



Exploring the Lived Experiences of Community Pharmacists in Deprescribing Practices for Older Adults: A Qualitative Phenomenological Study

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ABSTRACT

Deprescribing in geriatric pharmaceutical care has emerged as a critical component of patient safety and medication optimization. While existing studies have examined its clinical and procedural aspects, limited research has focused on the lived experiences of community pharmacists who implement deprescribing in daily practice. Despite growing expectations for pharmacists to take an active role, little is known about how they perceive, interpret, and emotionally navigate this responsibility within real-world contexts. This study addresses the question: how do community pharmacists experience deprescribing as part of their professional practice? Using hermeneutic phenomenological interviews with eight community pharmacists in Indonesia, this research explores the ethical, emotional, and relational dimensions of deprescribing from the pharmacists' perspective. A structured qualitative approach guided the data collection and analysis, allowing for interpretive identification of key experiential themes. The analysis revealed four core themes: ethical dilemmas in decision-making, clinical uncertainty, interprofessional role negotiation, and emotional labor in patient engagement. These findings highlight the complexity of deprescribing as a deeply human and context-sensitive practice, shaped by professional identity, empathy, and sociocultural values. By illuminating these experiential dimensions, the study contributes a more holistic understanding of deprescribing and underscores the need for supportive frameworks that integrate ethical and emotional considerations into pharmacy practice. The results offer valuable insights for future research and policy development aimed at empowering pharmacists in the deprescribing process.



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INTRODUCTION

In contemporary pharmaceutical practice, the safe and effective use of medications among older adults has become a significant global concern. As populations age, the incidence of polypharmacy defined as the simultaneous use of multiple medications has increased dramatically, particularly among elderly patients with multiple chronic conditions. This phenomenon not only presents clinical complexities but also raises important questions about the appropriateness of continued medication use over time. Within this context, deprescribing has emerged as a critical intervention aimed at optimizing pharmacotherapy by systematically reducing or discontinuing drugs that may no longer be beneficial or might pose harm.

Deprescribing is more than a clinical intervention; it is a socially and ethically nuanced process that requires navigating between medical evidence, professional judgment, and patient preferences. While prior studies have predominantly focused on biomedical protocols and health policy frameworks, there remains a gap in understanding how pharmacists, as frontline medication experts, personally interpret and manage the challenges of deprescribing in real-world settings. These subjective experiences—especially in terms of ethical uncertainty, emotional labor, and interprofessional negotiation—are often overlooked.

However, critiques of the existing literature frequently rely on general claims regarding the limitations of quantitative approaches without offering specific analytical gaps. This study, in contrast, builds on a closer examination of previous works that primarily quantify deprescribing outcomes while neglecting the lived, experiential realities of pharmacists engaged in such practices. By focusing on these overlooked dimensions, the research contributes new insight into the humanistic and relational aspects of deprescribing.

The relevance of this study becomes particularly salient in the Indonesian context. While deprescribing has gained international traction, few studies have examined how the practice unfolds in low- and middle-income countries, where cultural, institutional, and professional factors may diverge significantly from Western models. In Indonesia, the role of community pharmacists is currently expanding in scope amid national efforts to enhance primary healthcare delivery. Pharmacists often find themselves at the intersection of patient care, professional responsibility, and systemic constraints, particularly when engaging with older adults and their families about withdrawing long-standing medications. Yet, there has been little empirical exploration of how Indonesian pharmacists navigate these conversations, especially in relation to cultural norms, hierarchical healthcare structures, and patient autonomy. These interactions are shaped by cultural values, communication dynamics, and varying degrees of autonomy within interdisciplinary teams, creating a rich and complex environment in which the meaning of deprescribing is constructed. Given the inherently personal and context-dependent nature of deprescribing, a deeper exploration of the subjective experiences of pharmacists is essential. A phenomenological approach offers the appropriate lens through which to examine how these professionals perceive, interpret, and make sense of their roles and challenges in deprescribing practices. Rather than focusing solely on outcomes or protocols, such inquiry emphasizes the meanings embedded in lived experiences meanings that are shaped by, and in turn shape, professional identity and patient care within a specific sociocultural landscape.

Building upon the broader relevance of deprescribing in geriatric care, research focusing on the subjective experiences of healthcare professionals has become increasingly critical. In particular, studies that seek to understand how community pharmacists interpret their roles, responsibilities, and ethical dilemmas within the deprescribing process offer valuable insights into the practical realities of pharmaceutical care. These investigations provide a human-centered dimension to healthcare research, one that moves beyond clinical outcomes to capture the lived meanings that underlie professional decision-making.

However, exploring such experiential phenomena presents notable methodological challenges. Conventional research approaches in pharmaceutical science have predominantly employed quantitative methods, focusing on metrics such as prescription rates, adverse drug events, and clinical outcomes. While valuable, these approaches often lack the sensitivity to uncover the deeply personal, emotional, and interpretive aspects of professional experience. Numerical data, by its nature, cannot fully articulate how pharmacists feel when negotiating deprescribing decisions, nor how they navigate ethical uncertainty or relational dynamics with patients and physicians.

This limitation has left a significant gap in understanding the essence of deprescribing from the perspective of those directly involved in its practice. The reliance on structured surveys, checklists, or observational data tends to fragment complex experiences into discrete variables, thereby obscuring the wholeness of meaning as lived by individuals. As a result, much of the current literature falls short in capturing the full depth and context of pharmacists' experiential knowledge. To address this gap, a phenomenological inquiry becomes indispensable allowing for a holistic exploration of how pharmacists experience, interpret, and give meaning to deprescribing within their everyday professional lives.

In current pharmaceutical practice, deprescribing strategies are frequently guided by established clinical protocols, risk-benefit assessments, and decision-support tools. These practical frameworks have contributed to improving medication safety and reducing polypharmacy, especially in aging populations. However, while these structured approaches are designed to support evidence-based decisions, they largely prioritize clinical outcomes and procedural efficiency over the experiential and ethical dimensions of deprescribing.

This emphasis on procedural implementation often marginalizes the emotional and interpretive realities faced by healthcare providers, particularly community pharmacists. Existing models seldom capture the sense of professional conflict, moral hesitation, or interpersonal negotiation that accompanies deprescribing in real-world settings. As a result, the prevailing knowledge remains limited in its ability to articulate how pharmacists experience deprescribing not only as a technical act but as a complex, value-laden phenomenon shaped by cultural, institutional, and relational contexts.

Previous qualitative studies have begun to acknowledge these complexities, yet most have adopted thematic approaches that offer only surface-level insights into the subjective meanings constructed by pharmacists in their practice [Gillespie et al., 2020]. Moreover, these studies often lack the methodological depth needed to uncover how individuals interpret their roles and responsibilities in contextually nuanced situations. Without a robust inquiry into lived experience, critical insights about the ethical, emotional, and interpersonal nature of deprescribing remain obscured.

To address this gap, a phenomenological approach particularly one grounded in hermeneutic interpretation is essential. This method allows for a deeper engagement with pharmacists' perspectives, capturing the essence of their experiences as meaning-making professionals within a dynamic and ethically charged healthcare environment. By moving beyond behaviorist or procedural models, phenomenology offers a way to understand deprescribing not merely as a task, but as a lived, embodied, and situated experience.

Previous research has examined deprescribing through clinical outcomes and policy frameworks, but only a few have focused on the subjective experiences of healthcare providers. Some studies have explored doctors' perspectives in primary care settings, while others have documented patient-related barriers and facilitators to deprescribing [Reeve et al., 2013; Galazzi et al., 2016]. A limited number of investigations have considered pharmacists' experiences, and even fewer have approached this through phenomenological methods. These studies often stop at surface-level themes without uncovering how pharmacists interpret their role within deprescribing. This study seeks to contribute by focusing on meaning-making within pharmacists' everyday practices.

This research applies a hermeneutic phenomenological approach to understand how community pharmacists experience deprescribing for elderly patients. This method is chosen for its ability to reveal the depth of lived experience and the meaning embedded in professional interactions. It offers a powerful lens to address the interpretive and ethical complexities described in the previous section. Through this approach, the study answers the central question: how do pharmacists experience deprescribing as a part of their professional role? The goal is to uncover insights that are often missed by more structured or outcome-driven methodologies.

The article is organized as follows. The introduction presents the context and significance of the phenomenon. The method section explains the phenomenological framework, data collection procedures, and interpretive analysis. The results section details the emergent themes supported by direct quotations from participants. Finally, the discussion and conclusion elaborate on the implications of the findings for practice, policy, and future research.

RESEARCH METHODS

Study Design

This study employed a hermeneutic phenomenological design, grounded in the interpretive tradition of Heidegger, to explore the lived experiences of community pharmacists engaged in deprescribing practices for elderly patients. The phenomenological approach was selected for its capacity to capture and interpret the depth of subjective meaning embedded in human experiences. Hermeneutic phenomenology emphasizes the co-construction of meaning between the participant and the context, allowing for an in-depth understanding of how pharmacists make sense of their role, decisions, and ethical considerations in deprescribing. This design aligns with the research objective

to uncover the nuanced and situated interpretations of deprescribing within real-world community pharmacy practice.

Participants

Participants consisted of licensed community pharmacists actively involved in the provision of pharmaceutical care to elderly patients. Inclusion criteria required that participants had at least three years of clinical experience, were directly engaged in medication review or counseling, and had prior involvement in deprescribing decisions. Individuals working exclusively in hospital settings or those without experience in managing geriatric pharmacotherapy were excluded. Participants were selected using purposive sampling to ensure the relevance and richness of experiential data. A total of eight pharmacists (five females and three males), aged between 30 and 48 years (mean age 38.2), participated in the study. All were employed in urban community pharmacy settings within Indonesia.

Data Collection

Data were collected through in-depth, semi-structured interviews conducted face-to-face in a private consultation space within the participants' workplaces or other settings chosen by the participants for comfort and confidentiality. Each interview was guided by a flexible protocol that allowed exploration of pharmacists' perceptions, emotional responses, and professional experiences with deprescribing. The interviews ranged from 45 to 70 minutes in duration and were audio-recorded with participant consent. Probing questions were used to encourage detailed narratives, while maintaining a respectful and non-judgmental environment. The interview guide was informed by existing phenomenological studies and adapted to the context of pharmaceutical care. All interviews were transcribed verbatim for analysis.

Data Analysis

Data were analyzed using an interpretative phenomenological approach, involving iterative reading and thematic interpretation of transcripts to identify significant meaning units. Analysis began with immersion in the data through repeated readings, followed by the extraction and coding of text segments that reflected key experiential insights. These units were clustered into initial categories and further refined into emergent themes that captured the essence of the pharmacists' lived experiences. NVivo 12 software was used to assist with data organization, but thematic development was grounded in manual interpretative engagement with the narratives. The analytic process aimed to preserve the contextual integrity of each participant's account while identifying shared patterns across cases. The findings were continuously reviewed to ensure that the resulting themes authentically represented the experiential dimensions of deprescribing.

Ethical Considerations

Ethical approval was obtained from the relevant institutional research ethics committee prior to data collection. Written informed consent was secured from all participants, who were fully briefed on the study's aims, procedures, and their right to withdraw at any point without consequence. Anonymity was ensured by assigning coded identifiers to each transcript, and all personal identifiers were removed during the transcription process. Data confidentiality was maintained throughout the study, in compliance with applicable ethical standards and guidelines for human subjects research.

RESULTS

This study explored the lived experiences of community pharmacists involved in deprescribing practices for older adult patients in Indonesia. Through hermeneutic phenomenological analysis, several core themes emerged that reflect the pharmacists' interpretations of their roles, ethical struggles, interprofessional interactions, and the emotional depth of their experiences.

Navigating Ethical Dilemmas in Deprescribing

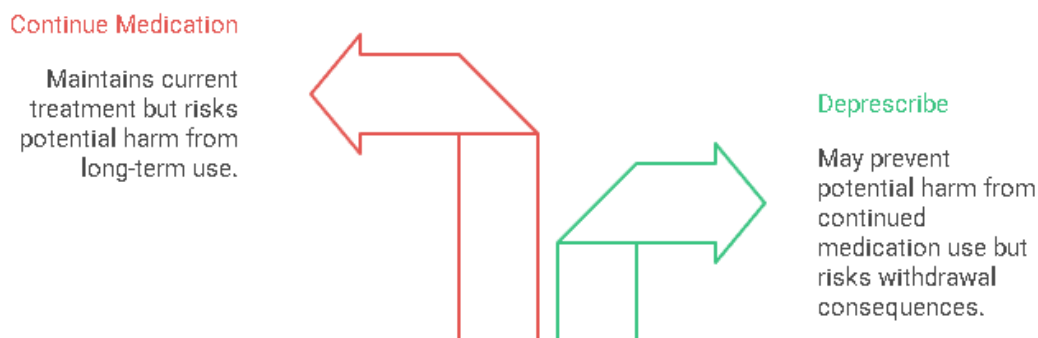
Pharmacists frequently encountered ethical uncertainty when considering the discontinuation of long-term medications in elderly patients. The act of deprescribing often evoked a deep sense of responsibility and concern about the potential consequences of medication withdrawal.

“Sometimes I feel torn what if stopping the drug causes harm? But keeping it may do the same. I ask myself, am I making the right call, or am I interfering too much?” (Participant 3)

Many pharmacists expressed internal conflict between adhering to professional duty and responding to the complex medical and emotional needs of their elderly patients. This ethical tension was heightened when physicians’ recommendations differed or were ambiguous.

“It’s difficult when the doctor just writes the same prescription again and again, and I’m the one questioning it. I don’t want to overstep, but I also don’t want to ignore what I know.” (Participant 7)

Should I deprescribe this medication for the elderly patient?



The Burden of Clinical Uncertainty

Another recurring theme was the clinical ambiguity that pharmacists faced during deprescribing. While they possessed pharmacological expertise, participants described limitations in accessing comprehensive patient histories or lacking institutional protocols to guide their decisions.

“I rely on my judgment, but without a full patient profile, it’s like walking in the dark. I know what the drug does, but I don’t always know what the patient is going through.” (Participant 5)

This uncertainty often led pharmacists to adopt a conservative stance, delaying deprescribing despite recognizing polypharmacy risks. It also underlined the necessity of a more structured, interdisciplinary deprescribing approach.

Interprofessional Communication and Role Identity

Pharmacists described both the potential and the barriers in their interactions with physicians during the deprescribing process. While some experienced collaborative partnerships, many revealed feelings of being marginalized in clinical decision-making.

“When I suggest stopping a drug, sometimes the doctor listens, but more often it’s dismissed it feels like my role is not fully recognized.” (Participant 1)

Despite these challenges, several pharmacists expressed a growing sense of professional identity and advocacy for patient safety, which motivated them to voice their recommendations more confidently.

“I have started to speak up more, not to challenge but to share my view. I think deprescribing is part of my duty too.” (Participant 6)

Emotional Labor and Empathy Toward Elderly Patients

Deprescribing was not only a technical decision but an emotionally charged experience, especially when pharmacists built strong rapport with patients. Many expressed empathy toward elderly individuals dealing with multiple conditions and medications.

“Some patients get anxious when I mention reducing meds. I can feel their fear like they’re losing something that keeps them alive.” (Participant 2)

Pharmacists often took on the role of emotional support, navigating both the clinical and psychological dimensions of deprescribing conversations.

“Sometimes I sit with them and explain slowly. It’s not just about the drug it’s about trust.”
(Participant 8)

The findings reveal that deprescribing in community pharmacy practice is a deeply layered phenomenon, encompassing ethical tension, clinical uncertainty, professional negotiation, and emotional empathy. These themes highlight the critical role pharmacists play not only as technical experts but as compassionate intermediaries in patient care, particularly for older adults. The meaning of deprescribing for pharmacists is embedded in responsibility, advocacy, and relational trust, forming a dynamic interplay between knowledge, emotion, and ethics.

DISCUSSION

The present study revealed that deprescribing, as experienced by community pharmacists, is a complex and emotionally nuanced process characterized by ethical tensions, clinical uncertainties, interprofessional dynamics, and deep empathy toward elderly patients. These lived experiences provide a rich answer to the central research question by uncovering how pharmacists perceive and make meaning of their role in deprescribing, not merely as a clinical task, but as a deeply contextualized act of care and responsibility.

These findings contribute significantly to addressing the guiding question of this research namely, how community pharmacists experience deprescribing within the realities of their practice. The study illuminates pharmacists’ internal moral struggles, their sense of professional identity, and the emotional labor required in deprescribing conversations. This perspective goes beyond procedural descriptions and offers an interpretive understanding that centers the pharmacist as both a clinician and an ethical agent. The themes identified provide valuable insights into how decisions are shaped not only by knowledge, but by relational, emotional, and situational contexts, contributing to a more holistic view of deprescribing practice.

The results align with and extend previous research, particularly Gillespie et al. (2020), which highlighted the complexity of deprescribing from the pharmacist's perspective but did not explore the depth of experiential meaning. The current study deepens this understanding by interpreting the pharmacists’ lived experiences through a hermeneutic lens, revealing how ethical tensions and emotional resonance play a central role in practice. Furthermore, the findings support earlier literature on interprofessional dynamics in deprescribing, such as Reeve & Gnjidic (2022), while adding new dimensions regarding the personal and empathetic responses of pharmacists in direct patient interactions. These insights suggest that deprescribing is not only a scientific act but also a relational and moral process, reinforcing the value of phenomenological inquiry in capturing these layered dimensions of professional practice.

Implications of the Findings

The findings of this study hold important implications for pharmacy practice, healthcare policy, and interprofessional education. The experiences described by participants reveal that deprescribing is not merely a pharmacological process, but a relational and ethical engagement that demands empathy, contextual judgment, and moral courage. For community pharmacists, engaging in deprescribing involves not only clinical assessment but also navigating professional identity and emotional responsibility. These insights suggest that any attempt to implement deprescribing protocols should be accompanied by support systems that acknowledge the human and ethical complexities faced by pharmacists. On a broader scale, the results may inform culturally sensitive deprescribing interventions in other healthcare systems where pharmacists operate under similar constraints and expectations.

Limitations of the Study

This study, while offering rich insights into the lived experiences of pharmacists, is not without limitations. The research was conducted within a specific cultural and institutional context in Indonesia, which may influence how deprescribing is understood and practiced. As such, the interpretations presented here are context-bound and may not be readily generalized to pharmacists in other settings or healthcare systems. Furthermore, although hermeneutic phenomenology allows for deep engagement with participant narratives, the sample size remains small, limiting the diversity of perspectives captured. These limitations should be considered when applying the findings to broader populations or policy recommendations.

Future Directions for Research

Building on the findings of this study, future research could explore how pharmacists' experiences of deprescribing vary across different healthcare environments, such as rural versus urban settings or private versus public sectors. Additional studies might examine how interprofessional collaboration models influence the ethical and emotional dimensions of deprescribing from both pharmacist and physician perspectives. Moreover, longitudinal qualitative research could provide insights into how pharmacists' experiences evolve over time as deprescribing practices become more integrated into routine care. These future investigations may contribute to the development of more holistic and ethically grounded deprescribing frameworks that acknowledge both clinical and humanistic dimensions of pharmaceutical care.

CONCLUSION

This study explored the lived experiences of community pharmacists in deprescribing practices for elderly patients, highlighting the ethical, emotional, and professional dimensions of their roles. Through a hermeneutic phenomenological approach, the research uncovered how pharmacists navigate ethical dilemmas, clinical uncertainty, and interprofessional challenges in their daily practice. The findings reveal that deprescribing is not simply a technical decision but a deeply contextual and relational process shaped by empathy, responsibility, and cultural values. This study offers a unique contribution by filling the gap in understanding how pharmacists interpret their professional identity within deprescribing, an area largely overlooked in previous research. Beyond describing challenges, the findings underscore the transformative potential of deprescribing as a reflective space where pharmacists confront the moral weight of their clinical judgments, renegotiate their roles within healthcare teams, and engage in emotionally attuned patient care. Recognizing and integrating these lived experiences may not only humanize the practice of deprescribing but also reposition pharmacists as critical agents of change in promoting ethical, person-centered medication use.

Such experiential insights call for a paradigm shift—from guideline-driven protocols to frameworks that center the pharmacist's inner world of meaning, value, and relational engagement. The insights gained may inform the development of more human-centered deprescribing frameworks that respect the emotional and ethical realities faced by pharmacists. Future research should further investigate how these transformative dimensions manifest across different cultural, institutional, and policy settings, thereby enriching the conceptualization of deprescribing as a moral and professional journey rather than a mere clinical task.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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