The Quiet Pharmacist

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Over the past decade or so, the importance of communication between the pharmacist and the public has become an increasing concern in the pharmacy profession. The stereotype of the pharmacist from the 1940s into the 1970s was that of a close-mouthed person hidden from view behind a counter in the back corner of the pharmacy, occupied primarily with typing labels and putting pills in little bottles.

Current orthodoxy in pharmacy practice is in direct opposition to this stereotype and stresses the need for pharmacists to communicate effectively with their patients.

At a December 1981 meeting between the American Association of Colleges of Pharmacy and the six national pharmacy practitioner organizations, "deficiencies in communication training and abilities" was identified as one of the major deficiencies in current pharmacy school curricula. While valuable college coursework and continuing education programs in communication skills have proliferated during the past several years, the teaching of communication skills at best only solves part of the problem. Effective communication requires both the necessary knowledge and skills and a willingness or desire to communicate.

We can all recognize and observe the quality and quantity of an individual's communication behavior. A person's desire or willingness to communicate, however, is not observable, although the behavioral manifestation—the avoidance of communication—is observable. The communication behavior of an individual influences how others perceive that individual.

Quiet People Perceived

We are all familiar with people who "don't talk much." We term them "shy," "introverted," "reticent," or simply "quiet."

Verbal behavior is extremely important in the development of interpersonal relations and perceptions. In general, the more a person talks, the more positively that person will be perceived.

Unfortunately the quiet person is generally perceived by others in a negative light. The quiet individual is stereotyped as being less competent, less communicatively competent and less intelligent than the highly verbal individual.

Quiet people are perceived as being more anxious or apprehensive about communicating, less extroverted and less composed than talkative individuals. They are perceived as people who have difficulty expressing their opinions to others and responding in an open and sen-
sitive way to communicate from
others.

Talkative people are perceived as
having leadership qualities and as
being opinion leaders for others,
whereas quiet people are not. An
opinion leader is someone to whom
we turn for advice, information or
opinions when we need to make a
decision. Quiet people are unlikely
to go out of their way to offer opin-
ions and, since they are perceived to
be less competent, they are less like-
ly to be asked for their opinions.

Socially, quiet people are per-
ceived to be less sociable and
friendly than are talkative people. A
reduced level of communication ap-
ppears to be interpreted by most peo-
ple, including quiet people them-
selves, as a sign of unfriendliness.

Projecting the results from the
communication field to the practice
of pharmacy, the "quiet" pharmacist
would not only be expected to talk
less with patients than other pharma-
cists do, but also to talk less about
professional concerns. The quiet pharmacist
probably would not be perceived as a
credible source of information on
drugs or an intelligent person with
whom to interact about either pro-
fessional or nonprofessional mat-
ters. Thus, research suggests that
quiet pharmacists would not only be
unwilling and unable to perform a
significant portion of their profes-
sional role but that even when at-
ttempts are made to fulfill that role,
the probability of success would be
low.

Shyness

Communication researchers and
theorists make a distinction be-
tween quiet individuals based on
why they are unwilling to com-
municate. In communication terms,
shyness is described as "an attribute
which spans a wide behavioral-
emotional continuum."4

At one end of the continuum is
the shyness adopted by an individ-
ual who generally prefers solitude.
These people probably do not see
shyness as a problem for them-

 affectionate with lack of self-confidence,
inadequate social skills, and embar-
rassment at being the focus of atten-
tion, all leading to the avoidance of
communication.

"At the extreme end are the
'chronically' shy, who avoid com-
munication to escape any risks of
damaging self-esteem and to avoid
the extreme anxiety associated with
social interaction."7

Communication Apprehension

Communication apprehension (CA)
has been the most studied cause
of people's desire to avoid commu-
nication. Communication
apprehension, as conceptualized by
McCroskey, is defined as "an indi-
vidual's level of fear or anxiety asso-
ciated with either real or anticipated
communication with another per-
son or persons."7

People who have a high degree of
anxiety about communication (high
CA) will have a very low desire to
engage in communication. They will
avoid communication to avoid the
anxiety that accompanies it, and
they often will not be concerned
about whether their attempts to
communicate lead to successful
communication. People with a low
degree of anxiety about commu-
nication (low CA) will attempt
more communication and often will
work to make that communication
effective.

Fear or anxiety associated with
communication may be generalized
or situation-specific. A person's
generalized communication appre-
rehension level is a personality-type
trait. A person with trait-like com-
munication apprehension tends to
respond to virtually all commu-
nication situations with anxiety,
regardless of the nature of the situ-
tation. The high communication appre-
rehensive person is likely to feel a
high degree of fear or anxiety about
communicating, even in situations
in which an outside observer would
suggest there is no reason for such
tanxiety (e.g., talking to an-
other pharmacist, talking to a pa-
ient, answering the telephone).

Situationally specific commu-
nication apprehension is produced by
the circumstances surrounding a
specific communication encounter.

Identifying the Level of CA

There is a method by which you
can assess your own level of com-
munication apprehension. On page
27 is a Personal Report of Commu-
nication Apprehension (PRCA)
comprised of 24 statements, repres-
senting feelings about communi-
cation in four types of situations:
groups, meetings, interpersonal
(one-to-one), and public speaking.

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Based on studies of more than 40,000 individuals, the "normal" range of scores on the PRCA is 52-79. One of five individuals in the general population is highly communication apprehensive, and has a PRCA score greater than 79. As stated earlier, these people have a generalized anxiety about communication, not just an anxiety in certain situations. In general, however, for most people, public speaking is more anxiety-producing than meetings, meetings more anxiety-producing than group, and group situations more anxiety-producing than one-to-one interactions.

Reducing Your CA

It is important to recognize that communication apprehension and communication skills are two separate and distinct dimensions of the communication process. There may indeed be pharmacy students and pharmacists who lack communication skills and avoid, or do poorly in, communication situations for this reason. There are others who undoubtedly have good skills but are uncomfortable in communication situations because of the anxiety that is generated. Others have both communication apprehension and poor skills.

For the skills-deficient pharmacist, training and practice in communication skills is appropriate. For those with high communication apprehension, however, skills training is not sufficient. Indeed, traditional speech and communication skills courses may make the problem worse rather than better. As might be expected, high communication apprehensives also tend to avoid coursework in communications, indicating that continuing education programs designed to improve communication skills would likewise hold little appeal.

For those who experience a high level of communication apprehension, the recommended treatment is systematic desensitization, which has been reported to be an effective behavior therapy technique in reducing anxiety. The underlying rationale is that anxieties are learned, and anything that is learned can be unlearned.

Systematic desensitization involves a two-step process:

First, people are taught to recognize tension in their bodies and relax that tension. A surprisingly large proportion of the population has never learned to recognize when they are tense, much less how to relieve that tension.

Once this process is learned, the second step can be implemented. This involves conditioning people to respond with relaxation in the presence of stimuli that previously produced tension. For persons with high CA, the person is asked to imagine a series of communication situations, progressing from those that previously have aroused little tension (you are talking to your best friend) to those that normally would cause great tension (you are about to give a speech on television and you have lost your notes). The person learns to relax completely while imagining one situation before moving on to a more difficult one.

Systematic desensitization has been found to be an extremely effective and long-lasting method of reducing communication apprehension. The technique has been used with pharmacy students, with a reported success rate of 73%. The process can take as little as six or seven hours and can be administered by someone with a minimum of teaching.

Not everyone has access to formal systematic desensitization procedures. There are, however, self-help procedures which can help the quiet person who wishes to overcome what he or she perceives to be a problem.

First, develop a thorough understanding of the process of human communication. A course in communication theory (not a skills course) can help, as will reading books on communication theory.

Second, learn to recognize tension in the body and how to relax that tension. Relaxation tapes are available from the Speech Communication Association for this purpose. Third, learn to identify negative self-statements, e.g., "I'll sound stupid." "Everybody's watching me": and negative thoughts you have when you are communicating. Develop a list of coping statements, e.g., "They don't know any more than I do." "Speak slowly." Practice saying the coping statements to yourself whenever you approach a difficult communication situation.

Need to Change

Our best estimates are that 20-35% of pharmacists will try to avoid communication whenever possible. Overcoming communication apprehension will not solve all of pharmacy's communication problems; however it is a step in the right direction. Other deficiencies, barriers, and considerations are obviously involved when patients perceive that pharmacists only communicate with them less than a third of the time they have a prescription filled.

Pharmacy is, however, undergoing an ideological change involving a greater degree of patient involvement. The profession—as well as the public—has determined that patients want and need more information about the drugs they take. Since the pharmacy field seems determined to fulfill this need, the reduction of communication apprehension is one step in that direction. If pharmacy students and pharmacists are less apprehensive about communicating with patients, then the above goal will be more attainable.

References
5. L. Castle, Human Communication Research, 8, 59 (1982).
Personal Report of Communication Apprehension

Directions: This instrument is composed of 24 statements concerning your feelings about communication with other people. Please indicate in the space provided the degree to which each statement applies to you by marking whether you (1) Strongly agree, (2) Agree, (3) Are undecided, (4) Disagree, or (5) Strongly disagree with each statement. There are no right or wrong answers. Many of the statements are similar to other statements. Do not be concerned about this. Work quickly; just record your first impression.

1—Strongly agree 2—Agree 3—Undecided 4—Disagree 5—Strongly disagree

1. I dislike participating in group discussions.  
2. Generally, I am comfortable while participating in group discussions.  
3. I am tense and nervous while participating in group discussions.  
4. I like to get involved in group discussions.  
5. Engaging in a group discussion with new people makes me tense and nervous.  
6. I am calm and relaxed while participating in group discussions.  
7. Generally, I am nervous when I have to participate in a meeting.  
8. Usually, I am calm and relaxed while participating in meetings.  
9. I am very calm and relaxed when I am called on to express an opinion at a meeting.  
10. I am afraid to express myself at meetings.  
11. Communicating at meetings usually makes me uncomfortable.  
12. I am very relaxed when answering questions at a meeting.  
13. While participating in a conversation with a new acquaintance, I feel very nervous.  
14. I have no fear of speaking up in conversations.  
15. Ordinarily I am very tense and nervous in conversations.  
16. Ordinarily I am very calm and relaxed in conversations.  
17. While conversing with a new acquaintance, I feel very relaxed.  
18. I'm afraid to speak up in conversations.  
19. I have no fear of giving a speech.  
20. Certain parts of my body feel very tense and rigid while giving a speech.  
21. I feel relaxed while giving a speech.  
22. My thoughts become confused and jumbled when I am giving a speech.  
23. I face the prospect of giving a speech with confidence.  
24. While giving a speech I get so nervous, I forget facts I really know.

To Compute Your PRCA Score:

1. Total separately the following items: 2, 4, 6, 8, 9, 12, 14, 16, 17, 19, 21, 23

2. Total separately the following items: 1, 3, 5, 7, 10, 11, 13, 15, 18, 20, 22, 24

3. PRCA Score = 72 + Total 1 - Total 2

Above 79 = High CA;  
Below 52 = Low CA.