



## Research Article

### **EVALUATION OF PATIENT COUNSELING IN DIFFERENT HOSPITAL OF KARACHI, PAKISTAN; A NEGLECTED DOMAIN OF PHARMACY**

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#### **ABSTRACT**

Patient counseling is a critical component of dispensing process that provides information, advice and assistance to help patients using their medication properly. The objective of our study was to analyze whether patient counseling services are provided or not and how efficiently it is being conducted. For this purpose a questionnaire based cross sectional survey of pharmacists was done in different hospital set ups of the Karachi city with a sample size of 30. The results show that counseling services are provided by all the Hospitals in which survey was conducted, medication charts are used by 15 (50 %) samples while patient education program is not organized by 18 (60 %) samples. The results obtained from the survey conclude that patient counseling is conceptually present in all hospital setups but not done efficiently or in appropriate manner. Steps should be taken by the authorities, pharmacists and the patients to make counseling more effective.

**Keywords:** Patient Counseling, Patient Education, Patient care, Pharmacist, Counseling aids.

#### **INTRODUCTION**

The pharmacy profession has aimed to improve public health by making certain safe, effective, and appropriate use of medicines. Current pharmacy practice shows an evolving criterion from one in which the pharmacist chiefly supervises medication distribution and counsels patients, to more broader and team-based clinical role providing patient-centered medication therapeutics management, health advancement, and disease avoidance services<sup>1</sup>. Patient counseling may be defined as an interactive process in which information of medication is provided either orally or in written form to the patients or their representative or providing proper guidance of use, recommendation on storage, side effects, life style and diet alterations. It is a one-to-one communication between a pharmacist and a patient and/or a care giver. Counseling becomes effective when it encompasses all the guidelines that make the patient understand his/her disease, medicines and life style alteration that are required for his/her better health. Patient counseling helps the patient to improve his/her ability to endure and make informed decisions related to their disease and medication and motivate them to change their dietary habits and life style, which are harmful for their present health status<sup>2</sup>. Pharmacists are in a unique position to play vital role in patients' medication adherence and quality of life improvement. Patient counseling is a critical component of the dispensing method, so as to make sure that the patient receives and under-stands important information of the drug. It also provides a key opportunity to identify potential errors while dispensing medication. In 1990, the Omnibus Budget Reconciliation Act (OBRA) specified some important guidelines that the pharmacist should follow while counseling the patients: Name and description of the medication, route of administration, the dosage form, duration of medical care, special directions and precautions for preparation, administration and use of the prescribed drugs by the patient, common adverse effects or interactions and therapeutic contraindications that may be encountered,

including their ways to avoid them, and the action required if they occur, methods of self monitoring of drug therapy, correct storage, prescription refill data, action to be taken just in case of missed dose. For effective counseling several techniques can be adopted which includes, providing written information to the patient and the use of audiovisual materials and various compliance aids include labeling, medication calendars, drug reminder chart and providing medication containers and caps may also be used.<sup>3</sup> The United States Pharmacopoeia (USP) medication counseling behavior guidelines divide medication counseling into the following four stages. Stage I: Medication information transfer, basic, brief information about the safe and proper use of medicine is provided. Stage II: Medication information exchange, questions are answered and detailed information adapted to the patients' situation is provided, Stage III: Medication education, comprehensive information regarding the proper use of medicines in a collective, associated learning experience is provided. Stage IV: Medication counseling, a detailed discussion between the pharmacist and patient planned to give the patient guidance that enhances problem-solving skills and assists with proper management of medical conditions and effective use of medication.<sup>4</sup> Pharmacists should have the knowledge and skills to provide effective and accurate patient education and counseling<sup>5</sup>. To obtain information from and sharing information with patients, effective open-ended questioning and active listening are essential skills. A separate room or space that ensures privacy and opportunity to engage in confidential communication allows most effective counseling and education to be conducted.<sup>6</sup> The patient education and counseling guidelines are applicable in all practice settings- including acute inpatient care, outpatient care, home care and semi-permanent care- whether these settings are associated with integrated health systems or managed care organizations or are freestanding. Patient education and counseling usually occur at the time prescriptions are dispensed but may also be provided as a separate service. The techniques and the

content should be adjusted to meet the specific needs of the patient and to comply with the policies and procedures of the practice setting. In health systems, different health care team members share in the responsibility to educate and counsel patients as specified in the patients' care plans.<sup>7</sup> In this paper our objective is to analyze whether patient counseling services are provided by the local hospitals or not, if it is provided then how efficient it is in educating the patients regarding their medication and health status improvement. Additionally the reasons are analyzed if patient counseling and education services don't seem to be provided.

### Methodology

A cross-sectional survey was conducted on pharmacists working in different departments of hospitals from different areas of the Karachi city data collected between October and November of 2012. A specially designed questionnaire was used for data collection with a sample size of  $N = 30$ . The response rate was 100 %. Apart from the information regarding their professional status and whether patient counseling services are provided by their institutional setup or not, the questionnaire extracted detailed information regarding the aids and techniques used for counseling. The pharmacists were also asked if they conduct any patient education program to educate patients regarding safe use of medication. The questionnaire finally requested information about the improvement in patient satisfaction ratings after patient counseling.

### RESULTS

From the above survey we found that patient counseling services were provided in all the hospitals at different scales. According to 2 (6.6 %) a separate room was provided for patient counseling and according to 28 (93.3 %) respondents no separate room provided. Of the 30 samples, 22 (73.3 %) samples showed that they counsel inpatients and outpatients both, 7 (23.3 %) samples showed that they counsel only outpatients while 1 (3.3 %) sample showed that they counsel only inpatients as shown in Figure 1. 15 (50 %) samples showed that they use patient medication charts for patient assistance in counseling, 8 (26.7 %) samples showed that they use medication reminder cards, 4 (13.3 %) samples use unit use of packaging while 3 (10 %) samples use dosing aids for assisting patients shown in Figure 2. The survey showed that 12 (40 %) samples emphasize on informing the patient regarding the dose of drug in the patient counseling, 5 (16.7 %) samples showed that they emphasize on informing the patients about duration of therapy, 4 (13.3 %) samples showed that they emphasize on informing the patients about dietary changes and same result was obtained for lifestyle changes, 3 (10 %) samples showed that they emphasize on informing the patients about administration of drug while 2 (6.7 %) samples showed that they emphasize on informing the patients about side effects of the medicine as shown in Table 1. It was observed that minimum average time consumed for patient counseling of single prescription was  $1.43 \pm 1.431$  minutes while maximum average time consumed was  $6.17 \pm 1.254$  minutes. 12 (40 %) samples showed that they organize patient education programs while 18 (60 %) showed that they do not organize patient education program for the purpose of better understanding of their therapies. On investigation upon frequency of patient education program organized 18 (60 %) samples do not organize patient education program while 4 (13.3 %) samples showed that they organize patient education programs on

monthly basis, same result was obtained for six months and annual basis organization of patient education program. The survey showed that 5 (16.7 %) use lectures for patient education, 5 (16.7 %) use dialogue and discussion, 1 (3.3 %) use print information, 1 (3.3 %) use demonstration and practice of techniques while 18 (60 %) do not conduct patient education program. It was observed that 18 (60 %) do not analyze patient satisfaction, 3 (10 %) use questionnaires to analyze patient satisfaction, 7 (23.3 %) use suggestion boxes while 2 (6.7 %) use telephone feedback to analyze patient satisfaction.

### DISCUSSION

The results shows that patient counseling is done in all of the hospitals of the Karachi city where survey was conducted, all 30 (100 %) samples provide patient counseling services. Patients should be informed about the need and importance of patient counseling from their perspective and it is very necessary to ensure effective disease management and drug therapy<sup>8</sup>. Pharmacist's involvement in patient care has shown reduced number of hospital admissions and emergency department visits, and improved health status of the patients and their quality of life. Patient counseling by pharmacists not only improves the knowledge, approach and practices of the patients towards their disease management but also increases their quality of life<sup>9</sup>. A separate room for patient counseling was provided by 2 (6.8 %) samples while 28 (93.3 %) do not provide separate room for patient counseling services. Unavailability of separate counseling room may be due lack of space in the hospital or hospital cannot afford. It is preferred that patient counseling is done in a separate room which ensures comfortable, confidential and safe environment to establish caring relationships between patients and pharmacists. Counseling is more effective in private room that ensures privacy and opportunity to have confidential communication, if a separate room is not available then a common area can be restructured to minimize visual and auditory privacy from other patients or staff. The design and placement of desks and counters should minimize barriers to communication. Disturbance and intrusions should be few. The environment should be equipped with suitable learning aids<sup>10</sup>. The results show that 1 (3.3 %) sample counsel inpatients while 22 (73.3 %) counsel both inpatients and outpatients (Figure 1). Inpatient counseling as alone is done in those hospitals where outpatient services are not provided while those who provide outpatient services offer patient counseling services to both inpatients and outpatients. Outpatient counseling is necessary as the patient is not under constant supervision of the health care provider while for inpatients counseling leads to better drug knowledge and compliance with reduced unplanned visits to the doctor and re-admissions<sup>11</sup>. Counseling aids used by the pharmacists are medication charts 15 (50 %) while 3 (10 %) use dosing aids for assisting patients during patient counseling (Figure 2) Medication reminder cards have proved to be useful for patient medication adherence than counseling aids<sup>11</sup>. In the survey it was asked that what points are emphasized by the pharmacists during patient counseling, 12 (40 %) samples emphasize on informing patient about dose of drug. while 2 (6.7 %) emphasize on informing patients about side effects of the drug. (Table 1) It is necessary to inform the patient about the dose of the drug that what amount of drug is needed for the present disease condition of the patient. Generally patients are not aware of the side effects of the drugs that they may interfere with any other drug, food or

disease and can alter the effectiveness of the drug so it becomes necessary to inform the patients about major side effects of the drug to avoid any complication in the therapy and to ensure effective therapy of the disease. Patients should be aware of side effects so they do not unnecessarily seek medical attention if they occur. It is erroneous to think that telling patients of side effects will discourage them from using the medication. Holding back information may be disprincipled and patients are authorized to be fully aware of what to look for<sup>8</sup>. Minimum average time consumed for single session of patient counseling was observed as 1.43 minutes while maximum time observed was 6.17 minutes. Average time for patient counseling is observed very less it is due the fact that the prescriptions were of refilling or single drug prescriptions or lack of time and increased workload on the pharmacist. The survey showed that patient education program was organized by 12 (40 %) samples while 18 (60 %) do not conduct patient education program. The frequency of conducting patient education program was noted as 4 (13.3 %) monthly basis same results were observed for six monthly and yearly bases. The result shows that patient education program is not organized by majority of samples, this is due to lack of facilities by the hospital or health care providers may have lack of time for patient education. Patient education is necessary to increase patient compliance, patient medication adherence, and knowledge of patients regarding their disease state and to improve quality of patient's life<sup>8</sup>. The result shows that for patient education program 5 (16.7 %) samples use lectures, 5 (16.7 %) use dialogue and discussion while 1 (3.3 %) sample use print information, 1 (3.3 %) use demonstration and practice of techniques. Studies show that demonstration and practice of techniques is effective for use of certain equipments like aerosols, insulin injections etc, it is useful to either educate or verify the use of equipment by the patient<sup>12</sup>. It has also been shown that the combination of written and oral information is more effective in educating patients as it allows patients to refer to in case they forget any heard information. The use of videos, graphics and other tools could also be used to support counseling<sup>8</sup>. Patient satisfaction is analyzed by suggestion boxes by 7 (23.3 %) samples while 18 (60 %) do not track patient satisfaction. 4 (13.3 %) samples track patient satisfaction on semiannual basis, same results were observed for monthly and yearly basis while 18 (60 %) do not track patient satisfaction. Tracking of patient satisfaction is not done by most of the samples; it is due to lack of facilities provided by the hospital. Telephone feedback makes easy for patient to give their views regarding their treatment process while suggestion boxes require suggestion forms that should be filled by the patients it may require time which may be not suitable for the patients. Tracking of patient satisfaction on regular basis is necessary to ensure success of treatment process of the patient<sup>8</sup>. The results show that less efficient patient counseling services are provided by the local hospital setups. Steps should be taken by the local authorities and the pharmacists to ensure proper transfer of knowledge to the patients regarding medication use and improving quality of life. Pharmacist is responsible to motivate patients to seek education and counseling about their treatment and also try to eliminate barriers to providing it. Pharmacists should also seek opportunities to participate in health-system patient-education programs and to support the educational efforts of other health care team members. They should collaborate

with other health care team members, as appropriate, to determine what specific information and counseling are required in each patient care situation. A coordinated effort among health care team members will increase patients' adherence to pharmacotherapeutic regimens, monitoring of drug effects, and feedback to the health system. To make counseling successful patient should also take try to adhere to their pharmacotherapeutic regimens, monitor for drug effects, and report their experiences to pharmacists or other members of their health care teams<sup>13</sup>.

## CONCLUSION

The finding of this study showed that patient counseling is done in all the concerning hospital setups but it is not found to be efficient as per the requirement in guiding patients about proper use of their medication and health status improvement. For this purpose collaborative efforts are required by the authorities, pharmacists and the patients so that a properly devised service for patient counseling by pharmacists can be provided at the time of dispensing medication having effective impact on patient compliance and appropriate use of their medication.

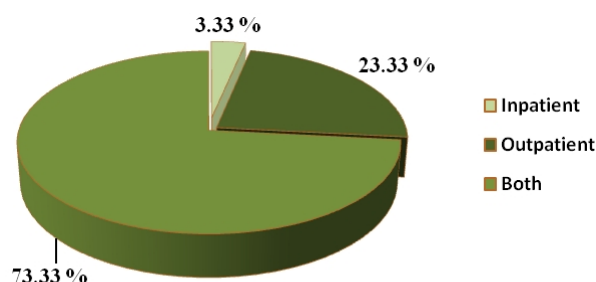


Figure 1: Types of patient counseled

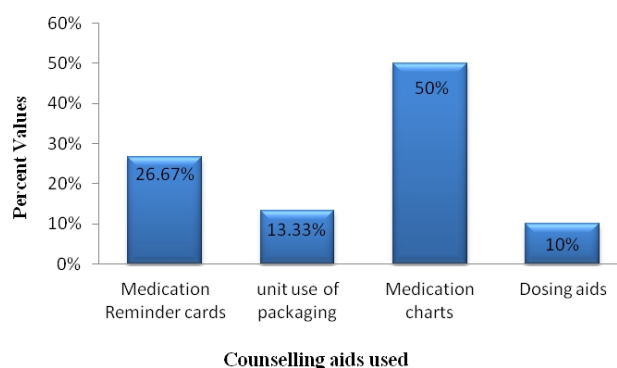


Figure 2: Counselling aids used

Table 1: Information on which pharmacist emphasize during counseling

Emphasized in counseling	Percent value
Dose of drug	40.00
Administration of drug	10.00
Duration of therapy	16.67
Side effects	6.66
dietary changes required	13.33
Life style changes required	13.33

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