

Practices of Patient Counseling of Community Pharmacy

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Abstract— Patient counseling provides patients with essential information, guidance, and support. This study was conducted to determine the level of practice on patient counseling among different community pharmacies in District 2, Misamis Occidental. This study used a sequential explanatory research design with sixty-five community pharmacists as respondents and ten (10) of them participated in the qualitative study. A researcher-made interview guide was utilized to gather the essential data and information from the respondents. The arithmetic mean was used to determine the level of practice of community pharmacists on patient counseling, and the thematic analysis of Braun and Clarke (2006) was used for the qualitative study. The average mean on the practice level in patient counseling was found to be 3.12. This implied that there is a moderate practice of the different patient counseling services. Not all services are highly practiced by the community pharmacists and some of the services are less practiced. Moreover, the emerging themes in the qualitative study explained the reasons why community pharmacists do not highly practice some patient counseling services. First, for the pharmacists who did not administer vaccines or immunization: (1) do not have enough knowledge on immunization, (2) have no training on immunization, and (3) limited services offered. Second, for the pharmacists who did not recommend the patients' nicotine replacement therapies or products to help them quit smoking: (1) not authorized to recommend patients' nicotine replacement therapies, (2) patients are unaware of the products/services, and (3) limited services offered. Lastly, for the pharmacists who did not practice counseling through social media, phone, or telephone: (1) heavy workloads, (2) patients prefer face-to-face counseling, (3) communication barrier, and (4) Structural barrier in a community pharmacy. It was recommended that community pharmacists should highly practice different patient counseling services to promote a quality and well-rounded community pharmacy.

Keywords— Community Pharmacy, Patient Counseling, Pharmacist, Pharmacy.

I. INTRODUCTION

Patient counseling is a fundamental aspect of healthcare that plays a pivotal role in ensuring effective medical treatment and patient well-being. This process involves healthcare professionals, such as doctors, pharmacists, nurses, and other experts, actively engaging with patients to provide them with essential information, guidance, and support. Effective patient counseling not only enhances patient understanding and compliance but also promotes a sense of partnership between the patient and the healthcare provider. It empowers patients to take an active role in their healthcare journey, leading to better health outcomes and improved overall well-being.

Pharmacists have a unique opportunity to promote good health by ensuring that drugs are used correctly. Medication counseling is one of the most significant strategies for accomplishing this. Counseling is essential for improving drug adherence and optimizing medication therapy. As a result, assessing the existing state of counseling services provided to patients is critical for enhancing the quality of services provided by community pharmacists (Alfadl et al., 2009).

According to Palaian, et al. (2006), effective patient counseling makes the patient understand his/her illness,

necessary lifestyle modifications, and pharmacotherapy in a better way which enhanced patient compliance. It entails a one-on-one conversation between a pharmacist and a patient. A patient and or a caregiver. It has an interactive feel to it. Effective counseling should cover all aspects of the patient's or party's disease, drugs, and lifestyle changes that are required (Beardsley, 1997).

As stated by Fernandez (2016), community pharmacists are the most accessible health experts to the general population, as they supply medicines in compliance with prescriptions and legally distribute nonprescription substances. They are contacted by both healthy and sick people, representing a sizable fraction of the population (Hassali et al., 2009). Their most significant job is to provide patient counseling to improve patients' quality of life and provide quality care.

Patient counseling is a vital component aimed at promoting overall well-being by fostering healthier behaviors, empowering effective self-care, and mitigating potential health challenges. These elements collectively contribute to enhanced health outcomes and an elevated quality of life for individuals. Within the realm of patient care, community pharmacists occupy a pivotal role in providing counseling and education.

Despite the significance of their role, several impediments hinder the optimal engagement of pharmacists in effective counseling practices. Among these challenges are the commercial orientation of the profession, limited opportunities for face-to-face interactions with patients, and a lack of recognition for their pivotal healthcare contributions. The pivotal role of pharmacist counseling in positively influencing patient outcomes was underscored in this study. This research aimed to identify strategies for enhancing pharmacist-led counseling within the community setting, emphasizing the pressing need for interventions to boost the counseling practices of community pharmacists. Furthermore, the study highlighted the imperative for additional research to address existing gaps in evidence related to this critical aspect of patient care.

II. RESEARCH METHODS

Research Design

The study used a sequential-explanatory research design which allows for a comprehensive understanding of both measurable outcomes and the underlying reasons behind those outcomes to the practice of patient counseling among the community pharmacies in District 2, Misamis Occidental. In this design, the researchers first gather quantitative data on patient counseling practices among the community pharmacies and then follow qualitative interviews. Thus this approach ensures that the practice of patient counseling among the community pharmacies in District 2, Misamis Occidental was not only evaluated with measurable outcomes but also understood in terms of community pharmacies' experiences, leading to more effective and patient-centered counseling strategies (Creswell & Clark, 2017).

Research Setting

The research was conducted in District 2, Misamis Occidental. District 2 encompasses the southern half of the province. Misamis Occidental is a province in the Philippines located within the Northern Mindanao region, covering the northern-central portion of Mindanao. There were five (5) municipalities and two (2) cities in District 2, mainly the municipalities of Sinacaban, Tudela, Clarin, Bonifacio, and the cities of Ozamiz and Tangub.

Research Respondents

The respondents of this study were 50 registered community pharmacists in District 2, Misamis Occidental. Among them, 10 participants were interviewed to gain deeper insights into their practices

and experiences. They were chosen through convenient sampling, representing a relevant population for the research. Moreover, they were selected based on the following inclusion criteria: (1) registered pharmacists, (2) working in a community pharmacy in District 2, Misamis Occidental, and (3) having at least one year of work experience in a community pharmacy setting.

Research Instrument

For the quantitative phase, the researcher used a researcher-made questionnaire containing 30 items to determine the level of practice on patient counseling among community pharmacists. It was anchored on Republic Act No. 10918 or the Philippine Pharmacy Act and on the study of El-Dahiyat (2018). The questionnaire utilized the 4-point Likert scale. For the qualitative phase, the researchers used a researcher-made interview guide to gather information on the less practiced patient counseling services.

Instrument Validity

Prior to the distribution of the questionnaire, the questions were checked and verified by the experts, and a pilot test was conducted. It was found that the value of r was 0.908 which meant the instrument was excellent in reliability and was good in gathering data.

Data Collection

The researchers first obtained permission from the mayors of the cities and municipalities in District 2, Misamis Occidental, with the necessary approval also being noted by school officials. The researchers also sought consent from the respondents before proceeding with the study. The questionnaire was then distributed to the respondents, with the researchers providing clear instructions on how to complete it. After collecting the completed questionnaires, the data were tabulated, analyzed, and interpreted. Subsequently, the researchers conducted follow-up interviews focusing on the less commonly practiced patient counseling services. The data from these interviews were transcribed, thematized, and interpreted to provide deeper insights into the findings.

Ethical Considerations

The ten principles of ethical considerations were complied with in this study. First, the research respondents were not subjected to harm in any way. Respect for the respondents' dignity was prioritized. Full consent was obtained from the respondents before conducting the study. Protection of the privacy of research respondents, the adequate level of

confidentiality of the research data, and the anonymity of individuals participating in the research were ensured. Moreover, deception and exaggeration about the aims and objectives of the study were avoided. Affiliations in any forms, sources of funding, as well as any possible conflicts of interest, were declared. Lastly, any type of communication to the research was done with honesty and transparency and any misleading information, as well as representation of primary data findings in a biased way, was avoided (Bell and Bryman, 2007).

Data Analysis

Arithmetic Mean: The mean was used to determine the level of practice among community pharmacists on patient counseling.

Thematic Analysis: The researchers utilized the study of Braun and Clarke (2006) to analyze, describe, and explain the process of analysis of a qualitative study.

The thematic analysis involved the following steps: 1.) Familiarization with the data: Becoming familiar with the data by reading and re-reading it to gain an understanding of its content. 2.) Generating initial codes: Creating initial codes to identify interesting features of the data. 3.) Searching for themes by collating codes into potential themes. 4.) Review the themes to ensure they accurately represent the data. 5.) Defining and naming the themes to create a coherent and meaningful analysis. 6.) Writing up the analysis, including an introduction, methodology, and the findings.

III. RESULTS AND DISCUSSION

Level of Practice of Patient Counseling in Community Pharmacy

Indicator	SD	Mean
I ask for patient’s information (age, gender, address, contact number, and email).	0.6	3.52
2. I ask the patient if they have any existing health conditions.	0.9	3.52
I explain the side effects associated with the prescribed medication.	0.5	3.56
I explain how to properly take the medication and its route of administration.	0.4	3.76
I ask the patient if they have any existing chronic diseases, such as diabetes.	0.8	3.28
I ask the patient if they have high blood pressure.	0.8	3.34
I execute vaccination or immunization to patient when needed.	1.1	2.02
I inform the patient about the possible side effects of vaccination or immunization.	1.1	2.60
I ask the patient if they smoke.	1.0	2.70
I inform the patient about the possible methods for smoking cessation.	1.1	2.42
I ask the patient if they have taken any pills or contraceptives.	1.0	2.84
I inform the patient about the possible side effects of pills or contraceptives.	0.9	2.88
I offer support and referrals for individuals dealing with stress, anxiety, or mild depression	0.8	3.00
I inform the patient about products related to mental well-being.	0.9	2.64
I inform the patient about the safe use of herbal remedies and dietary supplements.	0.7	3.42
I inform the patient about the potential interactions of dietary supplements with medications.	0.5	3.42
I explain the dosage and route of administration for pediatric medication.	0.6	3.66
I assist patients in determining pediatric medication dosages based on age and weight, particularly with over-the-counter medicines.	0.8	3.46
I inform the patient on the appropriate first aid products.	0.8	3.28
I inform the patient on the appropriate wound care products.	0.7	3.44
I inform the patient about the safe use of dietary supplements.	0.7	3.32
I inform the patient about the possible side effects of dietary supplements.	0.7	3.18

I advise the patient to seek guidance from a dietitian or nutritionist if they are trying to lose weight.	0.8	3.06
I inform the patient about the importance of living a healthy lifestyle.	0.8	3.20
I ask the patient if they have any allergies.	0.6	3.46
I inform the patient about over-the-counter and prescription medications for allergies.	0.7	3.44
I check for potential interactions between different medications.	0.6	3.52
I inform the patient on potential drug interactions associated with their medication.	0.5	3.56
I inform the patient about their medication either through email or social media.	1.0	2.20
I inform the patient about their medication either through phone or telephone.	1.1	2.38
Average Mean	3.12 Moderately Practiced	

Scale: 3.26 - 4.00 “Highly Practiced”, 2.51 – 3.25 “Moderately Practiced”, 1.76 – 2.50 “Less Practiced”, 1.00 – 1.75 “Not Practiced”

Patient counseling in community pharmacies is an important aspect of pharmaceutical care that aims to optimize patient drug use, safety, and treatment outcomes. As regards that, the result of the survey showed that the overall average mean of the survey was 3.12 which indicates moderately practiced. This implies that there is an average practice of the different patient counseling services. Not all services are highly practiced among community pharmacists and some of the services are less practiced.

Moreover, it was also shown that the fourth indicator: “I explain how to properly take the medication and its route of administration” has the highest mean of 3.76 with a descriptive interpretation of highly practiced. This implies that community pharmacists always explain to their patients how to take the medication properly.

In addition, the seventh indicator: “I execute vaccination or immunization to the patient when needed.” has a mean of 2.02; the tenth indicator: “I inform the patient about the possible methods for smoking cessation.” has a mean of 2.42; the twenty-ninth indicator: “I inform the patient about their medication either through email or social media” has the mean of 2.2; and the thirtieth indicator: “I inform the patient about their medication either through phone or telephone” has the mean of 2.38 which falls to the descriptive interpretation of less practiced. This implies that the community pharmacists did not frequently ask the patient if they had recently received any vaccinations or immunizations, inform the patient about the possible methods for smoking cessation, and inform the patient about their medication through email, social media, and phone.

Hamadouk et al., (2023) supported the finding on the table. They stated that the lack of patients’ interest and pharmacists’ lack of time and knowledge can also influence their practice of counseling. Furthermore, lack of patient interest, lack of knowledge, and lack of time were the major reasons why pharmacists cannot perform counseling (Mohamed et al., 2018).

For the Qualitative Results

Problem No. 1: What are the reasons why you do not execute vaccination or immunization if crises arise?

Immunization counseling in community pharmacies is influenced by various factors, including the expanding role of pharmacists in public health, increased awareness about preventive care, and technological advancements aiding in vaccine education and delivery. However, challenges persist, such as time constraints during counseling sessions, addressing vaccine hesitancy, ensuring accurate information dissemination in rapidly changing guidelines, and managing the balance between counseling and dispensing responsibilities. Moreover, varying state regulations and reimbursement issues further complicate the provision of comprehensive and accessible immunization counseling within community pharmacy settings.

This question highlighted the reasons why the community pharmacists did not administer vaccines or immunization. Three main themes emerged from the data analysis, revealing the participants’ experiences. These are (1) not enough knowledge on the administration of vaccines/immunization, (2) no training on immunization, and (3) limited services offered.

Theme 1: Not enough knowledge of the administration of vaccines/immunization

The knowledge of pharmacists in a community pharmacy setting is vital for patient safety, medication adherence, and overall community health. Pharmacists' expertise in medications, chronic disease management, preventive care, and emergency response contributes to accurate dispensing, effective patient education, and collaboration with other healthcare providers. Their role extends beyond medication provision, encompassing counseling, health promotion, and fostering patient engagement for comprehensive and holistic care. However, if the pharmacists do not have enough knowledge specifically on immunization, they will definitely not practice immunization counseling. For them, it is not commonly practiced because they need training, and it is usually practiced by the doctors and other healthcare providers. The participants stated that:

“For me...it is not really in our studies, and it is outside our field that is why we don't administer any vaccines or any kind of immunization because mostly...the ones who administer are the nurses and probably the medical technicians...” (P1) line 20-26

“The reason is...it is not in the practice of pharmacy to administer vaccine. So in the pharmacy practice, it is only to dispense prescription...” (P2) line 82-86

“Mostly sir...vaccines are the responsibility of majority of physicians...and as a pharmacist, it is not really covered in our profession...” (P3) line 139-142

“In my own idea...here in the Philippines, giving vaccination it is not really practiced. Usually, the nurses are the ones doing it in the hospitals. So, it is not much practiced by the pharmacists, and it is mostly practiced by the nurses...” (P4) line 197-203

“Actually, immunization is not really a practice here in the pharmacy. It is usually practiced by doctors and nurses because they are the one usually doing it...” (P8) line 569-573

“About immunization, immunization is not really practiced here at our store especially here at Tangub...” (P10) line 668-670

In connection to that, 30% of pharmacists lacked knowledge about vaccination during pregnancy, and 52.2% had insufficient knowledge about vaccination in general (Ozdemir et al., 2022). Conversely, lack of

education is a significant barrier to providing immunization services (Balkhi et al., 2018).

Theme 2: No training on immunization

Pharmacists play a crucial role in public health by receiving essential training in immunization. This comprehensive training provides them with the knowledge and skills needed to safely and effectively administer vaccines, leading to higher vaccination rates in communities. As accessible healthcare professionals, pharmacists contribute to overall healthcare improvement through their active involvement in vaccination efforts. Their proper training keeps them updated on new vaccine technologies, guidelines, and public health priorities. This ensures they can educate patients about the benefits of vaccines, address concerns, and encourage people to follow vaccination schedules. Well-trained pharmacists act as frontline healthcare providers, making significant contributions to disease prevention and community health through a collaborative approach to immunization strategies. However, if the pharmacists do not have sufficient knowledge specifically on immunization, they will definitely not practice immunization counseling. For them, it is not really practiced because it needs training. The participants stated that:

“Since the beginning of the pandemic, there are immunizing pharmacists and so there are still trainings you need to enroll to be a certified immunizing pharmacist...” (P6) line 366-369

“...pharmacists can do the same but they need training about it...” (P7) line 498-499

In connection to that, community pharmacists are expected to play roles in patient counseling and dispensing, but they also need to be trained in providing direct vaccination services in the community, as mandated by Republic Act No. 10918. However, there is a need for expansion of training and certification to continuously increase the number of immunizing pharmacists in the Philippines which further strengthens their engagement especially during public health emergencies (Villaluz et al., 2022).

Theme 3: Limited services offered

Community pharmacies provide essential services that extend beyond dispensing medications. Pharmacists in these settings play a crucial role in drug treatment management, ensuring safe and effective medication use. They also offer preventive services such as immunizations, health tests, and advice on over-the-

counter drugs. Additionally, community pharmacists are actively involved in home healthcare, smoking cessation programs, and the management of chronic diseases. Serving as accessible healthcare professionals, they offer valuable health information, guidance on medical concerns, and promote wellness through education and preventive care. In summary, the diverse range of services offered by community pharmacies is vital for improving medication adherence, detecting health issues early, and contributing to overall community health and well-being. However, if the community pharmacy has limited services offered, specifically on giving immunization and counseling about it, they will not practice immunization counseling. For them, it is not practiced because it is not offered or implemented in their pharmacy. The participants stated that:

“Like flu vaccines, it is seasonal...Here in our store, it is not offered...” (P5) line 271-272

“Ah... about vaccines, we don’t offer it in our store...” (P9) line 620-621

In connection to that, according to the National Community Pharmacists Association, community pharmacies are crucial in helping people receive vaccination services. Since 1996, pharmacists have been administering the influenza and pneumonia vaccinations in their communities, placing them in a unique position to significantly improve public health. However, it was found out that dispensing vaccines from the store is not always practiced by most of community pharmacists because most drugstores do not generally purchase biological products (Echano et al., 2016).

Problem No. 2: What are the reasons why you did not recommend the patient's nicotine replacement therapies or products to help them quit smoking?

The availability of smoking cessation counseling in community pharmacy settings is contingent upon several factors, including pharmacist experience, patient trust, and a friendly atmosphere. Obstacles include, however, a lack of time, few opportunities for follow-up, few resources, and the difficulty of preserving patient motivation and adherence. Despite time constraints, pharmacists work to build trustworthy connections with clients by providing individualized counseling and support, which motivates people to seek help from them to stop smoking. For smoking cessation counseling to be effective, it is still necessary to overcome these obstacles while utilizing community pharmacists' accessibility and assistance.

This question was about the reasons why community pharmacists did not recommend to the patients nicotine replacement therapies or products to help them quit smoking. Three main themes emerged from the data analysis, revealing the participants' experiences. These are (1) unauthorized personnel, (2) limited services offered, and (3) unaware of the service.

Theme 1: Unauthorized Personnel

Depending on the jurisdiction, pharmacists may or may not be able to advise patients on over-the-counter drugs, including nicotine replacement therapies (NRTs), which are used to help people quit smoking. Non-respiratory therapies (NRTs) including gum, lozenges, inhalers, and patches are typically regarded as safe and accessible without a prescription. When it comes to helping people stop smoking, pharmacists frequently play a vital role by giving advice on how to use NRTs correctly, discussing possible adverse effects, and offering counseling. It is vital to possess knowledge of both pharmacy rules and local legislation in order to guarantee adherence to pertinent directives. However, if the community pharmacists are not authorized, specifically smoking cessation counseling, smoking cessation counseling will be barely practiced. For them, it is barely practiced because community pharmacists are not authorized. The participants stated that:

“...about that, I will answer it frankly. Me, I am not really a doctor so it is not my obligation to help people quit smoking. Just to be frank, it is not ours for we are not doctors...” (P1) line 35-40

“...the reason is that, the pharmacist is not a doctor to prescribe medication and that is why. Also, we can't recommend any medication like that...” (P2) line 96-99

“... we are not doctors that can recommend those kinds of products...” (P9) line 632-633

In connection to that, pharmacists are not authorized to recommend nicotine replacement therapies (NRT) in some cases due to legal restrictions and varying prescriptive authority across different states and jurisdictions (Bordner and Lavino, 2022). Community pharmacists are not allowed to recommend nicotine replacement products (NRT) in some cases due to legal restrictions and regulatory policies (Saba et al., 2013).

Theme 2: Limited Services offered

Community pharmacies offer a range of services beyond dispensing medications, including medication counseling, over-the-counter product recommendations,

and general health advice, although the scope of services may be limited compared to comprehensive healthcare settings. Some pharmacies provide specialized services like vaccinations and smoking cessation support. The extent of services is influenced by local regulations and individual pharmacy policies. In recent years, there has been a trend toward expanding the role of community pharmacists to include more extensive healthcare services such as medication therapy and chronic disease management. The evolution of services in community pharmacies depends on healthcare policies, professional guidelines, and the willingness of pharmacies to embrace an expanded role in patient care. However, if the community pharmacy has limited services offered, specifically on smoking cessation counseling, they will not practice it. For them it is not practiced because it is not offered or available in their store. The participants stated that:

"...nicotine therapies are rare in the pharmacies here...." (P3) line 154-155

"...so here in the Philippines we don't really have enough medication that is alternative to nicotine...." (P4) line 220-223

"... mostly that kind of products like nicotine patch are not available, especially the local pharmacies..." (P5) line 292-295

"...actually, here in our pharmacy we don't have any nicotine replacement products and so regarding that question we don't really offer those..." (P8) line 586-589

In connection to that, a majority of pharmacists (71.8%) perceived a lack of patient demand as a limiting factor for tobacco cessation activities in a community pharmacy (Taha& Tee, 2014). However, NRTs can be more expensive than other smoking cessation methods, which may discourage some patients from using them (Condinho et al., 2021).

Theme 3: Unaware of the service

Patient knowledge about the services offered in community pharmacies is paramount for promoting informed healthcare decisions and optimal health outcomes. Awareness of available preventive services, medication management resources, and chronic disease support empowers individuals to actively engage in their healthcare. Timely access to community pharmacy services, coupled with participation in public health initiatives, contributes to overall well-being and

supports broader community health goals. By fostering trust in community pharmacists as accessible healthcare providers, patient awareness enhances communication and collaboration, promoting a culture of health literacy and informed decision-making. Ultimately, informed patients are better positioned to navigate healthcare options, manage health conditions effectively, and contribute to their overall health and the well-being of the community. However, if the patient has lack of knowledge on the services offered, specifically on smoking cessation counseling, they will not practice it. For them, it is not practiced because the patients are not knowledgeable enough. The participants stated that:

"...we don't have customers that really tells; that he/she stops from smoking..." (P6) line 430-432

"...product such as patches aren't likely well-known..." (P7) line 515-516

"...regarding that matter it is rarely ask here in the store...here in the community pharmacy it is rarely asked and mostly the patients will ask on over the counter medications..."(P10) line 687-696

In connection to that, this lack of knowledge can lead to a lack of confidence in providing cessation care, low training, and lack of cessation programs (Sakka et al., 2022). Additionally, some healthcare providers may believe that patients do not want to quit smoking, which can further discourage them from providing cessation counseling (Westmaas et al., 2023). In addition, smoking cessation counseling is barely practiced because patient lack the knowledge that nicotine replacement products and smoking cessation programs.

Problem No. 3: What are the reasons why you did not practice counseling through social media, phone, or telephone?

Remote counseling in community pharmacy has emerged as a vital healthcare service, leveraging digital platforms and telecommunication channels to provide patients with professional guidance and support from a distance. Through telephone consultations, video conferencing, and online platforms, pharmacists can address medication queries, offer advice, and support patients in managing their health remotely. This approach is particularly beneficial for individuals facing mobility challenges or those seeking convenient and flexible healthcare options. Remote counseling encompasses various aspects, including medication management, health education, and chronic disease support, contributing to improved accessibility and

patient-centric care. While ensuring privacy and security measures, community pharmacies can integrate remote counseling to enhance overall healthcare delivery and adapt to the evolving landscape of digital healthcare services.

This question was about the reasons why participants did not practice counseling through social media, phone, or telephone. Four main themes emerged from the data analysis, revealing the participants' experiences. These are (1) heavy workload, (2) preference towards face-to-face counseling, (3) communication barrier, and (4) limited services offered.

Theme 1: Heavy Workload

The heavy workload in community pharmacies is a significant challenge that pharmacists often face, impacting various aspects of patient care and operational efficiency. Pharmacists in community settings are tasked with diverse responsibilities, including medication dispensing, prescription counseling, managing inventory, administering vaccinations, and providing over-the-counter advice. The high volume of prescriptions, coupled with the increasing demand for healthcare services, can lead to time constraints, potentially limiting the pharmacist's ability to offer personalized patient care and comprehensive counseling. The heavy workload may also contribute to stress and burnout among pharmacy staff, affecting job satisfaction and overall well-being. Strategies to address this issue may involve optimizing workflow processes, leveraging technology to streamline tasks, advocating for increased staffing levels, and promoting the role of pharmacy technicians to share the workload. These efforts are essential to ensure that community pharmacies can provide quality care while managing the challenges associated with their demanding work environments. The participant stated that:

"...because of the workload we can't really performed it. " (P6) line 458-459

"...there are times that we can't really perform it because of busy workplace, tight schedule, and heavy workload. " (P7) line 533-536

In connection to that, according to the American Psychological Association, remote counseling can be challenging due to the heavy workload that counsellors may face. The effects of heavy workload in remote counseling can have negative impacts on the mental health of counsellors. Psychologists' workload and patient load have continued to rise in response to

increased demand, and burnout among psychologists is persistently high. Patient counseling performance appears to be associated with different workload demands compared to other tasks, and excessive workload can impact negatively on the amount and quality of advice and service provision to patients (Lea et al., 2012). According to School of Pharmacy in University of Wisconsin-Madison (2013), workload can impact mental demands and various dimensions of mental workload associated with specific tasks pharmacists perform such as assessing patient profiles, patient counseling, and handoffs between shifts.

Theme 2: Preference towards face-to-face counseling

Patients may prefer face-to-face counseling over remote alternatives due to the perceived personal connection, access to non-verbal cues, and the ability to build trust and rapport more easily. The clarity of communication, especially regarding complex medical information, is often seen as an advantage in direct interactions. Additionally, face-to-face counseling may offer a sense of greater privacy and confidentiality. Technological concerns, cultural preferences, and general comfort with traditional modes of communication can contribute to the preference for in-person counseling. Recognizing and respecting these preferences is crucial for patient-centered care, and healthcare providers should offer a range of counseling options to accommodate the diverse needs and comfort levels of their patients. The participants stated that:

"...it is really better if it is face to face for them to understand clearly...it is much better if it is face to face if we are going to explain to the customer or patient...." (P2) line 108-115

"They prefer face to face here in the community setting..." (P6) line 455-456

"...but people still prefer counseling here inside our store" (P10) line 706-708

In connection to that, telehealth and face-to-face care both have their advantages and disadvantages. Telehealth has gained significant traction, especially due to the COVID-19 pandemic, offering benefits such as accessibility, convenience, and cost-effectiveness. However, it faces challenges including quality of care, data privacy, and unequal access, particularly in rural areas with limited internet connectivity (Bean, 2023). In-person care, involving face-to-face interactions, has remained as the traditional method of receiving care and will always be necessary for completing particular

appointments. In-person care remains crucial for more serious conditions, initial diagnoses, and procedures that require a physical examination or specialized tests. In summary, telehealth and face-to-face care both have their advantages and disadvantages, and the choice between the two depends on the specific needs of the patient and the condition being treated. While telehealth is suitable for routine follow-ups, minor illnesses, and mental health consultations, in-person care remains crucial for more serious conditions, initial diagnoses, and procedures that require a physical examination or specialized tests (NIHCM Foundation, 2024).

Theme 3: Communication Barrier

Communication barriers in remote counseling within community pharmacy settings pose challenges that can impact the effectiveness of pharmacist-patient interactions. Technical issues, such as connectivity problems or audiovisual disruptions, may hinder the smooth flow of communication, while limited access to non-verbal cues and the absence of personal connection can affect rapport building. Language and cultural differences, distractions in the environment, and concerns about digital literacy and confidentiality further contribute to potential miscommunications. Overcoming these barriers requires employing user-friendly and secure communication platforms, providing clear instructions for technology use, and offering language assistance services. Pharmacists can enhance patient engagement by utilizing effective verbal communication techniques and visual aids, addressing these challenges to ensure the delivery of quality and patient-centered remote counseling services in community pharmacy settings. For them, it is not practiced because of communication barrier. The participants stated that:

“...if through phone, there are times that the signal is poor and not reliable. So bad signal, bad communication...” (P1) line 49-52

“...there are problems if the communication is through phone or telephone...” (P2) line 112-114

“...yes, it is one of the factors like communication barrier...” (P5) line 334-335

“...If we counsel through phone, there are some patient that can't understand what we are saying...” (P9) line 645-647

“Yes, for us to understand each other but if through phone...due to signals interruption” (P10) line 714-715 & 717

In connection to that, clients may have skill and knowledge deficits in self-expression, which can make it difficult for them to communicate effectively (Mawdsley et al., 2022). According to the American Counseling Association, technical difficulties, such as poor internet connection or malfunctioning equipment, can disrupt the counseling session and affect the quality of the interaction (American Counseling Association, 2024).

Theme 4: Structural barrier

The unavailability of certain services in community pharmacies can pose challenges for both patients and healthcare providers. This issue may arise due to various reasons, including limited resources, regulatory constraints, or the scope of practice defined by local health authorities. The impact of service unavailability can be significant, affecting patient access to essential healthcare services and potentially leading to gaps in care. It may result in individuals having to seek services from other healthcare providers, potentially causing delays or disruptions in their treatment plans. Addressing the unavailability of services in community pharmacies may require advocacy for expanded roles, collaboration with regulatory bodies to redefine scope of practice, and the allocation of resources to enhance the range of services offered, ultimately improving the accessibility and comprehensiveness of healthcare in community settings. However, if the community pharmacy does not provide contact information, they cannot practice remote counseling. For them, it is not practiced because they do not provide any contact information. The participant stated that:

“...the main reason also is that we don't provide contact number to our establishment, that's all.” (P1) line 53-55

“...there are still patients that don't have access to the internet or gadgets. Especially those senior citizens that are behind on our generation. That is why we can't really practice giving advice on social media or in the phone...” (P3) line 170-176

“In here we don't really have telephone that is why we can't counsel through the phone yet. Furthermore, our store is just small and so the one who go here are just the people living in this area therefore counseling to the phone is not practiced. In terms of email, I am not really

into technology and active on it. That's all." (P4) line 237-246

"We don't have that here in our store because we are not allowed." (P8) line 596-597

"...we don't provide any contact information to our patients." (P9) line 648-649

In connection to that, remote counseling has become more prevalent during the COVID-19 pandemic, but it has its challenges. Lack of technological competence and patient and therapist awareness of their respective skills are important issues in online psychotherapy (Stoll et al., 2020). However, remote counseling may not be available to everyone due to a lack of access to technology or internet connectivity. Additionally, some clients may prefer in-person counseling, and some therapists may not feel comfortable providing remote counseling (Cherry, 2022).

CONCLUSION AND RECOMMENDATIONS

Based on the findings, the researchers concluded that patient counseling services in community pharmacies in District 2, Misamis Occidental were practiced moderately. This indicates an average implementation of various patient counseling services, with some more consistently applied than others. The qualitative study further revealed key themes that shed light on the reasons behind the limited use of certain counseling services. Specifically, pharmacists' reluctance to administer vaccines or immunizations is attributed to a lack of knowledge, insufficient training, and limited service offerings. Similarly, barriers to providing information on nicotine replacement therapies include lack of authorization, patient unawareness, and limited services. Furthermore, challenges in offering digital or telephonic counseling are linked to heavy workloads, patient preferences for in-person interactions, communication barriers, and Structural barrier. These insights highlight the need for targeted interventions to overcome these barriers and enhance the adoption and effectiveness of patient counseling services in community pharmacies.

The researchers encourage patients to seek professional counseling, normalizing the idea of counseling for overall well-being, and be aware of the different services offered in a community pharmacy. In addition, the pharmacy owners are recommended to invest in staff training, creating private counseling spaces, utilizing technology, implementing Medication Therapy Management (MTM) services, providing educational

materials, collaborating with healthcare providers, establishing follow-up procedures, promoting medication adherence, collecting and acting on patient feedback, and engaging in community outreach. Moreover, pharmacists are recommended to develop strong communication skills, build trusting relationships, and stay informed about the latest medications and healthcare trends, and are encouraged to always practice patient counseling, especially on immunization, smoking cessation, and remote counseling. Furthermore, the pharmacists are also encouraged to undergo training in terms of immunization. In line with this, future researchers are encouraged to read more references and other studies on community pharmacy counseling.

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