

## Lec [2]

### Principles and Elements of Interpersonal Communication

#### Introduction

Interpersonal communication is a common complex practice that is essential in dealing with patients and other health care providers and it is more than speaking to others, offering a printed prescription label, or affixing an auxiliary label to a prescription.

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.

#### CASE STUDY 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?”

#### 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). Our subject will not address these types of communication, but will focus on interpersonal communication that occurs in pharmacy practice, such as that observed in the situation with George Raymond .

**A practical model of this process includes *five* important elements:**

- **Sender**
- **Message**
- **Receiver**
- **Feedback**
- **Barriers.**

## **THE SENDER**

- **Sender:** transmits a message to another person. In the example described above, the initial sender of a message was **Mr. Raymond**:

## **THE MESSAGE**

- In interpersonal communication, the message is the element that is transmitted from one person to another.

## **THE MESSAGE**

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).

In our case, the message was: *“The doctor called in a new prescription for me, and can I also have a refill of my heart medication*

**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?**

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, 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.

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 case, Mr. Raymond may not have been aware that he was transmitting nonverbal messages to you.

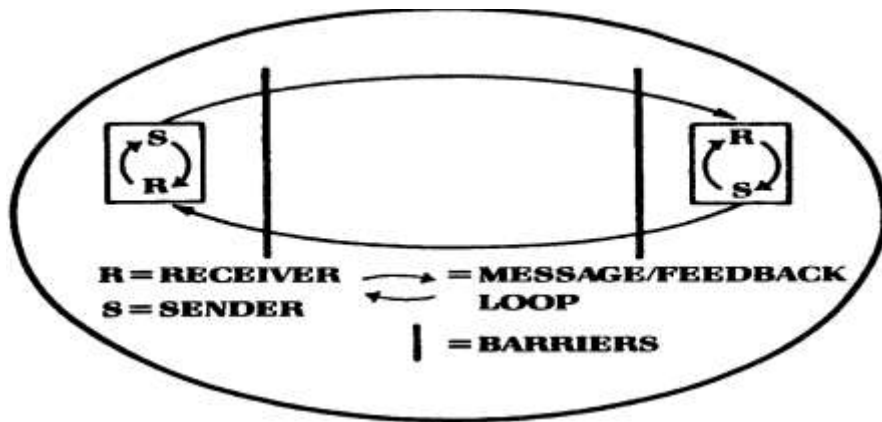
## **THE RECEIVER**

- The receiver (you in the above example) receives the message from the sender (Mr. Raymond).
- the receiver, you “decode” the message and assign a particular meaning to it
- **The receiver** :receives the message from the sender and the pharmacist considered both the verbal and nonverbal components of the message.

## ■ **FEEDBACK**

- **Feedback** is the process whereby receivers communicate back to senders their understanding of the senders’ message.
- In most situations, receivers respond 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.

## **The interpersonal communication model.**



- 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.
- 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.
- 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?” 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.**

## 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.



## 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.

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. However, practice has found that without appropriate feedback, misunderstandings occur.

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.

## **WORDS AND THEIR CONTEXT**

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.

Different words mean different things to different people based on the definitions learned. 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. 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.

- 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**

- 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.
- 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, pharmacist did not ask for feedback from the mother on how she interpreted the message on the label.
- 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.

## **USING FEEDBACK TO CHECK THE MEANING OF THE MESSAGE**

- Predicting how a person will translate a particular message is difficult. 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 non-threatening 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.

### **preventing misunderstanding**

- In the previous situation involving the baby’s antibiotic prescription, 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.

### **To improve the communication process**

1- we must remember that people assign meanings to messages based on their background, values, and experiences because 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.

2-Communication breaks down when we have limited common experiences or do not share the same meaning of certain words and symbols. So using “lay language,” which is familiar to patients, rather than medical terminology, which is familiar only to health care professionals, can enhance understanding.

3-A key to preventing misunderstanding is anticipating how other people may translate your message and how they may interpret the meaning of the message.



4-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.

### **Using Feedback to Check the Meaning of The Message**

-Providing feedback to check the meaning of the message may alleviate some communication misunderstandings. 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 for providing feedback that the pharmacist’s message was understood accurately. medication misadventures could be prevented if pharmacists asked patients to give them 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.”

### **Importance of Perception in Communication**

#### **1-Perception of Meanings within a Message**

#### **2-Perceptions of Individuals**

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.

#### **The following statements illustrate this point:**

- 1-“People who are mentally ill do not comply with their medication regimens.”
- 2-“Elderly people can’t hear well and always talk too much.”
- 3-“People who talk slow are lazy.”
- 4-“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).

Patient perceptions are influenced by their past experiences with pharmacists, by what others have said about 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.

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