

Clients' perception of community pharmacists' services in Owerri, Imo State, Nigeria

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ABSTRACT

Background: Client satisfaction has become an important and commonly used indicator for measuring quality in health care. There is paucity of data with regards clients' satisfaction with community pharmacy practice in Nigeria.

Objectives This study objectives included assessing clients' perception and knowledge of pharmacists, their professional services and their satisfaction with these services. In addition, the factors contributing to their satisfaction were assessed.

Methods: A cross-sectional study was conducted between December 2014 and February 2015, involving clients visiting community pharmacies in Owerri city, Imo state, Nigeria using self-administered questionnaire. Clients' knowledge, perception and satisfaction with services provided by community pharmacists were assessed. Factors associated with clients' satisfaction were analyzed using Chi-square. A *p*value of <0.05 was considered statistically significant.

Results: The response rate to the 422 questionnaires distributed was 91.0% (384). A little above half (194, 50.5%) of the clients were males. Less than half (40.6%) of the clients could correctly identify the roles of community pharmacists. Generally, respondents indicated a high (317, 82.6%) level of overall satisfaction with the services provided by community pharmacists. Significant associations were found between clients' satisfaction and availability of drugs (*p*=0.025) and all the items on pharmaceutical care services rendered by pharmacists (*p*<0.05).

Conclusion: Clients visiting community pharmacies in Owerri have a positive perception of the services provided by pharmacists. Ensuring that the drug needs of clients are met and provision of comprehensive pharmaceutical care have been identified as possible key factors that ensure patient satisfaction.

Key words: Clients satisfaction, community pharmacists, perception.

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La perception des clients sur les services de pharmaciens communautaires à Owerri, Imo State, Nigéria

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RESUME

Contexte: La satisfaction des clients est devenue un indicateur important et couramment utilisé pour mesurer la qualité des soins de santé. Il existe peu de données concernant la satisfaction des clients à l'égard de la pratique des pharmacies communautaires au Nigeria.

Objectifs Les objectifs de la présente étude comprenaient l'évaluation de la perception des clients et de la connaissance des pharmaciens, de leurs services professionnels et de leur satisfaction à l'égard de ces services. De plus, les facteurs contribuant à leur satisfaction ont été évalués.

Méthodes: Une étude transversale a été menée entre décembre 2014 et février 2015, impliquant des clients visitant des pharmacies communautaires dans la ville d'Owerri, état d'Imo, au Nigeria en utilisant un questionnaire auto-administré. La connaissance, la perception et la satisfaction des clients concernant les services offerts par les pharmaciens communautaires ont été évaluées. Les facteurs associés à la satisfaction des clients ont été analysés en utilisant le Chi-carré. Une valeur $p < 0,05$ a été considérée comme statistiquement significative

Résultats: Le taux de réponse aux 422 questionnaires distribués était de 91,0% (384). Un peu plus de la moitié (194, 50,5%) des clients étaient des hommes. Moins de la moitié (40,6%) des clients ont pu identifier correctement les rôles des pharmaciens communautaires. En général, les répondants ont indiqué un taux élevé (317, 82,6%) de satisfaction globale à l'égard des services offerts par les pharmaciens communautaires. Des associations significatives ont été trouvées entre la satisfaction des clients et la disponibilité des médicaments ($p=0,025$) et tous les éléments des services de soins pharmaceutiques rendus par les pharmaciens ($p < 0,05$).

Conclusion: Les clients qui visitent les pharmacies communautaires à Owerri ont une perception positive des services fournis par les pharmaciens. S'assurer que les besoins en médicaments des clients sont satisfaits et que la prestation de soins pharmaceutiques complets a été identifiée comme étant des facteurs clés possibles qui assurent la satisfaction des patients.

Mots-clés: Satisfaction des clients, Pharmaciens communautaires, Owerri, Nigéria

INTRODUCTION

Community pharmacists have been described as experts in pharmaceutical care, pharmacotherapy and health promotion. They are expected to deliver high quality products and services and be professional communicators to patients and other health care providers.¹ This definitely has gone past the initial traditional role of preparing and dispensing medicines. It is now known that community pharmacists are highly responsible and tend to be highly respected members of their communities. They are the most easily accessible and approachable healthcare provider, who in many cases are the first point of contact with the health care system. The pharmacists enjoy the confidence of members of the public and in fact they are one of the most trusted professional in the United States.² In Nigeria, some services have been currently identified as being provided by community pharmacists in order to provide pharmaceutical care (PC) in line with the PC concept by Kepler and Strand.³ Studies^{4 - 6} have identified such services to include: processing of prescriptions, oversight of safe dispensing processes, sale of over-the-counter (OTC) medications as well as herbal medicinal products, making drug recommendations and treatment of minor ailments. Some non-drug services provided are blood pressure measurement, pregnancy, malaria and glucose tests, immunization, and provision of health education and promotion services.

Patient satisfaction has become an important and commonly used indicator for measuring the quality in

health care.⁷ In recent years, patient's opinion is increasingly considered to be a useful component in the determination of care outcomes and consumer satisfaction has become an integral component of quality of primary health care.^{8 - 9} Determining consumer perception of patient-centered services provides a perspective through which standards of care can be identified, enabling the pharmacist's role to be judged for overall quality and satisfaction for improvements to be made accordingly.¹⁰

In service delivery, quality is defined by the gap between the expectation for the service and the perception of how it was delivered and this determines patients' satisfaction. Therefore, measuring the perception of patients is essential in evaluating the success of therapy and needs of patients since patients constitute an essential source of information about accessibility and effectiveness of care.¹¹ Patients perceive service quality when the patient compares his/her expectations with perceptions of service received. This service perception is from when the patient enters the pharmacy, the pharmacist vets the drug items before dispensing ending with payment to a cashier. A patient's experience when using such services can radically influence his/her perceptions of service quality.¹² Patient satisfaction has been defined as the patient's "personal evaluation of health care services and providers". It reflects provider's ability to successfully deliver care that meets patients' expectations and needs.¹³

A number of factors have been shown to influence patients' satisfaction with health care services including patients' socio demographic characteristics, physical health status, patients' personal understanding and expectations from various health care services.¹⁴⁻¹⁵ According to the review by Aharony and Strasser,¹⁶ satisfied patients are more likely to continue using health care services, maintain a relationship with a specific health care provider, comply with medications, participate in their own treatment and cooperate with their health care providers. Measuring and analyzing patient satisfaction with pharmacist consultation is a relatively new development. Several studies have investigated patients' perception and satisfaction with pharmacists' services in Portugal, Ethiopia, Malta, Saudi Arabia and Bosnia.¹⁷⁻²¹

In Nigeria, very little research has been done to assess patients' satisfaction with pharmaceutical services in both hospital and community set ups. Literature search revealed two published studies that tried to examine the roles of community pharmacies in Nigeria; one was with patients in Warri, (South-South of Nigeria) and the others were in Lagos State.^{4, 22} This study is one of the pioneer works to assess patients' satisfaction with the professional services rendered by community pharmacists in Imo state. This study aimed to provide baseline information on patients' satisfaction with services provided by community pharmacists in Imo State, Nigeria. thereby contributing to the existing body of knowledge on patient satisfaction. It will also assist in decision making for improvement in community pharmacists' services and practices in the State which can be adopted nationwide.

MATERIALS & METHODS Study setting

The survey was carried out in Owerri, the capital of Imo located in the heartland of Igboland in South-Eastern part of Nigeria. Owerri consists of three local government areas (LGAs) Owerri Municipal, Owerri North and Owerri West. She has a population of almost 401,873 people. At the time of this study there were one hundred and fourteen (114) registered community

pharmacies with the Pharmacists Council of Nigeria providing various pharmaceutical services to this population.

Study design/population

A cross-sectional descriptive study design was adopted using questionnaires set to address the study objectives. Only Retail pharmacies with demonstrable evidence of presence of a registered pharmacist were used. The study population comprised of all consenting persons aged 18 years and above who visited the selected community pharmacies for medicine purchase within the study period.

Data collection instrument

The survey instrument was a self-administered questionnaire adapted from a combination of previous study²³ and the work by Al-Akshar *et al.*²⁴ The questionnaire developed was initially reviewed for face and content validity in terms of content, scope, depth and appropriateness of each item of the questionnaires. Thereafter, it was pre-tested and corrections made. The final survey instrument consisted of 19-item closed-ended questions addressing socio-demographic data of the respondents, their perception of the roles and services rendered by community pharmacists and finally their perception and satisfaction with the services provided.

Sampling & data collection

The number of respondents (n) used to determine the level of patient satisfaction with pharmacy services was calculated using the formula²⁵ for a population greater than 10,000: $n = [(Z^2pq)/ d^2]$. Where: n = minimum sample size; Z = normal standard deviation set at 1.96 corresponding to 95% confidence level; p = expected prevalence rate (50%); q = 1-p; d = margin of error (0.05). For a population size of 401,873, a sample size of 384 was calculated. In order to increase the reliability of the study the sample size was increased by

10%. Thus, the actual sample size used for the study was 422. A total of 20 community pharmacies that met the inclusion criteria were selected to represent about 15% of all community pharmacies in the city.²⁰ A total of 422 questionnaires were distributed to every fifth customer that met the selection criteria until 21 clients were gotten from each of the selected community pharmacy between December, 2014 and February, 2015.

Data analysis

The data obtained from the questionnaires were analyzed using Statistical Package for Social Sciences (SPSS) version 20.0. Descriptive statistics such as frequencies and percentages were used to summarise clients' characteristics. Chi-square test analytical method was used to determine the factors that contributed to clients' satisfaction. A p-value ≤ 0.05 was considered to be statistically significant.

Ethical consideration

This study was carried out among clients visiting community pharmacies. To the best of our knowledge, a human research ethics committee for non-hospital based study does not exist in the study environment. Hence, institutional approval and consent was obtained from pharmacy owners and informed consent was obtained from all the respondents prior to the administration of the questionnaires.

RESULTS

The response rate from the distribution of 422 questionnaires was 91.0% (384). The characteristics of respondents are summarised in Table 1. A little above half of the respondents were males (194, 50.5%), married (221, 57.6%) and graduates (195, 50.8%). Majorities fell within the age range of 20 - 49 years (309, 80.5%) and were Christians (373, 97.1%). Most (302, 78.6%) of the respondents had visited the pharmacy more than three times.

Table 1: Socio-demographic characteristics of clients (n=384)

Variables	Characteristics	Frequency	Percentage (%)
Age (Years)	20-29	144	37.5
	30-39	99	25.8
	40-49	66	17.2
	50-59	50	13.0
	≥60	25	6.5

Gender	Male	194	50.5
	Female	190	49.5
Marital Status	Single	150	39.1
	Married	221	57.6
	Divorced	9	2.3
	Widow/Widower	4	1.0
Religion	Christianity	373	97.1
	Muslim	10	2.6
	Others	1	0.3
Educational Qualification	No Formal Education	10	2.6
	Primary School	45	1.6
	Secondary School	195	11.7
	Graduate	128	33.3
	Post Graduate		50.8
Occupation	Unemployed	72	18.8
	Self-Employed	98	25.5
	Government Worker	108	28.1
	Private Employment	77	20.1
	Retired	29	7.5
Number of Pharmacy patronage by Clients	Once	28	7.3
	Twice	21	5.5
	Thrice	27	7.0
	> three times	302	78.6
	No response	6	1.6

Clients' perception and knowledge of pharmacy profession

Two hundred and eighty-three (73.7%) of the clients agreed that they have knowledge about pharmacy profession. An open-ended question on their perception on the roles of the pharmacists was responded to by just over half (58.9%; n=226) of the clients. Further assessment of the clients show that only 156 (40.6%; n=384) could correctly identify the roles of pharmacists (Table 2).

Table 2: Clients' perception and knowledge of pharmacists' role (n=226)

Role of Pharmacists	N (%)
Relevant health care professionals	74 (32.7)
Drug experts / guide clients on drug use	62 (27.5)

Perception of community pharmacists' services

Alternative to doctors	32 (14.2)
Recommends drugs/Equivalent to doctors	30 (13.2)
Dispense doctor's prescription	11 (4.9)
Health promotion/Educate on health issues	9 (4.0)
Medicine dealers/Businessmen	8 (3.5)

Association of clients socio-demographic characteristics with knowledge of pharmacy profession

Clients' knowledge of pharmacy profession did not differ significantly among males and females; however, a significant association was identified between age, marital status and educational qualification of clients with knowledge of the profession (Table 3).

Table 3: Association of socio-demographic characteristics with knowledge of pharmacy profession

Variable	Responses N (%)		Df	P-value
	Yes	No		
Age				
20-29	110(76.4)	34(23.6)	4	0.037**
30-39	78(79.6)	20(20.4)		
40-49	49(76.6)	15(23.4)		
50-59	27(56.2)	21(23.4)		
≥60	19(76.0)	6(24.0)		
Gender				
Male	143(74.5)	49(25.5)	1	0.931
Female	140(74.9)	47(25.1)		
Marital status				
Single	117(78.5)	32(21.5)	3	0.013**
Married	161(74.2)	56(25.8)		
Divorced	4(44.4)	5(55.6)		
Widow/widower	1(25.0)	3(75.0)		
Education qualification				
No formal education				
Primary school	10(100.0)	0(0.0)	4	0.004**
Secondary school	6(100.0)	0(0.0)		
Graduate	24(54.5)	20(45.5)		
Post graduate	146(76.0)	46(24.0)		
	97(76.4)	30(23.6)		
Occupation				
Unemployed			4	0.432
Self-employed	58(80.6)	14(19.4)		
Government worker	69(71.9)	27(28.1)		
Private employment	78(72.9)	29(27.1)		
Retired	59(78.7)	16(21.3)		

19(65.5)

10(34.5)

(df= degree of freedom)

Clients' perception of community pharmacy & pharmacists

Clients' response to perception of the cleanliness of community pharmacy and the pharmacy staff were very high (93.2%). Their assessment of the drug delivery services provided in the community pharmacies showed that 127 (33.1%) said drugs were always available, 213 (55.5%) said drugs were sometimes available, only 8(1.2%) said drugs were never available. Response to the questions on the

affordability of these drugs showed that well above half (225; 66.9%) attested to the affordability of the drugs.

Client's satisfaction with services provided by pharmacists

As shown in Table 4, respondents satisfaction with services provided were generally very high (above 90%) with regards proper labeling of medications, clarity of written instructions, counseling clients on medication

Table 4: Clients' satisfaction with services provided by pharmacists

Pharmacist Services	Responses N (%)			
	Yes	No	Undecided	No Response
Counselling by pharmacist	351(91.4%)	12 (3.1%)	4(1.0%)	17 (4.4%)
Education on disease condition	289 (75.3%)	74 (19.3%)	9 (2.3%)	12 (3.1%)
Education on side effects of drug	265 (69.0%)	94 (24.5%)	16 (4.2%)	9 (2.3%)
Education on possible interactions	276(71.9%)	76 (19.8%)	15 (3.9%)	17 (4.4%)
Proper labelling of medication	356(92.7%)	11 (2.9%)	4 (1.0%)	13 (3.4%)
Clarity of written instruction on medication	355(92.4%)	9 (2.3%)	8 (2.1%)	12 (3.1%)
Understands pharmacist's counseling	350(91.1%)	12 (3.1%)	6 (1.6%)	16 (4.2%)
Pharmacists request for feedback on counseling	286(74.5%)	63 (16.4%)	13 (3.4%)	22 (5.7%)
Patient encouraged by pharmacist to discuss about health	300 (78.1%) 279 (72.7%)	40 (10.4%)	22 (5.7%)	22 (5.7%)
Privacy in counseling	317(82.6%)	68 (17.7%)	18 (4.7%)	19 (4.9%)
Satisfaction with services provided		45 (11.8%)	0 (0%)	22 (5.7%)

use and understanding of counseling being the top four with very high positive response. Responses of respondents on attitude of pharmacists towards them showed that only a little above half of the clients (207; 53.9%) admitted being treated with respect, 98 (25.5%) with patience while 58 (15.1%) reported they were attended to in a hurry. Majority of the clients (317, 82.6%) however reported a high level of overall satisfaction with the services provided by the community pharmacists visited.

Factors affecting clients' satisfaction with appearance of community pharmacies and pharmacists' services

Significant factors affecting clients' satisfaction with community pharmacies and pharmacists are shown in Tables 5 & 6.

Socio-demographic factors affecting clients' satisfaction with community pharmacists were

religion, educational qualification and occupation. Other factors are: availability of drugs, counseling, education on possible side effects, education on possible interactions, education on disease condition, written instruction on dosage, understanding of pharmacist's counseling, attitude of pharmacist and privacy in counseling.

Table 5: Clients' socio-demographic characteristics affecting satisfaction with services

Socio-demographic Characteristics	<i>p</i> -values
Age	0.695
Gender	0.340
Marital Status	0.089
Religion	0.003**
Educational qualification	0.001**
Occupation	0.008**

Table 6: Factors affecting clients' satisfaction with appearance of community pharmacies and pharmacists' services

Clients' Satisfaction			Df	<i>p</i> -value
	% Positive	% Negative		
Cleanliness of the pharmacy	91.3	8.7	2	0.468
Appearance of pharmacy staff	91.1	8.9	2	0.557
Drug delivery services				
Availability of drugs	92.8	7.2	2	0.025*
Affordability of drugs	94.0	6.0	1	0.138
Quality of drugs	93.1	6.9	1	0.118
Services provided by pharmacists				
Counseling	92.1	7.9	1	0.000*
Education on possible side effect	97.5	2.5	1	0.000*
Education on possible interaction	98.0	2.0	1	0.000*
Education on disease condition	96.6	3.4	1	0.000*
Written instruction on dosage	93.1	6.9	1	0.070
Clarity of written instruction	92.5	7.5	1	0.000*
Pharmacy				
Understanding of counseling	93.0	7.0	1	0.000*
Feedback on instruction given	95.1	4.9	1	0.000*
Attitude of pharmacist	97.8	2.2	1	0.000*

Privacy in counseling	95.7	4.3	1	0.000*
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Association between clients' socio demographic characteristics and services provided by community pharmacists

Association between gender and the appearance of the pharmacy was significant. Also significant were the associations of various socio demographic

characteristics with respondents' knowledge of Pharmacy profession; perceptions of Pharmacist attitude, clarity of written instructions education on possible side effect, disease state and possible interactions (Table 7).

Table 7: Association between socio demographic characteristics and services provided by community pharmacists

Pharmacy/Services Provided	Socio demographic characteristics			p-Value	
	Age	Gender	Marital status	Educational Qualification	Occupation
Pharmacy appearance	0.229	0.0031*	0.259	0.0051	0.055
Knowledge of Pharmacy Profession	0.037*	0.931	0.013*	0.004*	0.432
Quality of Drugs	0.561	0.257	0.910	0.352	0.655
Counseling	0.893	0.137	0.863	0.903	0.966
Pharmacist Attitude	0.013*	0.351	0.049*	0.000*	0.023*
Clarity of Written Instruction	0.175	0.703	0.001*	0.004*	0.132
Education on Possible Side effect	0.204	0.390	0.839	0.003*	0.283
Understanding of Discussion	0.028*	0.869	0.000*	0.191	0.130
Education on Disease state	0.339	0.156	0.859	0.005*	0.002*
Education on Possible Drug Interactions	0.002*	0.208	0.000*	0.024*	0.023*

DISCUSSION

Clients' perception which resulted in high satisfaction with the services being offered by the pharmacists can be the reason why majority (78.6%) of clients in this study visited the same community pharmacy more than three times. Same finding was observed in studies in Canada (73%) and Malta (67%) where client maintained contact with one pharmacy for years.¹⁹ This

is good for continuity of care as it has been shown that there is significant positive relationship between patient satisfaction and the interest of reusing pharmacy services. Hence, it has been found that the implementation of good pharmacy service will not only improve the professional aspects of the pharmacist profession but also increase the revenue for the pharmacy²⁶ and ensure better patients' health outcomes which is desirable.

The good (69.0%) knowledge of the pharmacy profession revealed in this study by respondents is just a bit lower to what is seen in other studies²⁷⁻²⁸ where 86.1% and 95.6% respectively had good knowledge of pharmacy profession. In this study, some clients mixed up the roles of pharmacists with that of the medical doctors. This response is not surprising as most of the general population in Nigeria regard anybody who provides any form of health care service as a doctor. Nurses usually do not have this identity issue as their wearing uniform distinguished them. There is thus need for community pharmacists to leverage on their vantage position in the community to provide the necessary enlightenment within their communities on their roles as healthcare professional because it has been found that a good understanding and perception about the role of the care provider is fundamental to a successful therapeutic relationship.²⁹ The level of knowledge was found to be significantly associated with age, marital status and educational qualification of the clients. It is good for the image of the profession that in this study, only 3.5% regarded pharmacists as Medicine dealers/businessmen. The percentage is lower but similar to the result of the study observed in Malta¹⁹ where only 9% perceived community pharmacists as primarily business-oriented people. The contrast was the case in report obtained from studies carried out in Saudi Arabia where 56.1%³⁰ and 37.3%²⁰ respondents perceived that pharmacists were more concerned with the business.

The 82.6% satisfaction recorded for the clients of community pharmacies in this study is higher than that obtained in some studies carried out in other developing countries such as in rural Bangladesh (68%)³¹ and Trinidad and Tobago (74%).³² Studies in Japan, Malta, Bosnia and Herzegovina and Indonesia, however showed similar clients' overall positive perception of community pharmacists and high degree of satisfaction with services provided in community pharmacies.^{19, 21, 33 - 34} The high satisfaction expressed in this study is very important as it has been observed that satisfied clients are likely to continue to use healthcare services, value and maintain relationship with healthcare providers, adhere to treatment and have better health outcomes.³⁵

It was observed that clients' religion, educational qualification and occupation were the socio demographic data found to have an effect on their level of satisfaction. Effect of educational qualification

on clients' satisfaction has been shown in the works by Ugere de Andrede, Burini and Mello.³⁶ In other studies,^{20, 33} age was predictive of clients' satisfaction in addition to gender, and marital status.²⁰ On the other hand, study by Lee and colleagues³⁷ did not show statistically significant associations between patients' satisfaction and some socio demographic data examined.

The factors that significantly contributed to the satisfaction of clients in this study were in case of drug delivery services: availability of drugs; in terms of services provided by pharmacist, all the pharmaceutical care services provided with the exception of written instruction on medicine. This implies that the community pharmacist is able to demonstrate a sense of empathy and concern for his clients and provide them with services that meet their need for visit. These factors are consistent with findings in Japan and Bosnia where communication with the pharmacists (providing information and explanation to clients) as well as availability of products was found to influence clients' satisfaction.^{33,21} The findings in this report however are inconsistent with the study in Warri, North East Nigeria where the clients showed moderate satisfaction with their encounter with community pharmacists.⁴

Inconsistency with these studies is not very surprising as service providers in the area under study are well known for good customers' services when compared to those in other parts of the country. Service delivery is about delivering the professional services as effectively as possible to the satisfaction and delight of the client. In healthcare, provider-patient interaction is a fundamental which can critically affect service delivery.³⁸ The customer or patient participation in the creation of the service and his/her cooperation both during the encounter and afterwards is critical to the overall outcome.³⁹

This study also revealed that satisfaction was reported by majority of clients, with regards to privacy during counselling and other services which constitutes the standard pharmaceutical care given to clients. Satisfaction expressed by 69% of clients in the study from Malta¹⁹ was similar to the present study in which 72.7% expressed satisfaction. In United Arab Emirate, a much lower (55%) number of clients expressed satisfaction with the privacy in counselling²⁴ they also complained that pharmacists did not give them sufficient time to listen carefully and to discuss their

problems with them which was not the case in our study.

Customer's satisfaction in a survey of expectation from community pharmacies in Bandung, Indonesia³⁴ revealed that drug quality, clarity of information had high expectation from the customer which they wanted maintained. This high perception was also observed in the present study, though not statistically significant. Clients' high perception on purchase of good quality drugs from community pharmacy is expected to encourage trust and increased patronage hence providing basic healthcare within the community they are situated. In the provision of good dispensing, ensuring clients' understanding of how to take their medicines is a primary responsibility of pharmacists hence the need for clarity of both verbal and written instruction.⁴⁰

Though affordability of drugs registered a very high positive perception in this study's respondents, their satisfaction with this factor was not highly significant. In similar study in Gondar town, in Ethiopia a much higher figure of 44.8% respondents were not satisfied with the affordability of their medicines.⁴¹

Good dispensing practices promote the need for safe, clean and organized working environment.⁴⁰ The cleanliness of pharmacy and appearance of pharmacists is very important as it is expected to promote more confidence in the pharmacy and the attending pharmacist. In this study, clients' perception was very high but did not affect their satisfaction significantly.

Though very high level of satisfaction was expressed for quality of service currently provided, quality available cannot be compared with what is obtainable in the developed countries. Expectation/satisfaction framework could not be used as a result of the study environment; most clients not haven experienced better conditions of living are satisfied with the level of services currently offered by their community pharmacists.

CONCLUSION

The study revealed that clients had just 38.3% knowledge of the professional services rendered by community pharmacists but a very high (82.6%) satisfaction rating of pharmacists. Factors that significantly contributed to clients' satisfaction were availability of drugs, counselling clients on how to use their medications, education on side effects and

possible interactions, education on disease condition, privacy in counseling and attitude of pharmacists.

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