


Patients' Satisfaction with Pharmaceutical Care and Associated Factors [Letter]

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Dear editor

I read with great interest the published article of Hasen et al describing the patients' satisfaction with pharmaceutical care and associated factors among patients admitted to medical wards in Jimma University Medical Center. As a clinical pharmacy specialist, I appreciate the importance of assessing the patient's satisfaction with the newly implemented clinical pharmacy service in Ethiopia.¹ In this letter, I suggest the methodological approaches and additional factors that can affect the patient's satisfaction in the result part, which I believe would result in more robust findings of the predictors of patient's satisfaction with the clinical pharmacy service.

The author identifies the seven types of drug-related problems found in the medical wards of Jimma university medical center. Despite the reported studies of high drug-related problems among patients admitted to medical ward of Jimma university medical center, the author didn't assess the impact of drug-related problem on the patient's satisfaction with pharmaceutical care.² Therefore, I suggest the direct relationship between drugs-related problems and patient satisfaction.

The author Hasen et al found that previous admission was significantly associated with the patients' satisfaction.¹ This might be due to the patients who had previously been admitted to the hospitals and given the clinical pharmacy service were more likely to have good knowledge and attitude regarding pharmaceutical care that results in increased satisfaction.³

The authors identified the seven a type of drug-related problems in which non-adherence was the most prevalent. Despite this, adherence was assessed from patient's chart which was difficult to determine by retrospective reviewing the patient's chart and therefore I believe and expect a huge number of non-adherences if conducted prospectively.

Patient satisfaction is one of the components used to determine the quality of the health-care system. Therefore, patients' satisfaction was related to health-care quality.^{3,4} Globally, providing quality pharmaceutical care service could satisfy the demands of hospitalized patients.⁵ The study did not consider the effects of pharmaceutical care quality on patient satisfaction.

The author Hasen et al had used the unstandardized questionnaire based on the extensive review of previous literature.¹ I kindly recommended the authors to use the standard and validated tool to assess the pharmaceutical care service like the

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tool prepared by Gourley et al, 2001.⁶ Additionally, the standard algorithm of the Naranjo adverse drug reaction probability scale should be used.⁷ This is since the pharmaceutical care service provided in the study area was at the infancy stage which was difficult to use the tool from developed countries that fully advanced the pharmaceutical care service.

The author Hasen et al recommends increasing the number of clinical pharmacy staff and collaboration of different health-care workers to enhance the quality of pharmaceutical care service. On top of this, I recommend as the special attention should be given to elderly patients, high level of educational status, naïve admitted patients, patients who had poor socioeconomic status, and poor knowledge of pharmaceutical care despite those variables was not a predictor in the study.³

Disclosure

The author reports no conflicts of interest for this communication.

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