

Barriers to Pharmaceutical Care: Insights from Community Pharmacists' Perspectives

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ABSTRACT

Background: Community pharmacists serve as an important link between doctors and patients, helping to ensure that individuals receive the highest quality pharmaceutical care within the healthcare system. **Objectives:** The purpose of this study was to examine the challenges faced by community pharmacists in providing pharmaceutical care across various districts of Uttarakhand. **Materials and Methods:** The study was conducted amongst pharmacists working in community pharmacies in Uttarakhand districts. A questionnaire performa was used in this cross-sectional investigation. All individuals gave their informed consent, and direct communication was made possible. **Results:** This study analyzed responses from 400 community pharmacists. The findings revealed several key challenges hindering the implementation of pharmaceutical care. A lack of support from other healthcare professionals was reported by 72.50% of respondents, while 75.00% reported inadequate coordination among pharmacists, physicians, and other healthcare providers. 34.00% participants noted that patients often struggle to understand pharmaceutical care instructions. The absence of supportive practice guidelines was identified by 70.75% of pharmacists, and 37.25% reported limited opportunities for meaningful interaction with patients. Furthermore, 53.25% of respondents thought that the main focus of present medical policies and procedures was on distributing rather than providing care. Inadequate training for delivering pharmaceutical care was highlighted by 81.00% of respondents, while 55.50% considered the existing pharmacy curriculum insufficient to prepare pharmacists for such roles. A significant proportion (83.25%) cited the lack of compensation or reimbursement as a major barrier, and 43.50% reported insufficient time as a limiting factor. **Conclusion:** These results emphasize the need for systemic reforms, including improved interprofessional collaboration, updated educational frameworks, and supportive policy changes to enhance the delivery of pharmaceutical care in community settings. Key challenges include a lack of therapeutic knowledge, absence of clear practice guidelines, limited education, and poor communication. The findings underscore the need for ongoing professional development programs to keep pharmacists informed about the latest clinical advancements.

Keywords: Communication, Community, Healthcare, Pharmaceutical Care, Pharmacists.

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INTRODUCTION

The idea behind pharmaceutical care is that since pharmacists are knowledgeable about medications and have received extensive education, it makes sense to provide pharmaceutical care to patients (Abrahamsen *et al.*, 2020; Van Mil and Schulz, 2006). By offering both medications and free medical advice without an appointment, the pharmacist acts as a mediator between the patient and the physician. Pharmacists acknowledge their responsibility to public health and take the necessary steps to provide the service. By identifying, tracking, and addressing the

actual health needs of the population, pharmacists can use their expertise and pharmaceutical resources to further their goals (Lyra *et al.*, 2008). Only when every pharmacist is aware of their duties and fulfils their social mandate to guarantee each patient receives safe and efficient medication therapy will the pharmacy profession be considered complete. Since, counselling is one of the pharmacist's primary responsibilities in the community pharmacy, communication is crucial to the pharmacist's performance of his primary ethical duty (Kotecki *et al.*, 2000; Eldooma *et al.*, 2023).

The most prevalent type of pharmacy that provides the general public with access to their prescription drugs and health advice is the community pharmacy, also known as a retail pharmacy. It is an establishment where both infrastructure and human resources are systematically organized, and through optimal financial management, the highest quality services are offered to the community (Yadav and Dubal, 2023). Tasks such as procuring,



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managing, storing, selling, and documenting medications are carried out in a community pharmacy. A community pharmacist, or drug specialist, is a person who works directly with the public and whose responsibilities are widely needed by both patients and the general public (Sam *et al.*, 2015). Community-based pharmacy and community pharmacy are related. Community pharmacies are privately owned businesses that provide pharmaceutical services and medications to meet the needs of the general public. Appropriate medication procurement, storage, dispensing, and documentation are among a community pharmacy's primary duties (Hajare, 2022).

The profession that has direct access to the public and whose responsibilities are widely needed by patients and the general public is a community pharmacist, also known as a drug specialist (Yadav and Dubal, 2023). In the healthcare system, a community pharmacist serves as a vital liaison between doctors and patients, ensuring that patients receive the best possible pharmaceutical care (Khdour *et al.*, 2016). They are responsible for more than just giving out prescriptions. An outline of their duties and responsibilities is provided below:

- Giving out prescription drugs.
- Patient counseling.
- Managing minor illnesses.
- Managing medications.
- Promoting health and preventing disease.
- Continuing professional development (Alhazmi *et al.*, 2022; Vreeland *et al.*, 2022).

Community pharmacists are responsible for dispensing medications in a safe, accurate, and legally compliant manner. A core professional duty involves receiving, managing, and dispensing pharmaceutical products by the intent and authorization of a licensed healthcare practitioner (Saini *et al.*, 2022; Anderson and Blenkinsopp, 2003). The purpose of this study was to analyse the barriers faced by community pharmacists in providing pharmaceutical care across various districts of Uttarakhand.

MATERIALS AND METHODS

The sample size was calculated using the Raosoft Sample Size Calculator based on the following assumptions: a 5% margin of error, a 95% confidence interval, a 50% response distribution, and a target population of 2,000 community pharmacists in the districts of Uttarakhand. The minimum required sample size was determined to be 377. All participants provided informed consent before their involvement. Data were collected using a validated, customized questionnaire adapted from previously validated instruments (Rawat and Joshi, 2025). The questionnaire included ten items designed to assess respondents' perceptions on the barriers to providing pharmaceutical care and to evaluate

the actual implementation of pharmaceutical care services in community settings. A five-point Likert scale was employed for responses ranging from 1 (strongly disagree) to 5 (strongly agree) (Mhailan *et al.*, 2022; Abubakar *et al.*, 2022; Palaian *et al.*, 2022).

RESULTS

This study examined the responses of 400 community pharmacists to identify the barriers affecting the implementation of pharmaceutical care in community pharmacy settings (Table 1). The findings revealed a range of significant challenges that hinder the effective delivery of patient-centred pharmaceutical services. A major issue identified was the lack of support from other healthcare professionals, reported by 290 (72.50%) of respondents. Additionally, 300 (75.00%) of participants indicated poor coordination among pharmacists, physicians, and other healthcare providers, further complicating efforts to deliver cohesive and comprehensive care.

Patient-related barriers were also evident, with 136 (34.00%) of pharmacists observing that patients often face difficulties in understanding the instructions related to pharmaceutical care. This communication gap can reduce adherence to treatment plans and diminish therapeutic outcomes. From a structural standpoint, 283 (70.75%) of pharmacists reported the absence of supportive practice guidelines as a key limitation, while 149 (37.25%) cited limited opportunities for meaningful interaction with patients. These constraints reduce the ability of pharmacists to provide individualized care and monitor patient progress effectively.

Policy-level issues were also highlighted. Approximately 213 (53.25%) of respondents felt that current medical policies and procedures are overly focused on the distribution of medicines rather than the provision of care. In terms of professional preparedness, 324 (81.00%) of participants identified inadequate training in pharmaceutical care as a significant barrier, and 222 (55.50%) expressed concerns that the current pharmacy curriculum does not adequately equip pharmacists with the necessary skills and knowledge for delivering pharmaceutical care.

Economic and time-related barriers were also notable. A majority 333 (83.25%) reported the lack of financial incentives or reimbursement for pharmaceutical care services as a major deterrent to implementation. Additionally, 174 (43.50%) of respondents mentioned insufficient time as a limiting factor, likely due to workload pressures and staffing constraints.

DISCUSSION

The most significant finding of the present study was the low level of knowledge and practice regarding Good Pharmacy Practice (GPP) among pharmacists, despite their generally positive attitudes toward the subject. A major obstacle identified

Table 1: Pharmacists' perception on barriers in providing pharmaceutical care.

Sl. No.	Questions	Strongly disagree %	Disagree %	Neither agree nor disagree %	Agree %	Strongly agree %
1.	There is a lack of support from other health professionals toward pharmaceutical care.	15 (3.75)	00 (0.00)	51 (12.75)	219 (54.75)	71 (17.75)
2.	The co-ordination between pharmacists, doctors and other health professionals is poor.	15 (3.75)	36 (9.00)	49 (12.25)	152 (38.00)	148 (37.00)
3.	Patient is unable to understand pharmaceutical care instructions.	41 (10.25)	152 (38.00)	71 (17.75)	51 (12.75)	85 (21.25)
4.	There is a lack of supportive pharmaceutical care practice guideline.	00 (0.00)	26 (6.50)	71 (17.75)	111 (27.75)	172 (43.00)
5.	There is insufficient opportunity for pharmacists to interact closely with patients.	49 (12.25)	162 (40.50)	40 (10.00)	119 (29.75)	30 (7.50)
6.	Medicine practice and policy are more oriented toward medicine dispensing.	29 (7.25)	46 (11.50)	112 (28.00)	177 (44.25)	36 (9.00)
7.	Inadequate training is provided to pharmacist in providing pharmaceutical care.	08 (2.00)	13 (3.25)	55 (13.75)	221 (55.25)	103 (25.75)
8.	The education in the current pharmacy curriculum is inadequate to equip pharmacists to provide pharmaceutical care.	31 (7.75)	74 (18.50)	73 (18.25)	141 (35.25)	81 (20.25)
9.	There is lack of compensation or reimbursement to pharmacists for providing pharmaceutical care.	00 (0.00)	00 (0.00)	67 (16.75)	229 (57.25)	104 (26.00)
10.	There is insufficient time to provide pharmaceutical care.	48 (12.00)	139 (34.75)	39 (9.75)	118 (29.50)	56 (14.00)

was the lack of therapeutic knowledge, insufficient education, and inadequate training, which collectively contribute to the numerous challenges pharmacists face in implementing pharmaceutical care (Mhailan *et al.*, 2022; Abubakar *et al.*, 2022). Among the barriers to implementation, 43.50% of respondents cited insufficient time and poor communication. Additionally, 83.25% reported the absence of a reimbursement system as a significant barrier. A lack of training and insufficient support from other healthcare professionals were noted by 81.00% of participants. These results align with previous studies that have highlighted a lack of knowledge and inadequate training as key barriers to the implementation of clinical practices among healthcare professionals. Notably, the ninth question in the knowledge section of the questionnaire received the highest response rate, suggesting particular interest or concern in that area (Palaian *et al.*, 2022).

CONCLUSION

Of all respondents, majority cited a lack of therapeutic knowledge, education, or training as the primary reason why pharmacists face numerous difficulties. The researchers also found that continuing education programs were necessary to keep pharmacists in the clinical procedures and to equip patients with the information they need to properly understand and manage their medications. To improve overall patient health outcomes and remove obstacles to medication adherence, this dual approach is essential. Improving pharmaceutical care in community pharmacy settings requires immediate efforts from the public and private sectors to address these service challenges. Nonetheless, the majority of community pharmacists acknowledge that they require better clinical results, sufficient training, and increased medication knowledge. Overall, the study underscores the urgent need for systemic reforms to address these challenges. Key recommendations

include promoting interprofessional collaboration, revising and enhancing pharmacy education curricula, introducing clear and practical guidelines for pharmaceutical care, and enacting supportive policies that recognize and compensate pharmacists for clinical services. These measures are essential for advancing the role of community pharmacists and improving health outcomes through more effective pharmaceutical care delivery.

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ABBREVIATIONS

GPP: Good Pharmacy Practice; **RUM:** Rational use of Medicine.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

INFORMED CONSENT STATEMENT

Informed consent was obtained from all subjects involved in the study.

REFERENCES

- Abrahamsen, B., Burghle, A. H., and Rossing, C. (2020). Pharmaceutical care services available in Danish community pharmacies. *International Journal of Clinical Pharmacy*, 42(2), 315-320. <https://doi.org/10.1007/s11096-020-00985-7>
- Van Mil, J. F., and Schulz, M. (2006). A review of pharmaceutical care in community pharmacy in Europe. *Harvard Health Policy Review*, 7, 155-168.
- de Lyra, D. P., Marcellini, P. S., and Pela, I. R. (2008). Effect of pharmaceutical care intervention on blood pressure of elderly outpatients with hypertension. *Brazilian Journal of Pharmaceutical Sciences*, 44(3), 451-457. <https://doi.org/10.1590/S1516-93322008000300015>
- Kotecki, J. E., Elanjian, S. I., and Torabi, M. R. (2000). Health promotion beliefs and practices among pharmacists. *Journal of the American Pharmaceutical Association*, 40(6), 773-779. [https://doi.org/10.1016/S1086-5802\(16\)31102-6](https://doi.org/10.1016/S1086-5802(16)31102-6)
- Eldooma, I., Maatoug, M., and Yousif, M. (2023). Pharmaceutical care within community pharmacies: Pharmacist tools and availability and Pharmacist views, Mad-Medani, Sudan. *Integrated Pharmacy and Research*, 12, 37-47.
- Yadav, A. V., and Dubal, M. S. (2023). *Community Pharmacy and Management* (3rd ed.). Nirali Prakashan.
- Sam, A. T., Jothy, T. H., and Parasuraman, S. (2015). Assessment of pharmaceutical care services provided by a community pharmacy in Kedah, Malaysia. *Journal of Pharmacological and Toxicology*, 1(2), 73-78.
- Hajare, A. (2022). *Community pharmacy and Management*. Nirali Prakashan.
- Khdour, M., Kurdi, H., Hallak, H., Jarab, A., Dweib, M., and Al-Shahed, Q. (2016). Pharmacists' knowledge, attitudes and practices towards herbal remedies in West Bank. *Proceedings of the Pharmacists Knowledge, Attitudes and Practices Towards Herbal Remedies in West Bank*, 9, 1-3.
- Alhazmi, M., Bajuayfir, A., Cheema, E., Elrggal, M., and Ali, M. (2022). Evaluation of current community pharmacist practice in Saudi Arabia – A cross-sectional study from pharmacists' perspective (Part II). *Pharmacy*, 10, 38.
- Vreeland, K. C. B., Arteta, L. C. G., Basto, K. M. L., Cabaron, C. K. D., Chicombing, R. C., and Dagayloan, A. J. (2022). Public awareness, expectations, and views on community pharmacists' roles and practices in the Philippines. *GSC Biological and Pharmaceutical Sciences*, 20(1), 22-31.
- Saini, S., Kaur, H., Pant, M., and Joshi, Y. (2022). Role of clinical pharmacy services in healthcare system. *Asian Journal of Pharmaceutical and Health Sciences*, 12(4), 2757-2760. <https://doi.org/10.5530/ajphs.2022.12.28>
- Anderson, C., and Blenkinsopp, A. (2003). Community pharmacy's contribution to improving public health: Learning from local initiatives. *The Pharmaceutical*, 271, 623-625.
- Rawat, S., and Joshi, Y. (2025). Validation of a customized questionnaire to assess community pharmacists' knowledge, perceptions and barriers in providing pharmaceutical care: A pilot study. *The Bioscan*, 20(3), 22-26.
- Mhailan, A., Rawashdeh, I., Kharboush, I., and Shoqirat, N. (2022). Attitudes of community pharmacists towards expanding their prescribing role: A cross-sectional study. *Biomedical and Pharmacology Journal*, 15(2), 677-689.
- Abubakar, U., Subramaniam, L., Ayinla, A., Ambal, M. N., and Noor, D. A. M. (2022). Knowledge, attitude and perception of community pharmacists towards pharmacogenomics services in northern Nigeria: A cross-sectional study. *Journal of Pharmaceutical Policy and Practice*, (pp. 2-10).
- Palaian, S., Alomar, M., Hassan, N., and Boura, F. (2022). Opportunities for extended community pharmacy services in United Arab Emirates: Perception, practice, perceived barriers and willingness among community pharmacists. *Journal of Pharmaceutical Policy and Practice*, 15(1), 24. <https://doi.org/10.1186/s40545-022-00418-y>

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