

Original article

Community Pharmacy Ethical Practice in Southern Libya: Assessing Attitude Needs

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Abstract

Pharmacists work within strict legal and professional regulations that may conflict with their moral judgments, potentially leading to moral distress. Despite its importance, limited research has explored ethical attitudes and moral challenges among community pharmacists, particularly in Libya. This study aimed to assess community pharmacists' attitudes, needs, and perceived barriers to the application of ethical principles in Libya, while also examining potential regional variations, with particular emphasis on the Southern region. A cross-sectional study was conducted among community pharmacists in Sebha City, southern Libya, from February to May 2025. Data were collected using a structured questionnaire covering ethical scenarios, professional characteristics, and factors influencing ethical practice. Statistical analyses were performed to examine the relationships between pharmacists' ethical attitudes and selected variables. Approximately half of the pharmacies served 51–100 patients daily, and the mean reported working time was 33.50 ± 17.87 hours per week. Nearly two-thirds of participants (63.2%) had previously received ethics education, while 53.8% reported access to ethical information resources in their workplace. Most pharmacists disagreed with dispensing unnecessary medications (90.5%) and agreed that patients should be informed before substituting generic medicines (91.5%). However, more than half reported that they might dispense medicines despite concerns about inappropriate use, while a substantial proportion indicated a willingness to disclose confidential patient information to close relatives. No significant associations were found between ethical attitudes and demographic characteristics ($p > 0.05$). In contrast, access to ethical information resources was significantly associated with ethical attitudes. Overall, community pharmacists in Sebha demonstrated generally positive ethical attitudes, although notable gaps were identified regarding patient confidentiality and the inappropriate use of medicines. Improving access to ethical resources and implementing targeted ethics education programs could help strengthen ethical decision-making and promote higher standards of ethical practice in community pharmacies.

Keywords: Community Pharmacists, Pharmacy Ethics, Ethical Decision-Making, Confidentiality, Medication Use.

Introduction

The professional status of pharmacy has been widely debated, especially concerning its position and recognition within the healthcare professions. According to Greenwood's Attribute Theory, a profession is characterized by formal education, A distinct body of knowledge, community-centered values, an established ethical code, social recognition, and professional independence. [1]. Ethical considerations have long been integral to healthcare practice, originating from early frameworks such as the Hippocratic Oath [2]. In recent decades, ethical challenges in healthcare have intensified due to rising costs, technological advancements, and increasing complexity of patient care [3]. Community pharmacists, as readily accessible healthcare professionals, play a vital role in providing patient care while maintaining professional regulations and upholding ethical standards. [3-5]. The shift from product-oriented to patient-centered pharmacy practice has further expanded pharmacists' responsibilities, exposing them to more frequent and complex ethical dilemmas [6-8]. Consequently, a strong ethical framework and professional conduct are essential to support pharmacists in making sound moral decisions in contemporary practice.

A Pharmacy Code of Ethics is essential in Libya to provide pharmacists with clear guidance for their professional relationships with patients, healthcare professionals, and the wider community, while ensuring that pharmacy practice is grounded in the fundamental principles of bioethics, including beneficence, non-maleficence, autonomy, and justice. Despite the existence of the Libyan Pharmacy Code of Ethics, limited evidence is available regarding how ethical principles are understood and applied in community pharmacy practice. A review of the available literature identified no published studies specifically examining ethical issues or pharmacists' attitudes toward ethical practice in Libyan community pharmacies, highlighting an important research gap. Moreover, ethical considerations in pharmacy practice, particularly within community settings, have received considerably less research attention than those in the medical and nursing professions [9]. Therefore, this study aims to assess community pharmacists' attitudes, needs, and perceived barriers to the implementation of ethical principles in Libya, while also examining potential regional variations, with particular emphasis on the Southern region.

Methodology

This cross-sectional questionnaire-based study was conducted between February and May 2025 by senior pharmacy students at the Faculty of Pharmacy, Sebha University, Libya. The study instrument was adapted from a previously validated questionnaire developed from a previous Jordan study [10] to assess awareness and knowledge of ethical pharmacy practice. The questionnaire comprised 37 multiple-choice questions, organized into three main sections. Demographic

characteristics, awareness of ethical practice, and knowledge of ethical practice in southern Libya. A multiple-choice format was selected to minimize response time and ensure objective data collection.

Results

Out of the 120 questionnaires distributed to community pharmacists in Sebha City, 106 were completed and returned, resulting in a response rate of 88.3%. The respondents were predominantly female (50.9%), while an equal proportion (50.9%) held a Bachelor of Science (BSc) degree. Nearly half of the pharmacists had less than five years of professional experience, whereas 58.5% had graduated more than five years previously. The majority were employed pharmacists (78.3%) and worked in independent pharmacies (93.4%). Approximately 63.2% of participants reported having previously received education in pharmacy ethics, while 53.8% indicated that ethical information resources were available at their practice sites (Table 1).

Table 1: Demographic and other characteristics of the pharmacists

Variable	Category	n	%
Gender	Male	52	49.1
	Female	54	50.9
Educational level	BSc	54	50.9
	MSc	6	5.7
	PhD	28	26.4
	Diploma	18	17.0
Years since pharmacy graduation	<5	62	58.5
	5–10	28	26.4
	11–15	9	8.5
	16–20	6	5.7
	>20	1	0.9
Experience as a pharmacist (years)	<5	52	49.1
	5–10	32	30.2
	11–15	16	15.1
	16–20	6	5.7
Adult patients visiting the pharmacy per day	<50	35	33.0
	51–100	53	50.0
	>100	18	17.0
Hours worked per week, mean (SD)	—	33.50 ± 17.87	—
Pharmacists working in the pharmacy per shift	1	47	44.3
	<1*	59	55.7
Pharmacy technicians working in the pharmacy per shift	0	26	24.5
	1	43	40.6
	<1*	37	34.9
Position	Employee pharmacist	83	78.3
	Pharmacy manager/supervisor	18	17.0
	Pharmacy owner	5	4.7
Pharmacy setting	Supermarket or shopping mall pharmacy	2	1.9
	Polyclinic pharmacy	5	4.7
	Independent pharmacy	99	93.4
Received education/training about Libyan ethical practice	Yes	67	63.2
	No	39	36.8
Had access to ethical information at the practice site	Yes	57	53.8
	No	49	46.2
Frequency of recording ethical concerns in the pharmacy	Never	9	8.5
	Rarely	42	39.6
	Sometimes	43	40.6
	Often	10	9.4
	Very often	2	1.9

Regarding ethical attitudes, most pharmacists demonstrated appropriate ethical decision-making in dispensing practices. A high proportion disagreed with dispensing unnecessary medications (90.5%), prescription or controlled drugs without authorization (95.3%), and medicines suspected of abuse (88.7%). Most respondents also demonstrated a strong commitment to patient safety and professional responsibility, including contacting physicians regarding prescription errors (75.5%) and referring patients to other pharmacies when medicines were unavailable (93.4%). However, some ethical

concerns were identified regarding confidentiality and truth-telling, as a notable proportion of pharmacists indicated a willingness to disclose patients' information to family members or withhold information about medication side effects to improve treatment adherence.

Overall, 54 % of pharmacists showed a positive attitude toward ethical practice, while 46 % demonstrated a negative attitude. Statistical analysis showed no significant association between demographic characteristics and ethical attitudes ($p > 0.05$). However, a significant association was found between access to ethical information at the practice site and pharmacists' attitudes toward ethical practice, indicating the importance of workplace ethical resources (Figure 1).

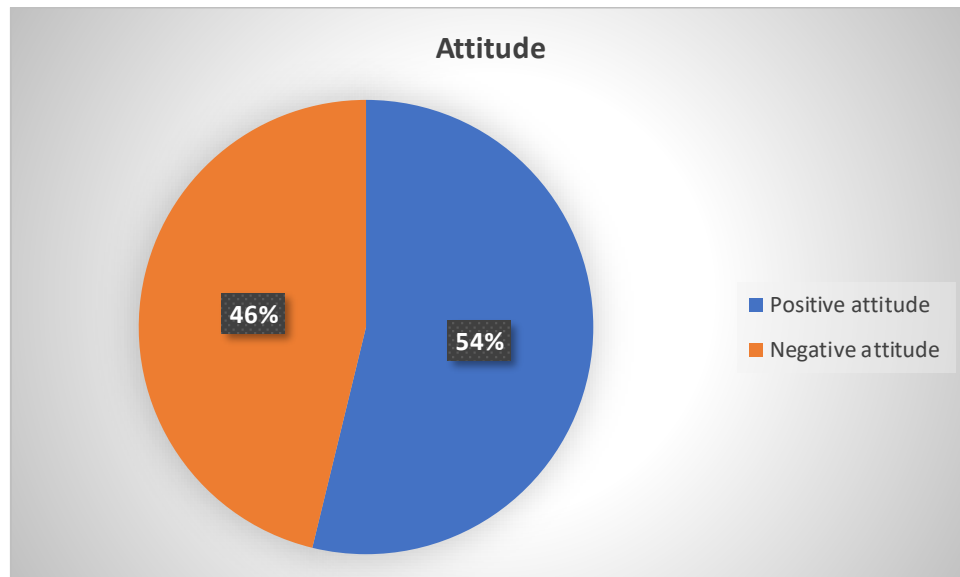


Figure 1: Percentage of attitudes towards ethical practice among community pharmacists

Discussion

To the best of our knowledge, this is the first study conducted in southern Libya to assess community pharmacists' attitudes toward ethical pharmacy practice based on the Libyan Code of Ethics. The findings provide baseline evidence on pharmacists' awareness and application of the core ethical principles of beneficence, non-maleficence, autonomy, and justice. More than half of the pharmacists reported having received prior education on pharmacy ethics, although this proportion was lower than that reported in Ethiopia and Saudi Arabia, where ethics and pharmacy law are formally embedded within undergraduate curricula [11,12]. Despite this exposure, many pharmacists indicated gaps in ethical knowledge, suggesting that a single academic course may be insufficient. Previous studies emphasize that continuous professional education and practical ethical training are essential for strengthening ethical decision-making in pharmacy practice [13,14].

Access to ethical information resources at practice sites was reported by just over half of the participants, a rate lower than those observed in Ethiopia and Saudi Arabia [11, 12]. Documentation of ethical concerns was relatively uncommon, which may be attributed to time constraints, limited resources, and insufficient institutional support. Similar challenges have also been reported in Ethiopia, Jordan, and Scotland, where limited time and inadequate access to ethical guidance were identified as major barriers to effective ethical practice [15,16].

Pharmacists generally exhibited positive attitudes toward patient-centered ethical practice. Most participants opposed dispensing unnecessary medications, rejected the sale of OTC medicines when there was a risk of misuse, and supported informing patients before substituting prescribed brand-name medicines with generic alternatives. These findings are consistent with previous studies indicating that pharmacists generally prioritize patient safety, professional responsibility, and ethical standards over commercial considerations [17,18].

However, concerns regarding patient confidentiality were identified. A considerable proportion of pharmacists indicated a willingness to disclose patient information to spouses or parents, highlighting potential ethical concerns regarding privacy and professional judgment. Similar challenges have been reported in studies conducted in Jordan, Australia, and other settings, particularly in situations involving patients' family members [19,20].

Pharmacists also demonstrated a strong sense of professional responsibility. Most reported that they would contact physicians to address prescription errors, refer patients to other pharmacies when medications were unavailable, and provide assistance outside regular working hours. These practices are consistent with findings from the UK and UAE, reflecting pharmacists' commitment to patient advocacy, professional responsibility, and continuity of care [21-22].

Overall, although more than half of the pharmacists exhibited a positive attitude toward ethical practice, the variation in responses highlights the need for stronger ethics education, well-defined national guidelines, and structured continuing professional development programs in Libya. Enhancing these areas could promote greater ethical awareness and improve consistency in community pharmacy practice.

Conclusion

Overall, community pharmacists exhibited a generally positive ethical attitude, demonstrating a strong commitment to patient safety, professional integrity, and ethical practice. Most participants rejected unethical practices and expressed a willingness to go beyond their formal responsibilities to promote optimal patient care. Nevertheless, some ethical inconsistencies were observed, particularly regarding the disclosure of medication side effects and the dispensing of medicines that may be misused. These findings emphasize the importance of continuous ethics education and stronger reinforcement of professional guidelines to promote consistent and appropriate ethical decision-making in community pharmacy practice.

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Data availability statement

The data supporting the findings of this study are available from the corresponding author upon reasonable request.

Authors contribution

Omar Saad Saleh Abrika: supervision, writing the original draft and editing; Ahmed Mohammed Alaleem and Bashir Abubaker Bashir: data collection, data curation.

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Ethical Issues

Ethical clearance was obtained from the faculty of Pharmacy, Sebha University. Certificate No: 002\2025, approval date: 2nd/ November/ 2025.

Conflict of interest

The authors declare that there is no conflict of interest

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