

Knowledge, Attitude and Practice (KAP) of the Healthcare Professionals and Community towards Patient Counselling in Tertiary Care Hospital

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ABSTRACT

Background: Patient counselling is recognized as an integral component of healthcare services, providing essential guidance to patients. However, it has been observed that in India, practical attendance of designated patient education sessions is not emphasised. Therefore, the principal aim of this research endeavour was to evaluate the Knowledge, Attitude, and Practice of Healthcare Professionals (HCPs) and the Community towards patient education. **Materials and Methods:** This research aimed to assess the KAP of patient counselling among Healthcare Professionals (HCPs) and Patient Caregivers (PCs) in THF. A cross-sectional survey was conducted, utilizing a self-administered questionnaire. The study highlights variations in knowledge of patient counselling practices and represents the first comprehensive assessment of HCPs' knowledge and the community's perception of patient counselling. **Results:** The respondents consisted of 347 females (69.4%) and 153 males (30.6%), representing different professional cadres, including doctors (39.0%), nursing staff (59.4%), and Clinical Pharmacists (CP) (1.6%). Approximately 41.2% of the participants demonstrated a "Positive" attitude towards patient counselling. However, the community generally held a positive attitude towards patient counselling, highlighting areas for improvement and potential interventions to enhance patient care services. **Conclusion:** There was no significant variation in the knowledge of different categories of HCPs and facility levels about patient counselling. Encouragingly, the overall attitude of respondents towards patient education and counselling was positive. Based on the above, strategies are needed to build capacity of HCPs and awareness of community to enhance the interaction between physicians, clinical pharmacists and patients.

Keywords: Attitude and Practice, Clinical Pharmacist, Knowledge, Patient Counselling.

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INTRODUCTION

Patient counselling, also known as patient education or patient consultation, is the process of providing information, guidance and support to patients regarding their healthcare conditions, treatment options, medications and overall health management. It involves effective communication between HCPs, such as doctors, nurses, Clinical Pharmacist (CP), or other members of the healthcare team and patients or their careers. The provision of patient counselling is recognized as a crucial element of pharmaceutical care services.¹ In India, the dynamics of patient counselling differ significantly from the West; in Western countries, the patient is the most crucial component of clinical decision-making and his or her right to information cannot be

infringed upon unless the patient is not in a medically fit state to do so. Even though the same ideas are present on paper, they are rarely put into practice here. The majority of patients in India receive medications as part of their treatment at each of the primary, secondary and tertiary levels of healthcare without even being aware of their condition, prognosis, risks of treatment, or benefits of it.² The majority of prescribers have little time to explain how these medications are used to their patients because of their standard reasons, such as workload, time constraints and a doctor-to-patient ratio of 1:1511. Patients do not receive adequate information regarding their medication, including when and how much to take, how long to take it for and what to do in the event of side effects or missed doses. Patients won't even understand if they are experiencing any adverse drug events and often misinterpret the event as a sign or symptom of an underlying disease. Lack of knowledge may cause a patient to take a medication differently than intended, which could lead to medication nonadherence, therapeutic failure, side effects, increased costs for investigations and treatment, or even hospitalisation.²



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As per the Pharmacy Practise (Amendment) Regulations, 2021, of sections 10 and 18 of the Pharmacy Act, 1948 A qualified clinical pharmacist (Pharm.D) is responsible for patient counselling and providing patient care that optimizes the use of medication and promotes health, wellness and disease prevention in collaboration with physicians and other health care professionals.³ As a result of appointing Pharm.D graduates for the lead, patients' medication adherence and treatment satisfaction are improved by counselling them at the time of discharge and during routine follow-ups, which also improves clinical outcomes.

CPs is actively involved in reviewing drug therapy, effectively utilizing relevant clinical and laboratory data to identify and resolve various drug-related issues. These issues include addressing concerns such as therapy duplication, potential drug-drug and drug-food interactions, contraindications, inappropriate dosages (frequency and strength), possible Adverse Drug Reactions (ADRs), inappropriate drug selection, instances of drug therapy without a valid indication or a lack of prescription for a necessary indication, non-adherence to medications and exploring the availability of cost-effective alternatives. In addition to this, CPs contribute significantly to therapeutic decision-making processes and are instrumental in formulating guidelines for antibiotic usage, all while ensuring cost-effectiveness in patient care.^{4,5}

To bridge the gap between the existing challenges and the potential benefits of patient counselling, it is crucial to assess the Knowledge, Attitude and Practices (KAP) of both healthcare professionals and the community towards patient counselling. The study aims to understand healthcare professionals' perspectives and the community's attitudes toward patient counselling to design effective interventions and education programs. These programs are expected to enhance patient engagement, medication adherence and overall healthcare outcomes. Furthermore, patient counselling by clinical pharmacists is anticipated to improve the healthcare system by increasing patient understanding and treatment success through specialized knowledge and targeted interventions.

MATERIALS AND METHODS

Study Site

Pimpri-Chinchwad, also known as PCMC, is a city in the western Indian state of Maharashtra. The city is located northwest of the historic city of Pune, comprised of more than 26 Tertiary Healthcare Facilities (THFs) with different population sizes and coverage. Of the 26 THFs, one Tertiary care Hospital was used for this study.

Research Design

A self-administered questionnaire-based cross-sectional survey among different categories of Healthcare Professionals (HCPs) such as Doctors, Nursing staff and Clinical Pharmacists and Patient Caregivers (PCs) such as Patient's family members,

Patient's guardians, representing the community attending the selected THF in Pimpri-Chinchwad, western India between June and July 2023.

Subjects Involved

The randomized population of THF's Medical and Paramedical staff as HCPs as well as PCs attending the selected Tertiary Healthcare facility for medical care.

Inclusion and exclusion criteria

Full-time HCPs involved in the day-to-day treatment and care of patients, as well as adult patients with their caregivers attending the THF for health-related complaints and who gave consent for participation were enrolled. Patients' caretakers who declined to participate as well as THF employees who were primarily recruited for administrative tasks, allied health workers and supportive technicians were all excluded.

Sampling and Sample Size

The given THF was selected based on the multidisciplinary and specialty departments in the organization as well as the relatively high patient intake as compared to other local THFs. The present study was carried out using the convenience sampling method. An estimate of 500 for each group was arrived at based on the above method. A simple random sampling technique was used to select participants from multiple tiers of healthcare facility and professional categories. Figure 1A and Figure 1B shows the sampling distribution per Community and HCPs respectively.

Materials Used

The study questionnaire was prepared in English, Hindi (the national language) and Marathi (the local language) to align with the context of our research. The questionnaire was extensively reviewed by the guide of the study for content uniformity and relevance of the questionnaire with the objectives of the survey study. The semi-organized questionnaire for HCPs consisted of two sections among which one section explored the demographic details and designation while the other investigated the Knowledge, Attitude and practice of patient counselling. We developed a 20-question survey that included 15 questions using a 5-point Likert scale and 5 descriptive questions, some of which allowed for multiple responses. The questionnaire for (PCs) followed a similar format to that for (HCPs) but was tailored to focus on community-oriented aspects, assessing knowledge, attitudes and practices on the same topics.

Pretest and Validation of the Instrument

The questionnaire was reviewed for content and linguistic validity by two professors in academia, one research scholar and one practicing CP expert in the field of Clinical Pharmacy and Pharmacotherapeutics. The items in the questionnaire had internal consistency with Cronbach's alpha score of <0.7. Pretest/

face validity testing of the questionnaires was then conducted on 20 participants recruited from the THF to determine the suitability of the recruiting process as well as the ease with which potential participants could understand the question items. Minor changes were made to the questionnaires in response to feedback from the pretest and validity assessments, such as redesigning some statements with a Yes/No response option as a ranking variable to ensure opinion clarification.

Study Procedure

The HCPs were courteously approached by the Principal Investigators and then the study's goals and objectives were explained to the participants within their respective departmental OPDs and ward facility and extended an invitation for them to participate. The aforementioned approach was continually employed throughout the duration of the study, particularly to ensure the health professionals' best cooperation and continued engagement. On the other hand, patients' caregivers were enrolled for participation during their stay in the hospital. Verbal consent was secured from each participant, indicating their willingness to take part. The tangible paper-based questionnaire was self-administered by the HCPs and subsequently cross-checked for completeness before the disengagement of any participant. The interviewed-administered questionnaire was done by the principal investigators. For ease of comprehension, the PC questionnaire was translated into Marathi, the local language. Later, back-translation into English was carried out to guarantee response consistency. Participants were reminded that participation in the study was entirely optional and that their identities and responses would remain confidential.

Statistical Analysis

The collected data was inspected for accuracy, consistency and completeness. Statistical analysis was conducted using IBM SPSS version 23. Descriptive statistics used in the case of Categorical variables (Sex, Designation of HCPs and knowledge level)

were summarized using frequencies and percentages while normally distributed continuous variables (Patient Counselling Knowledge score) were summarized using means and standard deviation. The normality of data was determined using the Kolmogorov-Smirnov test. A comparison of means (Patient Counselling Knowledge Scores) of the variable (Professional Cadre) was done using ANOVA. Correlation between categorical variables (Gender, Age group and Professional cadre) was assessed using the Chi-square test. A P-value less than .05 was considered a statistically significant association.

RESULTS

Demographic Characteristics of HCPs

All the 500 Healthcare professionals enrolled in the survey responded to the questionnaire and the given response rate was 100%. 347(69.4%) were Female and 153(30.6%) were male respondents. The professional cadre of the Healthcare workers who participated in the study included Doctors (195; 39.0%), Nursing staff (297; 59.4%) and CP (8; 1.6%). Majority 420(84%) had work experience within $\leq 1-8$ years, while 73(14.6%) had practice experience of >10 years and 7(1.4%) had experience of >25 years.

Knowledge and Awareness of Patient Counselling in HCPs

Female respondents (3.4 ± 0.45), age group >45 years (3.5 ± 0.51) and Nursing staff (3.4 ± 0.47) had higher knowledge scores. There was no statistically significant difference in knowledge score based on gender, Age group and professional cadre (p value of .350, .094 and .116 respectively). Comparison of means of knowledge score among the different grouped categorical variables revealed that there is a statistically significant association in knowledge level based on gender, but no statistically significant association between knowledge levels based on age group, professional cadre (p value of .021, .193 and .655 respectively) (See Table 1).



Figure 1: Frequency Distribution of Community and Healthcare Professionals.

HCP's perceived attitude towards Patient Counselling

The majority of healthcare professionals have a positive attitude towards patient counselling, as evidenced by their agreement with statements related to the installation of counselling centers 446(89.2%), discussing side effects 427(85.4%), concern towards unresponsive patients 418(83.6%), special counselling for specific patient groups 475(95%) and high patient satisfaction after counseling 474(94.8%). However, there is a more divided opinion regarding the use of drug therapy and the need for lifestyle changes 265(53%). Overall, 206 (41.2%) had a total score >80% indicating a "Positive" attitude towards patient counselling (See Table 2).

Patient Counselling Practice among HCPs

Most professionals participate in counselling sessions regularly and often recommend generic medicines, showing concern for cost-effectiveness and the patient's financial status. They also frequently counsel patients about the direction to use medicines and medical devices, as well as the proper disposal

of unused and expired medicine. However, there is variation in the number of counselling sessions provided daily (See Figure 2). Additionally, the majority of healthcare professionals convey related information to the patient's representative when dealing with complicated medical conditions, but a significant portion directly informs the patient about risk factors (See Table 3).

Demographic Characteristics of the Community

A total of 500 eligible patient representatives approached for participation in the study gave consent and completed the study, thus, a response rate of 100% was obtained among patients. Females constituted 268(53.6%) and males were 232(46.4%). The majority, 225(45.0%) were within the age range of 15-35 years, while 191(38.2%) were between age group 36-55 years and 84(16.8%) were ≥56 years of age.

Knowledge and awareness of patient counselling among the community

A significant proportion of the community is unaware of the responsibilities of CPs 418(83.6%) and the existence of generic

Table 1: Association between Knowledge level and other variables.

Variable	High Knowledge n (%)	Moderate Knowledge n (%)	Low Knowledge n (%)	Total	χ^2	p value
Gender					17.564	.350
Male	74(48.73%)	29(19%)	50(32.39%)	153		
Female	175(50.51%)	63(17.94%)	109(31.54%)	347		
Age Group					42.932	.094
≤25 Years	109(51.0%)	47(21.96%)	56(26.34%)	212		
26-45 years	146(52.41%)	60(21.73%)	72(25.84%)	278		
>45 Years	6(55.71%)	2(22.85%)	2(21.43%)	10		
Professional Cadre					41.751	.116
Doctors	91(46.66%)	57(29.01%)	47(24.32%)	195		
Nursing Staff	159(54.4%)	48(16.2%)	90(29.25%)	297		
Clinical Pharmacist	3(32.14%)	3(41.07%)	2(23.43%)	8		
Variable	Number of Responses		Mean Knowledge Score (SD)	F	p value	
Sex				5.342	.021*	
Male	153		3.3693(0.47)			
Female	347		3.4721(0.45)			
Age Group				1.651	.193	
≤25 Years	212		3.3975(0.45)			
26-45 years	278		3.4718(0.46)			
>45 Years	10		3.5000(0.51)			
Professional Cadre				0.423	.655	
Doctors	195		3.4308(0.44)			
Nursing Staff	297		3.4506(0.47)			
Clinical Pharmacist	8		3.3125(0.39)			

equivalent drugs 316(63.2%). Most respondents also have some level of familiarity with the usage of prescribed medications 176(35.2%). The primary source of information about their disease for the community is their physician 477(95.4%), while CPs and other sources play a relatively smaller role in providing disease-related information as perceived by the community (See Figure 3).

Community's perceived attitude towards patient counselling

The community generally holds a positive attitude towards patient counselling. Both males and females showed a high level of acceptance towards patient counseling (164;70.68% and 185;69.13% respectively), with gender not significantly influencing attitudes (p -value of 0.263). Similarly, attitudes towards patient counselling were consistent across the age group of ≤ 25 Years, 26-45 years and >45 Years (64;70.32%, 173;70.04 and 112;69.13 respectively), with no significant differences (p value 0.376) (See Figure 4).

Community's perception and behavior regarding their Health Management

The majority of participants reported seeking disease management education from doctors (434;86.8%) and the healthcare provider's role in guiding medication storage was found to be moderate. Participants expressed overall positive perceptions of their healthcare provider's availability to answer questions (338;67.6%) and assistance in managing medications (248;49.6%). Affordability of prescribed lifestyle modifications was generally perceived as likely (324;64.8%). The majority of participants also reported following instructions from a

single physician (273;54.6%). Additional remedies for health improvement varied among participants. (See Table 4).

DISCUSSION

The present study aimed to assess the Knowledge, Attitudes and Practices (KAP) of HCPs and the community towards patient counselling in a THF. Patient counselling is a vital aspect of healthcare services. However, in India, patient counselling practices often fall short due to various factors, including time constraints, workload and lack of awareness among both HCPs and the community.

Community's Perceived attitude towards Patient Counselling

The knowledge level of patient counselling among healthcare professionals showed no significant differences based on gender, age group, or professional cadre. Overall, healthcare professionals demonstrated a positive attitude toward patient counselling. The majority agreed that counselling centers should be installed in hospitals and they should discuss the side effects of medications during counselling. However, there was some uncertainty regarding the need for lifestyle changes in patients undergoing drug therapy. The positive attitude of healthcare professionals towards patient counselling is encouraging, as it indicates their willingness to engage in patient education and support.

There appears to be a notable disparity in awareness among HCPs regarding the responsibilities of CPs in therapy management and outcomes. While HCPs report frequently recommending generic medications based on cost/benefit considerations and patients' financial status, a substantial proportion of the community remains unaware of the existence of generic equivalent drugs. Within the context of the Indian healthcare

Table 2: Evaluation of HCP's perceived Attitude towards Patient counselling.

Attitude Statements (n=500)	SA and A	U	SD and D
1. Do you think a patient counselling center should be installed in your hospital?	446(89.2)	6(1.2)	48(9.6)
2. Do you think it is necessary to discuss the side effects of every medication included in the therapy during counselling?	427(85.4)	29(5.8)	44(8.8)
3. Do you agree that you should be concerned about unresponsive patients?	418(83.6)	42(8.4)	40(8.0)
4. Do you agree patients such as geriatrics, paediatrics and psychiatrists need a special counselling session for their health consultation?	475(95.0)	11(2.2)	14(2.8)
5. How satisfied are your patients after counselling?	474(94.8)	9(1.8)	17(3.4)
6. Do you think Drug therapy should only be used if the patient is willing to change their lifestyle?	265(53.0)	00(00)	235(47.0)
Overall Cut-off for attitude score (%)	Frequency (%)	Remark	
Score >80	206(41.2)	Positive	
Score ≤ 80	294(58.8)	Negative	

Items 1 to 5 are positive statements with rank scores as Strongly Agree (SA)=5, Agree (A)=4, Undecided (U)=3, Disagree (D)=2, Strongly Disagree (SD)=1, while items 6 statements with only binary scoring of Strongly Agree (SA) and Agree (A) +5 or Disagree (D) and Strongly Disagree (SD)=-5. Maximum obtainable score=30 points. Percentage score obtained=individual score divided by 30, multiply by 100.

Table 3: Patient Counselling Practice among HCPs.

Variables (n=500)	Frequency (%)				
	N	R	S	O	A
How frequently do you participate in patient counselling sessions?	28(5.6)	42(8.4)	131(26.2)	150(30.0)	149(29.8)
How often do you recommend generic medicine considering the cost/benefit ratio and the Patient's financial status?	38(7.6)	68(13.6)	109(21.8)	139(27.6)	147(29.4)
How often do you counsel the patient about the directions to use the medicine and medical devices?	11(2.2)	10(2.0)	32(6.4)	66(13.2)	381(76.2)
How often do you direct the patient about the disposal of unused and expired medicine?	30(6.0)	43(8.6)	80(16.0)	138(27.6)	209(41.8)
On average how many counselling sessions do you provide in a day?					
<5	197(39.4)				
5-10	151(30.2)				
10-15	108(21.6)				
>15	44(8.8)				
How do you counsel regarding complicated medical conditions?					
A. Directly inform about the risk factors the patient.	185(37.0)				
B. Convey related information to a representative of the patient.	275(55.0)				
C. Not necessary in case of preventable complications.	21(4.2)				
D. No need to convey (patient may panic).	19(3.8)				

*The items in the table representing (N)=Never, (R)=Rarely, (S)=Sometimes, (O)=Often and (A)=Always.

landscape, a noteworthy observation is the prevalent occurrence of medication non-adherence among the geriatric population, predominantly attributed to the financial burden experienced by individuals in acquiring essential medications.^{6,7} HCPs assert that they regularly provide counselling to patients on the appropriate use of medications and medical devices, resulting in 35.2% of the community being familiar with the usage of prescribed medications. However, despite their role in advising patients about disposal, the primary source of disease-related information for the community remains their physician, indicating a potential opportunity to further involve CPs and other sources in patient education.⁸

On the other hand, the community's knowledge and awareness regarding patient counselling were relatively low. A significant proportion of the community was unaware of the role of CPs in therapy management (83.6%) and the existence of generic equivalent drugs (63.2%). This could affect effective patient counselling and lead to misunderstandings and non-adherence to medications. It is essential to improve health literacy among the community to enhance their understanding of healthcare and treatment options.⁹ The community displayed a positive attitude towards patient counselling. The importance of patient counselling is recognized regardless of demographic factors.

Whether it may be the general medicine ward or emergency ward, the availability of CP has a positive impact on patient care.^{10,11} Patient guidance regarding their medical condition and treatment options, significantly impacts treatment outcomes and overall patient satisfaction.¹² Patient counseling, which ultimately aims at recognition, early prevention and reduction of unwanted consequences, includes counseling regarding the medication's predictable side effects, which can promote a significant drop in ADR.¹³

The study also shed light on the barriers faced by HCPs during patient counselling. Language barriers, low education levels of patients and time constraints were among the main obstacles. See Figure 2, a varied outlook of this particular aspect can be observed as there are few patient perspective barriers such as lack of confidence, embracement, guilt, restricted education, unfamiliarity with medical jargon and lack of interest.¹⁴ These barriers can hinder effective communication and understanding between HCPs and patients, emphasizing the need for tailored counselling approach.

Diseases such as neurodegenerative and cardiovascular disorders, as well as mental and immune system maladies, can be significantly ameliorated through a combination of pharmacological therapy, non-pharmacological interventions

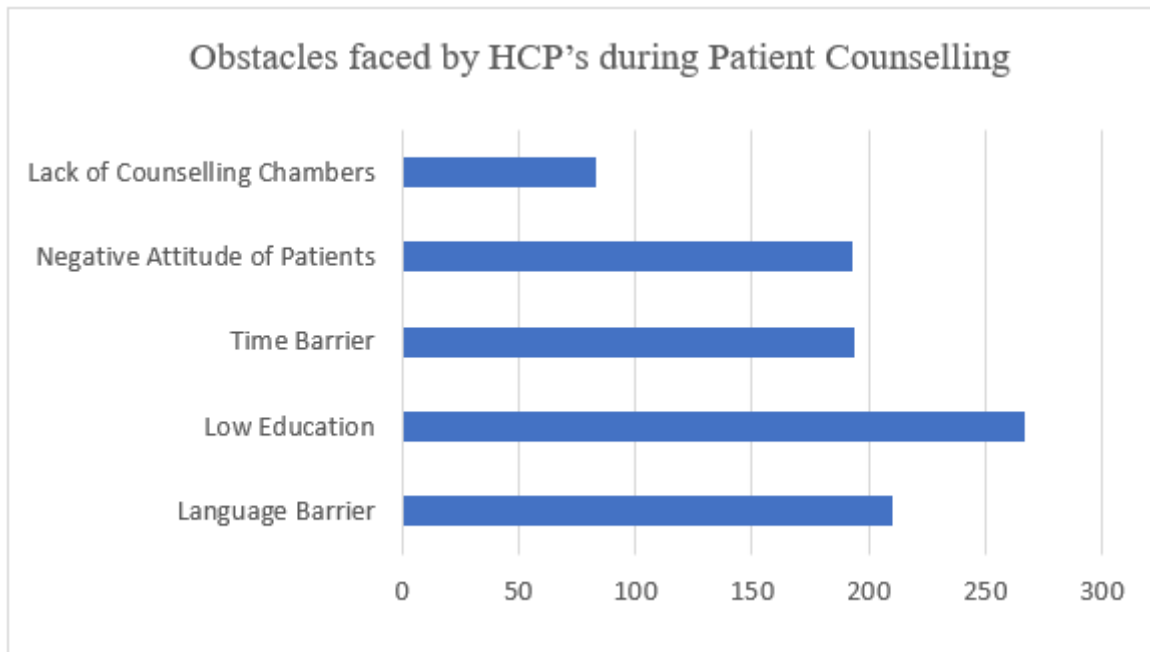


Figure 2: Barriers for Patient Counselling according to Healthcare Professionals.

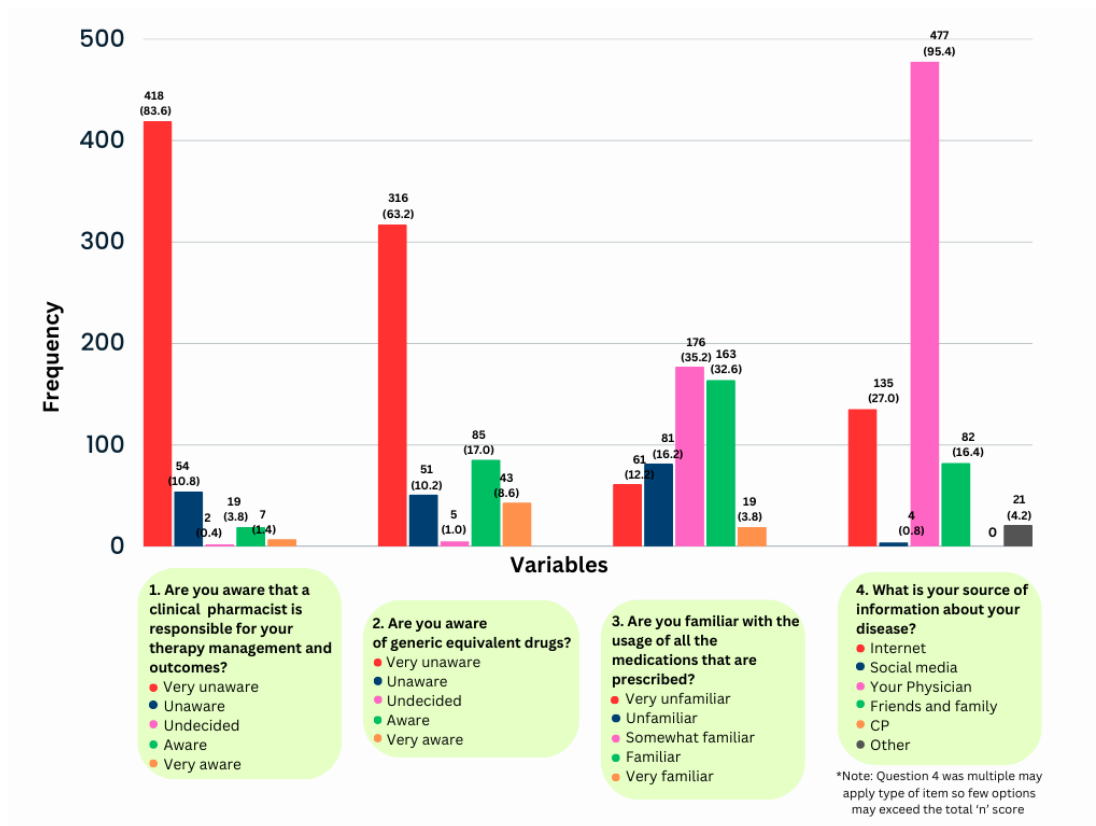


Figure 3: Community knowledge and awareness regarding Patient Counselling.

and lifestyle modifications. Implementing such an approach has the potential to mitigate adverse effects, reduce healthcare utilization and promote sustainable healthcare practices.¹⁵⁻¹⁸ Within the scope of this investigation, HCPs were queried about their stance on offering varied counselling approaches to diverse

age groups. An overwhelming majority (95.0%) concurred that distinct counselling protocols are a necessity for paediatric, geriatric and psychiatric populations.¹⁹⁻²¹ The study findings reveal that the community generally holds a positive perception

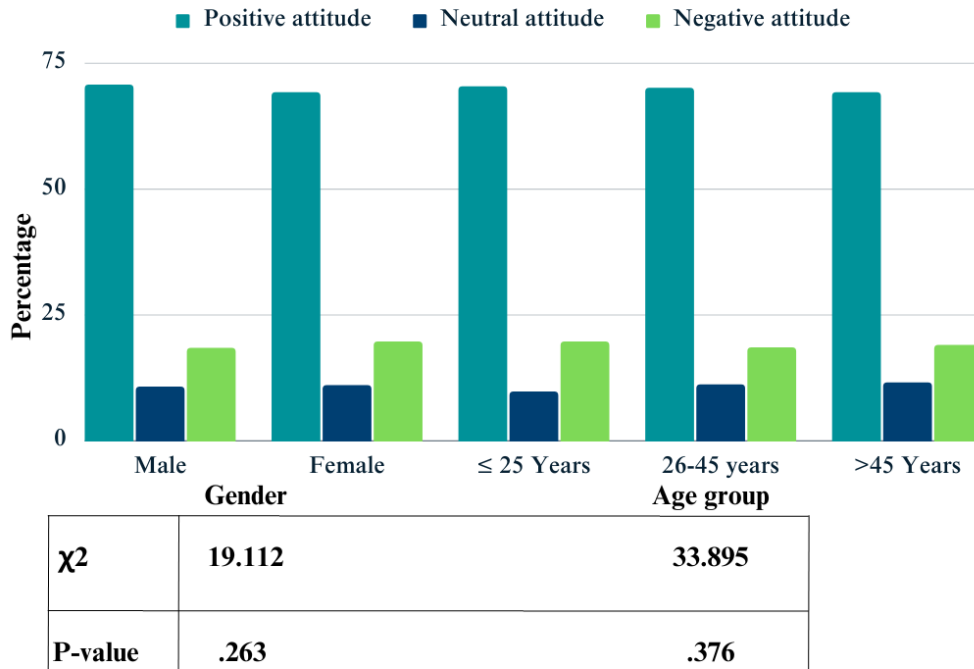


Figure 4: Community's Perceived attitude towards Patient Counselling.

Table 4: Perception and Behaviour of Community.

Variable (n=500)	Frequency (%)	Variable (n=500)	Frequency (%)
1. Who educates you about your disease management?		4. How the healthcare provider assists you in managing your medications?	
a. A doctor does	434(86.8)	a. Very poor	25(5.0)
b. A nurse does	49(9.8)	b. Poor	33(6.6)
c. The clinical pharmacist does	3(0.6)	c. Acceptable	178(35.6)
d. Other	14(2.8)	d. Good	248(49.6)
2. Does your healthcare provider guide you about proper medication storage?		e. Very good	16(3.2)
a. Never	196(39.2)	5. Do you think you can afford the lifestyle modification prescribed by your healthcare provider?	
b. Rarely	109(21.8)	a. Very unlikely	2(0.4)
c. Sometimes	59(11.8)	b. Unlikely	6(1.2)
d. Often	116(23.2)	c. Neutral	65(13.0)
e. Always	20(4.0)	d. Likely	324(64.8)
3. The healthcare provider availability to answer your questions?		e. Very likely	103(20.6)
a. Never	7(1.4)	6. Do you take any medications other than those prescribed by the physician?	
b. Rarely	32(6.4)	a. Never	439(87.8)
c. Sometimes	101(20.2)	b. Rarely	37(7.4)
d. Often	338(67.6)	c. Sometimes	14(2.8)
e. Always	22(4.4)	d. Often	6(1.2)
		e. Always	4(0.8)

Variable (n=500)	Frequency (%)
7. What do you do in the case of skipped medication?	
a. Take the medication whenever remembered	155(31.0)
b. Skip the medication for that day	107(21.4)
c. Ask my caregiver what to do	238(47.6)
8. Do you follow instructions from a single physician or go for a 2 nd opinion?	
a. Yes, I follow	273(54.6)
b. No, I prefer 2 nd opinion	217(43.4)
c. Sometimes, depends on the outcomes	10(2.0)
9. Any other remedies you follow for the betterment of your health?	
a. Activities suggested by your friends and family	69(13.8)
b. Ayurveda, Unani, Siddha, homeopathy, physiotherapy	84(16.8)
c. Traditional dietary practices	74(14.8)
d. Miscellaneous techniques	14(2.8)
e. No	259(51.8)

regarding the availability, assistance and guidance provided by healthcare providers in disease management (See Table 4).

To address the gaps identified in the study, healthcare facilities should focus on implementing patient counselling centers and providing regular training and education to healthcare professionals to enhance their counselling skills. Additionally, efforts should be made to improve health literacy among the community through awareness campaigns and targeted educational programs.

Study Limitation

The research was carried out at a healthcare facility located in Pimpri Chinchwad, Maharashtra, India, limiting the geographical scope to this region. Additionally, since it relied on self-reporting, participants' responses may have been influenced by response bias and potential inaccuracies in the recall, potentially impacting the study's outcomes.

Directions for future research

Future research should focus on expanding the geographical scope, employing longitudinal designs to assess the impact of interventions and exploring additional areas such as chronic disease management, genetic counselling and the use of digital solutions in patient education. Enhancing patient counselling practices in India holds the potential for substantial improvements

in patient-centered care, ultimately leading to better health outcomes and quality of life for patients.

CONCLUSION

This study underscores the critical role of patient counselling in enhancing patient care within a tertiary healthcare setting. Our research aimed to evaluate the Knowledge, Attitudes and Practices (KAP) of Healthcare Professionals (HCPs) and the community regarding patient counselling. The findings indicate a significant gap in patient counselling practices, particularly in providing comprehensive medication information and fostering effective communication between HCPs and patients. Key findings reveal that while healthcare professionals possess varying levels of knowledge about patient counselling, there is a need for greater consistency and depth in their understanding. Female respondents, older age groups and nursing staff demonstrated higher knowledge scores, although no significant differences were found across gender, age group and professional cadre overall. The community largely depends on physicians for disease-related information, with limited awareness about the roles of clinical pharmacists and generic drugs. The implications of these findings are multifaceted. Enhancing patient counselling practices can lead to better medication adherence reduced therapeutic failures and lower healthcare costs. Integration of PharmD graduates in patient counselling roles shows promise in improving clinical outcomes and patient satisfaction. To bridge the gaps identified, targeted interventions and educational programs tailored to both HCPs and the community are essential.

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CONFLICT OF INTEREST

The author(s) declared no potential conflicts of interest concerning the research, authorship and/or publication of this article.

ABBREVIATIONS

THF: Tertiary Healthcare Facility, CP: Clinical Pharmacist, PC: Patient caregivers, HCP: Healthcare professionals, PCMC: Pimpri Chinchwad Municipal Corporation.

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WHAT IS NEW

In this research, we assessed the knowledge, attitude and practice of patient counselling among HPCs in THF in the state of Maharashtra, India. The findings revealed considerable variability in respondents' knowledge concerning patient counselling and its practices. This study stands as the pioneering attempt to objectively evaluate the knowledge levels of diverse categories of HCPs regarding patient counselling and education. Additionally, we conducted a correlational analysis of the community's knowledge, attitude, perception and behavior toward patient counselling in India.

SUMMARY

The study investigates the Knowledge, Attitude, and Practice (KAP) of healthcare professionals (HCPs) and the community regarding patient counselling in a tertiary care hospital in Pimpri-Chinchwad, Maharashtra, India. Conducted via a cross-sectional survey with 500 HCPs and 500 patient caregivers, the findings reveal significant variability in HCPs' knowledge of patient counselling, with nurses and female respondents showing higher knowledge scores. Most HCPs displayed a positive attitude toward patient counselling, recognizing its importance for patient outcomes. However, barriers such as time constraints, language difficulties, and lack of awareness among patients were identified. The community demonstrated limited awareness of clinical pharmacists' roles and generic medications, relying primarily on physicians for health information. The study underscores the need for improved counselling practices, enhanced education for both HCPs and patients, and the integration of clinical pharmacists to promote medication adherence and healthcare outcomes.

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