

# What should pharmacists keep in mind to communicate with patients more effectively? Some key concepts for everyday use

Afonso Miguel Cavaco  
PharmD, MSc, PhD

Associate Professor in Social Pharmacy, Faculty of Pharmacy, University of Lisbon, Portugal  
Email: acavaco@ff.ulisboa.pt

## Educational aims

- To explain and reinforce the importance of communication skills as underlying abilities to pharmacists' work-life and professional outcomes
- To address the main components of these skills as objective features that can be learned and optimized through education and training
- To promote individual self-reflection on how each practitioner regards the present skills usage and what can improve while communicating with patients and caregivers

## Key words

communication skills, interpersonal exchange, non-verbal communication, written information, patient interaction, pharmacy practice

## Abstract

**Communication skills for pharmacists are commonly described in professional frameworks and guidelines equally important as other current pharmaceutical competencies. However, these abilities usually receive less attention from university syllabuses, while in life long education they are many times discussed in a theoretical level or as a supplement to other skills. The present work aims to discuss several interpersonal skills used in daily practice with variable extension, improving communication and relational aspects needed for optimizing patient care.**

## Introduction

From the last decades, the World Health Organization (WHO) recognised the essential role of pharmacists in healthcare, particularly concerning the rational use of medicines by patients. Besides the customary pharmaceutical and drug-based knowledge, international guidelines recommend pharmacists' education and training to comprise competencies and skills that enable these professionals, amongst other tasks, to provide the best patient care and education possible.<sup>1</sup> An underlying condition to achieve these and many other professional responsibilities, described by the WHO and the International Pharmacy Federation (FIP), is the capacity to communicate effectively with patients, peers and others.

Pharmacy practice is mainly based on the interaction with those seeking healthcare, which range from people who are unwell to caregivers. It is therefore universally accepted that the pharmacist needs to be highly competent in human communication. Using a very simplified view, competency can be defined as the ability to "know and know how".<sup>2</sup> However, it is not guaranteed that pharmacy curricula are addressing pharmacists' communication competencies in a comprehensive and systematised manner, in a manner equivalent to the traditional pharmaceutical subjects training.<sup>3</sup>

The dominance of the biomedical models deliver a view of the patient in terms of clinical cases, to whom medicines need to be prescribed, dispensed and administered. This context limits healthcare professionals' ability to accept all information emerging from the ill person, thus to truly provide patient-centred, individualised and humanistic care. It also limits patients' autonomy, empowerment and health outcomes.<sup>4</sup> Effective communication, i.e. the one dealing with ALL significant aspects of the patient, plays a central role when delivering the appropriated and essential healthcare. Practitioners must be more sensitive and aware of their professional relationships with patients (and other stakeholders) in the caring process. Pharmacists cannot stay indifferent to a patient's request for professional attention. Possessing the ability to respond and communicate accordingly, is a professional pharmacists' responsibility equivalent to guaranteeing access to good quality medicines to be dispensed.<sup>5</sup> Pharmacists should be able to accept and process the exchange of information with their patients (including emotions), if willing to completely understand

each patient biopsychosocial specificities. Without such an approach, it is very hard to provide or support the best therapeutic solution, guided by ethical principles of confidentiality, mutual respect and trust, therefore establishing a co-responsible and professional rapport.<sup>6</sup>

### Improving communication

#### 1. The starting point: mutual trust

While communicating, individuals are assimilating the surrounding environment, taking decisions and acting accordingly. Thus, communicating with others should have a clear purpose and meaning. The dialogue between pharmacists and patients is indispensable to establish an agreement aimed at a “therapy-centred” relationship. In this sense, one basic underlying feature, which should permanently infuse the pharmacist-patient interaction, is mutual trust. This means that for communicating effectively with the patient, both dialoguing persons must believe in their selves as well as in the other. While the patient is looking to prevent or to solve his/her biopsychosocial health issues, the pharmacists cannot ignore the patient’s autonomy in the health-related decisions, adapting his/her knowledge and actions to the patients’ expectations. Respecting the patient’s rights and willingness, and establishing his/her co-responsibility in the treatment process, are the corner stone towards a relationship built on trust and an essential bond to provide patient-centred care. If the pharmacist is not able to recognise the patient’s acceptance of the pharmacist’s role as a healthcare professional, then effective health communication will be harder or impossible to achieve.

#### 2. The essential elements

*Communicare*, the Latin root of the word “communication”, means to make common or share something. In very simple terms, between communicating humans there occurs the production and transmission, within symbolic systems, of signs. These are stimuli that convey information organised in a message. The meaning of the exchanged signs to each of the communicating subjects depends on the education and cultural background of each. In this sense, it is relevant to the pharmacist to recognize and understand the education and cultural level of the interacting patient, besides the first impressions, and be aware of bias provided by stereotypes. This can be achieved from the very start and throughout the conversation,

by paying attention to the verbal content of the exchange, including the lexical (i.e. words or vocabulary used) and syntactical (the arrangement of words and phrases to create sentences), i.e. the “kind” of language used by the patient.

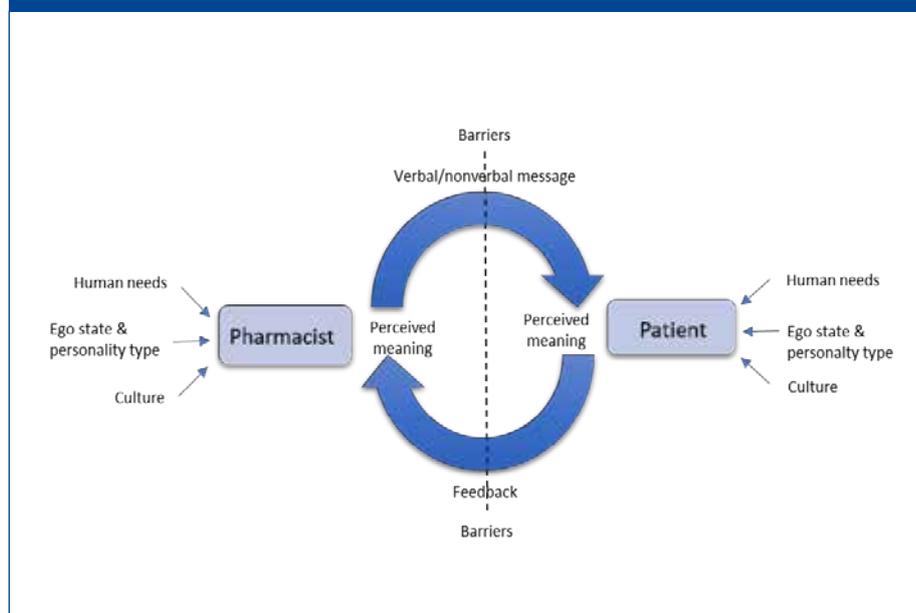
The typical model to represent the process of communication, as proposed by Beardsley *et al.*, is based on 5 main components, as follows (Figure 1):<sup>7</sup>

- The sender of the message, who produces and transmits the information to be exchanged.
- The message itself, encompassing the verbal and non-verbal code of a thought or an emotion, and the mean through which propagates, e.g. spoken or written communication, or the facial expression.
- The receiver of the message, who receives and decodes the information, attaching a meaning to it, per context and background.
- The feedback message, produced by the receiver and revealing what was understood from the received information, thus implying an inversion of roles.
- The barriers, i.e. all interferences that limit the extension to which the messages exchanged are understood as initially intended by the sender.

From the previous model, it is possible to notice several important factors contributing to an effective pharmacist-patient communication:

- Sender.** As mentioned previously, the pharmacist as the message sender should never forget to adjust the level of language to the recipient, e.g. apparent level of education and age. Should always start with a plain language i.e. simple terms, shortened sentences as possible, with the right verbal construction (subject + verb + object + object complement), to be adjusted along the dialogue. The pharmacist should always be attentive to patient’s non-verbal feedback, including incomprehension or distraction signals. When interviewing the patient, pharmacists need to initially ask exploratory open-ended questions and, using a funnelling technique, move down along the interview towards closed-ended and confirmatory questions.
- Message.** Besides the verbal content and formulation, the message encompasses paralanguage (e.g. voice tone and speed), as well as non-linguistic features (e.g. gestures and posture). These should be coordinated with the patient’s characteristics, e.g. elderly patients usually require a slower speech and shorter body movements. Pharmacists should keep an upright body position, with a gentle lean forward of the torso, parallel shoulders with patient’s, while respecting proxemics (i.e. the interpersonal distance) and keeping an open attitude (avoiding arms crossed and hidden hands); all this shows non-

Figure 1: One illustration of pharmacist communication (Rantucci MJ, 2007)



verbal interest and attention. Without staring at the patient, eye contact most of the time (>75%) is crucial to prove interest for patient's situation and exchange. Authentic care is disclosed also by the facial expression, by smiling only when appropriate, thus activating mirror neurons and developing a sense of acceptance and well-being.

- c. **Receiver.** The pharmacist, as a message receiver, should focus on the message being sent, moving from a pretend to an active listening attitude. This can be achieved by ignoring other visual and hearing stimuli, mostly focusing on the other's face and voice. When the listening attitude addresses the deciphered underlying emotions, then the pharmacist reaches the level of empathic listening. Empathy, as a central competency for providing patient care, will be detailed next.
- d. The **feedback** message is the most important single element necessary to define a true communication episode. If feedback is happening, such as a simple head nodding, then subjects are experiencing a two-way process, avoiding lecturing of the patient. So, breaking communication reciprocity is a clear limitation for providing the right patient care, i.e. pharmacists should make sure there is enough rapport and patient engagement in the dialogue, if willing to achieve an effective communication.
- e. **Barriers** to communication comprehend falling all previously described behaviours, from both pharmacists and patients. Patient's age, gender, schooling, socio-economic status, health beliefs, medication experiences, etc., may raise distortions in how the information exchanged is perceived. Common pharmacist-centred barriers are the low motivation and lack of interest in the patient situation, difficulties of leaving the biomedical attitude (e.g. using pharmaceutical jargon), and worries in establishing a relationship (e.g. time pressures, personality traits, lack of training). Knowing how brief and superficial the contact with patients and pharmacy customers may be, barriers as these needs to be under control for effective communication.

One aspect of the previously described communication elements, which deserve

additional consideration, is non-verbal communication. The literature states that 93% of all information exchanged between two speakers is of non-verbal nature, with 55% as body language (e.g. posture and gestures) and 38% concerning voice features.<sup>8</sup> While words are used to exchange mainly information, body language discloses attitudes, sometimes replacing the verbal message. It works as the reflection of one's emotional state, being the most truthful source of evidence; just remember how patients usually manifest discomfort, confusion or fear. One key non-verbal element, necessary to meet most non-verbal responses, is eye contact.<sup>9</sup> Besides being the most common form to initiate interpersonal communication, watching here should be regarded through its Latin root "*atendere*" i.e. giving attention or taking care of all non-spoken exchange. The pharmacist's superficial look, such as not paying attention to someone staring at his/her mouth (searching for words in hearing impairments), looking at the floor (a signal of shyness) or looking in other directions (feeling less interested), works as a barrier to understand the patient and any therapy-related issues. This absence of adequate looking works as a barrier to instil the right level of trust expected in patient care. The pharmacist's gestures, being spontaneous and descriptive, provide an illustration and emphasise the verbal message. Hands also offer tactile communication, which delivers non-verbal messages of adequacy and care, according to haptics location, duration and pressure. Touching the patient runs from the everyday warm welcoming handshake to the instrumental touch, i.e. the deliberate contact for a procedure (e.g. measuring blood pressure or giving an injection), the spontaneous affective touch (e.g. a supporting hug or kiss), and the therapeutic touch (e.g. a firm touch to delivered confidence).<sup>10,11</sup> Finally, the interpersonal distance should not interfere with the intimate sphere (a radius of 45cm) without previous permission or tacit agreement from the patient – a defense reaction or even the patient moving away, can happen.

Personality traits, lack of awareness and/or training in non-verbal communication strategies may work as sources of additional anxiety. When realizing and applying these communication behaviours, the pharmacist should observe the patient's body to improve the exchange. Professionals should keep in mind that communication behaviours

are usually reciprocal: thus a "soft" look, an open and sincere stance, reinforces the belief in following the pharmacist's directions and advice.

### 3. One key relational skill

Most of the previous skills are needed to improve communication and the relationship with patients. However, one critical skill for optimal patient care is empathy. Several empathy definitions exist, a common one being the capacity to place oneself in the position of the other, i.e. to understand and accept without any attempts to stop, modify or block the ideas or the emotional content that the patient might be disclosing.<sup>12</sup> By feeling accepted and secured, the level of detail in the exchange increases, thus enhancing the chances of providing optimal and responsible care. For instance, there is ample evidence to illustrate that a good i.e. empathic relationship between pharmacists and patients improves medication adherence.<sup>6</sup>

Empathic behaviour should be expressed both verbally and non-verbally. While clear spoken or written language supports effective verbal communication, e.g. when the pharmacist is giving treatment directions and information plainly, to reach empathy the pharmacists also needs to dominate the non-verbal characteristics of his/her communication approach. One main feature for reaching empathy and emotional resonance is paralanguage, particularly the voice i.e. how one sounds to the other.<sup>13,14</sup> In this way, the pharmacist should reduce the pitch and decrease the speaking rate if he/she wants to be perceived as an empathic person, amongst the previously mentioned effective communication behaviours.

However, only warm voice does not turn an unwelcoming pharmacist into a caring one. Of course, verbal behaviours need to be preceded by active listening. The empathic pharmacist should "listen with the eyes", i.e. not to miss any hints of emotional disclosure. This is a difficult exercise, therefore listening to all empathic opportunities is harder than e.g. asking good questions. Empathic listening also requires physical proximity (within the accepted interpersonal distance), full attention to what the other is saying, how he/she is expressing him/herself non-verbally, without interruptions and showing respect. Again, this requires attention to one's own body language, avoiding emotional signals of disgust or disapproval. Exchange location

and setting takes great importance too: interruptions and distractions break the construction of the empathic moment; thus, having disruption sources, such as the presence of others who are not part of that interaction, do not help to build the deep understanding required for empathy.

#### 4. Other communication skills

Writing still is a frequent form of pharmacist-patient communication. Graphical signs replace the vocal ones, yet on paper, but so many times via digital resources e.g. text messages, emails, or over the internet (sites, blogs, etc.). In written communication, general education and literacy play an important role. Plain language rules should always apply, such as those mentioned earlier: avoiding jargon and technical terms, using well-structured and short sentences, bullet lists and other features; all these help the readability and usefulness of the written message, including the reader's ability to later remember the most relevant information. Being coherent, i.e. all text segments are related and make a relevant contribution to the overall goal, can be better achieved if the text is thoroughly read, more than once (if possible by another person), before being handed to the patient.

Cautionary labels and pictograms have been widely used and tested. Besides the legal requirements with medication warnings, pictograms for less literate patients, or those with slight cognitive impairment or seeing difficulties, have long received attention from many organizations. For instance, the FIP has a freeware (PictoRX, available at <https://www.fip.org/pictograms>), which provides means of communicating medication instructions, plus a prescription calendar combining all medicines and working also as storyboard of a medication.

#### Conclusion

The concepts for effective communication here briefly described are not intended to be an "instrumental" view of communication, warranting for instance the expected medication outcomes, but mostly to illustrate communication skills as unique and concrete tools to provide the best patient care possible. In the present pharmacy verticalized system, pharmacists are usually placed higher than patients in the social ladder, establishing a social differentiation through specific knowledge, and many times exerting power and paternalism over patients. Suitable communication skills should promote a humanised practice, aiming to have a horizontalization of professionals' and patients' roles in healthcare, within a setting of permanent cooperation and patient empowerment.

All the abilities previously mentioned, including individual and social skills, may be innate or informally developed, in variable extension, for most of the readers. Nevertheless, and knowing the relevance of humanistic skills for present professional practice, this paper was aimed at rising or reinforcing readers' awareness of key features (underlined in the text) for effective communication and, accordingly, to contribute to the integration of such skills in pharmacists' practice and continuous education.

Finally, there is one basic feature which is an absolute necessity for effective communication between pharmacists and their patients: the right length or duration of interaction. Although ineffective consultations do occur for apparently long communication episodes, when pharmacists are deprived of enough time to properly listen, ask and talk with patients, pharmacists are unable to address patient's needs from a biopsychosocial point of view. As with any responsible healthcare professional,

pharmacists cannot neglect the importance of patient's effective information and exchange, including emotional adequacy. Emotions, which continuously permeate human existence, are even more relevant in ill-health circumstances. The caring and responsible pharmacist can ignore all previous aspects, including the loss of autonomy usually associated to ill-health, as well as the ethical duty of communicating, with full respect for frailer human beings.

#### References

1. World Health Organization. The Role of the Pharmacist in the Health Care System - Preparing the future pharmacist: curricular development. Report of a third WHO Consultative Group on the Role of the Pharmacist. 1997. Available from: <http://apps.who.int/medicinedocs/pdf/s2214e/s2214e.pdf> Accessed 31 July 2017.
2. Bruno A, Bates I, Brock T, Anderson C. Towards a global competency framework. *Am J Pharm Educ.* 2010;74(3):56.
3. Wallman A, Vaudan C, Sporrang SK. Communications training in pharmacy education, 1995-2010. *Am J Pharm Educ.* 2013 Mar 12; 77(2): 36.
4. Bensing J. Bridging the gap: The separate worlds of evidence-based medicine and patient-centered medicine. *Patient Educ Couns.* 2000;39(1):17-25.
5. Ramalho-De-Oliveira D, Shoemaker SJ. Achieving patient centeredness in pharmacy practice: openness and the pharmacist's natural attitude. *J Am Pharm Assoc (2003).* 2006;46(1):56-64.
6. Lyra DP, Rocha CE, Abriata JP, Gimenes FRE, Machuca M, Pela IR. Influence of Pharmaceutical Care intervention and communication skills on the improvement of pharmacotherapeutic outcomes with elderly Brazilian outpatients. *Patient Educ Couns.* 2007;68:186-192.
7. Beardley RS, Kimberlin CL, Tindall W. Principles and elements of interpersonal communication. In: *Communication Skills in Pharmacy Practice: A Practical Guide for Students and Practitioners.* 6th ed. Philadelphia: Lippincott Williams & Wilkins; 2012. p. 15-30.
8. Birdwhistell RL. *Kinesics and Context. Essays on Body Motion Communication.* Philadelphia: University of Pennsylvania Press; 1970.
9. Berger BA. *Communication Skills for Pharmacists: Building Relationships, Improving Patient Care.* 3rd ed. American Pharmacists Association; 2009.
10. Davidhizar R, Giger JN. When touch is not the best approach. *J Clin Nurs [Internet].* 1997;6(3):203-206.
11. Hertenstein MJ, Keltner D, App B, Buleit B a, Jaskolka AR. Touch communicates distinct emotions. *Emotion.* 2006;6(3):528-533.
12. Halpern J. What is clinical empathy? *J Gen Intern Med.* 2003;18(8):670-674.
13. Elliott R, Filipovich H, Harrigan L, Gaynor J, Reimschuessel C, Zapadka JK. Measuring response empathy: The development of a multicomponent rating scale. *J Couns Psychol.* 1982;29(4):379-87.
14. McHenry M, Parker PA, Baile WF, Lenzi R. Voice analysis during bad news discussion in oncology: Reduced pitch, decreased speaking rate, and nonverbal communication of empathy. *Support Care Cancer.* 2012;20(5):1073-8.

#### Key points

- Pharmacist-patient communication, both orally and written, is core mean by which professionals can use their clinical expertise and benefit patients' health and well-being
- Communication is a complex system comprising several structures and processes, including verbal and non-verbal exchange, thus subject to limitations and undue variations
- Communication features, including emotional resonance or empathy, impacts not only the information interchange, but also patient behaviour e.g. adherence and motivation
- It is core for providing accountable pharmacist care to continuously develop interactional skills and to be able to apply them as required by the patient and the situation