

LIVED Experiences of Hypertensive Patients on Community Pharmacy Services in Hypertension MANAGEMENT

Zamfrisco J. Javier¹, Cherrie G. Muana²

¹Academic Coordinator, AMYA Polytechnic College, Inc.
zj.ampolcollege@gmail.com

²Faculty, University of the Immaculate Conception, Davao City, Philippines
cgasendo@uic.edu.ph

ABSTRACT

This qualitative, exploratory study examined the lived experiences and insights of hypertensive patients regarding community pharmacy services for hypertension management in Davao City, Philippines. The research specifically examined how patients perceive the roles of pharmacists in medication management, lifestyle guidance, and accessibility of care. Using in-depth interviews (IDIs) with ten purposively selected adult hypertensive patients, thematic analysis revealed three essential dimensions of pharmacist roles: (1) providing safe and informed medication support, (2) guiding holistic wellness and lifestyle practices, and (3) offering easy access to hypertension point-of-care services. Participants emphasized that pharmacists go beyond dispensing to verify prescriptions, recommend cost-effective alternatives, reinforce adherence through follow-ups, and promote healthy lifestyle practices such as dietary modification and regular physical activity. Moreover, pharmacists were found to bridge accessibility gaps in primary care by offering free blood pressure screenings and walk-in consultations. Despite positive experiences, financial constraints, time limitations, and personal or cultural beliefs hinder consistent utilization of pharmacy services. The findings highlight the growing contribution of pharmacists as community-based healthcare providers and underscore the need for institutional support, structured follow-up systems, and enhanced pharmacist-patient communication to strengthen hypertension management at the grassroots level.

KEYWORDS: *Community pharmacy services, hypertension management, lived experiences, qualitative research, Philippines*

INTRODUCTION

Hypertension remains a major public health concern and a leading cause of cardiovascular morbidity and mortality worldwide (World Health

Organization [WHO], 2023). According to the World Health Organization (WHO, 2023), an estimated 1.28 billion adults aged 30–79 years are living with hypertension, with a substantial proportion remaining undiagnosed, untreated, or inadequately controlled. Despite the availability of effective pharmacologic and non-pharmacologic interventions, hypertension control rates remain suboptimal, particularly in low- and middle-income countries where healthcare resources and access to continuous care are limited (Mills et al., 2020).

Recognizing the growing burden of chronic diseases, the WHO has advocated for integrated people-centered health services that emphasize multidisciplinary collaboration, continuity of care, and the utilization of accessible healthcare providers in community settings (WHO, 2020). Within this framework, pharmacists have been increasingly recognized as essential members of the primary healthcare team due to their accessibility, medication expertise, and frequent interactions with patients (International Pharmaceutical Federation [FIP], 2021). International studies have demonstrated that pharmacist-led interventions, including medication counseling, adherence support, blood pressure monitoring, and lifestyle education, can significantly improve hypertension outcomes and patient self-management (Bennett et al., 2019; Santschi et al., 2014).

In the Philippines, it affects approximately one in four adults and continues to rise due to unhealthy lifestyles, stress, and inadequate access to continuous care (DOST, 2023). Effective hypertension control requires lifelong adherence to medication, routine monitoring, and patient education. However, fragmented healthcare systems and limited access to physicians are especially prevalent in community settings. This poses barriers to sustained management. Consequently, the role of pharmacists as accessible health professionals has gained increasing recognition in mitigating hypertension-related challenges (Chua et al., 2021; Gutierrez et al., 2021). Many patients rely on episodic consultations and often face barriers in obtaining timely health information and medication-related guidance, resulting in poor treatment adherence and inadequate disease control (Alegre et al., 2021; Department of Health, 2022). These gaps in healthcare delivery highlight the need for more accessible and sustainable models of chronic disease management at the community level (Dayrit et al., 2018).

The Philippine government has recognized the expanding role of pharmacists in healthcare delivery through the enactment of the Philippine

Pharmacy Act of 2016 (Republic Act No. 10918), which authorizes pharmacists to engage in patient counseling, health promotion, medication therapy management, and public health services. Community pharmacists have evolved beyond traditional dispensing roles to provide patient-centered services, including medication counseling, adherence monitoring, and point-of-care screenings (Bennett et al., 2019). These expanded functions align with the World Health Organization's (2020) framework for integrated people-centered health services, which emphasizes the decentralization of chronic disease management. Despite these policy advancements, pharmacists remain underutilized in many community healthcare settings, where their roles are still frequently perceived as limited to medication dispensing (Chua et al., 2021; Penaflor et al., 2020). Consequently, opportunities to leverage pharmacists' expertise in supporting hypertension management remain underexplored and underimplemented within routine primary healthcare services (Gutierrez et al., 2021).

Previous studies have examined the effectiveness of pharmacist-led interventions in improving medication adherence, blood pressure control, and patient outcomes among individuals with hypertension (Chua et al., 2021; Gutierrez et al., 2021). International evidence has consistently demonstrated positive clinical outcomes associated with pharmacist involvement in chronic disease management (Santschi et al., 2014; Tsuyuki et al., 2015). However, most existing studies have focused primarily on clinical outcomes, intervention effectiveness, or healthcare providers' perspectives. Less attention has been given to understanding how hypertensive patients themselves perceive and experience community pharmacy services, particularly within the Philippine context (Penaflor et al., 2020). Understanding patients' lived experiences is essential because patient perceptions influence healthcare utilization, medication adherence, trust in healthcare professionals, and acceptance of expanded pharmacy services (Allemann et al., 2014; George et al., 2010).

Davao City offers an important setting for exploring these issues, given its growing population and increasing demand for community-based healthcare services. As community pharmacies are often the most accessible point of contact within the healthcare system, particularly for patients managing chronic illnesses, understanding how hypertensive patients perceive pharmacists' contributions can provide valuable insights into optimizing pharmacy services and strengthening primary healthcare delivery (FIP, 2021).

Research Questions

1. What are the lived experiences of adult hypertensive patients on the community pharmacy services in hypertension management?
2. What are the insights of adult hypertensive patients on the community pharmacy services in hypertension management?

METHODOLOGY

Research Design. This study employed a qualitative exploratory phenomenological design to capture the lived experiences of hypertensive patients regarding community pharmacy services. The approach was chosen for its ability to explore deep, subjective experiences and uncover the meanings individuals ascribe to their interactions with pharmacists (Burns et al., 2022).

Research Setting and Participants. The research was conducted in selected community pharmacies in Davao City, Philippines. Ten adult hypertensive patients aged 18 to 65 years were recruited through purposive sampling, based on the following inclusion criteria: clinically diagnosed hypertension, current maintenance medication, and experience receiving pharmacy services. Participants were identified using pharmacy databases to ensure eligibility and represent diverse socioeconomic and occupational backgrounds.

Data Gathering Procedure. Data were collected through semi-structured in-depth interviews (IDIs). Interviews were conducted in a mix of English, Tagalog, and Bisaya, recorded with consent, and transcribed verbatim. Questions explored patients' experiences with pharmacist interactions, perceptions of medication management, and opinions on service accessibility. Interviews lasted 30–45 minutes each and continued until data saturation was reached.

Data Analysis. Transcripts were analyzed using Braun and Clarke's (2006) six-step thematic analysis framework: familiarization, coding, theme development, review, definition, and reporting. NVivo software supported the organization and analysis of qualitative data. Themes and subthemes were validated through member checking to ensure credibility.

Ethical Statement. Ethical approval was obtained from the University of the Immaculate Conception Research Ethics Committee. Informed consent was

obtained prior to participation, ensuring voluntary participation, confidentiality, and the right to withdraw without consequences.

RESULTS

Profile of the Participants

The research involved ten participants in the data gathering for this qualitative study, and all of them were for an in-depth interview (IDI). The participants are adult hypertensive patients with the age qualification between 18 years old and 65 years who are hypertensive patients and are taking medication at present. They are selected through purposive sampling based on the pharmacy's centralized database to ensure that the inclusion criteria are consistent with the study. P001 is a tricycle driver, 64 years of age, a Filipino citizen, and clinically diagnosed with hypertension for 10 years. P002 is also a tricycle driver, 57 years of age, a Filipino citizen, and clinically diagnosed as hypertensive for 10 years.

P003 is a business owner, 50 years of age, a Filipino citizen, and clinically diagnosed with hypertension for 2 years. P004 is a housewife, a Filipino citizen, and has been clinically diagnosed as hypertensive for 2 years. P005 is retired and self-employed, 65 years of age, a Filipino citizen, and clinically diagnosed with hypertension for 15 years. P006 is retired and now a housewife, a Filipino citizen, and has been clinically diagnosed as hypertensive for 10 years. P007 is a staff member in a telco company, 43 years of age, a Filipino citizen, and clinically diagnosed with hypertension for 10 years. P008 is a cashier in a department store, 42 years of age, Filipino, and clinically diagnosed as hypertensive for 5 years. P003 is a business owner, 43 years of age, a Filipino, and clinically diagnosed with hypertension for 2 years. Lastly, P0010 is a farmer, 50 years of age, a Filipino citizen, and clinically diagnosed with hypertension for 3 years.

Table 1.1
Profile of the Participants

Participant Code	Occupation	Age (years)	Gender	Years Since Hypertension Diagnosis
P001	Tricycle driver	64	Male	10
P002	Tricycle driver	57	Male	10
P003	Business owner	50	Female	2
P004	Housewife	40	Female	2

P005	Retired / Self-employed	65	Male	15
P006	Retired / Housewife	62	Female	10
P007	Telco company staff	43	Male	10
P008	Department store cashier	42	Female	5
P009	Business owner	43	Male	2
P010	Farmer	50	Male	3

Participants’ Lived Experiences on the Roles of Pharmacist in Hypertension Management Based on Patient Experiences

Provide Safe and Informed Medication Support. In this theme, the participants emphasized how community pharmacists provided them with safe and informed medication support beyond mere dispensing. They shared experiences in which pharmacists carefully checked the prescriptions before releasing the medicine, explained its purpose even if the patient was already familiar, and ensured that the medication was appropriate for their condition. This trust in the pharmacists' expertise and care provided a sense of reassurance to the patients.

Table 1.2
Lived Experiences of Adult Hypertensive Patients on the Community Pharmacy Services, specifically on the Roles of Pharmacists in Hypertension Management

Essential Themes	Core Ideas
Provide Safe and Informed Medication Support	Ensure proper dispensing of prescribed medications
	Appropriate therapeutic alternatives are provided
	Reinforcement of proper medication use during follow-ups
Guide Holistic Wellness and Lifestyle Practices	Encourage heart-healthy dietary changes
	Promote daily physical activity or light exercise
	Monitor blood pressure during pharmacy visits
Offer Easy Access to Hypertension Point-of-Care Services	Free BP screenings are offered
	Provide accessible walk-in health consultations

Medical and pharmaceutical practitioners believed this practice would protect their patients when medical service accessibility was limited, or patients were unsure about their prescribed treatments. Verifying and explaining prescribed medications provided patients with concrete assurance of proper pharmacological therapy because of accuracy confirmation and professional communication.

Patients understood that pharmacists would willingly substitute treatment alternatives when prescription medication could not be obtained or became too expensive. Pharmacists provided generic or equivalent alternative drugs with exact explanations when patients required assistance in opting for suitable alternatives for their condition. The patients' appreciation for these efforts made them feel valued and respected, enhancing their overall experience.

The patients received follow-up support from their pharmacists regularly. Pharmacists notify patients how to avoid skipping doses and what steps to take if a dose is missed. Some informal conversations regarding medication adherence took place during the refill of medicines, which, although informal, contributed positively towards improving patient outcomes. These professionals assisted patients with dangerous medication tactics and maintained consistent medication use during their interactions. Participants said the reminder service improved their discipline about their conditions and made them appreciate the need to follow prescribed treatment timelines. This improved discipline and understanding of their condition instilled a sense of optimism in the patients.

Guide Holistic Wellness and Lifestyle Practices. Participants vividly expressed how pharmacists influenced their lifestyle changes in this theme, guiding them toward healthier behaviors supporting hypertension management. Patients perceived pharmacists as playing an essential role, including periodic wellness and activity counseling and medicine distribution. They reported that pharmacists dedicated time to promoting nutrition-based lifestyles, advising on walking as a form of exercise, and conducting regular blood pressure checks within the community. Patient engagement and interaction with the participating pharmacists resulted in greater awareness of the impact of lifestyle choices on blood pressure and health. Accessible healthcare providers, such as pharmacists, integrated medication therapy management with wellness promotion to address patients' comprehensive needs.

Offer Easy Access to Hypertension Point-of-Care Services. This theme highlights that community pharmacists have become an accessible source for managing hypertension, especially for patients living in areas where access and availability of physicians are challenging. Community pharmacies continue to function as walk-in healthcare facilities, which allow patients to seek health-related consultations or have their blood pressure measured on the spot without appointments. Patients reported that they received considerable benefits from these services because, as they noted, effective hypertension control demands ongoing treatment and routine follow-ups.

The participants further mentioned that they relied on community pharmacies as their principal medical contacts when professional healthcare was not readily available. Essential services such as blood pressure measurements and basic health promotion are not restricted to the working hours of the health facility but extend to the community in public places like bus terminals. Such approaches exemplify flexible, accessible, and organized healthcare services that are adaptive and responsive to the community’s health needs.

Meanwhile, Table 2.2. summarizes the lived experiences of hypertensive patients in accessing community pharmacy services as categorized according to the issues probed, the recurring core ideas, and the essential themes that emerged from the interview responses.

The results identified three additional essential themes: Financial and Time Barriers in Pharmacy Service Use, Cultural and Personal Beliefs Affecting Medication Adherence, and Limited Patient Engagement in Pharmacy Health Services. These themes reflect the challenges patients reported, such as financial limitations, lack of time, low interest in taking maintenance medication, reliance on self-treatment, poor health awareness, especially among older adults, and reduced participation in pharmacy-based health talks and follow-ups.

Table 1.3
Experiences of Adult Hypertensive Patients in Accessing Community Pharmacy Services

Essential Themes	Core Ideas
Financial and Time Barriers in Pharmacy Service Use	Limited finances hinder regular pharmacy visits
	Time constraints prevent consistent care access
Cultural and Personal	Lack of interest in taking maintenance medication

Beliefs Affecting Medication Adherence	Prefer self-treatment or home remedies
	Lack of health awareness, especially among the elderly
Limited Patient Engagement in Pharmacy Health Services	Patients skip health talks
	Screenings are not regularly attended
	Follow-ups with pharmacists are not prioritized

Financial and Time Barriers in Pharmacy Service Use. Underlying this theme are socioeconomic barriers for hypertensive patients to access services in the community pharmacy. While the majority of the participant acknowledged the significance of pharmacists and the role played in treating hypertension, they mentioned several individual as well as organizational barriers including a lack of money and time. These conditions contributed to insufficient medication refills, lack of follow-up and under-utilization of health services, such as information on and measurement of blood pressure. Despite the approachable and supportive attitude of pharmacists, these barriers prevent successful implementation of pharmacy-based interventions.

The experiences of these patients show that the success of hypertension management not only relies on the patients adherence and availability of services but very much upon external factors like still having to be poor and not having free time. For some of these patients, it is simply the cost of the medication that takes priority over household needs; others are constrained by nonflexible work hours or caregiving commitments. These results are consistent with those of Kheir et al. (2020) and Gutierrez et al. (2021), who identified time and financial factors as important predictors of access to health services for hypertensives in low resource settings.

Cultural and Personal Beliefs Affecting Medication Adherence. This theme presents how cultural norms, individual perceptions, and generational beliefs continue to influence the behavior of hypertensive patients toward medication use and disease management. Several participants expressed that, despite the availability of free services and pharmacist guidance, some individuals in their community—or themselves—still avoided maintenance medications, favored self-treatment, or remained unaware of the long-term consequences of uncontrolled hypertension. These insights highlight how deeply rooted beliefs and health misconceptions can counteract well-structured pharmacy-based interventions.

Limited Patient Engagement in Pharmacy Health Services. This theme depicted low participation of hypertensive clients in pharmacy-based health promotion services such as free blood pressure testing, informational health talks, and follow-up visits. Despite such services' availability, some participants mentioned that they did not attend or irregularly attended due to personal reasons, unawareness, or underestimating preventive care. Such behaviors represent a significant, under-tapped opportunity for timely help with health education, continued disease management, and complication reduction.

Insights of Adult Hypertensive Patients on the Community Pharmacy Services in Hypertension Management

Table 2 presents the views and recommendations of adult hypertensive patients on the role of the pharmacist for hypertension management in a community-based setting in Davao City. Findings indicate that patients perceive interviews with pharmacists to be valuable in improving medication adherence, educating on drug use , and providing guidance to change lifestyle factors related to hypertension. These findings demonstrate that community pharmacists are shifting from dispensatories to more proactive, patient-centric roles.

The participants emphasized that their knowledge of AD regimen and how to manage their hypertension enhanced with the interaction with the pharmacists. Regular prompts, support counseling, and continued follow-up were perceived to reinforce appropriate adherence and enable them to manage their health. Pharmacists who were clear and empathetic in their communications were widely valued, and many participants preferred to receive care in this manner. Patients indicated that following results, pharmacists should continue individualized education strategies and keep lines of communication open to assist medication adherence.

Table 2
Insights of Adult Hypertensive Patients on the Community Pharmacy Services in Hypertension Management

Essential Themes	Core Ideas
Enhancing Patient Outcomes	Promote patient participation and medication adherence
	Recommend regular follow-up to monitor medication effects

Strengthening Pharmacist–Patient Communication	Clear directions for using hypertensive medications
	Suggestions for better pharmacist counseling techniques

Enhancing Patient Outcomes. This theme exemplifies pharmacists' critical role in promoting patients' proactive involvement in controlling their blood pressure. Frequent direct communication with pharmacists allowed for increased convenience in collecting medication and facilitated individualized and psychologically supportive education and behavioral techniques. The effect of these interactions was such that people's involvement in their care was not that of spectators. They valued practitioner-generated care in which medicine delivery was followed by explanations, repeated checkups, and encouragement for adhering to treatment.

Strengthening Pharmacist-Patient Communication. This theme highlights the importance of communication within the pharmacy practice, especially regarding managing patients with hypertension. Participants indicated that their understanding of medication usage, side effects, and blood pressure control improved significantly when pharmacists explained these concepts in layman’s terms. Pharmacist-patient communications included comprehensive instructions to fit the patient's cultural background, needs, and capabilities. Polite and dependable encounters fostered patients’ trust in their condition management and encouraged greater participation in their treatment.

Effective communication built trust, encouraging participants to engage in discussions, ask questions, and perceive pharmacists as friendly healthcare professionals. Patients were uniquely comfortable interacting with pharmacists during brief consultations or more detailed dialogues. Some participants noted that pharmacists who repetitively instructed them helped them remember important instructions concerning medication. These discussions promoted understanding and fostered adherence. The findings strengthen the belief that pharmacist-patient communication is essential for managing medications effectively and controlling hypertension optimally.

DISCUSSION

Participants’ Lived Experiences on the Roles of Pharmacist in Hypertension Management Based on Patient Experiences

Provide Safe and Informed Medication Support. Participants described pharmacists as their first line of defense in medication safety, emphasizing that pharmacists verify prescriptions for accuracy and safety before dispensing, explain proper medication use, and clarify therapeutic substitutions when prescribed products are unavailable or unaffordable. Pharmacists also contribute to treatment continuity by recommending cost-effective and safe therapeutic alternatives, thereby addressing financial barriers to medication access. These findings reflect a global movement recognizing pharmacists as critical medication gatekeepers and medication management experts (Kheir et al., 2020; Wang et al., 2021). Supporting this role, Kheir et al. (2020) found that pharmacist-led medication reviews significantly reduce drug-related problems among hypertensive patients, while Wang et al. (2021) reported that pharmacist-led services improve treatment compliance, medication efficacy, correct dispensing practices, and patient education. Similarly, Bennett et al. (2019) demonstrated that rational substitution strategies improve medication accessibility and reduce treatment abandonment, whereas

Pharmacists also reinforce proper medication use through follow-up interactions, which, although often informal, provide continuity of care and strengthen patient understanding of treatment regimens. These follow-ups allow pharmacists to bridge care gaps that may occur between physician visits and offer ongoing counseling that enhances adherence and patient confidence. International evidence supports the value of pharmacist-led follow-up services in chronic disease management. Santschi (2014) demonstrated that sustained pharmacist-patient engagement significantly improves medication adherence and treatment outcomes among patients with chronic conditions. Likewise, the World Health Organization (2020) emphasizes the importance of regular patient interactions and counseling to improve hypertension management and prevent complications. The experiences of Filipino participants indicate that even informal pharmacist follow-ups produce meaningful benefits, highlighting the potential value of institutionalizing pharmacist-led follow-up protocols within community pharmacy practice.

Guide Holistic Wellness and Lifestyle Practices. This theme reflects the expanding role of pharmacists in promoting behavior change and supporting lifestyle modification among patients with hypertension. Participants described pharmacists as approachable health coaches who encouraged heart-healthy dietary changes through regular interactions during pharmacy visits. Many reported adopting healthier eating habits not through formal medical

consultations but through consistent reinforcement from pharmacists. These findings align with global evidence demonstrating that pharmacist-led lifestyle counseling improves adherence and clinical outcomes among patients with hypertension (Daugherty et al., 2021; Gutierrez et al., 2021). Furthermore, Wang et al. (2021) emphasized that culturally appropriate dietary and lifestyle advice promotes sustainable behavior change, while Daugherty et al. (2021) and Gutierrez et al. (2021) found that ongoing reinforcement in familiar community settings enhances long-term adherence to healthy dietary practices. These findings support integrating nutritional counseling into routine community pharmacy services.

Pharmacists also encouraged patients to engage in daily physical activity and light exercise, helping them recognize exercise as an essential component of hypertension management rather than merely a lifestyle option. Participants noted that simple recommendations, such as regular walking, motivated them to adopt more active lifestyles. This observation is consistent with Ma et al. (2017), who reported that patients are more likely to follow physical activity recommendations when pharmacists actively provide guidance and support. Similarly, Koshman et al. (2008) found that encouragement from healthcare professionals significantly increases both the initiation and maintenance of exercise behaviors. In addition, pharmacists regularly monitored patients' blood pressure during pharmacy visits, demonstrating their growing contribution to integrated healthcare delivery. Bennett et al. (2019) reported that pharmacy-based screening services facilitate early hypertension detection and improve medication monitoring, while the World Health Organization (2020) advocates for blood pressure monitoring in community pharmacies as part of a comprehensive strategy to address noncommunicable diseases. These findings suggest that community pharmacies can serve as accessible venues for preventive health services and chronic disease management.

The findings are consistent with global literature emphasizing pharmacists' broader role in chronic disease prevention, health promotion, and patient education (World Health Organization, 2020). However, sustaining these services requires formal institutional support. To enhance lifestyle counseling and preventive care initiatives in the Philippines, community pharmacies should formalize nutritional counseling, physical activity promotion, and blood pressure monitoring as routine services. Achieving this transformation will require developing public health guidelines, implementing targeted pharmacist training programs, and strengthening collaboration with public health units.

Without systemic support, these efforts may remain inconsistent and difficult to sustain. Morton et al. (2014) demonstrated that even well-trained pharmacists encounter challenges when delivering lifestyle counseling due to a lack of role definitions and organizational support.

Offer Easy Access to Hypertension Point-of-Care Services. The theme highlights the important role of community pharmacies as accessible healthcare venues for patients with hypertension. Participants frequently reported relying on community pharmacies when professional healthcare services were unavailable, accessing services such as blood pressure monitoring and health education beyond regular clinic hours. These flexible and responsive services demonstrate the capacity of community pharmacies to address public health needs and improve healthcare accessibility. International evidence supports these observations, with studies from the United Kingdom and Canada showing that pharmacists have successfully expanded primary care services through same-day testing and consultations (Blenkinsopp et al., 2012; Dolovich et al., 2019). These global models mirror the experiences of Filipino patients and suggest that pharmacist-led hypertension services can be further scaled within the Philippine healthcare system.

A key component of these services is the provision of free blood pressure screenings, which empower patients to actively monitor and manage their health while facilitating the early detection of emerging health concerns. By removing financial and accessibility barriers, these screenings encourage greater participation in preventive health activities among individuals with hypertension. Kheir et al. (2020) demonstrated that pharmacist-led screening programs improve long-term outcomes through earlier diagnosis and intervention, emphasizing the pharmacist's leadership role in community-based preventive care.

Experiences of Hypertensive Patients in Accessing Community Pharmacy Services

The researcher encoded and extracted themes from participants' transcribed responses based on their experiences with community pharmacy services in hypertension management.

Financial and Time Barriers in Pharmacy Service Use. Other countries have addressed similar issues by developing pharmacist-led subsidized care and flexible models. For instance, Al-Rousan et al. (2021) described how mobile

outreach programs and extended pharmacy hours improved access to hypertension services in Jordan. The Philippines also needs such strategies. However, in their absence, Filipino patients often rely on individual pharmacists' personal initiative, which leads to poor access and outcomes. To address these socioeconomic challenges effectively, nurses and health authorities must enhance community pharmacy services through structured financial grants, extended service access during off-peak hours, and multidisciplinary sponsorship models that reflect patients' socioeconomic realities.

Cultural and Personal Beliefs Affecting Medication Adherence. Patients often resist or disregard treatment due to misinformation, limited health education, and deep-rooted traditions. Many participants avoided medications or consultations, stating sentiments like "wala man ko gibati" (I don't feel anything wrong) or "maayo pa herbal" (herbs are better). These responses reveal an overreliance on 'do-it-yourself' or traditional health practices. Interviews suggested that elderly individuals often discover their hypertension too late. Chen et al. (2018) and Galdas et al. (2021) similarly emphasized the need for culturally sensitive health communication. Pharmacists offer a local access point for challenging these beliefs and sharing different perspectives. Still, broader community education and culturally aligned outreach efforts must complement these efforts. If left unaddressed, these misconceptions can cause recurring medication nonadherence, missed diagnoses, or preventable complications. These issues highlight the expanded role pharmacists should play—not just dispensing medications but also proactively educating and correcting misinformation to promote preventive health behaviors. Pharmacists must move beyond instructional roles and work toward reshaping community attitudes toward visible and invisible illness.

Limited Patient Engagement in Pharmacy Health Services. Some participants reported missing regular health talks or screenings due to work or time limitations. Others only sought treatment when symptoms arose and avoided routine education or surveillance. This treatment-focused rather than prevention-focused behavior limits the reach of pharmacist-led interventions. Kreir et al. (2020) and Gutierrez et al. (2023) found that consistent exposure to pharmacist-led programs improves adherence, lifestyle changes, and hypertension control. International studies support this finding. For example, Machado et al. (2021) found that hypertensive patients in Brazil involved in pharmacist-led care achieved better blood pressure control and adherence

compared to those receiving standard care. Dolovich et al. (2019) similarly reported improved clinical outcomes among Canadian patients receiving structured pharmacist follow-up. These parallels reinforce the need to adapt similar models in the Philippines.

Insights of Adult Hypertensive Patients on the Community Pharmacy Services in Hypertension Management

Enhancing Patient Outcomes. International models show that pharmacist-led care improves hypertension management through behavior change, education, and follow-up. The UK, Canada, and Saudi Arabia have integrated pharmacists into care teams, improving adherence, complication control, and patient empowerment (Alshammari et al., 2021; Dolovich et al., 2019; Machado et al., 2021). These examples highlight the potential for similar frameworks in the Philippines.

To realize this vision, the country must expand pharmacists' scope of practice and support it with mentorship, structured training, defined caregiving roles, and policy legislation. Authorities must also create systems to monitor and evaluate pharmacy service quality and resources to ensure accountability and sustained improvement.

Strengthening Pharmacist-Patient Communication. This study draws on research affirming that strong pharmacist communication enhances safety, adherence, and trust. Hatah et al. (2013) stressed that communication plays a key role in chronic illness management. The Philippine government should prioritize communication training to improve service delivery for chronic disease care. Best practices abroad strengthen this argument. The UK and Australia have developed communication frameworks that support shared decision-making and person-centered care (Famiyeh et al., 2022; Pharmacy Guild of Australia, 2019). These tools highlight how verbal communication can match or even exceed treatment value. Adopting such frameworks in the Philippines could reduce knowledge gaps and inequities, especially in underserved areas.

The research conducted by Hajj et al. (2014) stated that pharmacist-patient counseling enhances patient satisfaction and comprehension, which in turn improves treatment outcomes. Likewise, pharmacist communications are regarded as a core competency for health service delivery in People-Centered Care by the WHO (2020). This means that pharmacy

education and training or professional development programs ought to integrate counseling strategies to address the linguistic, cultural, and emotional needs of patients.

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