

Deanship of Graduate Studies

AL-Quds University



**Workload Status in Primary Health Care
Pharmacies -Gaza Governorates**

May Ahmed El-Afifi

MPH Thesis

Jerusalem-Palestine

1429-2008

**Workload Status in Primary Health Care
Pharmacies –Gaza Governorates**

**Prepared by:
May Ahmed El- Afifi**

B.Sc. in Pharmacy: Al-Israa University-Amman-Jordan

**Supervisor:
Dr. Bassam Abu Hamad, PhD**

**A Thesis Submitted in Partial Fulfillment of the
Requirements for the Degree of Master of Public
Health Al-Quds University**

1429-2008

Dedication

The thesis is dedicated to my father, who taught me that the best kind of knowledge to have is that which is learned for its sake.

It is also dedicated to my beloved mother, who taught me that even the largest task can be accomplished if it is done one step at a time.

I dedicated it to my brothers and sisters: Nidal and his sweet family, Khoulood and her sweet family, sweet Rola and Dina, wonderful Mohammed, beautiful Ayah for their unconditional love and support throughout the course of study.

I dedicated it for the soul of my grandfather and grandmother and dedicated it to my aunts in Lebanon and Sweden and for their children.

I dedicated it to Al-Afifi family and for those who have been a great source of motivation and inspiration.

Finally, it is dedicated to all those who believe in the richness of learning.

Declaration

I certify that this thesis submitted for the degree of Master is the result of my own research, except where otherwise acknowledged, and that this thesis (or any part of the same) has not been submitted for a higher degree to any other university or institution.

Signature:

May Ahmed El-Afifi

Date: May- 2008

Acknowledgement

I would like to acknowledge Dr. Sari Nuseibah, President of Al-Quds University and all the teaching staff at the School of Public Health, Al-Quds University.

My full thanks to Dr Bassam Abu Hamad who has been the ideal thesis supervisor. His advice, insightful criticisms, and patient encouragement aided the writing of this thesis in innumerable ways.

My deepest thanks to, Dr. Ali Kueder Director General of Primary Health Care-MOH, Dr. Zeyad Shaath, Director General of Pharmacy, Dr. Ali Al-Geesh, the Acting Director of Health Programs in UNRWA, Dr. Sady Al-Balbeesi and Dr. Gaser Abd El Naser ,Directors of pharmacy at UNRWA health centers for the important information they provided during the study.

A lot of thanks go to all who have offered me assistance in data collection, Mervat Al-Wheedi, Ihab Mesmeh, Mohammed Al-Haj Yousef, Mokhless Al-Adham, Khalid Abu Saman, Khalil Bheisy and Bassam Shaheen. Also I want to thank Jihad Okasha for his assistance.

Also, I offer my thanks to the all pharmacists and pharmacists technicians who participated in this study and make it possible.

My deepest thanks go to all who have offered me support during this study which was greatly needed and deeply appreciated.

Special thanks to Mom who always supports me.

Abstract

Studying workload in pharmacy career is highly valued because of its many consequences not only on pharmacists and pharmacists' technicians themselves but also on the quality of the delivered pharmaceutical services. This study has subjectively and objectively assessed the status of workload among pharmacists and pharmacists' technicians in primary health care centers which belong to the Ministry of Health and the United Nations Relief and Works Agency in Gaza governorates. A descriptive analytical cross sectional design was utilized and 216 subjects had participated with high response rate (98.6%). An interviewed questionnaire was used to collect data coincided with records check.

The study provided four workload related domains. The overall perception about the workload was 3.3 out of 5 (66%). Perceptions about work hours domain elicited the highest scores (3.8/5) followed by facilities and work conditions (3.6/5). However, perceptions about staffing and relations domain elicited lower scores (3.2/5) and the management system domain elicited the lowest scores (2.9/5). No statistically significant differences in the overall workload perception were revealed in reference to gender, years of experience, age, education "technicians versus pharmacists". However, there were statistically significant differences in the work hours domain as females, more experienced subjects, subjects with high income and pharmacists' technicians elicited lower perception scores. In contrary, statistically significant differences in the overall perceptions were revealed in relation to certain variables. Subjects with low income, working in Gaza and Khan Younis governorates, working for the governmental sector, receiving training and performing specified fixed activities are all associated with having higher overall perception scores. Interestingly, the study illustrates that 86% of the respondents perceived their work environment to be stressful and 50.9% of them reported their intention to leave their work if they had better choices.

The study illustrates that 78.2% of the respondents reported not having job descriptions and those who do not have job descriptions were working in the governmental sector. Around half of the subjects surveyed reported receiving training, 69% reported having in charge pharmacist and almost none reported the availability of official breaks. United Nations Relief and Works Agency health facilities were more resourced than the Ministry of Health facilities although both sectors experienced shortage of essential items. Around quarter of the subjects reported experiencing medication errors in their practice and 37% reported rarely (seldom and/or never) providing counseling services to clients. Although, the governmental health centers showed lower prescriptions volume, they are much better

staffed than their counterparts from the United Nations Relief and Works Agency. Regardless of the subjects perceptions about their workload, the objective assessment of the workload in terms of prescribing revealed that the governmental clinics are overstaffed and the United Nations Relief and Works Agency clinics suffer from understaffing in reference to the British Prescribing Standards.

Therefore, paying attention to employees' perceptions about their workload, providing essential resources and equipment, encouraging effective supervision, conducting training, working on improving motivation and redeployment of pharmacists and technicians and important issues to consider in order to ensure the availability of appropriate, reasonable and fair workload .

ملخص الدراسة

يعتبر عبء العمل من المواضيع الهامة التي تستوجب الدراسة العميقة في القطاع الصحي، لما له من أثر قوي و كبير على تقديم الخدمات الصحية و مدى جودتها و بالتالي يؤثر على النظرة الاجمالية للمنتفعين تجاه النظام الصحي. اضافة، إلى تأثيره المؤكد على العاملين في القطاع الصحي أنفسهم.

إن الهدف من دراسة عبء العمل هو تحديد حالته و وضعه بين الصيادلة و مساعدي الصيادلة الذين يعملون في مراكز الرعاية الصحية الأولية في قطاع غزة، من أجل التعرف أكثر على طبيعة عبء العمل هناك و العوامل المؤثرة فيه. هذه الدراسة هي دراسة مقطعية على الصيادلة و مساعدي الصيادلة في المراكز الصحية الأولية التي تتبع لوزارة الصحة الفلسطينية و لوكالة الغوث الدولية لتشغيل اللاجئين الفلسطينيين (الأثروا) في محافظات قطاع غزة الخمس. و قد كان عدد المشاركين في الدراسة 216 و جمعت البيانات من خلال تعبئة الاستبيانات و التي تم جمعها من خلال المقابلات المباشرة مع الصيادلة و المساعدين.

إضافة الى ذلك، تم مراجعة بعض السجلات المتعلقة بعدد الوصفات المصروفة شهرياً في كل من المراكز التابعة لوزارة الصحة و الاخرى التابعة للأثروا. نسبة الاستجابة كانت % 98.6 و قد أظهرت الدراسة أن وجهات النظر الاجمالية للصيادلة و المساعدين تجاه عبء العمل بأبعاده المختلفة كانت ايجابية نسبياً، ما عدا وجهة نظرهم تجاه نظام الادارة. وجد أيضاً أن العوامل الشخصية كالعمر، الجنس، الحالة الزوجية، الدخل، و المسمى الوظيفي لم يكن لها تأثير سلبي في المحصلة على وجهات النظر الاجمالية تجاه عبء العمل حيث كانت كلها تميل الى الايجابية. لم تظهر أيضاً فروقات ذات دلالة احصائية بين المجموعات المختلفة لتلك العوامل في رؤيتها لابعاد العمل عموماً ما عدا في حالة الدخل حيث أظهر أصحاب الدخل الأعلى نظرة أقل ايجابية من سواهم. المساعدين (66.7%) كانوا أقل ايجابية من الصيادلة في نظرهم للبعد المتعلق بساعات العمل.

أيضاً اظهرت الدراسة انه يوجد اختلافات بين العاملين بالمحافظات الخمس في نظرهم الاجمالية لأبعاد عبء العمل و لكنها كانت بالمحصلة ايجابية، من يعملون في المنطقة الوسطى عانوا أكثر من سواهم فيما يتعلق بساعات العمل. أيضاً من يعملون في الأثروا (19.9%) كانت لديهم نظرة اجمالية أقل ايجابية من زملائهم في وزارة الصحة و خصوصاً فيما يتعلق بساعات العمل.

كما بينت الدراسة أن من يتلقون دورات تدريبية (56%) كانت نظرتهم الاجمالية لأبعاد عبء العمل المختلفة أكثر ايجابية من نظيرتها عند من لا يتلقون دورات تدريبية. بالنسبة للعوامل ذات العلاقة بالمؤسسة ذكر %78.2 من الصيادلة و المساعدين عدم وجود وصف وظيفي لهم في مراكزهم و يجدر بالذكر أن هؤلاء يعملون في القطاع التابع لوزارة الصحة. و بالرغم أن وجوده أو عدمه لم يؤثر في النهاية على وجهة النظر الاجمالية لأسباب تتعلق بعوامل أخرى كحجم الصرف في القطاعين الا أن وجوده ضروري جداً.

بالنسبة للطريقة التي ينظم بها العمل، وجد أن كل الطرق كان لها تأثيراً ايجابياً نسبياً على وجهة النظر العامة تجاه أبعاد العمل المختلفة مع ملاحظة أن من يقومون باداء أعمالهم لوحدهم كان لديهم النظرة الأقل ايجابية. وجد أيضاً بشكل ملفت أن أولئك الذين يعملون في الانروا يعانون بشكل كبير من حجم الصرف العالي أكثر من زملائهم في وزارة الصحة اضافة الى قلة عددهم. هذه مشكلة كبيرة ينبغي النظر بها و اتخاذ الاجراءات المناسبة بخصوصها.

عموماً، وجد أن هناك توافق و انسجام بين وجهات النظر المتعلقة بأبعاد عبء العمل المختلفة و بين النظرة العامة لمستوى عبء العمل، حيث وجد أن وجهات النظر تزداد ايجابية عند أولئك الذين يعانون من مستوى عبء عمل أقل.

اضافة الى ذلك، وجد أن الاداء العام لم يكن مرض و فعال بعكس وجهات النظر التي أقرها الموظفون حيث أنهم لا يقومون بعمل ارشاد و توجيه كاف للمرضى و لا يقومون بكتابة المعلومات الوافية عن العلاج للمريض.

من الجدير ذكره أن الموظفين في كلا القطاعين يعانون من نقص في الموارد و الأدوات اللازمة التي تمكنهم من القيام بعملهم على أكمل وجه و خصوصاً النقص في الادوية في القطاع التابع لوزارة الصحة. في النهاية، وجد أن %86 من الصيادلة و المساعدين يرون بيئة عملهم مواترة و %50.9 ينوون المغادرة اذا ما توفرت لهم الفرصة المناسبة لذلك.

من الممكن التوصل الى تحسين وجهات النظر تجاه عبء العمل من خلال: تزويد المراكز بالادوات و المستلزمات الضرورية، تفعيل دور الاشراف، عمل دورات تدريبية بعد تحديد الاحتياجات لذلك، تقديم حوافز كافية، اعادة تقييم للتوزيع الحالي للموظفين في المراكز المختلفة و تزويد تلك التي تحتاج الى كادر اضافي بالطاقم الكافي و خصوصاً في المراكز الصحية التابعة للانروا.

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List of Abbreviations

BLC	Bureau of Labor Statistics
EDL	Essential Drug List
ERS	Employment Relationships Scale
HER	Healthy Employment Relationship
HSAA	Health Sciences Association of Alberta
ISMPP	Institution for Safe Medication Practices
JQS	Job Quality Scale
MOH	Ministry Of Health
NCCMERP	National Coordinating Council for Medication Error Reporting and Prevention
NGOs	Non Governmental Organizations
PCBS	Palestinian Central Bureau of Statistics
PEIPB	Prince Edward Island Pharmacy Board
PHC	Primary Health Care
PMP	Pharmacy Manpower Project
PNA	Palestinian National Authority
PNF	Palestinian National Formulary
PTCB	Pharmacy Technicians Certification Board
RPSGB	Royal Pharmaceutical Society of Great Britain
SSWES	Safe Supportive Work Environment Scale
UN	United Nations
UNRWA	United Nations Relief and Works Agency Palestine Refugees in the Near East
USA	United States of America
WB	World Bank
WEPS	Work Environment Processes Scale
WFP	World Food Program
WHO	World Health Organization

Definitions of terms

Job satisfaction: A pleasurable emotional state resulting from the appraisals of one's job; an affective reaction to one's job: and an attitude towards one's job (Wikipedia, 200).

Motivation: The creation of stimuli, incentives, and working environments which enable people to perform to the best of their ability in pursuit of organizational success (BNET, 2008a).

Pharmacist: Pharmacist is licensed/ trained health professional who practices the art and science of pharmacy (Wikipedia, 2007).

Pharmacy technician: An individual working in a pharmacy who, under the supervision of a licensed pharmacist, assists in pharmacy activities that do not require the professional judgment of a pharmacist (American Society of Health-System Pharmacists, 2003).

Supervision: A working alliance between the supervisor and supervisee that enables supervisees individually and collectively to achieve their role and ensure standards of practice (The Connexions Service National Unit, 2008).

Training: Activities assigned to facilitate the learning and development of new and existing skills, and to improve the performance of specific tasks or roles (BNET, 2008b).

Workload: All activities required and performed related to the provision of pharmaceutical services and the perceptions about these activities.

Chapter 1: Introduction

1.1 Research background

Access to health services is a basic human right, and everyone should have an adequate access to health care as Alma-Ata Declaration stated in 1978. Alma-Ata Declaration focused on primary health care (PHC) as a suitable method for such access and it stressed on the responsibility of the governments to assure that right for their people. The World Health Organization (WHO) defined PHC as the principal method of delivering healthcare at the most local level of the system. It is the health care provided to a patient at first contact with that system. For primary care to be both successful and accepted, the full involvement of both health care providers and their patients/clients is essential (Canadian Pharmacists Association, 2004).

WHO and World Bank (WB) in 2003 reported that the effectiveness of the workforce, depends mostly on the productivity, quality and deployment of an adequate number of health workers. Additionally, the previous report indicated that the inappropriate health worker behaviors resulting from low motivation, too much work and inadequate training can cause significant service inefficiencies. For example, absenteeism rates in public facilities are reported at 29% in Peru, 35% in Bangladesh and 43% in India. Studies from Tanzania and Chad indicate that staff in public facilities spends only 55 to 60% of their time on tasks they are trained to perform (WHO and WB, 2003).

Also, the interpersonal skills covering effective communication, effective working with others and managing your work problems play an important role in determining the