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Science Article

## CHALLENGES TO DOCUMENTATION AMONG COMMUNITY PHARMACISTS IN LAGOS STATE, NIGERIA.

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### Abstract

**Introduction:** Community pharmacists are reported to have poor documentation behaviour. The aim of this study was to identify challenges to documentation among community pharmacists in Lagos State.

**Method:** The study was descriptive. Five hundred and twelve community pharmacists were invited to a brainstorming session on challenges to documentation in community pharmacies through messages on the whatsapp platform of Association of Community Pharmacists of Nigeria, Lagos State. The 126 community pharmacists who came for the brainstorming session were selected for the study. The participants were asked to list in writing and discuss the challenges they encountered with documentation in their respective pharmacies and the measures they take to overcome such challenges. Data was analyzed thematically.

**Results:** The written responses of the participants were collated into four themes. The challenges to documentation were ascribed to human, facility, overwhelming issues and government factors by 51.6%, 48.4%, 37.3% and 9.5% of the participants, respectively. These challenges include inadequate staff, inadequate documentation materials and procedures, inadequate time and poor power supply. Measures to overcome these challenges were, similarly, directed at the staff, facility, overwhelming and government factors as reported by 35.7%, 22.2%, 21.7% and 12.7% of the participants, respectively. Participants reported that they would overcome these challenges by providing training for pharmacists, more time for interaction with patients, documentation materials, more delegation and alternative power supply.

**Conclusion:** Community pharmacists in the study reported that they were faced with many challenges that emanate from human, facility, overwhelming issues and government factors. Standard documentation protocol and tool would go a long way to alleviate challenges to documentation among community pharmacists in Lagos State.

**Key words:** documentation, pharmacists, challenges, community pharmacies.

## INTRODUCTION

The traditional role of the pharmacists has undergone a paradigm shift<sup>1</sup>. Community pharmacists have moved on to provision of other services such as medication therapy management and health promotion and education; they even provide point of care services that include health screening for various ailments such as diabetes and hypertension<sup>2</sup>. The outcome of pharmacists' interventions have led to a reduction in mortality rates, drug costs and length of hospital stay<sup>3,4,5</sup>. The Royal Pharmaceutical Society (RPS) reported that recording of interventions by pharmacists would ensure patient safety and improve quality and continuity of care, provide evidence of the additional value of the pharmacist professional input, have an accurate record available for scrutiny where decisions could be challenged and provide a monitoring process as part of the organizations' clinical governance framework<sup>6</sup>.

Documentation is the documents or records that are used to prove something or make something official<sup>7</sup>. The need for and extent of documentation, as well as the information that should be contained in the patient record varies with the complexity of the patient's drug-related needs and the professional judgment of the health care professional.<sup>8,9</sup> Documentation is a major aspect of pharmaceutical care.<sup>10</sup> Pharmacists often are not comfortable in documenting their activities related to patient care within the pharmacy setting and

are even more uncomfortable in communicating this information to other healthcare providers.<sup>11</sup> A study to identify barriers and facilitators to the integration of a documentation tool in community practice revealed that more pharmacists were implementing or had made patient assessment part of their practice (54%) than documentation of patient care (36%).<sup>12</sup> In the United States of America, community pharmacists spend approximately one quarter of their patient care or consulting time on documentation services.<sup>13</sup> Pharmacists agreed that documenting patient care services added value to their practice sites.<sup>13</sup>

However, most community pharmacists do not document their operations professionally in the Nigerian setting.<sup>2</sup> Previous studies have indicated that in spite of the seeming interest and frantic efforts for pharmaceutical care implementation the critical elements of the concept such as documentation is lacking.<sup>14,15</sup> Out of 204 pharmacists that participated in a study in South-East Nigeria, 67.7% claimed to document pharmaceutical care activities, 16% did not carry out documentation while 0.5% documented occasionally.<sup>16</sup> Another study in South-West Nigeria reported that the level of documentation among community pharmacists in Ibadan was very low.<sup>10</sup>

Common challenges to documentation in community pharmacies (CPs) include lack of forms and templates that are easily populated and accessible,

lack of space, inadequate number of personnel to handle technical tasks as well as the time and effort required.<sup>17,18</sup> Other limitations include pharmacists' attitude and lack of pharmaceutical care skills, resource and system-related constraints, lack of collaboration and lack of role models.<sup>16</sup>

The main objective of this study was to highlight documentation challenges faced by community pharmacists in Lagos State as well as probable solutions to those challenges.

## MATERIALS AND METHODS

### Study Area

Lagos State is an administrative region of Nigeria, located in the southwestern part of the country. It is arguably the most economically important state in the country. Lagos's 2019 population is now estimated at 13,903,620<sup>19</sup>. It has five administrative divisions - Ikeja, Badagry, Ikorodu, Lagos Island and Epe<sup>20</sup>. The Divisions are further divided into 20 Local Governments and 37 Local Council Development Areas respectively. While the state is essentially Yoruba-speaking it is the global socio-cultural melting pot attracting Nigerians, Africans and foreigners<sup>20</sup>.

### Study design

This study is a descriptive cross-sectional survey. Participants at an educational session organized by the researcher for community pharmacists in Lagos State participated in the group

discussion. The research tool, a survey form, was designed as a semi-structured form to capture the socio-demographic characteristics of the participants, answers to questions and recording of opinions. The community pharmacists present wrote down and discussed the challenges they encountered to documentation in community pharmacies and how to overcome such challenges.

### Sampling

The study population was pharmacists working in retail pharmacies in Lagos State. Invitation to a brainstorming session on challenges to documentation in CPs was sent out to 512 community pharmacists on the WhatsApp (an Instant Messaging Application) platform of the Association of Community Pharmacists of Nigeria (ACPN), Lagos State. All the 126 community pharmacists who came for the educational session and consented to participating in the study were recruited. The inclusion criteria was registered pharmacists working in retail pharmacies in Lagos State while exclusion criteria was community pharmacists who declined participation or were absent during the group discussion.

### Data collection

Data was collected through survey form. Responses of participants to questions were also discussed during the group session and summaries of opinions collated by researcher notes and a trained

note taker. Researcher's notes and note taker's notes were compared for accuracy and completeness.

### Data management

Socio-demographic information was obtained from the survey form. Frequencies were obtained for variables such as sex, ownership status and administrative regions. The participants' written responses to questions on documentation challenges and how to overcome the challenges were listed and analyzed thematically. The responses were collated into themes; data was analyzed under relevant themes, then presented in tables.

### Ethical approval

Ethical approval (exemption) was obtained from the Health Research and Ethics Committee, Lagos University Teaching Hospital (LUTH), Idi-Araba, Lagos, Nigeria. Approval to conduct the study among community pharmacists in Lagos state was obtained from the ACPN Lagos State Chairman. Signing of the survey form by participants was taken as consent to participate in the study.

## RESULTS

### Socio-demographic characteristics

One hundred and twenty six (126) community pharmacists participated in this study. There were 51 (40.5%) males and 75 (59.5%) females. The total number of pharmacy owners who

participated in the study was 54 (42.9%) while the total number of employees present was 72 (57.1%). Pharmacists from all administrative regions of the state were present, 11 from Badagry, 68 from Ikeja, 15 from Ikorodu, 27 from Lagos Island and 5 from Epe. Challenges to documentation in Cps

Participants' written responses to challenges to documentation in CPs and how to overcome such challenges were collated into four themes. These challenges were reported to emanate from human factors, facility (system and infrastructure), overwhelming issues and from government factors by 65 (51.6%), 61(48.4%), 47(37.3%) and 12(9.5%) of the participants, respectively (Table 1).

**Table 1: Challenges to documentation in Community Pharmacies (CPs)**

Theme	No of respondents (%) n=126	Challenges to documentation in CPs
Human	65(51.6%),	high staff turnover, inadequate staff, language barrier, poor literacy level of clients and lack of cooperation on the part of clients .
Facility	61(48.4%),	space constraints, lack of adequate documentation materials such as computers and documentation tools, lack of previous records, lack of documented organizational standard operating procedures (SOPs) and poor finance. Lack of incentive/motivation and continuity
Overwhelming issues	47(37.3%)	attending to too many clients at the same time, too many items to document, too many tasks at hand (high workload), inadequate time and peak period with rush of clients.
Government factors	12(9.5%)	generally poor economic situation in the country, poor regulatory enforcement of documentation and the chaotic power supply

\*Participants ranked Human > Facility > Overwhelming issues > Government factors in this study

### Proposed Solutions to Challenges to Documentation in Cps

Measures to overcome challenges to documentation in CPs were directed at human, facility, overwhelming and government factors by 45(35.7%), 28(22.2%), 27(21.4%) and 16(12.7%) of the participants, respectively (Table 2).

**Table 2: Overcoming challenges to documentation in CPs**

Theme	No of respondents (%) n=126	How to overcome challenges to documentation in CPs
Human	45(35.7%)	embark on staff training, increase manpower,
Facility	28(22.2%)	provide standard operating procedures (SOPs) for documentation, materials needed for both computerized and manual documentation, provide space for records and utilize records for decision making processes and implementations in the pharmacy.
Overwhelming issues	27(21.4%)	simplify the documentation process, involve more staff in pharmacy decisions and activities and improve on delegation of duties, start with few selected clients, prioritize patients that need pharmaceutical care, document real time, maintain consistency and manage time effectively.
Government factors	16(12.7%)	alternative power supply and backups for computerized documentation, enforce documentation in pharmacies, make documentation a habit, commit more time to record keeping, keep proper records and evaluate regularly.

### DISCUSSION

Facility factor: Inadequate computers and software were reported as major challenges to documentation in CPs. Most CPs have only one unit of computers which is normally used to document dispensing and sales. This is similar to an Australian study which reported that pharmacies with only one computer terminal were less likely to document their interventions because the terminal was used for dispensing purposes and pharmacists did not want to stop the dispensary workflow.<sup>21</sup>

Some participants opted to purchase computers and install relevant software. The electronic system facilitates data retrieval and preparation of reports thus it would be most beneficial for regular assessments and collation of records in pharmacies. Use of software significantly increased the documentation of clinical interventions by community pharmacists in an Australian study.<sup>22</sup>

Other participants reported that they would get notebooks or notepads for sales, expenses and customers' profiles. Manual documentation requires no power supply, equipment or special skills. Nigerian studies in Ibadan<sup>10</sup> and Ilorin<sup>28</sup>, respectively, reveal that the method of documentation among community pharmacists was mainly manual.

Generally, CPs do not have standard documentation protocols, official template, structure or data design for documentation. Besides, records in some CPs appear not to have any defined use. Surveys in



Nigeria<sup>10</sup>, New Zealand<sup>23</sup> and US<sup>24,25</sup>, respectively, reported dissatisfaction by pharmacists with their documentation systems. Another study in United States reported that challenges abound in standardizing and achieving consistency of recording pharmacist interventions because the documentation system varies from one institution to another due to their different priorities.<sup>23</sup> Some participants reported that they would open files for patient follow-up. These patient files would support continuity of care for each patient in the CP. The RPS recommends that interventions should be recorded into the patient's medication records either manually or electronically in order to ensure consistency and continuity of standards and for reflective learning within the pharmacy team<sup>6</sup>.

**Human factor:** Some human constraints to documentation in CPs reported by participants included inadequate staff and high staff turnover. Inadequacies in staff could be in form of laziness, forgetfulness, lack knowledge and/or skill. A study on changing roles of pharmacists in hospital and community pharmacy revealed that CPs suffered from poor staffing, unwillingness of the pharmacists to add new evolving roles to their duties, lack of proper training for pharmacists and lack of self-confidence.<sup>26</sup>

Some participants reported that they would increase manpower and embark on staff training. The number of staff in CPs are usually too few. Also, for each new recruitment, it would take some time to get the staff acquainted with the documentation system of

the pharmacy. Studies have shown that pharmacists who completed more Continuing Professional Development (CPD) hours per year and who had a higher clinical knowledge score, higher level of training and a more positive professional attitude tended to have higher intervention documentation rates.<sup>22</sup>

**Overwhelming issues:** Too many tasks at hand or high work load were reported in this study as major challenges to documentation in CPs. Most community pharmacists have multiple roles in their practice settings. They usually combine their clinical roles with managerial and marketing roles. A study in Ibadan reported that the pharmacists were likely to be involved in managerial activities in the CPs which often distracts them from clinical interventions and documentation of interventions.<sup>10</sup> Studies have also revealed that the busier the pharmacy and pharmacists are, the lower the intervention rate is likely to be as there would be less time to perform and document clinical interventions.<sup>10,22</sup>

Some participants reported that they would involve more staff in pharmacy decisions and activities and improve on delegation of duties. A study in Villa Park noted that adopting a team approach by spreading the labor among staff made the immunization and documentation process more efficient in a community pharmacy setting.<sup>27</sup>

**Government factors:** Poor regulatory enforcement of documentation was a demotivator to documentation in the study. A Michigan study

reported that when reporting vaccinations is not required by law, it is easy to let documentation slide.<sup>27</sup>

To fulfill regulatory requirements, participants reported that they would enforce documentation, keep proper records, make reports on monthly basis and evaluate regularly. A study on assessment of the documentation of pharmaceutical care activities among community pharmacists in Ibadan noted that many documentation systems in pharmacy focus on the generation of reports for workload analysis or accreditation purposes.<sup>10</sup> Participants in this study added that they would make documentation a habit by building it into the pharmacy daily schedule and documenting real time. This would ensure consistency in meeting up with regulatory requirements for documentation. Similarly, other studies revealed that strategies to overcome barriers to documentation included practicing new habits, starting small and building documentation into the pharmacy's workflow.<sup>12,16</sup>

### Limitations

Authors acknowledge that bias may be inherent with forming the themes for the thematic analysis because it depends solely on the researchers' judgment. Also, in the process of forming themes, some data may probably not be properly accounted for.

### Conclusion

Documentation is an important component of pharmaceutical

care though its practice among community pharmacists is reported to be poor. Factors that affect documentation behaviours of community pharmacists in Lagos state could emanate from facility, human, overwhelming issues and government issues. The reasons reported in the study for poor documentation behavior by community pharmacists include inadequate documentation materials and processes, inadequate staff and high work load, among others. Some of the measures to overcome these challenges include provision of more computers and appropriate software, adequate backup for power and data, staff training and improvement of the workflow and delegation. Introduction and use of standard documentation protocol would be beneficial as it would provide the yardstick for assessment and comparison of clinical interventions by community pharmacists in a given area. It is necessary for community pharmacists to improve on their documentation practices as this would improve patient care on the long run.

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Disclosure of Competing Interests  
The authors have no competing interests to declare.

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