

Original Article

PATIENTS' PREFERENCES TOWARD THE GENDER OF PHARMACIST IN COMMUNITY PHARMACY IN AL AIN, UAE

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ABSTRACT

**Objectives:** to explore customers' preferences toward the of pharmacist in community pharmacy in Al Ain area, United Arab Emirates (UAE). Also, to study the effect of different socio-demographic determinants on their choices.

**Methods:** A cross sectional survey has been carried out among 500 adult individuals randomly selected from Al Ain city, UAE.

**Results:** many factors were taken into consideration in this study including gender, level of education, employment status and nationality. Sub analysis of the results has shown a statistically significant difference in choices between male and female participants. In general, almost half of participants are neutral toward the gender of pharmacist. Most of males lean toward "no preference", which is significantly higher than females same choice (55.1% VS 44.7% respectively,  $P = 0.029$ ). Females' preferences toward the same gender service were significantly higher than male participants (46.2% VS 30.8% respectively,  $P < 0.001$ ). Level of education has a slight impact on participants' choices. Finally, employed participants were more neutral toward the gender of pharmacist compared to unemployed participants.

**Conclusion:** Customers' preferences toward the gender of pharmacist in community pharmacy in Al Ain area were significantly different between males and females. Female customers are significantly more appreciative to same-gender pharmacy services compared to male customers.

**Keywords:** Gender, Pharmacist, Community pharmacy, United Arab Emirates.

INTRODUCTION

Community pharmacy is the most accessible source of medication, medical knowledge, advice and education. Good customer service provided by community pharmacists need better communication with patients, less boundaries, more confidence in pharmacists' medical knowledge, counseling skills and the ability to provide the most suitable advice. Some issues may lead to building up barriers between customers and pharmacists. Identifying these barriers and developing strategies to overcome these barriers is crucial in retail pharmacy business. One of the factors which might affect pharmacy services is the gender of the pharmacist. Since patients acquire certain degree of confidentiality and trust, it could be difficult for certain customers to trust the other gender. A successful mutual relationship between customers and pharmacists is the cornerstone for the success of any provided pharmacy services [1]. Since patient education and counseling are important duties of the community pharmacist, building up a trust-worthy relationship between pharmacists and patients is essential [2]. The United Arab Emirates (UAE) is a multicultural country with more than eighty nationalities. People of the UAE tend to go to pharmacy asking for advice regarding many ailments, cosmetic products, OTC medications, smoking cessation products, contraceptives, analgesics, antihypertensive and many others. Patient's preference to choose male or female pharmacist is important to ensure better understanding and proper communication. Patient's preference for male and female pharmacist could affect the quality of counseling and patient education. People tend to follow recommendations from those who trust more strictly than those who don't. Lack of confidence may lead to patient incompliance and medication error since lack of trust in the pharmacist might affect the acceptance of the advice [3]. This study focus, on exploring customers' preferences toward the gender of pharmacist in community pharmacy in Al Ain area, UAE. Also, to study the effect of different socio-demographic determinants on their choices.

MATERIALS AND METHODS

A comparative study between male and female patients using a cross sectional survey has been carried out among a convenient sample of

500 adults (age  $\geq 18$ ) randomly selected from Al Ain city, UAE. The study conducted between 1st of December, 2013 and the 2nd of February, 2014. Criteria of the questionnaire included: demographic data (gender, age, and nationality), level of education, and employment information. After collection of the data, SPSS was used to analyze the results. Pearson's chi square test was used to determine the significance of interactions with  $P$ -value  $< 0.05$  considered statistically significant. See demographic data in table 1.

RESULTS

Five hundred people were randomly asked about their perception towards gender preferences between male and female pharmacist. Two hundred and fourteen were males (42.8%) and 286 were females (57.2%). Most accessible nationalities were included. Nationalities are categorized based on the home country of each participant. Arabs other than UAE nationals for instance who came from the Middle East area were all categorized as other Arabs. Sudan even though it is an African country, it is included under other Arabs because they have the same traditions and religion. This study is based on traditions, way of thinking rather than disease differences based on genes and colors. Western category included all people who came from USA and Europe. In general, most of the participants have no preference in relation to the gender of pharmacist, see fig. 1. Sub analysis of the result has shown a statistically significant difference in choices between male and female participants. Most of males lean toward no preference, which is significantly higher than females same choice (55.1% VS 44.7% respectively,  $P = 0.029$ ). Female participants mostly prefer either female pharmacist (46.2%) or have no preference (44.7%). These results indicate that female participants are significantly more appreciative to same gender pharmacy services compared to male participants (46.2% VS 30.8% respectively,  $P = 0.0005$ ), See fig. 2.

When the sample was stratified into two educational levels; holders of high school certificate or less and university degree holders; no significant difference was observed between the participants' choices. However, when gender was cross tabulated with university degree holders, the percentage of male participants who quoted no preference was significantly higher than female participants (56.6% VS 44.8% respectively,  $P = 0.001$ ). See fig. 3

Table 1: Demographic data

	Number	Percent
<b>Nationality</b>		
UAE	32	6.4
Other Arab	378	75.6
Indian	24	4.8
Western	32	6.4
Asian	28	5.6
African	6	1.2
<b>Level of education</b>		
BSc	308	61.6
MSc	58	11.6
PhD	14	2.8
High school	106	21.2
No School	14	2.8
<b>Employment Status/Type</b>		
Employed Medical	88	17.6
Employed others	326	65.2
Unemployed	86	17.2
<b>Gender</b>		
Male	214	42.8
Female	286	57.2

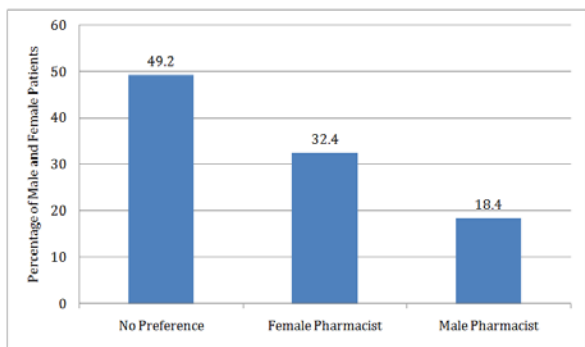


Fig. 1: General preferences

There was a significant difference between participants' choices based on their employment status ( $P < 0.0001$ ). Unemployed participants from both gender preferred female pharmacist compared to employed ones (60.4% VS 26.6% respectively). Employed participants were more neutral toward gender compared to unemployed ones (53.3% "no preference" compared to 30.3%,  $P = 0.001$ ).

Working in a medical profession has no significant effect on participants' choices compared to working in a non-medical profession. Sub analysis of employed participants has shown that the percentage of males from non-medical profession who quoted no preference is significantly higher than female participants from the same non-medical professions (57.9% VS 46.6% respectively,  $P < 0.0001$ ). On the other hand, gender in medical professions has no significant effect on participants' choices. See fig. 4

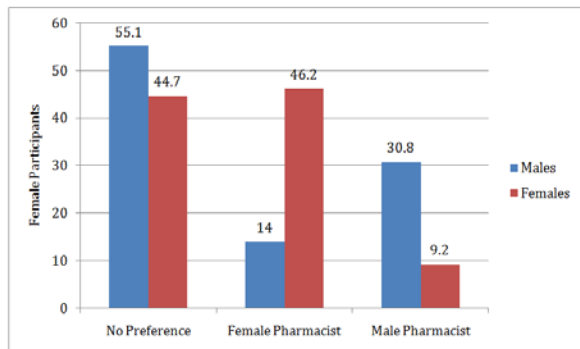


Fig. 2: Gender preference

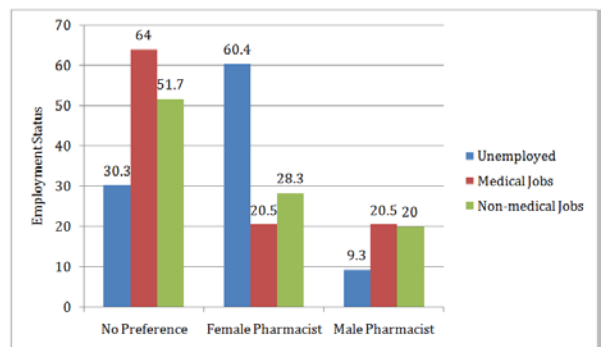


Fig. 4: Choices based on their employment status

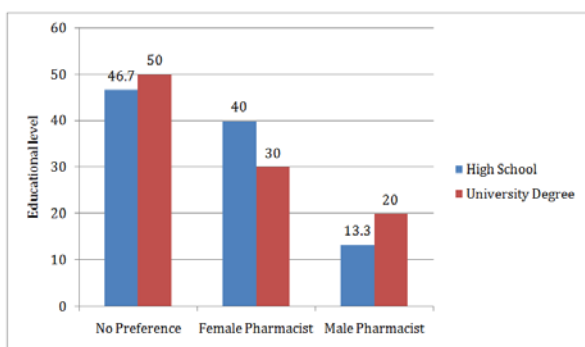
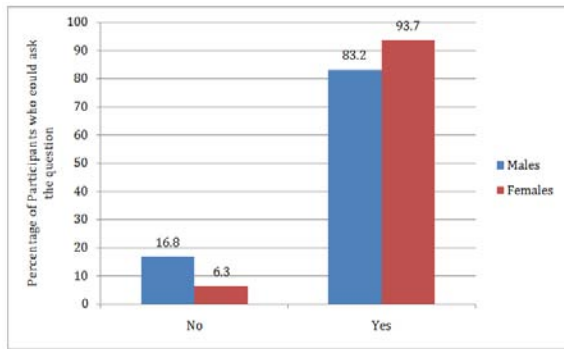


Fig. 3: Educational level stratification

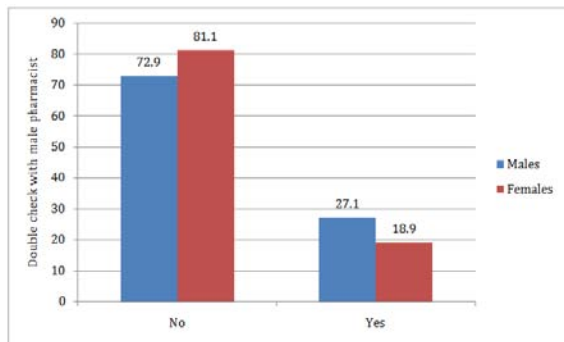
When participants were asked if they went to a pharmacy where a female pharmacist approach them for consultation, would they accept the consultation, 93.7% of female participants answered "yes" which was significantly higher than male participants ( $P < 0.001$ ). See fig. 5

When participants were asked if they will double-check with a male pharmacist if they have been initially served by a female pharmacist, male participants were significantly more likely to do the double-checking compared to female participants (27.1% VS 18.9% respectively,  $P = 0.029$ ). See fig. 6

When participants were asked if they believe that male pharmacist provides a quicker service than female pharmacist, most of male and female participants did not agree with that.



**Fig. 5: If you go to a pharmacy and find only a female pharmacist, would you ask your question?**



**Fig. 6: If you asked a female pharmacist, would you double check with a male pharmacist?**

## DISCUSSION

This is the first study of its kind in which a comparison between male and female customers' choices toward the gender of pharmacist in Al Ain city is considered. Asking patients of both gender about their preference towards male or female pharmacists was carried out in order to uncover some of a hidden obstacles against optimal community pharmacy services. Adult patients who approached community pharmacies in Al Ain city were included in the study regardless race, age or level of education. In order to avoid misunderstanding or carelessness in answering the survey, a pilot study has been conducted for the purpose of validation.

The results of this study shows that almost half of the participants have no preference towards the gender pharmacist in Al Ain city. Analysis of the second half of the participants revealed that the percentage of female participants who prefer same-gender service is significantly higher than male participants (83.5% VS 68.7% respectively,  $P= 0.001$ ). These results are comparable with other study done on female patient's preference for male or female doctors, it showed that almost half of the sample population replied that their choice depends on the medical case, it also showed that even though some women don't seem to have any female preference but in some circumstances they look for a female GP. The study concluded that women are more satisfied when they attend a mixed-sex GP clinics than a male only GP clinics [4]. Nichols supports the idea of women preferring female doctors for cervical screening, this includes women of different ages and classes [5]. It seems that male patients could talk more easily with male health professionals and female patients do the same with female health professionals [6]. Kerssens continues to elaborate that woman prefers female health professionals especially in the field of nursing, obstetrics and gynaecology more than the field of medicine and mental health. Preferring female nurses does not seem to be affected over time, a comparative study between the year 1984 and 2000 didn't reveal any significant change in the attitude [7]. It is well established in the literature that female patients receive more attention and medical advice than male patients regardless of the

gender of the health care provider [8]. The current study revealed that 83.2% of male participants will accept female pharmacist's consultation when it is offered to them, but this percentage is significantly less than female participants' similar response. On the other hand, male participants were more likely to double-check with male pharmacist if they received the initial consultation from a female pharmacist (27.1% VS 18.9%,  $P= 0.03$ ). It is not clear if this double-checking was due to trust issues or the personality type of the participants. Many studies suggested that female gender prefers female nurses possibly because of the critical issues related to reproductive and obstetric health [9]. Another study carried out in Jordan showed that women prefer nurses for the purpose of moral issues and understanding [10]. The study also documented that both gender agree on the idea of male patients choose male nurses and female patients choose female nurses.

Furthermore, due to religious issues, female patients tend to prefer female gynecologist and obstetric especially among Muslims [11]. This result should encourage muslim women to study this kind of medicine in order to fulfill the needs of the society. Some researchers attributed this preference to the idea that female physicians have better understanding, communication and female related medical knowledge accompanied with personal experience than male physicians, and this in turn may provide more sympathy during medical consultations [11, 12]. Even in relation to the gender of diabetic counselor, more female preferred female care-giver to communicate with [13]. In the pharmacy field and based on this study, patients and pharmacists of the same gender could provide better and healthy communication in which good patient assessment and education will be the utmost goal. According to our study, level of education didn't seem to have any impact on patient's preferences. The only notice was the significant tendency of male participants to choose "no preference" when their level of education goes higher compared to female participants. Onyemochi elaborated that level of education has no impact on gender preference towards their gynecologist [14]. Although newly married couples prefer female gynecologist, but older couples go for male ones [15]. This is supported by more recent studies which emphasizes on women with children who prefer male gynecologist [16].

Unemployed participants from both genders preferred female pharmacists, on the other hand, employed participants lean toward the "no preference" choice.

This research illustrates many factors patients use while seeking pharmacy service. They appreciate knowledge, confidence and communication skills. This study gives an idea about the preference of people of the UAE for choosing a male or female pharmacist when they seek pharmacy service. This kind of results should be utilized in order to further understand patients' behavior when seek pharmacy service. One of the approaches is to provide both male and female pharmacists in the pharmacy so that patients can choose whoever they feel comfortable with. There is a significant number of men who prefers male pharmacists and a significant number of female who prefers female pharmacist. This barrier is solved only by providing both genders in the same pharmacy at the same time.

In general, pharmacy services provided by the community pharmacists are affected by many factors. These factors could be divided into three major categories; first: patient related factors which include: level of education, acceptance for advice, level of trust, language barrier (e. g. in the UAE the majority of residence don't speak Arabic or English), patience, and loyalty. Second: pharmacists' related factors which include: level of pharmacy education, communication skills, gender, convincing skills, confrontation skills, time management skills and language proficiency. Third: Pharmacy related factors which include: layout and design, availability of medical alternatives, discount rates and location. A balance between these categories is the cornerstone for a successful pharmacy service and business development. In addition to ordinary pharmacy services provided by pharmacists, health promotion is essential for enhancing patients' health [17].

One of the approaches used to minimize the gap between pharmacists and patients for the purpose of identifying the exact patients' needs is to build up a trusted environment. An

environment where patients have ample space of freedom to express their needs [18]. This approach will lead to a suitable environment which encourages patients to follow pharmacists' recommendations and advice [19].

Chisholm-Burns discussed the positive impact of pharmacist's intervention on patients health outcomes [20]. It has been illustrated that the more the patient is involved in this intervention the better the health benefits will be. Good communication with pharmacists makes the counseling and education process much useful and easier [21]. Fulfilling patients' needs is the utmost goal of pharmacy service which is the basic principle of pharmaceutical care process [22].

Well experience could change the attitude towards one gender over the other since highly experienced pharmacists are capable of offering the best pharmacy service [23]. The high experience enables pharmacists to provide health care service at the same time maintaining the basic pharmacy work under control [24, 25]. It is crucial to involve patients in the process of pharmaceutical care in order to warrant a meaningful therapeutic plan and good monitoring strategy [26, 27]. Urbonas mentioned that the quality of pharmacy service is affected by gender, age, level of pharmacy education and pharmacy settings [28]. Breaking these differences and finding the approach for better counseling will lead to pharmacists' better involvement in the process of counseling and leads to positive health outcomes [29]. In palestine for instance, community pharmacists have a good impact on patients understanding and satisfaction of their pharmacotherapeutic plans, the study done regardless gender preferences [30]. Vanham, *et al.* established a positive health outcomes among pregnant women who seek advice from community pharmacies; it also showed a good pharmacoeconomic outcomes [31]. These issues emphasize on the fact that the pharmacy service must be improved in every direction. Either using both gender, understanding cultural differences in the society of interest or finding any other aspect could lead to better understanding for customers' needs. Creating the best environment for customers to trust pharmacists and feel confident to express their needs is of great value [32-34].

Some of the limitations of this study is the lack of stratification based on age. Customers from different age groups may require different pharmacy services, and this in turn may affect their preferences toward the gender of pharmacist. In general, not every pharmacy services is affected by the gender of pharmacist; for example buying a baby formula is less likely to be affected by the gender of pharmacist, while the choice of a female pharmacist will be greatly appreciated for a female customer who is suffering from vaginal thrush.

## CONCLUSION

Cultural differences affect the way people react towards pharmacy services. Understanding these differences help maintaining good pharmacy services and promotes business development. This research clearly identified that a significant percentage of female customers in Al Ain city has a strong preference to be served by a female pharmacist. Having a higher level of education did not significantly change their choices. Choosing one gender over the other is affected by the way societies look at each other. Only high professional pharmacists can change such attitude. In the meanwhile, community pharmacies are strongly advised to employ staff from both genders to better meet customers health needs.

## CONFLICT OF INTERESTS

Declared None

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