

Mentalizing – a promising way to patient-centered communication in community pharmacy?

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Professor in Language Psychology

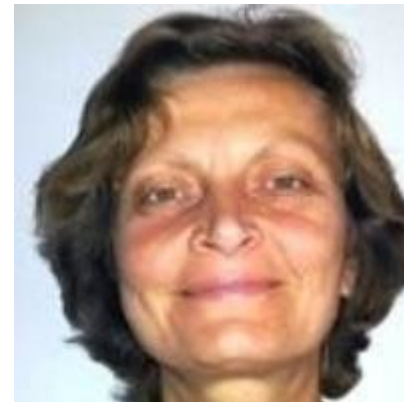


KØBENHAVNS UNIVERSITET

Language Psychology: How are people affected by and affect each other as they communicate?

Context: Healthcare communication

PC₃P– Patient-Centered Communication in Community Pharmacies



Patient-centered communication

To establish patient-centered communication patients need to engage their first person perspective

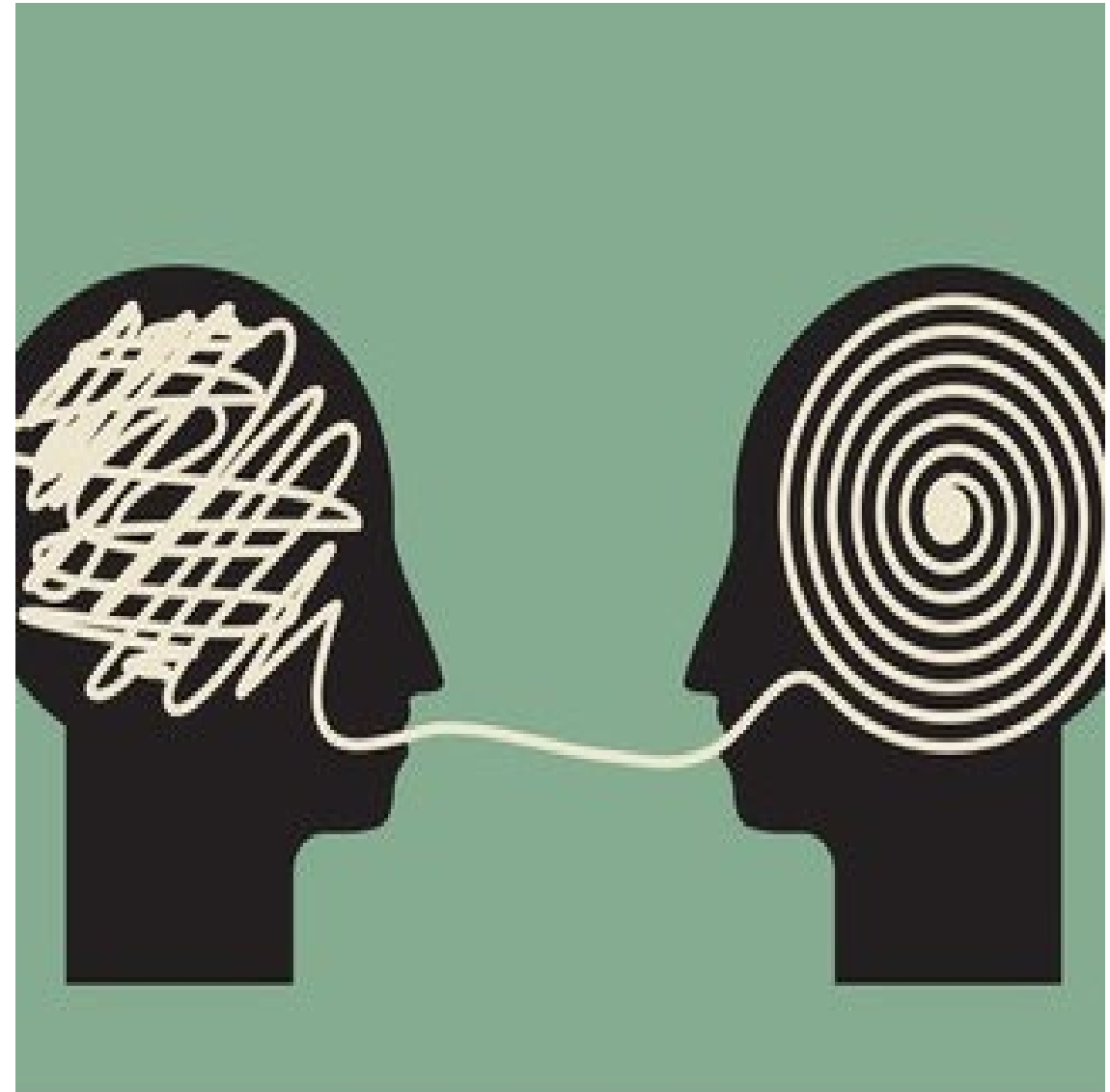
Pharmacy staff task:

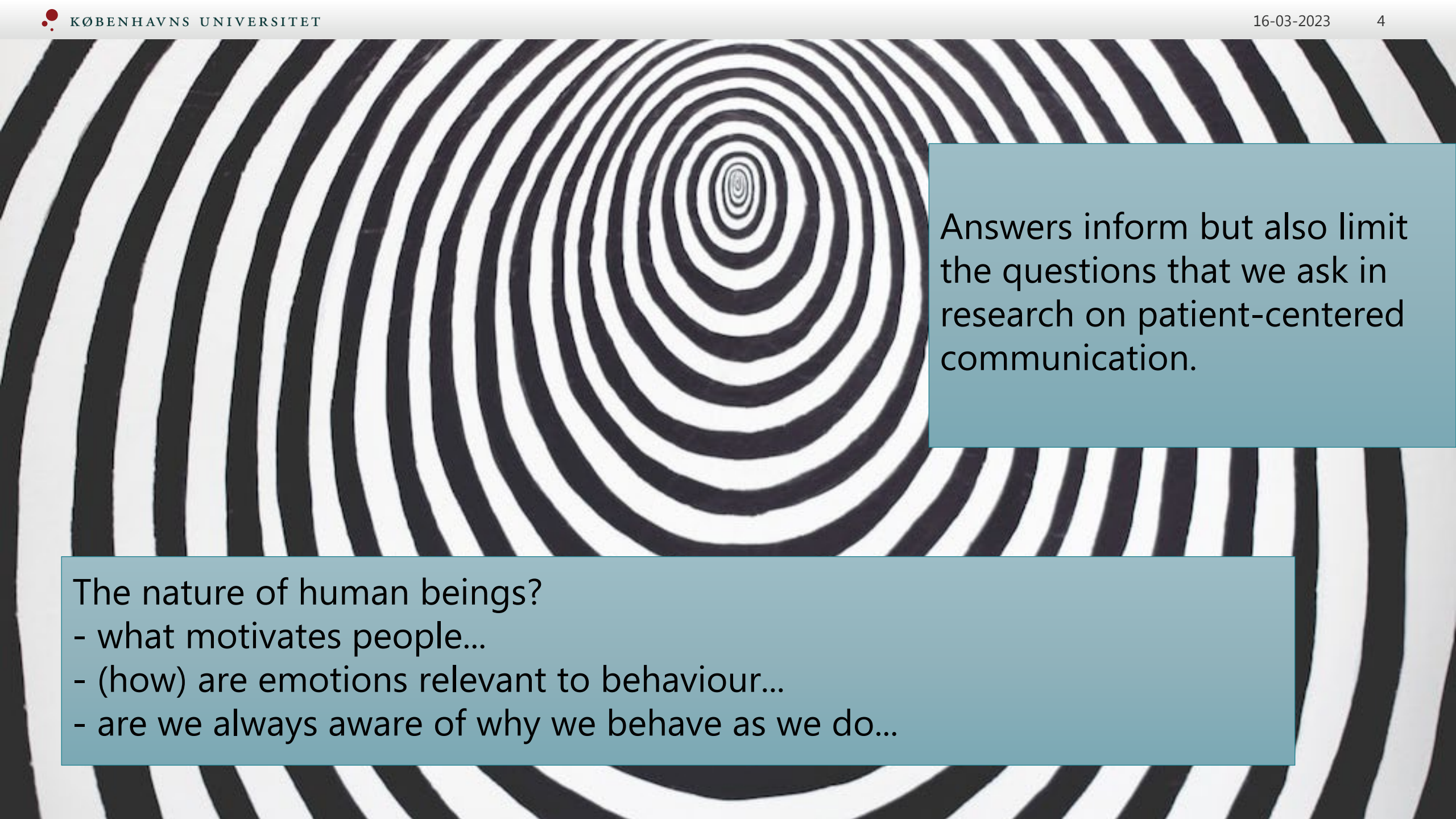
Relationship building wherein patients experience a genuine interest and curiosity

- Invite patients to engage their perspective
- Responsiveness toward these perspectives

A skill that needs to be professionalized

This calls for staff to be inclined to understand the patient





Answers inform but also limit the questions that we ask in research on patient-centered communication.

The nature of human beings?

- what motivates people...
- (how) are emotions relevant to behaviour...
- are we always aware of why we behave as we do...

THE APPROACH TO HUMAN BEINGS IN PHARMACY PRACTICE RESEARCH: INFORMANTS AS RATIONALE HUMAN BEINGS GUIDED BY COGNITIVE PROCESSES

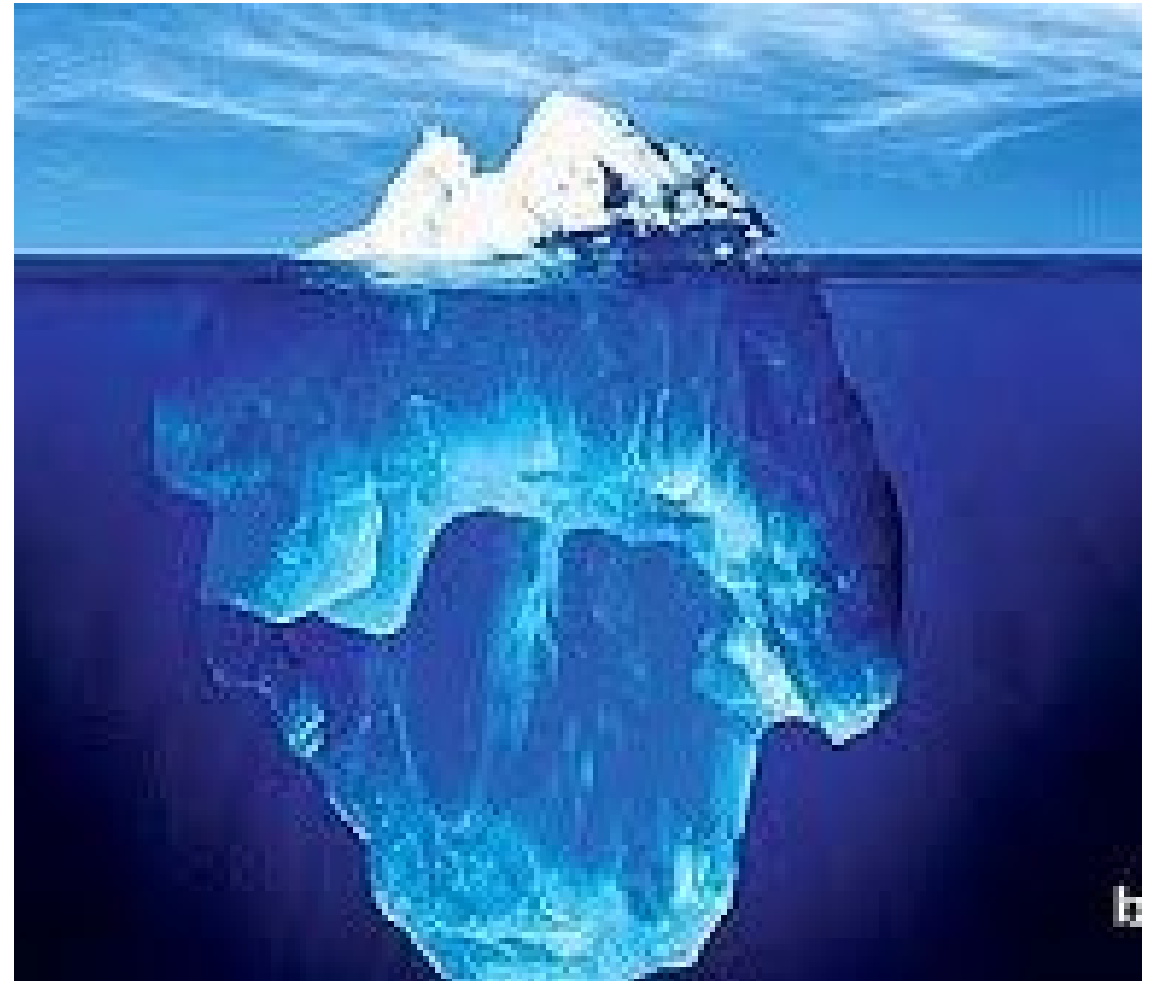


PATIENTS: TIME CONSTRAINTS AND LACK OF PRIVACY; FEEL WELCOMED

PHARMACY WORKFORCE: LACK OF INTEREST IN COUNSELLING AMONG PATIENTS; LACK OF TIME

A Psychodynamic approach (Sigmund Freud)

- People are not always consciously aware of their mental states
- Anxiety is an inherent part of human behaviour
- Human behaviour is mobilized to defend the anxiety
- People are not transparent to themselves

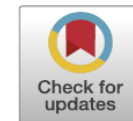




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Contents lists available at [ScienceDirect](#)

Research in Social and Administrative Pharmacy

journal homepage: www.elsevier.com/locate/rsap

Furthering patient-centered counseling: Exploring new aspects around pharmacists' experiences in pharmacy encounters through video-stimulated recall interviewing

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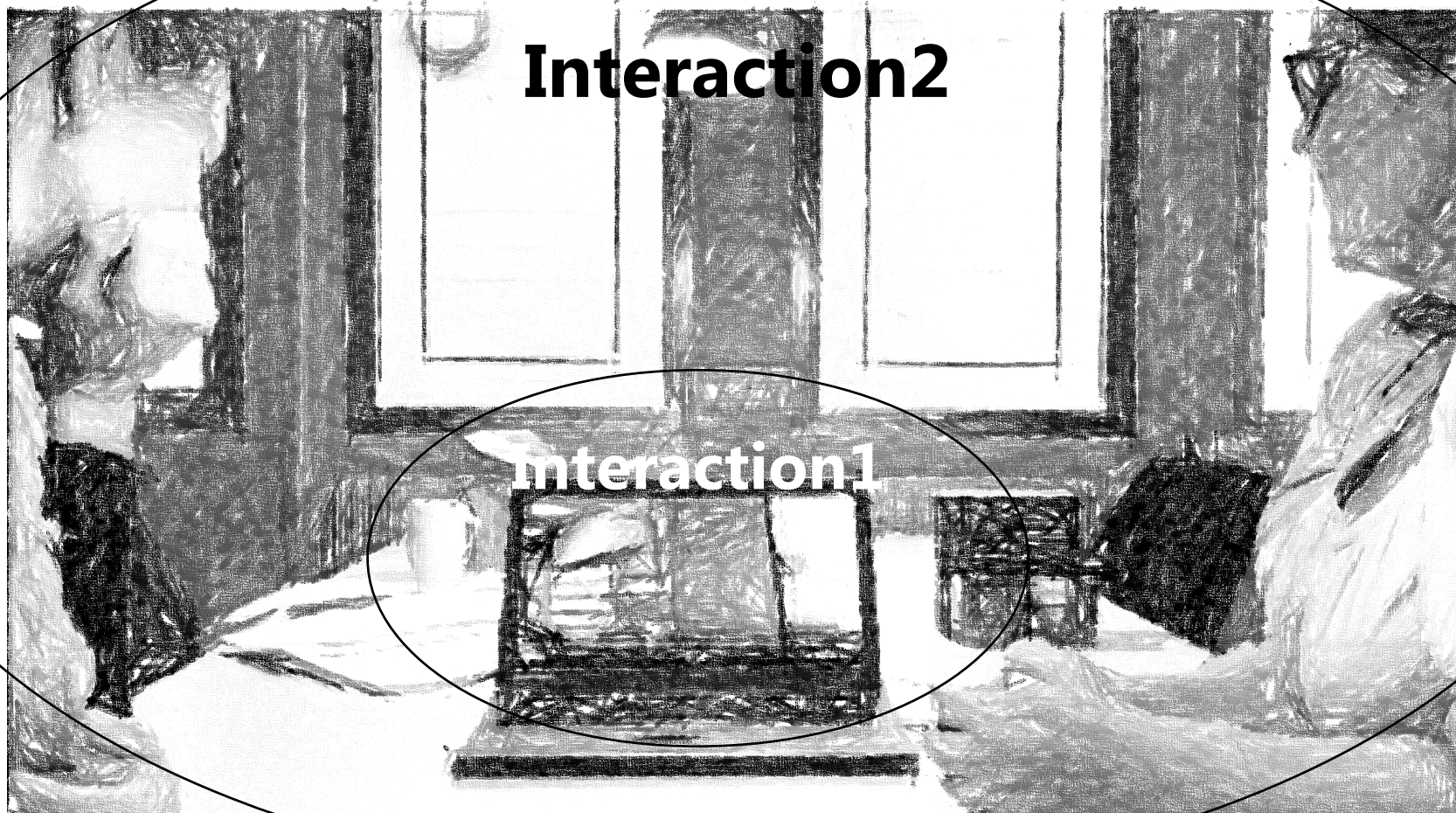
Keywords:

Community pharmacy
Video-stimulated recall interviews
At-the-counter counseling
Patient-centered counseling

ABSTRACT

Background: Studies on pharmacy communication have illustrated problems with patient-centeredness. Exploring pharmacists' experiences of pharmacy counseling in depth is essential to understand what hinders patient-centeredness. Existing studies, based primarily on surveys and qualitative interviews, tap into perceptions of pharmacy counseling that are informed by general conceptualizations rather than what participants actually experience during the encounters. Thus, important aspects of the dynamics of pharmacy encounters might be missed.

Video-stimulated recall interview



The potential of video-stimulated interviews

- They make it possible to tap into informants' *immediate*, spontaneous experiences – instead of eliciting general and socially preferred statements
- They enable informants to *become aware of emotions* underlying behaviour that were maybe not even conscious to them during interaction¹

A pilot study funded by the Danish Pharmaceutical Association

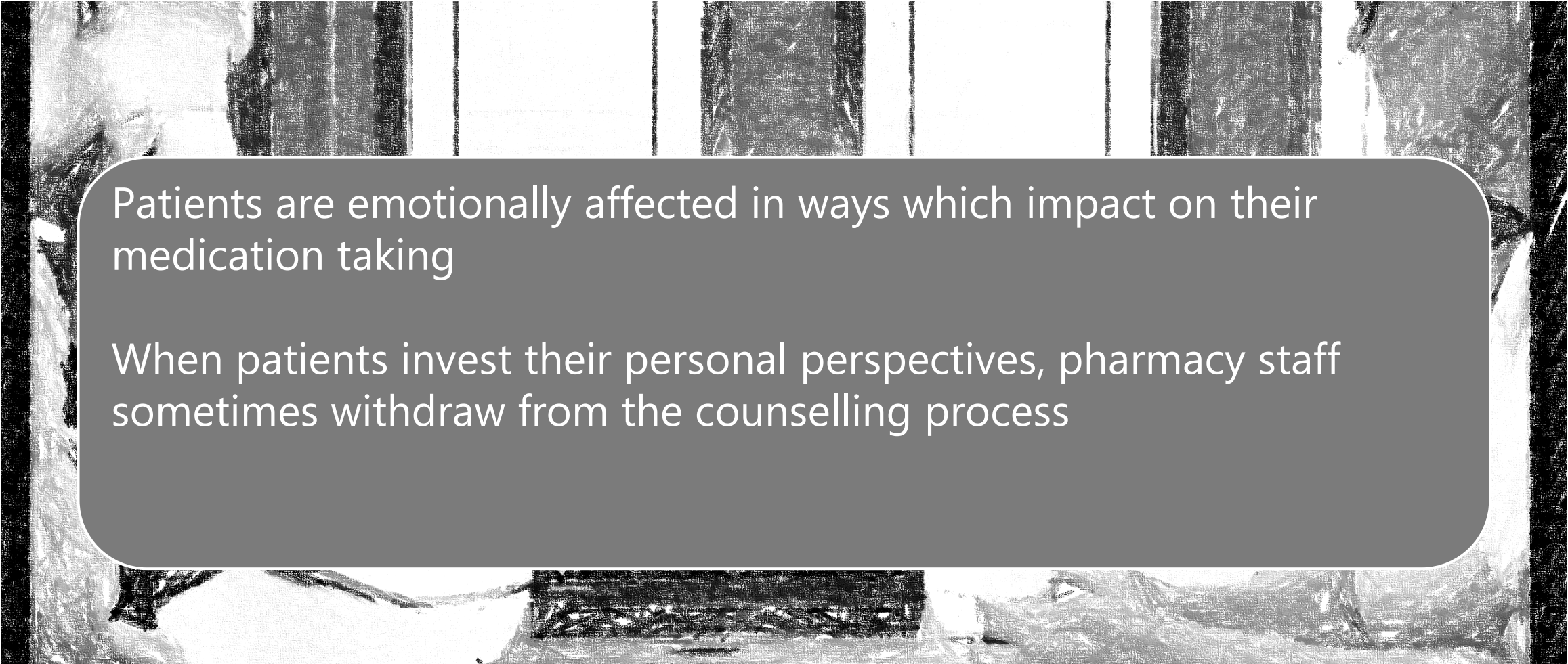
Data conducted at two Danish community pharmacies in October and November 2018

Video-recordings of 86 desk encounters

Video-stimulated interviews with 7 staff members, 6 with patients

Findings based on the video-recordings: the meetings were controlled by staff's agenda and they largely consisted of staff transmitting information not related to the patients' tellings. No profound interest or inclination to understand patients

Findings based on video-stimulated interviews



Patients are emotionally affected in ways which impact on their medication taking

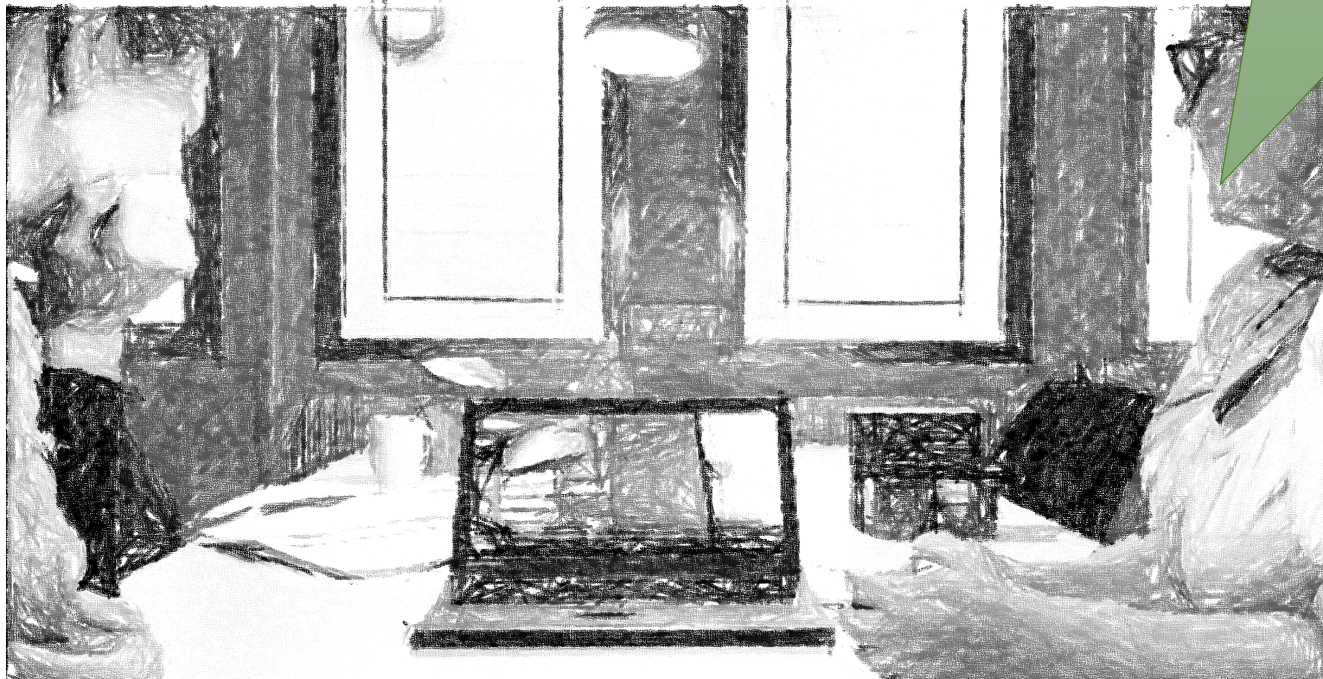
When patients invest their personal perspectives, pharmacy staff sometimes withdraw from the counselling process

St = pharmacy staff

Pa = pharmacy patient

- 1. St: how does it work for you
- 2. Pa: it works well
- 3. St: yes
- 4. Pa: I take one every second day during the summer
- 6. St: yes
- 7. Pa: and then now when it gets darker I take one each day
- 8. St: yes ((looks down))
- 9. Pa: >°to manage°<
- 10. St: sure oh:m are you ((looks up)) bothered by any of the side effects
- 11. related to it some talks about ((continues suggesting side effects))

now that I am sitting and looking at it it surprises me how much they actually expose themselves you know even though it is something I am just asking about and then I listen to their answers



Erving Goffman: face-work

Face: the positive social value a person effectively claims for him/herself

We constantly try to protect and save our face – and the faces of others

Avoiding
embarrassment



Patient: shame as a dominant emotion

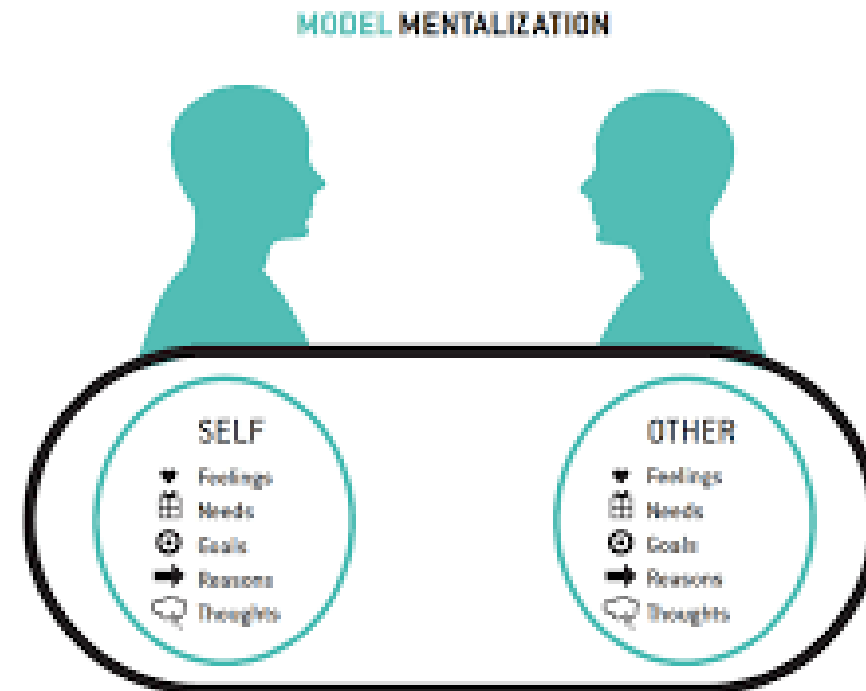
Right there I am also thinking yes of course I should have stopped that I don't need to tell him that either ((laughs)) right(.) it's again it oh about that I am actually a little proud and happy that I only need to take one every second day when it is light right





Mentalizing

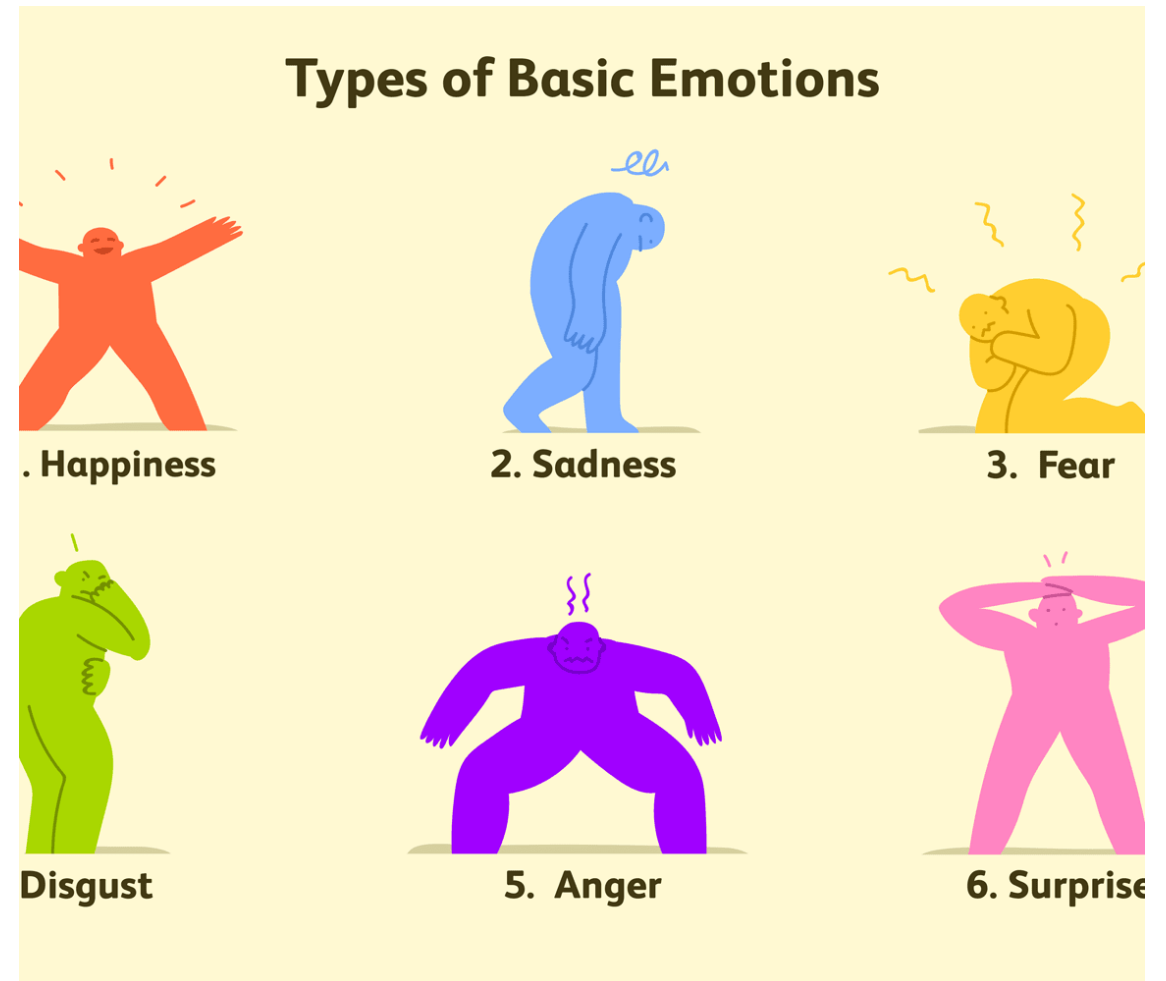
- The ability to understand the mental states – emotions, thoughts, needs – behind own and other people's behaviour
- Mentalizing is characterized by being curious and inclined to understand the other person and yourself



From: Center for mentalization

Emotions

- Originating in the body
- Emotions add value to our experiences
- Affect how we act in the world
- We are always in an emotional state



MENTALIZING AND EMOTIONAL AWARENESS



Emotional awareness:

The ability to identify and name other people's and own emotions

Central to emotional awareness is the ability to regulate emotions

The ability to mentalize varies between people



- **The ability is primarily developed as we are children dependent on how we are met, understood and responded to by our caregivers**
- **The ability to mentalize can be trained and increased in professional contexts**

A mentalizing education programme for community pharmacy workforce – funded by EIT-Health

Table I: Consortium partners

Denmark	University of Copenhagen: Faculty of Humanities Faculty of Health and Medical Sciences Pharmakon - The Danish College of Pharmacy Practice University of Southern Denmark: Faculty of Health Patient in Focus
The Netherlands	University of Groningen: Faculty of Science and Engineering NIVEL (Netherlands Institute for Health Services Research)



Modules in the mentalizing education programme, 4 months

1

Physical attendance, 1.5 working days

2

Online attendance, 4 hours, feedback on videos

3

Online attendance, 4 hours

4

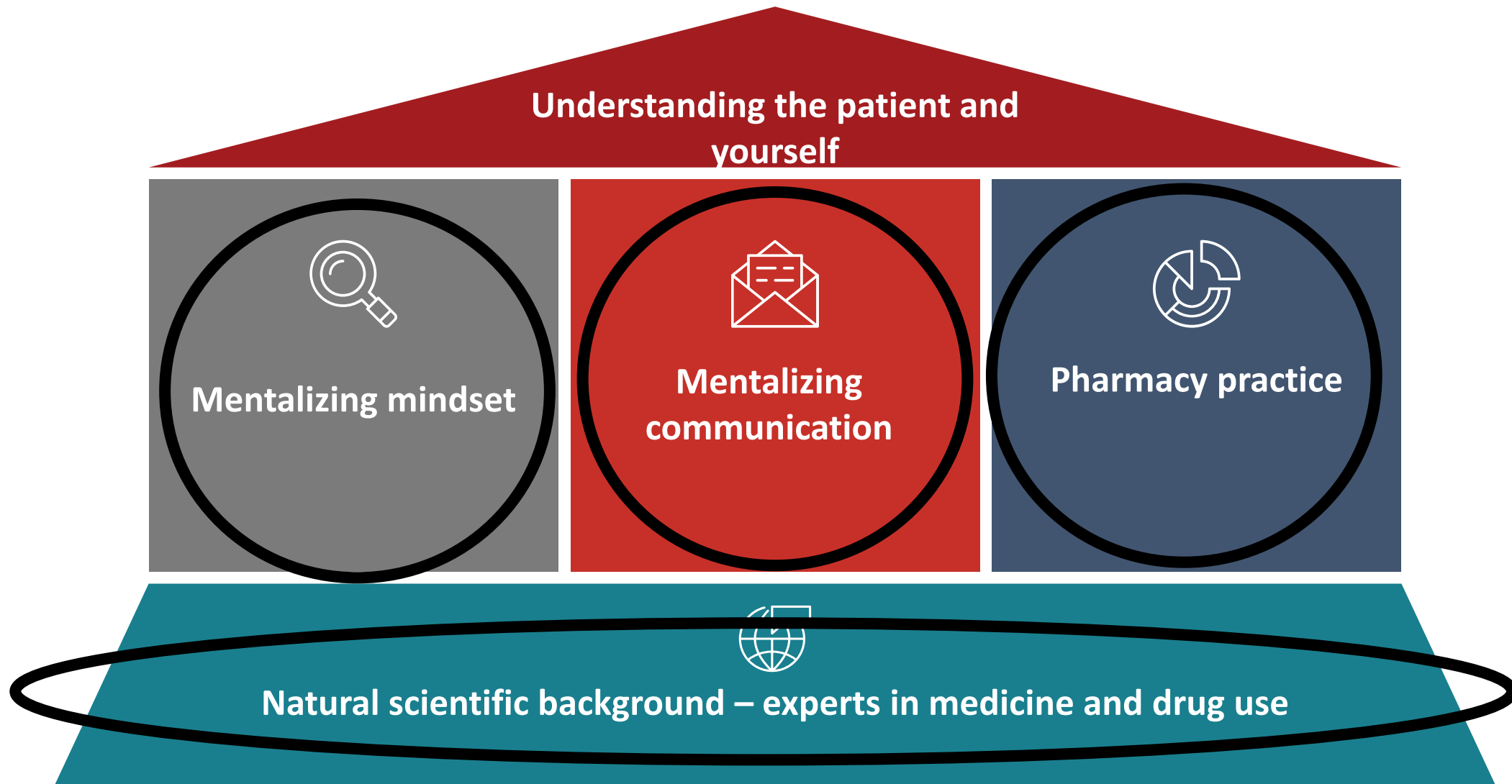
Online attendance, 4 hours

5

Physical attendance, A full working day

6

Online attendance, 4 hours, feedback on videos



8 basic emotions

BASIC EMOTION

Interest

Joy

Acceptance

Fear

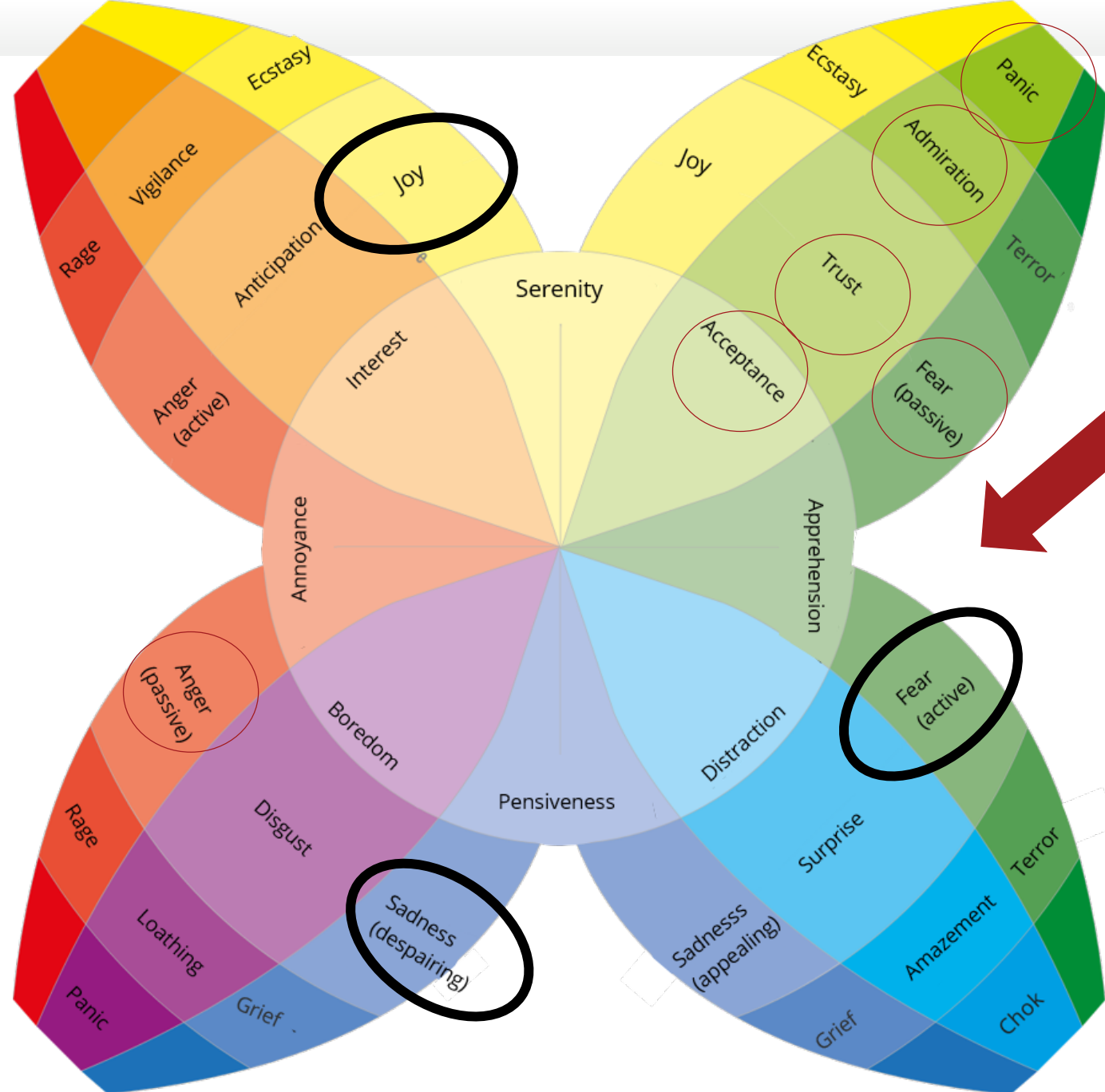
Surprise

Sadness

Disgust

Anger

Wheel of emotions



De-intensify by labelling

(Robert Plutchik Wheel of emotions, reproduced and translated by Sørensen 2021 Mentalizing Play)

Level of emotional awareness scale (LEAS)

- A performance based instrument assessing peoples abilities to be aware of mental states
- Informants are asked to describe their own and another person's anticipated feelings in 10 different scenarios.

LEAS results

Participants levels of emotional awareness increase significantly from pre- to post education tests

Denmark, (23)	Before	After	P-value
LEAS TOTAL mean (SD)#	3.0 (0.47)	3.4 (0.48)	<0.001*

Level of emotional awareness scale (LEAS)

Example Pre education

Scenario:

- Your boss tells you that your work hasn't been good enough and that

it n

you

fee

Do staff increase their curiosity towards patients, do they increase their interest towards and interactional inclination to understand the patient?

Answer

- I would feel "I'm gonna show the boss that I can do it". The boss would feel justified.*

Example Post education

Scenario:

- You travel abroad. Someone you meet makes derogatory remarks

What would

er

- I would feel surprise (they can't see how beautiful my country is). The other one would feel disgust (does not like the country)*

Conversation analysis

In conversations, almost everything comes around as pairs of utterances

- Greeting – greeting
- Question – answer
- Invitation – acceptance
- Apology – acceptance

Adjacency pairs – the building blocks of conversations

What happens after the adjacency pair?

1. Position Staff: and how are you doing with the medication?
2. Position Patient: well, I'm trying to get used to it
3. Position Staff: **RESPONSE**

A dialogical site for listening



Exploring staff's inclinations to understand: analysis of all their activities in third position

In total, 25 pre- and 25 post participation recordings were analysed

- Patients picking up prescription medication for themselves

Responsetypes in 3. position

Interactional phenomenon	Pre-measures	Post-measures
Responses in 3. position total	126	308

Average duration:

Desk meetings pre-education: 1.98 minutes

Desk meetings post-education: 2.84 minutes

Continuers in 3. position

Question in 1. position

1 Staff: and what symptoms did you have before you took the tablets

Answer in 2. position

2. Customer: well it was oh oh oh sneeze

Response in 3.
position: continuer

3 Staff: ((nods)) yes yes

4 Customer: year I sneezed and sneezed

5 Staff: yes yes

6 Customer: right

7 Staff: ((nods)) yes

8 Customer: and then oh I took the tablets and I know

9 that it is the highest dose you are allowed to take

10 Staff: ((leans toward the patient)) yes

11 Customer: and then and it started in the eyes right

12 Staff: yes

13 Customer: and you scratch

14 Staff: yes

15 Customer: and that doesn't make it any better

Continuers encourage patients to keep talking and share their perspectives

Formulations in 3. position

15 Customer:

and that doesn't make it any better

Response in 3.
position: Formulation

16 Staff:

yes so what I hear you say is that it is sneeze

Response in 3.
position: Formulation

17 Customer:

yes

Suggestion in 1.
position

18 Staff:

and it is eyes and it is nose

19 Customer:

yes yes

20 Staff:

yes because what I think about maybe it is how would it be if you

21

for example only used the nosespray

22 Customer:

year

23 Staff:

that you continue without the tablets

Accept in 2. position

24 Customer:

yes I also thought about trying that

Response in 3.
position: Formulation

25 Staff:

So you have had the same thought

26 Customer:

yes I do

Formulations make
staff stay with
patients' perspectives

Interactional phenomenon	Pre-measures	Post-measures
Responses in 3. position total	126	308
Continuers	30	113
Formulations	7	20

Affective evaluations in 3. position

- 1 staff: it works well?
- 2 customer: yes it does
- 3 staff: oh that is good to hear
- 4 customer: yes it really does
- 5 staff: that is wonderful
- 6 customer: yes

Response in 3.
position: affective
evaluation

Response in 3.
position: affective
evaluation

Affective evaluations
secure relational work

Interactional phenomenon	Pre-measures	Post-measures
Responses in 3. position total	126	308
Continuers	30	113
Formulations	7	20
Affective evaluations	8	18

Providing information

Interactional phenomenon	Pre-measures	Post-measures
Providing information without it being preceded by a question from the patient	16	5
Information related to patients' answers	35	76

Yes – mentalizing is a promising way to patient-centered communication in community pharmacy

Communication Assessment Tool:

Statements with significantly higher scores post-education:

Understood my main health concerns
Let me talk without interruptions



Patient Education and Counseling 67 (2007) 333–342

Patient Education
and Counseling

www.elsevier.com/locate/pateducou

Measuring patient views of physician communication skills:
Development and testing of the Communication Assessment Tool

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Burnout among clinical pharmacists: call to action

Curbside Consult Volume 20 - Fall Edition 2022

Addressing Modifiable Risk Factors in Heart Failure Management

Albuterol-Budesonide Fixed Dose Combination Rescue Inhaler for Asthma - The MANDALA Trial

Counseling Points for Progestin-Only, OTC Birth Control

Does Double Dosing Levonorgestrel-Based Emergency Contraception for Obese Patients Affect Clinical Results?

Gabapentin's Impact on Drug-related Overdose Deaths

Melatonin Safety Concerns and Dietary Supplements

The Impact of Systemic Racial Inequities on Asthma

Tirzepatide for the Treatment of Obesity. Is it a Weight Loss Game-changer?

Updates In Wearable Technology

Burnout among clinical pharmacists: causes, *Brianna Ferrell, Pharm.D., Essentia Health*

Background: Burnout among health-care professionals is characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment. Burnout among clinical pharmacists is as high as 66%, divided into individual factors, organizational factors, and increasing job demands relative to job resources. Burnout, such as working in high-stress environments, may include reduced job satisfaction and increased exhaustion may also lead to adverse patient mortality. This article details the available evidence and how to prevent or combat it from occurring.

Discussion: In order to assess burnout among clinical pharmacists, The American Pharmacists Association recently developed a tool developed by Mayo Clinic to assess burnout, which is the main driver of burnout is the degree of decreased engagement. An article by Letterman et al. provides a framework with six different areas of work life: reward, community, fairness, and values. For clinical pharmacists, often involved in tasks outside of providing direct patient care and administrative duties.

Practice Impact: Research has shown that workplace burnout is a significant barrier to patient care. Organization-focused interventions include aligning the organization's values and culture. Additional interventions include providing continuing education and skills of pharmacy technicians similar to how pharmacists sharing clinical duties.

90% of pharmacists are at high risk of burnout

Pharmacy Magazine, 25 Nov 2020 1 Min



A third of pharmacists have considered leaving the profession altogether

Seventy-two per cent of pharmacists say their work is having a negative impact on their mental health while nine-tenths are at high risk of burnout, a new survey reveals.

The Royal Pharmaceutical Society's annual mental health and wellbeing survey, published today (Wednesday November 25) with sector charity Pharmacist Support, shows little change from last year when 74 per cent said work was affecting their quality of life.

Fifty-nine per cent say they are at high risk of burnout in this year's survey, up from 80 per cent in

AJHP RESIDENTS EDITION

Health-system pharmacists

Results of a study to determine levels of and risk factors for burnout among health-system pharmacists are reported.

The Maslach Burnout Inventory Human Services Survey was distributed to a target population of health-system pharmacist study participants for burnout, which is characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment. Health-system pharmacists were solicited via a professional network listserv to complete an anonymous questionnaire regarding burnout. Demographic information, professional characteristics, and responses to the MBI-HSS were analyzed using a cross-sectional cohort survey methodology. Descriptive statistics were used to assess MBI-HSS scores and risk factors associated with burnout.

Of 371 survey responses received, 329 were complete and included in the final analysis. Overall, 175 study participants (53.2%) reported a high degree of burnout on at least 1 subscale of the MBI-HSS. Twenty-eight respondents (8.5%) had scores indicating a high degree of burnout on 3 subscales. Average scores were 22.9, 6.2, and 36.3 for emotional exhaustion, depersonalization, and reduced personal accomplishment, respectively. Modifiable and nonmodifiable risk factors were identified. The findings warrant further research on interventions and action to promote resilience in the profession.

Half of health-system pharmacists assessed using the MBI-HSS in this study identified themselves as being at risk for burnout.

Health-system pharmacists, professional burnout

Am J Health-Syst Pharm. 2018; 75(suppl 4):S93-100

A final word on care

The PCNE definition of pharmaceutical care 2013:

«Pharmaceutical Care is the pharmacist's contribution to the care of individuals in order to optimize medicines use and improve health outcomes.»

A final word on care


The concept of mentalizing implies that we can work with a psychological notion of care

Mentalizing – emotional intelligence

Mentalizing: A way to professionalize the psychological dimension of care in *pharmaceutical care*

SCIENCE AND PRACTICE

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REVIEW

Emotional intelligence and pharmaceutical care: A systematic review

Dejan Senčanski, Ivana Tadić*, Valentina Marinković

ARTICLE INFO

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ABSTRACT

Background: Emotional intelligence (EI) can help perceive, understand, and manage emotions and positively impact performance in any profession, including pharmacists, and consequently may have positive influence on patient-related outcomes. Although there is strong body of evidence suggesting that developing EI in health professionals (HPs) can increase their capacity to successfully communicate and build relationships with patients, thus increasing patient satisfaction, little is known about it in pharmaceutical care (PhC).

Objectives: This review aimed to synthesize available data on the probable impact of EI on PhC.

Methods: PubMed, Web of Science, and Embase databases were searched for papers in English dated between January 2000 and June 2021. Quantitative, qualitative, or mixed method studies on EI and PhC that involved practicing pharmacists were included.

Results: The inclusion criteria were met by 4 papers only. One reported positive impact of EI in reducing the negative correlation between autistic-like traits and empathy among hospital