

Principles and Elements of Interpersonal Communication

LECTURE : 3 AND 4

COURSE NAME: PHARMACEUTICAL COMMUNICATION SKILLS

COURSE CODE: 0520515

LECTURER: DR BALAKUMAR

FACULTY OF PHARMACY,
PHILADELPHIA UNIVERSITY-JORDAN

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

Overview

- ▶ 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.

Setting the Stage

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.

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?”

Setting the Stage

- ▶ 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.**
- ▶ Thus, for the situation just presented, take a moment now and on a sheet of paper briefly describe what Mr. Raymond might be thinking or feeling. What clues do you have? Write down what you might say to him. Set the paper aside and read on.
- ▶ Once you have finished the chapter, come back to your notes and rewrite your response based on any insights that resulted from your reading.

“

Components of the Interpersonal Communication Model

”

Components of the Interpersonal Communication Model

- ▶ 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).
- ▶ This book will not address these types of communication, but will focus on **ONE-TO-ONE** interpersonal communication that occurs in pharmacy practice, such as that observed in the situation with George Raymond.
- ▶ In this section, the interpersonal communication process, or the interaction between two individuals, will be described in detail.

Components of the Interpersonal Communication Model (Continued)

- ▶ 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.**

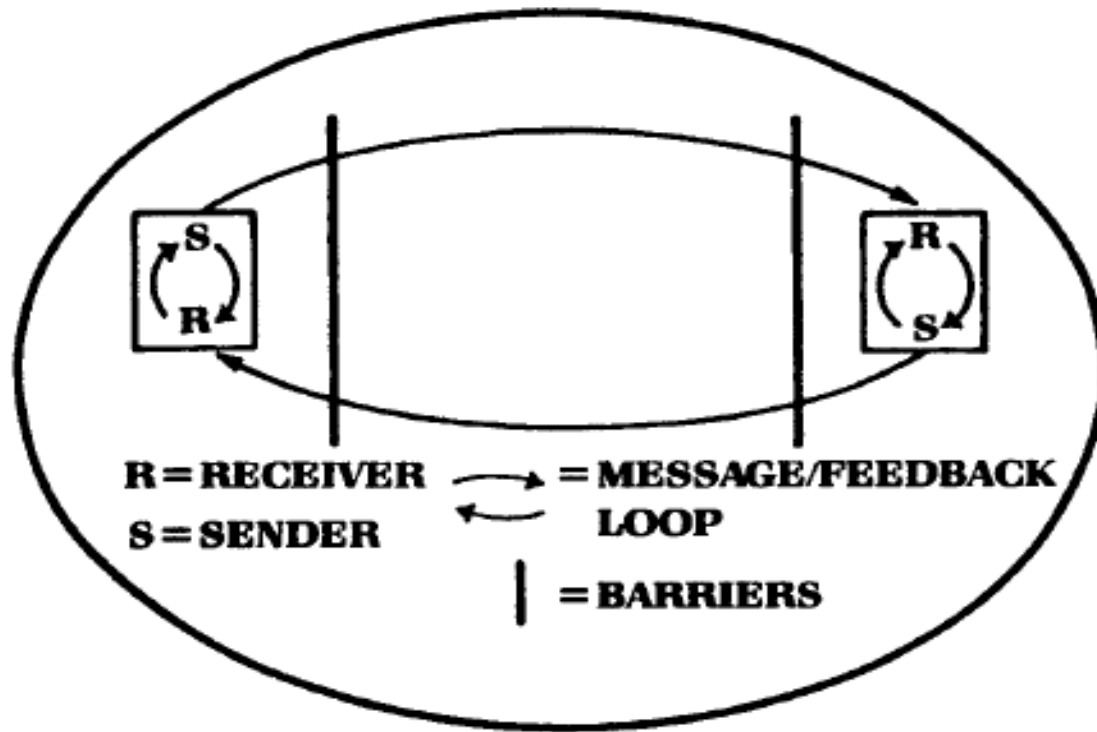


FIGURE 2-1. The interpersonal communication model.

1. THE SENDER

- ▶ In the interpersonal communication process, the sender transmits a message to another person.
- ▶ In the example described above, the initial sender of a message was Mr. Raymond:

2- THE MESSAGE

“The doctor called in a new prescription for me, and can I also have a refill of my heart medication?”

- ▶ 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).

THE MESSAGE (continued - 1)

- ▶ For example, Mr. Raymond's verbal message was that he wanted his new prescription and that he would like to have his prescription for heart medication refilled.
- ▶ At the same time, he also communicated **nonverbal** messages.
- ▶ Did you recognize any of these nonverbal messages?

THE MESSAGE (continued - 2)

- ▶ By looking down at the ground and mumbling rather than speaking clearly, he might have been expressing *embarrassment, shyness, or hesitancy to talk with you.*
- ▶ He might have felt embarrassed, perhaps because he had not been taking his heart pills regularly.
- As discussed in greater detail in Chapter 3, the nonverbal component of communication is important.
- ▶ **Research has found that in some situations 55% or more of a message is transmitted through its nonverbal component.**

THE MESSAGE (continued -3)

- ▶ 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.
- ▶ In the earlier situation, Mr. Raymond may not have been aware that he was transmitting nonverbal messages to you.

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.

4- FEEDBACK

- ▶ **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.***

FEEDBACK (continued - 1)

- ▶ 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 (continued - 2)

- ▶ 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.
- ▶ On your paper, what did you indicate would be your response to Mr. Raymond? You could have said, “I’m sorry, George, I’m not sure what you are asking. Which medication do you need?” or “How are you feeling, George? You seem a bit down.” ***Thus, in this example, feedback would be your response to Mr. Raymond.***
- ▶ Feedback allows communication to be a two-way interaction rather than a one-way monologue.

FEEDBACK (continued - 3)

- ▶ 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.

FEEDBACK (continued - 4)

► *Consequently...*

- we are led to think that a particular communication interaction was more effective than it really was (i.e. “I really felt she understood what I told her.”).
- *Being sensitive to others can strengthen our ability to receive and provide useful feedback.*

FEEDBACK (continued - 5)

- ▶ The model we have presented is useful because it is easy to understand, but it does **oversimplify** the communication process.
- ▶ *In any interpersonal communication situation, individuals at any point in time are **simultaneously sending and receiving messages**.*
- ▶ For example, in the scenario described above, the initial spoken message was sent by Mr. Raymond: “The doctor called in a new prescription for me, and can I also have a refill of my heart medication?”

FEEDBACK (continued - 6)

- ▶ However, at the time that he was speaking to the pharmacist, he was **observing** the pharmacist's nonverbal behaviors and so was receiving messages from the pharmacist as he was sending the oral message.
- ▶ He observed whether the pharmacist was paying attention, whether he was smiling, whether he was acknowledging receipt of the spoken messages with nods of his head, and so on.
- ▶ **Individuals cannot be in the presence of another person without both sending and receiving messages**, regardless of who is speaking at any one point in time.
- ▶ **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.

BARRIERS (continued)

- ▶ 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 communication
 - ➔ that we will devote an entire chapter (Chapter 4) to strategies for identifying and then minimizing possible communication barriers.



In this counseling situation, what is the pharmacist doing **correctly**?
What needs to be **improved**?

“

Personal Responsibilities in the Communication Model

”

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.

Personal Responsibilities in the Communication Model (Continued -1)

- ▶ 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.

Personal Responsibilities in the Communication Model (Continued -2)

- ▶ 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 (DeYoung, 1996)

“

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.*

In Search of the Meaning of the Message (continued)

- ▶ In the encounter with Mr. Raymond, he may have been embarrassed or hesitant to talk with you, or then again, he may not have been.
- ▶ He may have been looking down with dismay at a coffee stain on the new tie that his wife gave him.
- ▶ He may have been upset at himself for being so clumsy and was not focusing on communicating clearly with you.
- ▶ **Thus, the message that you received might not have been the one Mr. Raymond intended to send.**

WORDS AND THEIR CONTEXT

- ▶ In general, **individuals assign meaning** to verbal and nonverbal messages **based on their past experiences** and **previous definitions** of these verbal and nonverbal elements.
- ▶ If two persons **do not share** the same definitions or past experiences, **misunderstanding** may occur.
- ▶ The most common example of this is evident in **different languages and dialects** of the world.

WORDS AND THEIR CONTEXT

(continued-1)

- ▶ Different words **mean different** things to different people based on the definitions learned.
- ▶ For example, “football” to an American means a sport using an oval ball, but “football” to a European means a sport using a round ball (soccer).
- ▶ 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.

The following example illustrates this potential misunderstanding:

In the beginning exercise, let us assume that you wish to inform Mr. Raymond that his urinary tract antibiotic will be more effective if taken with sufficient fluid to guarantee adequate urinary output.

→ *You relate that intent in the following manner, “This medication should be taken with plenty of fluids.”*

- ▶ The message is received and decoded into words and symbols in the mind of Mr. Raymond.
- ▶ These words or symbols **may or may not** have any particular **meaning** to him.

The following example illustrates this potential misunderstanding: (continued-1)

- ▶ Perhaps he does not even know what “fluids” refers to; perhaps he is uncertain whether you consider milk to be a fluid; or perhaps he associates the word “plenty” with a small glass of orange juice at breakfast rather than the 8-ounce glass of water you had in mind.
- ▶ Thus, the meaning of your important message may or may not have been received accurately by Mr. Raymond.
- ▶ **It is the assignment of meaning to those words by Mr. Raymond that is important.**

The following example illustrates this potential misunderstanding: (continued-2)

- ▶ Another important factor is that people assign meanings based on **the context that they perceive the sender is using.**
- ▶ 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.
- ▶ *The following actual situation illustrates this point.....*

CASE STUDY 2.2

- ▶ A 9-month-old baby is admitted to the hospital with a severe infection. The pharmacist spoke with the mother upon admission and learned that about 1 week ago her son had developed a minor bacterial infection and received an antibiotic, which she gave him for 4 days until the infection appeared to be cleared up. When asked why she stopped the antibiotic, the mother stated that she was just following the directions on the prescription label: “Take one-half teaspoonful three times a day for infection **until all gone.**” The mother stated that she gave the medication until the infection was all gone. Unfortunately, the intended message was that the antibiotic should be given until the liquid was all gone (which would have been about 14 days—long enough to treat the bacterial infection). The mother assigned a meaning to the message on the prescription label that was not accurate; and thus, she stopped giving the antibiotic, a super-infection developed, and the baby was hospitalized.

CASE STUDY 2.2 (continued-1)

- ▶ In this example, the mother understood the words on the label, but **she put them into a different context** and thus **derived a different meaning** from the one intended.
- ▶ Apparently, the original pharmacist **did not have the opportunity to talk with the mother** when she picked up the antibiotic prescription to ask her how she was going to give the medication to her son.
- ▶ In other words, the pharmacist **did not ask for feedback** from the mother on how she interpreted the message on the label.

CASE STUDY 2.2 (continued-2)

- ▶ 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.
- ▶ See the “**Examples of Incongruent Messages**” box. In each of these examples, the verbal message obviously does not match the nonverbal message, and the receiver may be confused about the true message intended by the sender.
- ▶ 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.

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.”

In summary,

- ▶ In summary, people base their **interpretation** of verbal and nonverbal messages on a variety of factors.
- ▶ These factors include their **definitions** and **perceptions** of the words, symbols, and nonverbal elements used by the sender.
- ▶ In reality, the **final message** is **not** what is said, but what the receiver perceives was said.
- ▶ *The following section discusses how to prevent potential misunderstandings.*

PREVENTING MISUNDERSTANDING

- ▶ In the previous situation involving the baby's antibiotic prescription, the label read, "Take one-half teaspoonful three times a day for infection until all gone."
- ▶ Unfortunately, the mother interpreted the message incorrectly. In this situation, the meaning could be clarified relatively easily by rearranging the position of the last two prepositional phrases (. . . three times a day until all medication is finished for infection) or rearranging the wording (. . . until the medication is all gone).
- ▶ However, minimizing misunderstandings is many times more difficult in other situations.
- ▶ **We often assume that the receiver will interpret our message accurately.**

Preventing Misunderstanding (continued-1)

- ▶ To improve the communication process, we must remember that **people assign meanings** to messages **based** on their background, values, and experiences.
- ▶ If other persons have **different backgrounds**, values, and experiences, they may assign a **different meaning** to our intended message.
- ▶ Many of our problems in communication occur because we forget that individual experiences are never identical.
- ▶ In actual practice, we have enough common experiences with people we deal with on a daily basis that we can understand each other fairly well.

Preventing Misunderstanding (continued-2)

- ▶ Typically, we can anticipate patients' feelings and their understanding about the use of drugs.
- ▶ **Communication breaks down** when we have limited common experiences or do not share the same meaning of certain words and symbols.
- ▶ Thus, a person placed on a medication for the first time has a different perception than a person who has taken the medication for several years; a person of a different gender, age, or race may have experiences different from ours.

Preventing Misunderstanding (continued-3)

- ▶ 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.
- ▶ If they have had **positive** experiences previously, their perception of drugs may be different than if they have had negative experiences.
- ▶ If they have **negative** feelings about drugs, then they may be reluctant to discuss the medication or even to take it.

Preventing Misunderstanding (continued-4)

- ▶ 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?*
- ▶ *Some of the skills discussed in Chapter 5 on empathic listening may be helpful in anticipating how others may assign meaning to your message.*
- ▶ 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.

USING FEEDBACK TO CHECK 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.
- ▶ In the example of the antibiotic, the original pharmacist should have asked the mother in a nonthreatening manner, “When you get home, how long are you going to give the medication to your son?” Thus, her initial perception could have been corrected, and the problem could have been avoided.

USING FEEDBACK TO CHECK THE MEANING OF THE MESSAGE (continued-1)

- ▶ We typically do not ask for feedback from patrons to check their perceptions of the meaning of our messages.
- ▶ **Verifying** the fact that the receiver interpreted the intended meaning of our verbal and nonverbal messages accurately takes additional time and is sometimes awkward.
- ▶ Most people rely on their **own intuition** as to whether their intended message was received correctly.
- ▶ *See case study 2.3 for an illustration of the harmful effects of not asking for feedback from the patient on how they intend to take the medication.*

CASE STUDY 2.3

- ▶ A patient being seen in an anticoagulation clinic mentioned to the pharmacist that he had developed several bruises on his hands and legs. The pharmacist immediately checked the patient's computer records and found a recent INR value of 6, which was well above his targeted 2–3 range. The pharmacist asked whether the patient had changed his diet, lifestyle, or drug regimen. The patient said no, but that he was given another medication during his last clinic visit. The pharmacist then went back to the profile and noticed that the patient had been receiving 4 mg daily Coumadin for some time, but his dose was reduced to 3 mg during the last visit to adjust his INR. The pharmacist suspected what the issue might be and asked the patient, “Did you stop taking the 4 mg tablet?” The patient replied, “No, nobody told me to, so I have been following instructions and taking both tablets!!” Thus, he was taking 7 mg per day rather than the intended 3 mg.

USING FEEDBACK TO CHECK THE MEANING OF THE MESSAGE (continued-2)

- ▶ Unfortunately, relying on our intuition is not as effective as obtaining explicit feedback to measure understanding.
- ▶ See the accompanying box for examples of how to ask for feedback.

Statements or Questions That Elicit Feedback

- “I want to be sure I have explained things clearly. Please summarize the most important things to remember about this medicine.”
- “How do you intend to take the medication?”
- “Please show me how you are going to use this nasal inhaler.”
- “It is important that I understand that you know how to take this medication. Now when you get home, how are you going to take this medication?”
- “Describe in your own words how you are going to take this medication.”

USING FEEDBACK TO CHECK THE MEANING OF THE MESSAGE (continued-3)

- ▶ *The preceding paragraphs describe ways to minimize misunderstanding from the sender's perspective.*
- ▶ 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.

USING FEEDBACK TO CHECK THE MEANING OF THE MESSAGE (continued-4)

- ▶ 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.
- ▶ *In later chapters, specific skills are offered as means of improving your ability to give feedback and receive feedback from others.*

“

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.

PERCEPTION OF MEANINGS WITHIN A MESSAGE

- ▶ People assign meanings to verbal and nonverbal messages based on their perception of the intended meaning (Fabun, 1986).
- ▶ 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.
- ▶ *Case study 2.4, which depicts an actual situation, illustrates this point.*

CASE STUDY 2.4

- ▶ A patient returned to the pharmacy complaining of side effects apparently caused by his medication. The patient's records indicated he was given 30 nitroglycerin patches. Both the pharmacist and the physician told him to "apply one daily." The patient opened his shirt to reveal 27 nitroglycerin patches firmly adhered to his chest!!

PERCEPTION OF MEANINGS WITHIN A MESSAGE (continued-1)

- ▶ In case study 2.4, the patient perceived the phrase “apply one daily” to be absolute, so he applied one each day (but did not perceive the implied message that he should remove one).
- ▶ **He followed his perception of the instructions.**
- ▶ Unfortunately, no one asked him how he was going to use the patches (in other words, did not ask for feedback on his perception of the instructions).
- ▶ If the pharmacist had verified the patient’s understanding, the patient would have been spared the resulting embarrassment and possible side effects.

PERCEPTION OF MEANINGS WITHIN A MESSAGE (continued-2)

- ▶ Misperceptions like the one above occur frequently in pharmacy practice, and most pharmacists have a story to tell about how patients misuse medication based on their misperceptions.
- ▶ The outcome of these situations may be relatively harmless, but some can be serious. For an example, see case study 2.5.

CASE STUDY 2.5

- ▶ A young woman suffering from vaginal candidiasis was given the usual 15 nystatin vaginal tablets and was told by the pharmacist to “use one tablet daily for two weeks.” She returned to the pharmacy after two weeks in severe discomfort with a complaint that “those nystatin tablets taste terrible!”

PERCEPTION OF MEANINGS WITHIN A MESSAGE (continued-3)

- ▶ In case study 2.5, the patient assigned the wrong meaning to the word “use” and used the medication the way she typically uses medications—by taking them **orally**.
- ▶ In general, people develop their **perceptions** based on their **past experiences, background, and values**.
- ▶ People of different backgrounds, values, and experiences may assign meanings to messages that are different from those intended by the sender.
- ▶ It is difficult to realize when your patients have different perceptions than you.

PERCEPTION OF MEANINGS WITHIN A MESSAGE (continued-4)

- ▶ One skill that minimizes perceptual differences is to **USE** **terms** and **concepts** that are familiar to the patient.
- ▶ It is very easy for patients to misunderstand when you **use medical terminology** or language that is overly abstract, such as “drink a lot of fluid.”
 - *What does “a lot” mean to the patient? A glass? A cup?*
- ▶ Broad, nonspecific directions do not really help patients understand what you want to communicate.

PERCEPTION OF MEANINGS WITHIN A MESSAGE (continued-5)

- ▶ Another example might be, instead of asking patients whether they “hurt a lot,” you should ask them, “describe your pain on a scale of zero to 10 with zero being no pain and 10 being the worst pain imaginable.”
- ▶ You should also **avoid using professional jargon**.
- ▶ For example, most people are not impressed by the fact that they have “intermittent claudication,” when all they want help with is their inability to walk any distance without experiencing leg pain.
- ▶ You must also recognize **gender differences and cultural differences** (discussed further in Chapter 10) that may lead to misperceptions.

PERCEPTIONS OF INDIVIDUALS

- ▶ Our perception of the message is also influenced by our **perception of the individual sending the message** (Keltner, 1970).
- ▶ 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.”

PERCEPTIONS OF INDIVIDUALS (continued-1)

- ▶ 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.
- ▶ *Additional examples of perceptual barriers are provided in Chapter 10 in the discussion of cultural competence.*

PERCEPTIONS OF INDIVIDUALS (continued-2)

- ▶ 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.

PERCEPTIONS OF INDIVIDUALS (continued-3)

- ▶ 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.
 - Does the elderly person really have a hearing deficiency?
 - Does the person who talks slowly have a learning disability?
- ▶ Increased **awareness** of stereotyping and additional effort in checking our assumptions can **enhance** our interpersonal communication.

PERCEPTIONS OF INDIVIDUALS (continued-4)

- ▶ 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.
- ▶ Patient perceptions are influenced *by their past experiences with pharmacists, by what others have said about pharmacists, or by what they read in magazines and newspapers.*
- ▶ For example, patients may perceive us as uncaring, busy people who are concerned only with filling prescriptions and taking their money.

PERCEPTIONS OF INDIVIDUALS (continued-5)

- ▶ 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.

SHARING THE SAME PERCEPTIONS

- ▶ One key to preventing misunderstanding is to **try to understand and share the perceptions** of other individuals (Applebaum, et al, 1985).
- ▶ 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.

SHARING THE SAME PERCEPTIONS (continued-1)

- ▶ 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.

SHARING THE SAME PERCEPTIONS (continued-2)

- ▶ 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**.

USING FEEDBACK TO VERIFY PERCEPTIONS

- ▶ 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.
- ▶ In the above nitroglycerin example, the pharmacist should have asked the patient in a nonthreatening manner how he was going to use the patches.
- ▶ We typically do not ask for feedback from patients to check their perceptions of the words used when we give directions.

USING FEEDBACK TO VERIFY PERCEPTIONS (Continued)

- ▶ 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.
- ▶ In later chapters, specific skills are offered to improve your ability to give feedback and to receive feedback from others.

“

SUMMARY

”

Summary - 1

- ▶ 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.

Summary - 2

- ▶ *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