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Patients' perception, views and satisfaction with pharmacists' role as health care provider in community pharmacy setting at Riyadh, Saudi Arabia

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Abstract *Objectives:* This study will provide guiding information about the population perception, views and satisfaction with pharmacist's performance as health care provider in the community pharmacy setting in Riyadh, Saudi Arabia.

Method: The study was conducted in Riyadh, Saudi Arabia, from July through December 2010. A total of 125 community pharmacies in Riyadh city were randomly selected according to their geographical distribution (north, south, east, and west). They represent about 10–15% of all community pharmacies in the city. The questionnaire composed of 8 items about patients' views and satisfaction with the pharmacists' role in the current community pharmacy practice. The questionnaire was coded, checked for accuracy and analyzed using the Statistical Package for Social Sciences (SPSS) version 17.0 for Windows (SPSS Inc., Chicago, Illinois).

Results: The response rate was almost 85% where 2000 patients were approached and 1699 of them responded to our questionnaire. The majority of respondents is young adults and adults (82.8%), male (67.5%) and married (66.9%). Seventy one percent of respondents assured that community pharmacist is available in the working while only 37.3% of respondents perceived the pharmacist as a mere vendor. About 38% assured sou moto counseling by the pharmacist, 35% reported pharmacist plays an active role in their compliances to treatments, 43% acknowledged the role of pharmacist in solving medication related problems, 34% considered the pharmacist as a health awareness provider and 44.6% felt that pharmacist is indispensable and an effective part of the health care system.

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Conclusion: The image and professional performance of community pharmacist are improving in Saudi Arabia. The Saudi patients show better satisfaction, perception and appreciation of the pharmacists' role in the health care team. However, extra efforts should be paid to improve the clinical skills of the community pharmacists. Community pharmacists need to be able to reach out to patient, assess their hesitations and promptly offer solution which was appreciated by the patients as the survey indicates. They should play a pro-active role in becoming an effective and indispensable part of health care. Furthermore, they should be able to advice, guide, direct and persuade the patient to comply correct usage of drugs. Finally, community pharmacists should equip themselves with appropriate knowledge and competencies in order to tender efficient and outstanding pharmaceutical health care.

1. Introduction

The main role of pharmacy was and will continue to be dispensing medications. An important issue in this area is usually drug availability (Gastelurrutia et al., 2006). Community pharmacists today are involved in a wide variety of professional activities which may be considered as either product or patient-oriented (Bradshaw and Doucette, 1998; Farris and Schopflocher, 1999; Rosenthal et al., 2011). However, community pharmacist can play an important role in patients' counseling and should be able to give basic drug information in terms of appropriate drug usage, administration, dosage, side effects, storage and drug–drug and drug–food interactions (Hämmerlein et al., 2007).

Through his role, the pharmacist gained a direct interaction with the patient. This experience generates opinions and views for both the patients and pharmacists. Collecting those opinions and view of performance is crucial to improve the quality of current services, evaluating the need for new services and enhancing communication and expectations between two sides (Kucukarslan and Nadkarni, 2008). Another useful use is drawing a baseline before implementing new strategies or clinical services to measure patients' views about pharmacist's role in health care team (Iqbal et al., 2008) or even improve patients' adherence to medications. (Gu et al., 2008).

Satisfaction has been defined in different ways and by different people. Cleary and McNeil defined satisfaction as "the health care recipient's reaction to salient aspects of his or her service experience" (Cleary and McNeil, 1988). By reviewing the existing definitions, common criteria and three main components can be identified: consumer satisfaction is an emotional or cognitive response; the response pertains to a particular focus such as expectations, product, and consumption experience; and the response occurs at a particular time e.g. after consumption, after choice, based on consumption experience, etc. (Oparah and Kikanme, 2006). Most of reports regarding patients' satisfaction of pharmacist performance are positive and reflect that they are the drug experts (Contribution of Community, 2009) .Nevertheless, there are some points that need to be improved or promoted as pharmacists' role as health promoter; confidentiality, privacy, and inequality of consumers treatment (Contribution of Community Pharmacy to Improving the Public's Health (Anderson, 2009; Lea et al., 2008).

Several studies have investigated patients' satisfaction and attitudes to community pharmacy services (El Hajj et al., 2011; Wirth et al., 2010; Cavaco et al., 2005; Bawazir, 2004; Oritz et al., 1987; Farris et al., 2000; Kamei et al., 2001; Hargie et al., 1992; Briesacher and Corey, 1997; Larson et al., 2002; Cerulli, 2002; Stergachis et al., 2002). The public in Qatar has a poor understanding of community pharmacists' role as health care provider (El Hajj et al., 2011). However, Maltese and Portuguese appreciated the role of community pharmacist in health care team (Wirth et al., 2010; Cavaco et al., 2005). Saudis feel comfortable seeking advice from their pharmacist despite the sensitivity to a possible lack of privacy in the pharmacy (Bawazir, 2004). Over three-quarters Australian patients believed that the pharmacist should explain about the use of their medication (Oritz et al., 1987), while the functions most desired by Japanese consumers were communication with the pharmacist and convenient opening hours (Farris et al., 2000). In Canada, high levels of satisfaction were reported in items measuring general satisfaction, interpersonal and explanation dimensions (Kamei et al., 2001). In the UK, Hargie et al. Hargie et al. (1992) measured consumer perceptions of and attitudes to community pharmacy services using a communication audit technique. The community pharmacist's role as perceived by the public ranged from 32% who saw pharmacists as primarily business people, to 26% who considered they were mainly concerned with health and 42% who saw them as having a commitment to both health and business. In the US, Briesacher and Corey (1997) used a survey to measure customer satisfaction with community pharmaceutical services and reported that the interviewees rated the community pharmacies highly. Larson et al. (2002) measured patients' satisfaction with pharmaceutical care using a modified questionnaire originally developed to measure patients' satisfaction with traditional community pharmacy services. Patients were significantly more satisfied with the "friendly explanation" scale than with the "managing therapy" scale. Cerulli (2002) studied customers' perceptions of independent community pharmacists and reported a positive impression of community pharmacists, indicating that the study pharmacies had established the necessary foundation for therapeutic relationships with their customers. The US national pharmacy consumer survey (Stergachis et al., 2002) revealed that satisfaction with pharmacy services remained high, with 85% of respondents reporting satisfaction with the process of filling a new prescription and 90% being satisfied with the refill process.

The health care system in Saudi Arabia is well developed and structured. The health care facilities are predominantly Governmental, offering their services to all citizens. Outside Government hospitals, consumers obtain their medications from over 3200 private sector community pharmacies. Changes in the healthcare system affect all aspects including pharmacy services, pharmacists' role, and expectations and patients' behavior (Volmer et al., 2009). Thus conducting this

study will provide guiding information about the population perception, views and satisfaction with pharmacist's performance as health care provider in the community pharmacy setting in Riyadh, Saudi Arabia that has accompanied these changes in health care systems.

1.1. Methods

1.1.1. Study sites

The study was conducted in Riyadh, Saudi Arabia, from July through December 2010. Riyadh city has a population of 5254,560 about 50% of them aged above 18 years. A total of 125 community pharmacies in Riyadh city were randomly selected for visits according to their geographical distribution (i.e., north, south, east, and west). They represent about 10–15% of all community pharmacies in the city. The selection of facilities was done at random with a clear intention to include different areas of Riyadh city. An explanation of the study rationale was provided and pharmacists were assured that the survey would measure patients' satisfaction with community pharmacists' role as health care provider rather than investigate the experience of patients in relation to specific pharmacies. Permission from pharmacist was requested and obtained to approach patients when they entered the pharmacy to ask them to complete the questionnaire while they were on the premises.

1.2. The questionnaire

The findings and discussion presented in this paper are based on the data collected from a study on patients' perception, views and satisfaction with pharmacist's role in community pharmacy services. The study was carried out by using questionnaire developed from instrument used in previous study (Iqbal et al., 2008). Although the questionnaire developed for evaluation of patients' satisfaction with pharmacist's role in hospital settings, it is suitable also to be applied in community pharmacy practice. The questionnaire composed of 8 items about patients' views and satisfaction with the pharmacists' role in the current community pharmacy practice (Table 1). The questionnaire was chosen and then translated into Arabic. A pilot study of 50 participants was carried out before and after translation. The results of this pilot study were used for the questionnaire validation. The questions included in the questionnaire were selected to assess patients' satisfaction and perspective about pharmacists' role in the health-care system. The concept of outcome research and epidemiological studies and its impact in improving health services are not yet well perceived by Saudi community, which limits the will of patients to respond to a more comprehensive questionnaire. Additionally, the rapid rhythm of life and illiteracy of some patients are major factors to choose a simple questionnaire. In the light of this, it was understood in advance that the population which will comprise the respondents would be less willing at comprehending difficult questions. Thus their ability to understand a more elaborate question format is questionable and their responses could have also led to ambiguity of interpretation-. A close ended, simple to understand, comprehensible question format was deliberately chosen to keep away any inadvertent bias in interpreting specific response. Moreover, this format was found to collect quick response, while enabling the patients to answer with ease while still respecting the intention of the survey. Survey responses were further described according to pre - defined demographic parameters; age, gender, and marital status.

1.3. Data collection

All Arabic-speaking consumers were interviewed by an assigned pharmacist. The purpose of the study was explained and they were invited to complete the questionnaire after assuring acceptance and signing the consent form. An assurance was given regarding the confidentiality of the data obtained. Data were collected and recorded over a four-hour period (9:00 ± 1:00 or 18:00 ± 22:00) on one working day of the week for each pharmacy. The time spent at each pharmacy was randomised to account for variations in the type of customer depending upon the time of the day.

1.4. Data analysis

The questionnaire was coded, checked for accuracy and analyzed using the Statistical Package for Social Sciences (SPSS) version 17.0 for Windows (SPSS Inc., Chicago, Illinois). The analysis included frequencies of discrete variables and codescriptors and cross-tabulation of the variables.

Table 1 The complete list of questions used in the survey.

	No.
	Questions
Q1	Is the pharmacist available at the designated hours?
Q2	Is the pharmacist a mere vendor/dispenser of prescription drugs?
Q3	Does he offer counseling without asking?
Q4	Does he extract information about the compliance to the previously dispensed prescription?
Q5	Does he enquire about the related health problems and any other medication used in the past?
Q6	Does he inform the patients/consumers about the ongoing health camps and campaigns in his vicinity? e.g.: Polio eradication, cataract removal and family planning etc.
Q7	Do you perceive a pharmacist as an indispensable and effective part of the health care system?
Q8	Does the Pharmacist instruct about timings of drug administration?

Table 2 Demographic data of respondents.

	Frequency (%)
Age	
15–25	434 (25.6%)
25–35 y	747 (44.1%)
35–45 y	391 (23.1%)
45–55 y	94 (5.6%)
56 y and above	27 (1.6%)
Gender	
Male	1130 (67.5%)
Female	543 (32.5%)
Marital status	
Single	481 (28.6%)
Married	1126 (66.9%)
Divorced	51 (3.0%)
Widow	24 (1.4%)

Table 3 Patients' responses.

Q1	
Yes	1213 (71.4%)
No	258 (15.2%)
Do not know	227 (13.4%)
Q2	
Yes	633 (37.3%)
No	751 (44.3%)
Do not know	313 (18.4%)
Q3	
Yes	653 (38.5%)
No	684 (40.3%)
Do not know	361 (21.3%)
Q4	
Yes	682 (40.1%)
No	593 (34.9%)
Do not know	424 (25.0%)
Q5	
Yes	652 (38.4%)
No	732 (43.1%)
Do not know	315 (18.5%)
Q6	
Yes	582 (34.3%)
No	616 (36.3%)
Do not know	500 (29.4%)
Q7	
Yes	758 (44.6%)
No	571 (33.6%)
Do not know	370 (21.8%)
Q8	
Yes	870 (51.2%)
No	335 (19.7%)
Do not know	494 (29.1%)

The Chi-squared test was used to assess statistical significance to compare the different questions 1 to 8 with respect to age group, gender, and marital status. It is assumed that there is a statistically significant difference if p- value is less than 0.05.

2. Results

The response rate was almost 85% where 2000 patients were approached and 1699 of them responded to our questionnaire. According to Table 2, socioeconomic demographic data of the Saudi respondents at Riyadh city reveal that the majority of respondents is young adults and adults (82.8%). Most of respondents were from age group of 25-35 years who contribute about 44% of the respondents while elderly (56 years and more) are only 1.6% of them. Male respondents are 67.5% while female respondents are only 32.5%. Additionally, married respondents are greater in number (66.9%) compared to unmarried and others.

2.1. Patients' responses

2.1.1. Availability
For professionals who are directly interacting with the public, availability at the designated hours is one of the fundamental requirements. The availability should be very close to 100%. However, our study reveals that the availability was 71.4% (Table 3). Moreover, There was no statistically significant difference between the views of different groups based on sex, age and marital status ($p = 0.157$, 0.322 and 0.129) respectively (Tables 4–6).

2.1.2. Expectation from pharmacist
The objective of including this question was to take hold of expectation of the patients from the pharmacist. The survey indicates that about half of the patients expect the pharmacist to do much more than dispensing of medicine. Only 37.3% respondents perceived him as mere vendor while 44.3% of them had a higher expectation from him as a professional (Table 3). The respondents' views showed significant difference between different groups in relation to gender and marital status ($p = 0.041$ and 0.001) respectively (Tables 4 and 6) but not for different age groups ($p = 0.202$) (Table 5).

2.1.3. Counseling
Pharmacist major role is dispensing medication to the patient. Additionally, he should give proper information about medicines such as an advice on how to use medicines, precautions, drug interactions and adverse reactions of drugs. The results of the survey showed that 38% of the surveyed patients reported suo moto counseling by the pharmacist (Table 3). In contrast to female respondents, most male respondents (73%) gave positive response ($p = 0.001$) (Table 4). No significant difference was found between the views of different groups according to age and marital status of respondents ($p = 0.105$ and 0.234) respectively (Tables 5 and 6).

2.1.4. Compliance
Nowadays, one of the major medication related problems is the patients' incompliance. One of major roles of pharmacist in the current practice is to improve patients' compliance. Therefore, the information about compliance of the previously dispensed medication is an important feedback for the pharmacist. Such type of information enables the pharmacist to understand both the patients' behavior and the reasons for incompliance. The survey however reveals that the perfor-

Table 4 Patient response according to gender.

Q. Nos.	Gender						p-values
	Male patient responses			Female patient responses			
	Yes	No	Do not know	Yes	No	Do not know	
Q.1	821 (68.9%)	166 (64.6%)	143 (63.6%)	370 (31.1%)	91 (35.4%)	82 (36.4%)	0.157
Q2	432 (69.0%)	507 (68.9%)	190 (61.5%)	194 (31.0%)	229 (31.1%)	119 (38.5%)	0.041
Q3	470 (73.0%)	433 (64.1%)	226 (64.2%)	174 (27.0%)	243 (35.9%)	126 (35.8%)	0.001
Q4	465 (69.4%)	394 (67.7%)	271 (64.4%)	205 (30.6%)	188 (32.3%)	150 (35.6%)	0.224
Q5	456 (71.1%)	467 (64.9%)	207 (66.3%)	185 (28.9%)	253 (35.1%)	105 (33.7%)	0.042
Q6	407 (70.9%)	403 (66.6%)	319 (64.7%)	167 (29.1%)	202 (33.4%)	174 (35.3%)	0.082
Q7	532 (71.6%)	347 (61.2%)	251 (69.1%)	211 (28.4%)	220 (38.8)	112 (30.9%)	<0.0001
Q8	606 (70.6%)	217 (66.2%)	307 (63.0%)	252 (29.4%)	111 (33.8)	180 (37.0%)	0.014

mance of pharmacist in this respect is just satisfactory, about 40% of respondents replied in positive while about 35% of the participant gave negative reply (Table 3). Married respondents showed significant positive response compared to other marital status groups ($p = 0.017$) (Table 6) whereas no significant difference was found in relation to different genders or age groups ($p = 0.224$, and 0.499) respectively (Tables 4 and 5).

2.1.5. Solving medication related problems

Avoidance of drug–drug interaction and adverse drug reactions are important roles that a modern age pharmacist is expected to play. Good medication and disease history are the pharmacists' clinical tools to overcome these types of medication related problems. Without knowing the other health related problems and other medications used at present or recent past, this role cannot be played. About 38% of the respondents reported that the pharmacist inquires about other health related problems and about 43% of them reported that the pharmacist does not (Table 3). The study shows significant difference in the respondents' views within the different groups of both gender and marital status ($p = 0.042$ and 0.012) respectively (Tables 4 and 6) while different age groups do not show that difference ($p = 0.569$) (Table 5).

2.1.6. Promoting health awareness

Health awareness is another important role the pharmacist can play to improve the health care service given to the patient in the community settings. The results of the survey show that about 34% of the respondents agreed and about 36% disagreed that the pharmacist is taking interest in this regard (Table 3). There is a significant difference between different groups according to age and marital status ($p < 0.0001$ for both) (Tables 5 and 6) while no significant difference was found between male and female views ($p = 0.062$) (Table 4).

2.1.7. Relevance in the society

The members of effective profession should be perceived as essential or indispensable (Gu et al., 2008). If it is not the case, the future of that profession seems to be uncertain. The survey indicates that 44.6% of respondents felt that pharmacist is indispensable and an effective part of the health care system while 33.6% gave negative response. There is a significant difference between different groups with regard to sex, age groups

and marital status ($p < 0.001$, $p = 0.001$ and $p < 0.0001$) respectively (Tables 4–6).

2.1.8. Clear instructions

In addition to dispensing medications, the pharmacist should impart clear instructions to the patient about the medications forms and administration timings. In response to the question about whether the pharmacist gives instructions about timing of the drug administration, the survey shows that about half of the patients (51.2%) reported that the pharmacist gives instructions about timing of drug administration and only 19.7% denied (Table 3). Additionally, there is a significant difference between different groups with regard to sex, age groups and marital status ($p = 0.014$, $p = 0.037$ and $p < 0.0001$) respectively (Tables 4–6).

3. Discussion

The response rate was very good. Some factors may have contributed to this high response rate, including the short time required to complete the questionnaire, filling in the survey form while in the pharmacy, and the simplicity of the questionnaire items. Availability of professionals in their duty sites is a basic requirement for any profession especially that interacting directly with the public. Although the majority of respondents (71.4%) reported that the community pharmacists are available in their working sites during their duty hours, the optimum should be near to 100% as possible. Availability of pharmacists in hospital settings (Gu et al., 2008) was better reported (91%) compared to our results. On the other hand, Nigerian study found that 56.5% of respondents rated the pharmacist availability as excellent (Oparah and Kikanme, 2006). Bawazir, found that the convenience of location and availability of trusted pharmacists were the primary determinants in pharmacy selection in Saudi Arabia (Bawazir, 2004). Additionally, unavailability was reported to be the main determinant discouraging the patient to ask for advice and hence ineffective counseling (Schommer, 1997). The survey results are consistent with previous study regarding the patients' perception about the community pharmacists as only vendor/dispenser. (Bawazir, 2004) Bawazir found that 56.1% thought pharmacists were more concerned with the business while our study shows 44.3% of the respondents perceived that the pharmacists are not merely as vendor/dispenser of prescription drugs.

Table 5 Patient response according to age.

| | Different Age groups | | | | | | | | | | | | | | | p-value |
| | 15–25 y | | | 25–35 y | | | 35–45 | | | 45–55 | | | 56 and above | | | |
	Yes	No	Do not know	Yes	No	Do not know	Yes	No	Do not know	Yes	No	Do not know	Yes	No	Do not know	
Q1	312 (25.8%)	57 (22.1%)	65 (28.6%)	550 (45.6%)	107 (41.5%)	89 (39.2%)	262 (21.7%)	72 (27.9%)	57 (25.1%)	64 (5.3%)	17 (6.6%)	13 (5.7%)	19 1.6%	51.9%	3.13%	0.322
Q2	163 (25.8%)	210 (28.0%)	61 (19.6%)	270 (42.8%)	321 (42.9%)	156 (50.2%)	150 (23.8%)	169 (22.6%)	72 (23.2%)	35 (5.5%)	40 (5.3%)	17 (5.5%)	13 (2.1%	9 (1.2%)	5 (1.6%)	0.202
Q3	196 (30.1%)	162 (23.8%)	76 (21.1%)	269 (41.3%)	175 (48.6%)	142 (21.8%)	166 (24.4%)	82 (22.8%)	34 (5.2%)	38 (5.6%)	22 (6.1%)	10 (1.5%	12 (1.8%)	5 (1.4%)	0.105%	0.105
Q4	194 (28.6%)	133 (22.5%)	107 (25.2%)	291 (42.9%)	267 (45.3%)	189 (44.6%)	146 (21.5%)	144 (24.4%)	101 (23.8%)	36 (5.3%)	36 (6.1%)	22 (5.2%)	12 (1.8%)	10 (1.7%)	5 (1.2%)	0.499
Q5	176 (27.0%)	176 (24.2%)	82 (26.1%)	270 (41.5%)	342 (47.0%)	135 (43.0%)	157 (24.1%)	165 (22.7%)	69 (22.0%)	38 (5.8%)	35 (4.8%)	21 (6.7%)	10 (1.5%)	10 (1.4%)	7 (2.2%)	0.569
Q6	159 (27.5%)	158 (25.7%)	117 (23.4%)	213 (36.9%)	286 (46.6%)	248 (49.6%)	153 (26.5%)	139 (22.6%)	98 (19.6%)	38 (6.6%)	27 (4.4%)	29 (5.8%)	15 (2.6%)	4 (0.7%)	8 (1.6%)	<0.0001
Q7	228 (30.2%)	117 (20.5%)	89 (24.2%)	331 (43.8%)	250 (43.9%)	166 (45.1%)	148 (19.6%)	162 (28.4%)	81 (22.0%)	35 (4.6%)	33 (5.8%)	26 (7.1%)	13 (1.7%)	8 (1.4%)	6 (1.6%)	0.001
Q8	209 (24.1%)	93 (27.8%)	132 (26.8%)	361 (41.6%)	155 (46.4%)	231 (47.0%)	228 (26.3%)	69 (20.7%)	94 (19.1%)	51 (5.9%)	14 (4.2%)	29 (5.9%)	18 (2.1%)	3 (0.9%)	3 (0.9%)	0.037

Table 6 Patient response according to marital status.

| AGE | Marital status | | | | | | | | | | | | p-values |
| | Single | | | Married | | | Divorced | | | Widow | | | |
	Yes	No	Do not know	Yes	No	Do not know	Yes	No	Do not know	Yes	No	Do not know	
Q1	361 (30.0%	59 (23.0%	61 (27.2%)	790 (65.7%)	183 (71.5%)	153 (68.3%)	31 (2.6%)	12 (4.7%)	8 (3.6%)	20 (1.7%)	2 (0.8%)	2 (0.9%)	0.129
Q2	180 (28.8%)	237 (31.8%)	64 (20.7%)	417 (66.6%)	484 (65.0%)	223 (72.2%)	22 (3.5%)	17 (2.3%)	12 (3.9%)	7 (1.1%)	7 (0.9%)	10 (3.2%)	0.001
Q3	191 (29.4%)	201 (29.8%)	89 (24.9%)	431 (66.3%)	440 (65.3%)	255 (71.4%)	16 (2.5%)	26 (3.9%)	8 (2.2%)	12 (1.8%)	7 (1.0%)	5 (1.4%)	0.234
Q4	209 (30.8%)	177 (30.4%)	95 (22.6%)	437 (64.5%)	388 (66.6%)	301 (71.5%)	24 (3.5%)	12 (2.1%)	15 (3.6%)	8 (1.2%)	6 (1.0%)	10 (2.4%)	0.017
Q5	188 (29.1%)	211 (29.2%)	82 (26.2%)	423 (65.4%)	493 (68.3%)	210 (67.1%)	22 (3.4%)	16 (2.2%)	13 (4.2%)	14 (2.2%)	2 (0.3%)	8 (2.6%)	0.012
Q6	167 (28.8%)	202 (33.3%)	112 (22.6%)	378 (65.3%)	396 (65.2%)	352 (71.1%)	26 (4.5%)	6 (1.0%)	18 (3.6%)	8 (1.4%)	3 (0.5%)	13 (2.6%)	<0.0001
Q7	264 (35.2%)	133 (23.4%)	84 (23.0%)	450 (60.1%)	409 (72.0%)	267 (73.2%)	19 (2.5%)	23 (4.0%)	9 (2.5%)	16 (2.1%)	3 (0.5%)	5 (1.4%)	<0.0001
Q8	263 (30.4%)	118 (35.8%)	100 (20.5%)	565 (65.3%)	205 (62.1%)	356 (73.1%)	29 (3.4%)	4 (1.2%)	18 (3.7%)	8 (0.9%)	3 (0.9%)	13 (2.7%)	<0.0001

The society expects the pharmacist to play a definite role in the positive patients' outcome by taking pro-active role in counseling, spreading for example, health awareness. This was further confirmed by finding that the pharmacist is viewed as an integral part of the health care system. One of the major pro-active roles of community pharmacists is patients' counseling. Either the patient or the pharmacist can initiate counseling however; reports indicate that when advice is received, the process is initiated almost exclusively by the patients. Although some studies showed high levels of patients' satisfaction despite sub-optimal ratings for counseling levels (Liu et al., 1999), other studies indicated that the higher the frequency of counseling and monitoring and the more directed the guidance, the greater the satisfaction rating (Liu et al., 1999; Bultman and Svarstad, 2002; Singhal et al., 2002). Better improvement of the patients' view about suo moto counseling was found where 38.5% gave positive response compared to only 17.9% in the earlier study (Bawazir, 2004) and only 3% in the Indian study (Gu et al., 2008). However, there are several barriers preventing Saudi Arabian community pharmacists from assuming a more active role in customer counseling. These may include lack of privacy, an inadequate number of qualified pharmacists, involvement of pharmacists in the business management of the pharmacy, and lack of appropriate training (Bawazir, 2004). It is to be noted that women did not appreciate the counseling role of the community pharmacists. This is because the regulatory authorities allow only male pharmacists to work in community pharmacies, together with some social constrains which limits their interaction with female patients.

The Saudi community pharmacists' role as health care provider was appreciated from the respondents who reported that they often collect adequate data regarding the drugs taken, compliance and disease history. This is evident from our findings where about half of the cases reported that the pharmacist gives information about the timing of their medications and asks about compliance to the previously dispensed medications, getting information about the other health related problems and medications used in the past. Although his role is appreciated, pharmacist should not waste any opportunity to discuss clinical issues with their patients. This might lead to encouragement amongst the patients to feel free to ask the pharmacist for further assistance and may further improve their professional image.

To improve the patient satisfaction with the pharmacists' role as health care provider and to improve the professional image of the pharmacy we could recommend appointing of at least one pharmacist in each community pharmacies for only consultations. Additionally, due to the majority of community pharmacists are expatriates, it is suggested that the Saudi Commission for Health Specialties (SCHS) to augment the community pharmacists for studying an extra course in pharmaceutical care. Furthermore, revising the pharmacy curriculum and making more emphasis on patient centered care courses is another approach. There is also a need to provide drug information in a patient-centered manner. According to the experience from European countries, the opportunity to receive private medication counseling is a key element in establishing trust between pharmacists and customers (Anderson et al., 2004). All these measures will help in fulfilling the expectation of the society from the community pharmacist.

4. Conclusion

The image and professional performance of community pharmacist are improving in Saudi Arabia. The Saudi patients show better satisfaction, perception and appreciation of the pharmacists' role in the health care team. However, extra efforts should be paid to improve the clinical skills of the community pharmacists. Community pharmacists need to be able to reach out to patient, assess their hesitations and promptly offer solution which was appreciated by the patients as the survey indicates. They should play a pro-active role in becoming an effective and indispensable part of health care. Furthermore, they should be able to advice, guide, direct and persuade the patient to comply correct usage of drugs. Finally, community pharmacists should equip themselves with appropriate knowledge and competencies in order to tender efficient and outstanding pharmaceutical health care.

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