

Improving Communication Skills among Pharmacists Through Communication Skill Training

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Abstract

Patients' satisfaction, medication adherence, and self-management benefit from effective communication and are achievable through appropriate training to the staff. Communication skills are vital in healthcare, and self-motivation can be used as a method to develop these skills while also increasing health care providers' self-empowerment. This action research focuses on improving communication skills among pharmacists in through communication skill training. The vast majority of pharmacists in practice have never undergone formal instruction in the communication method or how to use it to achieve their objectives. Whereas self-rating assessment can be considered a reliable and helpful tool for assessing the impact of communication courses and a valuable complement to the overall evaluation of the training impact. The Calgary-Cambridge Guide for communication process skill and Social Cognitive Theory for self-efficacy assessment can be applied to pharmacists to improve their communication skills. Subsequently, it will lead to better services to the patient.

Keywords: Communication Skill, Communication Skill Training, Self-Efficacy, Pharmacists, Calgary-Cambridge Guide

Background and Significance

Communication is one of the crucial aspects of the pharmacy profession in healthcare settings (Kaae, 2019). Over the past few decades, the pharmacist role from medication-centred has expanded to more patient-centred care and counselling. Therefore, effective communication skill in pharmacist is essential. This is because it can help to provide accurate drug information and pharmaceutical services to the patient and help to improve patient health outcomes.

Good communication skills in pharmacists are required for complex activities during the counselling session (Kerr et al., 2017). For example, conducting medicine reviews, motivating

people to adhere to medicines, and health promotion. Therefore, pharmacists should know how to adapt communication skills to the wide variety of patient needs and achieve patient-centred care.

Based on previous studies have demonstrated that a well-developed communication competency of pharmacists can help to enhance patient satisfaction, optimal therapeutic outcomes, and reduced medication-related adverse events (Jin et al., 2018). These results proved that not only extensive pharmaceutical knowledge but also the ability to effectively communicate with patients is critical in the pharmacy practice.

Patient education and medication counseling are part of the essential services that have been provided by the organization to reduce medication errors, improve patient understanding, medication adherence, and gain optimal health outcomes (Jin et al., 2019). In conjunction with the increasing study on the benefits of the effective communication skills of the pharmacist on patient-centred care and counselling, this can help develop an idea on how effective communication skills can improved patient health outcomes. Therefore, this action research focuses on improving communication skills among pharmacists in through communication skills training (CST).

Literature Review

There is lack of study involving on assessing communication skills among pharmacist except during academic years. Furthermore, previous CST research in pharmacy education had a limited sample size, which may affect the CST effect's validity and reliability (Jin et al., 2018). Given how time-consuming such preparation can be, it's critical to assess the evidence provided in support of such initiatives (Smidt et al., 2009). The Web of Science and Scopus databases, which can be accessed via the UTM library's online database website, were used to conduct the literature search. Database from the Web of Science can support this by showing the previous studies done on this matter as only three studies were done in pharmacy field while the two studies in Malaysia are not pharmacy related.

The Calgary-Cambridge Guide

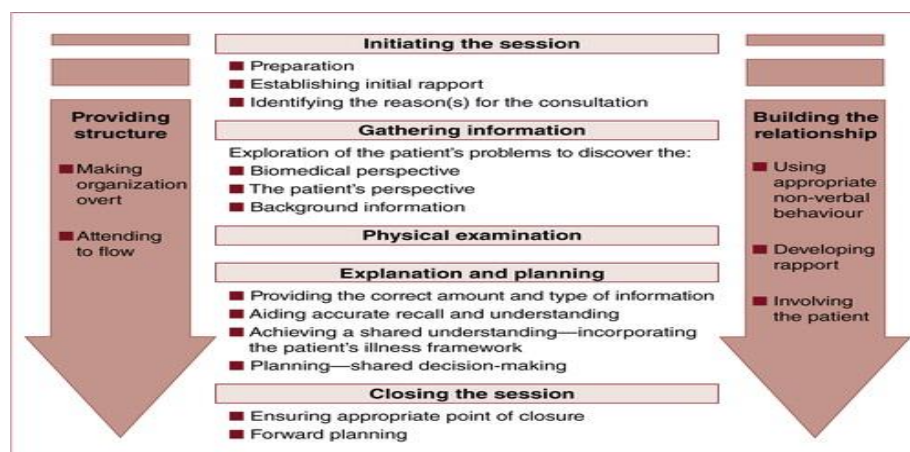


Figure 1 The Calgary-Cambridge Guide (CCG)

The Calgary-Cambridge Guide (CCG) is a common method for teaching and improving clinical communication skills. Kurtz and Silverman introduced it as to established the communication curriculum and a practical teaching system (Iversen et al., 2020; Kurtz & Silverman, 1996). This C-CG was chosen for a variety of reasons, including its broad evidence

base supporting all included skills, its applicability to teaching and research, its extensive use in healthcare education, and the inclusion of skills such as knowledge giving that were absent from other guides. (Greenhill et al., 2011).

It has been used in nearly all specialties and at all stages of medical education, from first-year medical students to practicing physicians. The C-CG serves as a foundation for detailed rather than hit-or-miss reviews and serves as an overarching structure for systematic skill growth. It provides direction while leaving space for individual style and personality (Kurtz, 2002).

There is a strong parallel between the clinical and teaching sessions, as seen in above figure. The physician maintains control of the experience by building a relationship with the patient and giving it structure; to do so, he adheres to a set of guidelines (initiating the session, gathering information, physical examination, explanation and planning, and closing the session). Similarly, the clinical instructor directs the teaching session by establishing a rapport with the student in a learning atmosphere and using a well-defined framework (initiating the session, gathering information, interactive teaching and discussing the aspects, and then closing the session) (Sommer et al., 2016). This framework represents the activities that can be completed in every medical setting, as well as the communication objectives of precision, efficacy and support. (Kurtz, 2002).

The Social Cognitive Theory

"If I have the belief that I can do it, I shall surely acquire the capacity to do it even if I may not have it at the beginning" - Mahatma Gandhi

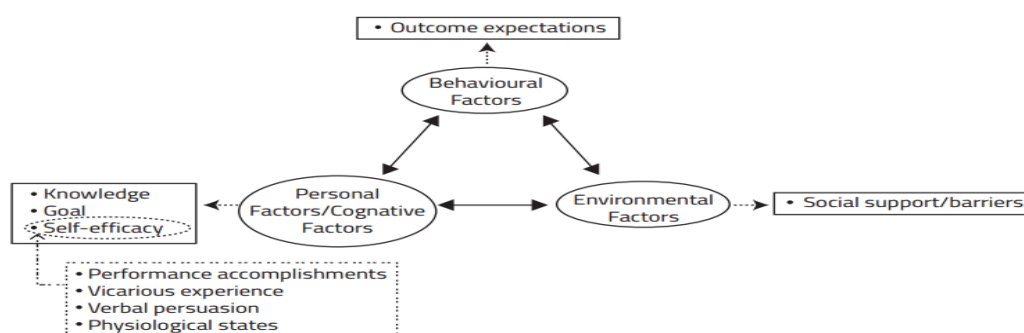


Figure 2 Social Cognitive Theory by Albert Bandura

Developed by Albert Bandura, Social Cognitive Theory wasn't often referred to by the same name since it was initially known as the Social Learning Theory. Later, in 1986, it progressed into a complex concept that aided the study of Social Cognitive Theory around the world. It is a one-of-a-kind theory that emphasizes the external and internal aspects of social reinforcement. As a significance, it takes into account how people learn and sustain behaviors while also taking into account the context in which they accomplish.

The Social Cognitive Theory of Albert Bandura emphasizes the interaction of behavioral, personal, and environmental influences in determining motivation and actions. Self-efficacy is a component of Social Cognitive Theory that focuses on a person's expectation that he or she can achieve a goal. This belief is shaped by a variety of personal, behavioral, and environmental influences, all of which have an impact on motivation and goal attainment. Performance accomplishments, vicarious encounters, verbal persuasion, and physiological states are the four sources of information used to create self-efficacy.

Self-efficacy is based on self-motivation. To feel a certain degree of self-efficacy, a person relates to the intrinsic need for competence. While a person with low self-efficacy can seem unmotivated, a manager should be wary of reflecting this on a lack of extrinsic motivators or considering the person "a weak link." Since they "never get a chance to prove themselves wrong and never offer themselves chances to observe expert models or receive guidance," people with low self-efficacy become immersed in self-doubt. While an employer cannot regulate an employee's self-efficacy, a good leader will help them develop it.

With the right training, you'll be able to engage staff on several levels of self-motivation. This additional preparation, combined with coaching/mentoring, would provide the trust that an employee lacked, as well as opportunities for empowerment. Applying (1) a superior who can appreciate an employee who has innate talents but needs the extra boost to get them out, and (2) a trusting employee who is willing to take on the challenge to become better at what he does are two important aspects to consider. The strategy would fail if these two crucial factors are not present (Bandura, 2013).

Past and Contemporary Studies

Factors that affect the performance of the Malaysian pharmacy workforce have yet to be evaluated. With limited healthcare services, it is critical to maximize available human resources in order to enhance health quality and outcomes. (Pharmaceutical Services Division, 2018). According to Jin et al., (2018), there is a lack of studies on assessing communication skills among pharmacists except during academic years, and previous CST research in pharmacy education had a small sample size, which may affect the validity and reliability of the CST effect. Except during academic years, there is no much research on assessing communication skills among pharmacists. Additionally, previous CST research in pharmacy education used a low sample, which may affect the validity and reliability of the CST effect. Furthermore, there is currently no definite way to estimate the total CST effects in a variety of outcomes (Jin et al., 2018).

This supported by Chevalier et al. (2020) and Wolderslund et al. (2020) empirical evidence on the effects of CST is limited and contradictory, particularly when training is provided as part of a hospital or institution's continuing education program for multiple professions. The scientific reporting on the effects of interdisciplinary CST implementations is relatively scarce, while the information given on the impact of large-scale implementation mainly targets physicians or nurses.

Whereas SE has become a commonly used construct for self-assessment of communication skills outcomes, as it is believed to have a direct impact on personal success in particular situations, taking into account behavioral changes. (Axboe et al., 2016; de Sousa Mata et al., 2021).

Summers and Summers (1991) recognized a gap in pharmacy practice by hosting a workshop on communication skills for a group of hospital pharmacists. This is because the vast majority of pharmacists who are now in practice have never undergone formal instruction in the communication method or how to use it to achieve their objectives. Plenary meetings, exercises, case studies, small group work, and discussions were all part of the workshop. Participants were asked to complete a short questionnaire about the workshop's usefulness, applicability, and presentation at the end of the day. In general, the study indicates that using workshops to meet pharmacists for their continuing education needs is a realistic option.

As for Ammentorp (2007), proceed with a randomized controlled trial that focuses at the benefits of communication skills training from the perspective of doctors and nurses. The findings indicate that communication skills training strengthened doctors' and nurses' perceptions of their own abilities to handle some of the communication tasks they face on a daily basis. Self-rating assessment can be considered a reliable and useful tool for assessing the impact of communication courses from the clinician's viewpoint, as well as a valuable complement to the overall evaluation of the training's impact. The results of this study indicate that communication skills training can be used to increase doctors' and nurses' trust in their own communication performance; however, it must be replicated in order to be generalized. (Ammentorp et al., 2007).

Self-efficacy scores have been used to assess the effectiveness of communication preparation, and several questionnaires have been used. Despite this, none of these questionnaires has been systematically validated by systematic evaluation property assessment. As a result, the aim of this research is to improve on a self-efficacy questionnaire that has been used in previous studies. The aim of this analysis is to look at the latest version of the self-efficacy questionnaire's material, internal structure, and relationships with other variables (SE-12). The SE-12 scale should be regarded as a credible and appropriate tool. The SE-12 is a user-friendly questionnaire that can be administered as an electronic questionnaire for self-evaluation of clinical communication skills (Axboe et al., 2016).

Wolderslund et al. (2020) utilized above questionnaire as pre-post interventions as a part of an evaluation of a large-scale communication skills training (CST) program. The purpose of this study was to see how the skills taught affected the self-efficacy (SE) and perceived importance (PI) of health care professionals (HCPs). The CST based on the Calgary-Cambridge Guide; aimed to transmit the core evidence-based skills that were identified for each facet of HCP-patient interactions at different communication stages. The CST course significantly improved HCPs' communicative SE, and this effect was observable immediately after the completion of the course. The long-term impact of the CST course was measured after 6 months. The findings suggest that the large-scale implementation of evidence-based CST program can yield the same outcomes that have been observed in smaller and better controlled studies.

Table 1

Summary Of Related Studied

No.	Author	Title	Objective	Recommendations
1	R. S. Summers and B. Summers (1991)	Evaluation of A Communications Skills Workshop for Hospital Pharmacists	To recognized communication skill training as required training for pharmacists	Workshop approach is a valid method of reaching pharmacists for their continuing education needs
2	Jette Ammentorp, Svend Sabroe, Poul-Erik Kofoed, Jan Mainz (2007)	The effect of training in communication skills on medical doctors' and nurses' self-efficacy: A randomized controlled trial	To investigate the effect of communication skills training on doctors' and nurses' self-efficacy, to explore how training courses influence the initial experience of self-efficacy and to identify determinants of health professionals' self-	Communication courses can be used to improve doctors' and nurses' ability to perform some of the essential communicative demands they are facing in daily praxis

No.	Author	Title	Objective	Recommendations
3	Birgitte Nørgaard, Kirsten Ohm Kyvik, Jette Ammentorp (2012)	Communication Skills Training Increases Self-Efficacy of Health Care Professionals	To investigate the impact of this training course on participants' self-efficacy with a focus on communication with both colleagues and patients.	Communication skills training courses can embrace communication with both patients and colleagues with good results. The positive results of communication skills training delivered in controlled efficacy studies can also be produced through interventions in a real-world setting.
4	Mette K. Axboe, Kaj S. Christensen, Poul-Erik Kofoed and Jette Ammentorp (2020)	Development and validation of a self-efficacy questionnaire (SE-12) measuring the clinical communication skills of health care professionals	To examine the content, internal structure, and relations with other variables of the new version of the self-efficacy questionnaire (SE-12)	The SE-12 questionnaire is a unidimensional, reliable, and partially valid instrument for assessment of clinicians' self-efficacy in clinical communication before and after receiving communication skills training in the current context.
5	Maiken Wolderslund, Poul-Erik Kofoed, Jette Ammentorp (2020)	The effectiveness of a person-centred communication skills training programme for the health care professionals of a large hospital in Denmark	To investigate the effect on health care professionals' (HCPs) self-efficacy (SE) and perceived importance (PI) of the skills taught	The findings suggest that the large-scale implementation of evidence-based CST programmes can yield the same outcomes that have been observed in smaller and better controlled studies.

As shown presented in table above, these studies show that communication skills are important in healthcare, and that self-motivation can be used as a method to develop communication skills while also increasing HCPs self-empowerment.

Conceptual Framework

Effective communication skills among pharmacists are necessary to improve patient therapeutic outcomes, enhance compliance, and also reduce patient confusion and insecurity (Olsson et al., 2014; Jalal et al., 2018). However, poor communication skills in pharmacists may lead to the inability of pharmacists to understand and identify patient needs and problems, to gain patient trust, and as well as to open up engagement with the patient (Majzub, Rais & Jusoff, 2010). As the result, this may reduce patient health outcomes.

Therefore, communication skill training (CST) is essential as it can help to developed and strengthened the pharmacist communication skill (Jin et al., 2018). This is because it will help to revitalize and improve pharmacist role and communication skills (Ilardo & Speciale, 2020).

This study will improve communication skills among pharmacists through communication skills training (CST). As the results, this may aid to enhance pharmacist communication skills, knowledge, and abilities to improve their performance in counsel the

patient. Therefore, this can help to increase the organization's overall effectiveness and improved patient health outcomes. Figure 3 illustrates the relationship between communication skills and knowledge in improving patient health outcomes.

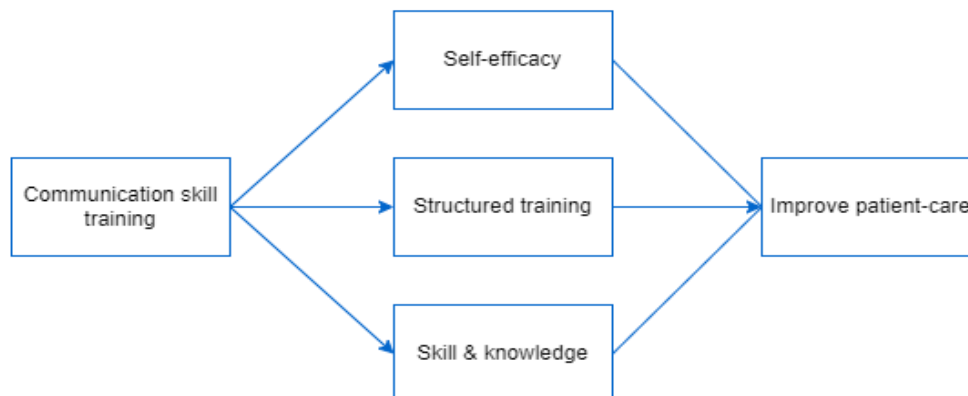


Figure 3 Conceptual Framework

Conclusion and Future Research

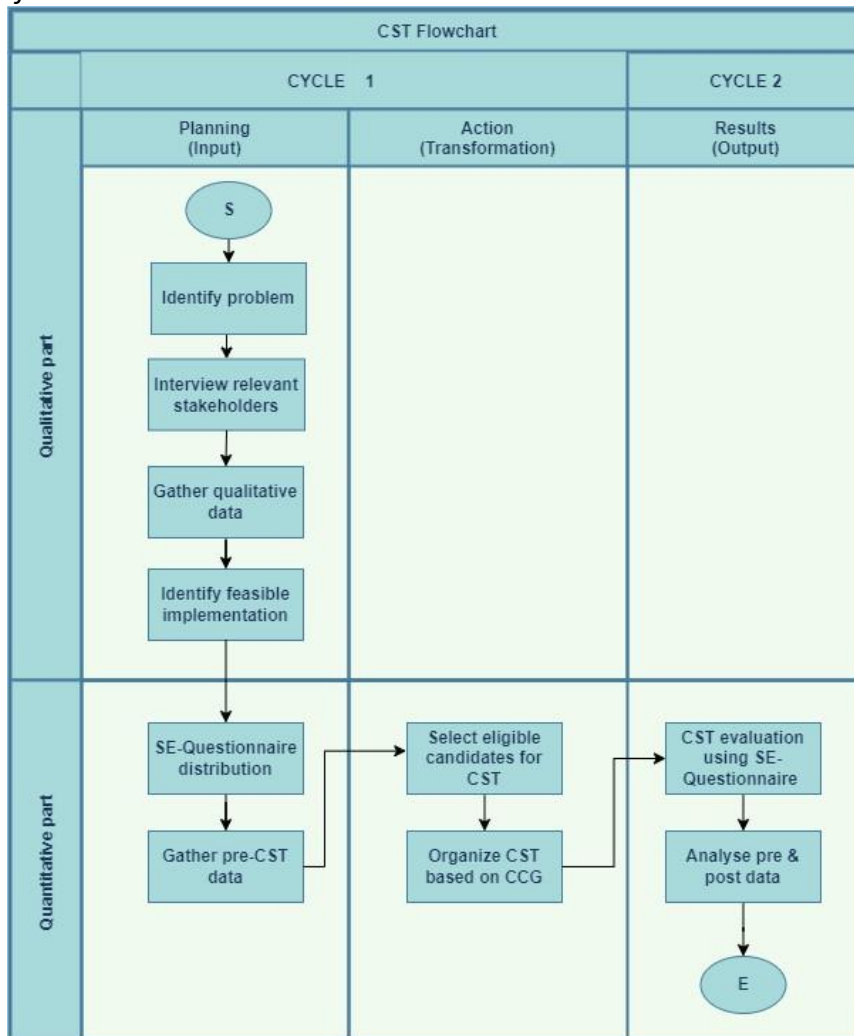
Health care delivery continues to change and evolve. Over the past decade, there have been many discussions in the literature about the need for competency-based systems for educating, training, and assessing health care professionals—and a number of health care professions have begun to adopt this approach (Engle et al., 2020). In response, different organizations have developed competency standards for pharmacy education and training that focus on various stages of pharmacist development. The profession of pharmacy has changed significantly in recent years, and updated documents have provided guidance related to the necessary competencies for pharmacists. A well-defined process of patient care must be created, in which the competencies for pharmacists progressively build on one another (Engle et al., 2020).

This research objective is to improve the communication skills of the pharmacists through providing appropriate training. Subsequently using the self-efficacy survey as self-assessment for own motivation which also as an indicator to evaluate the impacts. Thus, to assess professional improvement, this research is implied with mixed-methods in which the data will be gathered using both qualitative and quantitative methods. Both qualitative and quantitative information utilized as research instrument.

The inductive research approach is started with interview session with stakeholder. From the series of observation and hypotheses, the conclusion of investigation has been projected. The method switches from the precise to the general, detecting specific conditions or situations and then combining them into a comprehensive collective statement (Quinlan et al., 2019). The interview questions is directing to the issues regarding communication skills among pharmacists and the mean ways to improve the skills thus the suggested flowchart as shown in Table 2.

Table 2

Proposed CST flowchart



To be effective, healthcare professionals must communicate effectively with patients. Both the healthcare professional and the patient stand to gain from effective communication between the two parties. By utilizing effective communication skills, problems can be identified more precisely, and patients can gain a better understanding of their health issues, diagnostic procedures, and treatment options. It's also possible to support people in making healthy decisions regarding their lifestyle behaviors by using the proper communication techniques at the right time.

The aim of this study is to expand pharmacists' communication skills by offering appropriate training combined with self-efficacy survey. It was used as a self-assessment for personal motivation as well as an indication to evaluate the impacts. Pharmacy services are an important part of patient care because they improve and help patients' well-being. When pharmacists provide counselling services and disease management programs, that can help improve patient outcomes. Patient care is a holistic approach to healthcare that focuses on the well-being of the patient. It is an approach that encompasses everything from disease prevention to chronic illness management, and a holistic model of care also includes looking at how all aspects of a person's life affect their overall health. Hence, to ensure optimum patient care, pharmacists need to continually acquire new skills in response to the ongoing developments in the healthcare sector. The study hypothesizes that enhancing pharmacist

communication skills through CST could contribute to improved patient satisfaction, medication adherence, and self-management, subsequently leading to enhanced overall patient health.

References

- Bahagian Perkhidmatan Farmasi Kementerian Kesihatan Malaysia. (2009). *Requirement for the Development of Pharmacy Facility*.
- Design, S. (2009). Hospital Pharmacy Procurement and Supply (Hospital Pharmacy Store). *Malaysia Guideline for Hp Standards*.
- Engle, J. P., Burke, J. M., Ashjian, E. J., Avery, L., Borchert, J. S., Faro, S. J. E., Harris, C. S., Herink, M. C., Jain, B., MacLaughlin, E. J., Martello, J. L., Moore, K., Rogers, E., Smith, W. J., & Stranges, P. M. (2020). ACCP clinical pharmacist competencies: Advocating alignment between student, resident, and practitioner competencies. In *JACCP Journal of the American College of Clinical Pharmacy*. <https://doi.org/10.1002/jac5.1200>
- HSAJB. (2021). Jabatan Farmasi. Available at: <https://hsajb.moh.gov.my/v2/index.php/perkhidmatan-kami/perkhidmatan-sokongan/farmasi>.
- Ilardo, M. L. & Speciale, A. (2020). Pharmacy and Society : How Effective Communication Can Strengthen the Role of Community Pharmacist, (November 2019). doi: 10.3390/ijerph17020536.
- Jalal, Z. et al. (2018). Communications Skills in the Pharmacy Profession : A Cross Sectional Survey of UK Registered Pharmacists and Pharmacy Educators. doi: 10.3390/pharmacy6040132.
- Jin, H. K. et al. (2018). The effect of communication skills training on patient-pharmacist communication in pharmacy education: a meta-analysis. *Advances in Health Sciences Education*, 23(3), 633–652. doi: 10.1007/s10459-017-9791-0.
- Jin, H. K. et al. (2019). The influence of a patient counseling training session on pharmacy students' self-perceived communication skills, confidence levels, and attitudes about communication skills training. *BMC Medical Education*, 19(1), 1–9. doi: 10.1186/s12909-019-1607-x.
- Kaae, S. (2019). *Communication in Pharmacy Practice, Communication in Pharmacy Practice*. doi: 10.3390/books978-3-03897-577-9.
- Kerr, A. et al. (2017). How can pharmacists develop patient-pharmacist communication skills? A realist review protocol. *Systematic Reviews*, 6(1), 1–7. doi: 10.1186/s13643-016-0396-0.
- Majzub, R. M., Rais, M. M. & Jusoff, K. (2010). Communication Skills of Practicing Pharmacists and Pharmacy Students, 1(1), 67–72.
- Olsson, E. et al. (2014). Pharmacist-patient communication in Swedish community pharmacies. *Research in Social and Administrative Pharmacy*, 10(1), 149–155. doi: 10.1016/j.sapharm.2013.03.001.