

Requests Made in Community Pharmacies

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The drugstore is the only part of the health care delivery system which provides an opportunity for both primary care and "self-care"—two subjects which are presently of great interest. The few analyses of the transactions between pharmacy personnel and patrons have focused upon the content or appropriateness of pharmacists' responses to certain specific questions^{1, 2} or on the amount of time pharmacists or other personnel spend in different kinds of activity.³⁻⁵ However, no published study at this writing has looked at the kinds of questions people actually ask inside the pharmacy doors.

The purpose of the present study will be: 1) to identify and describe the content of the questions asked by pharmacy patrons; and 2) to explore whether the types of questions asked are related to observable characteristics of patrons.

Method

The data presented in this report were collected by 129 third-year pharmacy students at the University of Southern California as an assignment for a course entitled "Professional Interactions." Each student contacted a community pharmacy not connected with a hospital and was instructed to stand at the prescription counter and record 20 consecutive patron requests and the responses to them. If there was more than one pharmacist working, the students were to observe only one. Similar instructions pertained to the observations of clerks. If questions were asked in a foreign language, the students were instructed to ask the clerk or pharmacist what the request was after the patron left. The total number of interactions observed was 2,580.

Since students chose their own pharmacies, the sample of 129 pharmacies in this report was not scientifically or randomly selected. Therefore, generalizations from the findings

must be made with caution. Nevertheless, the types of pharmacies were well distributed: 43 per cent (N = 56) were neighborhood pharmacies; 20 per cent (N = 26) were chain pharmacies; 26 per cent (N = 34) were professional or prescription pharmacies; and 10 per cent (N = 13) were shopping center pharmacies that were neither of the chain or prescription type. The universe of pharmacy types in Los Angeles is not known.

Since patrons were observed, not interviewed, only three characteristics were ascertained: sex, race, and whether the language they spoke was English, broken English, or foreign. Of the 2,580 patrons observed, 42 per cent were male, 65 per cent were Caucasian, 14 per cent Black, 6 per cent Asian, 14 per cent Spanish, and 1 per cent Other. Linguistically, 85 per cent of the patrons spoke English well, 8 per cent spoke broken English, 4 per cent a foreign language, and 3 per cent was not ascertained.

Results

The 2,580 patron requests were classified by content into one of 25 categories by a coder trained by the investigators. Analysis in this report will entail the following three-category classification: professional questions (17 per cent), professional-clerical questions (62 per cent), and clerical questions (21 per cent). Professional questions were generally of three types: about one-third were requests for information or advice about the selection, dosage, quality, or effect of over-the-counter (OTC) drugs; an additional one-third for such advice about prescription drugs, and the final one-third concerned advice for the relief of specific symptoms or requests for information about health. Professional-clerical questions included all requests to fill or refill prescriptions; questions about the cost or location of drugs; or the cost, availability, or location of non-drug health aids or professional goods. Finally, clerical questions included those about the cost, location, or availability of non-drug, non-professional products, general questions concerning check out (i.e., "can I pay for this here?") and request for general information of a non-medical nature (i.e., "do you have change?" or "how late are you open?").

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Sex, Ethnicity, Language, and Type of Request

Although men in the sample were somewhat more likely to have asked clerical questions than women (23 per cent vs 19 per cent), and less likely to have asked professional-clerical questions (60 per cent vs 64 per cent), men and women were equally likely to have asked professional questions. These sex differences were not statistically significant.

However, Table 1 shows an interesting and significant relationship between race, ability to speak English, and type of request. Caucasian and Black patrons were significantly more likely to have asked professional-clerical questions than were Asian, Spanish, or other non-White patrons. However, Blacks and Caucasians were the least likely to have asked for professional advice, whereas Asians were the most likely, followed by the Spanish and those classified as other non-Whites.

Regarding use of language, patrons who spoke English well were the most likely to have asked clerical questions, those speaking a foreign language were the least likely, and those speaking broken English were between the other two groups. A similar pattern but with greater differences resulted from professional-clerical questions: 64 per cent of patrons speaking English well made such requests as compared with 55 per cent of patrons speaking broken English and 48 per cent speaking a foreign language. With regard to professional questions, 36 per cent of patrons not speaking English made such requests, 28 per cent of those speaking broken English, but only 15 per cent of those speaking fluent English.

Discussion and Summary

In examining 2,580 patron requests to pharmacy personnel behind the prescription counters in 129 pharmacies, the present study found that almost two-thirds of the questions asked (62 per cent) involved requests to fill prescriptions, how much time it would take, how much it would cost, or where specific over-the-counter drugs were located. As such, none of these questions represented requests from patrons for advice. Similarly, an additional 21 per cent of the questions asked were clerical and unrelated to health. However, 17 per cent of the total number of requests were clearly in the professional realm and represented attempts on the part of patients to seek advice or gather information to use in making a decision about their health. The present study has also presented some advice that the kinds of questions patrons asked at the prescription counter were not randomly distributed but related significantly to observable social attributes of patrons.

Patrons speaking fluent English were significantly less likely to have asked for professional advice than patients speaking broken English or foreign languages. Perhaps the similarities between Asian and Spanish minorities in their reliance on the pharmacy as a place for seeking advice reflects their cultural heritage or backgrounds, since the role of the

TABLE 1—The Relationship between Type of Request and Patron's Race and Use of Language.

Patron Characteristics	Type of Request					
	Professional		Professional-Clerical		Clerical	
	N	%	N	%	N	%
RACE*						
Caucasian	(261)	16	(1073)	64	(330)	20
Black	(50)	14	(235)	64	(82)	22
Asian	(43)	29	(78)	52	(28)	19
Spanish	(75)	21	(197)	56	(81)	23
Other	(6)	22	(15)	56	(6)	22
TOTAL	(435)	17	(1598)	62	(527)	21
LANGUAGE**						
English	(325)	15	(1400)	64	(456)	21
Broken English	(60)	28	(117)	55	(36)	17
Foreign	(37)	36	(49)	48	(17)	17
TOTAL	(422)	17	(1566)	62	(509)	21

* $\chi^2 = 29.285$, 8 d.f., $p < 0003$

** $\chi^2 = 52.116$, 4 d.f., $p < 0001$

pharmacist and pharmacy in their cultures has traditionally been more active with regard to advice-rendering or problem-solving. It is interesting that Black patrons' utilization of the pharmacist was identical to the Caucasian. Thus, it is probably non-English speaking or first generation minorities who are the most likely to seek health care or advice in the community pharmacy.

Although only 17 per cent of the total number of pharmacy patrons observed in the present study actually used the pharmacy as a source for primary care, this proportion represents a potentially huge segment of the population, considering that there are 50,000 or more pharmacies in the United States serving millions of people daily. The degree to which such care-seeking represents an alternative to the more traditional medically dominated primary care facilities is not known. It may be that people who seek primary care in the pharmacy system are generally less likely to utilize (or prefer) more traditional sources of care. Certainly, the seeking of primary care in a pharmacy is a phenomenon worthy of further, more precise investigation.

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