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# Competency and Attitude of Pharmacists in the Management of Common Ailments Among Community Pharmacy in Adama Town, Adama, Ethiopia, 2021

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**Abstract:** Community pharmacists are one of the most accessible of all health workers in the community, who are playing a key role in the delivering the primary health care services. Traditionally pharmacists' role is mostly confined to dispensing medication and provides public health services rarely. The current role of community pharmacists should include dispensing medicines with a prescription or without a prescription, advice patients during dispensing of prescription and non-prescription drugs, deliver drug information to health professionals, patients and to the public, and promotes health programmes. This advancement in pharmacy service demands competent pharmacists. The objective of the study was to evaluate the competency and attitude of pharmacists in the management of common ailments among community pharmacies in Adama Town, Adama, Ethiopia, 2021. A cross sectional study was conducted on 44 pharmacists working at community pharmacies in Adama Town from April 30 to July 30, 2021. Data was collected by face-to-face interview. Data was cleared, categorized, compiled, and coded before analyzed by using SPSS version 26.0. Descriptive statistics computed for the study variables and frequency distribution tables and figures was used to describe the findings. Majority of the study participants, 23 (52.3%), were males, the mean age of the participants is 33 years old. The study revealed that 26 (59.1%) were competent [mean > 0.7815, SD=0.27] while 40.9% were incompetent [mean < 0.7815]. Accordingly 50% of respondents had positive attitude (mean > 3.67) while the rest, 50% were negative attitudes. Lack of knowledge or clinical skills, lack of access to additional training programs and lack of time are the major reasons for incompetency. Majority of the community pharmacist are competent. But, 50% of the pharmacists had a negative attitude toward managements of common ailments. Reasons for incompetency such as inadequate knowledge, lack of access to training programs, inadequate time and the negative attitudes of pharmacists may be barriers for managements of common ailments. Town Health Bureaus should organize and provide in-service training and advocate managements of common ailments as one area in a continuous professional development program to pharmacists working in community pharmacies.

**Keywords:** Community Pharmacy, Pharmacists, Competency, Attitude, Adama Town

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## 1. Introduction

The pharmacist is “a person prepared to formulate, dispense, and provide clinical information on drugs or medications to health professionals and patients”. Mean that pharmacists store, compound, preserve, and dispense medicine and advice on the appropriate use and adverse effects of medicines following prescriptions issued by health professionals. They

are experts in medicines and use their clinical expertise, together with formulation, quality control, practical knowledge, to ensure the safe dispensing and use of medicines by the public. Pharmacists contribute to different pharmaceutical sector area. These are pharmaceutical researcher and development sector, pharmaceutical quality control and quality assurance sector, pharmaceutical manufacturing industry, and pharmaceutical practices area

(clinical services, dispensing, prescribing, and monitoring medicines) for improving health care services of the communities [1, 19, 25].

Community pharmacists are the most accessible health care professionals to the communities. They dispense medicines with or without a prescription, ensure an appropriate dispensing of medicine, advise patients during dispensing of medicine, provide drug information to health professionals, patients and communities, and participate in promoting health programmes. Pharmacists also maintain the relationship with other health professionals in primary health care [2, 24].

Pharmaceutical care is the direct, responsible provision of medication related care for the purpose of achieving definite outcomes that improves patient's health outcomes. This advancement in pharmacy service demands competent pharmacists and a pharmacist's with patient-centered communication skill. Patient-centered communication is a process that invites and encourages patients and their families to actively participate and negotiate in decision making about their care needs [2, 14, 16, 24].

The paradigm shift for pharmacy practice took turn in 1990, when Hepler and Strand introduced the term "pharmaceutical care", which shows the patient as a focus of pharmaceutical care service [3]. In majority of developed nations, community pharmacy professionals were successfully integrated into different public-health programs in addition to giving treatment and advice of patients in managements of minor ailments and other diseases. In United Kingdom the community pharmacist contractual framework of minor ailment service as one of the enhanced population health services to be provided by community pharmacists [4]. Similarly, in Australian, community pharmacists are the most accessible health care professionals for health advice and giving of primary health care services including management of minor ailments [5].

This is not similar with the case in developing countries like Ethiopia, where pharmacists' role is largely confined to the traditional medicine dispensing and provides such public health services rarely. The reason is due to lack of standard guideline for the management of these conditions which hinder the realization of such services in developing countries.

In different parts of Ethiopia different studies were conducted regarding self-medication and related issues, but most of these studies utilize consumer's perspective, which justify that the community pharmacists in the management of common ailments are missed [6, 7].

Pharmacists is the first point of contact for some healthcare consumers but they are a relatively underutilized resource and almost "invisible" in recent health care policies. Pharmacist has to give clear and easily understandable information about the correct use of a drug and its adverse effects so that the patient gets the maximum benefit from it with the aim of preventing, protecting, and promoting the patient's health [8].

In the same way, community pharmacists should improve medication adherence, which leads to decreasing morbidity,

mortality, and health care costs. Conn and Ruppap [9] revealed that the most effective interventions were delivered face-to-face and administered directly to patients, and that the pharmacist intervention is more effective than those delivered by other healthcare professionals [9, 20].

To do this and manage common ailments well, community pharmacists should be competent and have positive attitudes. Competency mean the application of pharmacist knowledge, judgments, skills and attitudes accepted by the pharmacy profession that are needed to deliver optimum consumer outcomes in pharmacy practice. Pharmacist competencies ability to dispense, prepares, provide primary health care and drug information, practice pharmacy in a professional and ethical manner, and apply organizational skills to the practice of pharmacy [10, 19].

There are numbers of factors which prevent the provision of public health services in community pharmacy settings. Lack of knowledge, skills, confidence and adequate training, policies, poor recognition within the healthcare system, patients' reluctance to use pharmacy services and presence of inadequate number of pharmacy staff are some of the factors, which can contribute to the low level of pharmacy services uptake and public health initiatives [10, 11, 21, 27].

In developed countries, such as the United Kingdom, pharmacists are well integrated into public-health programs [12]. In contrast, community pharmacies in Ethiopia are not yet legally included as a health care professionals within the public health workforce and their role in providing public health services is yet to be appropriately recognized and endorsed by public health and governmental agencies, academicians and other healthcare professionals [13, 16].

The extended role of community pharmacists in developing countries is largely inclined to dispense medications. More than 50% of all medicines are prescribed and dispensed inappropriately and 50% of patients fail to take them correctly [6, 14]. This inappropriate use of drugs can lead to wasted resources and predispose patients to increased risk of adverse drug reactions and fosters the development of drug resistance. Despite clinical pharmacy programs being practiced in Ethiopia, implementation of pharmaceutical care is still limited [15].

Pharmacists should foster patient-centred communication to develop a trusting relationship in order to improve patient health and reduce the number of medication-related errors. However, the quality of interaction between pharmacists and patients affects patients' adherence and satisfaction with the service [16]. Thus, openness, active listening, and plain speaking are skills in which all pharmacists should be competent. In developing country like Ethiopia, smaller number of community pharmacists tend to focus on the traditional medication dispensing roles and seldom provides health prevention and promotion services [1, 8].

Since, the number of physicians is very limited; in developing country like Ethiopia enabling community pharmacists to treat common ailments would have significant advantage. Such as improving patients' access to a health care, overall reduction of cost incurred by the patients and alleviates

the burden on other health providers, allowing them to focus on patients with more complex care needs [6].

Although community pharmacies are providing health care service to the public, there is limited data in Ethiopia on the competency and attitudes of community pharmacists in the community pharmacies for the management of common ailments. Taking the global evidence into consideration and lack of data in Ethiopia on this issue, this study was conducted with the objective of evaluating competency and attitudes of community pharmacists in the managements of common ailments.

The finding of the study will be to fill the literature gap in the study area and then aware policy makers and public health leaders the status of community pharmacists' competency and attitude for intervention in the area.

The objective of the study is to evaluate the competency and attitude of community pharmacists in the management of common ailments among community pharmacy in Adama Town. The study showed the scope of the problem in the study area and information gathered from this study will provide baseline data and expected to benefit the patients, the pharmacists, the community pharmacy, Adama Town health office, regional health bureau, and other organizations working on this.

The study identified the competency and attitudes of pharmacists in community pharmacy. Therefore, the study provides gaps on competency and attitudes of community pharmacists and recommends them to fill the gaps. The finding of study may improve clinical outcome of the patients by reducing morbidity and mortality from inappropriate use of medications.

The owners of community pharmacies, Adama town health bureau, and regional health bureau, governmental and nongovernmental organizations may use the finding as base line information to design appropriate policies, strategies and interventional that can solve problems in competency and attitudes of community pharmacists. Finally, the study might help as a baseline for other researchers who want to carry out further investigation in similar arena.

## 2. Objectives

### 2.1. General Objective

To evaluate competency and attitude of community pharmacists in the management of common ailments at community pharmacy in Adama Town, Ethiopia, from April 30 to July 30 2021

### 2.2. Specific Objectives

To identify the competency of pharmacists in the management of common ailments at community pharmacies.

To assess the attitude of pharmacists in the management of common ailments at community pharmacies.

To determine factors that affect competency of community pharmacists.

## 3. Methods and Materials

### 3.1. Study Area and Period

The study was conducted in community pharmacies in Adama Town, East Shewa, Oromia National Regional State, Ethiopia. Adama forms a Special Zone of Oromia and is surrounded by East Shewa Zone. The total population of the town in 2015 estimation was 324,000. Adama Town has 1 Public Hospital, 5 Private Hospitals, 8 Public Health Centers, 1 Regional laboratory, 52 Medium Clinics, 3 Specialty Center, 55 different types of clinics, 2 laboratory centers, 44 Community Pharmacies and 66 private drug stores. This study was done for a period of three months, from April 30 to June 30 2021.

### 3.2. Study Design

Cross-sectional study was conducted at community pharmacies.

### 3.3. Source Population and Study Population

All pharmacists working in community pharmacies of Adama Town are source population. All pharmacists working in selected community pharmacies at the time of the study, willing to participate and fulfill the study criteria were included study populations.

### 3.4. Sample Size Determination and Sampling Method

Currently there are 44 community pharmacies in Adama Town and each pharmacy has at least two pharmacists so the minimum number of pharmacists working in community pharmacies of Adama Town is 44 (N) according to Adama Town Health Office. About 19 pharmacies have 2 pharmacists each, one pharmacy has 3 pharmacists and 24 pharmacies have one pharmacist each. The total pharmacists in all community pharmacies  $(19 \times 2) + (1 \times 3) + (24 \times 1) = 65$ . Only one pharmacist was asked from each pharmacy. Therefore, the sample size of the study was 44.

For those community pharmacies which have more than one pharmacist's randomly one pharmacist were selected. But for those community pharmacies which have one pharmacist, they were covered.

### 3.5. Inclusion Criteria and Exclusion Criteria

Inclusion Criteria: Registered community pharmacists (confirmed during data collection whether registered or not)

Exclusion Criteria: Community pharmacist who were not registered and who were not willing to participate

### 3.6. Variables

Competency of community and Attitudes of community pharmacists are dependent Variable.

Socio-demographic characteristics of patient (age, sex, educational level etc. and Management of common ailment are independent Variables are;

### 3.7. Data Collection Method

A structured questionnaire was developed to design appropriate questionnaire, appropriate modifications was made after pre-test done. Data were collected by principal investigators. The questionnaire consists of a series of questions to evaluate community pharmacists' competency and attitudes. It consists of four parts. Part one is socio demographic characteristics of pharmacists. Part two, three and four covers questions to evaluate the competency, reasons for incompetent and attitudes of community pharmacists respectively. Data was collected by face to face questionnaire accompanied by an official document explaining the purpose and importance of the study.

### 3.8. Data Quality Control

Pre-test of the questionnaire was performed on 5% of the sample size prior to study period. Participants who participated in the pre-test were not included in the final sample of the study. The questionnaires was reviewed and checked every day for completeness and the necessary feedback will be provided to the data collectors. Completeness, accuracy, and clarity of the collected data was checked carefully before data analysis is made. Any erroneous, ambiguous, and incomplete data was excluded. Percentages and proportions will be used to describe the findings of the study.

### 3.9. Data Entry and Analysis

Data was cleared, categorized, compiled, and coded before analyzed by using the statistical package for the social sciences (SPSS) version 26.0 software for windows. Filled data was summed and transformed to give an overall score from 0 to 100 percentages, descriptive statistics computed for the study variables and frequency distribution tables and figure were used to describe most of the findings. For the competency and attitude, first their status was determined as "Competent" or "Incompetent" and "positive attitude" or "negative attitude" respectively. There was 13 competency and six attitude questions. Then the sum of each point for each participant was computed and median value was taken as cut-off to determine their status for competency and attitude. Score 1 was assigned to the correct answers to all competency and zero will be assigned to wrong answers. The answers to attitude questions were ranked 1 to 5 accordingly, so the score 5 represents the most positive attitude. Attitude related questions were developed in five choices, Likert-scale (A1, A 6) where 5 represents 'completely positive attitude', 4 'positive attitude', 3 'no idea', 2 'negative attitude' and 1

'completely negative attitude'. Completely positive attitude and positive attitude were used to show the degree of attitude.

#### Operational Definitions

Competency: competency will be dichotomized as 'competent' and 'incompetent'. Those who answered below the mean value of competency questions will be considered as incompetent and those who answer above or equal to mean values as having competent.

Common ailments- are conditions that will resolve on their own and can be reasonably self- diagnosed and include common conditions such as cough, tonsillitis, headaches, back pain, insect bites, diaper rash, heartburn or indigestion, nasal congestion etc.

Attitude towards: is also dichotomized as negative and positive.

Positive attitude: When one answer more than or equal to mean value of attitude questions.

Negative attitude: When one answered less than mean value of attitude questions [6, 7, 10, 18, 22, 28, 31, 32].

## 4. Result

A total of 44 pharmacists were included in the study with a response rate of 100%. Among the study participants, 23 (52.3%) were males, with a mean age of 33 years (SD  $\pm$  5.6 years). All of the respondents (100%) held Bachelor's degrees in pharmacy (B. Pharm) and 84% had greater than five years' experience in community pharmacy (SD  $\pm$  4.806 years) and the rest were less than five. About 28 (63.6%) were employers while 16 (36.4%) were owners as shown in Table 1 below.

#### Competency of Community Pharmacy

Competency status was dichotomized as competent and incompetent. Then the overall mean of competency questions were used as a cut-off point for categorizations. Accordingly 26 (59.1%) were competent [mean  $>$  0.7815, SD=0.27] while 40.9% were incompetent [mean  $<$  0.7815]. From these half of them, 13 (50%) were female and half of them were male. Regarding to questions related to ability of the respondents to describe how to diagnose common ailments, about 32 (72.7%) responds yes while the rests respond no.

Another question was asked whether the respondents able to select appropriate medications for the managements of common ailments, about 35 (79.5%) participants respond that they able to select appropriate medications for the managements of common ailments. It was also asked that whether the respondent provide adequate information of medications in the managements of common ailments, about 34 (77.3%) were responded that they provide adequate information of medications in the managements of common ailments while the rest do not as shown in Table 2 below.

**Table 1.** Socio-Demographic characteristics of community pharmacists in Adama Town, Adama, Ethiopia, 2021.

Variables	Category	Frequency (N)	Percentage (%)
Age [Years]	< 30	15	34.1
	30-39	24	54.5
	> 40	5	11.4
Gender	Male	23	52.3
	Female	21	47.7

Variables	Category	Frequency (N)	Percentage (%)
Level of Education	B.pharm	44	100
	Msc and above	0	0
Work experience as community pharmacy [Years]	< 5	7	15.9
	> 5	37	84.1
Position in community pharmacy	Owner	16	36.4
	Employee	28	63.6

According to the study finding from all the competent, 13 [50%] of the participants were male and 13 [50%] were female. Our study revealed that from age group ranged between 30-39 years, 14 [58.3%] were competent while 10

[41.6%] were incompetent. Related to pharmacists work experience from all pharmacists who are competent, 22 [84.6%] had work experience 5 years and above as shown in Table 3 below.

**Table 2.** Competency of Community pharmacists' towards the management common ailments, Adama, Ethiopia, 2021.

Competency Questions	Frequency (N) (Yes/No)	Percentage (%)	Mean [SD]
Do you describe how to diagnose common ailments	32	72.7	0.73 [0.451]
Could you select appropriate medications for the managements of common ailments	35	79.5	0.80 [0.408]
Do you ask about past medical and medication history	34	77.3	0.77 [0.424]
Do you asks drug allergies	35	79.5	0.80 [0.408]
Do you provide adequate information of medications in the managements of common ailments	34	77.3	0.77 [0.424]
Do you advice patients on managements of minor ailments	37	84.1	0.84 [0.370]
Do you advice on non-pharmacological therapy	33	75.0	0.75 [0.438]
Do you consider rational use of medications in managements of common ailments (appropriate dosing, dose and duration)	34	77.3	0.77 [0.424]
Do you counsel on side effects	35	79.5	0.80 [0.408]
Do you advice the patients to visit physician	38	86.4	0.86 [0.347]
Do you give appropriate answers to questions related to common ailments asked by the patient or health professionals	33	75.0	0.75 [0.438]
Do you demonstrate an understanding of the pharmacist's responsibility to the care of the patient, and respect the confidentiality of the patient during common ailment managements	33	75.0	0.75 [0.438]
Do you interpret prescriptions for completeness and accuracy for common ailments?	34	77.3	0.77 [0.424]

**Table 3.** Community pharmacists' sociodemographic and their competency towards the management common ailments, Adama, Ethiopia, 2021.

Variables	Category	Competent N [%]	Incompetent N [%]
1. Age [Years]	1. < 30	8 [18.2%]	7 [15.9%]
	2. 30-39	14 [31.8%]	10 [22.3%]
	3. > 40	4 [9.1%]	1 [2.3%]
	Total	26 [59.1%]	18 [40.9%]
2. Gender	1. Male	13 [29.5%]	10 [22.7%]
	2. Female	13 [29.5%]	8 [18.2%]
	Total	26 [59.1%]	18 [40.9%]
3. Level of Education	1. B.pharm	26 [59.1%]	18 [40.9%]
	2. Msc and above	0	0
	Total	26 [59.1%]	18 [40.9%]
4. Work experience as community pharmacy [Years]	1. < 5	4 [9.1%]	3 [6.8%]
	2. > 5	22 [50%]	15 [34.1%]
	Total	26 [59.1%]	18 [40.9%]
5. Position in community pharmacy	1. Owner	5 [11.4%]	11 [25%]
	2. Employee	13 [29.5%]	15 [34%]
	Total	18 [40.9%]	26 [58.1%]

#### Attitudes of Community Pharmacy

Attitude was also dichotomized as positive attitude and negative attitude. Accordingly 50% of respondents had positive attitude, with a (mean > 3.67, Sdv. dev=0.546) while the rest, 50% were negative attitudes. A participants were

asked whether being involving in common ailments management is important to his career or not, about 28 (63.6%) have completely negative attitude, 12 (27.3%) have negative attitude, 2 (4.5%) have no idea and 2 (4.5%) have positive attitudes as shown in Table 4 below.

**Table 4.** Community pharmacists' attitude towards the management common ailments, Adama, Ethiopia, 2021.

Attitude Questions	Completely Negative Attitude=1 N (%)	Negative Attitude=2N (%)	No Idea=3N (%)
Being involved in common ailments management is important to my career	28 (63.6%)	12 (27.3%)	2 (4.5%)
I feel that it is my professional duty to be involved in common ailments management	10 (22.7%)	17 (38.6%)	10 (22.7%)
Common ailments management is more suited to clinical pharmacy than community	12 (27.3%)	10 (22.7%)	8 (18.2%)

Attitude Questions	Completely Negative Attitude=1 N (%)	Negative Attitude=2N (%)	No Idea=3N (%)
pharmacists			
Involvement in the management of common ailments is a part of my practice	22 (50.0%)	16 (36.4%)	0
I do not have time to think about common ailments	6 (13.6%)	2 (4.5%)	5 (11.4%)
I am confident that I can manage common ailments well	29 (65.9%)	6 (13.6%)	4 (9.1%)

Table 4. Continued.

Attitude Questions	Positive Attitude=4N (%)	Completely positive attitude=5N (%)	Mean [SD]
Being involved in common ailments management is important to my career	1 (2.3%)	1 (2.3%)	4.48 [0.876]
I feel that it is my professional duty to be involved in common ailments management	2 (4.5%)	5 (11.4%)	3.57 [1.228]
Common ailments management is more suited to clinical pharmacy than community pharmacists	10 (22.7%)	4 (9.1%)	3.36 [1.348]
Involvement in the management of common ailments is a part of my practice	4 (9.1%)	2 (4.5%)	4.18 [1.126]
I do not have time to think about common ailments	8 (18.2%)	23 (52.3%)	2.09 [1.444]
I am confident that I can manage common ailments well	5 (11.4%)	0	4.34 [1.055]

### Reasons for incompetency to Manage Common Ailments

Reasons for incompetency were asked, about 18 (41%) said lack of knowledge or clinical skills, 13 (30%) responded that lack of access to additional training programs, 7 (16%) lack of time, 6 (14%) patients are not interested in preventive activities and 4 (9%) lack of personnel or resources as shown in Figure 1 below. About 18 (41%) participants responded that all of the following reasons leads to incompetency; lack of personnel or resources, lack of knowledge or clinical skills, lack of access to additional training programs, patients are not interested in preventive activities and lack of time. Lack of knowledge or clinical skills, lack of time and lack of access to additional training programs were responded by 14 (31.8%).

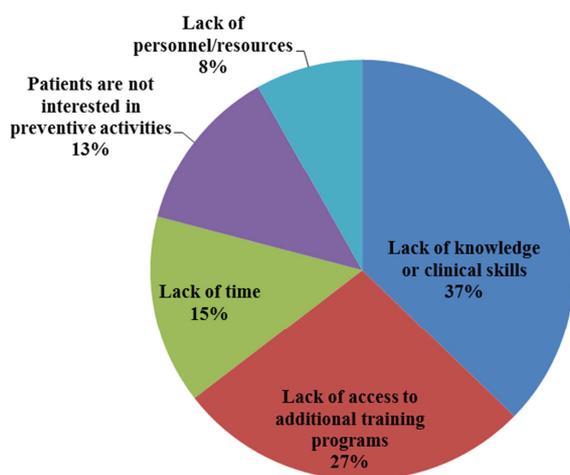


Figure 1. Community pharmacists' reasons for incompetency towards common ailments management, Adama, Ethiopia, 2021.

## 5. Discussion

The finding of our study showed that 59.1% community pharmacists were competent [mean > 0.7815, Sdv. Dev=0.27]. The finding of this study was greater than study done in Gondar town which was, 56% [7] and Study in Iran, 52% [26]. This may be due, nearly the entire participants mentioned gaps of training as the most barriers that hinders to better management of ailments in community pharmacy [7]. But the

finding of the study was lower than those reported by study in Qatari, 70% [29] and study in Serbia, 84% [10]. This may be due lack of knowledge or clinical skills, lack of access to additional training programs, lack of time and patients are not interested in preventive activities as responded by the participants.

Our study revealed that, 72.7% of the respondents can describe how to diagnose common ailments. This finding is higher than that of study done in Gondar Town, which is, 26.2% [7]. Related to community pharmacist's ability to select appropriate medications for the managements of common ailments, about 79.5% responded that they can select medication for common ailments. The finding of this study was less than study done in Gondar where, 92.4% can select appropriate medication [7].

According to this study finding, 79.5% community pharmacists ask about drug allergies. This finding is greater than study done another place in Ethiopia where only 9.8% of community pharmacists were responded about drug allergies [6]. These differences may due to, nearly the entire participants mentioned gaps of training as the most barriers that hinders to better management of ailments in community pharmacy in study done in Gondar and other places in Ethiopia. In case of this study only 13 (30%) participants responded that lack of access to additional training programs as reasons.

This study revealed that, 77.3% participants can interpreted prescriptions for completeness and accuracy for common ailments. The finding of this study is greater than study done in Harar Town, where 22 (61.1%) of the dispensers always check completeness and accuracy of prescription in dispensing [17].

Regarding to the attitudes of community pharmacists towards managements of common ailments, the study found that 50% of respondents have positive attitude (mean > 3.67, SD=0.546). This finding is greater than study done in Maltese community pharmacies, 44% and study done in Bangkok, 45.2% [23]. But the finding of the study was less than study done in Zambia, 67.4% [30] and study done in Harar and Dire Dawa town, Eastern Ethiopia where more than half (52.6%) of the pharmacists had favorable attitudes toward pharmaceutical care provision [31].

According to our study finding, 50% of the community pharmacists have negative attitude. The finding is lower than studies done in Dire Dawa and Harar Towns, where more than half (52.6%) of the pharmacists had positive attitudes toward pharmaceutical care provision and study done in India where 70% of community pharmacist show positive attitude [32].

According to the study finding from all the competent community pharmacists, 13 [50%] of the participants were male and 13 [50%] were female. This finding is different from study done in India where male pharmacist had better knowledge towards good pharmacy practice than female.

Our study revealed that from age group ranged between 30-39 years, 14 [58.3%] were competent while 10 [41.6%] were incompetent. The finding is different from study done in Harar and Dire Dawa town, where age category less than < 30 years of age have better knowledge, 93% [31].

Related to pharmacists' work experience, the study revealed that from all pharmacists who are competent, 22 [84.6%] had work experience 5 years and above while others, 15.4% have less than five years' experience. This result is

Similar to study done in Dire Dawa and Harar Towns, where age, sex, place, years of experiences, and training were considered for possible factors with pharmacists' knowledge and attitude toward common ailments.

This may be due to the fact that the highest years of professional experience are the young generation pharmacists who are more knowledgeable and form the major determinant of workforce.

## 6. Conclusion

It is concluded that majority of the community pharmacist in Adama town are competent. However, almost half of the pharmacists had negative attitude toward managements of common ailments. These negative attitudes of pharmacists may serve as barriers for managements of common ailments. Some of the reasons for incompetency are lack of; knowledge/clinical skill, access to additional training, time, personnel/resources and patients are not interested in preventive activities. Therefore, Town Health Bureaus should organize and provide in-service training on managements of common ailments to pharmacists working in community pharmacies. Furthermore, the bureaus should work on making the managements of common ailments as one area in a professional development program.

## 7. Strength and Limitations of the Study

The strength of this study was that it highlights area where there was lack of literature in Ethiopia. Yet, the study has some limitations. Since the study was a cross-sectional study conducted in only one town of Oromia regional state, caution should be exercised when generalizing to other towns and regions in Ethiopia. Although, it has the above limitations, this study has significant effects to improve the participation of community pharmacies in health promotion and prevention.

## 8. Recommendations

To make community pharmacists more competent and have a good attitude at community pharmacies in Adama Town, it is recommended that,

Town Health Bureaus should organize and provide in-service training and advocate managements of common ailments as one area in professional development program to pharmacists working in community pharmacies.

Federal Ministry of Health and other concerned bodies should prepare educational program and competency standards guidelines for pharmacists.

Further researchers should use objective measures and different assessment methods to assess pharmacist competency and factors associated with it and how those factors are significant. The findings of those studies should be disseminated to all healthcare workers followed by relevant interventions to prevent any problems related to incompetency.

## Competing Interest

The authors declare that they have no competing interests.

## Dedication

I would like to dedicate this hard work to an *Oromo icon* artist *Haacaaluu Hundeessaa Boonsaa*, who assassinated on 29 June 2020. I miss him. Oromo misses him. Oromia misses him. Ethiopia misses him. But legend never dies and his legacy lives on.

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