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CULTURAL ISSUES IN PHARMACY CARE AND THEIR IMPLICATIONS FOR VARIOUS CATEGORIES OF PATIENTS

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Abstract: Cultural competence in health care settings is meant to improve health outcomes. Nowadays another factor that has to be taken into account in order to reach the above-mentioned goal is not only to be able to deal with this diverse population, but also with the various categories of patients with whom health care providers interact (young / old, with mental or physical disabilities). These categories of patients come with their own issues and health care providers need to be able to understand the impact of culture upon their behavior, perceptions and choices. Therefore any question asked during the interview should have a cultural background. Only being able to work like this, health care providers will more likely achieve their goal in delivering high quality care for their patients.

Keywords: communication skills, cultural background, pharmacy care, patients, medical interview.

Though we live in a world that pays a lot of attention to the way in which individuals are treated, and, indeed, progress has been significant in this respect, we still have to face many challenges. Things are not different in health care. The Institute of Medicine reports that racial and ethnic disparities in health care are consistent across illnesses and health care services (Institute 2002). In an interesting study written by D. R. Williams, we find another relevant idea about the way in which health disparities may reflect socioeconomic differences and how they show the effects of discrimination (Williams 1999). The best way to deal with these problems is undoubtedly to raise the awareness of health care providers to educate themselves as they "have more power than the patients; they establish the tone, setting and length of each encounter. Therefore, changing the expectations, perceptions, attitudes, beliefs and values of health care providers is a more practical goal than attempting to bring about change through the health care system or through patients" (Bruce 2009). This paper wants to outline some of the cultural issues that some categories of patients are confronted with as they have to deal with health care providers. We mainly refer to some special category of patients, minority patients, who seem to suffer from more problems than the majority population in a specific area. However the problem does not lie in the hands of health care providers only. As we have previously mentioned, they are the ones to set the rules (sometimes fighting against their own prejudices and misconceptions), but we should not forget that patients also have some responsibilities when it comes to their health concerns. Minority patients are more likely to refuse or be reluctant to treatment, to mistrust the health care provider and eventually to have

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problems in understanding the treatment. Therefore, when dealing with these patients, health care providers need to pay a lot of attention to them. Moreover, minority patients tend to develop some specific diseases so even their medical examination requires special attention: “Studies suggest that providers experience greater clinical uncertainty when interacting with minority populations. In diagnosing illness, physicians rely on their observations of the patients (including patient’s race, age, sex, and socioeconomic status), as well as on information the patient provides. If physicians lack information or suspect information is inaccurate, perhaps because of cultural or language barriers, they must rely on their own observations and inferences in making diagnostic and treatment decisions. The more providers must rely on their own inferences, the greater is the chance that treatment decisions are influenced by personal biases and stereotypes. A physician’s uncertainty about patients’ conditions can contribute to treatment disparities” (Bruce 2009).

In pharmacy practice dealing with such minority patients is not easy. Besides giving drugs to the patients, it is also about understanding the way in which they make their health choices. The main purpose of pharmacy care is to improve the quality of patients’ lives. To achieve this goal the patient has to be understood in his / her cultural environment. According to Bruce’s books on the pharmacist’s communication skills, there are several steps that have to be followed in this complex process: “The first step in becoming culturally competent is understanding that disparities and inequalities in health care exist for minority populations. The second step is understanding how our own cultural background affects the way we interpret, assign meaning to, and form value judgments about the beliefs and behaviors of others. Experiences influenced by race or ethnicity shape patients’ perceptions of health care. They also affect patients’ behavior, but not enough to account for the disparities that exist in the provision of care. The third step in becoming culturally competent is using communication strategies that improve the pharmacist–patient relationship and allow the development of treatment plans that avoid stereotypes and meet the individual patient’s needs regardless of race, ethnicity, sex, age or economic status. Developing cultural competence is a lifelong process whose goal is improving the quality of care for all patients” (Bruce 2009). A pharmacist should always check the cultural background of the environment where he / she carries out his / her job. Learning about people’s ways of living, the quality of their health, their trust level in health care, pharmacists will be able to communicate better with their patients, also learning about their culture, beliefs and practices.

As we have already seen, it is not easy to communicate with minority patients. They come with their own challenges and special attention is required. Sometimes pharmacists have to apply different strategies as they deal with these patients. The problem is that some of the strategies may work with some patients, while others may not work. Pharmacists should evaluate each patient and should try not to make any assumptions before they get to know their patients better. A good example in this respect is the behavior towards older patients. They do constitute a special category of patients, which is very important in pharmacy care as people, as they grow older, they start to have more health concerns. Older patients do not imply the idea that they all come with hearing or visual impairments. Generally speaking, as human

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beings, we are tempted to make certain assumptions on older patients as a group. The key to have a successful communication with this category of patients is to see how they respond to the dialogue, and to watch their nonverbal cues. The most frequently encountered problem among this category of patients is the reduced capacity to process the information given, or to remember the information, or, in some cases, even to comprehend the information received. Therefore, a good approach with older patients is to set short-term goals while discussing things, to encourage feedback to check whether they received the message as intended. They may also summarize the instructions to see exactly if they understood the treatment steps correctly. The generation gap may also become a barrier. Most of the times older patients perceive things differently even when it comes to drugs and healing techniques. Most of them grew up with the idea of respecting health care professionals, so they will appreciate a professional looking practitioner. If the pharmacist does not meet these expectations, the patient may be reluctant to communicate.

With older patients suffering from visual impairments, pharmacists should always have some leaflets available. They should be printed with bigger font sizes. Hearing loss comes with its challenges for older patients. Most of the patients, as they grow older, complain about the fact that they can hear what people are saying, but they cannot make sense of the words they hear. Knowing these things, pharmacists may consider it useful to speak at a slower pace rather than shouting. Shouting may offend patients. Some patients may develop speech deficiencies due to many reasons (birth defects, injuries or illnesses). To overcome such barriers, some patients may find useful to write notes to pharmacists. In order to help such patients, some pharmacists provide writing pads for patients and sometimes even learn how to write along with the patient. Unlike the East European health care system which somehow is still at its beginnings with the care given to patients with disabilities, the Western system has learned a lot in how to cope with such patients. Of course it is hard to anticipate, as a health care provider, with what kind of disabled patient they can meet, therefore a health care provider has to be sensitive to such individuals in need. Sometimes pharmacists will not be able to interact with the patients themselves, but rather with the patients' caregiver. Obviously, in such cases, different communication skills are required. For wheelchair-bound patients there are certain guidelines which, quite often, are overlooked (not wide enough entrances, too high counters). The most common problem with these patients is that of talking down to them. Therefore pharmacists should try to talk at the same eye level with them.

In some countries, homebound patients can hardly have access to health care. Most of the times their caregivers come to the pharmacy. For such cases, it is vital to have clear and concise information. Luckily, nowadays, with the increasing use of the Internet, things have become easier. Many homebound patients use the Internet and they are able to communicate in such a way with their pharmacists. Pharmacists may also use telephone conversations to stay in touch with such patients. Effective telephone skills can also help create a positive image for pharmacy and lend support to the professional credibility.

Dealing with patients with sensitive issues is definitely another challenge for pharmacists. For patients suffering from sexually transmitted diseases, there are a number of

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issues that have to be identified and solved. In the Western system, during the medical interview, there is also required the presence of a social assistant. It is always important to find out the patient's needs and to refer him / her to the appropriate source of social system. HIV patients become more difficult as their disease progresses. The way in which pharmacists relate and communicate with the care givers is also important. They may lack a lot of information regarding the disease and the way in which it progresses. Such patients are confronted, besides the disease as such (weight loss, lack of energy) with other complications that may come from their anxiety and psychological stress.

It is difficult to communicate with patients with mental health problems. Many pharmacists do not know how much information they should provide to such patients. One way to deal with such patients in order to assess exactly their level of understanding regarding their health problem is to ask open-ended questions (“*What has the doctor told you about this medication?*”). If communication is not possible in a direct way, the pharmacists should stay in touch with the care giver. The treatment of patients with mental health problems is by far more complex. There are still many questions to be addressed in such cases: how information do they need to know, could they take an informed consent?. Pharmacists should evaluate each patient and decide for each individually after a thorough check and a prior consultation with the patient's physician and the caregiver.

To conclude we may say that the relationship between pharmacists and patients is largely influenced by the impact of the cultural backgrounds. Knowledge is needed to understand exactly how cultural factors may influence a patient's behavior. Having a positive attitude towards culture will always help, but pharmacists should not forget that, in order to understand their patients' cultural background, they need to be aware of their own background. This process is complex and takes a lot of time.

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