Objective: Muslim diabetic patients’ perceptions of pharmacist services and skills among Muslim diabetic patients’ perceptions of pharmacy proposed engagement activities during Ramadan.

Methods:

Participants: 33 Muslim patients (12 males and 21 females) from four different clinics in Austin, Texas.

Inclusion criteria:

1. At least 18 years old
2. Have diabetes
3. Speaks English

Exclusion criteria:

1. Recent hospitalization
2. Current participation in a clinical trial
3. Psychiatric disorder

Data collection:

Survey administration to collect data on patient demographics, diabetes management, and perceptions of pharmacist services.

Data analysis:

Descriptive statistics and inferential analysis using SPSS software.

Results:

Participants’ perception of pharmacist services were measured using a 5-point Likert scale (1=Strongly Disagree 5=Strongly Agree).

Highest satisfaction:

1. Communicating culturally appropriate services (4.2 ± 0.64)
2. Exempting patients from fasting and religious practices (3.8 ± 0.58)
3. Providing consultation in a private area (3.7 ± 0.63)
4. Providing support and motivation during fasting (3.6 ± 0.71)
5. Providing information about addressing side effects during fasting (3.4 ± 0.69)

Lowest satisfaction:

1. Respect my preference to not shake hands with the opposite gender (2.7 ± 0.84)
2. Suggesting new medications or modifying medications for fasting (2.7 ± 0.82)
3. shading me to contacts their pharmacists (2.7 ± 0.82)
4. Help me with consultation in a private area (2.7 ± 0.82)
5. Provide me with information about what to do if I experience side effects from my medications (2.7 ± 0.82)

Discussion:

Participants had a higher satisfaction with pharmacists who:

1. Communicated culturally appropriate services
2. Provided consultation in a private area
3. Provided support and motivation during fasting
4. Provided information about addressing side effects during fasting
5. Communicated effectively and demonstrated cultural sensitivity

Participants had a lower satisfaction with pharmacists who:

1. Respected their preference to not shake hands with the opposite gender
2. Suggested new medications or modified medications for fasting
3. Helped them contact their pharmacists
4. Provided information about what to do if they experience side effects from their medications

Implications:

1. Pharmacists should communicate culturally appropriate services
2. Pharmacists should provide consultation in a private area
3. Pharmacists should provide support and motivation during fasting
4. Pharmacists should provide information about addressing side effects during fasting
5. Pharmacists should respect patients’ preferences to not shake hands with the opposite gender

Limitations:

1. Sample size may limit generalizability

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References:

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