Doctors', Nurses', and Midwives' Views of Hospital Pharmacist Prescribing: a Cross-Sectional Survey Study

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Background and Aim

- Hospital pharmacist prescribing (HPP) is established to varying extents in several countries, with evidence that stakeholders positively view its impact on workflows and patient safety [1,2,3].
- With a national expert taskforce recommending HPP initiation in Ireland in 2027 [4,5], it is vital that views of key stakeholders on HPP are investigated and considered prior to implementation [6,7,8].
- **Aim**: To gather the views of doctors, nurses, and midwives working in Irish hospitals regarding HPP, and establish their perceived impacts on healthcare provision.

Methods

- An anonymous online survey was created which included multiple choice and Likert scale-based questions, with subsequent piloting.
- The survey was distributed via email and social media platforms in July 2024, and remained open for 12 weeks.
- Participation was restricted to doctors, nurses, and midwives working in Irish hospitals and not working at a site where any local form of HPP was in place at the time of survey completion.
- Descriptive and inferential statistics were performed, whereby $p<0.05$ represented statistically significant differences.

Results

There were 238 completed survey responses, comprising 44.9% nurses, 43.6% doctors, and 11.4% midwives.

Support for HPP: 87% of respondents supported/strongly supported.

- Significant difference (p=0.001) in support between doctors (81.6%), nurses (89.6%), and midwives (96.3%).

Extent of Supervision: Respondents were asked to select the level of supervision they felt was appropriate for HPP in common prescribing scenarios that occur during the patient hospital journey (Figure 1).

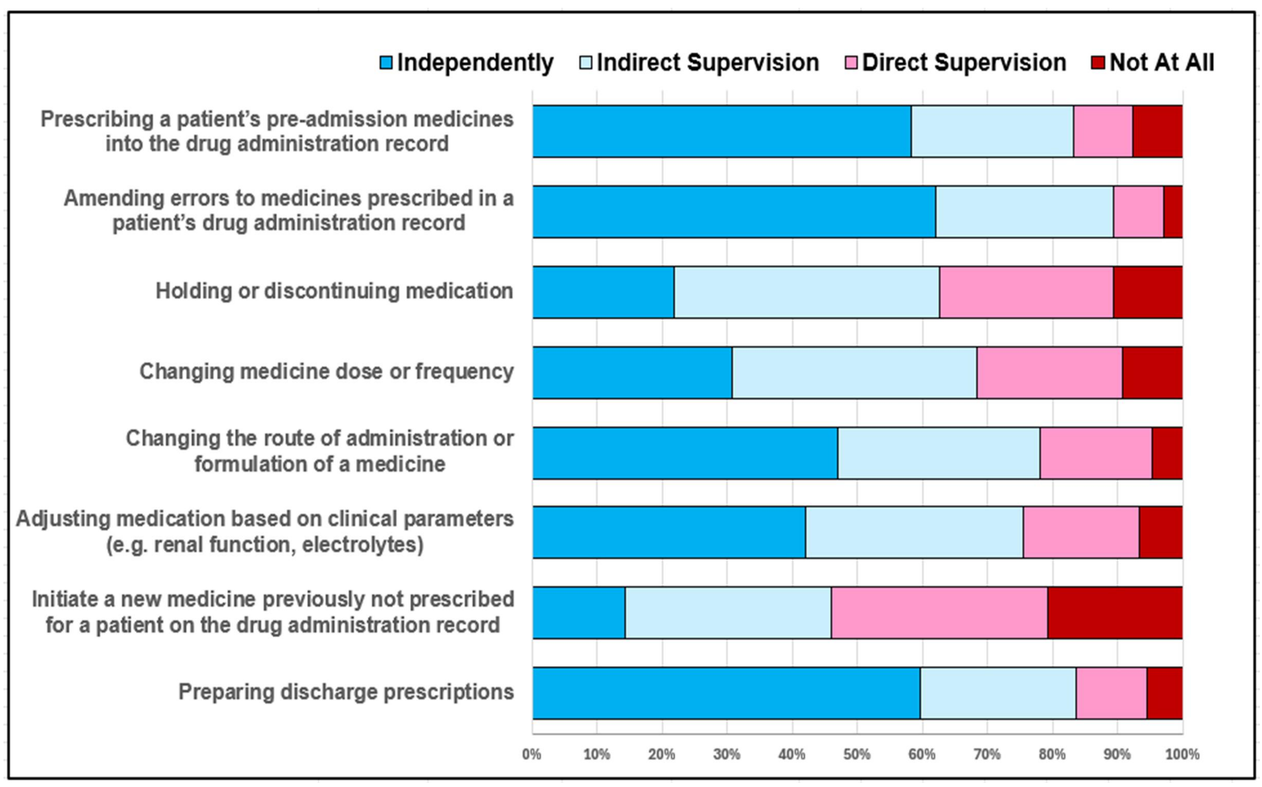

***Figure 1**:* Extent of supervision of HPP to perform prescribing activities

Nurses and midwives were more likely than doctors to choose independent prescribing for the following activities:

- Prescribe preadmission medicines: 62.3%/77.8% vs 49.5%; p=0.021
- Amend prescribing errors: 73.3%/74.1% vs 46.6%; p<0.001
- Prepare discharge prescriptions: 70.8%/77.8% vs 42.7%;, p<0.001
- Initiate a new medicine: 20.8%/18.5% vs 6.7%; p<0.001

Potential Impact of HPP: Respondents selected their level of agreement with statements on the potential impact of HPP (Figure 2).

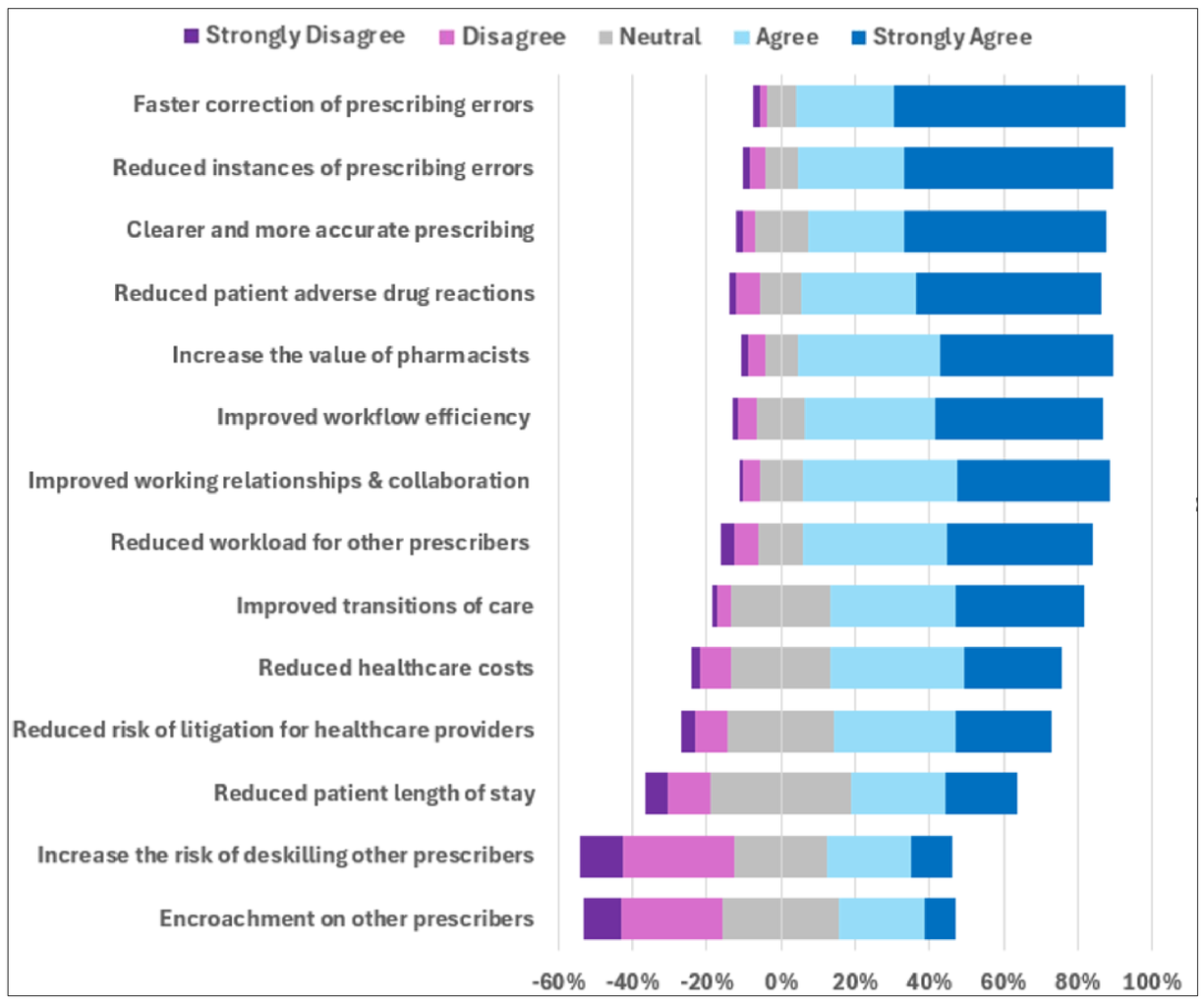

***Figure 2**:* Level of agreement with statements on potential impact of HPP

Nurses and midwives were more likely than doctors to strongly agree that HPP could result in:

- Reduced prescribing errors: 62.9%/74.1% vs 44.7%; p=0.001
- Reduced adverse drug reactions: 56.6%/63% v 37.6%; p=0.005
- Reduced healthcare costs: 34.9%/29.6% vs 17.5%; p=0.001
- Improved working relationships and collaboration: 48.1%/51.9% vs 31.1%; p=0.001
- Improved workflow efficiency: 49.1%/59.3% v 37.9%; p=0.009

Conclusion and Relevance

- **Doctors, nurses, and midwives were supportive of HPP** in Ireland; support for independent HPP is dependent on the prescribing activity.
- These professions perceived that **HPP will have positive impacts**, including enhanced care transitions and a reduction in prescribing errors.
- Nurses and midwives were more optimistic than doctors in this study; these interprofessional differences should be investigated further.

References:

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