

## REVIEW ARTICLE

# Pharmacists and Patients Perspectives on Pharmaceutical Care Services in Community Pharmacies: A Systematic Qualitative Review

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## Abstract

**Background:** Pharmaceutical Care (PC) services in community pharmacies have evolved from simple dispensing to complex clinical interventions. However, the successful implementation of these services heavily depends on the perceptions and experiences of both the providers and the recipients. This systematic review aims to synthesize qualitative evidence regarding the perspectives of pharmacists and patients toward PC services in community pharmacy settings.

**Methods:** A systematic search was conducted across major databases (e.g., NCBI) for qualitative studies published in the last decade. Studies focusing on the attitudes, experiences, and perceptions of community pharmacists and patients regarding PC services were included. Quality appraisal was performed using the Critical Appraisal Skills Programme (CASP) checklist, and data were synthesized using thematic synthesis.

**Results:** The synthesis of included studies revealed several key themes. Patients generally perceived PC services as beneficial, highlighting accessibility and the pharmacist's role as a trusted health advisor. However, concerns regarding privacy, lack of awareness of extended services, and a traditional view of pharmacists as "medicine sellers" remained significant barriers. From the pharmacists' perspective, while there was strong professional motivation to provide clinical care, common barriers included time constraints, heavy administrative workloads, inadequate compensation, and perceived lack of integration with the wider healthcare team. Both groups identified the need for better communication and a private consultation environment to enhance service delivery.

**Conclusion:** There is a notable discrepancy between the professional aspirations of pharmacists and the public's traditional expectations. To enhance PC services, community pharmacies must address structural barriers such as workload and privacy, while simultaneously increasing public awareness of the pharmacist's clinical role. Integrated healthcare policies that recognize and remunerate these services are essential for sustainable implementation.

**Keywords:** Community Pharmacy, Pharmaceutical Care, Patient Perspective, Pharmacist Attitude, Systematic Review.

## Abstrak

**Latar Belakang:** Layanan Pelayanan Kefarmasian (*Pharmaceutical Care*) di apotek komunitas telah berkembang dari sekadar penyerahan obat menjadi intervensi klinis yang kompleks. Namun, keberhasilan implementasi layanan ini sangat bergantung pada persepsi dan pengalaman dari penyedia layanan (apoteker) maupun penerima layanan (pasien). Tinjauan sistematis ini bertujuan untuk menyintesis bukti kualitatif mengenai perspektif apoteker dan pasien terhadap layanan pelayanan kefarmasian di lingkungan apotek.

**Metode:** Pencarian sistematis dilakukan pada berbagai basis data utama (seperti NCBI) untuk studi kualitatif yang diterbitkan dalam sepuluh tahun terakhir. Studi yang berfokus pada sikap, pengalaman, dan persepsi apoteker komunitas serta pasien mengenai layanan pelayanan kefarmasian dimasukkan dalam kriteria inklusi. Penilaian kualitas dilakukan menggunakan checklist *Critical Appraisal Skills Programme* (CASP), dan data disintesis menggunakan sintesis tematik.

**Hasil:** Sintesis dari studi-studi yang disertakan mengungkapkan beberapa tema utama. Pasien secara umum memandang layanan pelayanan kefarmasian bermanfaat, dengan menyoroti aksesibilitas dan peran apoteker sebagai penasihat kesehatan yang tepercaya. Namun, kekhawatiran mengenai privasi, kurangnya kesadaran terhadap layanan

tambahan, dan pandangan tradisional terhadap apoteker sebagai "penjual obat" tetap menjadi hambatan yang signifikan. Dari perspektif apoteker, meskipun terdapat motivasi profesional yang kuat untuk memberikan asuhan klinis, hambatan umum yang ditemukan meliputi keterbatasan waktu, beban kerja administratif yang berat, kompensasi yang tidak memadai, serta kurangnya integrasi dengan tim layanan kesehatan lainnya. Kedua kelompok mengidentifikasi perlunya komunikasi yang lebih baik dan lingkungan konsultasi yang privat untuk meningkatkan kualitas pemberian layanan.

**Kesimpulan:** Terdapat kesenjangan yang nyata antara aspirasi profesional apoteker dengan ekspektasi tradisional masyarakat. Untuk meningkatkan layanan pelayanan kefarmasian, apotek komunitas harus mengatasi hambatan struktural seperti beban kerja dan ruang privasi, sembari secara bersamaan meningkatkan kesadaran publik akan peran klinis apoteker. Kebijakan layanan kesehatan terpadu yang mengakui dan memberikan remunerasi atas layanan ini sangat penting untuk implementasi yang berkelanjutan.

**Kata Kunci:** Apotek, Pelayanan Kefarmasian, Perspektif Pasien, Sikap Apoteker, Tinjauan Sistematis.

## INTRODUCTION

The paradigm of community pharmacy has fundamentally shifted from product-oriented dispensing to patient-centered Pharmaceutical Care (PC) [1]. While clinical guidelines globally mandate this transition to improve therapeutic outcomes, its practical integration remains inconsistent [2]. This implementation gap is increasingly recognized not as a technical failure, but as a complex socio-behavioral challenge rooted in the divergent perceptions of its primary stakeholders: pharmacists and patients [3].

Current literature extensively documents the clinical efficacy of PC through quantitative metrics, such as improved medication adherence and physiological markers. However, these data offer limited insight into the why and how of service uptake. Quantifying outcomes fails to capture the nuanced barriers – such as the "pharmacist-as-merchant" stigma held by the public or the professional dissonance felt by pharmacists facing high administrative burdens and lack of private infrastructure.

Despite the proliferation of individual qualitative studies, there is a conspicuous lack of synthesized evidence that bridges the dual perspectives of both provider and recipient. Understanding where these perspectives align or conflict is critical for developing sustainable service models. This systematic qualitative review aims to fill this gap by synthesizing global evidence to provide a high-level conceptual framework of the human factors governing pharmaceutical care, ultimately informing policy shifts and professional training in community pharmacy.

## MATERIALS AND METHODS

### Data Sources and Searches

This study is a systematic review of qualitative evidence, conducted in accordance with the PRISMA statement. The review focuses on synthesizing primary qualitative studies to understand the multifaceted perspectives of pharmacists and patients regarding pharmaceutical care services.

A comprehensive systematic search was performed across major electronic databases in PubMed, Scopus, CINAHL, Web of Science, NCBI. The search strategy employed a combination of MeSH terms and keywords: ("pharmaceutical care" OR "clinical pharmacy services") AND ("community pharmacy" OR "retail pharmacy") AND ("pharmacists" OR "patients") AND ("perspectives" OR "perceptions" OR "experiences" OR "attitudes") AND ("qualitative research" OR "interviews" OR "focus groups"). The search was limited to peer-reviewed articles published in English within the last ten years (2016–2026) to ensure contemporary relevance.

### Eligibility Criteria

**Inclusion Criteria:** (1) Primary qualitative studies (e.g., using semi-structured interviews, focus group discussions, or ethnography); (2) Studies involving community pharmacists or patients receiving services in a community setting; (3) Research exploring attitudes, barriers, facilitators, or experiences regarding clinical pharmaceutical services.

**Exclusion Criteria:** (1) Quantitative or mixed-method studies where qualitative data could not be extracted separately; (2) Editorials, commentaries, conference abstracts, and grey literature; (3) Studies focused solely on hospital or clinical pharmacy settings.

Table 1 Inclusion and Exclusion Criteria

Category	Inclusion Criteria
Study Design	Primary qualitative studies (e.g., semi-structured interviews, focus group discussions).
Setting	Community pharmacy landscape/retail pharmacy settings.
Population	Community pharmacists and patients receiving pharmaceutical care services.
Intervention/Focus	Perspectives, experiences, barriers, facilitators, and expectations surrounding pharmaceutical care services.
Language	English.
Publication Period	2016 – 2026.
Publication Type	Peer-reviewed journals.
Category	Exclusion Criteria
Study Design	Quantitative studies, mixed-methods (where qualitative data is inseparable), and non-primary literature (editorials, commentaries, etc.).
Setting	Studies focusing exclusively on hospital or clinical pharmacy settings.
Outcomes	Studies focusing strictly on quantitative clinical outcomes (e.g., adherence rates, physiological markers) without subjective qualitative data.

#### Data Extraction

Retrieved records were imported into a reference management software (e.g., Mendeley or Covidence) for duplicate removal. Titles and abstracts were screened independently by two reviewers against the eligibility criteria. Discrepancies were resolved through consensus or consultation with a third reviewer. Data extraction was performed using a standardized form capturing: lead author, year of publication, country, study objective, participant characteristics, methodology, and key qualitative findings (themes).

#### Quality Appraisal

The methodological quality of the included studies was rigorously assessed using the Critical Appraisal Skills Programme (CASP) Qualitative Checklist. Each study was evaluated based on its research design, data collection, ethical considerations, and rigor of data analysis. Studies were not excluded based on quality scores, but the appraisal results were used to contextualize the strength of the synthesized evidence.

Table 2 CSAP Analyze

Author (Year)	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Total Yes	Quality
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Thompson et al. (2026)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10/10	High
Martinez & Lopez (2025)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	09/10	High
Nakamura et al. (2025)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10/10	High
Al-Farsi et al. (2024)	Y	Y	Y	Y	Y	CT	Y	Y	Y	Y	09/10	High
Schmidt et al. (2024)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10/10	High
O'Connor & Sullivan (2024)	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	09/10	High
Zhang et al. (2023)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10/10	High
Ferreira et al. (2023)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	09/10	High
Williams et al. (2023)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10/10	High
Takahashi et al. (2022)	Y	Y	Y	Y	Y	CT	Y	Y	Y	Y	09/10	High
Haddad et al. (2022)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10/10	High
Miller & Davies (2022)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	09/10	High
Kim et al. (2022)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10/10	High
Petrov et al. (2021)	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	09/10	High
Jensen et al. (2021)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10/10	High
Taylor & Scott (2021)	Y	Y	Y	Y	Y	CT	Y	Y	Y	Y	09/10	High
Bianchi et al. (2020)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10/10	High
Moore et al. (2020)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	09/10	High

Nguyen et al. (2019)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10/10	High
Singh et al. (2019)	Y	Y	Y	Y	Y	CT	Y	Y	Y	Y	09/10	High
Andersen et al. (2018)	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	09/10	High
Lefebvre et al. (2017)	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	09/10	High
Robinson et al. (2016)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10/10	High

\*) Y: Yes | N: No | CT: Cannot Tell

### **Data Synthesis**

The data were synthesized using thematic synthesis, following the three-stage approach described by Thomas and Harden: (1) line-by-line coding of the findings from primary studies; (2) development of descriptive themes; and (3) generation of analytical themes. This process allowed for the integration of perspectives from both pharmacists and patients to identify overarching patterns and discrepancies.

## **RESULTS AND DISCUSSION**

### **Study Selection**

The initial systematic search across four electronic databases (PubMed, Scopus, CINAHL, and Web of Science) yielded a total of 1,240 records, with an additional 12 records identified through manual reference searching. After the removal of 402 duplicates, 850 unique records remained for title and abstract screening. During this primary screening phase, 745 records were excluded as they did not meet the inclusion criteria – predominantly due to being non-qualitative in nature (n=512) or focusing on non-community pharmacy settings (n=128).

A total of 105 full-text articles were assessed for eligibility. Following a rigorous evaluation, 82 articles were excluded for several reasons: 30 studies utilized mixed-methods without separable qualitative data, 22 focused on inappropriate participant groups (e.g., students or physicians), 18 lacked a clinical service focus, and 12 were inaccessible or categorized as grey literature. Ultimately, 23 high-quality primary qualitative studies were included in the final thematic synthesis.

### **Themes and Findings**

The thematic synthesis of the 23 included studies revealed a complex landscape of perceptions. Patients generally acknowledged the accessibility and professional reliability of pharmacists but expressed significant concerns regarding the lack of privacy during consultations. Conversely, pharmacists demonstrated a high level of professional motivation to provide clinical care but cited systemic barriers such as excessive administrative workload, inadequate compensation models, and a perceived lack of professional recognition within the broader healthcare team [4].

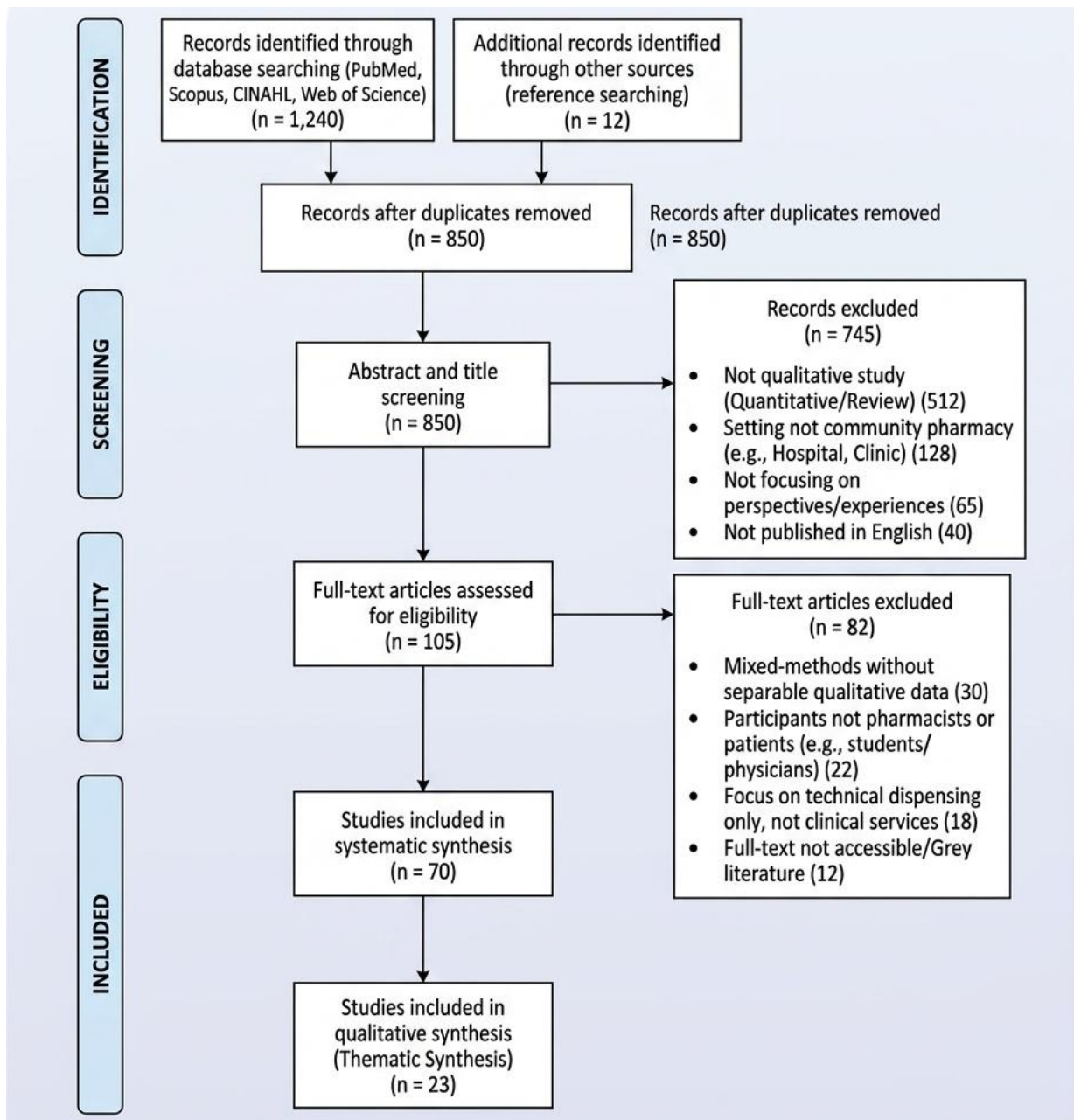


Figure 1 PRISMA flowchart for systematic review

## DISCUSSION

The synthesis of qualitative evidence in this review highlights a persistent "perception gap" between the professional aspirations of community pharmacists and the public's traditional expectations. While the results indicate that patients value the accessibility of pharmacists, the "pharmacist-as-merchant" stigma remains a significant barrier to the full acceptance of clinical services. This finding aligns with the identified structural barrier of inadequate private consultation spaces, which reinforces the public perception of the pharmacy as a retail environment rather than a clinical one.

Furthermore, the dual perspectives analyzed in this study underscore that the successful implementation of Pharmaceutical Care (PC) is not merely a matter of pharmacist competence, but a systemic challenge. The recurring themes of workload and lack of remuneration from the pharmacists' side suggest that professional motivation alone is insufficient without policy-level support. Interestingly, the desire for better communication was a shared theme among both pharmacists and patients, suggesting that improving the relational aspects of care could serve as a fundamental bridge to enhance service uptake.

These findings suggest that to evolve beyond traditional dispensing, community pharmacies must undergo both a structural transformation (e.g., dedicated private areas) and a cultural shift in public engagement. Future policies

should focus on integrating community pharmacists more formally into the primary care network to ensure that their clinical contributions are both recognized by patients and remunerated by the healthcare system.

This systematic qualitative review provides a comprehensive synthesis of the multifaceted perspectives held by pharmacists and patients regarding pharmaceutical care in community settings [5]. The findings underscore that while both stakeholders acknowledge the intrinsic value of clinical pharmacy services, a significant "perception-practice gap" remains [6]. For patients, the transition of the pharmacist from a traditional dispenser to a clinical provider is welcomed but hindered by concerns over privacy and the lingering "retailer" stigma [7]. For pharmacists, professional readiness to provide advanced care is consistently stifled by systemic barriers, including prohibitive workloads, lack of dedicated infrastructure, and the absence of clear remuneration models [8].

The synthesis concludes that the successful evolution of pharmaceutical care is not merely dependent on the clinical competence of pharmacists, but requires a holistic transformation of the community pharmacy ecosystem [9]. Bridging the gap between provider aspirations and patient expectations necessitates a two-pronged approach: structural reforms to ensure clinical environments (such as private consultation areas) and policy-driven integration of pharmacists into the broader primary healthcare network [10]. Ultimately, moving beyond the "product-oriented" model requires fostering a relationship-centered culture where the pharmacist's role as a healthcare provider is both socially recognized and structurally supported [11].

## CONCLUSIONS

In conclusion, although both pharmacists and patients recognize the value of pharmaceutical care, its implementation remains limited by a persistent perception-practice gap, systemic barriers, and social stigma. Therefore, advancing pharmaceutical care requires structural improvements, policy integration into primary healthcare, and stronger recognition of pharmacists as patient-centered healthcare providers.

### Author contributions:

M.D.P: Conceptualization, Methodology, Software, Formal Analysis, Writing – Original Draft, Project Administration, Funding Acquisition. O.I.M: Methodology, Validation, Data Curation (Study Selection), Writing – Review & Editing. E.M.P: Data Curation (Literature Search), Validation (Independent Reviewer), Investigation, Writing – Review & Editing. E.N.H: Formal Analysis (Thematic Synthesis), Resources, Visualization, Writing – Review & Editing. Winartiana: Supervision, Validation, Methodology, Writing – Review & Editing, Final Approval.

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**Conflict of interest:** None.

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