

Short Communication

Evaluating psychiatrists' attitudes and expectations about pharmacists' role in psychiatry in Jordan

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Abstract

Objectives Evaluating Jordanian pharmacists' roles in psychiatry from psychiatrists perspective.

Methods An electronic survey was sent to 100 psychiatrists registered in the Jordanian Psychiatrists Association. Statistical analysis included descriptive statistics and multivariate logistic regression.

Key findings A total of 80 psychiatrists completed the survey (response rate 80%). Most psychiatrists thought that pharmacists are unable to give individuals with mental illness enough time to discuss their medications (62/80, 77.6%) and to monitor psychotropic medications (PM) efficacy (50/80, 62.6%). Around half of respondents thought that, in the future, pharmacists would not be able to suggest PM for patients (42/80, 52.6%), nor changes in PM dosages (37/80, 46.3%). Most psychiatrists emphasized the importance of psychiatric courses to improve pharmacists' role.

Conclusion Although psychiatrists were generally not satisfied with the current role of pharmacists, they had positive expectations about pharmacists' competency to do certain activities and to assist them in designing drug therapy plans.

Keywords: attitude; mental illness; pharmacists; psychiatrists

Introduction

Management of mental illness in primary care is a fundamental step to enable people to get easier access to services.^[1] In the last few years, some pharmaceutical care (PC) courses have started to take place in Jordanian universities.^[2] However, the BSc Pharmacy curricula still have weak emphasis on psychiatry.^[2] Jordanian pharmacists have successfully involved in providing PC for patients with chronic physical diseases.^[3–4] Recently, The Jordanian Pharmacists Association (JPA) has approved the Jordanian Pharmaceutical Board

(JPB), which includes psychiatry as a main section to expand pharmacists' role towards providing additional care to individuals with mental illness (IMI) (<https://maqar.com/archives/269465>).

In the Middle East, only one study in Saudi Arabia assessed psychiatrists' attitudes towards pharmacists' role; which reported a gap between what psychiatrists think pharmacists should be doing and what pharmacists are doing in caring for patients.^[5] While other studies have been conducted to evaluate physicians' expectations about pharmacists' roles. In Jordan, Tahaineh *et al.* emphasized

the importance of specifying pharmacists' responsibilities to develop working relationships between physicians and pharmacists.^[6] Notably, psychiatrists differ from physicians by specializing in psychiatry, the branch of medicine devoted to diagnosis and treatment of mental illness rather than physical impairments.^[7]

This study will add valuable information to the literature as it is the first study evaluated psychiatrists' attitudes and expectations about Jordanian pharmacists' roles in psychiatry.

Aim of the Study

This study aims to evaluate Jordanian pharmacists' roles in psychiatry from psychiatrists perspective.

Method

An e-survey was sent on August 2018 to all psychiatrists registered in the JPA ($n = 100$). One month later, a reminder was sent. Ethical approval was obtained from the Institutional Review Board at University (University of Petra). The survey was based on one used previously in Riyadh^[5] and modified with the consent of the authors. English (the instruction medium in Jordanian universities) and Arabic language (the first language in Jordan) were used. The Translation Department at the University validated the translation process. Three professors tested the content validity and gave positive feedback. A pilot study was conducted on 10 psychiatrists not included in the full survey.^[8] The questions were about the following: demographics, psychiatrists' attitudes and expectations about pharmacists' role using a 4-point Likert scale. An open-ended question was used to obtain psychiatrists' recommendations to develop pharmacists' roles.

The data were analysed using SPSS-24. Descriptive statistics were reported (frequency/percentage). Multivariate logistic regression was

conducted to find significant predictors for psychiatrists' agreement about pharmacists' future role. Predictors were tested against the dependent variable '*Pharmacists will be able to suggest changes in dosage of PM I prescribed*', which had a higher level of pharmacist autonomy than others.

Results

The internal reliability was 0.81. A total of 80 responses were received (response rate 80%). Most of psychiatrists worked in public hospitals (47/80, 58.8%). The respondents were consultants (29/80, 36.3%), residents (25/80, 31.3%) and specialists (24/80, 30.0%).

Overall, psychiatrists were dissatisfied with pharmacists' current role in providing PC for IMI; giving enough time to discuss psychotropic medications (PM) (62/80, 77.6%) and monitor PM efficacy (50/80, 62.6%). Psychiatrist also disagreed on pharmacists' ability to recommend drug therapy for IMI (68/80, 85.1%) and correct errors in prescriptions (57/80, 71.3%) (Figure 1).

Most psychiatrists expected that, in the future, pharmacists would handle more responsibilities in PC (70/80, 87.5%) and assist them in designing drug therapy plans for IMI (48/80, 60.1%). While half of psychiatrists expected that pharmacists would not be able to suggest PM (42/80, 52.6%), nor changes in PM dosages (37/80, 46.3%) (Figure 1).

Only two statements were significant predictors for psychiatrists' agreement about pharmacists' role in psychiatry; '*Pharmacists will be able to suggest PM*' (OR = 41.861; 95%CI: 6.587–266.022; $P = 0.000$) and '*Pharmacists will assist me in designing drug therapy plans*' (OR = 25.418; 95%CI: 1.183–546.284; $P = 0.039$).

Some psychiatrists gave recommendations to develop pharmacists' roles in psychiatry in the open-ended question and were summarized within four categories as given in Table 1.

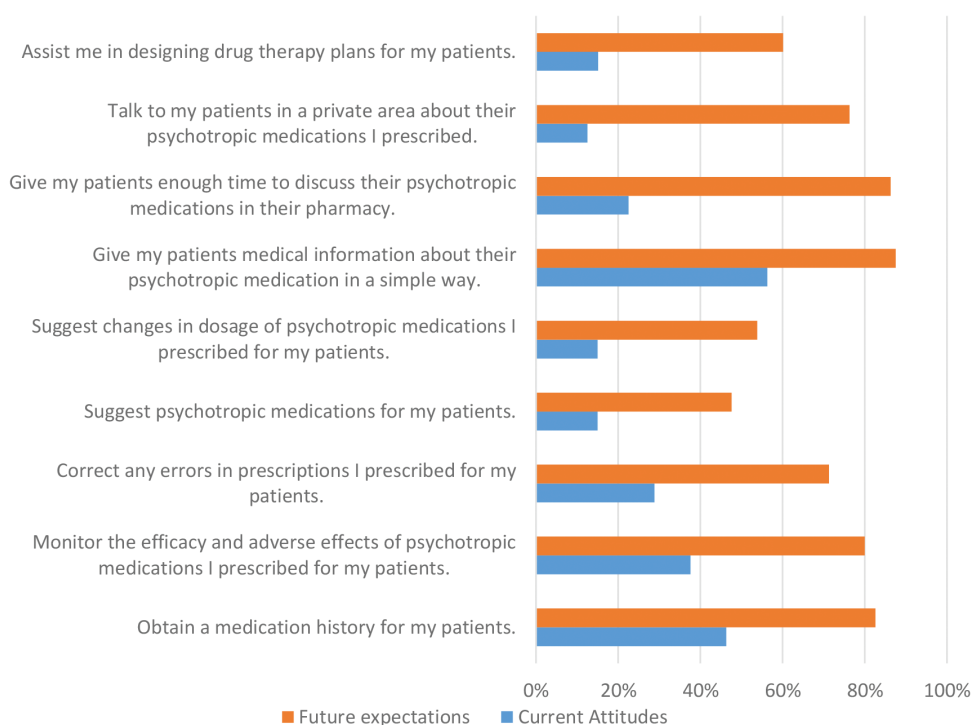


Figure 1 The proportion of psychiatrists' who expressed positive attitudes/expectations about pharmacists' role in psychiatry.

Table 1 The most important psychiatrists' recommendations to develop pharmacists' role

Category	Recommendations (Psychiatrist's number/professional)
Developing pharmacists' knowledge	1. "Pharmacists should be aware of the importance of psychiatry and psychotropic drugs and distinguish between drugs that cause addiction and do not cause" (Psychiatrist 48/ consultant). 2. Actually studying psychopharmacology medications and knowing what they are saying rather than guessing" (Psychiatrist 4/ resident).
Improving pharmacists' PC*	3. "Participation in events, conferences and lectures on psychiatry" (Psychiatrist 57/ consultant). 4. "Pharmacists must not suggest any psychotropic medications without psychiatrists' consultation" (Psychiatrist 22/ consultant). 5. "Suggest changes in dosage of drugs between the pharmacist and the doctor, not the pharmacist and the patient because the psychiatrist knows the patient's need and doses vary greatly between the patient and others" (Psychiatrist 50/ specialist). 6. "Don't be a doctor as I can't be a pharmacist" (Psychiatrist 5/ resident). 7. "Pharmacists don't give patients enough time to discuss their medications" (Psychiatrist 18/ consultant). 8. "The main factor in interacting with the patient is increasing his self-confidence" (Psychiatrist 30/ consultant).
Communication with psychiatrists	9. "Discuss any information they want to know with psychiatrists before talking with patients" (Psychiatrist 52/ specialist). 10. "The work in a team with psychiatrists and another medical team will be the key to developing the role of pharmacists in psychiatry in the future. Communication with psychiatrists" (Psychiatrist 27/ specialist). 11. "Helping the pharmacist to develop treatment plans is crucial to sharing knowledge and opinions between the pharmacist and the psychiatrists" (Psychiatrist 68/ consultant). 12. "Don't make any change in medication.... ask if you don't know ...don't make a decision by self.... remember we work as a team" (Psychiatrist 16/ resident).
Expanding the pharmacists' role	13. "There is no clinical pharmacy in the hospital specialized in the field of psychiatry" (Psychiatrist 66/ specialist).

*PC, Pharmaceutical care.

Discussion

Most psychiatrists were generally dissatisfied with pharmacists' current role in providing PC and recommending drug therapy for their patients. One study has shown that the highest ranked barrier to providing PC was psychiatrists' perceptions that pharmacists are drug dispensers only.^[9] This might be due to a lack of awareness of pharmacists' role in the care of patients among health care providers, or pharmacists do not play their part effectively. Another probable reason is the lack of pharmacists–psychiatrists collaborative work.^[3]

According to the psychiatrists, most pharmacist would be able to provide PC for IMI in the long term. These views might be improved after approving the JPB. In a survey of similarly complex care setting, psychiatrists were generally receptive to consultative and educational services provided by pharmacists, but disagreed that pharmacists having independent decision-making authority.^[10]

Although the positive expectations, psychiatrists were less confident in some statements (suggesting PM, changes PM dosage), which were also reflected in psychiatrists' written recommendations. Psychiatrists might believe that these activities challenge their autonomy and authority or possibly interfere with psychiatrists–patient relationships.

Unexpectedly, although the current regulations in Jordan do not allow pharmacists to diagnose diseases or dispense some medications without prescriptions, most psychiatrists expected that pharmacists would assist them in designing drug therapy plans for IMI in the future. It appears that psychiatrists were maintaining a positive outlook towards collaborative work with pharmacists, but they were hesitant about pharmacists' role in providing independent medication prescribing and medication dosage adjustment for IMI.

Psychiatrists' expectations that pharmacists suggest PM and drug therapy plans for patients were significantly associated with greater agreement that pharmacists have a greater suggesting change in dosage of PM. The reason for finding only two predictors might be the small sample size.

Although this study shed some light on the pharmacists' role in psychiatry as perceived by Jordanian psychiatrists, it had two limitations: the small sample size used, and we did not ask the psychiatrists how often they interact with pharmacists.

Conclusion

Although the negative attitudes towards pharmacists' current role, psychiatrists had positive expectations about pharmacists' competency to do certain activities and to assist them in designing drug therapy plans. Pharmacists should undertake initiatives to establish working relationships with psychiatrists to meet the psychiatrists' expectations.

Future Research Recommendations

Larger studies investigating both physicians' and psychiatrists' expectations about pharmacists' role in psychiatry using larger sample size should be conducted. Further studies should be conducted to investigate pharmacists' perceptions of mental illness. Future studies should assess specific educational experiences among pharmacists during their experiential education clerkships and again after graduation using before/after study design.

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Conflict of Interest

The authors declare that they have no conflicts of interest to disclose.

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