

Case Report
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Roles and Identity of Community Pharmacists in the Philippine Rural Setting

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ABSTRACT

Despite being the most accessible healthcare professionals in the community, Filipino community pharmacists remain underutilized. This study aims to explore the roles and identity of Filipino community pharmacists in a selected third-class rural municipality in Pampanga, utilizing a phenomenological design from November 2017 to February 2018. Licensed community pharmacists, regardless of demographics or professional background, participated in in-depth interviews. Additionally, interviews were conducted with drugstore owners and frequent customers to validate findings. Interviews were coded and transcribed, with bracketing observed. Qualitative data were analyzed using Colaizzi's method, including Cool and Warm Analyses. Themes emerged describing the roles of Filipino community pharmacists: promoting safe drug use, ensuring medicine quality, counseling patients, training pharmacy assistants, and managing records. The identity of Filipino community pharmacists as drug experts, managers, and sellers also emerged. Factors influencing their identity included workplace experience, advocacy on drug use, desire to uplift the profession, and love towards hometown. The study revealed that while participants are aware of their roles and identity, their experiences at work and local beliefs significantly influence their practice.

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Introduction

Community pharmacists are the most accessible in the community. They can be found managing and/or supervising community pharmacies or drugstores all over the Philippines ranging from urban, rural and rurban (combination of rural and urban) areas. According to Loquias and Robles, although the highest number of pharmacists is employed in the community setting, a smaller number can be found practicing in rural areas as compared to urban and rurban areas [1].

Dedicatoria defined rural areas as places where the access to infrastructure and services is limited, livelihoods are drawn from crop cultivation, livestock, forestry or fishing and there are fewer opportunities to earn cash [2]. Pampanga is one of the provinces in Region 3 that has several rural areas. It has twenty-two (22) cities and towns. One of which is the selected rural area, SL.

SL is considered a third-class rural municipality and consists of seventeen (17) barangays. People from other towns in Pampanga considered the rural area as a "Sleeping Town" because unlike the other towns, it is not yet fully developed with limited number of establishments, banking institutions, health facilities and even community pharmacies. Floods during typhoon are even often experienced in this area. The healthcare system in this rural area is even far different from its neighboring towns and cities. There is only one (1) district hospital, few private clinics and health

centers and only seven (7) community pharmacies operating among the seventeen (17) barangays.

The clamor for the public and other healthcare professionals to acknowledge, uplift, and realize the significance of the pharmacy practice has long been a dream to all pharmacists in the country. Considering that this profession is noble and requires utmost expertise, there is a strong urge to make the pharmacists embrace their roles and identity and to also make people realize how they can affect their lives. Ocampo, the former President of Philippine Pharmacists Association (PPhA) reiterated the mission of PPhA to empower Filipino pharmacists to be professionally competent and globally competitive. She emphasized that this mission is still not yet realized until now and the Filipino pharmacists' role is not yet well-defined in practice particularly in the community and hospital pharmacy setting. She added that community pharmacists nowadays still practice mainly dispensing with minimal patient medication counseling while hospital pharmacists may practice mainly dispensing with clinical pharmacy practice but in only some of the leading hospitals.

Although most of the pharmacy researches in the Philippines dwell on community pharmacists, these researches have largely been quantitative focusing more on the competency and standards of the practice and on community pharmacists in the urban settings. What these studies may be lacking is the focus on the meaning of the experiences of the community pharmacists in the rural setting since they also have concerns that need to be addressed. It is also high time to gain insights into the world of Filipino community

pharmacists in the rural setting and to identify, understand and describe their perceptions and reactions towards their experiences.

There is also a dearth of studies focusing on the roles and identity of Filipino community pharmacists in the rural setting. Considering that many had changed in the pharmacy professions and in the society in general, the community pharmacists are still misinterpreted and neglected by people in the community. The researcher desires to focus on describing what community pharmacists experience and the meaning they put into this experience. Hence, this study aimed to provide a phenomenological study on the roles and identity of Filipino community pharmacists in a selected rural area.

Methods

Design

A qualitative research design was used in the study to describe the lived experiences of the community pharmacists in the Philippine rural setting through qualitative interviewing to obtain empirical materials for four (4) months from November 2017 to March 2018. Phenomenological research seeks to discover how individuals construct meaning of the human experience [3]. A descriptive phenomenology refers to the study of personal experience and requires a description or interpretation of the meanings of phenomena experienced by participants in an investigation [4]. The researcher used a qualitative descriptive phenomenology because it focuses on deep understanding of the experiences, behavior, attitudes and feelings of participants towards their roles and identity as community pharmacists. The purpose is to describe the commonalities of the experience.

Sample and Study Site

The participants in the study were the five (5) licensed community pharmacists regardless of age and sex, employed in the six (6) drugstores situated in a selected rural setting. Although there is no standard for a minimum number of participants in qualitative research because its purpose is not to generalize, previous experts have identified a sample size of 3-15 as adequate, generally when extensive detail has been collected to saturation [3]. The researcher utilized a non-probability sampling design, purposive sampling. Purposive sampling is characterized by the incorporation specific criteria met by the participants at the moment of selection [4].

Instrumentation

The data collection strategy has been the qualitative, face-face, semi-structured, in-depth interview. Each interview, guided by an aide memoire lasted approximately 45 minutes. The questions in the interview were elaborated from how do the roles of the participants as Filipino community pharmacists be described; how the identity of the participants as Filipino community pharmacists be described and; how do the factors that influence the identity of Filipino community pharmacists be described. The interviews were conducted in a mix of Kapampangan and Filipino languages and were transcribed verbatim for phenomenological analysis. An audio recorder was used with the permission of the participants in addition to the researchers' taking notes. The audio-recorded data were transcribed into the field texts and data analysis followed. An English major who holds an MA degree in Language and is adept in Kapampangan language was also asked to further check and validate the translation.

Mode of Analysis

The responses of participants were saturated during the data collection from November 2017 to March 2018. Saturation refers

to a point where the participants no longer provide new insights or understanding, and that the researcher could already surmise what the participants were going to say.

To increase the accuracy of the information gathered from the participants, a triangulation technique was conducted. Triangulation establishes the validity of the interviews conducted with the participants. It aims to further improve the quality of the data that are collected and the accuracy of the researcher's interpretations. To check the consistency of what the community pharmacists revealed during the interviews, the researcher interviewed the owners and customers of the drugstores with questions also deriving from the guide questions of the community pharmacists.

The data collected through interviews were analyzed through the use of Colaizzi's method consisting of cool and warm analysis. The significant statements were obtained from the research protocol and were arranged in the repertory grid after data organization was employed. Thematic categorizations were done which yielded the emergent themes from relationships, similarities and differences which were captured and identified. A qualitative audit, was done by a critical friend to verify all levels of analysis [3]. He engaged in the same process of phenomenological analysis and then provided his feedback to improve the findings.

Ethical Considerations

All of the participants were given an informed consent which explains the consequences, procedures and purpose of the study. The informed consent includes the participant's freedom to refuse and withdraw at any time they wish to. Formal interviews were scheduled based on the participants' chosen schedule with respect to their time, privacy and confidentiality. The participants participated voluntarily and were not exposed to any harm or risk. Also, for the participant's confidentiality, codes were used instead of names in the voice transcript and in the findings and discussion of the report.

Results and Discussions

The lived experiences of the community pharmacists in the selected rural area had yielded interesting conceptualizations. Through Cool and Warm Analysis, different themes emerged as a result of the intersection of their various experiences.

Roles of the Filipino Community Pharmacists

The roles of the Filipino community pharmacists refer to their tasks in the community pharmacies which this study attempts to describe. Five (5) themes were identified as the roles of the Filipino community pharmacists based on the participants' answers: (a) Promoting Safe Use of Drugs, (b) Ensuring Quality Medicines, (c) Counseling Patient, (d) Training Pharmacy Assistants, and (e) Managing Records.

Promoting Safe Use of Drugs

Being aware of the five rights of medication: the right patient, the right drug, the right dose, the right route, and the right time to ensure medication safety, the community pharmacists are in the most appropriate position to advice, guide and direct the clients on the correct usage of drugs. All of the participants agreed that they always give additional appropriate care when dispensing drugs most particularly for antibiotics. As articulated by the participants, "Actually, I really comply but it is difficult because people were used to buying a simple Amoxicillin and they can get it right away." (P1); "If I will be just followed, if there is no prescription,

you should not dispense the drug because antimicrobial resistance is really happening now so I am really a pro. However, the people got used to it.” (P2)

The “no prescription, no dispensing policy” maybe favorable for the pharmacists but is in conflict with the target sales of the drugstore as explained by the participants: *“I think this is a problem in the province because drugstores’ sales will be affected unlike in the hospital where I previously worked. It was really strict there. If there is no prescription, there is no antibiotic. I hope it will be stricter in community pharmacy setting.” (P4); I would love to implement the policy but I don’t stay here often. Besides, we only got paid by the owner. We don’t own the drugstore but if I will have my own drugstore in the future, I will implement the policy so that the people will get used to it.” (P7)*

Community pharmacists as medication managers ensure that their patients are achieving their therapeutic outcomes with safe and effective medications [6]. This may be the ideal practice but it is not always possible. As encountered by the community pharmacists in the selected rural area, it was hard to impose a new policy when people in the community are used to buying drugs without prescription. This practice can even cause a problem when some drugstores chose follow the policy while others would not and the customers could not help but compare them. It is evident that the participants were also trying to balance their role in the promotion of safe medications for the people and their role to help increase the sale performance of community pharmacies.

Ensuring Quality Medicines

Promoting safe use of medicines is not only limited to the dispensing and distributing functions of the community pharmacists. Drugs when not handled and kept properly will not reach the patients at the desired therapeutic outcomes. Ensuring quality medicines signifies the distinct role of pharmacists in keeping a systematic procedure of monitoring, safekeeping and storage of medicines. All participants agree that their role includes ensuring that the medicines in the drugstore are kept in a suitable environment to maintain their purity and quality as demonstrated by these statements:

“Everyday, I have to monitor the temperature because the stability of the drugs is affected by temperature. If it is too hot, their potency and effectivity will be affected but of course, I cannot do anything if it’s brown-out because it will be too hot.” (P2)

“That is the point of inventory...So, I helped them discard the expired medicines. It will be a big problem, if they dispensed the wrong medicines.” (P4)

That is part of my job to check those drugs near expiry. I put them in a separate container.” (P7)

The pharmacists’ role in the community pharmacy is not limited to ensuring the suitability, safety of medicines but also focuses on the management of products and implementation of policies and procedures in accordance with the standard requirement. The participants knew their significance not only in dispensing but in the monitoring of drug products in terms of their safety and suitability. They ensure proper storage conditions and procedures for specific resources and manages products for the safety and security of the customers.

Counseling Patients

One of the most critical roles of pharmacists working in community pharmacy is patient counseling. In the community setting,

patient counseling deals with how the community pharmacists communicate with the patients, assuring that the patient understands the therapy using the most appropriate language and explaining the technical concepts to address any information gaps on medicines. Most of the participants were aware of this role and said that they performed it. This is manifested by the following verbalizations:

“Ah, because some of the doctors especially here in our area just prescribe. So, what will be your task now as pharmacist? That when people buy medicines, you have to explain the prescription, on what the medicines they will be taking because they really don’t know.” (P1)

“I will counsel those customers who need to be counseled. I do counseling on how many times the medicine has to be taken, on what to take or take with, when to stop taking the medication.” (P2)
“You know...the simple thing of reminding them that you have to take some drugs in the evening and if you always do that, you will be more attached.” (P5)

Empathy is a basic trait that pharmacists need to help care for the patient. It is the ability to sense what the patient is feeling and experiencing. In the Philippines, empathy leads to “pagmamalasakit”. Filipinos are naturally “malasakit.” They extend to people as if that person were one’s self or their own kin. The community pharmacists in the selected rural area manifest this trait naturally. As of the latest statistics for 2015, the selected rural area has a population of 54,106. The average growth rate in its population from 2007-2010 is 1.36% and from 2010 to 2015 is 1.78% which is substantially low. Being a rural area, this population is small as compared to other towns in Pampanga. This confirms that “pagmamalasakit” was not just because it was innate to them but because of the small population that leads them to have a strong familiarity among the people in the selected rural area. Considering the relatively small population in the selected rural area, the family-like environment in the town where people seemed to know each other contribute to the natural manifestation of the trait. Also, their common language of Kapampangan does not only make it easier for them to communicate with their clients but will let their clients feel that they belong and they are just one of them.

Training Pharmacy Assistants

It is true that the ultimate responsibility of pharmacists primarily lies in ensuring that the patient’s expectations are being met and patient quality of life equally improves but their role is not only limited to these functions but to overseeing and mentoring the pharmacy assistants. The pharmacy assistants work as part of the pharmacy team under the supervision of a registered pharmacist. Their work often times includes taking in and handing out prescriptions, dispensing prescriptions, ordering items, receiving, loading, unloading deliveries and referring problems or queries to the pharmacist [7]. Having these tasks, it is essential that they receive the right training from the community pharmacists who are equipped with knowledge and skills in performing community pharmacy functions and in the community pharmacy setting.

Most of the participants revealed that they are tasked by the owners to perform this task while some were aware that this is really a part of their duties as community pharmacists. As articulated by the participants: *“I include the pharmacy assistants in seminars for them to be more knowledgeable. It might not be that often because they cannot be pulled out from their duty all at once but my goal is to send them to seminars once to twice a year.”*

(P1); “Now, I have an assignment to my boss. I have to look for training seminars for the P.A.s. That is my assignment this month, to look where the P.A.s can be trained.” (P2); “Pharmacists are important because P.A.s are not that equipped. They also have limitations, of course. So, if we talk about medicines, these might kill or can also save lives depending on their usage, if it is not properly given. So, it is important that there must be a pharmacist who will look after them.” (P4)

It was not the usual scenario for Pharmacist 7 because she only visited Drugstore 7 once to twice a month but she explained that she was still doing her part in training the pharmacy assistants. She articulated, “There were instances that I am teaching the P. As what to do, in that case, I think I have done my role. This is not just about the owner solely renting my license anymore.”

Leadership and management must go hand in hand. They are not the same thing but they are necessarily linked, and complementary [8]. Since most of the owners of the drugstores in San Luis had no background with pharmacy and majority of them are businessmen, they rely on the leadership and managing ability of the pharmacist. Although the owners had the final decision with their drugstores, they still count on their pharmacists especially in training of the pharmacy assistants.

Managing Records

One of the most inevitable functions of pharmacists particularly in the community pharmacy setting is managing records. It entails that the community pharmacists can perform several functions. They can prepare the necessary requirements deemed necessary for the registration and operations of the community pharmacy, can record any notable client/patient and medication information, can create a systematic process for checking medicines dispensed, and shall complete the prescription records for dispensed medicines. As shared by the participants: “My boss arranges the FDA documents but sometimes, I arrange the filing of documents, those of permits like License to Operate (LTO), if they are still okay, if they are not yet expired(P2); “Then, I check the prescription book if the prescriptions are enough for me to record because this will be checked by FDA when they do inspection.”(P1)

Admitting that they were not the typical community pharmacist who can afford to be on-duty all the time, Pharmacist 5 and Pharmacist 7 emphasized that they still managed records, although their owner performed most of it as verbalized in the following statements: “Sometimes, I update the Rx books when when I visit the drugstore to get my salary but most of the time Owner 5 does it for me, even those needed papers of FDA.”(P5). “When I was still new, I updated their SOPs. I renewed their LTO, even the change of pharmacists. This job requires lot of paper works and I learned in doing it. This is aside from my usual task of updating the prescription book...” (P7)

Pharmacists are the healthcare professionals authorized in legislation to be responsible for the safe keeping and supply of medicinal products to patients [9]. Proper documentation may be part of the job description of community pharmacists but this did not necessarily apply to all community pharmacists in the selected rural area. Citing the need to make the pharmacists stay in their respective jobs and to give them a more flexible schedule, some owners tend to lessen the pharmacists’ workload by performing the licensing and registration functions.

Identity of the Participants as Filipino Community Pharmacists

The identity of the licensed community pharmacists in the selected rural area deals with their distinct image, personal or behavioral characteristics. Three (3) themes emerged as the identity of the participants as Filipino community pharmacists: (a) Drug expert, (b)Manager, (c)Drug Seller.

• Drug Expert

Filipino community pharmacists as drug expert was one of the most common themes that emerged among the identity of the participants as Filipino community pharmacists. Being drug experts means that the Filipino community pharmacists are knowledgeable on the medicines, including their therapeutic uses, dosage regimen, precautions, possible adverse effects, specific storage requirements and proper disposal. This role sets the pharmacist apart among the members of the healthcare team. The participants all agreed that as pharmacists they are deemed drug experts. This is manifested by these statements

“We pharmacists are more knowledgeable on medicines as compared to doctors and nurses. We know the mechanism of actions of drugs.” (P1)

“I think pharmacists... are not like doctors who only prescribe, and the pharmacists know all drugs. In fact, we even studied drugs and their chemical structure.” (P2)

“I want to answer all their questions properly and if not, we have MIMS, because not all pharmacists know everything, but we know more about drugs. I think we have to show them, we have to do that.” (P4)

Community pharmacist’s responsibilities include a range of care for patients, from dispensing medications to monitoring patient health and progress to optimize their response to medication therapies [10]. Being drug experts, they use their expertise for patients’ health and wellness, being knowledgeable on the composition of drugs, including their chemical, biological, physical properties, uses and how they are manufactured. The community pharmacists in the selected rural area recognize their duty to teach the customers on the use of prescriptions and over-the-counter medications. Similarly, this is recognized by the people they are dealing with, the owners and the customers. The expectation of others like the owners, customers and the people around them also affect their identity as drug experts.

• Manager

Pharmacists as managers means having the ability to lead and manage manpower, physical and financial resources while implementing and monitoring their adherence to healthcare policies, standards and programs designed for the benefit of the society (World Health Organization, 2014). The physical presence and visibility of the pharmacists in different fields allow them to position themselves in the healthcare team and be recognized by the people they are working with. In the community pharmacy setting, these include the owners, pharmacy assistants and the customers they have physical contact with. All participants believed that they are entrusted by the owners to oversee and monitor the operations of the drugstore. As demonstrated by the following statements

“I perform these tasks because these are my responsibilities as a pharmacist. Not because I have to but because they become my routine every day.” (P1)

“No one told me what to do. I do these tasks because I am their pharmacist. I even feel these are still not enough. I can do more

if I work full-time... ” (P7)

“I tell the customers, ‘No, I will not allow it. I am the pharmacist here.’ Sometimes, you have to tell them that you are the pharmacist so that they will know that there is an authority here.” (P4)

The pharmacist plays a leadership role in the healthcare system to make decisions, communicate and manage effectively [11]. Many pharmacists enter the profession because they are interested in providing patient care, but other motivation factors also come into play, including interesting, challenging, and purposeful work; recognition and appreciation; a sense of accomplishment; and growth opportunities, including the opportunity to acquire new knowledge and build connections with others [12]. The researcher observed that there were few pharmacists in the selected rural area and were mostly employed in community pharmacies. Although the managerial skills of community pharmacists in the area is evident it is only limited to the community pharmacies where they were assigned. This conforms to the old practice of putting them on the sideline.

• Drug Seller

Community is often perceived as a place where medicines are bought or as a business with the goal of making enough profit. The traditional misconception that community pharmacists are “glorified sales clerk” or medicine sellers, underused resource in a drug-grocery store still persists to these days [13]. The way the community pharmacists stay behind the counters in the drugstores and usually dispense people’s medicines prolonged this dilemma. This is in spite of being one of the most accessible healthcare professionals to everyone. All of the participants believe that there still misconceptions on the role of pharmacists as drug sellers. This is manifested by the following verbalizations

“I feel like they don’t know me because they are more used to seeing the pharmacy assistants. I just don’t know... I just think so. Maybe, if I did not become a pharmacist, I won’t also know that a pharmacist is on-duty in a drugstore.” (P2)

“Perception? If anything changes... hmmm, actually somehow there is still the old misconception that we are still drug sellers. I don’t know ha...you can’t blame them because we are not always in the drugstore. They are not used to our presence.” (P7)

Public trust sanctions a profession. To hold the trust, the pharmacist must act and model professionalism at all times. Based on the researcher’s observation during her interviews, Pharmacist 1 and Pharmacist 4 were not wearing their uniform. Pharmacist 2 who was the only full-time pharmacist among the participants dressed like the pharmacy assistants while on-duty. There were no indications of their designations in the drugstore. The posted organizational chart in the drugstores were not updated and their names were not written. All of the participants were not even wearing identification cards.

There had been numerous misconceptions about pharmacists. Several studies revealed that medication education and drug knowledge were the only abilities expected from pharmacists and even nurses considered pharmacist as someone who just memorized branded and generic products. Same case applies to the people of the selected rural area who based on their interviews revealed they were not also aware that there were pharmacists in the drugstores because they usually interacted with the doctors, nurses and midwives in health care centers

Based on the municipal report of the selected rural area (2015), it

has two (2) Rural Health Units, and there are 17 barangay health centers. It only has one (1) District Hospital. Medical and dental clinics located in the town proper. Among these establishments, only the district hospital employs two (2) hospital pharmacists making them less visible to the community. There were no pharmacy schools in the selected rural area. Municipal report in 2016 revealed that there are only 17 elementary schools, 8 secondary school and 1 tertiary school in town. Only few pharmacy schools in Pampanga can be found in San Fernando, Angeles City and Guagua. Both were situated towns away from San Luis which would take 1-3 hours of travel. Among the five (5) participants, no one studied BS Pharmacy in Pampanga.

Pharmacy is the most renowned and respectable profession in the world as the association of this profession with allied healthcare [14]. However, this is not consistent with the observation of the researcher among the community pharmacists in the selected rural area. Most participants dressed and looked like the pharmacy assistants. There is no particular distinction that they are pharmacists, thus they are often not recognized.

The urban areas have a lot of businesses which give people more chances to find work when living in this area. All kinds of establishments that may be open for hiring can be found in urban areas compared to rural areas [15]. In search for a higher income and better way of living, only few pharmacists stay in the selected rural area. Most of them go to Manila and to the other cities in Pampanga.

Most community pharmacies in San Luis hire ghost pharmacists. These are pharmacists whose certificate of registration is posted in the drugstore but is not on-duty all the time. This might be because the regulating body is not closely monitoring all the drug stores in the selected rural area. In fact, during the interview, four (4) owners said that they were just inspected by FDA one to twice in five (5) years.

Factors that Influence the Participants’ Identity as Filipino Community Pharmacists

Several factors affected the identity of the community pharmacists in San Luis. As a result of the participants’ interview, four (4) themes were formed: (a) Experience at Workplace (b) Advocacy on Drug Therapy (c) Desire to Uplift the Profession, (d) Love Towards Hometown.

• Experience at the Workplace

Work experience provides many benefits. It gives skills and practices that will allow the professionals to stand out and bring out the best of their abilities and expertise. This is also applicable for community pharmacists. Learning from their experience and applying the principles they learned in pharmacy schools is evident in the participants’ responses during the interview

“So, along the way, I learned to like being a pharmacist because I can educate other people regarding their medicines, on how they will take them and not just to take and you will be okay. I also enjoy learning the reactions of drugs.” (P1)

“Before, I don’t even know that drugstores have pharmacists, now since you are in practice, you will be learning in the process, on what your roles are, your importance in the drugstore, in the hospital...” (P2)

“As a pharmacist, you will encounter many patients at the community setting who don’t understand policies. Sometimes, they even make scene, so you need to be patient enough. You will

learn that in the process.” (P4).

Experience at work place helps the community pharmacists differentiate themselves among the other members of the healthcare team. It also creates an opportunity for the for-community pharmacists to share their knowledge and skills for the ultimate benefits of the patients. The participants highly acknowledged how their experiences at workplace affect how they see themselves and what they can do for the customers. However, this vary depending on the length of period and degree of relationship the participants had with the customers.

• **Advocacy on Drug Therapy**

Advocacy refers to the way community pharmacists act or behave on others' behalf with the main aim of improving their quality of life. Being the most visible and accessible to the public, the community pharmacists can be strong advocates in the optimization of the response to medication therapies. All participants agreed that they do not self-medicate and highly encourage the patients to do the same. Their significant statements are as follows:

“When I am sick, since I am aware of the drugs. I just don't take right away. As much as possible I don't self-medicate. I also teach the patients the same thing.” (P1)

“I don't self-medicate, especially those for headache, flu and cough. I only take supplements. I do not recommend prescription drugs and antibiotics. If I will give a drug, the safest for them. If the patients' condition is really critical, I recommend them to undergo check-up first.” (P2)

The community pharmacists are uniquely placed to provide support and advice to the general public compared with other health care professionals. The combination of location and accessibility of community pharmacies means that most consumers can have ready access to a pharmacy where health professional advice is available on demand. Pharmacists are therefore in a position to facilitate consumer self-care and self-medication, which needs to be built on and exploited [16]. The Code of Ethics for Pharmacists states that the pharmacists place the well-being of the patients at the center of the professional practice. The participants showed how their profession, experiences and training influence their view on drug therapy. The way things actually happened in the work place also triggered them to do what they have to do as members of the healthcare team.

• **Desire to Uplift the Profession**

Most people describe community pharmacists are simply those who sell medicines behind the drugstore counter, those who get the prescriptions and payment from the customers and those who give the medicines they need. The desire to be freed from the wrong notion and to prove that they are better than that those misconception are some of the reasons why pharmacists have the desire to uplift the profession. The participants acknowledged the present impression on community pharmacists in the Philippines as shown in the following verbalizations

“Here in the Philippines, we are not good in implementation of policies especially in the services like patient counseling. We have a weak implementation.” (P1)

“For me, the only difference in the Philippines when compared from other countries is the way people appreciate the pharmacists. It is not like here that people see us drug vendors.” (P2)

“Even though the job itself is fulfilling, I think most pharmacists are underpaid because their licenses are often rented.” (P5)

“Pharmacists will be more visible in community pharmacies if

FDA will be stricter in their inspection. As to the part of pharmacy schools, there must be an appealing promotion of the program so that many students will enroll and become pharmacists in the future.” (P2)

There were moves in the national level to uplift the pharmacy profession, the new pharmacy law; R.A. 10918 expands the scope of the pharmacist's tasks to include immunization. The new law is also geared towards the professionalization of the pharmacy workforce by upgrading the level of pharmacy assistants to NC III, requiring more stringent rules on evaluation of pharmacy personnel and pharmacy licensing. In the selected rural area, the desire of the community pharmacists to uplift pharmacy profession might be influenced by several factors. During the interviews, most participants shared their sentiments on their present health care system and their past and present experiences as healthcare practitioners. People in the selected rural area often interacted with doctors, nurses and midwives in the health centers causing them to heavily rely to them regarding their medication. Customers readily made them feel that they were just drug vendors and did not treat them as someone they could depend in terms of their medication. These greatly affected the thinking and behavior of community pharmacists causing them to resist and do something about the wrong notions. Recognizing that not all were aware of their importance, most of the participants uplifted their profession by performing at their best as pharmacists, by living by examples and by reaching out to the patients.

• **Love Towards Hometown**

Showing love for the hometown can be done in different ways. In the modern time, setting examples of patriotism, being a part of the change and pride of the profession and helping improve the lives of the people can be the living testaments of love towards the hometown. All people therefore can show their love their hometown. Filipino community pharmacists in the rural setting are not an exemption. The participants were asked on their reasons why they chose to practice in the selected rural area. Their notable answers are the following:

“I stay here because I love the place and the people. I prefer to serve my cabalen. It gives a rewarding feeling for you, giving back to your hometown... by educating them than working in other places.” (P1)

“I will stay here because I belong here. I was born here and I will also die here.” (P2)

“I am happy I got to serve my fellow Kapampangan. If I was able to counsel others, why not my relatives and friends here?” (P1)

“The people here are very kind. I cannot ask for more. Maybe, because I am a native here that's why I am really attached to my roots.” (P2)

John Adams once said that the people's obligations to their country never cease but with their lives [17]. The nobility of a profession does not depend on the professional degree that someone earned but to the power to make use of it for the betterment of the people in the community. It is evident that the participants love to go back to their roots and practice their profession in their hometown. Their love and devotion to their hometown, among other things make their culture distinct from the others. The drive to stay in the selected rural area in spite of the town being a third-class municipality and being away from the busy streets of the cities is a proof of how the community pharmacists love their hometown.

Recommendations

The findings signify that the roles and identity of the participants in the selected rural area is affected by their experience at workplace

and the beliefs and expectations of people around them. In accordance with the provisions of R.A. 10918, otherwise known as the Philippine Pharmacy Act, the FDA and other regulating bodies may regularly check the eight (8) hour-duty of community pharmacists to ensure that they have enough time to perform dispensing and patient counseling. The presence of the community pharmacists during the daily operations of the drugstores is deemed necessary to guide the general public on the medicines they buy and to ensure they will get the safe, effective medicines all the time. There is also a need for Filipino community pharmacists to become more active members of the health care team. To make them more accessible to the public, they may volunteer in community outreach programs and extended health services, offer information caravans about common drug misconceptions, herbal medicines, and adherence to drug therapy. To become more visible to the people in the community, drugstore owners of independent drugstores may require their pharmacists to wear their white coat and/or be dressed in their official uniform. The drugstore owners may also consider designating a small designated area inside their drugstore for patient counseling. These when done will not only distinguish the community pharmacists from the pharmacy assistants but will really tap their full potential as health care professionals. There is also a need for future Filipino pharmacists to be familiarized on who the pharmacists are and what they can do as health care professionals. The present status of the pharmacy profession and pharmacy practice in the actual setting may also be presented by pharmacy schools through appealing information campaigns and recruitment programs to the students who will be entering college. Considering that pharmacy educators are prime movers of pharmacy education, the dean and faculty members of the different schools of pharmacy may come up with a well-planned community pharmacy internship program responsive to the present needs of the community. Stakeholders may be invited during curriculum planning and development to gather their inputs and suggestions. Pharmacy interns may also be sent to community pharmacies in the rural setting for them to see and experience how it feels like to be a pharmacist in the actual workplace and to interact with people in the rural community. Pharmacy schools in the Philippines may consider reaching out to rural areas to promote the pharmacy profession. A massive and consistent promotion of the program to high school students in the different barrios may familiarize the people of who the pharmacists are and what they can do in the community. Following the mandate of Department of Health, municipal officials and healthcare committees in San Luis may consider hiring pharmacists in their health centers and health committees. Entrusting pharmacists with their functions will make them visible to the community and lessen other healthcare professionals' workload. This can also uplift the morale of the pharmacists knowing that they can also be at service to the community. The Philippine Pharmacists Association through its local chapters may devise strategies to empower community pharmacists in rural areas. They may also regularly check if their programs and standards for Filipino pharmacists are implemented and utilized. More programs may be made to further improve the pharmacy practice in the Philippines. Future researchers may be encouraged to do further studies related to the roles and identity of Filipino pharmacists in other pharmacy practices

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