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COMMUNICATION OF PHARMACIST WITH THE PATIENT WITH DISABILITIES

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Abstract. Communication is the way in which two or more people, receive a message. The way the message is interpreted by the receiver; represents the specific of its; according to the reference to time and space. In our case, the transmitter is the pharmacist while the patient with disabilities is the receptor; and the communication between the two, wear the endorsement of specificity, so that the message, on one side or the other, to confirm success.
Is there a specific communication behaviour? Practice shows that the answer is „yes", consequently knowing of its identity, removes items like discomfort, disharmony, depersonalization and even discrimination, making room for items like: acceptance, understanding, adaptation, attitude, and also respect, and communication becomes viable and effective.

Key words: patient with disabilities, pharmacist, communication, attitude

Introduction

Starting with the definition from DEX - communication identify with verbs like to transmit, to make known, to let you know, to inform, to instruct, to say or talk; so the ,, path "from the transmitter (E) to receiver (R) is specifically designed as decoding the message to be beneficial result of communication in a time contextuality.

Therefore, Stanton [4] notes that, to achieve the goal in our communication, it is necessary that, given our quality as the transmitter (E) to be:

- received (hearing or quoted),
- understood,
- accepted,
- to provoke a reaction (a change in behaviour or attitude);

so that the information received by the receiver (R) is: understood, accepted and confirmed practically by an attitude; reaction that the two actors communication, expect, given the veracity of the sent message.

It can be noted that two of the actors of the communication: the pharmacist and the patient with disabilities have different identity. So:

a) **the pharmacist** - is a professional, the only and the best expert in the field of medicine and through his activity, provides health services thanks to its specific knowledge, skills and training [3].

b) **the patient with disabilities** - it is a person that has a deficiency that limits his activity and it restricts participation in an activity creating a possible social disadvantage, which determines both limiting and loss of opportunity in taking part in community life at a level equivalent to the other members.

In this context it is absolutely necessary that the communication between its two actors, to maintain a balance: acceptance, understanding, adapting and respect being the main elements; doing so as the expected result to be the beneficial.

But to achieve this, it is necessary that the pharmacist to know (at least as for information purposes) that in terms of disability categories, we can talk about [2]:

a) intellectual disabilities - identified by a number of specific configurations of intellectual development, characterized by intelligence quotient – IQ;
b) hearing disabilities - sensory disorder characterized by major difficulties in learning language and hearing impairment, hearing loss or deafness;
c) visual disabilities - disorders of the eye characterized by vision disorder, blindness
d) language disabilities - pronunciation occurring disorders based on frustrations, stroke, manifested by stuttering state of silence, prolonged silence.
e) motility disabilities - includes motor impairments,

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and/or impairments that adversely affect the physical capacity;

f) behavioural disabilities based on the risk attitudes and behaviours, dependent on the: intellectual level, knowledge and life experiences, features of social organization and functional inter-relationships.

Hence we need to be careful in communicating with patients with disabilities, to the 5W, Stanton characterizing them as [4]:

1- Why? - purpose
2- Who? - interlocutor
3- Where and when? - place and context
4- What? - subject
5- How? - tone and style.

Also Pașca [2], considers that to these patients the pharmacist should:

- prove understanding, trust and mutual aid;
- remove discomfort, depersonalization, disharmony;
- get to wisdom which involves acceptance and accommodation;
- succeed in give them a chance by hope, love and dedication;

considering them as our equals and enjoying all the rights of a person endowed by life and destined to live.

Moreover we can mention that, in communication with the patient with disability the pharmacist assumes that it has the same rights as any other patient. Yet, in the sequence of communication with this type of patient, the pharmacist must take into account certain items such as [3]:

- inspire confidence;
- explain the medication a at the level of understanding of the patient;
- accept his explanations;
- not create conflict situations;
- understand suffering;
- explain if it is necessary the medication to patient companions.

Also, in the communication of pharmacist with such type of patient it is necessary:

- to notice body reactions (non-verbal language, body language);
- to defuse possible conflicts;
- to take attitude;
- to determine a patient's positive position towards medication;
- to develop non-verbal communication elements on the patient level of understanding;
- to avoid contradictory and unproductive/ unconstructive discussions;
- to control their own behavioural conduct towards patients.

And if the space of the pharmacy allow is adequate, it is important that some discussions about therapy, to be held in special adequate places, thereby enabling the patient to feel, to be heard, seen, understood, accepted, seen, protected and as being part of the community.

All these aspects will determine in fact, a civilized behaviour and attitude, fair and normal in these circumstances towards their own health.

Thus, the communication of the patient with others (including here also he pharmacist) becomes a priority in the sense of belonging to the community they report at a moment of time.

Even if all the rules mentioned above for viable and productive communication between patient and pharmacist with disabilities are respected, situation can occur, which represent barriers from one side or another in the complex process of their future professional relationships. Thus, these barriers can be [3]:

a) due to the pharmacist:
- shyness;
- fatigue;
- personal problems;
- somatic states;
- lack of experience in communication;
- the choice of inappropriate messages;
- lack of trust in interpersonal communication;
- fear of patient questions;
- shortcomings in professional training;
- lack of concentration on the patient;
- prejudices and false perceptions;
- failure to provide patient feedback;
- lack of mutual respect;

b) due to patient:
- doesn't trust the pharmacist;
- anxiety in the face of illness;
- age;
- disability;
- prejudices;
- previous unpleasant experience;
- fatigue;
- personal problems;
- somatic barriers;
- lack of communication skills;
- different cultural model;
- lack of mutual respect.

Also other barriers can be added to the barriers mentioned above, like:

- environment (location, ambience, amenities);
- the multitude of activities which take place in the same time in a pharmacy;
- lack of time for effective communication;
- lack of staff in the pharmacy activities;
- language barriers.

In this context, to be effective in communication between pharmacist and patient with disabilities, it is necessary to take into account the element of attitude, as De Lassus described four cases, namely [1]:

1- I'm OK - You're OK – winner attitude;
2- I am not OK - You're OK – submissive attitude;
3- I'm OK - You're not OK - arrogant attitude;
4- I am not OK - You're not OK - passive attitude;

that can streamline and increase efficiency regarding attitudinal approach of the two parties in a exponential state.

Materializing further, we arrive at the moment we realize that are structural differences between:

1. Communication physician - patient vs patient - physician;
2. Communication pharmacist - patient vs patient - pharmacist;

demonstrating that in the first case we are talking about ,,communication window" [5] and in the second case about ,,communication techniques"[3] that include as steps:

1. **opening** - pharmacist makes contact with the patient, comprising as components: eye contact, smile, greeting;
2. **investigation of the patient** - pharmacist has the data necessary to grant medication as such; an important role being assigned to the questioning which can be: open, closed, control, research, multiple; but question appear only where absolutely necessary;
3. **transmission of information** - refers to: the use, side effects, side effects of the medicine; recommendation to consult a physician; all these being made in a polite, calm, professional and inspiring confidence and safety way;
4. **conclusion** - we need to be effective on both sides, while being, sustainable, and for this, namely cover the following issues (related to patient): summarizing, gathering feedback, creating the opportunity for future meetings, creating a monitoring plan, motivation and encouragement and guidance to the family doctor or to the specialist, not forgetting that the closing will be a personalized greeting (taking into account the patient and typology).

Through such a approach formula, communication with the disabled b patient t will prove viable, fair, honest and professional, giving competently judge and value, through respect, understanding, acceptance and attitude, so that the message decoded to represent the essence of communication between the two actors causing behavioural conduct, in relation to equal opportunities, success and human evolution.

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