Principles and Elements of Interpersonal Communication

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Contents

- Setting the Stage
- Components of the Interpersonal Communication Model
- Personal Responsibilities in the Communication Model
- In Search of the Meaning of the Message
- Importance of Perception in Communication
Interpersonal communication is a common but complex practice that is essential in dealing with patients and other health care providers.

This chapter describes the process of interpersonal communication as it relates to pharmacy practice and helps determine what happens when one person tries to express an idea or exchange information with another individual.

The information given here is the foundation for subsequent chapters that more fully describe strategies for improving interpersonal relationships and communication.
In our personal and professional lives, we need to interact with many people.

Some of these interactions are successful, while others are not.

Consider case study 2.1.
George Raymond, a 59-year-old man with moderate hypertension, enters your pharmacy holding an unlit cigar. You know George because you attend the same church. He is a high school principal, has a wife who works, and has four children. He has been told to quit smoking and go on a diet. He also has a long history of not taking his medications correctly. He comes to pick up a new prescription—an antibiotic for a urinary tract infection. Although he knows you personally, he is somewhat hesitant as he approaches the prescription area. He looks down at the ground and mumbles, “The doctor called in a new prescription for me, and can I also have a refill of my heart medication?”
In most communication encounters, we typically do not have the opportunity to stop and analyze the situation.

However, to improve our communication skills we need some ability to assess a particular situation quickly.
Components of the Interpersonal Communication Model
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Communication encompasses a broad spectrum of media, for example, mass communication (TV, radio), small-group communication (committee meetings, discussion groups), and large-group communication (lectures, speeches).

In Pharmacy setting → **ONE-TO-ONE** interpersonal communication that occurs in pharmacy practice.
This specific form of communication (interpersonal communication) is best described as a process in which MESSAGES are generated and transmitted by one person and subsequently received and translated by another.

A practical model of this process is shown in Figure 2.1. This model builds on the original work of Shannon and Weaver (1949) and of George Gerbner (1955).

The model includes five important elements: SENDER, MESSAGE, RECEIVER, FEEDBACK, AND BARRIERS.
FIGURE 2-1. The interpersonal communication model.
1. THE SENDER

In the interpersonal communication process, the sender transmits a message to another person.
In interpersonal communication, the message is the element that is transmitted from one person to another.

Messages can be thoughts, ideas, emotions, information, or other factors and can be transmitted both verbally (by talking) and nonverbally (by using facial expressions, hand gestures, and so on).

Research has found that in some situations 55% or more of a message is transmitted through its nonverbal component.
In most situations, senders formulate or **encode** messages before transmitting them.

However, in some cases, messages are transmitted spontaneously without the sender thinking about them, such as a glaring stare or a burst of laughter.
3- THE RECEIVER

The receiver (you in the above example) receives the message from the sender (Mr. Raymond).

As the receiver, you “decode” the message and assign a particular meaning to it, which may or may not be Mr. Raymond’s intended meaning.

In receiving and translating the message, you probably considered both the verbal and nonverbal components of the message.
**FEEDBACK** is the process whereby receivers communicate back to senders their understanding of the senders’ message.

In most situations, receivers do not passively absorb messages; they respond to them with their own verbal and nonverbal messages.

*By using verbal and nonverbal communication, the receiver feeds back information to the sender about how the message was translated.*
In THE FEEDBACK LOOP, the initial receiver becomes the sender of feedback, and the initial sender becomes the receiver of feedback, as noted in the model.

In the interpersonal communication process, individuals are thus constantly moving back and forth between the roles of sender and receiver.

In the example, you were first a receiver of information from Mr. Raymond; when you responded to him with a statement, such as “So you want your medication refilled?” you became a sender of feedback to Mr. Raymond.
Feedback can be simple, such as merely nodding your head, or more complex, such as repeating a set of complicated instructions to make sure that you interpreted them correctly.

Feedback allows communication to be a two-way interaction rather than a one-way monologue.

During the communication process, most of us tend to focus on the message and frequently miss the opportunity for feedback.
As receivers of messages, we fail to provide appropriate feedback to the sender about our understanding of the message.

On the other hand, as senders of messages, we fail to ask for feedback from the receiver or in some cases ignore feedback provided by others.

The communication is transactional and the interaction includes both verbal and nonverbal messages.
5- BARRIERS

- Interpersonal communication is usually affected by a number of interferences or barriers.

- These barriers affect the accuracy of the communication exchange.
For example, if a loud vacuum cleaner was running in your pharmacy while you were talking to Mr. Raymond, it would have been even more difficult to understand what he was trying to communicate.

Other barriers to your interaction with Mr. Raymond might include a safety glass partition between you and Mr. Raymond, telephones ringing in the background, or Mr. Raymond’s inability to hear you due to a defective hearing aid.

Barriers can be so detrimental to interpersonal.
In this counseling situation, what is the pharmacist doing correctly?
What needs to be improved?
Personal Responsibilities in the Communication Model
As a **SENDER**, you are responsible for ensuring that the message is transmitted in the **clearest form**, in terminology understood by the other person, and in an environment conducive to clear transmission.

To check whether the message was received as intended, you need to ask for feedback from the receiver and clarify any misunderstandings.

Thus, your obligation as the sender of a message is not complete until you have **determined** that the other person has **understood** the message correctly.
As a RECEIVER, you have the responsibility of listening to what is being transmitted by the sender.

To ensure accurate communication, you should provide feedback to the sender by describing what you understood the message to be.

Many times, we rely on our assumptions that we understand each other and thus feel that feedback is not necessary.

However, practice has found that without appropriate feedback, misunderstandings occur.
Of concern is that, as pharmacists dealing with patients, physicians, and other health care providers, we cannot afford these misunderstandings.

These misunderstandings might result in harm to the patient.

To become more effective, efficient, and accurate in our communication, we must strive to include explicit feedback in our interactions with others.

Research has found that when pharmacists communicate effectively with patients, patient outcomes improve.
In Search of the Meaning of the Message
In Search of the Meaning of the Message

- The interpersonal communication model shows how messages originate from a sender and are received by a receiver.

- The sender delivers the message, and the receiver assigns a meaning to that message.

- The critical component in this process is that the receiver’s assigned meaning must be the same as the meaning intended by the sender.

- In other words, we may or may not interpret the meaning of the various verbal and nonverbal messages in the same way as the sender intended.

- Thus, the message that the receiver received might not have been the one the sender intended to send.
1. In general, individuals assign meaning to verbal and nonverbal messages *based on their past experiences and previous definitions* of these verbal and nonverbal elements.

- The most common example of this is evident in *different languages and dialects* of the world.
- An example of this misunderstanding occurs in health care when we speak in *medical terminology* that may have different (or possibly no) meaning to our patients.
2. Another important factor is that people assign meanings based on the context that they perceive the sender is using.

- It is the assignment of meaning to those words by the receiver that is important.
- Often patients understand the words that we are using but place them in a different context.
- Thus, they may assign a meaning to our message that is different from the one intended.
3. The social context also influences how messages are received and interpreted.

- The **type of relationship** that patients have with their pharmacists determines the **level of acceptance** that patients have regarding the information provided.

- Research has shown that **if** patients perceive pharmacists to be **credible, unbiased** providers of useful information, they will **listen and retain more information** about their medications.

- **If they perceive pharmacists to be trustworthy and honest, they will be more willing to approach pharmacists for assistance.**
CONGRUENCE BETWEEN VERBAL AND NONVERBAL MESSAGES

The meaning of the message may be somewhat unclear if the receiver senses incongruence between the verbal and nonverbal messages. That is, the meaning of a verbal message is not consistent with the meaning of a nonverbal message.

To avoid this incongruence, as a sender, you must be aware of the nonverbal messages as well as the verbal messages. As a receiver, you must point out to the sender that you are receiving two different messages.

In reality, the final message is not what is said, but what the receiver perceives was said.
Examples of Incongruent Messages

- A red-faced agitated patron comes into the pharmacy, raises a fist, and loudly proclaims, “I’m not angry, I’m just here to ask about a prescription error.”

- A disappointed pharmacist has tried, so far without success, to convince a physician to change an obviously inappropriate medication order. When asked how he is feeling, he meekly replies, “Oh, I’m just fine.”

- A patient hands a pharmacist a prescription for a tranquilizer, then bursts into tears. The pharmacist asks if anything is the matter, and the patient responds, “No, I’m okay, it’s nothing at all.”
A key to preventing misunderstanding is anticipating how other people may translate your message.

It may be helpful to determine their experience with drugs in general and with a particular drug specifically.

We need to ask certain questions to determine these perceptions. Have you been on this medication before? What have you heard about this medication? How do you feel about taking this medication?

In many communication interactions, the more you know about other people and the more you are able to understand them, the easier it will be to anticipate how they may interpret the meaning of the message.
Predicting how a person will translate a particular message is difficult.

Using a technique described earlier (providing feedback to check the meaning of the message) may alleviate some communication misunderstandings.

As senders of messages, we should ask others to share their interpretation of the message.

Verifying the fact that the receiver interpreted the intended meaning of our verbal and nonverbal messages accurately takes additional time and is sometimes awkward.

Unfortunately, relying on our intuition is not as effective as obtaining explicit feedback to measure understanding.
However, the receiver can also alleviate some misunderstanding by offering feedback to the sender.

After receiving the message, the receiver should indicate in some way what she understands the message to be.

It is particularly important for pharmacists to provide feedback by summarizing the information they have received from patients in the course of interviews conducted or assessments made related to their drug therapy.
Since the **pharmacist is primarily the “receiver”** when he is obtaining information from patients on their symptoms or current therapy, the pharmacist should **provide feedback** to verify his understanding.

When the **pharmacist is primarily the “sender,”** as when he is giving information on a new prescription, then **the patient should be asked to summarize** key information presented as a way of providing feedback that the pharmacist’s message was understood accurately.
Importance of Perception in Communication
Importance of Perception in Communication

- Perception is important in the process of interpersonal communication because we tend to interpret messages based on our perception of:
  1) what we believe the message says and
  2) the individual sending the message.

- Thus, perceptual barriers need to be identified and minimized or we will misinterpret what we hear.

- We need to recognize how fragile the communication process is during professional communication and to value the use of feedback to enhance our ability to verify the true meaning of messages.
1. PERCEPTION OF MEANINGS WITHIN A MESSAGE

- People assign meanings to verbal and nonverbal messages based on their perception of the intended meaning.
- In other words, the receiver’s perception of the words, symbols, and nonverbal elements used by the sender influences how the receiver interprets the meaning.
- It is not what is said, but what the receiver perceives to have been said.
Misperceptions occur frequently in pharmacy practice, and most pharmacists have a story to tell about how patients misuse medication based on their misperceptions.

In general, people develop their perceptions based on their past experiences, background, and values.

It is difficult to realize when your patients have different perceptions than you.
One skill that minimizes perceptual differences is to use terms and concepts that are familiar to the patient. You should also avoid using professional jargon.
Our perception of the message is also influenced by our perception of the individual sending the message.

How we perceive the sender affects the interpretation of the message.

We respond using our perception of that individual as our reference point because we tend to be influenced by a person’s cultural background, status, gender, or age.

These perceptions are further influenced by any bias we have or stereotypes we hold of certain groups of individuals.
The following statements illustrate this point:

- “People who are mentally ill do not comply with their medication regimens.”
- “Nurses always complain about pharmacists.”
- “Elderly people can’t hear well and always talk too much.”
- “People who talk slow are lazy.”
- “Women with red hair have a temper.”
- “People who are overweight are jolly.”
We do not see the person as a unique individual but as a representative of a particular group (e.g., elderly, overweight, or mentally ill).

We erect “perceptual barriers” to the communication process not based on fact but on our inferences based on stereotypes.

Unfortunately, these barriers inhibit true communication between individuals.
It is important to realize that during our interactions with others we create perceptions of individuals and make various assumptions.

For example, we tend to believe that our patients can speak and understand English well enough to understand us unless they tell us otherwise.

Unfortunately, this is not always the case because many patients, in an effort to avoid embarrassment, do not indicate that they do not understand our instructions.
We need to evaluate when our perception of the sender is incorrect or when our assumptions might be interfering with our ability to communicate with others. We may need to “check” our assumptions before proceeding.

Increased awareness of stereotyping and additional effort in checking our assumptions can enhance our interpersonal communication.
Unfortunately, the people we deal with on a daily basis may have perceptions of pharmacists that interfere with our ability to communicate with them.

Their perceptions may not be based on reality but on their stereotypes of pharmacists.

For example, patients may perceive us as uncaring, busy people who are concerned only with filling prescriptions and taking their money.

These stereotypes influence what they say to us and how they listen to us.

If they perceive us as professionals, they will listen to what we tell them about their medications.
By the same token, if nurses, physicians, and other health care providers do not perceive us as professionals, they will not value the information we provide.

Part of improving communication with others is to determine what their perceptions of pharmacists are and then try to alter those perceptions if they are unfounded.
One key to preventing misunderstanding is to **try to understand and share the perceptions** of other individuals.

Many times, using "**lay language**," which is familiar to patients, rather than medical terminology, which is familiar only to health care professionals, can enhance understanding.
Determining the patient’s past experience with medications or with the particular drugs prescribed may also be helpful.

Patients who have had positive experiences previously may be more willing to take the medication.

However, if their past experiences have been bad, they may be reluctant to even begin taking the medication.
Frequently, it is difficult to understand patient backgrounds and to predict perceptions of the messages we provide.

Follow the suggestions found in the “Advice Pharmacists Should Follow When Communicating with People of Different Backgrounds” box.

In many communication interactions, the more we can know about the other person and the more they can know about us, the easier it is to share the same perception.
Advice Pharmacists Should Follow When Communicating with People of Different Backgrounds

- **Learn** as much as you can about the patient’s background. Most communication problems arise when there is a **lack of knowledge** about the other person’s reasons for a particular communication style.

- View **diversity** as an **opportunity**. With a little patience and the right attitude, you will be amazed at the opportunities that crop up to help one another.

- **Do not condescend**. Patronizing behavior is not appreciated and is recognized as such in any culture.

- **Talk** about your differences. Misunderstandings will often take root when people from differing backgrounds do not talk to one another. Be willing to **talk openly and with a constructive attitude**.
The best technique to alleviate harmful misperceptions is using feedback to verify the perceived meaning of a message.

As senders of messages, we should ask others to share their interpretations of the message.

We typically do not ask for feedback from patients to check their perceptions of the words used when we give directions.
We simply assume that patients understand us.

Just think how many medication misadventures could be prevented if pharmacists asked patients to give them feedback using this phrase, “Before you leave could you please tell me how you are going to use this medicine?”

The **receiver** can also alleviate some misunderstanding by **offering feedback** to the sender.

After receiving the message, receivers should **summarize** the key elements of the message.
SUMMARY
The interpersonal communication model reveals that you must recognize that interpersonal communication is more than merely speaking to others, offering a printed prescription label, or affixing an auxiliary label to a prescription.

You must make sure that the messages you transmit to others are received accurately.

There is no guarantee that the meaning of your message will be translated as intended.

You need to make sure that you enhance your listening skills so that you can become a better receiver of messages as well.
In the remaining chapters, we provide practical skills necessary for improving your communication. Each chapter builds on the preceding one.

Communication is a complex process that may be difficult for some.

However, it is a process that can be easily managed and controlled like any other learned skill.

By emphasizing practical applications, we hope to lower any barriers that you may have to improvement of the valuable skills involved in communicating effectively.

Before going further, go back and reread your comments about case study 2.1 (Mr. Raymond’s situation) and change anything that you would do differently.
THANK YOU