

# Principles and Elements of Interpersonal Communication

LECTURE : 3 AND 4

COURSE NAME: PHARMACEUTICAL COMMUNICATION SKILLS

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LECTURER: MS. ASMA EL-SHARA'. MPH

FACULTY OF PHARMACY,

PHILADELPHIA UNIVERSITY-JORDAN

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# 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.**

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# Components of the Interpersonal Communication Model

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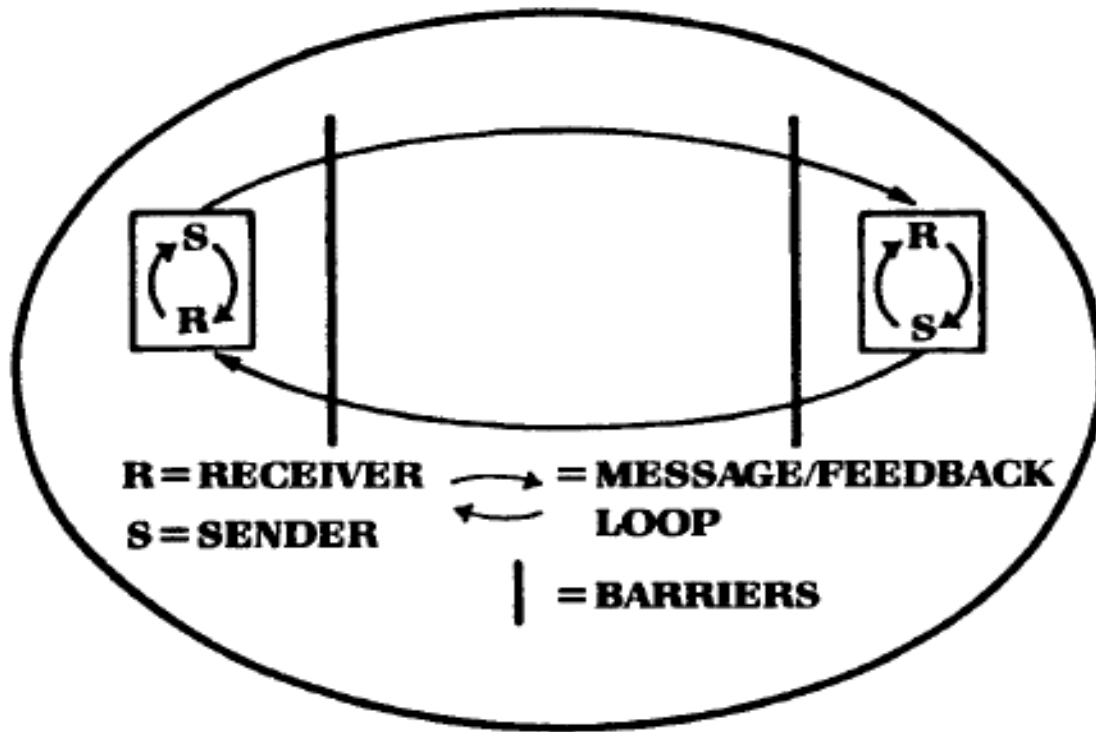
# Components of the Interpersonal Communication Model

- ▶ 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).
- ▶ In Pharmacy setting → **ONE-TO-ONE** interpersonal communication that occurs in pharmacy practice.



## 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.

## 2- THE MESSAGE

- ▶ 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.

## 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.

## 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.
- ▶ **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.

## FEEDBACK (continued - 3)

- ▶ 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.**

## BARRIERS (continued) - examples

- ▶ **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**?

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# Personal Responsibilities in the Communication Model

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## 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.

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# In Search of the Meaning of the Message

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## 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.

# WORDS AND THEIR CONTEXT

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.

## WORDS AND THEIR CONTEXT (continued-1)

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.

## WORDS AND THEIR CONTEXT (continued-2)

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.”



## PREVENTING MISUNDERSTANDING

- ▶ 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.

## 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.
- ▶ **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.

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

- ▶ 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-2)

- ▶ 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.

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# Importance of Perception in Communication

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## 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.

## PERCEPTION OF MEANINGS WITHIN A MESSAGE (continued-1)

- ▶ **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.



## PERCEPTION OF MEANINGS WITHIN A MESSAGE (continued-2)

- ▶ 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**.



## 2. PERCEPTIONS OF INDIVIDUALS → Pharmacists' perceptions

- ▶ 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.”

## 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.

## 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.
- ▶ Increased **awareness** of stereotyping and additional effort in checking our assumptions can **enhance** our interpersonal communication.

## PERCEPTIONS OF INDIVIDUALS

### (continued-4) → People's perception

- ▶ 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.

## PERCEPTIONS OF INDIVIDUALS (continued-5) → Other professionals' perception

- ▶ 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.



### 3. SHARING THE SAME PERCEPTIONS

- ▶ 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.

## 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.
- ▶ 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.

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# SUMMARY

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# 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