfied. Acute shortage of prescribed medications in public health institutions lead to many people to request these products in community pharmacies. However, pharmaceutical marketing in community pharmacies bears a shortage in some pharmaceutical products which may not always easily available in all community pharmacies. Therapy, un-fulfillment of community pharmacies to provide the customer's needs and expectations may create a negative impact on client's satisfaction toward community pharmacy services.

Conclusion

The current study demonstrates low patient satisfaction with regard to community pharmacy services in the southern region of Libya specifically provision drug information with less extent with the quality of communication and cost of pharmaceutical products. Most customers dissatisfied regarding cost of pharmacy products, this could be attributed to that community pharmacy owners or investors tend to make community pharmacy practice is sale-oriented rather than actual pharmaceutical care in the community. A public negative perception or un-satisfaction toward some community pharmacy services highlights the need for effective training programs for the community pharmacy staff. The education programs should be established to them by the pharmacy council of health authorities. Community pharmacy staff should have an understanding of the codes of conduct and the ethical requirements for their practice of pharmacy profession. Survey of consumers' satisfaction, expectation, and their opinion regarding community pharmacy services will help the community pharmacies to fulfill patient and costumers needs and contribute to rationalize drug use in societies.

Ethical issues

Including plagiarism, Informed Consent, data fabrication or falsification and double publication or submission have completely been observed by authors.

Author's contribution

All authors contributed to the development of ideas and design of the study. Hassan A.O. and Rajab M.O. wrote the first draft of the manuscript, which was critiqued reviewed by Alssageer M.A. All authors read and approved the final manuscript.

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Conflict of interest

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References

1. Moullin JC, Sabater-Hernández D, Fernandez-Llimos F, Benrimoj SI (2013) Defining professional pharmacy services in community pharmacy. *Research in Social and Administrative Pharmacy*. 9 (6): 989-995. doi:10.1016/j.sapharm.2013.02.005.
2. Moullin JC, Sabater-Hernández D, Fernandez-Llimos F, Benrimoj SI (2013) Defining professional pharmacy services in community pharmacy. *Research in Social and Administrative Pharmacy*. 9 (6): 989-995. doi:10.1016/j.sapharm.2013.02.005.
3. Anderson S (2007) Community pharmacy and public health in Great Britain, 1936 to 2006: how a phoenix rose from the ashes. *Journal of Epidemiology and Community Health*. 61 (10): 844-848. doi:10.1136/jech.2006.055442.
4. Oparah AC, Okojie OO (2005) Health promotion perceptions among community pharmacists in Nigeria. *International Journal of Pharmacy Practice*. 13 (3): 213-221. doi.org/10.1211/ijpp.13.3.0007.
5. Bryant LJM, Coster G, Gamble GD, McCormick RN (2009) General practitioners' and pharmacists' perceptions of the role of community pharmacists in delivering clinical services. *Research in Social and Administrative Pharmacy*. 5 (4): 347-362. doi:10.1016/j.sapharm.2009.01.002.
6. Cleary PD, McNeil BJ (1988) Patient satisfaction as an indicator of quality care. *Inquiry*. 25 (1): 25-36.
7. Ware JEJ, Snyder MK, Wright WR, Davies AR (1983) Defining and measuring patient satisfaction with medical care. *Evaluation and Program Planning*. 6 (3-4): 247-263. doi:10.1016/0149-7189(83)90005-8.
8. Ahmad I, Nawaz A, Khan S, Khan H, Rashid M, Khan MH (2012) Predictors of patient satisfaction. *Gomal Journal of Medical Sciences*. 9 (2): 183-188. Corpus ID: 36569128.
9. Alssageer MA, Hassan AO, Rajab MO (2021) Descriptive analysis to use the community pharmacy by patients and costumers. *Mediterranean Journal of Pharmacy and Pharmaceutical Sciences*. 1 (4): 59-66. Doi:10.528/zenodo.5806134

10. Xinhua (2019) Accessed October 8, 2021. http://www.xinhuanet.com/english/africa/2019-09/27/c_138426044.htm
11. Gourley GK, Gourley DR, La Monica Rigolosi E, Reed P, Solomon DK, Washington E (2001) Development and validation of the pharmaceutical care satisfaction questionnaire. *The American Journal of Managed Care*. 7 (5): 461-466. PMID: 11388126.
12. Horvat N, Kos M (2010) Development and initial validation of a patient satisfaction with pharmacy performance questionnaire (PSPP-Q). *Evaluation and Health Professions*. 33 (2): 197-215. doi:10.1177/0163278710361924.
13. Larson LN, Rovers JP, MacKeigan LD (2002) Patient satisfaction with pharmaceutical care: update of a validated instrument. *Journal of the American Pharmacists Association*. 42 (1): 44-50. doi:10.1331/108658002763538062.
14. MacKeigan LD, Larson LN (1989) Development and validation of an instrument to measure patient satisfaction with pharmacy services. *Medical Care*. 27 (5): 522-536. doi:10.1097/00005650-198905000-00007.
15. Hepler CD, Strand LM (1990) Opportunities and responsibilities in pharmaceutical care. *American Journal of Hospital Pharmacy*. 47 (3): 533-543. PMID: 2316538.
16. Hasan S, Sulieman H, Stewart K, Chapman CB, Hasan MY, Kong DCM (2013) Assessing patient satisfaction with community pharmacy in the UAE using a newly-validated tool. *Research in Social and Administrative Pharmacy*. 9 (6): 841-850. doi:10.1016/j.sapharm.2012.10.002.
17. EL-Sharif IS, Alrahman NA, Khaled N, Sayah N, Gamal E, Mohamed A (2017) Assessment of patient's satisfaction with pharmaceutical care services in community pharmacies in the United Arab Emirates. *Archives of Pharmacy Practice*. 8: 22-30. doi:10.4103/2045-080X.199615.
18. Cipolle RJ, Strand LM, Morley P (1998) Pharmaceutical care practice: The patient-centered approach to medication management services. 3rd Ed. (McGraw-Hill, ed.). Health Professions Division. OCLC Number: 794619641.
19. Al-Qudah RA, Tuza O, Tawfik H, Chaar B, Basheti IA (2019) Community pharmacy ethical practice in Jordan: assessing attitude, needs and barriers. *Pharmacy Practice*. 17 (1) 1386. doi: 10.18549/PharmPract.2019.1.1386.
20. Khmour MR, Hallak HO (2012) Societal perspectives on community pharmacy services in West Bank - Palestine. *Pharmacy Practice*. 10 (1): 17-24. doi:10.4321/s1886-36552012000100004.
21. McDonough RP, Bennett MS (2006) Improving communication skills of pharmacy students through effective precepting. *American Journal of Pharmacy Education*. 70 (3): 58. doi:10.5688/aj700358.
22. Beebe SA, Beebe SJ, Ivy ID (2021) *Communication: principles for a Lifetime*. 8th Ed. Publisher: Pearson. ISBN: 9780136968184, 013696818X.
23. Albekairy AM (2014) Pharmacists' Perceived Barriers to Patient Counseling. *Journal of Applied Pharmaceutical Science*. 4 (1): 70-73. doi: 10.7324/JAPS.2014.40112.
24. Singhal PK, Gupchup G V, Raisch DW, Schommer JC, Holdsworth MT (2002) Impact of pharmacists' directive guidance behaviors on patient satisfaction. *Journal of the American Pharmacists Association*. 42 (3): 407-412. doi:10.1331/108658002763316824.
25. El Taguri A, Elkhammas EA, Bakoush O, Ashammakhi N, Baccoush M, Betilmal I (2008) Libyan national health services the need to move to management-by-objectives. *Libyan Journal of Medicine*. 3 (2): 113-121. doi: 10.4176/080301.
26. Osterwalder A, Pigneur Y (2011) Aligning profit and purpose through business model innovation, In: Palazzo G, Wentland M (Eds) *Responsible management practices for the 21st Century*, Pearson International, pp. 61-76.
27. El Hajj MS, Salem S (2011) Mansoor H. Public's attitudes towards community pharmacy in Qatar: a pilot study. *Patient Prefer Adherence*. 5: 405-422. doi:10.2147/PPA.S22117.