Introducing barriers and facilitators that affect community pharmacists’ ability to engage children in medication counseling

Children are major consumers of medications

- One in five children report taking at least one prescription drug within the last 30 days.
- Children adhere poorly to medication regimens.
- Effective professional-child communication is thought to be a strategy to reduce medication nonadherence.

Little is known about pharmacist-led counseling for children

- The United States Pharmacopeia recommends that health professionals communicate directly with children about medicines.
- Pharmacists as medication experts are the most accessible healthcare professional in the community.
- Pharmacists may be able to facilitate safe medication use and reduce nonadherence in children.

Objective

- To describe the barriers and facilitators that influence community pharmacists’ ability to provide medication counseling to pediatric patients.

Methods

- Pharmacists and pharmacy technicians were recruited from three community pharmacies in two Eastern states.
- A semi-structured interview guide was designed to elicit experiences of pharmacy staff interacting with children and parents.
- Barriers and facilitators to medication counseling were elicited.
- Data collection and analysis:
  - 16 interviews were conducted lasting approximately 45 minutes.
  - All interviews were audio-recorded and professionally transcribed.
  - Transcripts were reviewed for accuracy and a codebook developed.
  - Two researchers coded the data and NVivo 10 software was used for content analysis and identifying relevant themes.

Results

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Facilitators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s absence during pick-up</td>
<td>Demonstrative/interactive technology</td>
</tr>
<tr>
<td>Distracted/uninterested child</td>
<td>Pharmacist demeanor/approach</td>
</tr>
<tr>
<td>Unconducive environment</td>
<td>Child-friendly educational materials</td>
</tr>
<tr>
<td>Age and limited attention span</td>
<td>Older children and comprehension</td>
</tr>
<tr>
<td>Child’s comfort and personality</td>
<td>Private/welcoming consultation area</td>
</tr>
<tr>
<td>Parent preference/time constraints</td>
<td>Pharmacist training and experience</td>
</tr>
<tr>
<td>Pharmacist time constraints</td>
<td>Familiarity with child and caregiver</td>
</tr>
</tbody>
</table>

Most participants were female (69%), aged 30 to 49 years (56%), with ≥ 5 years of pharmacy practice experience.

Conclusions

- Pharmacists rarely engage children in medication counseling due to their absence during prescription pick-up.
- Having child-friendly educational tools such as interactive devices and technology could facilitate child-pharmacist interactions.
- Formal training and continuing education focused on medication counseling for children is recommended for future and practicing pharmacists.

References