

Perception and Experience of the Public with Community Pharmacist Services in Hafr Al-Batin, Saudi Arabia

Hajar Alghamdi¹, Suha Alharbi², Aliah Almutairi¹, Almaha Almutairi¹, Anjal Almutairi¹, Amjad Almutairi¹, Sarah Aldhafiri¹, Joud Alfattouh¹, Ashfaq Ahmad^{1,*}

¹Department of Pharmacy Practice, College of Pharmacy, University of Hafr Al Batin, Hafr Al Batin, SAUDI ARABIA.

²Department of Pharmaceutical Practices, College of Pharmacy, Umm Al-Qura University, SAUDI ARABIA.

ABSTRACT

Background: Community pharmacists are now evolving from traditional roles to patient-centered healthcare providers, and this is widely acknowledged. This study aimed to assess public opinions and perceptions of pharmacists' involvement in community pharmacies. **Materials and Methods:** A validated questionnaire was used to conduct the study with 667 participants in Hafr Al-Batin, Saudi Arabia. To evaluate relationships between sociodemographic characteristics and respondents' opinions and perceptions, descriptive statistics and logistic regression analyses were used. **Results:** Among the 667 participants, just 14.8% of respondents said they had a chronic illness, with diabetes (5.5%) and hypertension (5.8%) being the most prevalent. Approximately 97.5% of participants considered pharmacists essential to the healthcare system; the majority viewed them as drug experts (68.4%) and healthcare providers (58.3%). Multivariate analysis showed that females had significantly higher odds of positive perception (AOR: 1.2; 95% CI: 1.1-1.9; $p=0.01$) and views (AOR: 1.1; 95% CI: 1.1-1.8; $p=0.01$), while participants aged 26-35 years had lower odds of perception (AOR: 0.5; 95% CI: 0.3-0.8; $p=0.01$) and views (AOR: 0.4; 95% CI: 0.3-0.7; $p=0.01$). Participants with a bachelor's degree showed a higher likelihood of positive perception (AOR: 1.5; 95% CI: 1.2-1.5; $p=0.01$). Married individuals were less likely to have a positive perception (AOR: 0.8; 95% CI: 0.2-0.8; $p=0.01$) but more likely to have positive views (AOR: 1.2; 95% CI: 1.1-1.9; $p=0.01$). **Conclusion:** The findings suggest that community pharmacists in Hafr Al-Batin are generally well regarded by the public for medication-related services. However, opportunities may exist to further enhance their role in preventive care and chronic disease management. Further research in broader populations is recommended to better understand public expectations and support the development of community pharmacy services.

Keywords: Community pharmacy, Healthcare services, Pharmacist roles, Saudi Arabia, Sociodemographic factors.

Correspondence:

Dr. Ashfaq Ahmad

Department of Pharmacy practice,
College of Pharmacy, University of Hafr Al
Batin, Hafr Al Batin, SAUDI ARABIA.
Email: ashfaq@uhb.edu.sa

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INTRODUCTION

Pharmacists have long been acknowledged as essential members of the medical team, but their responsibilities were limited to dispensing medicines and providing drug-related information (Al-Worafi, 2023). This evolution has led them to the forefront as approachable and trustworthy healthcare providers for the promotion of public health, management of chronic diseases, medication counseling, and patient education (Cernasev *et al.*, 2021). Due to this reason, globally, many policies and professional training frameworks have acknowledged and supported the expansion of pharmacists' clinical roles (Ballaram *et al.*, 2024), such as vaccination, blood pressure monitoring, smoking

cessation programs, and medication therapy management in several countries (Motlohi *et al.*, 2023).

In KSA, the Vision 2030 reforms aim at improving access to high-quality healthcare provision, especially in preventive care. In this context, the role of pharmacists, and especially those working in community pharmacy settings, is also undergoing a major review with an increasing population that is demanding health services (Mani and Goniewicz, 2024).

Several studies conducted in Saudi Arabia have ascertained public perceptions and satisfaction regarding the expanding clinical roles of community pharmacists. Data reported that the majority of Saudi residents appreciated the involvement of pharmacists in counseling on medications and health education, but showed concerns about privacy and time constraints during the consultation process (Almohammed and Alsanea, 2021). While several studies in Saudi Arabia have examined public perceptions of community pharmacists in major urban centers, limited evidence is available regarding patient experiences and



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perceptions in smaller cities such as Hafr Al-Batin. Therefore, this study aims to provide updated evidence on public perceptions, experiences, and satisfaction with community pharmacist services and to examine their association with sociodemographic factors.

Despite the growing recognition of community pharmacists' roles in healthcare delivery, there remains limited evidence regarding public perceptions and experiences with community pharmacy services in smaller cities of Saudi Arabia, including Hafr Al-Batin. Understanding these perceptions is important for identifying gaps in service delivery and supporting the development of patient-centered pharmacy services aligned with national healthcare goals.

MATERIALS AND METHODS

Study Design and Study Population

A cross-sectional study was carried out in Hafr Al-Batin city, Saudi Arabia, from February to April 2025. The target population is the Hafr Al-Batin public residents who attend community pharmacies.

Ethical consideration

Ethical clearance for this study was granted by the Ethics Committee of Hafr Al-Batin University under reference number HPO-05-FT-25/13.

Inclusion and Exclusion Criteria

Inclusion criteria are all public residents aged 18 years and above visiting a community pharmacy in Hafr Al-Batin, Saudi Arabia, while participants who were not residents of Hafr Al-Batin and below 18 years were not included in this study.

Study Instrument

The tool was developed based on the previous research on the public's perception and satisfaction related to the clinical roles of pharmacists in community pharmacies (Almohammed and Alsanea, 2021; El-Kholy *et al.*, 2022; Jarab *et al.*, 2024). The reliability testing was done by Cronbach's alpha, and the questionnaire was validated by the academic experts for its contents. The questionnaire was reviewed by two academic experts in pharmacy practice and public health to ensure content validity and clarity of the items. Minor modifications were made based on their feedback to improve wording and relevance. Prior to the main study, the questionnaire was pilot tested among 20 participants to assess clarity and comprehensibility. Data from the pilot study were not included in the final analysis, and minor adjustments were made to improve the wording of several questions.

After all piloting was complete, the final instrument consisted of 26 questions that assessed socio-demographic information and

public perceptions and attitudes toward workers in community pharmacies. Native Arabic-speaking translators who had experience in healthcare and survey translation conducted the forward translation. Consequently, the survey was distributed physically to a random sample of residents across different areas of the Eastern Province of Saudi Arabia.

Data collection tools and techniques

Data collection was done physically using a structured questionnaire. All the questions were mandatory to answer, so the response rate was 100%. The questionnaire was distributed among the residents of Hafr Al Batin, Saudi Arabia. The participants were recruited by the convenience sampling.

Sample Size

The sample size was calculated from the Raosoft software (Jamal *et al.*, 2024). Based on these factors, the minimum required sample size was established at 423 participants.

Data Analysis Plan

Data analyses were done using IBM SPSS Statistics, ver. 28 [IBM Corp., Armonk, NY]. Frequency and percentage were used to describe socio-demographic characteristics and knowledge-based questions. Logistic regression was used to establish the relationship among categorical variables. The level of significance was set at a p -value of <0.05 . Univariate and Multivariate logistic regression were applied. The dependent variables were participants' perceptions and views regarding community pharmacists, while sociodemographic characteristics (e.g., gender, age, education, marital status, and income) were included as independent variables.

RESULTS

Sociodemographic characteristics of the participants

A total of 667 participants were included for analysis, which consisted of 71% females and 29% males. Looking at educational background, most participants had a bachelor's degree at 67%, and more than half of the total participants were married at 51%. The greatest percentage of participants' income per month was below 5000 SAR at 34.9% and more than 20000 SAR at 4.8%. As for health status, 14.8% had a chronic health status, and 85.2% had no chronic illness. The results are explained in Table 1A.

Prevalence of Chronic Diseases

Table 1B illustrates the distribution of chronic health conditions among the study participants. Out of 667 respondents, the majority, 72.4%, reported having no chronic disease. Among those with existing health conditions, the most frequently reported were hypertension, 5.8%, and diabetes, 5.5%. A smaller number of participants indicated suffering from asthma, 2.4%, and heart

disease, 1%. Additionally, 12.9% of participants reported having other chronic conditions not specifically listed in the survey.

Public views about pharmacists working in community pharmacy

Most of the respondents perceived community pharmacists as healthcare providers 58.3% and experts in drugs 68.4%, demonstrating strong recognition of the professional role beyond medication supply. However, there is a low perception of them as drug sellers 15.6% or sales representatives 10.9%, which implies that there remains some commercial perception about the profession. Most of the participants 97.5% viewed community pharmacists as an indispensable and effective component in healthcare. About accessibility, 85.5% of the participants reported that a pharmacist was always available at their community pharmacy when they needed one. The results are explained in Table 2.

Public Perception Towards Pharmacists and Their Preferences for Community Pharmacy

Most of the respondents were very satisfied and trusted the services of the community pharmacists. Almost all the respondents (95.7%) reported that the pharmacist was present in the pharmacy during the official working hours, ensuring access to and reliability of pharmaceutical care. Many respondents (99.3%) mentioned that the pharmacist treated them with care and respect, and 94.2% mentioned that enough time was spent with them during the consultation. The results are depicted in Table 3.

Public Experience of Pharmacists' Role in Delivering Healthcare Services

Most of the respondents reported that community pharmacists were very active in patient-centered practices when it came to the dispensing or preparation of prescriptions. A majority of 79% reported that the pharmacist asked about their medical condition, whereas 75.1% mentioned that the pharmacist enquired about other medicines the respondent was using, reflecting the concern for safe and effective therapy. On the other hand, 67.5% reported that the pharmacists provided advice on healthy lifestyle, quitting smoking, or exercise. The results are explained in Table 4A.

Respondents' Experiences and Perceptions of Pharmacists' Roles in Providing Medication

Almost all the participants, 95.2%, responded that the pharmacists explained how to take their medicines, while 3.3% indicated otherwise, and 1.5% found this question not applicable. Similarly, a greater number of participants, 74.1%, reported being helped by pharmacists to avoid wasting money on unnecessary prescriptions, while 17.4% were not helped, and 8.5% indicated this question was not applicable. Also, 85% of participants reported that pharmacists helped them choose over-the-counter

medications appropriately, while 10.9% did not get such help, and 4% reported this question as not being applicable. Results are explained in Table 4B.

Table 1A: Demographic characteristics of the respondents.

Variables	n (%)
Gender	
Male	191(28.6%)
Female	476(71.4%)
Age	
18-25	220(33%)
26-35	176(26.4%)
36-45	132(19.8%)
46-55	125(18.7%)
56-65	11(1.6%)
>65	3(0.4%)
Education	
High school	93(13.9%)
Bachelor's degree	448(67.2%)
Higher education	47(7%)
Diploma	65(9.7%)
Other	14(2.1%)
Marital Status	
Single	297(44.5%)
Married	343(51.4%)
Divorced	12(2.5%)
Widow	10(1.5%)
Income Level	
<5000	233(34.9%)
5000-10000	177(26.5%)
10000-15000	152(22.8%)
15000-20000	73(10.9%)
>20000	32(4.8%)
Do you suffer from chronic health conditions?	
Yes	98(14.8%)
No	561(85.2%)

Table 1B: Prevalence of Chronic Diseases.

Disease	Prevalence (%)
Diabetes	5.50
Hypertension	5.80
Asthma	2.40
Heart disease	1.0
Others	12.90
No disease	72.4

Table 2: People's opinions about the community pharmacy and the pharmacists.

Questions	Responses
How do you see the pharmacist in the community?	
Healthcare provider	389(58.3%)
Drug Expert	456(68.4%)
Drug Seller	104(15.6%)
Sales Representative	73(10.9%)
Do you consider the pharmacist working in community pharmacies an indispensable and effective part of the healthcare system provided in the community?	
Yes	650(97.5%)
No	17(2.5%)
Is there a pharmacist at the community pharmacy available to serve you?	
Yes	570(85.5%)
No	97(14.5%)
Is there a private place in the community pharmacy where you can speak with the pharmacist in private without being heard by others?	
Yes	403(60.4%)
No	264(39.6%)
Can you differentiate between a pharmacist in a community pharmacy and non-pharmacist pharmacy staff?	
Yes	494(74.1%)
No	173(25.9%)

Table 3: Respondents' Perception of the Pharmacist at Community Pharmacy.

Questions	Responses	
Is the pharmacist at the community pharmacy available at the pharmacy during the specified hours?	Yes	638(95.7%)
	No	29(4.3%)
Does the pharmacist at your community pharmacy treat you with care and respect?	Yes	662(99.3%)
	No	5(0.7%)
Does the pharmacist at your community pharmacy spend enough time with you?	Yes	628(94.2%)
	No	39(5.8%)
Does the pharmacist at the community pharmacy answer all your questions?	Yes	646(96.9%)
	No	21(3.1%)
Do you trust the community pharmacy pharmacist's opinion about medications?	Yes	631(94.6%)
	No	36(5.4%)

Association between sociodemographic patients' views and perceptions

Multivariate logistic regression identified several factors associated with respondents' perceptions of community pharmacists. Females were more likely than males to report positive views. Participants aged 26-35 years were less likely to have favorable perceptions compared with those aged 18-25 years, while other older age groups showed mixed associations. Higher education, particularly a bachelor's degree, and being married were associated with more positive perceptions. Income also influenced views, with middle-income respondents less likely and higher-income respondents more likely to report favorable perceptions. The results are explained in Table 5.

DISCUSSION

The result of this research emphasizes the importance of community pharmacists within the healthcare system, as perceived by patients. Large numbers of respondents (97.5%) were of the view that pharmacists are imperative within the healthcare system, and more than two-thirds (68.4%) considered pharmacists as drug experts and not drug sellers (15.6%). This reflects an indication from developed countries that pharmacists are increasingly considered vital as healthcare providers (Al-Worafi, 2024; Sakeena *et al.*, 2018). It becomes evident that there appears to be a gap that calls for some form of public awareness campaign about the role of pharmacists.

The excellent esteem enjoyed by pharmacists was again evidenced by high user satisfaction rates, with 95.7% satisfied with pharmacy access within working hours, 99.3% satisfied with being treated with care and respect, and 94.6% satisfied with their trust and confidence in drug information (Druică *et al.*, 2021; Mashaala and Jerusalem, 2023).

Despite these largely positive attitudes, there were some gaps identified with regard to preventative service. Only 50.5% of respondents received health monitoring services such as blood pressure checks or blood sugar checks. This is a surprisingly low figure compared with similar research conducted among more integrated pharmacy services (Paudyal *et al.*, 2021). This suggests that while pharmacists are valued for medication-related advice, their potential in chronic disease management and preventive care remains underutilized (Riad, 2024).

Despite the overall positive perception of pharmacists, the study revealed relatively low utilization of preventive health services, such as blood pressure monitoring and health screening, provided by community pharmacists. This finding may reflect several factors, including limited public awareness regarding the expanded clinical role of pharmacists, lack of structured preventive service programs in community pharmacies, and infrastructural limitations such as the absence of private consultation areas.

Table 4A: Respondents' Experience of Pharmacists' Role in Delivering Healthcare Services.

Questions	Responses	
Did the pharmacist at the community pharmacy ask about your medical condition when preparing your prescription?	Yes	527(79%)
	No	73(10.9%)
	Not applicable	67(10%)
Did the pharmacist at the community pharmacy ask about other medications you are using when preparing your prescription?	Yes	501(75.1%)
	No	104(15.6%)
	Not applicable	62(9.3%)
Did the pharmacist at the community pharmacy provide general advice on healthy lifestyle, smoking, and exercise?	Yes	450(67.5%)
	No	146(21.9%)
	Not applicable	71(10.6%)
Did the pharmacist at the community pharmacy measure or monitor any of the following: blood pressure, blood sugar level, temperature, or weight when visiting the pharmacy to purchase medications, receive a prescription, or refill?	Yes	337(50.5%)
	No	238(35.7%)
	Not applicable	92(13.8%)
Did the pharmacist at the community pharmacy ask you about your adherence to taking your medication in the correct manner and at the correct time when you came for a refill?	Yes	469(70.3%)
	No	133(19.9%)
	Not applicable	65(9.7%)

Sociodemographic factors significantly influenced perceptions and opinions. Females exhibited higher satisfaction (AOR 1.2-1.7, $p=0.01$), consistent with research showing that women tend to engage more with healthcare services (Naz *et al.*, 2021). This could be due to greater health-seeking behaviors among women or more frequent interactions with pharmacies for family healthcare needs.

Married individuals had lower perception scores than singles (OR 0.1, $p=0.01$), a finding that warrants further exploration, possibly due to differing healthcare expectations (Kalash *et al.*, 2024). Income disparities were also evident, with higher earners valuing pharmacist expertise more, similar to findings by Popovici *et al.*, 2022, where affordability influenced service expectations (Popovici *et al.*, 2021).

While the majority of respondents expressed positive perceptions toward community pharmacists, this finding should be interpreted cautiously. High levels of reported satisfaction may reflect the accessibility of community pharmacists and their role as the most

Table 4B: Respondents' Experiences of Pharmacists' Roles in Providing Medication Use.

Questions	Responses	
Did the pharmacist at the community pharmacy provide clear instructions on how to use the medications?	Yes	635(95.2%)
	No	22(3.3%)
	Not applicable	10(1.5%)
Have you received assistance from the pharmacist at your community pharmacy to avoid unnecessary costs related to your prescriptions?	Yes	494(74.1%)
	No	116(17.4%)
	Not applicable	57(8.5%)
Do you get help from the pharmacist at your community pharmacy in choosing over-the-counter medications?	Yes	567(85%)
	No	73(10.9%)
	Not applicable	27(4%)
Did the pharmacist at your community pharmacy give you advice on how to dispose of medications you no longer need?	Yes	443(66.4%)
	No	165(24.7%)
	Not applicable	59(8.8%)
Did the pharmacist at your community pharmacy offer you alternatives when the medicine you needed was not available?	Yes	617(92.5%)
	No	33(4.9%)
	Not applicable	17(2.5%)
Did the pharmacist at the community pharmacy provide advice on any medication-related issues (side effects, drug interactions, complaints) that concerned you?	Yes	544(81.6%)
	No	88(13.2%)
	Not applicable	35(5.2%)
Did the pharmacist at the community pharmacy warn you of any potential drug or food interactions?	Yes	519(77.8%)
	No	115(17.2%)
	Not applicable	33(4.9%)

readily available healthcare professionals. However, it may also reflect response bias or limited public awareness regarding the full scope of pharmacists' clinical roles. These findings highlight the need for further public education and structural support to expand pharmacist-led healthcare services.

Several limitations should also be considered when interpreting the findings of this study. First, the use of a convenience sampling approach in a single city may limit the generalizability of the results to other regions of Saudi Arabia. Second, the high levels of satisfaction reported by participants may partly reflect social desirability bias, as respondents may tend to provide favorable responses regarding healthcare professionals. Additionally, since the study relied on self-reported perceptions and experiences, the results may be subject to recall bias. Future studies involving

Table 5: Association between sociodemographic factors and patients' views and perceptions.

Variables	Perception				Views			
	Univariate Logistic		Multivariate Logistic		Univariate Logistic		Multivariate Logistic	
	OR (95%CL)	p-value	AOR (95%CL)	p-value	OR (95%CI)	p-value	OR (95%CI)	p-value
Gender								
Male	1		1		1		1	
Female	1.6 (1.2- 1.9)	0.01	1.2 (1.1- 1.9)	0.01	1.2 (1.1- 1.4)	0.01	1.1 (1.1-1.8)	0.01
Age								
18-25	1		1		1		1	
26-35	0.6 (0.4-0.8)	0.01	0.5 (0.3-0.8)	0.01	0.7 (0.6-0.9)	0.02	0.4 (0.3-0.7)	0.01
36-45	0.8 (0.6-1.2)	0.3			0.2 (0.1-0.5)	0.01	1.1 (0.3-1.3)	0.3
46-55	0.1 (0.1- 0.2)	0.01	0.6 (0.1-1.2)	0.4	0.6 (0.6-2.1)	0.3		
56-65	0.8 (0.3-1.7)	0.4			0.8 (0.2-1.0)	0.4		
>65	0.1 (0.2-1.7)	0.8			0.5 (0.2-0.7)	0.01	0.1 (0.3-1.3)	0.4
Education	1		1		1		1	
High school	0.1 (0.1- 1.2)	0.8			0.2 (0.1-0.6)	0.01	0.2 (0.1-1.2)	0.7
Bachelor's degree	0.7 (0.5- 0.9)	0.01	1.5 (1.2-1.5)	0.01	0.1 (0.3-1.4)	0.3		
Higher education	0.8 (0.6- 0.9)	0.4			0.5 (0.1-1.2)	0.4		
Diploma	0.1 (0.1- 1.9)	0.01	0.6 (0.3-0.5)	0.01	0.7 (0.1-1.3)	0.8		
Other	0.1 (1.2-2.3)	0.4			0.1 (0.6- 1.9)	0.4		
Marital Status								
Single	1		1		1		1	
Married	0.1 (0.1-0.8)	0.01	0.8 (0.2-0.8)	0.01	1.1 (1.1-1.7)	0.01	1.2 (1.1-1.9)	0.01
Divorced	0.1 (0.1-2.1)	0.4			0.3 (0.5-1.8)	0.3		
Widow	0.8 (0.6- 1.5)	0.3			0.8 (0.2-1.0)	0.4		
Income Level								
<5000	1		1		1		1	
5000-10000	0.1 (0.1-1.4)	0.4			1.1 (1.2-1.3)	0.05	0.6 (0.1-0.8)	0.01
10000-15000	0.1 (0.1-2.2)	0.5			0.7 (0.2-0.8)	0.01	0.4 (0.1-1.6)	0.5
15000-20000	0.1 (0.1-0.9)	0.01	0.4 (0.2-1.2)	0.3	0.7 (0.4-1.4)	0.3		
>20000	0.1 (1.2-2.3)	0.5			0.2 (0.1-0.9)	0.01	0.5 (0.2-0.7)	0.01

multiple regions and more diverse populations are recommended to provide a broader understanding of public perceptions toward community pharmacy services. In this regard, there is a definite requirement for policy-level interventions to extend community pharmacists in chronic disease management and preventive healthcare services. To reinforce this idea, a regulatory framework should make it obligatory to incorporate private consultation areas in the establishment of a community pharmacy.

CONCLUSION

In conclusion, this study provides insights into public perceptions and experiences with community pharmacist services in Hafr Al-Batin City, Saudi Arabia. The findings indicate generally positive

views toward pharmacists and their role in medication-related care. However, the utilization of preventive health services provided by community pharmacists appears relatively limited. While these findings highlight potential opportunities to expand pharmacist involvement in preventive healthcare and chronic disease management, they should be interpreted cautiously, given the cross-sectional design and the study's focus on a single city. Further research involving larger and more diverse populations across different regions of Saudi Arabia is recommended to better understand public expectations and inform future development of community pharmacy services.

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ABBREVIATIONS

AOR: Adjusted Odds Ratio; **CI:** Confidence Interval; **OR:** Odds Ratio; **SPSS:** Statistical Package for the Social Sciences; **KSA:** Kingdom of Saudi Arabia; **IBM:** International Business Machines; **NY:** New York; **p-value:** Probability value.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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