

Patient Counseling: Altruism Behind Compliance

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ABSTRACT - While drugs have the capacity to enhance health, they all have the potential to harm if prescribed inappropriately. For this reason, it is recommended that healthcare professionals who prescribe medications should exercise counseling, as general people have least idea and interest about healthcare settings, use of medicine and their untoward effects. Pharmacists have crucial role plays in both handling prescription and prescribing. A rational prescribing is the sole of patient safety, compliance and patient relief. Compliance with therapy implies an understanding of how the medication is to be used, as well as a positive behavior in which the patient is motivated sufficiently to use the prescribed treatment in the manner intended, because of a perceived self-benefit and a positive outcome i.e. enhanced daily functioning and well-being. Although this is often the case, in a number of situations, the physician and pharmacist have not provided the patient with adequate instructions or have not presented the instructions in such a manner that the patient understands them. Nothing should be taken for granted regarding the patient's understanding of how to use medication, and appropriate steps must be taken to provide patients with the information and counseling necessary to use their medications as effectively and as safely as possible.

Keywords: Compliance, Adherence, Controlled Therapy, Patient Empowerment Program (PEP), Aging and National Council on Patient Information and Education (NCPPIE), Patient Emotion

INTRODUCTION

The goal of all communication is understanding. Effective communication occurs only when the meaning of a message is held in common by the participants. Whether a prescriber is busy or not, should be giving additional efforts to counsel patient. If a practitioner is busy, a room of consulting facility should be created for the patients to have clear instruction of treatment. More often patients neglect or refuse to counseling due to different views of life, thought and past experience. So, patient counseling is not only briefing instructions but also taking patient commitment about following those instructions. And this counseling should be based on previous health and medication history review, a little understanding of individual patient's nature and his surroundings.

Objectives of patient counseling

- Patient should recognize the importance of medication for his well-being.
- A working relationship for continuous interaction and consultation should be established.
- Patient understanding of strategies to deal with medication side effects and drug interactions should be improved.
- Patient becomes an informed, efficient and active participant in disease treatment and self-care management.
- The pharmacist should be perceived as a professional who offers pharmaceutical care.
- Drug interactions and adverse drug reactions should be prevented.

This leads to several potential benefits:

- Improved therapeutic outcomes and decreased adverse effects
- Improved patient adherence to the treatment plan
- Decreased medication errors and misuse
- Enhanced patient self-management by involving the patient in designing the therapeutic plan
- Potential for decreased health care costs due to appropriate use of medications and prevention of adverse events [1].

The pharmacist also gets benefits in this process. Potential benefits to the pharmacist in this process include:

- Enhanced professional status in the view of patients and other health care providers
- Establishment of an essential component of patient care that cannot be replaced by technicians or automation
- Enhanced job satisfaction through improving patient outcomes
- A value-added service to offer patients

- Revenue generation through payment for counseling services– limited at present but growing

It is expected that, as a result of a properly conducted counseling interaction, the patient will:

- Recognize why a prescribed medication is helpful for maintaining or promoting well-being
- Accept the support from the health care professional in establishing a working relationship and foundation for continual interaction and consultation
- Develop the ability to make more appropriate medication-related decisions concerning compliance or adherence
- Improve coping strategies to deal with medication side effects and drug interactions
- Become a more informed, efficient, active participant in disease treatment and self-care management
- Show motivation toward taking medications to improve his or her health status.

BARRIERS OF PATIENT COUNSELING

A. Emotional factors

Patients having an altered state of mind due fear of illness, out of the pocket expense, interruption in works and business etc. Other factors could be uncertainty of what to expect with this new illness or symptom, dependency on providers to give the best treatment and on family to help with daily life, fear of change and death, pain and discomfort, lack of privacy in physical examinations, loss of identity as a healthy person (sounds weird but mostly true), isolation from usual support systems such as coworkers, teammates, and friends (mostly happens with juveniles, if school going is disrupted). *Conveying social support* also is important, because people are more likely to trust or respond positively to another person if they have an emotionally satisfying relationship with that person[2].

B. Pharmacy Environment

The structural layout of many community pharmacies does not include an area for private consultation and dialog between the patient and the pharmacist. In addition to this lack of privacy, pharmacists often experience other environmental barriers to meaningful interaction with their patients, including

- Insufficient supportive personnel,
- A heavy workload and backlog,
- People waiting to present prescriptions or receive pharmacist assistance,
- Incoming phone calls and requests for information or help from coworkers,
- Interns, and other staff, and
- Inadequate computer technology, software, and

Preparation for new consultation roles [3].

C. Pharmacist Barriers to Communication

Pharmacists who are uncomfortable interacting with patients or who have had little training in patient interaction may engage in inappropriate nonverbal behaviors include nervous movements or “fidgeting,” crossed arms or legs, turning or leaning away from the patient, failure to maintain eye contact, and obvious distractedness. Other barriers to effective communication cited by pharmacists include:

- ✓ lack of time,
- ✓ economic considerations,
- ✓ poor communication skills or
- ✓ lack of confidence in those skills,
- ✓ lack of knowledge about current drugs or patient history, and
- ✓ the patient’s failure to value the counseling session or pharmacist expertise.

Lack of time and economic considerations in patient counseling can be overcome by increasing the use of technical personnel to relieve pharmacists from dispensing functions and allowing the pharmacist to spend time with patients. Poor communication skills or lack of expertise about recent drug advances can be overcome by appropriate choice of continuing professional education opportunities to improve knowledge and skills in areas of identified weakness. The patient’s failure to appreciate the value of consultation with the pharmacist can be overcome by advertising the service provided and personally offering the consultation to each patient with a brief description of the importance of this process in improving patient medication therapy outcomes. Another barrier to effective communication is taking into account the patient’s cultural perspective. Techniques that improve patient interaction have been described, using the acronym CLOSER[4]. The suggested techniques include:

- Control distractions, such as nervous habits
- Lean toward patient
- Open body posture, uncross arms and legs

- Squarely face patient
- Eye contact 50–75% of the time
- Relax

Optimizing the Environment for Patient Communication

The optimal setting for communicating with patients is a private consultation room adjacent to the dispensing area. A private setting has been shown to enhance patient retention of the counseling information, increase patient adherence to the drug regimen, and increase patient satisfaction with the counseling experience; however, many pharmacies settings lack sufficient space to create this type of environment. The pharmacist must be aware of the physical barriers that exist in the pharmacy and work to minimize them[5]. The physical layout of the pharmacy may include a prescription counter that separates the pharmacist from the patient, a partition made of glass or other materials, a raised floor that puts the pharmacist on a higher level than the patient, floor or counter displays that add to congestion and separate the patient from the pharmacist, or inadequate lighting. Use of the following techniques may overcome these physical barriers:

- Come out from behind the counter to greet the patient
- Face the patient and maintain eye contact
- Position yourself a comfortable distance from the patient, usually 1 1/2 to 4 feet from the patient

The noise and distractions in a busy pharmacy can be handled using the following techniques:

- Move away from the pharmacy counter when possible to a more private area of the pharmacy
- Ask other employees in the pharmacy not to interrupt during a patient session
- Face the patient and speak clearly and distinctly in a tone loud enough to be heard but not so loud as to be heard by others in the pharmacy.

Measures Taken for Emotional Barriers

Regardless of the type of emotion the patient exhibits, dealing with a highly emotional patient is challenging for the pharmacist. Often the pharmacist is uncomfortable with the emotion expressed by the patient and responds inappropriately by ignoring the issue at hand or by focusing on trying to solve the patient's problem. When the pharmacist recognizes that a patient is in an emotional state, it is important to deal with the emotional barrier first. Discussing the patient's current medication needs will be ineffective while the patient is distracted by other issues. It is important, at the very least, to acknowledge the patient's concerns. The most effective way to address patients' emotional concerns is to use empathic responses, also called reflective responding. Use of this technique requires that the pharmacist truly listens to what the patient is saying, both in words and nonverbal communication. Additionally, to be successful using this technique, the pharmacist must have a desire to understand and help the patient. It is important to understand the meaning of empathy, a concept that is often confused with sympathy. When expressing sympathy, the pharmacist feels sorry for the patient. Empathy is a neutral process in which the pharmacist identifies with the feelings of the patient. This is sometimes described as putting yourself into the other person's shoes. It is not necessary to actually have experienced the same situation or emotion, but rather to try to understand how the patient feels. Using empathy tells the patient that the pharmacist is interested in him, and it is a positive step in building the pharmacist-patient relationship. Over time, the patient is more willing to voice questions and concerns to the pharmacist thereby improving the quality of care the pharmacist can provide. Expressing empathy to the patient is accomplished through the use of a reflective response. A reflective response is the pharmacist's way of communicating to the patient his or her understanding of the patient's feelings. It acknowledges the patient's feelings and usually has a calming effect on the patient that may allow the pharmacist to proceed with the counseling session[6].

FACTORS TO BE CONSIDERED DURING COUNSELING

The soul of this article is to make people understand what he needs to do with drugs or consulting any other non-drug treatments. Sometimes a few matters came up that creates something messy. A pharmacist should always consider patient's psychology, beliefs and level of education and any superstition.

A. Verbal and Nonverbal Communication

Verbal and nonverbal communication may lead to misunderstandings. Miscommunication may occur when individuals use idioms (e.g., patient has 'cold feet') (See Table 1). Avoid using idioms. Different words have different meanings in the same language (e.g., 'horita' means right now in Mexico; it means an hour in Puerto Rico). Using a first name of anyone other than a friend is considered inappropriate or discourteous in most cultures. Still other cultures consider it disrespectful to look someone directly in the eye especially if that person is in a superior position, and some cultures may not be comfortable with casual touching and hugging that many Americans do without even thinking.

Table 1. Words Easily Misunderstood by Patients[7]

	Problem Word	Possible Replacement
Medical Word Examples	Benign	Won't cause harm; is not cancer
	Condition	How you feel; health problem
	Lesion	Wound; sore
	Oral	By mouth
Concept Word Examples	Avoid	Stay away from; do not use or eat
	Intake	What you eat or drink; what goes into your body
	Option	Choice
	Referral	Ask you to see another doctor; get a second opinion
Category Word Examples	Adverse (reaction)	Bad
	Generic	Product sold without a brand name
	Noncancerous	Not cancer
	Hazardous	Not safe; dangerous
Value Judgment	Adequate	Enough
Word Examples	Excessive	Too much
	Increase gradually	Add to
	Moderately	Not too much

B. Religion and Spirituality

Religion and spirituality are common sources of miscommunication. Some religions do not accept blood transfusions; others may refuse to have blood drawn because of beliefs about getting bad fortune or death if blood is drawn. Some cultures have certain times of day that prayer is mandated and holy days may dictate that certain behaviors are restricted, such as driving on the Sabbath. Various cultures have symbols that are sacred. These may be worn (e.g., rosary) or be placed in the patient's room. If the patient is hospitalized, health care professionals need to respect the item and explain the reason the item may need to be removed from the individual. Finally, certain cultures believe that there are lucky and unlucky numbers (e.g., Chinese regard 8 and 9 as lucky; the number 4 is seen as unlucky by some Japanese). Therefore, health professionals need to respect patients' religious beliefs and try to accommodate their practices as much as possible[8].

C. Dietary Practices

Dietary practices may include such activities as Ramadan by Muslim patients. Some ethnic groups cannot tolerate certain foods or are forbidden to eat certain foods (e.g., Hindu are forbidden to eat beef). Health care providers need to be aware of the patient's diet, both in terms of content and preparation.

D. Folk Medicine

Many cultures have developed local methods for treating illnesses and diseases. "some techniques, such as coin rubbing may produce marks that appear to be signs of child abuse or are unrelated to symptoms. It is important to recognize these before jumping to unwarranted conclusions." In summary, health professionals must consider the patient's cultural perspective to provide effective communication and thus effective health care. Some final suggestions are:

- Be aware of the customs and beliefs of religious, ethnic, and recent immigrant groups in your area
- Try to work within the health belief system of the patient and family
- Respect patients' viewpoints; listen to them
- Learn about the customs of the patient, alternate health care methods and medications
- Explain risks of not taking medication

E. Cultural Factors

Culture is the patterns of ideas, customs and behaviors shared by a particular people or society. These patterns identify members as part of a group and distinguish members from other groups. The influence of culture on health is vast. It affects perceptions of health, illness and death, beliefs about causes of disease, approaches to health promotion, how illness and pain are experienced and expressed, where patients seek help, and the types of treatment patients prefer. Both health professionals and patients are influenced by their respective cultures. All cultures have systems of health beliefs to explain what causes illness, how it can be cured or treated, and who should be involved in the process (See Table 2). The extent to which patients perceive patient education as having cultural relevance for them can have a profound effect on their reception to information provided and their willingness to use it.

Table 2: Factors that May Affect Health Care [9]

Verbal and Nonverbal Communication	Idioms, Same Word, Different Meaning, Format for Names, Eye Contact Touching
Time Orientation	Patients may operate with a present orientation, past orientation, or future orientation
Religion & Spirituality	Blood Beliefs, Transfusions, Drawing Blood, Prayer, Holy Days, Sacred Symbols, Lucky and Unlucky numbers
Dietary practices	Specific diets, Special holiday preparations, Taboos for certain foods, Nutritional deficiencies
Folk Medicine	Fevers, Coin Rubbing, Medications

PATIENT CONSULTATION

A. Counseling Patients While Prescribing

The consultation is a fundamental part of the prescribing

Process and the prescriber need to understand and utilize this in order to help them practice effectively. A broad range of practical skills are needed in the consultation:

- *Interpersonal skills*: the ability to communicate and make relationships with patients.
- *Reasoning skills*: the ability to gather appropriate information, interpret the information and then apply it both in diagnosis and management.
- *Practical skills*: the ability to perform physical examinations and use clinical instruments.

The five key stages of the consultation are:

- Initiating the session
- Gathering information
- Physical examination
- Explanation and planning
- Closing the session.

B. Communicating risks and benefits of treatment

Explaining the risks and benefits of treatment in an effective manner is an essential skill for health care professionals. This ensures patient's consent to treatment is informed and that the patient has an opportunity to participate in shared decision making about their treatment.

It is important to communicate the risks and benefits of treatment in relation to medicines. This is because many medicines are used long term to treat or prevent chronic diseases, but we know they are often not taken as intended. Sometimes these medicines do not appear to have any appreciable beneficial effect on patients' symptoms, for example medicines to treat hypertension. Most patients want to be involved in decisions about their treatment, and would like to be able to understand the risks of side effects versus the likely benefits of treatment, before they commit to the inconvenience of taking regular medication. An informed patient is more likely to be concordant with treatment, reducing waste of health care resources including professional time and the waste of medicines

which are dispensed but not taken [10]. *Communicating risk is not simple.* Many different dimensions and inherent uncertainties need to be taken into account, and patients' assessment of risk is primarily determined by emotions, beliefs and values, not facts. This is important, because patients and health care professionals may ascribe different values to the same level of risk. Healthcare professionals need to be able to discuss risks and benefits with patients in a context that would enable the patient to have the best chance of understanding those risks. It is also prudent to inform the patient that virtually all treatments are associated with some harm and that there is almost always a trade-off between benefit and harm. How health care professionals present risk and benefit can affect the patient's perception of risk. *Some important principles to follow when describing risks and benefit to patients:*

- Patients' assessments of risk are primarily determined by emotions, not by facts
- Communicate the trade-off between benefits and harms
- Avoid purely descriptive terms of risk, for example 'low risk'
- Use a consistent denominator, for example 1 in 100, 5 in 100; not 1 in 100, 1 in 20
- Use absolute numbers (not relative, or percentages)
- Describe outcomes in both a negative and positive perspective

C. Steps in the Patient Medication Interview

1. *Greeting and purpose of the interview:* The patient should be greeted and the pharmacist should make introductions if the patient is not already known to the pharmacist. The patient should be put at ease with some small talk. The purpose of the session and the benefits to the patient should be outlined. The patient should be assured that the information gathered will be held in confidence.

2. *Gathering of basic information:* Basic information such as complete name, address, phone number, birth date, all regular health care providers, insurance information, and occupation should be gathered.

3. *Patient's health history:* The patient should be asked about all current and past medical conditions including the symptoms experienced and the duration of the illness. Female patients of child-bearing age should be asked if they are pregnant or breastfeeding. Allergies and the type of reaction the patient experienced upon exposure to the substance should be determined.

4. *Prescription medication use:* Each medical condition identified above should be addressed in turn. The patient should be asked to describe all medications in current use including the name, strength of the drug, prescriber, dosage form and route of administration, dosing schedule including how the patient adheres to the prescribed regimen, the patient's perception of how well the medication works, adverse effects that the patient has experienced and the steps taken to relieve those effects. The patient should also describe all past medications used for a particular condition and the reasons why the medication was discontinued. The medications used for each condition should be discussed in turn.

5. *Nonprescription medication use:* The patient should be asked to describe the use of all products purchased without a prescription. This includes all typical OTC products as well as dietary supplements and herbal products. Patients often have difficulty remembering these products and their use. Prompts that the pharmacist might use include asking in turn about the major categories of products.

6. *Life-style issues:* Asking patients about life-style issues as well as the use of recreational drugs is best left until the end of the interview when the patient has become comfortable with the pharmacist and the process. The pharmacist should explain that use of these products may affect drug therapy and a clear understanding of the extent of use of these products is necessary for the best patient care. Remind the patient that this information is strictly confidential. The patient should be given the option

of refusing to provide this type of information. The patient should be asked about use of tobacco products and alcohol as well as recreational drugs.

7. *Closing the interview:* After completing the systematic collection of information, the pharmacist should offer the patient the opportunity to add any additional information he or she wishes to share or to ask any questions. The pharmacist should reiterate that all information collected will be held in confidence unless there is a need to discuss some of the information with another health care provider in the course of providing care for the patient. The pharmacist will need time to review the information and formulate any recommendations that should be made to the patient. A follow-up appointment should be scheduled with the patient for this purpose. The patient should be thanked for taking the time to complete the interview [11],[12].

D. Counseling Patients on The Use of Refill Prescriptions

The basic principles of a patient counseling session do not change whether the patient is starting a new medication or refilling an ongoing prescription. However, the focus of the discussion is somewhat different during a counseling session for a refill. A refill counseling session should concentrate on the following three areas:

- Confirm that the patient has been taking the correct medication and knows the indication for its use. Show the medication to the patient to determine that there is no confusion with a different prescription.
- Ask how the patient has been taking the medication. This tells the pharmacist whether the patient has adhered to the regimen. Additional evidence of the patient's compliance comes from the medication profile information. Has the patient returned at the appropriate time for a refill? When the patient describes how he or she has been taking the medication, does he appear sure of the information? Praise appropriate medication use and assist the patient in resolving any issues that have interfered with adherence to the regimen.
- Ask how the medication is working for the patient. What benefits has the patient gained from taking the medication? What problems have arisen while taking the medication? How has the patient handled these problems? Provide potential solutions to any unresolved problems. Encourage the patient by reiterating the benefits of continued medication use. Confirm the appropriate follow-up steps for monitoring the patient [13].

E. Techniques for Counseling Patients Who Present Barriers

Patient barriers generally fall into two categories—functional or emotional.

Functional barriers occur because the patient has difficulty receiving and understanding the communication provided by the pharmacist. Examples of this type of barrier include low illiteracy, hearing or visual impairment, and non-English speaking patients. Functional barriers can be grouped into four subcategories:

1. *Sensory abnormalities*—visual and hearing impairment
2. *Language differences*—low literacy, non-English speaking
3. *Comprehension difficulties*—psychiatric conditions, mental retardation, dementia.
4. *Alternative health beliefs* were discussed earlier in the chapter under Culture as a Barrier to Communication. Suggested techniques to improve counseling include:
 - Patience, kindness, and extra attention to the nonverbal message since patients usually interpret nonverbal messages well
 - Rephrase or carefully repeat when necessary; speak slowly and face patient
 - Reassure patient as needed
 - Ask for feedback from patient to assess level of understanding
 - Keep it simple; use no jargon
 - Prioritize the information to be given, stress the most important points, break into small segments of information
 - Use association to daily activities
 - Use calendar or containers to help organize and remember when to take medications
 - Use demonstrations when appropriate
 - Include caregiver or family member in conversation when possible

F. The Angry Patient Handling

Patients may be angry when they arrive at the pharmacy for a variety of reasons—time spent at the doctor's office, concerns over health or health care costs, or frustration over dealing with the complexities of the health care system, just to name a few. It may be helpful to recognize that anger is a secondary emotion. It occurs when the patient is experiencing strong emotions that may interfere with the patient's thought processes and prevent her from listening to communications or responding appropriately. Examples of emotional barriers would be anger, frustration, sadness, worry, or embarrassment. Regardless of the type of emotion the patient exhibits, dealing with a highly emotional patient is challenging for the pharmacist [14]. Often the pharmacist is uncomfortable with the emotions expressed by the patient and responds inappropriately by ignoring the issue at hand or by focusing on trying to solve the patient's problem. When the pharmacist recognizes that a patient is in an emotional state, it is important to deal with the emotional barrier first. Discussing the patient's current medication needs will be ineffective while the patient is distracted by other issues. It is important, at the very least, to acknowledge the patient's concerns. Expressing empathy to the patient is accomplished through the use of a reflective response. A reflective response is the pharmacist's way of communicating to the patient his or her understanding of the patient's feelings. It acknowledges the patient's feelings and usually has a calming effect on the patient that may allow the pharmacist to proceed with the counseling session. The patient may begin by feeling fear, hurt, anxiety, or frustration over events not under the person's control. The most effective techniques to deal with patient anger are assertive. Assertiveness is a neutral expression of one's personal rights, feelings, and beliefs that does not violate the rights of others. It sets boundaries for what behavior is acceptable. Assertiveness techniques that may be useful in dealing with patients who are angry or aggressive include the following:

- *Language ownership*—This is the demonstration of owning your feelings and emotions. Rather than using nonspecific terms, speak in the first person.
- *Specificity*—Clearly state what your needs and expectations of the other person are.

G. Counseling Children and Adolescents

The USP Pediatrics Advisory Panel and its Ad Hoc Advisory Panel on Children and Medicines have developed a position paper entitled Ten Guiding Principles for Teaching Children and Adolescents About Medicines. These principles encourage activities that help children and adolescents to become active participants in their own health behavior, particularly with regard to medication use.

Table 3. Ten Guiding Principles for Teaching Children and Adolescents About Medicines[15]

1.	Children, as users of medicines, have a right to appropriate information about their medicines that reflects the child's health status, capabilities, and culture.
2.	Children want to know. Health care providers and health educators should communicate directly with children about their medicines.
3.	Children's interest in medicines should be encouraged, and they should be taught how to ask questions of health care providers, parents, and other caregivers about medicines and other therapies.
4.	Children learn by example. The actions of parents and other caregivers should show children appropriate use of medicines.
5.	Children, their parents, and their health care providers should negotiate the gradual transfer of responsibility for medicine use in ways that respect parental responsibilities and the health status and capabilities of the child.
6.	Children's medicine education should take into account what children want to know about medicines, as well as what health professionals think children should know.
7.	Children should receive basic information about medicines and their proper use as a part of school health education.
8.	Children's medicine education should include information about the general use and misuse of medicines, as well as about the specific medicines the child is using.
9.	Children have a right to information that will enable them to avoid poisoning through the misuse of medicines.
10.	Children asked to participate in clinical trials (after parents' consent) have a right to receive appropriate information to promote their understanding before assent and participation.

H. Consulting Elderly Patients

The elderly patient may have several functional barriers. Vision and hearing are often impaired, and the patient may have difficulty removing child-proof tops, self-injecting insulin, or applying creams and ointments. Many elderly have low literacy skills as previously discussed. Additionally, cognitive impairments become more common with increasing age. As patients age, chronic conditions and the number of medications prescribed increase. Many of the techniques previously discussed with other barriers are useful when counseling elderly patients. In addition, pharmacists should consider the following:

- Additional time may be required to address the needs of the patient.
- Written information and compliance reminder aids are particularly helpful with large numbers of prescription products.

Studies indicate that an effective way to provide counseling to elderly patients is to provide small pieces of specific information coupled with a reminder aid and verbal reinforcement of the information. It is also important for pharmacists to consider their own feelings about aging. One recommendation

to increase empathy for elderly patients is to consider what the patient and the world were like when he or she was younger and to remember that the patient was not always old [16].

I. When Patients Refuse Counseling

Patients may decline the offer of patient counseling because they don't value taking the time to participate in the counseling process. Other patients may be rushed for time or distracted by other concerns that prevent them from listening to information about their prescription medications. When this happens, the pharmacist should be sure to give the patient written counseling materials along with the phone number of the pharmacy. The patient should be encouraged to call the pharmacy to discuss any concerns that she has at a more appropriate time. The pharmacist may offer to make an appointment with the patient for counseling over the telephone at a later date [17].

IMPROVING PATIENT COMPLIANCE

Benefits of Patient compliance

When patients experience chronic or acute episodes, many treatment options require patients to partake in lifestyle changes in order to address the root cause of their illness. For a diabetes patient, managing sugar levels can significantly improve quality of life, while a knee replacement patient may need to adhere to strict ambulation requirements to fully heal. The improvement of compliance will result in a situation in which all parties benefit. Most importantly patients benefit:

- Enhancement of the efficacy and safety of their drug therapy.
- Increased Patient Engagement: An educated patient is more likely to listen to your advice and recommendations
- Increased Patient Satisfaction: Current patients will notice the efforts you and your team are putting into outcome improvement
- Decreased Readmissions: A healthier patient via education efforts will cost your facility less money in readmissions

Pharmacists benefit because there is an increased recognition and respect for the value of the advice and service that they provide. Pharmaceutical manufacturers benefit from the favorable recognition that accompanies the effective and safe use of their drugs as well as from the increased sales resulting from the larger number of prescriptions being dispensed. Finally, society and the health care system benefit as a result of fewer problems associated with noncompliance. Although an increase in compliance will result in more prescriptions being dispensed and a higher level of expenditures for prescription medications, this increase in costs will be more than offset by a reduction in costs (e.g., physician visits, hospitalizations) attributable to problems due to noncompliance[18].

Improving Compliance through Effective Counseling

Pharmacists have a particularly valuable opportunity to encourage compliance since their advice accompanies the actual dispensing of the medication, and they usually are the last health professional to see the patient prior to the time the medication is to be used[19].

- Identification of Risk Factors
- Development of Treatment Plan
- Patient Education
- Oral communication/counseling
- Written communication
- Audio-visual materials
- Controlled therapy
- Patient Motivation
- Monitoring Therapy
 1. Self-Monitoring
 2. Pharmacist Monitoring
 3. Directly Observed Treatment (DOT)

Patient Empowerment

A medical practitioner should adopt upcoming changes and technological advancements for disease prevention and longevity of life. First, empower patients. They should conduct their own tests and gather data, sharing those with concerned healthcare professionals and contribute to the data pool for better treatment path. Second, reestablish patient-provider relationship. A doctor or a pharmacist who interpret diagnosis, aid patient in a manner that they have a clear picture of everything. A time mandated conversation about disease and treatment instructions make patients acquainted of the facts. Third, patient education. If a patient is acquainted about the whole situation, he never delays in consent giving or upcoming expenditure (if within affordability). Pharmacists or concerned hospital person may mandate them to attend classes of “Understanding body and disease management). Lastly, patient needs to see the bigger picture, then after he is to address the fragmentation of care, the communication improved. And so is the compliance [20].

Table 4. An Outline of Patient Empowerment Program[1]

1.	Health care professional assess current status (physical, emotional, cognitive, etc.) <ul style="list-style-type: none"> • Review patient's actual self-care practices • Reviews patient's recommended self-care practices
2.	Health care professional provides relevant medical information <ul style="list-style-type: none"> • Describes various treatment options • Reviews costs and benefits for each option
3.	Health care professional acknowledges patient's responsibility for self-care <ul style="list-style-type: none"> • Helps patient clarify personal values specific to their illness • Helps patient assess level of personal responsibility for their care • Helps patient select treatment goals
4.	Patient identifies barriers and strengths related to achieving self-care <ul style="list-style-type: none"> • Assesses medical barriers and sources of support • Assesses life/social barriers and sources of support
5.	Patient assumes problem-solving responsibility <ul style="list-style-type: none"> • Develops skills to optimize support (e.g., communication and assertiveness skills to enhance support from family and friends; increases support networks) • Identifies potential barriers • Learns strategies/skills to overcome barriers (e.g., negotiation, self-care agreements and plans, conflict resolution)
6.	Patient establishes plan with assistance from provider
7.	Patient carries out plan
8.	Patient and provider evaluate and review plan using problem solving model

SUMMARY

In summary, the pharmacist-patient relationship is an important one in health care. The relationship that is built on effective communication and trust and established over time may be related to better patient health outcomes. This article explained the communication process, introduced the concept of patient empowerment, described pharmacist counseling and communication skills, reviewed a model patient counseling session, a model medication history process and presented steps and techniques for counseling patients who present to the pharmacy with barriers. It is imperative that future health care professionals and pharmacists understand the need for effective communication and the link with patient health behavior.

CONCLUSION

Prescribing and patient counseling is a mammoth task. Pharmacists or other health professionals are the core of patient counseling process as today's doctors are busy enough to give adequate time to educate patients about their health and disease progression, compliance and mitigation. A compliant patient with sufficient knowledge regarding about disease, medication and lifestyle modification is a long way to go. Pharmacists have to play a versatile role from prescribing to compliance. A proper patient counseling leads to improve patient compliance and hence the therapeutic outcomes and quality of life. Moreover, the patient counseling by pharmacists also enables chronic care patients to have patience.

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Compliance with Ethical Standards

Availability of data and materials

Data sharing: Data will be provided on request.

Competing interests

The author declares that he has no competing interests.

References

- [1] Funnell MM, Robert M and others. White Empowerment: An Idea Whose Time Has Come in Diabetes Education The Diabetes Educator Vol 17, No. 1 Page 37-41
- [2] MaijaR, Bert NU.Social and Emotional Support and its Implication for HealthCurrOpin Psychiatry. 2008 Mar; 21(2): 201–205. doi: [10.1097/YCO.0b013e3282f3ad89]PMID: 18332671
- [3] Laetitia HH, Lynne E and others. Utilization of community pharmacy space to enhance privacy: a qualitative study Health Expect. 2016 Oct; 19(5): 1098–1110. doi: 10.1111/hex.12401 PMID: 26332335
- [4] Patricia AT, Debra AL. Comply With Us: Improving Medication Adherence Journal of Pharmacy Practice 2004(17.3) Page 167-181
- [5] Seungwon Y, Dasohm K and others. A comparison of patients' and pharmacists' satisfaction with medication counseling provided by community pharmacies: a cross-sectional survey BMC Health Serv Res. 2016; 16: 131. Published online 2016 Apr 14. doi: [10.1186/s12913-016-1374-x]PMID: 27080704
- [6] Eileen O. Clinical Empathy Key to Pharmacist-Patient Interactions Pharmacy Times MARCH 19, 2015
- [7] Susan KW, William D and others.Medical word use in clinical encountersHealth Expect. 2009 Dec; 12(4): 371–382.doi: [10.1111/j.1369-7625.2009.00555.x] PMID: 19709316
- [8] Emine S. Keeping the faith The Guardian Health & wellbeing/ Ethics 20 Mar 2007
- [9] Guide to Religion and Culture in Healthcare Copyright 2009 Florida Hospital URL:https://library.adu.edu/sites/default/files/guide_to_religion_and_culture_in_healthcare.pdf
- [10] Gurudutt N, Harun A and others.Communicating risk to patients and the publicBr J Gen Pract. 2012 Apr; 62(597): 213–216.doi: [10.3399/bjgp12X636236] PMID: 22520906
- [11] Peter RL.Chapter 3. The Medical InterviewClinical Methods: The History, Physical, and Laboratory Examinations. 3rd edition.Walker HK, Hall WD, Hurst JW, editors. Boston: Butterworths; 1990.
- [12] Barbara B, Chapter 3. The Beginning of the Interview: Patient-Centered InterviewingSmith's Patient Centered Interviewing Page 29-62
- [13] Justin JS Chapter 3. Counseling and Motivational Interviewing Access Pharmacy Community and Clinical Pharmacy Services: A Step-by-Step Approach
- [14] Chipidza F, Rachel S and others. Theodore A. S. Evaluation and Treatment of the Angry Patient Prim Care Companion CNS Disord. 2016; 18(3): 10.4088/PCC.16f01951. doi: 10.4088/PCC.16f01951 PMID: 27733956
- [15] Doak CC, Doak LG, Root JH. Teaching Patients with Low LiteracySkills. Philadelphia: JB Lippincott, 1996.
- [16] Derjung MT,Debra AP and others.Older Patient, Physician and Pharmacist Perspectives about Community Pharmacists' RolesInt J Pharm Pract. 2012 Oct; 20(5): 285–293. doi: [10.1111/j.2042-7174.2012.00202.x]PMID: 22953767
- [17] Tong SF, Chen RA. Patient Who Refused Medical Advice: The Doctor And The Patient Should Look For A Common Ground Malays Fam Physician. 2007; 2(3): 110–113. PMID: 25606096
- [18] Paul E., Scott S. Patient Welfare and Patient Compliance:An Empirical Framework for Measuring The Benefits from Pharmaceutical InnovationURL: <https://m.tau.ac.il/~manuel/pdfs/Patient%20Compliance.pdf>
- [19] Annie C, Richard M. Optimizing medicines management: From compliance to concordanceTher Clin Risk Manag. 2007 Dec; 3(6): 1047–1058.PMID: 18516274