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Understanding (and Conquering) Communication Apprehension

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Pharmacists often say they would like to provide information to patients but that patients don't ask them questions. The extent to which pharmacist-patient communication takes place depends on the predisposition of the pharmacist and/or the patient to communicate. Either the pharmacist or the patient may be quiet, shy, or anxious about situations where they must talk to people. Since we may not be able to influence the patient's predisposition, we must change ourselves. Tested methods of assessing and overcoming communication apprehension are offered.

From the 1940s into the 1970s, the stereotype of the pharmacist was that of a closed-mouthed person hidden from public view behind a high counter

in the back of the pharmacy, typing labels and transferring pills from big bottles into little bottles. There was justification for that stereotype. Pharmacy's Code of Ethics forbade discussion of drug therapy with patients. Pharmacy students in that era were taught not to talk about prescriptions with patients but to refer them back to their prescribing physician if they had any questions.

Pharmacy's philosophy has changed 180° in recent years. Today's pharmacist is encouraged to talk with patients. Many pharmacy schools have added communication courses to their curricula. Publications designed to improve communication are being read by many pharmacists. Patients expect more, too. Nearly 74% of pharmacists report that their patients rely more on

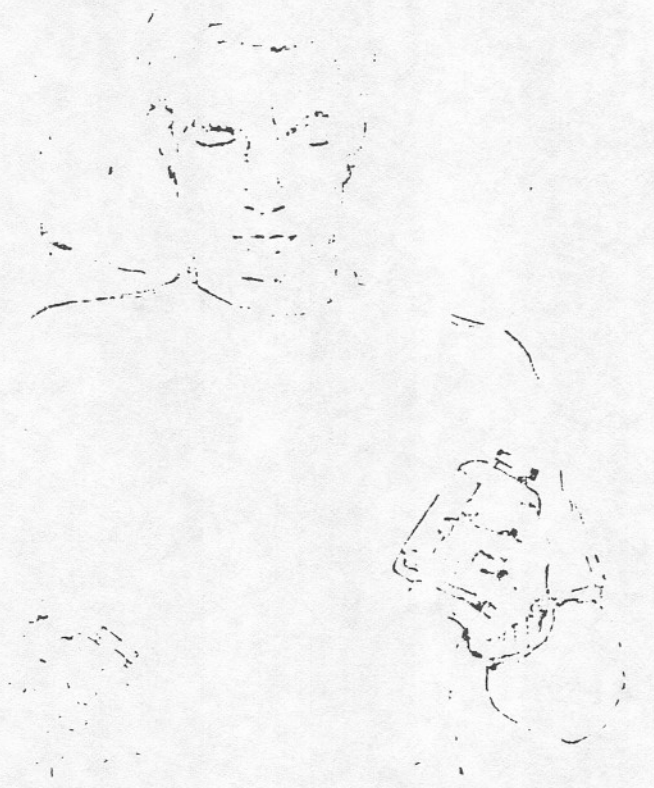
them for professional advice about medicine than they did two years ago.¹

Despite these trends, the stereotype of the withdrawn pharmacist persists. Data from a number of studies have shown that only a limited amount of pharmacist-patient communication actually takes place.²⁻⁴ In one study, only 37% of patients had received at least some verbal information about how much medication to take, how often to take it, when it could be refilled, precautions, and side effects from the pharmacist or "someone in the pharmacy."^{1,3} Interestingly, 35% said they had received *no* information from either the physician or the pharmacist.^{1,4}

A number of plausible explanations have been suggested for the low level of pharmacist-patient communication. One frequently heard from pharmacists is, "I'd like to talk to patients and provide them information, but they never ask me any questions." There is some truth to this remark. According to one study, only 3% of patients ask their pharmacist questions.¹

A recent Harris survey conducted for the Food and Drug Administration concluded that "the length and thoroughness of doctor-patient and pharmacist-patient communications are likely to improve dramatically only if patients ask more questions."⁴ However, there are at least six reasons why this does not happen: (1) From the patients' perspective, they simply might not know what to ask. (2) The pharmacist is a trusted authority and presumably would tell patients if there was anything they needed to know. (3) The physical environment, which is

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Pharmacist/Patient Communication Paradigm

	Pharmacist Enjoys Communicating/Not Shy	Pharmacist Dislikes Communicating/Shy
Patient Enjoys Communicating/Not Shy	I. Good Communication <ul style="list-style-type: none"> • Patient will ask questions • Pharmacist will answer questions readily and supply needed information • Either patient or pharmacist will initiate conversation 	II. Deficient Communication <ul style="list-style-type: none"> • Patient will ask questions • Pharmacist will hesitate to answer, seem evasive, abrupt, and/or irrelevant • Patient must initiate conversation
Patient Dislikes Communicating/Shy	III. Deficient Communication <ul style="list-style-type: none"> • Patient will not ask questions or appear responsive • Pharmacist will encourage questions and attempt to supply needed information • Pharmacist must initiate conversation 	IV. Ineffectual Communication <ul style="list-style-type: none"> • Patient will not ask questions • Pharmacist will not supply needed information • Neither patient nor pharmacist will initiate conversation

under the pharmacist's control, may not be conducive to patient counseling. (4) Since the pharmacist is a respected professional, some people might consider it presumptuous to ask questions. (5) As mentioned, the stereotype of pharmacists as closed-mouth individuals who are unwilling to provide information persists. (6) The patient might simply be shy.

To summarize, the communication problem between pharmacists and patients is twofold. *First*, pharmacists feel that questions from patients are needed and should be encouraged, but patients are not asking as many questions as they should. *Second*, a sizable number of patients don't receive information about medication from either their pharmacist or physician. Yet, "there is no evidence that doctors or pharmacists actively discourage questions."¹

The Pharmacist-Patient Paradigm

A patient's shyness or anxiety about communicating may be a major block to any discussion between the pharmacist and patient. A patient with this

kind of attitude would not approach the pharmacist with many questions. But this does not totally explain why 35% of patients feel they do not receive the information they need. If the pharmacist also is shy and fears communicating, then a double-bind situation exists, making the likelihood of any communication taking place extremely slim.

The *Chart* illustrates the pharmacist-patient communication paradigm. In *quadrant I*, conditions for communication between patient and pharmacist are most effective. In *quadrants II and III*, either the pharmacist or the patient must encourage talk from the other. In *quadrant IV*, neither will encourage talk; hence, an ineffective, if not detrimental, relationship for communication exists. Necessary questions will not be asked, encouraged, nor answered in this instance.

It is obvious that shyness can restrict talk between the pharmacist and patient. Since we may not be able to reduce the patient's anxieties about communicating, we need to focus on our own.

Inside the Introvert

Shyness. We all know people who don't talk much and tend to keep to themselves.

Shyness has been described as "an attribute which spans a wide behavioral-emotional continuum."² At one end is the shyness adopted by an individual who generally prefers solitude. These people probably do not see shyness as a problem for themselves, although the professional problems mentioned above probably exist. In the middle "are people whose shyness is associated with lack of self-confidence, inadequate social skills, and embarrassment at being the focus of attention, all leading to the avoidance of communication. At the extreme end are the 'chronically' shy, who avoid communication to escape any risks of damaging self-esteem and to avoid the extreme anxiety associated with social interaction."

Over 40% of people consider themselves shy.⁶ Approximately a third of pharmacy students describe themselves as shy, but more than 40% of them do not consider their shyness to be a problem.⁷

Perception of Quiet People. Verbal behavior is extremely important in the way it affects communication and perceptions. In the American culture, the more a person talks, even if to an almost unbelievable degree, the more positively that person is perceived (unless, of course, what is said is offensive). Thus, quiet people often are stigmatized as unfriendly, unresponsive, and more anxious. Their failure to make eye contact with others further feeds the myth.

In addition, quiet people are perceived as being less competent, even though no meaningful relationship has been found between intelligence and how much a person talks. For example, the quiet pharmacist might be thought to be less competent than the outgoing one who comes from behind the counter and voluntarily instructs the patient in how to use a medication. Also, quiet people are unlikely to go out of their way to offer opinions and, since they often are perceived by others to be less competent, they are less likely to be asked for their opinions and advice anyway.

Communication Apprehension

Communication apprehension (CA) is the most widely studied cause of the desire to avoid communication. It has been defined as "an individual's level of fear or anxiety associated with either real or anticipated communication with another person or persons."⁸

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

Fear or anxiety associated with communication may be general or specific. When it is general, it reflects a type of personality trait in an individual. Such a person tends to respond to the idea of communicating with anxiety, regardless of the nature of the situation. When the CA level is high, a person is likely to feel very uneasy when there seems to be no apparent reason, (eg, talking to another pharmacist, talking to a patient, answering the telephone).

Specific CA is produced by the circumstances surrounding a particular communication encounter. Public speaking is probably the most common anxiety-producing situation. However, it is normal to react this way.¹ A national study found that the number 1 fear of people was speaking in public, experienced by more than 70% of the adult population.⁶

Almost everybody feels some level of CA in some situations or with some person or persons. This is normal. However, approximately 20% of the population has high CA. The percentage is the same for pharmacy students.^{7,9} In schools of pharmacy, students do not feel comfortable communicating with patients let alone physicians. Much of this is undoubtedly normal. However, as the newness of the situation wears off and students gain confidence in their ability to communicate, the anxiety drops. For students with high CA, however, the anxiety persists. Regardless of how they actually perform, they believe they have failed, which reinforces their

negative feelings about communication and their desire to avoid it.

To fulfill their professional role, introverted pharmacists must identify their level of communication apprehension (see *Exercises in Communication*) and then attempt to conquer it.

Overcoming Communication Apprehension. It is important to recognize that communication apprehension and communication skills are two distinct dimensions of the communication process. There may be pharmacy students

and pharmacists who lack the skills and, therefore, avoid communicating or handle themselves poorly when they do. There are others who undoubtedly have good skills, but certain situations generate the anxiety. Others have both communication apprehension and poor skills.

For pharmacists without skills, training and practice are appropriate. However, for those with high-level CA, training is not sufficient. In fact, traditional speech and communication

Exercises in Communication— Communication Apprehension

This personal report of communication apprehension (PRCA) 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 1 (strongly agree), 2 (agree), 3 (undecided), 4 (disagree), or 5 (strongly disagree). 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 recording your first impression

- _____ 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 meetings.
- _____ 8. Usually, I am calm and relaxed while participating in meetings.
- _____ 9. I am very calm and relaxed when I am called upon to express an opinion at meetings.
- _____ 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 meetings.
- _____ 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 I give 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. Make a separate total of the following items: 2, 4, 6, 8, 9, 12, 14, 16, 17, 19, 21, 23.
- 2. Make a separate total of the following items: 1, 3, 5, 7, 10, 11, 13, 15, 18, 20, 22, 24.
- 3. Your PRCA Score = $72 + \text{Total 1} - \text{Total 2}$. Above 79 = High CA; below 52 = Low CA; 52-79 = Normal CA.