Is It Necessary for Pharmacists to Evaluate Other Health Professionals' Satisfaction with Pharmacist Services?

THE "PRO" SIDE

Many institutions focus on evaluating patients' opinions about their health care experience, and rightly so. Patients and their caregivers are the primary users of health care, and their input about their own experiences is invaluable to administrators and health care providers. However, the multiple users or consumers of pharmacy services within the health care system include other health professionals, whose valuable feedback could also be sought through satisfaction surveys.

The quality of health care is typically assessed along a continuum, whereby institutions that demonstrate continuing improvement activities are considered to exemplify more mature organizations in terms of their quality practices. [1] Therefore, it can be argued that seeking feedback to understand customers' satisfaction with a service and then using this information to continually improve that service are signs of a more mature health care organization. As the roles of pharmacists have expanded over the past few decades, so too have the ways in which they work and interact with other health professionals. How will we pharmacists know we're getting it right if we don't ask them?

For the following reasons, it is essential for pharmacists to evaluate the satisfaction of all recipients of their services, including other health professionals. Feedback can facilitate pharmacists' professional development and can help in identifying areas for improvements in pharmacists' services. This type of interaction with health professionals also provides opportunities to further develop effective interprofessional collaborative practices. The most compelling reason to evaluate health professionals' satisfaction is that improvements to pharmacy services may lead to better patient care and better outcomes.

Measuring other health professionals' opinions about and satisfaction with pharmacists' performance provides important information that can enhance pharmacists' professional learning and development. Published reports of health professionals' views of and satisfaction with pharmacy tend to focus on the introduction of a new or changed service[2-4] or to report the results of one-time surveys.[5-8] Unfortunately, most pharmacy departments do not routinely continue measuring the health care team's satisfaction with pharmacy services at regular intervals after an initial evaluation. This represents a missed opportunity to gauge how well the pharmacy department and pharmacists working in health care teams meet the needs of their customers. Although many pharmacy departments incorporate feedback from other members of the health care team in the performance appraisals of individual pharmacists, these results should be interpreted cautiously as indicators of pharmacy services provided. That is because of potential biases in the process.[9] Feedback sought for the purposes of performance appraisal may be perceived to affect coworkers' careers, resulting in overly positive and less constructive responses. Instead, health professionals should be asked to complete satisfaction surveys about the services provided by the pharmacy team as a whole or pharmacy personnel working in their respective clinical areas, and to provide constructive recommendations intended to improve the services. Results of these surveys could be used to facilitate discussion within the pharmacy team about the survey outcomes and ways in which identified gaps could be addressed.

Surveying other health professionals allows pharmacy departments and decision-makers to better understand coworkers' satisfaction with pharmacy services and also highlights opportunities for improved interprofessional communication and collaboration. For any customer or client using a service, the level of satisfaction often reflects the difference between what the person expected to receive and what was actually received.[10,11] Therefore, health professionals' satisfaction can be viewed as their perception of the pharmacy services they received relative to what they expected to receive. High levels of satisfaction with pharmacy services imply that health professionals' expectations have been met. Conversely, low satisfaction with pharmacy services indicates that health professionals' expectations have not been met and pinpoints areas in which pharmacy services can be improved.

As well, these mismatches may highlight gaps in health professionals' knowledge about pharmacists' training and scope of practice. Several studies have provided evidence supporting these possibilities.[3,4,12,13] For example, in surveys distributed before and after the introduction of clinical pharmacy services to a surgery ward,[3] my own research team found marked differences among pharmacists, nurses, and physicians in terms of their views of certain pharmacist roles. In particular, pharmacists felt much more strongly than nurses or physicians (96% agreement versus 46% and 40%, respectively) that "ensuring patients receive

optimal drug therapy" was a key role for pharmacists.[3] These perceived differences in expectations of pharmacists indicate a need for all health professionals to learn more about each other's roles. Other researchers, who followed up with practising health professionals 5 years after participation in interprofessional education during their training, reported that participants' understanding of other health professionals' roles increased with time in practice.[14] Unfortunately, this same group of participants indicated declines in teamwork, collaboration, and respect after a period of time in practice as compared with the perspectives they held while engaged in the interprofessional education program.[14]

Role clarification, teamwork, and communication are among the 6 competency domains of the framework described by the Canadian Interprofessional Health Collaborative as necessary for effective interprofessional collaboration.[15] Surveys requesting feedback from health professionals about pharmacy services could help in uncovering confusion about roles and could provide a platform to discuss how interprofessional collaboration can be improved.

In summary, as the profession of pharmacy continues to evolve, it is essential that the pharmacist services provided are of high quality. To ensure this level of quality, all aspects of pharmacist services, including health professionals' satisfaction, need to be evaluated on an ongoing basis for continuous improvement. The evaluation of health professionals' feedback may lead to changes that improve pharmacist services and ultimately lead to higher quality of care for patients.

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THE "CON" SIDE

As pharmacists, our scope of practice is defined by our licensing and regulatory bodies, as well as by provincial legislation. Our purview for patient care is determined by these organizations, with the central tenet of optimizing patient care within our knowledge, skills, and abilities. Nowhere do our standards of practice indicate that we should satisfy the expectations of other health care professionals. For example, Standard 1 of the Alberta standards of practice indicates that pharmacists should act professionally, which includes working collaboratively with others, but the standard does not mention satisfying the needs of other health care professionals.[1] If we define satisfaction in terms of the level to which pharmacists are meeting the needs and/or expectations of others, the question of measuring health care professionals' satisfaction is really "Are we meeting the needs and expectations of other health care professionals?" I would argue that our goal in patient care is not to meet the expectations of other health care professionals but rather to meet the needs of our patients.

The care decisions that we make for, and in conjunction with, our patients should not be reliant on the satisfaction of other health care professionals. Instead, these decisions should be about the patient and for the patient. We have all had practice experiences where we have made a care decision with a patient that has definitely not been in alignment with the views and approaches of other health care professionals, but their dissatisfaction has not negated that decision nor made it incorrect.

We teach students and new pharmacists to apply the patient care process to patient interactions and, through this process, to determine a care plan.[2] This care plan is based on the patient's goals, our assessment of the patient's medications (in terms of indication, effectiveness, safety, and adherence), and other contributing data. The patient

care is then documented, and this information is shared with other members of the care team. Within this process, we, as pharmacists, must determine how best to collaborate with these other health care partners. However, in determining that collaboration, we should not be bound or limited by the level of satisfaction that other health care professionals have in our work. Our goal is to provide care and optimize patient outcomes through appropriate medication management. Clearly, the attitudes and level of satisfaction of other health care professionals can influence us, and previous research has shown that these contextual factors affect our work and even our care decisions.[3] These influences are practice- and context-specific, and need to be managed on an individual basis. However, research about general satisfaction with a pharmacist service does not inform how we deal with these difficult situations.

I think a prime example of a situation where the opinions of other health care professionals have been over-studied, with no benefit to care, is the case of immunization by pharmacists. As provinces in Canada and other countries move to increase patients' access to vaccinations, a lot of time, energy, and money has been spent on asking physicians and nurses for their opinions, attitudes, and satisfaction with administration of vaccines by pharmacists. The initiation of pharmacist immunization has been driven primarily by the need to increase vaccination rates and accessibility to vaccines.[4-8] In addition to increasing uptake, pharmacist vaccination has been shown to have economic benefits.[6] Furthermore, seeing a pharmacist for a vaccination offers patients an entry point into the health care system. Through their assessment of a patient's appropriateness of vaccination, pharmacists may identify other issues that the patient is experiencing, but has not yet sought care for.

The decision to expand pharmacists' scope of practice to include immunization is really about increasing patients' access to care. Given that the rationale for this decision is based on patient care, is it important at all to ask what other health care professionals think? Opinions, including level of satisfaction, are value-laden and biased, and do not necessarily relate to optimal patient care; rather, they may include factors such as loss of income and territoriality.[4] In one Canadian study, nurses and physicians were asked whether they supported the expansion of pharmacists' scope of practice to include vaccination; 32% of nurses and 46% of physicians strongly disagreed with the expansion of scope of practice.[9] Nonetheless, as of late 2018, all but one of Canada's 10 provinces have expanded pharmacists' scope to include vaccine administration.[10] Therefore, how has this research added value to our knowledge and understanding of pharmacist immunization programs?

Even with evidence supporting the role and legislation that allows us to include vaccination as part of our scope of practice, research continues on the satisfaction of other health care professionals in relation to pharmacist administration of vaccines.[8,11] Recently, Australia has gone through legislative and practice changes to allow for pharmacist immunizers, with both nurses and doctors voicing concern over the expansion of pharmacists' scope.[6] Many of the concerns are proffered under the guise of patient safety; however, loss of income has come up in some research as well.[4] So, if there is bias related to a loss of income, how can we consider these opinions as being important in improving patient care?

Finally, we need to consider why we include the concept of "satisfaction" in pharmacy practice research at all. Is the reason we do this research to affirm our role in patient care? Do we really lack that much confidence in our abilities that we must look to others to tell us that we are doing our job well?[12] As researchers, and as consumers of research, we need to think about our primary objectives in measuring satisfaction, and whether there is really an ongoing need for this type of work. Shouldn't our already limited research resources be spent on something more directly valuable to our patients?

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