

มุมมองผู้เชี่ยวชาญเพื่อส่งเสริมสมรรถนะการปฏิบัติงานเชิงรุกสำหรับเภสัชกรชุมชนของประเทศไทย Experts' Perspectives on Emboldening Proactive Practice Competency of Thailand Community Pharmacists

นิพนธ์ต้นฉบับ

Original Article

ภานุพงศ์ พรหมมาลี* และ วันนิศา รักษามัต

วิทยาลัยเทคโนโลยีทางการแพทย์และสาธารณสุข กาญจนาภิเษก คณะสาธารณสุขศาสตร์และสหเวชศาสตร์
สถาบันพระบรมราชชนก อ.ไทรมาย จ.นนทบุรี 11150

* Corresponding author: prommalee.bh@gmail.com

วารสารไทยเภสัชศาสตร์และวิทยาการสุขภาพ 2568;20(2):107-116.

Bhanubhong Prommalee* and Wannisa Raksamat

Kanchanabhishek Institute of Medical and Public Health Technology, Faculty of
Public Health and Allied Health Sciences, Prabormaratchanok Institute, Sai Noi,
Nonthaburi, 11150, Thailand

* Corresponding author: prommalee.bh@gmail.com

Thai Pharmaceutical and Health Science Journal 2025;20(2):107-116.

บทคัดย่อ

วัตถุประสงค์: เพื่อศึกษามุมมองที่ส่งเสริมสมรรถนะการปฏิบัติงานเชิงรุกสำหรับเภสัชกรชุมชนของประเทศไทย **วิธีการศึกษา:** การวิจัยเชิงคุณภาพแบบปรากฏการณ์วิทยาใช้การสัมภาษณ์เชิงลึกแบบกึ่งโครงสร้าง ใช้แนวคำถามการสัมภาษณ์ปลายเปิด สัมภาษณ์แบบต่อหน้าและออนไลน์ ช่วงพฤษภาคมถึงมิถุนายน พ.ศ. 2567 สุ่มเลือกผู้ให้ข้อมูลแบบเจาะจงและแบบอ้างอิง ด้วยบุคคลและผู้เชี่ยวชาญ มีผู้ให้ข้อมูล 12 คน วิเคราะห์แก่นสาระเพื่อจัดหมวดหมู่ข้อมูลในลักษณะสาระหลักและสาระรอง **ผลการศึกษา:** มุมมองที่ช่วยส่งเสริมสมรรถนะการปฏิบัติงานเชิงรุกสำหรับเภสัชกรชุมชนของประเทศไทย ได้แก่ มุมมองแบบชนชั้นระดับบน มุมมองเข้าใจถึงความเป็นวิชาชีพแพทย์ เช่น การวินิจฉัย การตรวจร่างกาย รวมทั้งการยกระดับคุณค่าวิชาชีพ เช่น การตัดสินใจจัดการโรคซับซ้อน โรคเรื้อรัง และโรคไม่ติดต่อเรื้อรังในร้านยา **สรุป:** จากการที่มุมมองของบุคคลมีผลต่อการปฏิบัติตน การศึกษานี้จึงให้ความสำคัญกับมุมมองใหม่ที่ส่งเสริมสมรรถนะการปฏิบัติงานเชิงรุกสำหรับเภสัชกรชุมชนของประเทศไทยซึ่งเป็นแนวคิดที่ต่างจากมาตรฐานเภสัชกรรมปฏิบัติโดยทั่วไป เพื่อเป็นหนึ่งในกลยุทธ์สำหรับการพัฒนาวิชาชีพเภสัชกรรมที่ตอบสนองความคาดหวังของผู้ป่วยและสังคม

คำสำคัญ: การปฏิบัติงานเชิงรุก; เภสัชกรร้านยา; งานวิจัยคุณภาพ

Editorial note

Manuscript received in original form: September 6, 2024;

Revision notified: October 31, 2024;

Revision completed: January 5, 2025;

Accepted in final form: January 12, 2025;

Published online: xxx xx, 2025.

Abstract

Objective: To examine perspectives emboldening proactive practice competency of Thailand community pharmacists. **Method:** Qualitative study with phenomenological approach was conducted. Semi-structured in-depth face-to-face interviews using open-ended guiding questions was conducted on site and online platforms. Data were collected from 2024 May to June. A purposive sampling and snowballing techniques was used to recruit 12 potential participants. A thematic analysis was subsequently evaluated to classify the information into themes and subthemes. **Results:** Several perspectives were indicated for emboldening proactive practice competency of Thailand community pharmacists, i.e., proud elite, views closed to medical profession liability (e.g., diagnosis, physical examination, etc.), uplifting professional values (e.g., challenging in dealing with complicated, chronic diseases and NCDs cases in drugstores). **Conclusion:** Since the perspectives affected individual's actions and task performances, this study thus highlighted novel perspectives emboldening proactive practice competency of Thailand community pharmacists that are different from general standard pharmacy practices. The results could be strategies for developing the pharmacy profession corresponding to the patient's expectation and society.

Key words: proactive practice, Community Pharmacy, qualitative research

Journal website:

Introduction

Proactive roles can be defined divergently, especially the actions providing for provisionally preventing chronic diseases by potential screening and diagnosis¹ In pharmacy context, in particular, proactive interventions were explained as the process of the pharmacist collaborating directly with healthcare providers and patients. These include in several aspects, i.e., intensive reviewing orders, medication therapy management (MTM)², addressing medication nonadherence based on considering individual's problematic approach, and monitoring treatment plan continuously etc.³ In particular, MTM, which is a critical approach for optimizing an individual's therapeutic outcomes, is generally conducted by pharmacists,

especially in drugstores. This proactive role can amplify its capacity into generating patient's effective outcomes. However, in community pharmacies, it is not clear whether use of MTM service applied in regular community Pharmacy's workflow. Moreover, community Pharmacies do not intend to implement MTM in their jobs because of personal attributes, i.e., attitudes, lack of time, excessive workload, lack of competency etc.⁴ In this context, it seems to be advantageous if the solutions can be generated based on the understanding of personal points of views. According to McClelland's Iceberg Model, individual's actions and task performances are destined by the competency which generally covers

knowledge, skills, and attitude. Knowledge and skills are visible whereas attitudes are hidden. However, attitude corresponding to personal perspectives is illustrated as a motivator driving most individuals' actions and task performances.⁵

Drugstores have been one of the healthcare settings in the community. Not only providing medical and cosmetic products but healthcare management by the pharmacist relies on customer's satisfaction and intention to purchase.⁶ Nearby the household, drugstores are demanded dramatically.⁷ Pharmacists performing an ability of medication therapy management (MTM) and disease-preventive skills⁸ and the ability to dispense the right drug corresponding to health conditions rather than sell medicine are also required by the customers.⁹ In some crisis situation, many workload was appeared in a hospital resulting in the situation that pharmacists were expected to be key actors in community health system.¹⁰ For instance, pharmacists' skills providing the right diagnosis and "on point" therapy are highly demanded by the new generation.¹¹ Providing disease screening, for instance, blood glucose and blood pressure assessment affects intention to use pharmacy services.¹² However, patients also concerned about the ability of diagnosis and drug dispensing by pharmacists.¹³

In Thailand, Good Pharmacy Practices (GPP) has been introduced as standards of pharmacy services in order to ensure pharmacy's quality. GPP has recently emerged in Thailand. In terms of community pharmacy, the GPP included four domains namely personal competencies, pharmacy professional competencies, patient care competencies, and management competencies especially providing ongoing community-based prescription medicine services, drug system management, drug risk management, business management etc.¹⁴ Thus, the GPP seems to be more specific to apply in context of community pharmacy. However, Thai pharmacy graduates showed less competence in the skills necessary for primary care service.¹⁵ Knowledge and skills corresponding to Thai GPP's core competencies and the design of the curriculum seems not enough to determine certain competencies and monitoring the quality of community pharmacists¹⁶ since the GPP is still a minimum requirement for practices.¹⁷ The incompatibility between pharmacy graduates' competencies and real life work has been observed. Needs confirmation in aspects of, i.e., basic

services, advanced services, follow-up plan including home visit etc. were reflected by the experts in order to fulfill the completion of professional's competency development.¹⁶ Furthermore, attitudes of pharmacists were referred to the perspectives in more focus on business rather than professional practice, and less responsibility of professional practice.¹⁶ Pharmacist perspectives toward the image of clinical approach have still illustrated the significant gap between pharmacists' points of views and desired identity. Specifically, clinician aspiration seems not to be observed in general pharmacists despite it is most necessary. Pharmacists' thought mainly affects the causes of avoidance in performing clinician identity due to their perspectives of traditional identities, i.e., being physician supporter, business person, and drug dispenser with comfort level. These perspectives should urgently be resolved otherwise there would be some dissonance and disillusionment with the pharmacy profession.¹⁸ These seem to be implied that one's perspectives play a critical role in work performance.

It is inevitable that a drugstore is part of healthcare settings. Some studies found that trust and loyalty in pharmacists can be recognized by patients when the pharmacist emphasizes that their technical competency and benevolence are as good as the physician.¹⁹ In fact, there is no doctor operating in a drugstore, how do a pharmacist treat patients effectively by using only pharmacy aspects. Extending perspectives beyond pharmacy's traditional or familiar roles can be possible? Based on the existing research, why pharmacists were concerned in their competencies despite having standards of pharmacy practices.¹⁶ Furthermore, in terms of innovation and development, thinking beyond traditional points of views offers the opportunity for generating new things. These perspectives thus became our emerging points in designing this research. The qualitative study was thus conducted in order to explore new things that might be benevolent in community pharmacy. According to an exhaustive literature review, perspectives are less introduced despite its importance claimed by McClelland's Iceberg Model. Data presented by this tone was also much limited. This study thus aimed to examine perspectives emboldening proactive practice competency of Thailand community pharmacists. The results are supposed to be one of the strategies for developing the pharmacy profession corresponding to the patient's expectation and society.

Methods

This study was a qualitative study and conducted phenomenological approaches. An open-ended guideline questionnaire was constructed which had been applied from the study of Muhammad et.al²⁰ The In-depth interview guideline was developed comprised three main parts; 1) demographic data of respondents, 2) opinion regarding current situations of drugstore services available as one of the community health settings and pharmacists' roles, and 3) opinion regarding benefits of competencies necessary for emboldening proactive practice competency of Thailand community pharmacists. The questionnaire was evaluated for content validity by three pharmacists which met passing criteria.

Informants used in this study were certified pharmacists who had more than five years of experiences working related to community pharmacy either operating in drugstores or have been teaching community pharmacy. Additional criteria were that the informants from the school of pharmacy were selected based on social approval in the area of pharmacy whereas the informants from drugstores were also a preceptor training pharmacy students for at least one year. A purposive sampling and snowballing techniques were taken to select twelve potential participants. The study was conducted in accordance with the ethically approved protocol of KMPHT college under Praboromaratchanok Institute No. "KMPHT – 67010006" issued on 2024 May 1. Participants were informed about research information thoroughly and implied consent documents.

Semi-structured in-depth interviews were exploited accompanied with audio-recording. Face-to-face interviews both on site and online via zoom meeting were taken from 2024 May to June. During the interview, refining the question wording and sequences, in line with the participants' level of understanding was occasionally conducted. For one respondent, the interviews last 1-2 hours. A thematic analysis was adopted in the study. Respondents' opinions were transcribed following a process of thematic approach. Data were primarily rendered based on familiarization. Codes, themes, and subthemes were subsequently identified corresponding to research objectives. Themes from each code were compared to examine consistency. Data saturation was also reminded when there were no new themes or codes

emerging from the data. Cross-checking of the emergent themes and conclusion of the study was done by the authors.

Results

Twelve informants were enrolled in this study. The characteristics of all respondents are listed in Table 1

Table 1 Informants' Characteristics (N = 12).

No.	Gender	Workplace	City
1	Male	School of Pharmacy	Bangkok
2	Female	School of Pharmacy	Chiang Mai
3	Female	School of Pharmacy	Pathumthani
4	Male	Community Pharmacy	Nonthaburi
5	Male	Community Pharmacy	Nakhon Pathom
6	Male	School of Pharmacy	Chiang Mai
7	Male	Community Pharmacy	Ubon Ratchathani
8	Female	School of Pharmacy	Pitsanulok
9	Female	Community Pharmacy	Samut Sakorn
10	Male	School of Pharmacy	Nonthaburi
11	Male	Community Pharmacy	Bangkok
12	Male	Community Pharmacy	Lamphun

The respondents revealed perspectives for emboldening proactive practice competency of Thailand community pharmacists as follows.

1. Understanding current situations reflecting images of community pharmacists

1.1 Social perspectives toward community pharmacist roles

In the view of customers, a drugstore is a shop selling drugs as ordered. They also perceive Community Pharmacys' roles as treating common or minor health conditions, symptomatic treatment and supplying doctor's ordered medicines.

"Drugstores are frequently regarded as a shop and pharmacists are not expected to cure their illness. Hopeless feelings under curing illness by pharmacists can be found in general." (informant 3)

"Symptomatic manifestations are complained by patients so they usually request Community Pharmacys to relieve only their minor symptoms, not for "on point" therapy like a doctor." (informant 5)

"They perceive doctor's roles but not pharmacist's roles. They do not think that pharmacist's roles are the same as

doctors. They do not accept and trust pharmacists like doctors.” (informant 8)

1.2. Pharmacists’ Perspectives

1.2.1 Pharmacist’s perception as medical team supporter

In general, being healthcare team leader seems not fit with pharmacists’ points of views.

“Doctors are team leaders. They can make a decision. We are supporters.” (informant 6)

“I’m secure when doctor’s lead the team due to the fact that they have a broader perspective of treatment than us.” (informant 11)

“Some pharmacists feel indistinguishable among other health professions, especially compared to doctor’s. Some think that we cannot lead the team.” (informant 9)

1.2.2 Pharmacists are not infatuated with the uplift of the pharmacy profession.

Most pharmacists accept existing roles. It was implied that it was not time to improve the pharmacy professional’s identity and there was no need to reform dramatically.

“Perhaps, I think most pharmacists feel a saturated growth mindset. We think that our profession is already fair, not to be improved. We have been satisfied with existing results. No need to climb to the next level. (In this case, i.e.,...) it’s okay if doctors lead us. We don’t mind if they are superior to us, or we just follow their treatment plan. We should not inspect or change their decisions.” (informant 10)

1.3 Health Service Delivery Dictates Community Pharmacies’ Fortune

1.3.1 Legal Authorization

Thailand’s state of law depicts the authority of pharmacists’ roles. Many roles are legally endorsed such as dispensing non-prescribing pharmacy- or dangerous- drugs. Indeed, these can be delivered to patients without a doctor’s prescription. However, several drugs cannot be dispensed by the pharmacists, especially drugs with more powerful actions. Some vital or critical or substantial cases might not be cured effectively. However, different points of views were observed.

“Treatment in each ailment mostly involves medicine usage. We are medicine mastery and we also have learnt a clinical approach a lot. But in real life we are allowed to do only drug dispensing or checking suitability of doctor’s orders. Our medicine-mastery actions have no longer been set as concrete

power stated by laws. We cannot treat our patients effectively because many drugs are also forbidden to be self-dispensed without a doctor’s prescription. Only disease screening then referral is unfair for us.” (informant 9)

“It’s Okay for me about pharmacist roles nowadays. We can do our best as it was authorized.” (informant 6)

1.3.2 Pharmacy Pedagogy

The school of pharmacy constructs the pharmacy curriculum based on Thai Pharmacy council alignment that some points seem to be incompatible with real life.

“Faculty comply with the pharmacy council’s policy so that their pharmacy curriculum has been set based on the impracticable issues, i.e., patient history taking and diagnosis which is taught too basic to know whether the patient’s health condition is. Or even physical examination is also taught less than it could be. This limitation affects our points of view too narrow which is thus dismissed as a proper treat. It is thus our responsibility to outreach knowledge and skills rather than minor illness.” (informant 1)

“We can do much more than the standard launched by the Thai pharmacy council.” (informant 2)

Critical thinking might be less offered in the class. Students are thus not able to implement knowledge into designated cases. They also cannot make a decision about the proper solutions based on comparing risk and benefits.

“Mostly the school of pharmacy trains students following the medical guideline so the idea of treating modification based on individual characteristics is omitted. They are usually trapped with recommendations of the guidelines without considering efficacy and safety of each drug use, individual scenarios, and single drugs’ characteristics evaluation. They cannot make a decision upon risk-benefits balancing.” (informant 8)

“We pharmacists typically teach by memorizing, especially focusing on safety issues like ADR. In fact, ADR surveillance, for instance, seems like a feedback or report after taking drugs and is something telling us the risk, not a totally harm guarantee. Another thing is to memorize medical treatment guidelines. It is set for someone who cannot think effectively. You have to understand diseases and medications. That’s true, it is science, you can follow the theory but you have to learn how to adjust the paradigm based on individual cases. The idea of a case-based clinical approach should be artistic.” (informant 5)

2. Perspectives Emboldening Proactive Practice Competency of Thailand Community Pharmacists

Interestingly, according to using the open-ended guideline questions of proactive practice competency of Thailand community pharmacists, all informant's ideas were not strictly fixed but relevant. Novel issues regarding the proactive practice competencies that have never been claimed elsewhere were identified. Starting from medication therapy management (MTM) which is one of most recent issues used in proactive practice competency of Thailand community pharmacists, the other relevant points of view were extended. Themes and perspectives corresponding to proactive practice competency in order to enlighten Community Pharmacists' roles were shown as follows:

2.1. Perspectives of the proud elite

Empathy in pharmacy's value should be encouraged. Rather than empathy, the proud elite should be raised in pharmacists in order to gain self-esteem and be respected by the patients and among healthcare providers.

"Pharmacists should realize that we are good, we are able to distinguish among all professions. This attitude is utmost needed in pharmacists. Empathy is very important." (informant 3)

"We should have our positioning as elite personalities because it can raise us to the next levels. Just in case at a drugstore, if you are respected by customers, whatever you do or you say they will trust you. They also never try to order you or oppose you. They will behave to you as if they did with a doctor." (informant 10)

2.2. Perspectives closed to medical profession liability

Medical profession liability, especially medical procedures, is generally disregarded by the pharmacists. As it is part of a doctor's identity, it has never been included in the pharmacy perspective. To adjust this point of view is recommended for implementing current and future situations.

"We pharmacists realize that our responsibility for the patients' treatment plan is so far away from us. We think it directly belongs to doctors' roles. We thus do not try to approach the clinical aspects. We just follow the doctor's order. We also accuse the limitation of authorization, for instance, we think that there is no laboratory finding, how can we infer the possibility of disease and how can we treat accurately. These perspectives should be adjusted." (informant 1)

"I think some pharmacists can do something like a patient-oriented clinical approach, not defensive operation. While some do not. I do not know why. It might depend on their attitude." (informant 9)

According to the results, there seems to be novel perspectives supporting services in pharmacies since several existing studies have focused on defending roles, i.e., evaluating customer's orders by the six rights (6Rs) of medication administration regardless of investigating "on point" therapy.

Often, patients' physical appearances do not obviously indicate disease severity. This does not mean that there is no harm to a patient's health conditions. In this context, ability to identify what exactly health problems are required. Accounted for 80% of respondents concord about filling the studying of medical procedures in pharmacy curriculum. Since the procedures can be implied into probing an individual's illness more effectively. In Particular, differential diagnosis or at least provisional diagnosis is necessary. Most respondents do not seriously concern an overlap of professional roles between pharmacists and other professions, especially medical profession, since the roles are ultimately beneficial in addressing the illness investigation in the community pharmacies and referral.

"We usually think that a pharmacist's role is mainly drug dispensing even in drugstores. Actually, in real life, it covers disease screening and assessment since we are one of the primary care units. The pharmacists should have enough knowledge and skills of differential diagnosis. Sometimes it is still okay if we cannot classify the disease clearly but we have to shape the scope and determine the possibility of illness." (informant 1)

"Diagnosis is so important,, I don't think that differential diagnosis by the pharmacists will overlap doctor's roles. It is a critical point for understanding ailments. Since we don't have enough information about patients' illness, however, we have to judge whether illness problems tend to be based on data available as much as we have." (informant 3)

"Physical examination is also necessary at drugstores as it helps us to understand diagnosis. Studying reaching at the practicable levels should be more intensive. However, it might not be helpful if we consider only physical examination since the symptoms might occur too late to understand the situations. Is it possible that we can collaborate with medical laboratory

clinics to provide patients' lab tests, i.e., blood test, urine test etc., in order to help us understand health conditions." (informant 1)

"Medical devices are diagnostic tools supporting our work, i.e., wearable technology for vital sign assessment, or test kits. If any other tools like these ones are launched in the market, we work easier." (informant 5)

However, some informants revealed limitations of pharmacists' roles in drugstores due to pharmacy structure and pharmacist's competency. The other one was concerning overlapping roles between pharmacists and other professions and leading to interprofessional controversy.

"It looks good to me if we have lab test data in drugstores but sometimes we cannot infer the events of illness by lab tests alone, we have to confirm by medical sign that this investigation is quite limited in pharmacists' competencies." (informant 8)

"We should not do anything that overlaps with other healthcare professions. We should focus on our real duty, pharmacists." (informant 6)

2.3 Perspectives of uplifting professional values

2.3.1 Understanding perspective of actual drugstore

Although a drugstore seems to be a shop, it is designated for specific issues. Customers are the pharmacist's patients.

"Once customers arrive at the drugstores, they are not totally customers, they have illness. So, they are patients. You have to react similarly to a doctor." (informant 4)

"When you treat each case with only a symptomatic approach, it can subside the symptoms but it is not an "on point" treatment. We should provide specific treatment." (informant 5)

"Especially the use of long-term drugs requested by customers. That's true the patients want to buy the drug that they have already used. However, it is not suitable to follow the order without recognizing clinical approach thoroughly since there might be problems not only with ineffective or "on point" outcomes but with long term-use safety." (informant 10)

2.3.2 Challenging more complicated cases in drugstores

Not only minor ailments but also more complicated conditions are found in drugstore's patients. It is not reasonable in case pharmacist's perspectives only focus on minor illnesses. Otherwise, effective treatment might be disregarded resulting in patients' satisfactions and perceptions toward the pharmacists. It was suggested that pharmacists should provide the efforts of investigating a patient's possible health condition based on considering provisional pathology

as much as data available. For instance, it might be necessary to treat some complicated cases by using dual antibiotics in a drugstore if the case is thoroughly considered. Pharmacists were expected to make a decision in hard situations despite not being included in medical treatment guidelines.

"We should not think that patients coming to us in drugstores perform only minor illnesses. If actually patients had had severe conditions but did not show the worse symptoms or did not tell us about something worse in their health, how bad is this severe case dismissed just because our perspectives recognized only minor illnesses." (informant 9)

"Pharmacists should not recognize only data from the patients or as much as we ask the patients, in contrast, we should ask and visualize in our mind about possible pathologic conditions even lacks of enough information, i.e., laboratory findings, or confirmed chest X-ray, etc. We have to imagine and judge the cases based on the possibility of several health conditions and holistic manner. This provisional diagnosis is crucial in drugstores." (informant 10)

"If we confidentially evaluate each health condition based on obtaining scientific evidence, and helpful data; such as the epidemiology of germ spread in our areas at that time, and performing enough relevant knowledge and critical thinking, it won't hurt to try more complicated cases in drugstores, i.e., macrolide for pneumonia." (informant 1)

"Why do we dare to dispense dual antibiotics in gonorrhea cases despite the fact that we don't ask for checking a patient's genital discharge, or just because the company tells us? On the other hand, why are we afraid of dispensing dual antibiotics in some cases of URI that are quite more severe. Pharmacists must dare to select the treatment plan." (informant 12)

2.3.3. Pharmacist-Initiated Treatment of Chronic Diseases or NCDs

Even with chronic diseases and NCDs, some informants believe in their competencies that can approach the cases efficiently based on their knowledge, experiences, and data as much as possible. Since these ailments are commonly found in the community. Dealing with proactive scenarios seem to be a hope for the patients and to be critical points for propagating distinguish pharmacist's roles.

"I do not mind whether pharmacists start chronic treatment in drugstores. Pharmacists usually get accustomed to the image of care about acute or minor diseases. In some cases we have to recognize the suitability of prescription, especially

chronic diseases, otherwise the patients might get improper drugs and the effects of unnecessarily long-lasting drug use.” (informant 1)

“For instance, in the case of heart conditions that emerge upon NCDs, we can intervene in several steps of the treatment plan, i.e., disease screening, medication treatment planning, health promotion etc.” (informant 1)

“Many people used to tell me that they feel surprised that a Community Pharmacy like me knows how to treat their illness, especially DM or Hypertension. Some were a bit shocked about NCDs drugs that I started with. Some cases I changed their hypertension’s treatment plan due to unfollowing the doctor’s appointment. Later, if there is anyone in the family having an illness, they often come to consult me.” (informant 4)

However, few respondents do not accord the way of challenging complicated cases in drugstores, especially initiating treatment plans instead of doctors or adjusting long-term treatment plans even though relevant laboratory findings are affordable.

“Are our pharmacists ready to confront the effects if there is something wrong because of our decisions? If we do like that in drugstores, it means that we have to expertise many disciplines. I personally disagree that we can start a treatment plan in a complicated case without precisely differential diagnosis. I think clinicians can make a decision by their expertise and data available but not for pharmacists. It should be trained if we want to be like them.” (informant 8)

“Dealing with chronic disease or NCDs in drugstores is not satisfying for me because our patients mostly don’t have good health literacy ... [so we cannot follow the case efficiently...]” (informant 5)

“I don’t think that some roles can be made by a pharmacist, for example, starting an NCD drug without having a prescription in advance.” (informant 6)

Discussions and Conclusion

According to the results, the informants delivered different points of views based on the individual's experiences but relevant to the context of the study. We also found that the benefits of constructing perspectives toward emboldening proactive practice competency of Thailand community pharmacists were illustrated. New things crucial for professional development had also been remarked.

In current situations, Thailand’s pharmacy profession has moved forward into facilitating a patient-oriented clinical approach. Several competencies have been placed as standard core competency. However, delivered by our informants, most of the results revealed unsatisfactory outcomes that most of knowledge and skills are not applicable in reality. In this context, not enough intensive cultivating seems to be the cause. Sometimes the pedagogy mainly focused on knowledge and skills but attitude despite its importance.²¹ We infer that attitude or perspectives might take part as a key player in this gloomy obstacle. This article thus proposes the necessity of raising attitude or perspectives toward emboldening proactive practice competency of Thailand community pharmacists in order to fulfill the value of professional commitment as follows:

Current situations of community Pharmacists

Since trends of healthcare seeking behaviors are increasing especially in drugstore’s services operated by a community pharmacist. As drugstores provide convenience and drug affordance recommended by healthcare providers, use of this community setting is highly demanded. Services are most influential factors to customer’s satisfactions.²² Similar to our results, especially common and non-serious illnesses, customers utmost favor using pharmacy services at a drugstore.¹⁷ The satisfaction is also declined when failure to remedy occurs.²³ In particular, Gen Z individuals also required a pharmacist serving as influential figure in modern digital marketing for enhancing product values and trust.²⁴

However, customer perceptions toward drugstores are the place wherever providing drugs purchase. It is likely the root of the problem since the retailer is no longer capable of offering proper clinical services. This understanding is not only perceived by the customers but the pharmacists.^{23,25} This point of view may result from the fact that an authority of pharmacy practice is caused by outdated laws that are focused on drug selling and distribution.

The authority of pharmacists’ performance is dictated by states of law. Several pharmacist roles are hindered in terms of patient-centric care. As medication experts, the relationship should be standardized as a doctors’ model otherwise pharmacists are despairing of their values leading to fail to incentivize better patient care.²⁶ In this context, supported by our results, it might be the reason why pharmacists’

perspective is not medical professional liability as doctors. Usually physicians have less time, in addition, and patients require improved medication outcome, pharmacists are expected to be substituted for.²⁶

Enlightening roles to be main players in medical treatment

No longer the same as traditional roles, community pharmacy has extended the roles into disease state management, medication therapy management, health screenings, and immunizations.²⁷ Indeed, traditional perspectives have been shifted into more clinician-oriented professional identity rather than focusing skilled dispensing.¹⁸ These activities were admirable in most customers especially, risk screening, medication counseling, and primary diagnosis of common illness.¹² More comprehensive services with good knowledge rather than purchasing simple things are demanded in drugstores.²⁸ Differential diagnosis is committed the critical aspects in order to understand patient's illness thoroughly. These knowledge and skills are highly required for pharmacists and should be taught in undergraduate pharmacy.²⁹ According to the results that there were some problems of graduate's critical thinking especially toward the patient's case, introducing teaching based on the hypothetico-deductive reasoning is preferably offered. In this context, encouraging critical thinking toward understanding individual's illness characteristics should be implemented.²⁹

To polish pharmacists' perspectives into a more specialized clinician paradigm is key to success.

According to current situations, Community Pharmacies perform several actions not only initiating treatment of minor ailments but more complicated cases, i.e., chronic diseases and NCDs. However, the roles supporting the cases just consist of medication therapy management (MTM) in chronic diseases and screening risks of NCDs.³⁰ Furthermore, based on Pharm.D. professional degree, pharmacists tend to be expert in medication therapy management.²⁶ Pharmacy students were required to expose complex patient cases supporting interprofessional education.³¹ Optimization on prescribing medications for multimorbidity, i.e., 1-2 chronic conditions, is acceptable in pharmacists in order to maintain benefits of cares.³¹ Patients revealed higher satisfactions toward pharmacists' services especially chronic conditions, i.e., heart disease. They also rated the expectations in

pharmacists' proficiency that is equivalent to be enough to handle long term drug use in heart disease as much as tertiary healthcare setting.³² In this context, emerging roles relevant to proactive medical liability especially initiating NCDs therapy is quite acceptable in order to support patients' need. According to our study, some respondents did not oppose pharmacist-led therapy initiation in drugstores since they believe in their competencies. However, some concerned the limitation of patient's data acquisition that seems to be a problem. In this context, setting systems with being supported by laws is recommended in real life²⁶, i.e., connecting patients' data across health settings or legally providing diagnostic tools facilitating Community Pharmacies. Some informants, in addition, preferably pay more attention to strengthen traditional roles, i.e., selecting individual drugs based on considering their distinctive characteristics etc. rather than extending new roles similar to doctors. These controversial ideas had become from different informants who individually had expertized in clinical pharmacy. We thus infer that this scenario depends upon an individual's perspectives and life experiences. It is also challenging to figure out ways of emboldening an individual's points of views acting in the same way so that this affects service quality by united, social perception, and professional values.

Interestingly, our informants controversially rated the values of challenging emerging roles, in particular, initiating NCDs therapy. Pharmacists' perception of the importance of being a medical professional liability is also heterogeneous. To solve this problem, corporate culture can be adopted in order to conceptualize and guide appropriate actions toward individual's perceptions³³ leading to employee engagement and organization's goals achievement.³⁴

Few informants realized the obstacle occurring during working in the hard situations, i.e., NCDs initial therapy by a pharmacist. In this context, understanding psychological cognitive affectivity is key. Several theories can be implied as follows. Prospect theory, which is the cognitive-psychological paradigm for decision under risk, uncertainty, and loss, is fundamental concepts for challenging in many tasks.³⁵ Decision making model that refers to the core element of consideration adopted in an individual's therapeutic decisions. This model is run based on comprehending several possible conditions by weighing up risk-benefits.³⁶ For instance, selecting medication based on considering pharmacological

and health problem consequences is required.³⁷ Self-efficacy theory that is applied for understanding of human motivation that inspires someone pursuing success. Comfort zone theory that can be used to adjust poor perspectives, especially defensive behaviors. In this context, shifting from the comfort zone into the optimal performance zone is highly required. In this context, extending emerging roles seems to introduce new things to pharmacists so that they can perceive challenging scenario in reality.³⁸

In addition, global trends corresponding to pharmacists' role expansion across the public health for primary care spectrum has been increasing.²⁸ Pharmacist prescribing, medication reviews, vaccination services and chronic disease screening are legally adopted by pharmacists.³⁹

To polish pharmacists' perspectives into elite pride in medical liability is key to success.

Power elite theories and bureaucracy have been employed to portray the state of management. These are the dominant discourses in professional domains. Encouraging the image of elite bureaucracy or cadre leads patients to understand pharmacy's value. For example, the behaviors insulting Community Pharmacies as drug sellers, as well as neglecting respect in pharmacists are possibly improved. The gap of offensive perspective toward Community Pharmacies has been filled. These are crucial for Community Pharmacies in order to standardize the social perceptions toward pharmacist's roles.⁴⁰ Our study also revealed pharmacists' indistinguishable senses compared to the other professions. Another sense would be to avoid behaving medical stigma due to their perspectives being distracted from medical liability. According to these scenarios, social identity theory can be implied.

Social perspectives, pharmacy perspectives, and health service delivery perspectives might affect professional value. It is expected to adjust pharmacists' perspectives in order to embolden proactive practice competency of Thailand community pharmacists. In this context, several attitudes were offered, i.e., proud elite, views closed to medical profession liability especially diagnosis, physical examination, etc., uplifting professional values, i.e., challenging in dealing with complicated, chronic diseases and NCDs cases in drugstores.

According to perspectives affected in individual's actions and task performances, this study thus highlighted novel

perspectives emboldening proactive practice competency of Thailand community pharmacists that are different from general standard pharmacy practices. The results can be one of the strategies for developing the pharmacy profession corresponding to the patient's expectation and society.

Recommendation

According to the results, we suggest that novel issues corresponding to pharmacy professional development rather than GPP concepts should be increasingly investigated. Increasing the number of informants might be more reliable.

References

1. Wise A, MacIntosh E, Rajakulendran N, Khayat Z. Transforming health: Shifting from reactive to proactive and predictive care. 2016. (Accessed on Sep. 6, 2024, at www.marsdd.com/our-story/transforming-health-shifting-from-reactive-to-proactive-and-predictive-care/)
2. Newby B. Expanding the role of pharmacy technicians to facilitate a proactive pharmacist practice. *Am J Health-System Pharm* 2019;76(6): 398-402. (doi: 10.1093/ajhp/zxy065)
3. Patel T. Medication nonadherence: time for a proactive approach by pharmacists. *Can Pharm J* 2021;154(5):292-296. (doi: 10.1177/ 17151635211034216)
4. Ferreri SP, Hughes TD, Snyder ME. Medication therapy management: current challenges. *Integr Pharm Res Pract* 2020;9:71-81. (doi: 10.2147/ IPRP.S179628)
5. Nurminen N. The impact of employees' competencies on the work ability. Dissertation. Finland. Tampere University, 2023.
6. Luangkanchana P. Factors that influence consumers on purchasing in standalone drugstore in Bangkok, Thailand. Dissertation. Bngkok. Mahidol University, 2017.
7. Ploylearmsang C, Kanjanasilp J, Kessomboon N, et al. Hospital pharmacy practice and the way forward for pharmacy education in Thailand. *Can J Hosp Pharm* 2019;72(1):34-41.
8. Kelling SE. Exploring accessibility of community pharmacy services. *Innov Pharm* 2015;6(3):1-3.
9. Parinyarux P, Wongpoowarak P, Dhippayom T, Kitikannakorn N. Customer expectation survey on the competency of community pharmacists and future service. *Thai Bull Pharm Sci* 2020;15(1):67-80. (in Thai)
10. Maidment I, Young E, MacPhee M, et al. Rapid realist review of the role of community pharmacy in the public health response to Covid-19. *Br Med J Open* 2021;11(6):1-14.
11. Anderson C, Zhan K, Boyd M, Mann C. The role of pharmacists in general practice: A realist review. *Res Soc Admin Pharm* 2019;15(4): 338-345. (doi: 10.1016/j.sapharm.2018.06.001)
12. Yotsombut K, Duangchan P, Nakpun T. Client attitudes toward marketing mix potentially influencing intention to use services of a pharmacy school affiliated community pharmacy. *Thai Pharm Health Sci J* 2021;16(2):102-108.

13. Phunarin P, Sriprang S, Srithong K, Chairojkanjana K. The worries and fear of people in Pathum Thani to pharmacies. *Payap Univ J* 2017;27(1):215-231. (in Thai)
14. Parinyarux P, Dhippayom T, Wongpoowarak P, Kitikannakorn N. Development of community pharmacy competencies. *J Pharm Technol* 2022;38(3):183-190. (doi: 10.1177/87551225221081370)
15. Suwannaprom P, Suttajit S, Eakanunkul S, et al. Development of pharmacy competency framework for the changing demands of Thailand's pharmaceutical and health services. *Pharm Pract (Granada)* 2020;18(4):1-11.
16. Puengrung S. Needs analysis and development of professional development program for Thai community pharmacists. Dissertation. Bangkok. Chulalongkorn University, 2018.
17. Parinyarux P, Yotsombut K. Customers' satisfaction toward drugstore facilities and services based on the good pharmacy practice standard in Thailand. *Pharm Pract (Granada)* 2022;20(1):1-7. (doi: 10.18549/PharmPract.2022.1.2601)
18. Kellar J, Singh L, Bradley-Ridout G, et al. How pharmacists perceive their professional identity: a scoping review and discursive analysis. *Int J Pharm Pract* 2021;29(4):299-307. (doi: 10.1093/ijpp/riab020)
19. Waei OM, Teng PK, Wai KT. Patient loyalty towards the pharmacist. *Adv Soc Sci Educ Human Res* 2021;570:420-426. (doi: 10.2991/assehr.k.210805.067)
20. Atif M, Razzaq W, Mushtaq I, et al. Pharmacy services beyond the basics: A qualitative study to explore perspectives of pharmacists towards basic and enhanced pharmacy services in Pakistan. *Int J Environ Res Public Health* 2020;17(7):1-15.
21. Spencer LM, Spencer SM. Competence at work: Models for superior performance. New York, NY. John Wiley & Sons, 1993.
22. Chaiprakarn S. The impact of prices, services, and facilities on customer satisfaction at drug stores in Thailand. *Cape Forum* 2023;1(2):304-320.
23. Owens CT, Baergen R. Pharmacy practice in high-volume community settings: barriers and ethical responsibilities. *Pharmacy* 2021;9(74):1-10.
24. Tanchareon N. Factors influencing Thai consumer's purchase intention towards online drug purchase. Dissertation. Bangkok. Mahidol University, 2023.
25. Elvey R, Hassell K, Hall J. Who do you think you are? pharmacists' perceptions of their professional identity. *Int J Pharm Pract* 2013;21(5):322-332. (doi: 10.1111/ijpp.12019)
26. Karwaki TE. Establishing a patient-pharmacist relationship: clarifying duties and improving patient care. *Baylor Law Rev* 2020;72(3):507-563.
27. Shen AK, Peterson A. The pharmacist and pharmacy have evolved to become more than the corner drugstore: a win for vaccinations and public health. *Hum Vacc Immunother* 2020;16(5):1178-1180. (doi: 10.1080/21645515.2019.1660119)
28. Wongsuphasawat K, Kittisopee T, Powpaka S. The relative importance of store attributes on consumers responses toward drugstore: the moderating effect of buying purposes. *Thai J Hosp Pharm* 2008;18(1):11-26.
29. Rutter PM, Harrison T. Differential diagnosis in pharmacy practice: time to adopt clinical reasoning and decision making. *Res Soc Admin Pharm* 2020;16(10):1483-1486. (doi: <https://doi.org/10.1016/j.sapharm.2020.02.020>)
30. Sanyal C, Husereau DR. Community-based services by pharmacists: A systematic review of cost-utility analyses. *Value Health* 2019;22(12):1450-1457. (doi: <https://doi.org/10.1016/j.jval.2019.08.013>)
31. Tannenbaum C, Tsuyuki RT. The expanding scope of pharmacists' practice: implications for physicians. *Can Med Assoc J* 2013;185(14):1228-1232. (doi: 10.1503/cmaj.121990)
32. Latter S, Blenkinsopp A, Smith A, et al. Evaluation of nurse and pharmacist independent prescribing. England. University of Southampton, 2011. (Accessed on Jul. 15, 2022, at <https://eprints.soton.ac.uk/184777/3/ENPIPfullreport.pdf>)
33. Cherian J, Gaikar V, Paul R, Pech R. Corporate culture and its impact on employees' attitude, performance, productivity, and behavior: An investigative analysis from selected organizations of the United Arab Emirates (UAE). *J Open Innov Technol Market Complex* 2021;7(1):1-27.
34. Helmy T. Corporate culture and its impact on a successful organization. 2023. (Accessed on Sep. 2, 2024, at www.linkedin.com/pulse/corporate-culture-its-impact-successful-organization-tamer-tamer/September,2024)
35. Shye S, Haber I. Challenge theory: The structure and measurement of risky binary Choice Behavior. *Appl Econ Finance* 2020;7(2):33-50.
36. Anakin MG, Duffull SB, Wright DFB. Therapeutic decision-making in primary care pharmacy practice. *Res Soc Admin Pharm* 2021;17(2):326-331. (doi: <https://doi.org/10.1016/j.sapharm.2020.04.005>)
37. Mertens JF, Kempen TGH, Koster ES, Deneer VHM, Bouvy ML, van Gelder T. Cognitive processes in pharmacists' clinical decision-making. *Res Soc Admin Pharm* 2024;20(2):105-114. (doi: <https://doi.org/10.1016/j.sapharm.2023.10.007>)
38. White A. From comfort zone to performance management: Understanding development and performance. Belgium. White & MacLean Publishing, 2009. (Accessed on Jul. 15, 2022, at <https://gingermood.com/wp-content/uploads/2019/07/White-A.-2009.-From-comfort-zone-to-performance-management.-White-MacLean-Publishing.-.pdf>)
39. Luetsch K, Scuderi C. Experiences of medical dominance in pharmacist-doctor interactions - An elephant in the room? *Res Soc Admin Pharm* 2020;16(9):1177-1182. (doi: <https://doi.org/10.1016/j.sapharm.2019.12.013>)
40. Zhou P, Rosenberg MW. "Old friend and powerful cadre": doctor-patient relationships and multi-dimensional therapeutic landscapes in China's primary hospitals. *Health Place* 2021;72:1-12. (doi: <https://doi.org/10.1016/j.healthplace.2021.102708>)

41.