

EXPLORING Pharmacists' Knowledge, Attitudes, and Practices Toward Universal Health Care in Davao City: Drafting for Readiness Enhancement PLAN

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ABSTRACT

Universal Health Care is a healthcare model that ensures all Filipinos have access to a comprehensive range of high-quality health services at affordable prices. However, rising drug costs and pharmacy-related challenges have created gaps in the system. This explanatory sequential mixed-methods study was conducted to determine pharmacists' knowledge, attitudes, and practices regarding Universal Health Care in Davao City. The respondents were community, hospital, regulatory, and public health pharmacists in Davao City. The data were gathered through a survey using a self-constructed questionnaire, followed by focus group discussions. The quantitative results showed moderate knowledge and practice levels but a high level of attitudes regarding UHC roles. Results of the qualitative phase identified salient findings, including: thorough implementation, poor dissemination of guidelines, collective awareness, gradual awareness, multifaceted challenges, and positive social skills. Data integration resulted in connecting-expansion and connecting-discordance, indicating mutual agreement and conflicts in the quantitative findings. Based on the findings, a draft readiness enhancement plan was recommended, focusing on knowledge and competency, digital health, preventive health roles, regulatory compliance, interdisciplinary collaboration & leadership development.

KEYWORDS: *Pharmacy, universal health care, mixed method design, Philippines*

INTRODUCTION

Universal Health Care (UHC), commonly known as Kalusugan Pangkalahatan (KP), mandates the automatic enrollment of all Filipino citizens in the National Health Insurance Program and includes additional reforms to improve public health (Republic Act No. 11223, 2019). According to the World Health Organization (WHO, 2010), Universal Health Care ensures that all

Filipinos have access to a comprehensive range of high-quality health services at affordable prices.

Many countries around the globe have made extensive efforts to achieve Universal Health Care. However, in most developing countries, including the Philippines, Universal Health Care remains an objective yet to be achieved. In this study, the researcher focused on the main problems associated with pharmacists' roles in providing equal access to affordable medicines and quality pharmaceutical services that align with the goals of UHC.

Medication spending accounts for 66% of total healthcare expenditures in the Philippines (Bredenkamp & Buisman, 2016). These data demonstrate the significant role of pharmacists in Universal Health Care and their ability to minimize healthcare expenses while maintaining treatment standards. The 2009 study in the Philippines showed that necessary drugs were not readily available and were expensive (Batangan & Juban, 2009). The Philippine government has implemented several policies to enhance the availability of medications. These include the promotion of generic drugs, the implementation of the Cheaper Medicines Act, which imposes price limits on specific medications through the maximum drug retail prices (MDRP) and government-mediated access prices (GMAP) programs, and the establishment of medicines access programs by the Department of Health (DOH) under the Generics Act of 1988. Notwithstanding these efforts, a 2010 survey by the Center for Legislative Development found that low-income individuals continue to face challenges affording customary medical treatment. In addition, Filipinos' out-of-pocket (OOP) healthcare spending increased by 21% from 2009 to 2012 (Batangan & Juban, 2009). Aside from the rising cost of pharmaceuticals, the Philippines' healthcare system faces a significant challenge in including pharmacists in the multidisciplinary healthcare team (Bolario et al., 2022), which is contrary to the goals of Universal Healthcare.

The roles of pharmacists in implementing Universal Health Care Services include dispensing, patient counseling, medication therapy management, drug information and consultation, drug quality and safety, community health programs, and policy development and implementation. However, there are many issues with these current practices that could hinder the achievement of the goals of Universal Health Care. In the Philippines, Medication errors are highly prevalent among hospitalized patients (Pasco et al., 2017). Another study revealed that the number of pharmacists providing counseling is insufficient

(Luib et al., 2022). Sylim et al. (2018) found that drug stores in the Philippines were found to carry substandard or counterfeit medications. Further, a study in Asia shows that only half of the pharmacists had favorable views and practices toward medication therapy management (De Guzman & Santos, 2024). These issues affect the pharmacy practice in providing equitable and quality health outcomes.

In the Philippines, no studies have been found that focus on pharmacists' knowledge, attitudes, and practices and their roles in the delivery of universal health care services. With this, their readiness to implement Universal Health Care is still unknown. Thus, the researcher decided to start with an exploratory study to measure pharmacists' knowledge, attitudes, and practices in Davao City, to gain a better understanding, develop recommendations, enhance existing policies, and raise awareness, if necessary.

The study aims to explore pharmacists' readiness, as reflected in their knowledge, attitudes, and practices, in providing quality healthcare services under Universal Health Care in Davao City. The study's findings can help shape policy and program development in Davao City and, possibly, in similar settings in the Philippines. The research expands existing knowledge of pharmacists' readiness to provide high-quality healthcare services, particularly in light of the Universal Health Care Law and the rational use of pharmaceuticals.

Statement of the Problem

1. What is the level of knowledge of the participants based on the general provisions and roles in the delivery of UHC services?
2. What is the level of attitude of the participants based on their roles in the delivery of UHC services?
3. What is the level of practice of the participants based on their roles in the delivery of UHC services?
4. What are the standpoints of the participants regarding the salient findings from the quantitative data?

Theoretical Framework

This study was anchored in three substantive content theories: KAP theory, the Theory of Planned Behavior, and the Ecological Model of Health Behavior. First is the KAP theory. This theory categorizes the changes in human behavior into three consecutive processes: information acquisition, attitude development, and behavior formation (Kang & Bagaoisan, 2024). Second,

Ajzen's Theory of Planned Behavior (1985), which claims that an individual's conduct is impacted by their attitude, subjective norm, and perceived behavioral control. It is applied in this study to better understand pharmacists' attitudes toward universal health care, the subjective standards that shape their conduct, and their perceived power to provide universal health care. Third, the Ecological Model of Health Behavior by McLeroy et al. (1988) is a valuable framework for understanding pharmacists' knowledge, attitudes, and practices towards Universal Health Care (UHC). This model acknowledges that various factors at different levels of the social environment interact to influence individual behavior and health outcomes (McLeroy, K. R., Bibeau, D., Steckler, A., & Glanz, K., 1988).

METHODOLOGY

Research Design. The researcher utilized a mixed-methods research design, specifically an explanatory sequential design. This approach gathers and examines numerical and descriptive information and incorporates data throughout the data collection, analysis, and discussion.

Research Locale. The study was conducted in Davao City, a highly urbanized metropolis on Mindanao, the southern Philippines. This location involves many community and hospital pharmacies. Local health institutions, such as the Department of Health, and regulatory bodies, such as the Food and Drug Administration, were also located within the City. This makes it a well-suited location for this research.

Research Respondent. In the quantitative part of the study, 318 respondents were included. The participants included 267 community pharmacists, 43 hospital pharmacists, 4 regulatory pharmacists, and 4 public health pharmacists. The researcher used stratified random sampling to allocate participants to the different pharmacist types in proportion to their numbers. In the qualitative part of the study, the researcher purposefully selected 8 participants for focus group discussions. This included 4 community pharmacists, 3 hospital pharmacists, and 1 regulatory pharmacist.

Research Instruments. In the quantitative part of the study, the researcher utilized a researcher-developed survey questionnaire as the research instrument, which was validated and reliability-tested with Cronbach's Alpha coefficients of .950 and .925 for the attitude and practice questionnaires, respectively. The knowledge questionnaire was researcher-developed and required the respondents

to answer true-or-false and multiple-choice formats. The first part of the questionnaire consisted of the respondents' demographic profile. The second part of the questionnaire included knowledge questions, and responses were tabulated as percentages of correct answers. The third and fourth parts of the questionnaire involve attitude and practice questions. In the qualitative part of the study, the researcher developed the interview guide questions and had them professionally validated.

Data Gathering Procedure. The researcher sent a request letter to the Dean of the Graduate School to conduct the survey. The approved letter was presented to the participants. In the first phase of data gathering, the researcher obtained permission from the facility's manager to conduct the study; once approved, the respondents were given a hard copy of the informed consent form and the survey questionnaires. The data were tallied and tabulated for statistical analysis. In the second phase of data collection, informed consent was obtained from the eight selected participants before the interview process began. After respondents agreed, the actual interview was conducted. Participants were informed that sessions were recorded to aid data analysis.

Data Analysis. In the quantitative part of the study, frequencies and percentages were used to describe the demographic profile of the respondents. The responses on the knowledge questions were initially tallied as a percentage of correctly answered questions. The mean and standard deviation variables were computed to evaluate the respondents' knowledge, attitudes, and practices regarding Universal Health care. In the qualitative part of the study, the data obtained from in-depth interviews were analyzed using thematic analysis. Participant responses were identified, examined, and grouped into categories. Using coding, key themes were developed.

Ethical Statement. This study was submitted to the Research Ethics Committee of the University of the Immaculate Conception. Upon careful consideration, the study was deemed ethically sound and received ethical clearance.

RESULTS

Pharmacists’ Knowledge towards Universal Health Care

Level of Knowledge. The participants showed moderate knowledge of UHC service delivery (8.61 ± 1.893), with 51.57% of respondents answering the knowledge questions correctly. This revealed that pharcits have a fair understanding of UHC.

Table 1
Pharmacists’ Knowledge towards Universal Health Care

Pharmacists’ Knowledge towards Universal Health Care	Percentage	Description	Interpretation
A. General Provisions of UHC			
1. Universal Health Care enrolls all Filipino citizens in the National Health Insurance Program (PhilHealth)	83.3	Very good knowledge	The respondents have an expert understanding of their roles in UHC
2. Universal Health Care law is Republic Act 7875	66.7	Good knowledge	The respondents are somewhat knowledgeable of their roles in UHC
3. Pharmacists are considered the primary health care providers under Universal Health Care	87.4	Very good knowledge	The respondents have an expert understanding of their roles in UHC
4. Preventive healthcare results in decrease total healthcare cost. Making referrals is one off the preventive healthcare services a pharmacist can provide.	88.1	Very good knowledge	The respondents have an expert understanding of their roles in UHC
B. Dispensing			
5. Based on Generic prescribing guidelines erroneous prescriptions should not be filled	45.9	Moderate	The respondents have fair understanding of their roles in UHC
6. Dispensing without a prescription contributes to the inappropriate use of medications and increase health care cost.	96.5	Very Good	The respondents have an expert understanding of their roles in UHC
C. Patient Counselling			
7. The practice of patient counselling creates possible healthcare savings by improving medicinal utilization and reducing adverse effects. One of the drug counselling points for patients using beta blockers is to monitor taste disturbances and rash.	33.3	Poor knowledge	The respondents have low understanding of their roles in UHC

D. Medication Therapy Management			
8. MTM is a session with the pharmacist to discuss medications in depth. This session involves creating a personal medication	20.8	Very poor knowledge	The respondents have no understanding of their roles in UHC
E. Drug Information and Consultation			
9. Mayoclinic provides highest quality data on over-the counter and prescription drugs, herbals, dietary supplements and vitamins	51.9	Moderate knowledge	The respondents have fair understanding of their roles in UHC
10. Electronic databases, textbooks, review articles, clinical practice guidelines are primary resources of drug information	27.4	Poor knowledge	The respondents have low understanding of their roles in UHC
F. Drug Quality and Safety			
11. Over the counter medications are the most commonly reported substandard and falsified medicinal products	22.3	Poor knowledge	The respondents have low understanding of their roles in UHC
12. Generic drugs are held to the same standards of quality as those required for brand name drugs.	91.8	Very good knowledge	The respondents have an expert understanding of their roles in UHC
G. Community Health Program			
13. Pharmacist's role in essential non-communicable disease program is diagnosis, screening and monitoring.	75.2	Good knowledge	The respondents are somewhat knowledgeable of their roles in UHC
H. Policy Development and Implementation			
14. Policy ensuring universal access to medicine and pandemic resiliency	49.4	Moderate knowledge	The respondents have fair understanding of their roles in UHC
15. Government's response to the problem of inadequate provision of good quality essential drugs to the people.	20.8	Poor knowledge	The respondents have low understanding of their roles in UHC
Average	8.61 ± 1.893	Moderate Knowledge	The respondents have fair understanding of their roles in UHC

Pharmacists’ Attitude towards Universal Health Care

Level of Attitude. Pharmacists predominantly have an excellent attitude toward their seven roles in delivering UHC services (4.62 + 0.403). This revealed that their attitude is consistently manifested.

Table 2
Pharmacists' Attitude towards Universal Health Care

Pharmacists' Attitude towards Universal Health Care	Mean	Standard Deviation	Description	Interpretation
Dispensing (category mean 4.385)				
1. I acknowledge my role in UHC by providing equitable access of pharmaceuticals to all regardless of their socioeconomic status and geographic location.	4.591	0.547	Very good attitude	The attitude is consistently manifested by pharmacists in their UHC roles
2. I believe UHC will ease financial burden of all population on medical expenses.	4.179	0.886	Good attitude	The attitude is often manifested by pharmacists in their UHC roles
Patient Counseling (category mean = 4.760)				
3. I believe patient counselling is necessary to optimize the therapeutic plan for the patient.	4.752	0.454	Very good attitude	The attitude is consistently manifested by pharmacists in their UHC roles
4. I believe patient counselling could improve patient compliance of their medications.	4.767	0.431	Very good attitude	The attitude is consistently manifested by pharmacists in their UHC roles
Medication Therapy Management (category mean = 4.623)				
5. I recognize that UHC necessitates a collaborative effort among healthcare professionals, and I am eager to collaborate with other physicians to ensure that patients receive the best possible care.	4.642	0.524	Very good attitude	The attitude is consistently manifested by pharmacists in their UHC roles
6. I believe that pharmacists have a responsibility as a primary care provider to support Universal Health Care (UHC) and guarantee that all individuals have access to the pharmaceutical services they require	4.664	0.505	Very good attitude	The attitude is consistently manifested by pharmacists in their UHC roles
7. I believe that UHC is consistent with pharmacy values, which prioritize patient-centered care and equitable access to healthcare services.	4.563	0.621	Very good attitude	The attitude is consistently manifested by pharmacists in their UHC roles

Drug Information and Consultation (category mean = 4.565)				
8. I believe that UHC demonstrates a potential to improve health results for all people and as a pharmacist, I am dedicated to provide drug information.	4.673	0.550	Very good attitude	The attitude is consistently manifested by pharmacists in their UHC roles
9. I trust myself as a consultant of drug information.	4.456	0.553	Very good attitude	The attitude is consistently manifested by pharmacists in their UHC roles
Drug Quality and Safety (category mean = 4.701)				
10. I believe pharmacist has a major role in UHC including patient education and safety of medication.	4.742	0.466	Very good attitude	The attitude is consistently manifested by pharmacists in their UHC roles
11. I believe in UHC initiatives in preventing the widespread use of counterfeit substandard medications.	4.660	0.525	Very good attitude	The attitude is consistently manifested by pharmacists in their UHC roles
Community Health Program (category mean = 4.610)				
12. I believe with pharmacist involvement on public health programs (such as national immunization program), a healthier community can be achieved.	4.679	0.513	Very good attitude	The attitude is consistently manifested by pharmacists in their UHC roles
13. I believe pharmacists could provide interventions for infectious disease control.	4.541	0.613	Very good attitude	The attitude is consistently manifested by pharmacists in their UHC roles
Policy and Development (category mean = 4.657)				
14. I am willing to support policies and efforts aimed at improving healthcare delivery under UHC.	4.679	0.494	Very good attitude	The attitude is consistently manifested by pharmacists in their UHC roles
15. I understand that UHC is a complex topic, educate myself and stay current on its implementation in order to offer the best possible treatment to my patients.	4.635	0.538	Very good attitude	The attitude is consistently manifested by pharmacists in their UHC roles
Average	4.62 ± 0.403		Very good attitude	The attitude is consistently manifested by

Pharmacists’ Practice towards Universal Health Care

Level of Practice. Pharmacists generally demonstrate moderate proficiency in providing Universal Health Coverage (UHC) services (mean = 3.30 + 0.350). This indicates that the respondents occasionally engage in their UHC roles.

Table 3

Pharmacists’ Practice towards Universal Health Care

Pharmacists’ Practice towards Universal Health Care	Mean	Standard Deviation	Description	Interpretation
Dispensing (category mean = 3.5695)				
1. I ensure efficient supply and management of pharmaceuticals in order for patients to have equitable access to essential medications.	3.648	0.478	Good practice	The respondents occasionally engage in their roles in UHC
2. I used the understanding of pharmacoeconomics and healthcare funding to guarantee that drug therapy under UHC are cost-effective and inexpensive.	3.491	0.507	Good practice	The respondents occasionally engage in their roles in UHC
Patient Counselling (category mean = 3.385)				
3. I educate patients on correct drug use and the necessity of adherence, which is crucial for the success of UHC.	3.522	0.500	Good practice	The respondents occasionally engage in their roles in UHC
4. I counsel patients in promoting healthy lifestyle and avoiding risk factors such a such as daily tobacco smoking, physical inactivity, and obesity	3.248	0.614	Moderate practice	The respondents occasionally engage in their roles in UHC
Medication Therapy and Management (category mean = 3.003)				
5. I practice monitoring patient’s drug therapy.	2.934	0.714	Moderate practice	The respondents occasionally engage in their roles in UHC
6. I give referral for patients who need specific type of care.	3.072	0.695	Moderate practice	The respondents occasionally engage in their roles in UHC
Drug Information and Consultation (category mean = 3.4685)				
7. I actively anticipate and evaluate the drug information needs of patients and other healthcare professionals.	3.459	0.499	Good practice	The respondents occasionally engage in their roles in UHC

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8. I maintain drug information and medication-use policy-related-intranet sources	3.478	0.500	Good practice	The respondents occasionally engage in their roles in UHC
Drug Quality and Safety (category mean = 3.5265)				
9. I acquire pharmaceuticals exclusively from manufacturers and licensed distributors which are certified drug sources to maintain drug safety standards.	3.745	0.436	Good practice	The respondents occasionally engage in their roles in UHC
10. I can easily identify counterfeit and substandard medications	3.308	0.561	Moderate practice	The respondents occasionally engage in their roles in UHC
Community Health Program (category mean = 3.0900)				
11. I offer preventive care services for non-communicable diseases such as blood glucose and pressure monitoring.	2.931	0.746	Moderate practice	The respondents occasionally engage in their roles in UHC
12. I participate on community health programs for disease prevention such as immunization and I get involved in pharmacist immunization certification.	2.723	0.825	Moderate practice	The respondents occasionally engage in their roles in UHC
13. I participate on reducing the spread of diseases and infection control through advocating the prudent use of antimicrobial drugs.	3.616	0.530	Good practice	The respondents regularly engages in their roles in UHC
Policy and Development (category mean = 3.005)				
14. I get myself involved in policy development and programs of UHC.	2.903	0.745	Moderate practice	The respondents occasionally engage in their roles in UHC
15. I improve my skills as a pharmacist by attending seminars/workshops regarding UHC in order to effectively contribute to the implementation of UHC and deliver the best possible treatment to my patients.	3.258	0.570	Moderate practice	The measures of practices of pharmacists towards UHC are fairly observed.
Average	3.30 ± 0.350		Moderate practice	The respondents occasionally engage in their roles

Standpoints of the Participants on the Salient Findings of the Quantitative Data

The quantitative research data revealed that pharmacists have moderate knowledge, very good attitudes, and moderate practices toward Universal Health

Care. These were highlighted in the qualitative strand of this study for further explanation.

Table 4
Standpoints of the Participants on the Salient Findings of the Quantitative Data

Salient Findings	Reasons	Themes	Nature of Integration
Moderate Knowledge (8.61 ± 1.893)	<i>"The Universal Healthcare Act is, in a way, a benefit for all Filipino people. So, whether you are a PhilHealth member or not, you will truly be able to benefit from it in every way."</i>	Thorough Implementation of UHC	Connecting-expansion
	<i>"We have a communication gap on the universal healthcare being presented to the public"</i>	Poor dissemination of the Implementing Guidelines	Connecting-discordance
Very Good Attitude (4.62 + 0.403)	<i>"I am very positive on UHC"</i> <i>"In terms of acceptance, I agree with them in giving it a nine out of ten."</i>	Enabled a collective attitude to promote implementation	Connecting-expansion
	<i>"I don't really know much about UHC, maybe because there isn't enough budget to spread the information."</i> <i>"I'm still a bit clueless that what I'm doing is actually part of UHC."</i>	Gradual awareness constraints effective implementation	Connecting-discordance
Moderate Practice (3.30 + 0.350)	<i>"There's a communication barrier, which is why sometimes we don't want patient counseling."</i> <i>"We are being harassed by patients, like when we collect their prescriptions"</i> <i>"We run out of stock, like with erythropoietin, for example."</i> <i>"ghost pharmacist"</i>	Multifaceted challenges exacerbate the poor implementation of practices	Connecting-discordance
	<i>"I will give my very best price for them"</i> <i>"We should show empathy toward our clients, and at the same time, we should never forget our code of conduct as pharmacists to help and serve the people."</i>	Positive social skills encourage pharmacists' compliance	Connecting-expansion

DISCUSSION

Pharmacists' Knowledge towards Universal Health Care

Pharmacists' knowledge is moderate, indicating that respondents have a fair understanding of their roles in UHC. The findings revealed that although

pharmacists demonstrated understanding of UHC concepts, they showed inconsistencies in their knowledge of specific UHC initiatives. The findings of the study are comparable to the recent study of Athiyah U et al. (2019) in Indonesia, that community pharmacists had good knowledge of UHC delivery. On the other hand, the study by Hermansyah, Wulandari, Kristina, and Meilianti (2020) suggested that pharmacists have a limited understanding of UHC concepts and need further development of their knowledge to align with UHC goals. The findings of this research have emphasized the significance of continuous education and training in improving the knowledge of pharmacists in providing universal health care (UHC) services.

Pharmacists' Attitude towards Universal Health Care

The level of attitude of pharmacists is high. This revealed their general openness to participating in their roles in Universal Health Care to improve health outcomes. The study's results are comparable to those of Alromaih et al. (2023), who found that pharmacists are willing to engage in patient-centered practices, which are integral to universal health care. Another study in South Africa found the same results as the present study, in which pharmacists showed a willingness to expand their roles in primary healthcare services under UHC (Naidoo, Suleman, & Bangalee, 2020).

Pharmacists' Practice towards Universal Health Care

Pharmacists generally demonstrate moderate proficiency in providing Universal Health Coverage (UHC) services. This indicates that the respondents occasionally engage in their UHC roles. The participants' involvement in certain areas, such as medication therapy management, community health programs, and policy and development, is relatively low. These findings indicate the need for targeted enhancements in these domains to maximize pharmacists' contributions toward achieving universal health coverage objectives. A study in Korea found that participants demonstrated typical levels of knowledge and attitudes; however, their practices were only moderate (Lee, Kim, Rhew, & Choi, 2021). Another study in Egypt supports the present study in which the pharmacists exhibited moderate knowledge and practice levels but had a positive attitude towards asthma management (Said et al., 2022). This implies that attitude or knowledge alone may not suffice to change their actual practices.

Standpoints of the Participants on the Salient

Findings of Quantitative Data

The quantitative research data revealed that pharmacists have moderate

knowledge, very good attitudes, and moderate practices toward Universal Health Care. The reasons behind the salient findings were identified through iterative review and refinement in focus group discussions. Ultimately, these reasons were combined to develop key themes that summarize the insights from quantitative and qualitative data. The following are the significant themes extracted from the testimonies of the IDI participants:

Thorough Implementation of UHC. The moderate knowledge among UHC highlights the thorough implementation of UHC in the research locale. Moreover, the integration of quantitative and qualitative findings is an expansion, enabling the qualitative data to be further explained and used to better understand the results from quantitative data. Meanwhile, the study's findings comply with Republic Act No. 11223 and PhilHealth's Implementing Rules and Regulations, as all Filipinos are enrolled in the National Health Insurance Program (PhilHealth), which provides access to preventive, promotive, curative, rehabilitative, and palliative care. Moreover, the insights gathered helped better understand that pharmacists play active roles in implementing UHC. Similarly, this theme aligns with the study by Mohiuddin (2020), which highlighted the important role of pharmacists in improving access to essential health services, especially in underserved areas. Moreover, this theme relates to the study by Jordan et al. (2021), which emphasized the importance of collaboration among pharmacists and other healthcare stakeholders to improve the implementation of Universal Health Coverage (UHC) and ensure fair access to healthcare services.

Poor dissemination of Implementing Guidelines. This theme emerged when the participants were asked how deep their understanding of Universal Health Care was. The data integration that emerged from the quantitative and qualitative findings is the identification of discordance, meaning the qualitative and quantitative data points produce incompatible results. This resulting theme aligns with the study by Baggaley et al. (2022), who noted that limited understanding of measures such as price regulation impedes the proper implementation of UHC. In a recent study, Naidoo et al. (2020) identified communication problems as a significant factor in the failure of initiatives to enhance healthcare affordability and access. Insufficient knowledge of these health programs prevents individuals from accessing the intended improved healthcare benefits. The lack of practical guidelines for universal healthcare initiatives creates obstacles to implementation and public understanding of these systems. Thus, Dugga (2022) highlights the importance of targeted communication strategies to connect policymakers, healthcare providers, and the

public, thereby enhancing understanding and engagement with universal healthcare initiatives.

Enabled collective awareness to promote implementation. This theme emerged during the inquiry into acceptance of Universal Healthcare. Moreover, the integration of quantitative and qualitative findings is a complementary expansion, meaning the qualitative data can further explain and help understand the results from quantitative data. The study's results align with those of Ihekoronye and Osemene (2022), who found that collaboration among stakeholders, such as policymakers, healthcare providers, and community leaders, facilitates effective healthcare reforms. Similarly, the research outcome supports the findings of Udoh et al. (2020), who found that effective communication methods help disseminate important healthcare information to the entire population to build public health initiatives and awareness. The participant's experience of a strong collective awareness indicates that effective team collaboration and communication create suitable conditions for healthcare reform.

Gradual awareness constraints effective implementation. The theme of gradual awareness raises concerns about the ability to meet the comprehensive healthcare needs and expectations of providers and patients in Universal Health Coverage (UHC). This theme emerged when participants were asked about their insights into the quantitative results on attitude, which were very good. Participants mentioned a lack of awareness of existing policies, which remains a key barrier to the use and efficacy of policies. Moreover, the data integration that emerged between the quantitative and qualitative findings is connecting discordance; the two types of data present differences, conflicts, or unexpected results. The theme aligns with the studies by Wullert et al. (2024), who found that insufficient staff understanding creates barriers to policy implementation, thereby identifying potential deficiencies in care systems. In addition, the study's results support Ayele et al.'s (2021) idea that limited awareness of healthcare systems can lead to dissatisfaction among healthcare providers and patients. In addressing these problems, a study by Orubu et al. (2020) highlights the importance of recognizing and addressing constraints to implement strategies effectively. They suggest that systematic preventive approaches must be implemented to surpass recognized operational constraints. To reach maximum effectiveness, every UHC initiative must address the participants' perception of weak collective awareness.

Multifaceted challenges exacerbate poor implementation of practices.

The theme of multifaceted challenges in healthcare implementation highlights the complex factors that hinder effective patient care delivery. The theme emerged when participants were asked about pharmacists' moderate practice towards UHC. Moreover, a disconnect emerged between quantitative and qualitative data, as their results disagreed. The research supports previous findings by Ayele et al. (2021) and shows how heavy patient loads affect healthcare professionals' work. This leads to rushed interactions and limited chances for counseling. In addition, the study's findings support Babar's (2021) assertion about a healthcare capacity deficit, which leads to reduced patient attention and lower care quality. Further, Ozawa et al. (2020) indicate that complex challenges in the healthcare sector limit the adoption of practices.

Positive social skills encourage Pharmacists' compliance. The theme demonstrates how strong social skills enhance pharmacists' adherence rates by helping them navigate regulations and deliver patient-centered care. Moreover, the integration of quantitative and qualitative findings is a complementary expansion, meaning the qualitative data can further explain and help understand the results from quantitative data. The results of the study align with those of Cometto et al. (2020); pharmacists need excellent communication skills and interpersonal skills to manage complex processes. Research findings show that pharmacists who master positive social abilities correctly implement regulatory standards by delivering patient-centered care, as Ara et al. (2022) illustrated. Further, Pharmacy Times (2021) highlights the importance of training and support to improve pharmacists' interpersonal skills in healthcare settings, specifically in promoting compliance through the moderate practice of positive social skills. The participant's perception of moderate practice underscores the importance of ongoing initiatives to develop social skills and improve patient compliance.

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