BARRIERS TO COMMUNICATION

Lecture: 7

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Lecturer: Dr Balakumar

Faculty of Pharmacy,

Philadelphia University-Jordan

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OVERVIEW

➢Within the communication process, numerous barriers exist that may disrupt or even eliminate interpersonal interaction.

➢Given the large number of potential barriers that exist in pharmacy practice settings, it is a wonder that any communication takes place at all.

➢Some barriers are rather obvious, while others are more subtle.

➢The key is to **identify** when barriers exist and then **develop** strategies that minimize them.

INTRODUCTION

Nothing could be more frustrating than to realize that you are not communicating effectively with another person.

How do you feel—frustrated, angry, confused? Why? Probably because you feel you can't communicate with this person. He is not listening to you even though he says he is.

Even if you have never experienced this specific situation, you can probably understand the frustration, anger, and confusion resulting from this lack of communication.

INTRODUCTION (CONTINUED)

Minimizing communication barriers typically requires a two-stage process:

First: you must be aware that they **exist**.

Second: you need to take **appropriate action** to overcome them.

To become a more effective communicator, it is essential that you **realize** when you are not communicating effectively with another person and then try to **analyze** why effective communication is not taking place.

ENVIRONMENTAL BARRIERS

POTENTIAL ENVIRONMENTAL BARRIERS

The next time you enter a community pharmacy, check for the following:

- Is the pharmacist visible?

- Is it easy to get the pharmacist's attention?

- Does it appear that the pharmacist wants to talk to patients?

- Is the prescription area conducive to private conversation?

- Do you have to speak to the pharmacist through a third party?

- Is there a lot of background noise or are there other distractions?

1- PRESCRIPTION COUNTER

These prescription counters exist for three primary reasons:

1) They provide an opportunity for patients to identify where the pharmacy is located

2) They provide an opportunity for pharmacy staff to look over the store area periodically

3) They provide a private area in which the staff can work.

1- PRESCRIPTION COUNTER (CONTINUED-1)

➢ One of the most obvious barriers in most community practice settings is the **height of the prescription counter** separating patients from pharmacy personnel.

➢ Unfortunately, in some situations, **patients cannot see pharmacy personnel** behind these strategically placed partitions or counters

➢ This type of environment may also **give patients the impression that the pharmacist does not want to talk to them**.

1- PRESCRIPTION COUNTER (CONTINUED-2)

➤ SOLUTION?

➤ Many pharmacies provide areas where the counter is lower to facilitate pharmacist–patient interaction.

➤ Ideally, you and the patient should both be at eye level to enhance verbal and nonverbal communication. This will also help counteract patient perceptions that you are not approachable.

2- BACKGROUND NOISE

➤ Crowded, noisy prescription areas also inhibit one-to-one communication in many practice settings.

➤ Noise also interferes with your ability to use the phone effectively when trying to communicate with physicians, patients, and others.

3- LACK OF PRIVACY

➢ If other people are within hearing range of your conversation, it limits the level of perceived privacy for the interaction. **Privacy is especially important when patients want to talk about personal matters**.

➢ Privacy issues also exist in **institutional and ambulatory** care clinics. Finding private locations to have meaningful discussions with nurses, physicians, or other health care practitioners can be problematic in most settings.

➢ Many times, pharmacists must raise issues with their colleagues about the medication therapy or the general treatment of patients.

➢ **Such encounters should not be heard by others** due to the sensitive nature of these discussions and the high levels **of professional pride** that most health care providers have.

➢ Thus, these conversations should take place in relatively private environments.

3-LACK OF PRIVACY (CONTINUED-1)

SOLUT ION?

➤Many ==community pharmacists== have tried to address these issues by increasing the amount of privacy within their setting.

➤For example, many pharmacists use glass partitions, planters, or dividers to create the feeling of a private conversation area that is away from common traffic areas.

➤Some have installed private or semiprivate counselling areas or rooms.

➤Privacy does not necessarily mean having a private room, but both the patient and pharmacist must feel that privacy exists.

3-LACK OF PRIVACY (CONTINUED-2)

SOLUT ION?

Even in a busy, noisy environment, privacy can be enhanced by moving to the end of the prescription counter or by turning away from a busy prescription area and lowering your voice to achieve a more private environment.

3-LACK OF PRIVACY (CONTINUED-3)

SOLUT ION?

➤ In busy patient care areas **within institutions**, you need to find ways to discuss patient-specific issues with your colleagues out of hearing range of family members, patients, and other individuals who happen to be in the area.

➤ While discussing therapy at patients' bedsides, you will need to be sensitive to patient needs as well.

➤ Most institutions, especially **teaching institutions**, have developed protocols and standards for how to engage in bedside conversation, recognizing the need to discuss clinical information and yet afford common courtesy toward the patient.

REMOVING ENVIRONMENTAL BARRIERS

➤ The first step in removing environmental barriers is discovering which of them exist in your practice setting.

➤ One approach might be to **view things from the other person's perspective** (see the "Potential Environmental Barriers" slide number:7).

➤ These and other points need to be considered when designing your community practice area (see Figure).

➤ The drawing reveal pleasant, efficient, and effective pharmacy environments that facilitates pharmacist–patient interaction.

➤ Paying attention to the **amount of privacy** can help create an atmosphere that causes both parties to communicate more effectively.
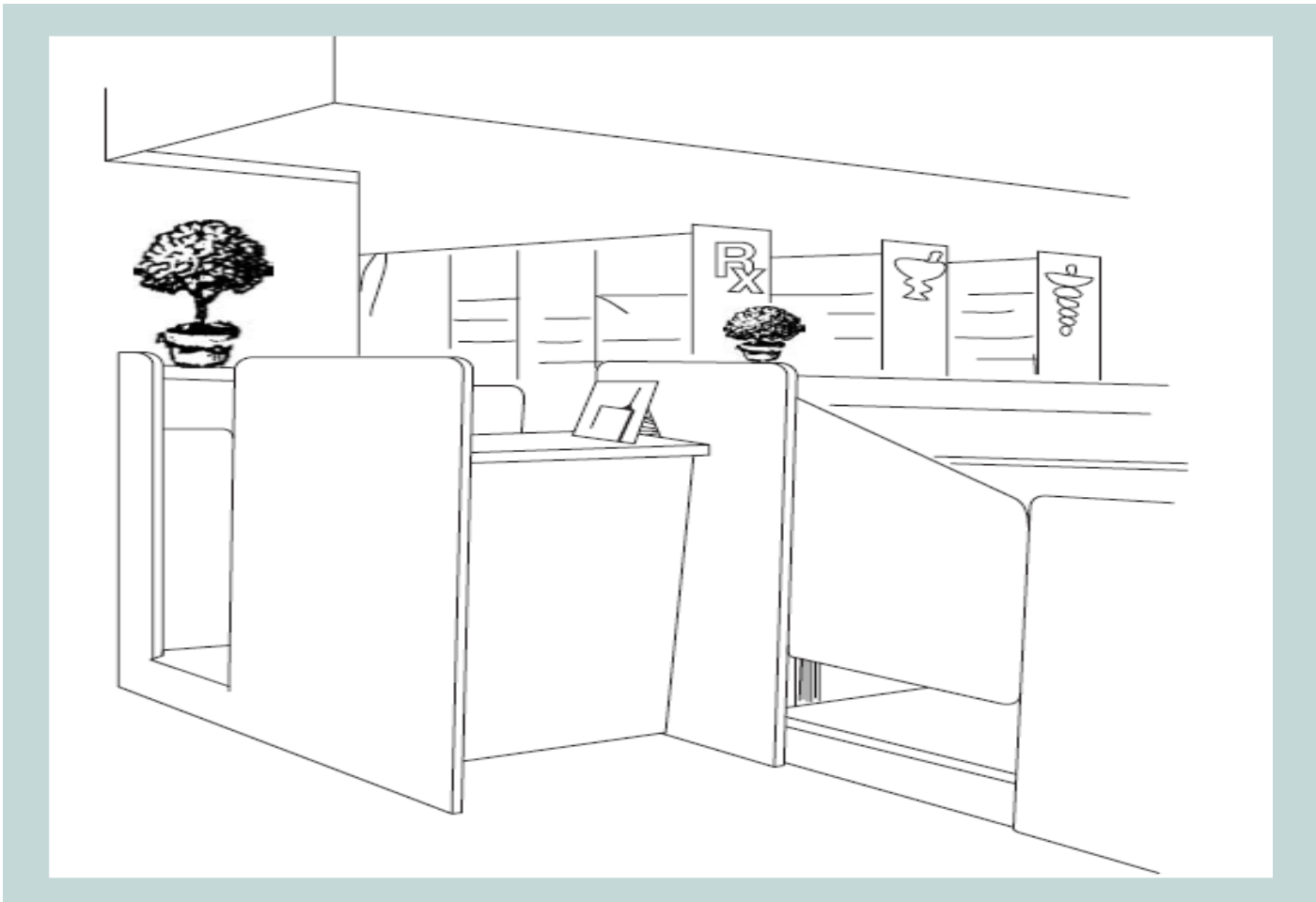
FIGURE:

An environment that facilitates pharmacist–patient interaction.

PERSONAL BARRIERS

PERSONAL BARRIERS - INTRODUCTION

Many people feel that an effective communication style is something you are born with and may use shyness as an excuse to avoid interacting with others.

Unfortunately, people **do not realize** that communication skills **can be learned and developed**. However, like other skills, they **require practice and reinforcement.**

You must remember that there are no expert communicators: no one communicates perfectly 100% of the time. There will always be situations where communication could have gone better; you should not be discouraged when it does not go as well as planned.

 However, you must still strive to improve your communication skills by constant practice and reflection on your strengths and weaknesses.

POTENTIAL PHARMACIST-RELATED PERSONAL BARRIERS

✓ Low self-confidence

✓ Shyness

→ Systematic desensitization or cognitive modification

✓ Dysfunctional internal monologue

→ Essential to become aware of this habit

✓ Lack of objectivity

→ Remain empathetic towards your patients, but not get so involved

POTENTIAL PHARMACIST-RELATED PERSONAL BARRIERS (CONTINUED)

✓ Cultural differences

→ Recognize that these and other cultural barriers.

✓ Discomfort in sensitive situations

→ Overcome their anxiety.

✓ Negative perceptions about the value of patient interaction

→ Personal introspection and analysis of one's motivation and desire to communicate

PATIENT-RELATED PERSONAL BARRIERS

➢ Patient perceptions of pharmacists

→ Alter negative patient perceptions by informing patients that you sincerely want to communicate with them, and by actually counselling them effectively.

➢ Patients belief that the health care system is impersonal

→ Make sure that you are not contributing to this impersonal atmosphere.

➢ Patient perceptions of their medical conditions

→ Convince some patients that they need to learn more about their medications and that the few moments spent with you will be valuable to them later on.

ADMINISTRATIVE BARRIERS

1- COUNSELLING SERVICES

➢ Many pharmacy **managers** perceive the task of talking with patients as an <mark>expensive service and not a high priority.</mark> However, studies have shown that many consumers are willing to pay for such services.

➢ Community pharmacists are being encouraged by professional organizations to seek reimbursement for the patient care services they provide pharmacies often make policies that discourage pharmacist– patient interaction.

2- POLICIES

A- Policies related to the design of practice settings may deter counselling

➢ The **mechanics of dispensing** prescriptions may distract from the communication process.

➢ Pharmacist's desire to answer **every** phone call, which may give the impression to the patient that the pharmacist does not want to talk to him or her.

2- POLICIES (CONTINUED)

B- Staffing policies

➢ Reduced the number of staff members who can assist pharmacists.

➢ Work flow issues need to be monitored.

Solutions??

➢ Mechanisms that allow patients to have ready access to the pharmacist need to exist.

➢ Support staff needs to be aware of situations where patients need to talk with the pharmacist.

➢ Training of staff is a crucial component to enhancing patient care.

TIME BARRIERS

COMMUNITY PHARMACY PRACTICE

➤ The timing of the interaction is critical, since both parties must be ready to communicate at a given time.

SOLUTIONS??

➤ A possible solution might be to give the patient basic information to get the therapy started and then contact her at a later time via phone or e-mail when both of you may be more relaxed and ready to communicate.

➤ Another strategy is to have **written** information that can reinforce a short message during busy situations

➤ Brief counselling encounters by "highlighting" pertinent information within the written information to emphasize key points before the patient leaves the pharmacy.
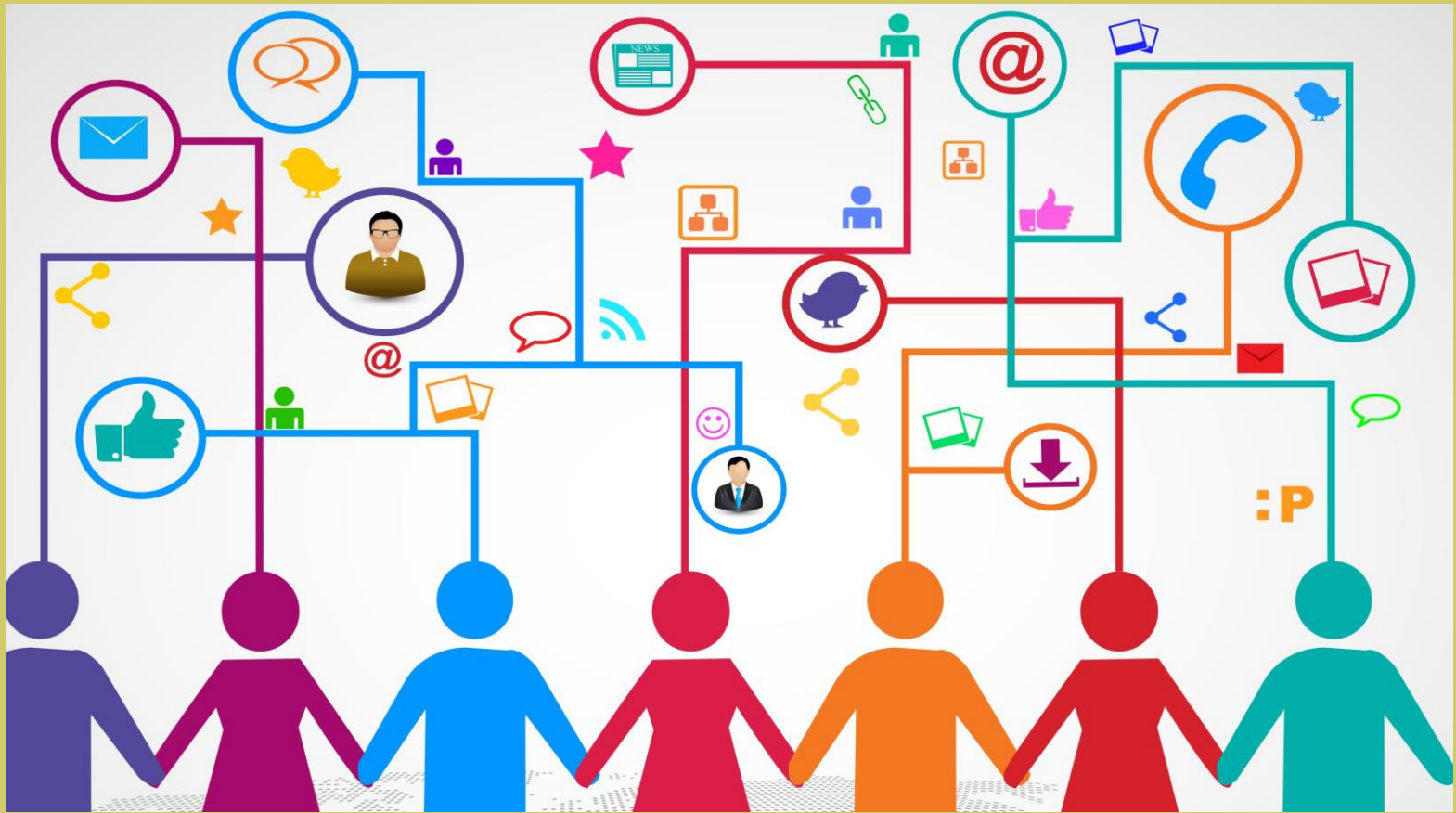
INSTITUTIONAL PRACTICE

➤ Timing within institutional practice is also critical, since health care providers are **performing multiple tasks** in very active environments.

➤ It may be difficult to get people's attention and to choose the right time to interact with each other.

➤ Many times there is a **sense of urgency**, since there is no assurance that you will see the physician, nurse, or other health care provider later in the day due to their busy schedules, so you need to find the best way to tactfully approach them.

INSTITUTIONAL PRACTICE

SOLUTIONS??

➢ You must be **assertive** about your need to communicate with others, but at the same time be aware of their needs as well.

➢ **Assess nonverbal messages** from health care providers or patients for assurances that communication is well timed.

➢ Be aware of situations where people are trying to talk with you, but **you are not listening** appropriately.

THANK YOU