



Original Research

Examining hospital pharmacists' goals for medication counseling within the communication accommodation theoretical framework

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Abstract

Background: Medication counseling opportunities are key times for pharmacists to speak to patients about their medications and any changes made during their hospital stay. Communication Accommodation Theory (CAT) posits that an individual's goals drive their communication behavior. The way in which pharmacists communicate with patients may be determined by the goals they set for these medication counseling sessions.

Objectives: To examine hospital pharmacists' goals in patient medication counseling within the CAT framework.

Methods: Hospital pharmacist focus groups were held in two teaching hospitals. Interested pharmacists attended a focus group designed to elicit their goals in patient medication counseling. Focus groups were audio recorded and transcribed verbatim. NVivo[®] software was used to assist in coding and organization. The codes were reviewed for reliability by pharmacists independent of the focus groups. An inductive thematic analysis was applied to the data.

Results: Six 1 h focus groups were conducted with a total of 24 pharmacists participating. Saturation of information was achieved after four focus groups. Greater than 80% consensus was achieved for reliability of the identified codes. Patient-centered themes constructed from these codes were to build rapport, to empower patients and to improve patients' experience, health and safety. Exemplars provided by pharmacists for the goals of building rapport and empowering patients were aligned with five CAT communication behaviors (approximation, interpretability, discourse management, emotional expression and interpersonal control).

Conclusions: Patient-centered goals described by hospital pharmacists for medication counseling aligned well with CAT behaviors necessary for effective communication. Further research using the CAT framework to

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examine the effectiveness of hospital pharmacist-patient exchanges that include both participants' perspectives is required to better understand how well pharmacists communicate with patients.
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Keywords: Communication accommodation theory; Hospital pharmacist; Communication; Focus group

Introduction

Medication counseling opportunities are key times for pharmacists to speak to patients about their medications and the changes made to their therapies during their hospital stay.^{1–5} Failure by a hospital pharmacist to communicate effectively with patients may negatively impact a patient's ability to understand medication issues contributing to poor health outcomes.^{6–9}

How well pharmacists communicate with patients may likely depend on the goals they have set for these medication counseling sessions.¹⁰ Communication Accommodation Theory (CAT) posits it is often these goals held by individuals for a conversation exchange that drive how they choose to communicate with others.¹⁰ CAT, a psycho-social theory first developed in the 1970's, describes the behavioral, motivational and emotional processes underlying communication exchanges.¹¹ According to CAT, individuals who take part in interactions with others bring their own opinions, beliefs, concerns, prejudices, goals, often based on their past experiences, to the interaction. These preconceived perceptions set the tone and direct the way in which they engage in the conversation. When CAT is used as the framework to analyze research, the outcomes are typically dichotomized as being either accommodative or non-accommodative where accommodation is a process concerned with reducing communication barriers between those interacting.^{10,11}

Within CAT there are five communication behaviors (also called strategies) that measure effective communication. These include approximation, interpretability, discourse management, emotional expression and interpersonal control.^{12,13}

Approximation concerns how individuals adjust their speech patterns such as their pitch, tone of speech or use of dialect in their conversations with others.^{14,15} An example of an approximation strategy used by a pharmacist in a medication counseling session occurs when the pharmacist slows down their speech to match the slow speech pace of an elderly patient.

Interpretability strategies are used by speakers to adjust the language used and words chosen in their speech to match the communication competence of the other person and so improve the person's understanding. Underaccommodation may occur when the pharmacist uses complicated pharmacological phrasing when explaining how a medication works to the patient.

Discourse management strategies enhance communication engagement and address the speakers' conversational needs. Examples may include turn-taking and conversation promoting, changing the topic as needed, asking questions, adjusting the conversation for understanding, paying attention to non-verbal cues, and using conversational repair such as back-channeling or face-maintenance.¹⁵ Back-channeling involves the use of words to portray good listenership such as "mmm" and "yeah."

Emotional expression takes place in the medical context when a health care practitioner provides an appropriate level of reassurance and empathy in response to a patient's health care concerns.¹⁶ For example, the pharmacist may reassure the patient about their ability to manage their drug regimen.

Interpersonal control comprises the fifth behavioral CAT strategy. Accommodative interpersonal control strategies in the health care setting seek to promote equality between health care providers and patients and not constrain the patient to a passive role but allow them to take some control in the interaction, if they so wish.¹⁷ Patient-centered communication, involving shared decision making between health care providers and patients could be considered an accommodative interpersonal control strategy.¹⁷ An example of a non-accommodative interpersonal control strategy by a health care provider might be to try to emphasize their authority over that of a patient's through interruptions or abruptly changing topics.^{16,18,19}

CAT has been applied to research conducted to study communication taking place between health care providers and patients^{17,18,20–28} and between health care professional groups.^{26,29,30} To date,

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