

# Public opinion of pharmacists and pharmacist prescribing

Jason Perepelkin, BA, BComm, MSc, PhD



J. Perepelkin

In order to understand whether the changes occurring in the profession of pharmacy are being recognized, it is important to examine the perceptions of those the profession serves — the patients. Ultimately, I would like to understand if the profession can develop a uniform brand, despite the varied practice environments of pharmacists across the country.

*Pour savoir si les changements apportés à la profession de pharmacien sont reconnus, il est important d'examiner l'opinion de ceux qu'elle sert : les patients. En fin de compte, j'aimerais savoir s'il est possible pour la profession d'établir une image de marque uniforme, malgré la variété des environnements d'exercice de la pharmacie qui existent au pays.*

## Abstract

**Background:** Pharmacists generally enjoy a high ranking when members of the general public are asked to rate the most trusted professions. While it is a good thing that the pharmacy profession appears to be trustworthy, it is not clear whether the public fully appreciates what pharmacists can do.

**Methods:** A telephone survey in the province of Saskatchewan was conducted between February 25 and March 2, 2010. The questionnaire consisted of 43 items.

**Results:** A total of 1283 people were contacted; 403 (31.4%) agreed to participate. A majority of respondents were female (253, 62.8%). Two-thirds (262, 65%) felt they were a “customer” when visiting a pharmacy; only 14.9% (60) felt they were a “patient.” There was some limited

support for an expanded role for pharmacists.

**Conclusions:** Gender appears to play a role in public perceptions of pharmacists; women tended to have a more favourable view of the profession than men. Lower education and income level were associated with a more positive view of pharmacists. This study adds to our understanding of the public perceptions of pharmacists and the potential for increased scope of practice. Respondents in this study, as in similar studies, generally had a positive view of the pharmacy profession, but there is still some variation, perhaps showing that an inconsistent message is being communicated to the general public about the role of pharmacists. *Can Pharm J* 2011;144:86-93.

## Introduction

As recognition of the expertise of pharmacists builds across Canada and around the world, legislation is being passed or tabled in various jurisdictions to expand pharmacists' scope of practice, including varying levels of prescribing authority. This is a change welcomed by many in the pharmacy profession, as we move from a product-oriented role toward a more service-oriented one; however, it is not clear how the general public perceives this change. Furthermore, recent changes in several jurisdictions, most notably Ontario, have caused some to question the public's appreciation and perception of pharmacists.<sup>1,2</sup>

A variety of studies have investigated the public's perceptions of pharmacists and their level of awareness of pharmacists' scope of practice. For example, in a survey examining patient percep-

tions and expectations of pharmacist-provided medication therapy management (MTM) programs, respondents indicated that they trusted their pharmacist and felt that pharmacists were good candidates to provide MTM programs, although awareness of the benefits of MTM programs was low.<sup>3</sup> When assessing the receptiveness of consumers toward nontraditional roles for community pharmacists, researchers discovered that while patient perception and satisfaction with pharmacists was high, knowledge of pharmacists' roles and responsibilities was lacking.<sup>4</sup>

Pharmacists enjoy an enviable reputation among professions. For years, pharmacists have finished at or near the top of public polls to determine the most trusted professions.<sup>5-7</sup> Further to this, research has indicated that the public considers a pharmacist's credentials, communication

skills, “personableness” and appearance to form a belief in his or her trustworthiness.<sup>8</sup> However, this level of trust does not necessarily translate into an accurate portrayal of the pharmacist’s ideal role. In some cases, patients may underestimate the more critical functions of pharmacists, and this may be a barrier to expanded professional services.<sup>9</sup>

Convenient access to community pharmacists has been shown to be an underlying factor influencing the acceptance of an expanded role for pharmacists, yet patients are not always able to voice their expectations about pharmacist services, either with respect to the pharmacist’s role or to expected outcomes.<sup>10</sup> As well, patients may have difficulty separating the services provided by pharmacists from those of other health care providers, causing a potential underappreciation for the pharmacist’s role in patient care.<sup>11</sup>

Defining an individual’s expectations is also important when attempting to understand his or her level of satisfaction, perception of quality and trust in service providers.<sup>12</sup> This might sometimes be difficult to ascertain, as patient-pharmacist communication is often one-way, from the pharmacist to the patient.<sup>13</sup> Overall, individuals have been shown to have a low level of expectations for pharmacists, as well as contradictory ideas about their role,<sup>14</sup> making it difficult to create the demand necessary for expanded services. For instance, when assessing the awareness of pharmacists as certified diabetes educators (CDEs), a recent Canadian study found that a large majority of people with diabetes reported being unaware that pharmacists could be CDEs.<sup>15</sup>

A framework has been developed that focuses on the level of expectations one has in a service encounter.<sup>16-20</sup> If expectations are high and are met during the service encounter, then satisfaction is likely to be assured. Similarly, if expectations are low but those expectations are met, satisfaction is still likely to be achieved. In contrast, if expectations are high but are not met, satisfaction is likely to suffer. One needs to question whether the high ratings for trustworthiness and satisfaction are because the general public has generally low expectations of their service encounters with pharmacists. It is possible that pharmacists are being rated highly for underperforming because the public is largely unaware of what pharmacists are actually trained to do.<sup>21</sup>

Throughout the pharmacy literature, those who receive professional services from a community pharmacist are commonly referred to as *patients*, but this may not be how individuals see themselves when interacting with community pharmacists.<sup>22</sup>

The role that the individual assumes (patient, client, customer, consumer) can also influence how he or she perceives encounters with pharmacists.<sup>23</sup>

Finally, there is a low level of awareness of pharmacists’ involvement in improving public health and of their role in interventions such as smoking cessation; some have suggested a need to market such roles effectively.<sup>24</sup> This was recently highlighted in an article

discussing why the profession has not changed as quickly as some may think is necessary: the authors questioned whether pharmacists themselves are the ultimate barrier to practice change.<sup>25</sup>

Although some progress has been made by the profession in increasing its scope of practice and engagement with the public, the average pharmacy practice has been relatively slow to adopt new standards of practice.<sup>25</sup> Furthermore, while a number of studies have explored public perceptions of pharmacists and possible expanded scope of practice, particularly in the United States, little has been done to understand perceptions of the profession in Canada. This study was conducted to better understand public perceptions of pharmacists, and the acceptance of possible expanded roles for pharmacists, including prescribing authority.

## Methods

A telephone survey was conducted in order to assess public perceptions of pharmacists and their scope of practice. A questionnaire was designed for this study after consulting the literature — 3 studies in particular. First, in 2006, the Saskatchewan College of Pharmacists (SCP) conducted a study to collect information on the opinions and expectations of the general public regarding pharmacists.<sup>26</sup> Data were collected via 6 focus groups, followed by a telephone survey; some of the items from the questionnaire used in the SCP study were adapted and included in the questionnaire for the current study. A second source was the *2004 ratiopharm CFP Report on Pharmacy Services: Consumers’ Perception of Pharmacy*.<sup>27</sup> The objective of this telephone survey was to understand patient perceptions of health care and health care profes-

## Knowledge into practice

- The general public tends to see pharmacists quite positively, but it may be that a full appreciation of what pharmacists can do is still lacking.
- Pharmacists should advocate for their profession by not only communicating with patients about drugs and drug therapy, but also about the expanded role they can play in patient care.
- The profession would be best served by developing a common, consistent message in communication with various stakeholders, most importantly patients, but also governments, employers, other health care professionals and the like.

### Financial acknowledgements:

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## La connaissance en pratique

- Le grand public a tendance à avoir une opinion assez positive des pharmaciens, mais il est possible qu'il ne comprenne pas encore tout à fait ce qu'ils peuvent faire exactement.
- Les pharmaciens doivent promouvoir leur profession en communiquant avec les patients, non seulement au sujet des médicaments et des traitements, mais aussi à propos du plus grand rôle qu'ils peuvent jouer dans leurs soins.
- Pour servir au mieux les intérêts de la profession, il faudrait élaborer un message commun et cohérent pour nos communications avec les diverses parties prenantes, en particulier les patients, mais également les gouvernements, les employeurs, les autres professionnels de la santé, etc.

sionals, in order to help community pharmacists formulate and enhance their role in patient care. Finally, the 2008 *British Columbia Medical Association's Pharmacy Survey*,<sup>28</sup> which was conducted prior to pharmacists' receipt of prescribing authority in British Columbia, was also consulted.

The final questionnaire for the current study included 43 items; 30 were based on the 3 studies listed above, and the rest were demographic indicators (a copy of the questionnaire is available from the author). Data were collected via telephone in the province of Saskatchewan, Canada,

between February 25 and March 2, 2010. A random, stratified sample of Saskatchewan residents was contacted according to geographic region, based on the 2006 Canadian census.<sup>29</sup> Potential respondents were informed that the study was being conducted to collect data for research at the University of Saskatchewan on public opinions of pharmacists. The criteria for inclusion in the study were that the respondent must be  $\geq 18$  years of age and must not be a pharmacist or live with a pharmacist.

An ethics application was submitted to and approved by the University of Saskatchewan Behavioural Research Ethics Board.

All statistical tests were performed using SPSS version 17.0 (SPSS, Chicago, Illinois). Once basic descriptive statistics were completed, 1-way analysis of variance was conducted; when statistically significant differences ( $\alpha < 0.05$ ) were present, additional statistical analysis (Scheffe) was performed.

### Results

Contact was made with a total of 1283 Saskatchewan residents, of whom 403 met the inclusion criteria and agreed to participate, resulting in a response rate of 31.4%. Women made up the majority of respondents (253, 62.8%).

When respondents were asked to describe their role when they visited a pharmacy, the majority indicated that they were a *customer* (262, 65%), followed by *patient* (60, 14.9%) and *client* (59, 14.6%). Interestingly, 15 respondents (3.7%) felt

that they fit into all 3 roles when visiting a pharmacy, while one person (0.2%) said he fit into none of the categories and 6 (1.5%) were unsure or did not know which category they fit into.

With respect to respondents' understanding/knowledge of the pharmacist's role as a health care professional over the previous 5 years, 45.4% (183) reported no change in understanding, while 158 (39.2%) reported that their understanding had increased, and a further 48 (11.9%) reported that their understanding increased significantly. Only a few reported that their understanding had decreased (5, 1.2%) or decreased significantly (1, 0.2%) over the previous 5 years; while 8 (2.0%) were unsure or did not know whether their knowledge had increased or decreased.

A large majority of respondents reported that they visited a particular pharmacy regularly for their prescription and nonprescription medication needs (347, 86.1%); while 53 (13.2%) did not have a regular pharmacy, and 3 were unsure or did not know if they had a regular pharmacy. Of those reporting which pharmacy type they frequented (340, 84.4%), 100 (24.8%) reported that they visited an independent pharmacy and 100 (24.8%) visited a franchise pharmacy, followed by grocery store (76, 18.9%), mass merchandiser (48, 11.9%) and chain (16, 4.0%). When asked whether it was important that they see the same pharmacist for each encounter, the majority responded that it was not (247, 61.3%), while 141 (35.0%) felt it was important to see the same pharmacist each time, and 15 (3.7%) were unsure or did not know.

When asked how often they spoke to a pharmacist (vs a pharmacy technician) when picking up prescription medications, a quarter (102, 25.3%) reported that they spoke to a pharmacist each time; an additional 123 (30.5%) reported speaking to a pharmacist most of the time; 114 (28.3%) spoke to a pharmacist once in a while; 17 (4.2%) never spoke to a pharmacist; and 35 (8.7%) reported not knowing the difference between a pharmacist and a pharmacy technician, with 12 (3.0%) reported being unsure or not knowing.

### Perceptions of pharmacists

Sixteen items were used to assess respondents' perceptions of pharmacists (Table 1). There was a high level of agreement that pharmacists were health care professionals like physicians and nurses (83.1% agreed or strongly agreed) and that the main job of a pharmacist was to let the person know about their medications (88.3% agreed or strongly agreed). In contrast, a majority disagreed or strongly disagreed with the statements *I am not completely sure what a*

**TABLE 1 Perceptions of pharmacists**

Item	Strongly disagree, n (%)	Disagree, n (%)	Neutral, n (%)	Agree, n (%)	Strongly agree, n (%)	Unsure/Don't know, n (%)
Pharmacists are health care professionals just like physicians and nurses.	10 (2.5)	27 (6.7)	28 (6.9)	137 (34.0)	198 (49.1)	3 (0.7)
I'm not completely sure what a pharmacist does besides counting pills.	198 (49.1)	108 (26.8)	33 (8.2)	40 (9.9)	20 (5.0)	4 (1.0)
Pharmacists need to be experts in medication, side effects and conflicts between different drugs.	2 (0.5)	0 (0.0)	6 (1.5)	86 (21.3)	306 (75.9)	3 (0.7)
My pharmacist's main job is to let me know how to use my medication and warn me of any possible side effects.	4 (1.0)	11 (2.7)	27 (6.7)	144 (35.7)	212 (52.6)	5 (1.2)
I have difficulty distinguishing between the pharmacist and other pharmacy staff.	164 (40.7)	111 (27.5)	32 (7.9)	49 (12.2)	40 (9.9)	7 (1.7)
It's a pharmacist's job to follow my doctor's directions.	14 (3.5)	30 (7.4)	64 (15.9)	160 (39.7)	128 (31.8)	7 (1.7)
I regularly follow my pharmacist's advice when selecting medication for minor illnesses (like a cough, rash or upset stomach).	10 (2.5)	15 (3.7)	34 (8.4)	139 (34.5)	194 (48.1)	11 (2.7)
My pharmacist knows more about my medicine, its side effects and how to use it than my doctor.	13 (3.2)	41 (10.2)	74 (18.4)	138 (34.2)	118 (29.3)	19 (4.7)
If my doctor and my pharmacist give me different instructions about my medication, I listen to my pharmacist.	46 (11.4)	68 (16.9)	86 (21.3)	97 (24.1)	89 (22.1)	17 (4.2)
Pharmacists are just business people who sell products in a pharmacy.	203 (50.4)	120 (29.8)	29 (7.2)	30 (7.4)	20 (5.0)	1 (0.2)
Only doctors can write or modify prescriptions.	34 (8.4)	45 (11.2)	60 (14.9)	105 (26.1)	148 (36.7)	11 (2.7)
Once a diagnosis has been made by my doctor, a pharmacist who has some extra training should be able to select the medication I need.	49 (12.2)	72 (17.9)	84 (20.8)	116 (28.8)	66 (16.4)	16 (4.0)
My pharmacist can change my prescription if it conflicts with other medication I'm taking.	84 (20.8)	86 (21.3)	73 (18.1)	72 (17.9)	68 (16.9)	20 (5.0)
I want my pharmacist to know me and my history.	11 (2.7)	27 (6.7)	37 (9.2)	125 (31.0)	201 (49.9)	2 (0.5)
In the future I would like to be provided with more information on the role my pharmacist can play in my health care.	30 (7.4)	46 (11.4)	80 (19.9)	147 (36.5)	92 (22.8)	8 (2.0)
Pharmacists are likely to have a greater role in health care by being able to prescribe a limited selection of medications. How do you feel about pharmacists being provided with this increased role by the Saskatchewan government?	28 (6.9)	40 (9.9)	68 (16.9)	134 (33.3)	117 (29.0)	16 (4.0)

*pharmacist does besides counting pills* (75.9%) and *Pharmacists are just business people who sell products in a pharmacy* (80.2%).

*Perceptions of pharmacist prescribing authority*

Six items were used to assess respondents' opinions about pharmacists being granted prescribing authority (Table 2). A high level of support

was shown for pharmacists prescribing in emergency situations when a person had run out of a medication they had been taking for years (78.9% agreed or strongly agreed) and when renewing prescriptions for chronic medications that had not been changed recently (75.9% agreed or strongly agreed). However, support dropped dramatically when it came to more complex levels of pre-

TABLE 2 Perceptions of pharmacist prescribing authority

Item	Strongly oppose, n (%)	Oppose, n (%)	Neutral, n (%)	Support, n (%)	Strongly support, n (%)	Unsure/ Don't know, n (%)
Prescribing medications in emergency situations, such as running out of or forgetting at home a medication that you have been taking for a number of years	24 (6.0)	20 (5.0)	36 (8.9)	136 (33.7)	182 (45.2)	5 (1.2)
Renewing prescriptions for patients who are on long-term medications that have not had any recent changes to them	23 (5.7)	28 (6.9)	44 (10.9)	138 (34.2)	168 (41.7)	2 (0.5)
Renewing prescriptions for patients who have a serious, long-term condition	28 (6.9)	44 (10.9)	50 (12.4)	141 (35.0)	132 (32.8)	8 (2.0)
Switching a patient to a different drug than the patient's physician prescribed (but is for the same illness) *	67 (16.6)	88 (21.8)	93 (23.1)	97 (24.1)	50 (12.4)	7 (1.7)
Altering how often a patient should take the prescribed medication or the strength of the medication	63 (15.6)	81 (20.1)	90 (22.3)	100 (24.8)	62 (15.4)	7 (1.7)
Diagnosing a new illness and prescribing a treatment plan that may include prescription medication	120 (29.8)	123 (30.5)	77 (19.1)	44 (10.9)	32 (7.9)	7 (1.7)

\* 1 missing (0.2)

scribing, such as altering the dosing frequency or strength of a medication (40.2% agreed or strongly agreed) or diagnosing a new illness and prescribing a treatment plan that might include a prescription medication (18.8% agreed or strongly agreed).

*Factors influencing choice of pharmacy*

A total of 9 items were used to assess important factors for respondents in choosing a pharmacy (Table 3). The most important factors were how the pharmacist and other staff treat them (93.1%) and the fact that the pharmacist talks about (or offers to talk about) the prescription (90.5%); the least important factors were the cost of the prescription (58.6%) and the variety of non-health-related consumer products (41.2%).

*Factors influencing perception of pharmacists*

The last 6 items centred on the factors influencing respondents' opinion of pharmacists (Table 4). Respondents reported that the expertise of the pharmacist was the most influential factor in forming his/her opinion of a pharmacist (89.8% chose "great influence" or "major influence"), while the least influential was the gender of the pharmacist (5.0% chose "great influence" or "major influence").

*Additional analysis*

The dependent variables of sex, age, education level, household income, and whether one had a regular pharmacy were used to compare responses.

There were many differences to report, but only select findings are discussed below due to space constraints. (To obtain information on all statistically significant findings, please contact the study author.)

**Discussion**

There were many findings that illuminated the public's perceptions of pharmacists and their scope of practice. When asked what role they felt they played when visiting a pharmacy, two-thirds (65%) felt they were customers, and only 14.9% felt they were patients. In the ratiopharm study, a little less than half (46%) of respondents felt they were customers; 16% felt they were patients.<sup>27</sup> This is an interesting finding, considering that pharmacists are health care professionals and view the people they serve as patients. There appears to be a disconnect between pharmacists and the public in terms of the type of interaction taking place between them.

With respect to respondents' understanding/knowledge of the pharmacist as a health care professional over the previous 5 years, just under half (45.4%) reported no increase or decrease, while just over half (51.1%) reported that their understanding had increased or increased significantly. The ratiopharm study indicated that 72% of respondents strongly agreed or somewhat agreed that their understanding of the pharmacist as a health care provider had improved over the previous 5 years.<sup>27</sup> It is not entirely clear why the

**TABLE 3 Factors influencing choice of pharmacy**

Item	Not at all important, n (%)	Not important, n (%)	Neutral, n (%)	Important, n (%)	Extremely important, n (%)	Unsure/Don't know, n (%)
Location	17 (4.2)	28 (6.9)	45 (11.2)	122 (30.3)	183 (45.4)	8 (2.0)
How well the pharmacist knows you and your history (personal relationship)	21 (5.2)	35 (8.7)	56 (13.9)	119 (29.5)	164 (40.7)	8 (2.0)
The expertise of the pharmacist	8 (2.0)	10 (2.5)	25 (6.2)	80 (19.9)	274 (68.0)	6 (1.5)
Pharmacy has a list of all personal medications on file	8 (2.0)	13 (3.2)	33 (8.2)	91 (22.6)	251 (62.3)	7 (1.7)
How the pharmacist and other staff treat me	0 (0.0)	4 (1.0)	20 (5.0)	143 (35.5)	232 (57.6)	4 (1.0)
The pharmacist talks about the prescription (or offers to)	2 (0.5)	8 (2.0)	23 (5.7)	113 (28.0)	252 (62.5)	5 (1.2)
Hours of operation	11 (2.7)	22 (5.5)	62 (15.4)	155 (38.5)	144 (35.7)	9 (2.2)
Cost of the prescription	44 (10.9)	37 (9.2)	74 (18.4)	99 (24.6)	137 (34.0)	12 (3.0)
Variety of consumer products (non-health-related)	62 (15.4)	76 (18.9)	92 (22.8)	89 (22.1)	77 (19.1)	7 (1.7)

respondents in this study reported a lower level of understanding/knowledge than those from the ratiopharm study, but it may be the result of a lack of strategic communication from various stakeholders about the role of pharmacists — including pharmacists themselves.

When asked whether respondents had a regular pharmacy for their prescription and nonprescription medication, a large majority (86.1%) reported that they did; in the BCMA study, 79% reported having a regular pharmacy.<sup>28</sup> When asked whether it was important to see the same pharmacist for each medication-related need, the majority (61.3%) responded that it was not; in the BCMA study, 81% answered no.<sup>28</sup> Therefore, while patients report maintaining a regular pharmacy, the importance of having a regular pharmacist at that pharmacy was not supported.

Men seem to have a less informed view of pharmacy and pharmacists than women, and to place less emphasis on personal factors when choosing a pharmacy or when forming an opinion of pharmacists. It is not clear why men reported being less informed; the patronage motives of women and men may be an area for further study, since some research has suggested that, with respect to satisfaction, women rated professional services as more important than men.<sup>30</sup> As well, this may be an opportunity for pharmacies and pharmacists to better target the male demographic.

Age may also be a factor; older respondents appeared to place more importance on personal

relationships than younger ones, although older respondents also tended to hold to the more traditional, product-focused distribution function of pharmacists than younger respondents. This is somewhat unsettling considering that as a person ages his/her interactions with the health care system — including with pharmacists — increase; however, while the number of interactions increases, appreciation for pharmacists' enhanced scope of practice may not. Or it may be that younger respondents, who likely have fewer interactions with the health care system and medications, may hold a more utopian view of pharmacists.

Respondents with lower levels of education (i.e., some high school) generally placed more importance on the personal connection with the pharmacist and the expertise of the pharmacist than those with higher levels of education (i.e., a graduate degree). It may be that those with more education are more informed and therefore require less of the pharmacists' expertise, but it may also mean that those with a higher level of education think they know more and/or do not feel they should rely on the pharmacist for advice. This study could not determine the exact reasons behind such perceptions, but the findings do raise a number of questions worth exploring in the future.

The differences in responses with regard to household income were very similar to those seen with level of education. Those with higher income levels tended to place less importance on personal aspects of their relationship with pharmacists than

TABLE 4 Factors influencing perception of pharmacists

Item	No influence, n (%)	Little influence, n (%)	Moderate influence, n (%)	Great influence, n (%)	Major influence, n (%)	Unsure/ Don't know, n (%)
Friendliness	7 (1.7)	5 (1.2)	60 (14.9)	140 (34.7)	187 (46.4)	4 (1.0)
How well the pharmacist knows you and your history	36 (8.9)	18 (4.5)	73 (18.1)	116 (28.8)	156 (38.7)	4 (1.0)
The expertise of the pharmacist	6 (1.5)	4 (1.0)	23 (5.7)	79 (19.6)	283 (70.2)	8 (2.0)
The store where the pharmacist works (i.e., Shoppers Drug Mart, Walmart, Safeway, etc.)	144 (35.7)	56 (13.9)	75 (18.6)	55 (13.6)	66 (16.4)	7 (1.7)
The gender of the pharmacist	337 (83.6)	25 (6.2)	18 (4.5)	6 (1.5)	14 (3.5)	3 (0.7)
The age of the pharmacist	258 (64.0)	55 (13.6)	50 (12.4)	22 (5.5)	13 (3.2)	5 (1.2)

those with lower income levels. Again, those with a lower income appeared to place more trust in pharmacists than those with a higher income.

Those with a regular pharmacy were more likely to have a personal relationship with a pharmacist and support a more expanded role for pharmacists in patient care, but they also tended to respond that their knowledge of the pharmacist as a health care professional had declined in the previous 5 years. This is surprising, but may mean that while an individual may see a pharmacist as providing good care on a personal level, that appreciation may not necessarily transfer to the profession as a whole.

*Limitations*

There were limitations to this study, and the findings should be approached with some caution. First, this study was conducted in Saskatchewan and may not apply to other jurisdictions. As well, with any self-reporting methodology there is the possibility of respondent bias. Furthermore, respondents were asked about their feelings/per-

ceptions from past experiences, and they may not have accurately portrayed those in their responses.

**Conclusion**

This study adds to our understanding of the public perceptions of pharmacists and the potential for an increased scope of practice for the profession. It appears that respondents in this study, as in similar studies, generally have a positive view of the profession, but there was still some variation, perhaps indicating that an inconsistent message is being communicated to the general public about the role of pharmacists. Other professions have successfully come together to communicate a common message to the general public. While pharmacists practice in a range of settings, all *should* have the same focus — “Optimal drug therapy outcomes for Canadians through patient-centred care,” as highlighted in the “Blueprint for Pharmacy.”<sup>31</sup> Perhaps it is time to communicate this message in a strategic manner to Canadians using a more uniform, consistent approach. ■

*From the Centre for the Study of Social and Administrative Pharmacy, College of Pharmacy & Nutrition, University of Saskatchewan, Saskatoon, SK. Contact jason.perepelkin@usask.ca.*

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