

Barriers to Communication

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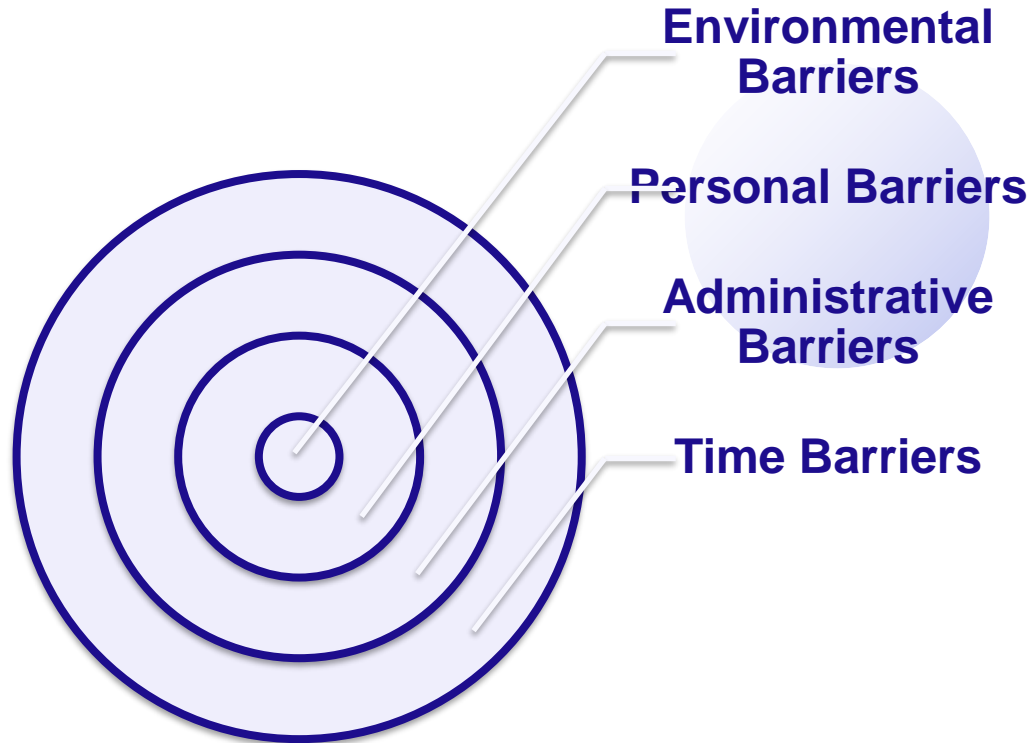


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Overview

- 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.

Types of Barriers



A. Environmental Barriers

- Ask yourself the following questions:
- 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?

A. Environmental Barriers

- The **first step** in removing environmental barriers is **discovering which of them** exist in your practice setting.
- One of the **most obvious barriers** in most community practice settings is the **height of the prescription counter** separating patients from pharmacy personnel.
- This type of environment may also **give patients the impression** that the pharmacist does not want to talk to them.

A. Environmental Barriers

- 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

A. Environmental Barriers

- **Crowded, noisy** prescription areas also **inhibit one-to-one communication** in many practice settings.
- Many pharmacies provide areas where the **counter is lower** to **facilitate pharmacist-patient interaction**.
- Also, Many community pharmacists have **tried to address these issues** by increasing the amount of privacy within their settings.
- Privacy issues also exist in **institutional and ambulatory care clinics**.


B. Personal Barriers

**Personal barriers
can be categorized
into:**

**1. Pharmacist-related
personal barriers**

**2. Patient-related
personal barriers**

1. Pharmacist-related personal barriers:

1. **Low self-confidence**
 2. **Shyness**
 3. **Dysfunctional internal monologue**
 4. **Lack of objectivity**
 5. **Cultural differences**
 6. **Discomfort in sensitive situations**
 7. **Negative perceptions about value of patient interaction**
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1. Pharmacist-related personal barriers:

- **Low self-confidence**
- Lack of confidence in your ability to **communicate effectively** may influence how you communicate.
- **Shyness**
- A personal barrier for some pharmacists involves the **degree of personal shyness**.
- Individuals with **high levels** of shyness tend to **avoid interpersonal communication** in most situations, including interactions with **patients, physicians, or other health care providers**.

1. Pharmacist-related personal barriers:

- **Dysfunctional internal monologue**
- Another personal barrier to communication is the internal conversation you may have **within yourself while talking with others.**
- This internal conversation may **limit your ability to listen effectively** as you focus on your thoughts rather than on what the other person is saying.

1. Pharmacist-related personal barriers:

- **Lack of objectivity**
- Another potential personal barrier involves **emotional objectivity**.
- While taking care of patients, you may be tempted to take on the emotional problems of patients.
- You should **remain empathetic** towards your patients, but **not get** so involved that you **carry their emotional burdens** as well.

1. Pharmacist-related personal barriers:

- **Cultural differences**
- Culturally based factors may also serve as personal barriers to effective communication.
- For **example**, in some cultures it is **not proper to engage in eye contact** during communication.
- Such behavior would be labeled as **disrespectful**; while in **other** cultures, direct eye contact is appropriate and is almost **required**.

1. Pharmacist-related personal barriers:

- **Discomfort in sensitive situations**
- Other personal barriers exist in situations where you may not be completely sure how to respond.
- These **personal fears or anxieties** may put **tremendous pressure** on the pharmacist.

1. Pharmacist-related personal barriers:

- **Negative perceptions about the value of patient interaction**
- Many pharmacists believe that **talking with patients** is not a **high-priority activity**.
- They may perceive that patients **neither expect nor want to talk** with them.
- Thus, they are **reluctant to approach patients**.
- If they do not value patient interaction, then they will **not be eager to participate** in patient counseling activities.

2. Patient-related personal barriers

- Patient **perceptions** of pharmacists
- Patient perception that **hinders communication** is their **belief** that the health care system is **impersonal**
- Patient **perceptions** of their **medical conditions** may also inhibit communication.
- Many patients **think** that **all the important information** is stated on the **prescription label**.

C. Administrative Barriers

- **Community pharmacists** are **not paid directly** for educating or communicating with patients.
- **Counseling services** are not included as part of pharmacies' business plans.
- Therefore, many pharmacy **managers** perceive the **task of talking with patients** as an **expensive** service and **not a high priority**.
- Unfortunately, pharmacies often make **policies** that **discourage** pharmacist–patient interaction.

D. Time Barriers

- Choosing an **inappropriate time** to initiate a conversation may lead to **communication failure**.
- The **timing** of the interaction is **critical** since **both** parties must be ready to communicate at a given time.
- Many pharmacists make **efficient use of time** during these **brief counseling** encounters by “highlighting” pertinent information within the written information to **emphasize** key points **before** the patient **leaves** the pharmacy.



**THANK YOU FOR
YOUR ATTENTION**