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QUALIFICATION WORK

on the topic: **«STUDY OF BARRIERS IN COMMUNICATION BETWEEN
THE PHARMACIST AND THE PATIENT»**

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АНОТАЦІЯ

У кваліфікаційній роботі досліджено комунікативні бар'єри в аптеці, проаналізовано психологічні і соціальні фактори, що впливають на комунікації фармацевта з споживачами. Розроблено практичні рекомендації щодо покращення комунікацій в аптеці. Загальний обсяг кваліфікаційної роботи становить 40 сторінок, містить 18 рисунків та 1 таблицю. Також наведено список літератури, що включає 30 джерел.

Key words: бар'єр, комунікація, фармацевт, психологічні фактори. аптека, споживач.

ANNOTATION

In the qualification work, communication barriers in the pharmacy were investigated, psychological and social factors affecting the pharmacist's communication with consumers were analyzed. Practical recommendations for improving communications in the pharmacy have been developed. The total volume of the qualification work is 40 pages, contains 18 figures and 1 table. A bibliography including 30 sources is also provided.

Key words: barrier, communication, pharmacist, psychological factors. pharmacy, consumer.

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INTRODUCTION

Relevance of the research topic. The relevance of the study of barriers in communication between the pharmacist and the patient is due to the growing role of pharmaceutical care in the health care system and the need to ensure effective interaction between medical workers and patients [10].

Communication between the pharmacist and the patient is an important component of the process of providing quality pharmaceutical services, as it directly affects the effectiveness of treatment, the correctness of taking medications, the level of trust and satisfaction of the patient [28].

Insufficiently effective communication can lead to pharmaceutical errors, deterioration of therapeutic results and a decrease in the level of adherence to treatment [16].

Today, there are a number of barriers complicating this communication, including linguistic, cultural, psychological and organizational barriers. Researching these barriers and finding ways to overcome them is an important task that aims to increase the effectiveness of pharmaceutical care and ensure the continuity and quality of medical services. Understanding the factors affecting communication will allow developing recommendations for improving the process of interaction between pharmacists and patients, which, in turn, will contribute to improving the health of the population and optimizing the work of pharmaceutical workers [29].

Thus, the study of barriers in communication between the pharmacist and the patient is an important step towards improving the quality of pharmaceutical care and improving the health of the population [12].

The purpose of the qualification work is to study of barriers in communication between the pharmacist and the patient.

To achieve the goal of the qualification work, it is necessary to solve the following **tasks**:

- to study classification of communication barriers;
- to analyze ethical aspects of communication between the pharmacist and the patient;

- to analyze psychological and social factors influencing communication between the pharmacist and the patient;
- to study of barriers in communication between the pharmacist and the patient;
- to study the role of psychological techniques in improving communication effectiveness in pharmacy;
- to develop practical recommendations for improving communication in pharmacy.

The object of the research is pharmacists, consumers.

The subject of the study is the study of barriers in communication between the pharmacist and the patient.

The study employed various **methods**, including questionnaires to gather responses from participants, data analysis for processing the collected information, a systematic approach for a thorough examination of the subject, graphic methods for visualizing data, and observation to obtain objective information during real-life situations or events.

Practical significance of the obtained results. The practical significance of the obtained results in the study of barriers in communication between the pharmacist and the patient lies in their potential to enhance the quality of pharmaceutical care and improve patient outcomes. By identifying and analyzing the specific barriers that hinder effective communication, the findings can inform the development of targeted strategies and training programs for pharmacists. These programs can help pharmacists improve their communication skills, build trust with patients, and foster a more supportive environment for dialogue.

Moreover, the insights gained from the study can lead to the implementation of best practices in pharmacy settings, such as standardized communication protocols, tailored patient education materials, and the integration of technology to facilitate clearer exchanges of information. Addressing the identified barriers can contribute to reducing medication errors, enhancing patient adherence to treatment

regimens, and increasing overall patient satisfaction with pharmaceutical services. Ultimately, these improvements can lead to better health outcomes, more efficient healthcare delivery, and a more positive perception of pharmacists as integral members of the healthcare team.

Approbation of research results and publication. The qualification work was tested on III scien.-pract. internet conference with international participation dedicated to the 40th anniversary of the establishment of the department of organization, economy and pharmacy management "Training of pharmacy specialists within the framework of the concept "Life Long Learning". The article was published: Bondarieva I.V., Chehrynets A.A., Chic N. Analysis of obstacles in communication in pharmacy. Training of pharmacy specialists within the framework of the concept "Life Long Learning": science, education, practice : materials of III scien.-pract. internet conference with international participation dedicated to the 40th anniversary of the establishment of the department of organization, economy and pharmacy management (October 23-24, 2024, Kharkiv) / ed. m. : Yu. S. Bratishko and others. - Kh.: NUPh, 2024. - P. 88-92.

Structure and scope of qualification work. The qualification work consists of an introduction, a literature review, an experimental section, general conclusions, a list of references, and appendices. The total length of the work is 40 pages, which includes 18 figures and 1 table. Additionally, the work references 30 sources of literature that were utilized for research and analysis.

CHAPTER I

THEORETICAL FRAMEWORK OF COMMUNICATION BETWEEN THE PHARMACIST AND THE PATIENT

1.1. Classification of communication barriers

Communication in pharmaceutical activity is aimed at interaction between subjects of the pharmaceutical process to achieve defined goals. Thus, not only organizational and technical, but also socio-economic, as well as socio-psychological relations are formed in pharmaceutical activity. The socio-psychological aspect of pharmaceutical activity involves taking into account the patterns of human behavior and relationships (interpersonal, intergroup, intrapersonal), which affect people's attitude to work, as well as their intellectual, moral, professional, communicative potential [12].

The variety and complexity of the forms of social interaction in which pharmacists participate make it necessary for them to be prepared for effective communication with patients and colleagues. Socio-psychological readiness for professional communication is characterized by ways of influencing patients and forms of response to their behavior. The style of pharmaceutical activity reflects the professional abilities and competence of the pharmacist, his motivation, value orientations, intellectual and characteristic features, general culture, morality and tact. As a subsystem of the style of pharmaceutical activity, communication style is a form of realization of professional influences, which embodies the pharmacist's authority over patients. The success of pharmaceutical activity, relationships in the team and the authority of the pharmacist largely depend on the effectiveness of his communication style [6].

Types of communication barriers are presented in fig.1.1. There are interpersonal, linguistic, physical, cultural and organizational [11].

In the process of communication, four closely related elements interact: the sender of information, the message, the channel of information transmission, and the recipient of information [5].



Fig. 1.1. Types of communication barriers

Communication is mainly an information process, which consists in the transfer of social information fixed in signs, and requires mutual understanding between people. It is a specific cultural form of communication that takes place with the help of signs, language and symbols. Thus, communication can involve the exchange of information between a human and a machine, which is conveniently demonstrated by examples of programmed learning where the category of communication is not very applicable. Communication is a specifically cultural form of communication, the exchange of information between people using signs and symbols, in which information is transmitted purposefully, is accepted selectively, and interaction occurs in accordance with defined rules and norms [26].

Types of barriers to effective communications are presented in fig.1.2.

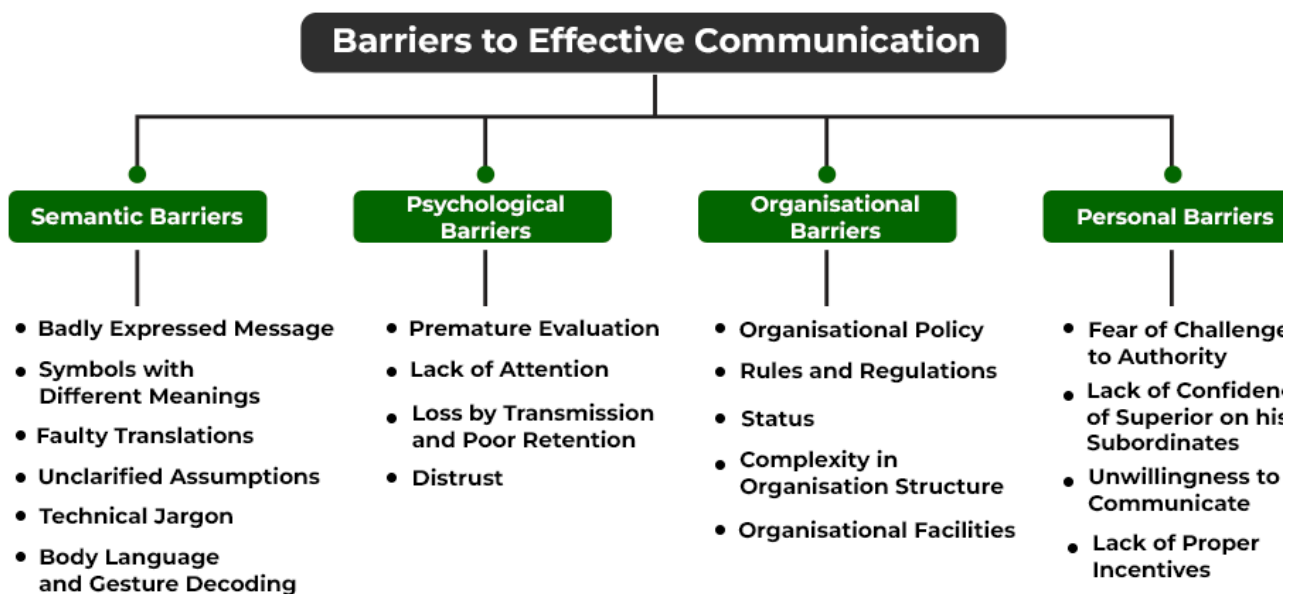


Fig. 1.2. Types of barriers to effective communications

The main goals of communication: the organization of information exchange between the subject and the object; establishment of the process of emotional and intellectual exchange of management information; establishing connections between people in the organization; coordination of joint activities in the team to perform tasks. Reasons of barriers of communications are presented in fig.1.3 [12].

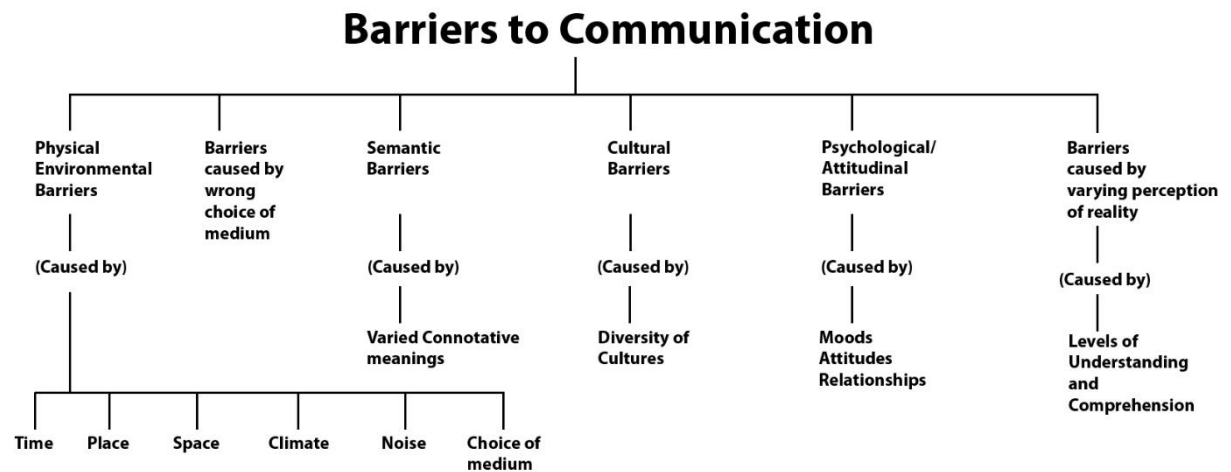


Fig. 1.3. Reasons of barriers of communications

Communicability manifests itself at different levels. A person with hypertrophied communication can be annoying and tiring, because often such people try to become the center of communication, not being aware of the position of partners and not considering their point of view when making decisions. This level of communication is called hyper-communication. There are also people who do not communicate much, are not able to maintain contact and organize feedback with the interlocutor. In their presence, the conversation usually falls silent, and partners feel discomfort and dissatisfaction with communication. This level is characterized as hypo communicativeness [10]. It is obvious that neither hyper-communicative nor hypo-communicative do not meet the communication requirements of pharmaceutical workers [14].

The exchange of information, the establishment and development of contacts, as well as the perception of a partner in the process of interpersonal interaction face

various obstacles. The most important are communication barriers that arise at the interpersonal level: in the sender's message itself, during the exchange of ideas between the sender and the receiver, as well as in the choice of the method of information transfer (e-mail, computer, official language, etc.). The communication process is presented in fig.1.4 [7].

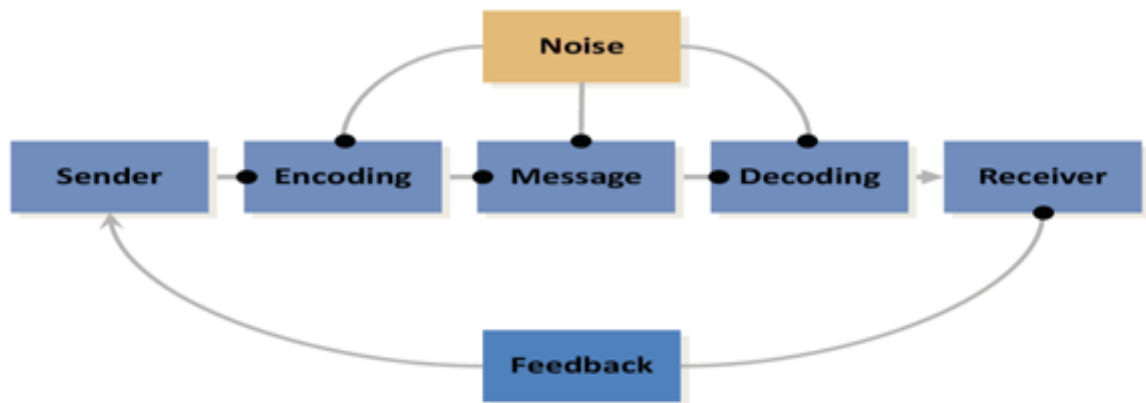


Fig. 1.4. The communication process

Communication barriers (from the French *barrière* — obstacle) are psychological obstacles that arise in the process of receiving information.

They can occur both at the macro level and at the micro level. Macrobarriers are related to the context in which interpersonal interaction and the communicative process take place. They are manifested in information overload (when a large amount of information reduces its value), the presence of many sources of information (newspapers, television, conferences, reports) and in the peculiarities of the use of information (for example, exclusive data can be used for manipulation, and access to limited information expands the power authority of individuals) [18].

Micro-barriers arise due to individual characteristics of communication participants, such as different levels of knowledge about the topic of conversation, differences in terminology in a certain field, unequal perception of the situation, as well as psychological, social, political, professional or religious differences in the interpretation of information and interaction [42].

Psychological features of communication participants can be manifested in the form of excessive frankness, intelligence, intuitive perception of the world, persistence, etc. [5].

The causes of communication barriers include both content and formal characteristics of the message (logical, phonetic, stylistic, semantic). On this basis, the following types of communication barriers are distinguished: meaningful, logical, phonetic, semantic, and stylistic (table 1.1) [1].

Table 1.1

The causes of communication barriers

Barrier Name	General Description	Causes of Occurrence
Meaningful	Misunderstanding between people that arises because one message has different meanings for them — the subjective content that a word acquires in a specific context and situation of communication. A word can have different meanings in various situations, which are always individual and personal: it originates in the mind of the speaker but is not necessarily understood by the listener.	Inconsistency in the meanings of statements, requests, commands, etc.; ignoring the perspectives, values, and personal meaning systems of the communication partner; differences in knowledge and information bases between interlocutors.
Logical	Incorrect perception of information caused by the thinking styles of the interlocutors. Furthermore, each	Different types of thinking (for example, one may think abstractly-logically, while the other thinks visually); using cognitive operations (comparison, analysis, synthesis, generalization, abstraction) with varying

Barrier Name	General Description	Causes of Occurrence
	thought is influenced by various human needs, and every expressed idea has a motive that serves as the basis for the emergence of speech.	depths, where one person thoroughly analyzes the problem while another, having gathered superficial information, already has a ready answer; dominance of certain forms of thinking in the intellect of each interlocutor, etc.
Phonetic	A barrier that arises due to the speaker's speech characteristics.	Participants in the communication use different languages or dialects; one of the interlocutors has pronounced speech or diction defects; partners distort the grammatical structure of sentences; unclear pronunciation, excessive use of filler words, overly fast or loud speech, etc.
Semantic	Discrepancies in the value systems of communicators — thesauri, that is, linguistic dictionaries containing complete information about the semantic content of words.	Interlocutors use the same signs (or words) to denote different concepts; one participant has a limited vocabulary; there are social, cultural, psychological, national, religious, professional, and group differences; inconsistency between the linguistic means used by the information sender and the linguistic resources of the receiver; individual characteristics of the receiver, particularly the ability to use language as a tool for thinking, etc.
Stylistic	Incompatibility between the communicator's style of language and the communication situation or between the language style and the current psychological state of the receiver.	Informal manner of communication; using a style of communication that may be inappropriate, overly complex, or not suited to the communicative situation and intentions of the partner; employing a style with coercive accents (for example, if the communicator uses phrases like "you need to," "you are obligated to," "you must," this can provoke overt or hidden resistance in the recipient); incorrect message structure (a message is perceived better if it is built

Barrier Name	General Description	Causes of Occurrence
		from attention to interest; from interest to main points; from main points to objections and questions; answers, conclusions, summarization); form and content of communication do not match (for example, if a person invited to a conversation is forced to listen to a monologue, this can cause dissatisfaction and misunderstanding of information, as negative emotions hinder concentration and understanding of what has been said); information is presented in a bureaucratic style that is easier to comprehend when reading but complicates auditory perception.

1.2. Ethical aspects of communication between the pharmacist and the patient

In the pharmaceutical practice, communication between the pharmacist and the patient is a crucial aspect of healthcare delivery. The pharmacist plays a pivotal role not only in dispensing medications but also in ensuring that patients receive the right information regarding their treatment. This communication is governed by ethical principles that aim to promote patient well-being, trust, and safety. The ethical aspects of communication in the pharmacist-patient relationship are essential for fostering a therapeutic alliance, reducing medication errors, and enhancing patient adherence to prescribed therapies [20].

One of the fundamental ethical principles in healthcare is respect for patient autonomy. This principle dictates that patients have the right to make informed decisions about their health and treatment options. Pharmacists, as healthcare professionals, must ensure that patients are provided with adequate and comprehensible information about their medications. This includes explaining the purpose of the medication, its potential side effects, interactions with other drugs,

and the proper way to administer or consume it. Ethical communication requires the pharmacist to present this information in a way that empowers the patient to make informed choices. This process involves active listening and ensuring that the patient has understood the provided information. Pharmacists must be mindful of language barriers, literacy levels, and any cognitive impairments that may hinder the patient's ability to fully comprehend the information [5].

Furthermore, respecting patient autonomy means that the pharmacist must honor the patient's decisions regarding their treatment, even if it contradicts the pharmacist's own professional judgment. For instance, if a patient refuses a particular medication due to personal beliefs or concerns about side effects, the pharmacist is ethically obligated to respect that decision while still providing appropriate guidance. The pharmacist can discuss alternative options or provide additional information to address the patient's concerns but cannot coerce or pressure the patient into compliance. Maintaining respect for autonomy fosters trust and encourages open dialogue between the patient and the pharmacist [4].

The ethical principles of beneficence and non-maleficence (avoiding harm) are central to the pharmacist's responsibility in patient care. Communication between the pharmacist and the patient should be focused on optimizing the patient's health outcomes and minimizing potential risks. When providing information about medications, pharmacists must ensure that they are giving accurate, evidence-based advice that aligns with the patient's specific health needs. This involves verifying the appropriateness of the medication, considering any contraindications, and discussing potential side effects and drug interactions [8].

Pharmacists must also exercise caution in how they communicate risk-related information. Overemphasizing risks may cause unnecessary fear and anxiety in patients, leading to non-adherence or refusal of essential medications. On the other hand, downplaying risks can lead to harm if patients are not adequately warned about potential adverse effects. Ethical communication requires a balance: providing sufficient detail to ensure the patient is fully informed without overwhelming or frightening them [30].

Additionally, the principle of non-maleficence extends to ensuring that the pharmacist does not inadvertently harm the patient through poor communication. Miscommunication or a lack of clarity in instructions can lead to medication errors, such as incorrect dosage or timing, which can have serious consequences for the patient's health. Pharmacists must take care to confirm that patients understand how to properly take their medications and encourage them to ask questions if anything is unclear [12].

Confidentiality is another critical ethical aspect of communication between the pharmacist and the patient. Patients have the right to expect that their personal health information will be kept private and shared only with individuals who are directly involved in their care. Pharmacists are bound by professional codes of conduct and legal regulations, such as the Health Insurance Portability and Accountability Act in the United States or similar laws in other countries, to protect patient privacy [16].

In practice, this means that pharmacists must take steps to ensure that conversations about a patient's medications or health conditions are conducted in a private and confidential manner. This may involve speaking with the patient in a private consultation room or using discretion when discussing sensitive information in a public pharmacy setting. Pharmacists should be cautious about discussing patient information within earshot of others, whether in the pharmacy or over the phone [7].

Maintaining confidentiality is not only a legal requirement but also an ethical obligation that helps to build trust between the pharmacist and the patient. When patients feel confident that their personal information will be protected, they are more likely to be open and honest about their health concerns, allowing the pharmacist to provide better care. Breaching confidentiality can have serious consequences, including damaging the patient's trust in healthcare providers and potentially causing harm to their emotional well-being [9].

Informed consent is an ethical principle that requires healthcare professionals to provide patients with all necessary information so they can make knowledgeable

decisions about their care. In the context of pharmacy practice, informed consent is particularly relevant when pharmacists are recommending over-the-counter medications, administering vaccinations, or suggesting changes to a patient's prescribed therapy [30].

Pharmacists must communicate honestly and transparently with patients, ensuring that they understand the potential benefits and risks associated with any treatment or intervention. This includes explaining alternative options, even if they are not as commonly used or profitable for the pharmacy. Ethical communication demands that the pharmacist not withhold information or present it in a biased manner in order to influence the patient's decision. Truthfulness is key to maintaining the integrity of the pharmacist-patient relationship and ensuring that the patient's autonomy is respected [8].

Pharmacists must also ensure that patients give informed consent before any treatment is provided. This is particularly important in cases where the pharmacist is administering vaccinations or other medical interventions. Patients must be fully aware of what the procedure entails, the risks involved, and the expected outcomes. Failure to obtain informed consent is not only an ethical violation but can also have legal repercussions [4].

In a diverse society, pharmacists often interact with patients from various cultural, religious, and socioeconomic backgrounds. Ethical communication requires pharmacists to be culturally sensitive and empathetic in their interactions with patients. This means being aware of and respectful toward the cultural beliefs and practices that may influence a patient's health decisions. For example, some patients may have religious beliefs that affect their willingness to use certain medications, such as those derived from animal products. Others may have cultural practices that impact their approach to health and healing [5].

Pharmacists should strive to understand these cultural nuances and incorporate them into their communication with patients. This may involve adjusting how information is presented, using culturally appropriate language, or being mindful of non-verbal communication cues. Empathy is also crucial in building a

rapport with patients and ensuring that they feel understood and supported. By showing empathy and taking the time to listen to the patient's concerns, pharmacists can foster a more collaborative and trusting relationship [5].

With the rise of telemedicine and digital health services, pharmacists are increasingly communicating with patients through online platforms, email, and telephonic consultations. While these methods of communication offer convenience and accessibility, they also present unique ethical challenges. Ensuring confidentiality and privacy in digital communication is more complex, as there is a higher risk of data breaches or unauthorized access to patient information [12].

Ethical communication in a digital context requires pharmacists to use secure platforms that comply with privacy regulations and to educate patients about how to protect their personal information online. Additionally, pharmacists must be mindful of the limitations of digital communication, such as the inability to observe non-verbal cues or the potential for misunderstandings due to the lack of face-to-face interaction. Clear and concise communication is essential to avoid confusion and ensure that patients receive the same quality of care as they would in a traditional pharmacy setting [7].

Ethical communication between pharmacists and patients is fundamental to effective healthcare delivery. By adhering to principles of autonomy, beneficence, non-maleficence, confidentiality, truthfulness, cultural sensitivity, and empathy, pharmacists can build trusting relationships with their patients and provide high-quality care. In the ever-evolving landscape of healthcare, pharmacists must remain vigilant in maintaining ethical communication practices, both in-person and through digital platforms, to ensure the well-being of their patients [4].

CONCLUSIONS TO CHAPTER I

1. Classification of communication barriers is presented.
2. Ethical aspects of communication between the pharmacist and the patient are analyzed.

CHAPTER II

ANALYSIS OF PSYCHOSOCIAL FACTORS AND BARRIERS TO ENHANCING PHARMACIST-PATIENT COMMUNICATION

2.1. Analysis of psychological and social factors influencing communication between the pharmacist and the patient

We conducted a survey of 67 pharmacists to analyze psychosocial factors and barriers to enhancing pharmacist-patient communication (Appendix A).

The survey results show the distribution of work experience among pharmacists. Only 3% of respondents have worked as pharmacists for less than 1 year, while 15% have been in the profession for 1 to 5 years. A significant portion, 29%, has 5 to 10 years of experience, and the majority, 53%, have been working as pharmacists for more than 10 years. This indicates that the profession is predominantly represented by experienced professionals (Fig. 2.1).

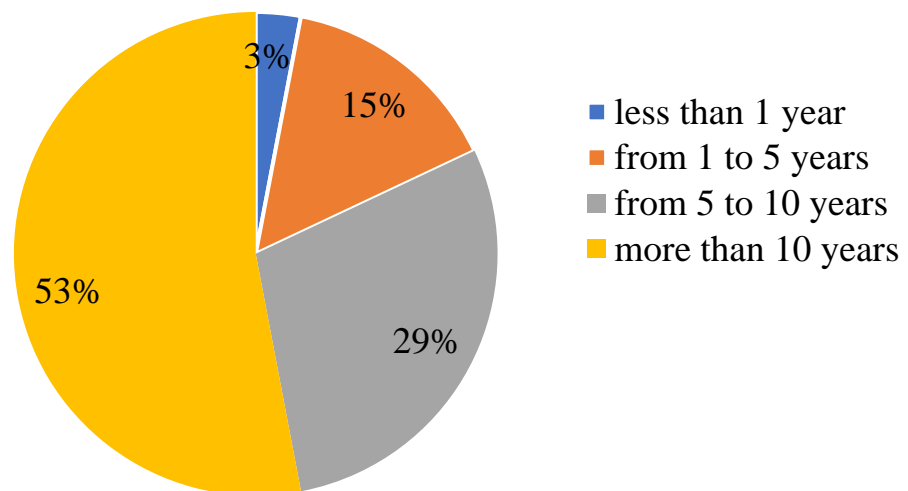


Fig. 2.1. Study of work experience of pharmacists

The survey results on pharmacists' self-assessment of their communication skills with patients indicate that 37% of respondents rate their level of communication as very high, while 46% consider it high. Additionally, 16% of pharmacists believe their communication skills are average, and only 1% rate their

communication as low. This suggests that the majority of pharmacists feel confident in their ability to communicate effectively with patients (Fig. 2.2).

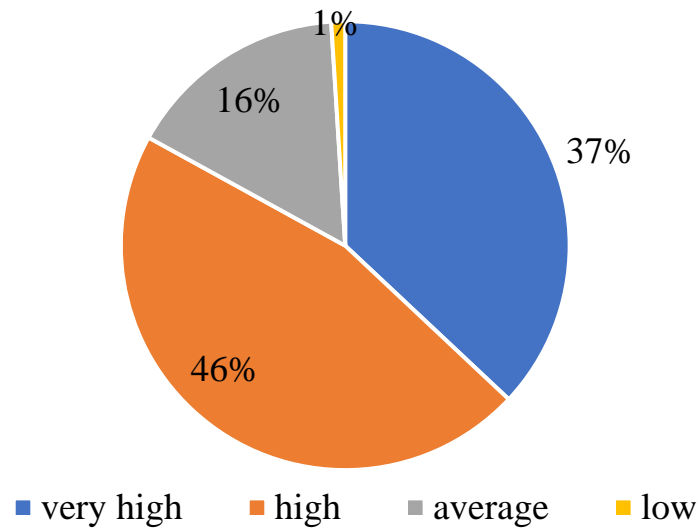


Fig. 2.2. The survey results on pharmacists' self-assessment of their communication skills with patients

According to the survey, 15% of pharmacists have received special training in communication skills, while 75% have not undergone any such training. Additionally, 10% of respondents indicated that they plan to receive communication skills training in the future. This highlights a strong focus on improving communication abilities within the profession (Fig. 2.3).

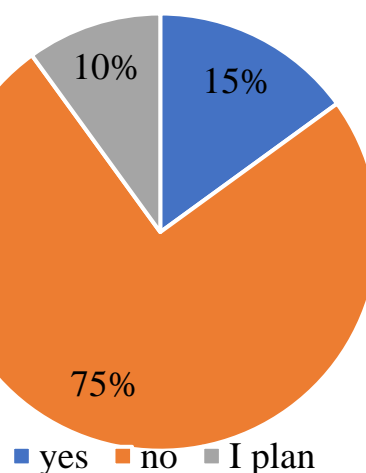


Fig. 2.3. Distribution of pharmacists based on whether they have received training in communication skills

The survey results highlight the key psychological factors that can affect pharmacists' communication with patients (Fig. 2.4). Stress was identified by 5% of respondents, and 9% indicated that the patient's emotional state plays a significant role. Distrust of the patient was cited by 3%, while fatigue was mentioned by 4%. Anxiety accounted for 2%, and time pressure was identified by 5% of pharmacists. 11% reported a lack of confidence in communication skills, and 12% pointed to personal stress or burnout as a major factor. 14% noted patient's cognitive difficulties, and 3% mentioned language barriers.

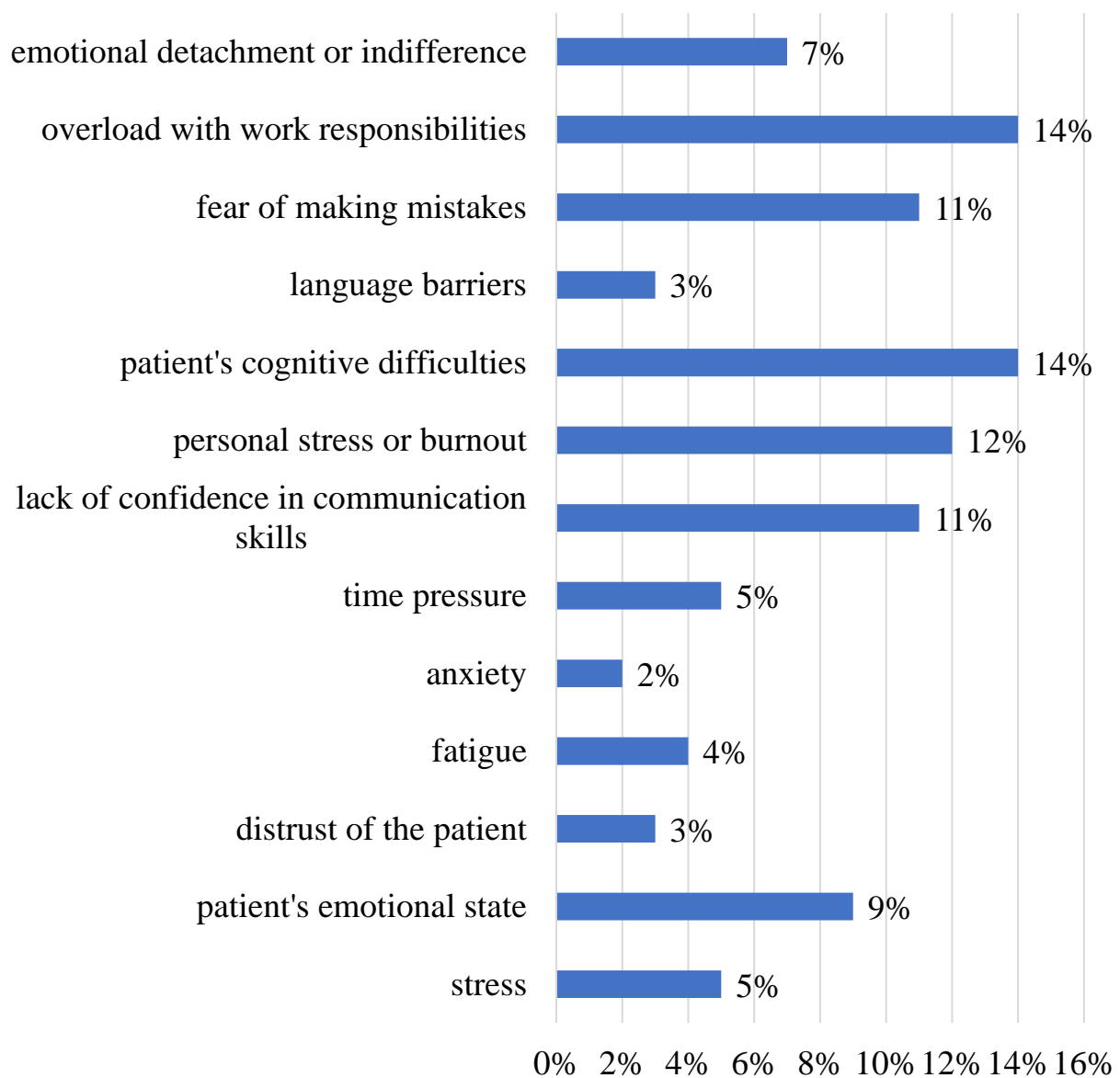


Fig. 2.4. Analysis of key psychological factors that can affect pharmacists' communication with patients

Fear of making mistakes was a concern for 11%, and 14% felt that overload with work responsibilities affected communication. Lastly, 7% of respondents mentioned emotional detachment or indifference as a factor.

The survey results regarding the impact of social factors on communication pharmacists with patients show that a significant majority of respondents, 67%, believe that social factors such as age, gender, and social status do indeed affect communication (Fig. 2.5).

In contrast, 14% of pharmacists feel that these factors do not influence their interactions with patients, while 19% believe that the impact is partial. This indicates a strong recognition among pharmacists of the role social factors play in effective communication.

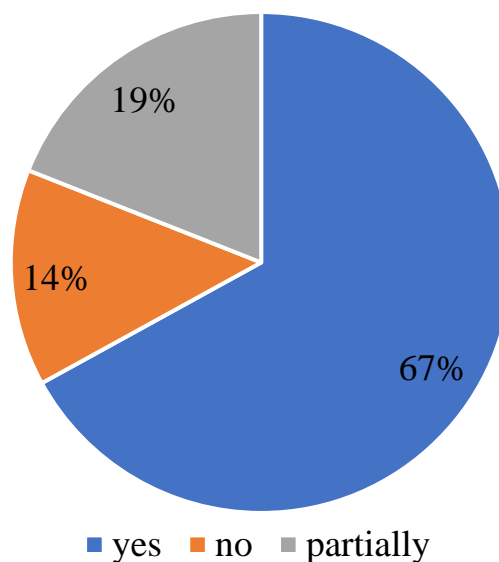


Fig. 2.5. Analysis of survey results regarding the impact of social factors on communication pharmacists with patients

The survey results regarding whether pharmacists notice a difference in communication with patients based on their age reveal that a significant portion of respondents acknowledge this difference (Fig. 2.6).

Specifically, those who responded yes indicate that they perceive variations in communication styles or approaches when interacting with patients of different age groups. Conversely, those who answered no do not observe any notable

differences in their communication based on the patient's age. This distinction highlights the importance of age as a potential factor in tailoring communication strategies in pharmacy practice.

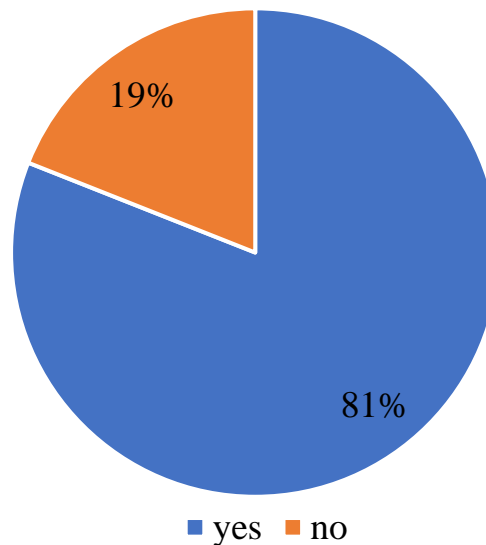


Fig. 2.6. Analysis of pharmacists answers according notice a difference in communication with patients based on their age

2.2. Study of barriers in communication between the pharmacist and the patient

At the next stage of our research we determined obstacles of communication pharmacists with patients (Fig. 2.7). The most frequently mentioned barrier is lack of privacy during consultations, reported by 22% of respondents. This is followed by overcrowded pharmacies or busy environments, identified by 19%. Emotional distress or agitation in the patient was noted by 11%, and technological barriers such as issues with digital tools were cited by 7%.

Misunderstanding due to insufficient information accounted for 9%, while language barriers, patient's reluctance to ask questions, and inconsistent or incomplete medical history each accounted for 5%.

It was determined, that cultural differences and the use of complex medical terminology were identified by 4% of respondents, and lack of time, hearing or vision impairments, and distrust in healthcare professionals were each noted by 3%.

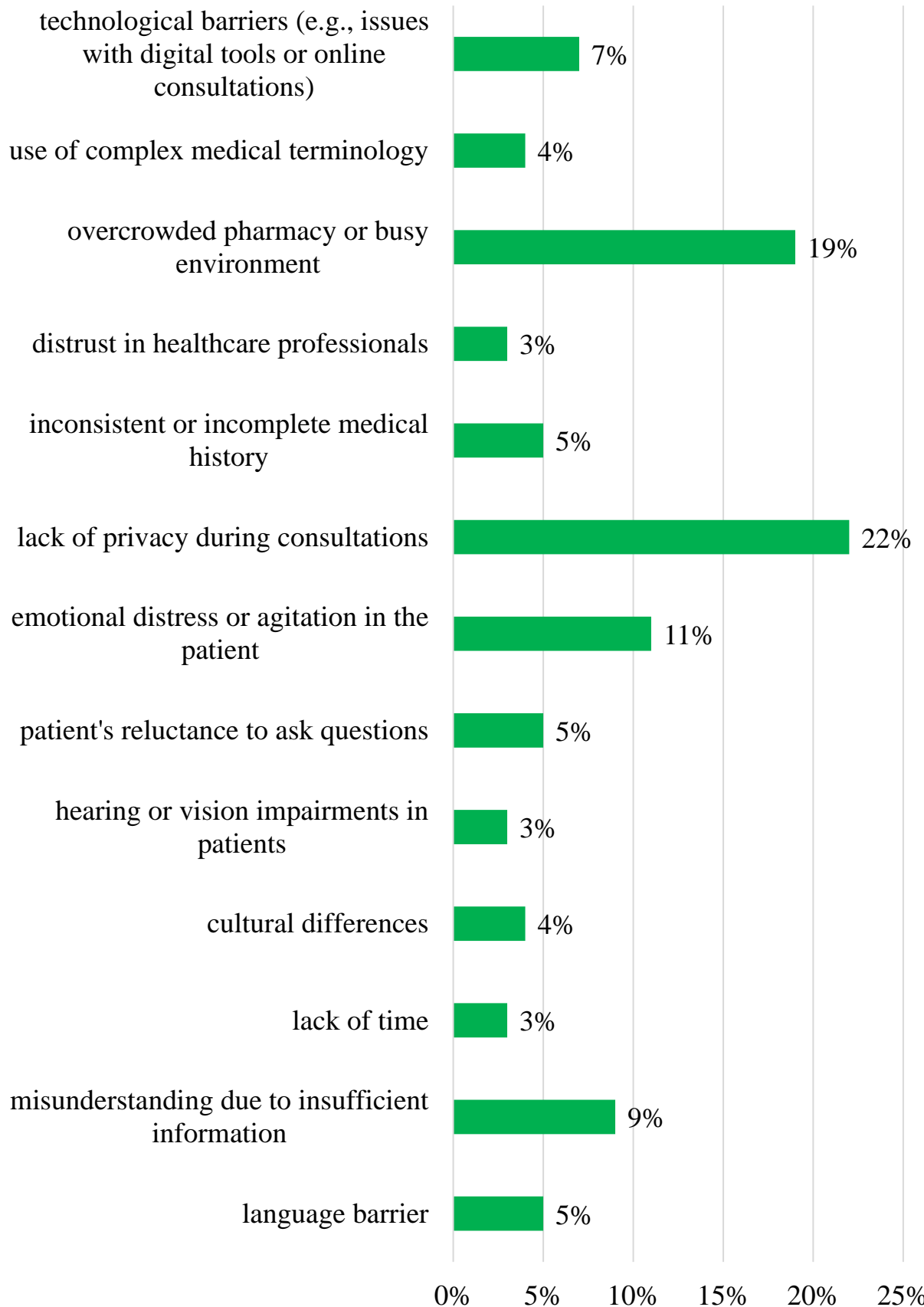


Fig. 2.7. Analysis of the most common obstacles in communicating pharmacists with patients

It was determined that 56% of pharmacists encounter communication difficulties with patients very often due to stressful situations (Fig. 2.8). 41% experience such challenges from time to time, while 13% report these difficulties rarely. Only 2% of respondents said they never face communication issues related to patient stress. This suggests that stress is a significant factor impacting communication in the majority of interactions.

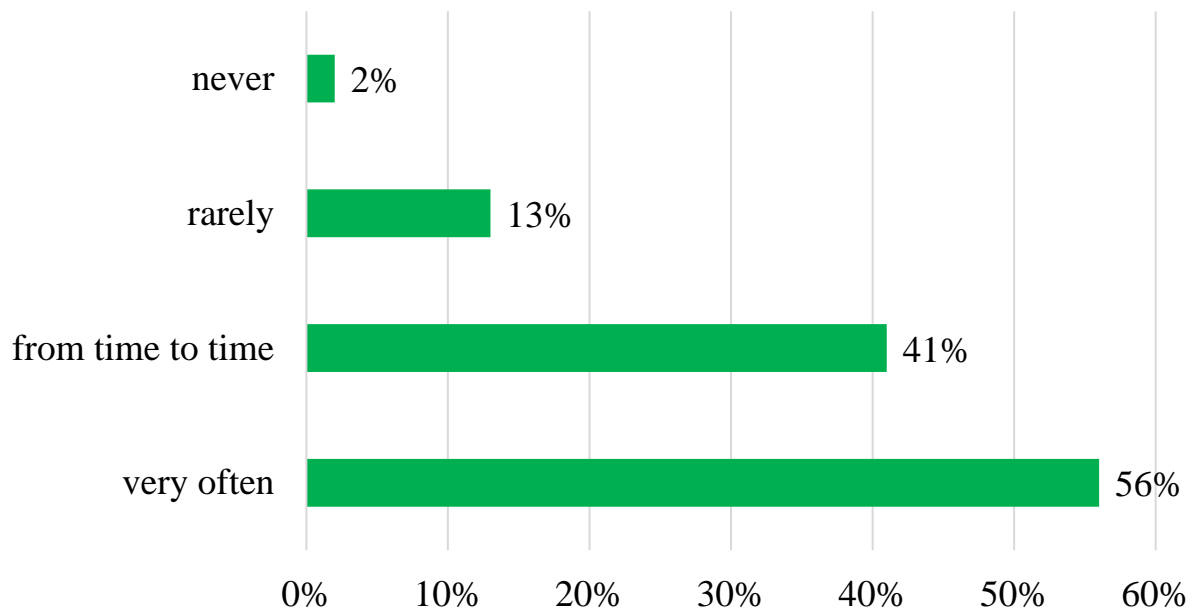


Fig. 2.8. Analysis of frequency of communication difficulties due to patient stress

During research it was determined how pharmacists handle situations where patients do not understand their recommendations (Fig. 2.9). It was determined that 17% of respondents use simpler terms to clarify the information. 13% prefer to repeat the information in other words, and 16% ask if the patient has any specific questions. 11% rely on supporting materials like brochures or leaflets, while 8% spend extra time explaining in more detail. 6% ask the patient to repeat the instructions to ensure understanding, and 5% use visual aids like pictures or involve a family member or caregiver. Additionally, 5% suggest online resources or videos, 4% write down the instructions, and 4% use examples or analogies to explain. Finally, 6% refer the patient to a doctor for further clarification.

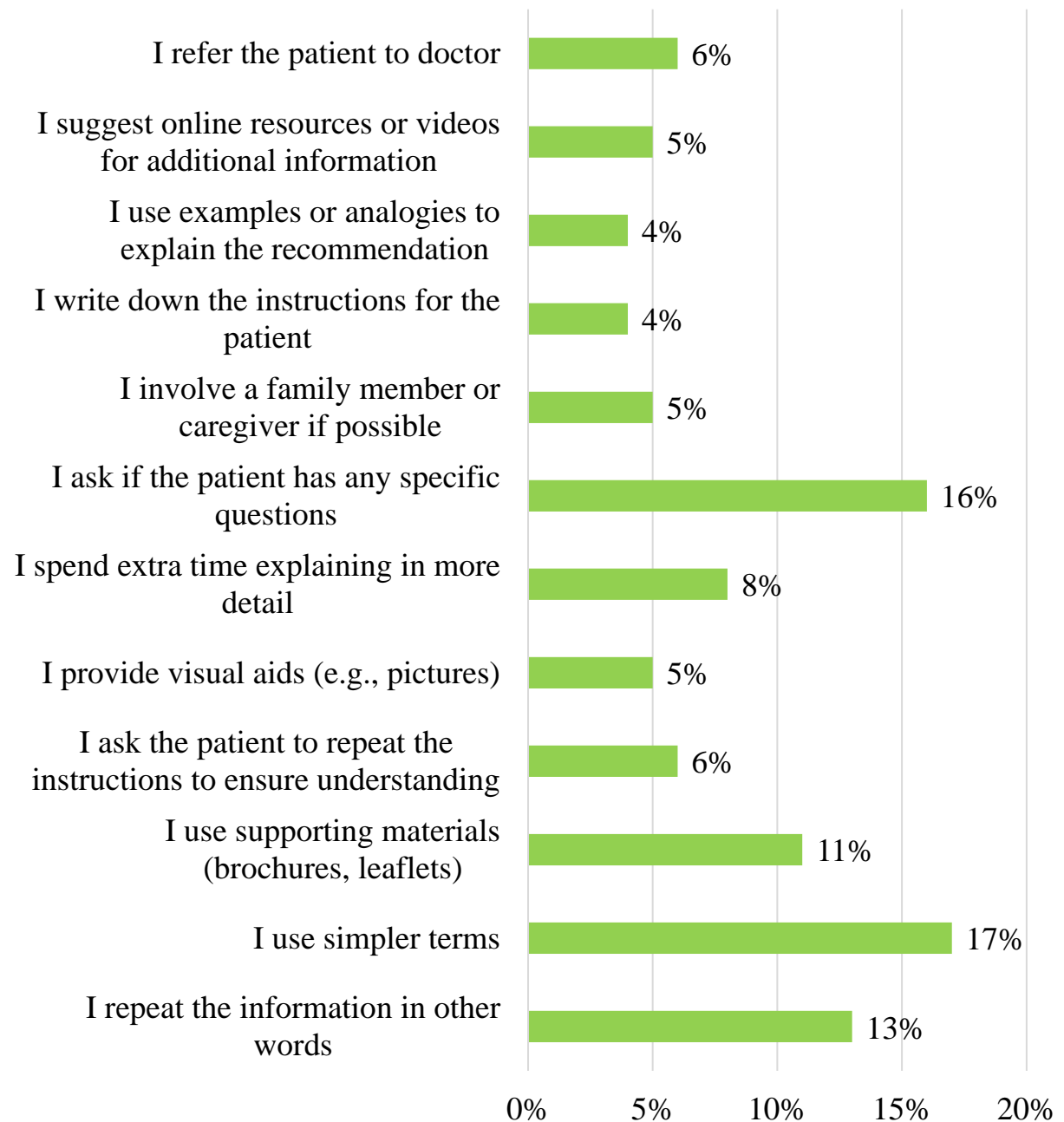


Fig. 2.9. Analysis of strategies that pharmacists use when patients do not understand recommendations

It was determined that 52% of pharmacists sometimes experience difficulty explaining complex medical information to patients (Fig. 2.10). A smaller percentage, 11%, reported that they often face challenges in this area, while 37% stated they never have difficulty. This suggests that while many pharmacists feel capable of conveying complex information, a significant portion still encounters challenges at times.

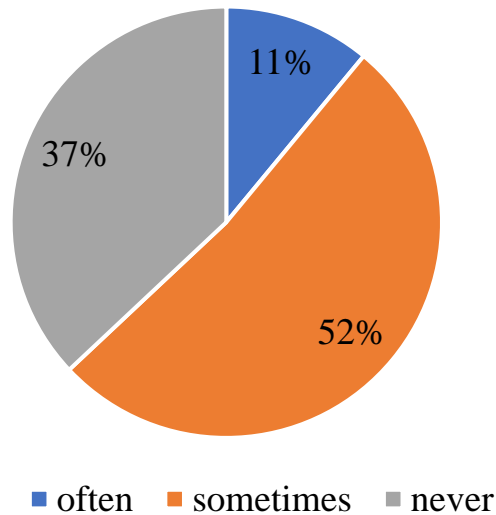


Fig. 2.10. Study of frequency of difficulties in explaining complex medical information to patients

The survey results regarding pharmacists' approaches to dealing with patients of different genders show that 64% of respondents acknowledge that there is a difference in their approach based on gender (Fig. 2.11). Conversely, 36% of pharmacists indicate that they do not perceive any difference in their interactions with patients regardless of gender. This suggests that a majority of pharmacists recognize the importance of adapting their communication style to better meet the needs of patients based on gender.

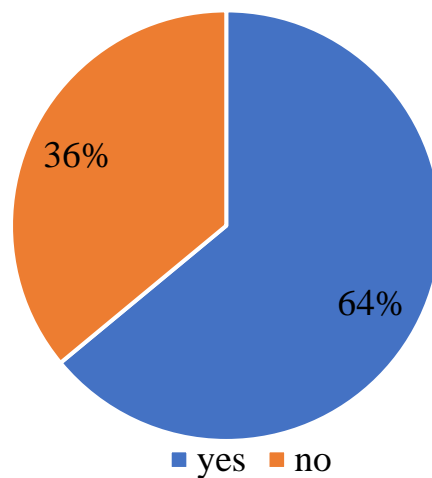


Fig. 2.11. Study of pharmacists' perception of gender differences in patient interaction approaches

During research it was determined the impact of modern technologies, such as online consultations, on communication with patients reveal that a substantial 77% of pharmacists assess this impact as positive (Fig. 2.12).

In contrast, only 5% view the impact as negative, while 18% consider it to be neutral. This indicates a strong consensus among pharmacists that modern technologies enhance communication with patients, facilitating more effective interactions.

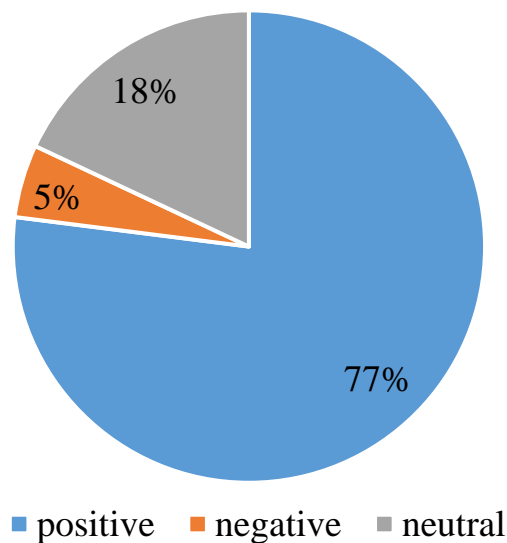


Fig. 2.12. Pharmacists' assessment of the impact of modern technologies on patient communication

It was determined that the majority of pharmacists, 65%, believe that physical fatigue significantly affects their communication with patients (Fig. 2.13). Additionally, 29% of respondents feel that fatigue impacts communication partially, while a small portion, 6% of pharmacists, think that fatigue does not affect their interactions. This indicates that fatigue is a notable factor influencing the quality of pharmacist-patient communication for most professionals.

Effective communication between pharmacists and patients is essential for ensuring the proper understanding of medication use, addressing health concerns, and promoting patient adherence to treatments. However, several barriers can hinder this communication, impacting the quality of care and the overall patient experience.

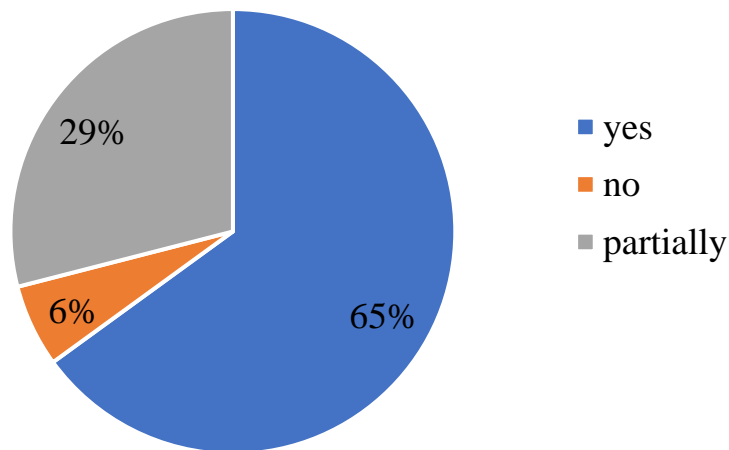


Fig. 2.13. Pharmacists' perception of the impact of physical fatigue on communication with patients

One significant barrier is the lack of time during consultations. Pharmacists, often under pressure to serve many patients in a limited period, may rush through explanations, leading to misunderstandings or insufficient information transfer. This time constraint can prevent pharmacists from providing in-depth advice or answering patient questions thoroughly.

Another obstacle is the language barrier, especially in regions with diverse populations. When patients and pharmacists do not share a common language, the risk of miscommunication increases, which can lead to incorrect medication use or failure to follow instructions properly. In such cases, relying on visual aids, simplified language, or translation services can help bridge the gap.

Cultural differences also play a role in communication challenges. Patients from different cultural backgrounds may have varying expectations of healthcare services, communication styles, or trust in medical professionals. Pharmacists must be aware of these differences and adapt their approach to ensure respectful and effective interactions.

Patient-related factors, such as emotional distress, cognitive impairments, or reluctance to ask questions, can further complicate communication. Patients under stress or with limited health literacy may struggle to comprehend medical

information. Pharmacists need to use empathy, patience, and simpler explanations to accommodate these patients.

In addition, privacy concerns in busy pharmacies can be a barrier. Patients may be hesitant to discuss sensitive health issues openly in a public space, leading to incomplete or withheld information. Establishing private consultation areas can enhance trust and improve the quality of pharmacist-patient communication.

Lastly, pharmacists' physical and mental fatigue from long working hours can affect their ability to communicate effectively. Fatigue reduces concentration, making it harder to engage with patients and provide clear instructions.

Addressing these barriers through training, improved technology, and a supportive work environment can significantly enhance communication between pharmacists and patients, leading to better healthcare outcomes.

It was determined that the most recommended improvement to facilitate pharmacist-patient communication is additional training for pharmacists, with 20% of respondents supporting this option (Fig. 2.14). Improvement of information support was selected by 15% of respondents, followed by the need for more time for consultation at 14% of pharmacists. Implementation of communication protocols or guidelines was identified by 9% of respondents, and more resources for addressing language barriers were noted by 8% of pharmacists. More collaborative care with other healthcare professionals received 7% of the responses, with support for mental health and stress management for pharmacists and greater community outreach and engagement initiatives each selected by 6% of respondents. Regular feedback from patients accounted for 5%, while private consultation areas in pharmacies and better integration of technology each garnered 4% and 3%, respectively, along with increased staffing levels at 3% of answers of respondents.

While pharmacists generally feel confident in their communication skills, various barriers - such as stress, lack of privacy, patient distress, and physical fatigue - can impede effective interactions. Addressing these barriers through additional training, improved consultation environments, and enhanced use of technology will be essential for improving communication and, consequently, patient care.

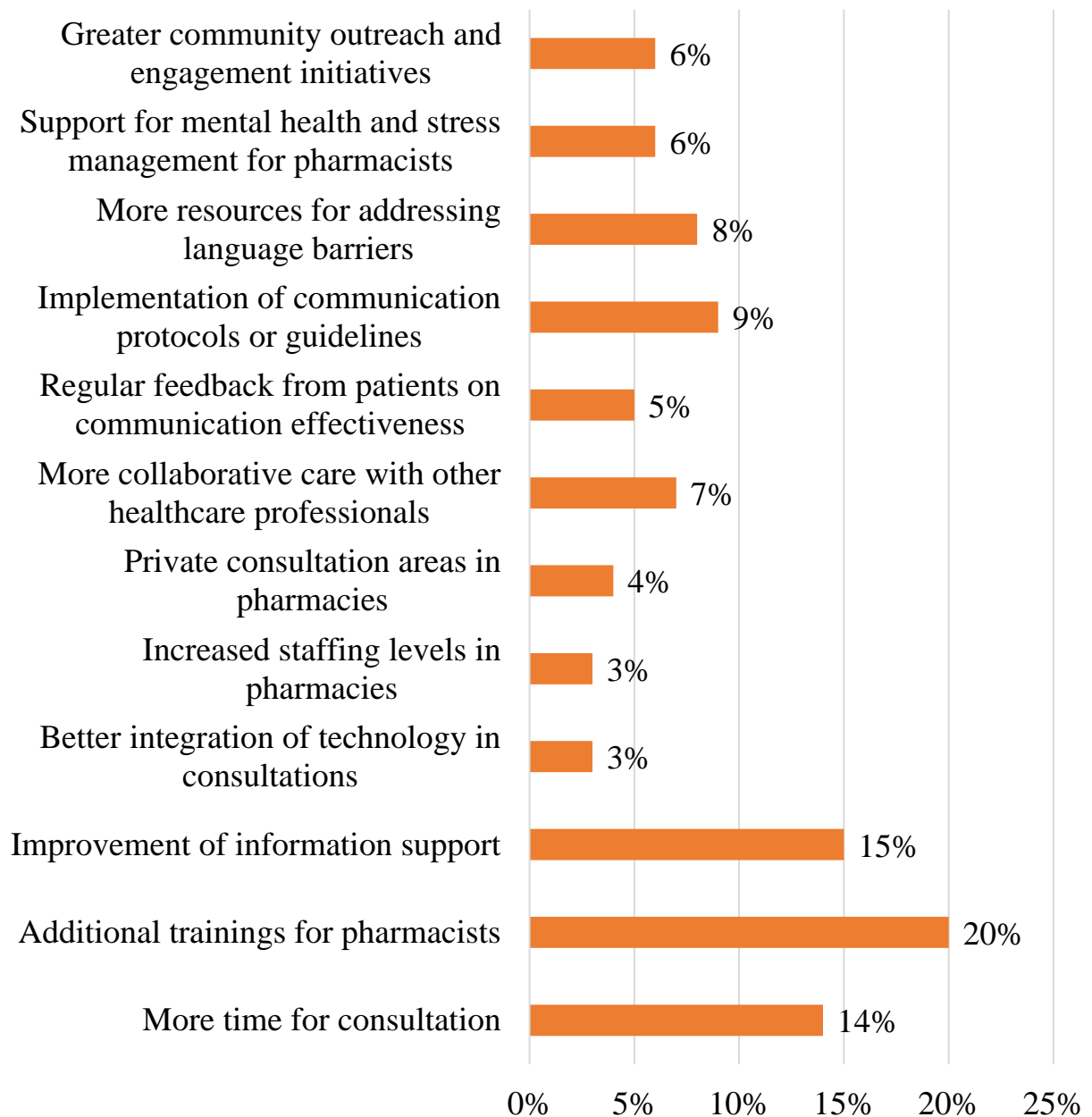


Fig. 2.14. Suggested improvements to facilitate pharmacist-patient communication

CONCLUSIONS TO CHAPTER II

1. To analyze psychosocial factors and barriers to enhancing pharmacist-patient communication, a survey of 67 pharmacists was conducted. It was determined that the majority of pharmacists are experienced professionals. A significant part (29%) has from 5 till 10 years of experience, and the majority (53%) have more than 10 years of practice.

2. It was determined that pharmacists' self-assessment of their communication skills reveals high confidence overall, with 37% rating their skills as very high and 46% as high. Only 16% of respondents consider their communication abilities to be average, and just 1% rate them as low. This demonstrates that the vast majority of pharmacists feel competent in engaging with patients effectively. However, despite this confidence, the survey showed that only 15% of pharmacists have undergone formal communication training, highlighting a potential gap in structured education on this essential skill. Additionally, 10% of pharmacists expressed plans to pursue training in the future, suggesting a growing awareness of the need for continued professional development.

3. It was determined that psychological factors play a crucial role in influencing pharmacist-patient interactions. The survey identified personal stress or burnout as significant factors for 12% of pharmacists, while 11% reported a lack of confidence in their communication abilities. Furthermore, 14% of respondents noted that patients' cognitive difficulties pose challenges to effective communication, and 5% pointed to stress in both the patient and pharmacist as additional barriers. These psychological elements can lead to misunderstandings or incomplete exchanges of information, potentially affecting the quality of care provided.

4. It was set that social factors such as age, gender, and social status significantly shape pharmacists' communication strategies. A majority (67%) of pharmacists acknowledged that these factors influence their approach when interacting with patients, while 14% felt that social factors had no impact. The remaining 19% of respondents believed that social factors partially affect their communication style. This indicates that pharmacists are generally aware of the need to adapt their communication based on the patient's demographic characteristics, ensuring that their messages are understood clearly across different patient groups.

5. It was also determined that age is a notable factor affecting communication strategies. Many pharmacists adjust their approach when dealing with patients of different age groups, acknowledging that younger and older patients may have differing needs and communication preferences. By recognizing these

distinctions, pharmacists can tailor their communication style to be more effective, improving overall patient comprehension and satisfaction.

6. The barriers to communication were identified. One of the most prominent barriers to communication is the lack of privacy during consultations. This was reported by 22% of respondents, making it the most frequently mentioned obstacle. Overcrowded pharmacies or busy environments were the second most common barrier, identified by 19% of pharmacists. These environmental factors limit pharmacists' ability to engage in meaningful, in-depth conversations with patients, which can lead to incomplete consultations and missed opportunities to address patient concerns. Patient-related factors, such as emotional distress or agitation, were also cited as significant barriers. Emotional distress in patients, reported by 11% of pharmacists, can make communication more challenging, as patients may have difficulty processing information or asking relevant questions. This is compounded by technological barriers (7%), cultural differences (4%), and language barriers (5%), which further complicate the communication process, especially in diverse, multilingual communities.

7. It was set that a significant challenge for pharmacists is managing communication difficulties arising from stressful situations in patients. The survey revealed that 56% of pharmacists experience communication challenges very often due to patient stress, while 41% encounter such difficulties from time to time. Only 13% report these difficulties as rare, and 2% never experience them. This underscores the role of stress as a frequent and pervasive barrier in patient interactions, suggesting that pharmacists need to develop strategies for effectively managing stressed or anxious patients.

8. Analysis of strategies that pharmacists use when patients do not understand recommendations was conducted. The most common approach, used by 17% of respondents, is to simplify terms. Additionally, 13% of pharmacists repeat the information in different words, and 16% ask if the patient has specific questions. Other strategies include using supporting materials (11%), spending more time explaining (8%), and asking the patient to repeat the instructions (6%). These

methods reflect a patient-centered approach, where pharmacists are actively working to ensure patients comprehend their instructions and treatment plans.

9. It was set that 52% of pharmacists report that they sometimes have difficulty conveying complex information to patients. Another 11% frequently face this issue, while 37% never experience such challenges.

10. It was also determined that gender also plays a role in communication strategies, with 64% of pharmacists acknowledging differences in how they approach male and female patients. This highlights the need for gender-sensitive communication practices in pharmacy settings. Conversely, 36% of respondents do not perceive any significant differences in their approach based on gender.

11. It was set that the impact of modern technologies, such as online consultations, on pharmacist-patient communication is viewed positively by 77% respondents. However, 5% of respondents view the impact of technology as negative, possibly due to the impersonal nature of digital consultations or technical issues. The remaining 18% consider the influence of technology to be neutral.

12. It was set that 65% pharmacists believe that physical fatigue significantly impairs their ability to communicate effectively with patients. An additional 29% feel that fatigue partially affects communication, while only 6% report that it does not. These findings suggest that addressing pharmacist workload and ensuring adequate rest periods could improve communication quality.

13. In terms of improving communication, additional training for pharmacists was highlighted as the most recommended solution, with 20% of respondents supporting this option. Other suggestions included better information support (15%) and more time for consultations (14%).

14. In conclusion, this study highlights the complex interplay of psychological, social, and environmental factors that influence pharmacist-patient communication.

CHAPTER III

ASSESSMENT OF THE IMPROVING COMMUNICATION IN PHARMACY

3.1. Study the role of psychological techniques in improving communication effectiveness in pharmacy

A pharmacy is a place where individuals seek help and support, making it essential for pharmacists to possess not only knowledge of medications but also an understanding of human psychology. Effective communication is crucial in these interactions, as the right words of support can profoundly affect patients during their times of illness. Visitors to pharmacies often feel vulnerable and agitated, expecting empathy and understanding from pharmacists. Conflicts can arise from misunderstandings, such as inappropriate word choices or harsh responses, even when a client is simply seeking clarification about their concerns [9].

Conflicts in a pharmacy frequently stem from situational factors. Patients in stressful and emotionally unstable conditions may react unpredictably, and external pressures like war, financial difficulties, or chronic stress can further complicate interactions, particularly for elderly clients. Thus, pharmacists must be prepared to offer psychological support, actively listen, and ensure that individuals feel heard [3].

It is vital to recognize that a pharmacy should not be a venue for conflict. The pharmacist's goal should be to resolve disputes amicably, rather than to "win" them. Even when provoked, pharmacists must maintain composure and avoid escalating tensions. Demonstrating respect and tolerance can help de-escalate conflicts more effectively. Thoughtfully posed questions can guide conversations in a constructive direction, fostering trust between pharmacists and visitors [18].

Trust forms the foundation of healthy relationships, which pharmacists can cultivate through their behavior, communication style, and professional demeanor. An ideal pharmacist is empathetic, patient, and friendly. Such an approach not only

alleviates emotional tension but also enhances the pharmacy's and the pharmacist's reputation [11].

Cultural and social differences, along with previous negative experiences with healthcare professionals, can hinder the development of trust. When patients express doubts, pharmacists should invest extra time in discussions, clearly explaining therapeutic options and sharing relatable examples to persuade patients to heed their advice [30].

Creating a favorable atmosphere within the pharmacy is also crucial. Friendly staff behavior, an inviting interior, and a quiet environment contribute positively to the mood of both employees and customers. Pharmacists should project confidence in their recommendations to reinforce trust [4].

To enhance communication in the pharmacy, pharmacists can adopt several strategies. Using simple language is essential to avoid confusing patients with technical jargon when explaining medications and treatment plans. Open-ended questions can encourage patients to express their thoughts and feelings, fostering dialogue and gathering valuable information. Providing written materials supplements verbal communication, allowing patients to review information at their own pace. Techniques such as the “teach-back” method help confirm understanding and identify areas of confusion. Additionally, creating a welcoming environment by greeting patients warmly and maintaining a calm demeanor promotes open communication [9].

Conflicts can arise in any communication context, including pharmacies. To manage these situations effectively, pharmacists can utilize psychological techniques such as psychological karate and psychological aikido. Psychological karate involves addressing issues directly and assertively while maintaining respect for the other party. For instance, if a patient is frustrated about a prescription delay, the pharmacist should calmly acknowledge the concern and offer clear explanations without escalating tensions. In contrast, psychological aikido focuses on redirecting negative energy constructively, enabling pharmacists to empathize with patients' feelings and guide conversations toward resolutions rather than conflicts [6].

Intercepting the initiative in communication means regaining control of a conversation that may be veering off course. Pharmacists can employ various methods to achieve this, such as reframing the discussion to emphasize the patient's health and well-being. Reflective listening, which involves mirroring the patient's words, can demonstrate understanding and validate their feelings. Establishing clear objectives helps ensure that conversations remain focused and productive. Limiting information overload is also crucial; pharmacists should avoid overwhelming patients with excessive details, breaking down complex topics into manageable parts. Finally, encouraging questions empowers patients and allows pharmacists to address uncertainties effectively [3].

In conclusion, effective communication in a pharmacy is a multifaceted process that requires clarity, active listening, empathy, and adaptability. By recognizing the essential components of communication and employing strategies to enhance interactions, pharmacists can build strong relationships with patients, resolve conflicts constructively, and ultimately improve healthcare outcomes. Utilizing psychological techniques and methods for regaining conversational initiative enables pharmacists to navigate challenging discussions with confidence and professionalism. In doing so, they fulfill their roles not only as medication experts but also as integral members of the healthcare team committed to patient-centered care [12].

3.2. Practical recommendations for improving communication in pharmacy

Practical recommendations for improving communication in pharmacy for pharmacists:

1. Active listening - fully engage with each patient, demonstrating genuine interest in their concerns and questions;
2. Empathetic approach – interact with patients with understanding and compassion, considering their emotional state;

3. Respect individuality – acknowledge and respect the beliefs, values, and cultural backgrounds of patients;
4. Use simple language – avoid complex medical terminology; communicate information in an easily understandable manner;
5. Visual aids – incorporate infographics, diagrams, and images to enhance comprehension;
6. Reiterate key points – repeat important recommendations multiple times to aid retention;
7. Check for understanding – verify that patients comprehend the information provided by asking clarifying questions;
8. Individualized communication – consider patient characteristics such as age, education level, and cultural aspects when choosing communication methods;
9. Pharmaceutical counseling – provide comprehensive information about prescribed medications, their effects, potential side effects, and administration guidelines;
10. Informational materials – distribute printed resources with relevant information about medications and health care practices;
11. Encourage self-education – guide patients to reliable sources of health information for further learning;
12. Create a pleasant atmosphere – foster a calm and inviting environment in the pharmacy that promotes open communication;
13. Ensure confidentiality – safeguard the confidentiality of patient information at all times;
14. Continuous professional development – regularly improve communication skills through training sessions and workshops;
15. Seek feedback – actively gather feedback from patients and colleagues to refine and enhance communication abilities.

Implementing these recommendations can significantly enhance communication and patient satisfaction in pharmacy settings.

In summary, the integration of psychological techniques into pharmacy communication practices is vital for fostering strong pharmacist-patient relationships [12]. By employing strategies that prioritize active listening, empathy, personalized communication, and continuous professional development, pharmacists can significantly improve patient experiences and outcomes, thereby reinforcing their crucial role in the healthcare team.

CONCLUSIONS TO CHAPTER III

1. The role of psychological techniques in improving communication effectiveness in pharmacy was studied.
2. Practical recommendations for improving communication in pharmacy are given.

GENERAL CONCLUSIONS

1. Classification of communication barriers is presented. Ethical aspects of communication between the pharmacist and the patient are analyzed.
2. To analyze psychosocial factors and barriers to enhancing pharmacist-patient communication, a survey of 67 pharmacists was conducted. It was determined that the majority of pharmacists are experienced professionals. A significant part (29%) has from 5 till 10 years of work experience, and the majority (53%) have more than 10 years of practice.
3. It was set that pharmacists' self-assessment of their communication skills reveals high confidence overall, with 37% rating their skills as very high and 46% as high. Only 16% of respondents consider their communication abilities to be average, and just 1% rate them as low.
4. It was determined that psychological factors play a crucial role in influencing pharmacist-patient interactions. The survey identified personal stress or burnout as significant factors for 12% of pharmacists, while 11% reported a lack of confidence in their communication abilities. Furthermore, 14% of respondents noted that patients' cognitive difficulties pose challenges to effective communication, and 5% pointed to stress in both the patient and pharmacist as additional barriers.
5. It was set that social factors such as age, gender, and social status significantly shape pharmacists' communication strategies. A majority (67%) of pharmacists acknowledged that these factors influence their approach when interacting with patients, while 14% felt that social factors had no impact. The remaining 19% of respondents believed that social factors partially affect their communication style. It was also determined that age is a notable factor affecting communication strategies.
6. The barriers to communication were identified. One of the most prominent barriers to communication is the lack of privacy during consultations. This was reported by 22% of respondents, making it the most frequently mentioned obstacle. Overcrowded pharmacies or busy environments were the second most common barrier, identified by 19% of pharmacists. Patient-related factors, such as

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10. It was set that the impact of modern technologies, such as online consultations, on pharmacist-patient communication is viewed positively by 77% respondents. It was set that 65% pharmacists believe that physical fatigue significantly impairs their ability to communicate effectively with patients.

11. The role of psychological techniques in improving communication effectiveness in pharmacy was studied. Practical recommendations for improving communications in pharmacy are given.

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APPLICATIONS

Questionnaire for pharmacists

Questionnaire for pharmacists

to analyze of psychological and social factors affecting communication
between pharmacist and patient and study of communication barriers

1. How many years have you worked as a pharmacist?
 - ☐ Less than 1 year
 - ☐ from 1 to 5 years
 - ☐ from 5 to 10 years
 - ☐ more than 10 years
2. How do you rate your level of communication with patients?
 - ☐ Very high
 - ☐ High
 - ☐ Average
 - ☐ Low
3. Have you received special training or training in communication skills?
 - ☐ Yes
 - ☐ No
 - ☐ I plan
4. What are the main psychological factors that can affect the effectiveness of your communication with patients?
 - ☐ Stress
 - ☐ Patient's emotional state
 - ☐ Distrust of the patient
 - ☐ Fatigue
 - ☐ Anxiety
 - ☐ Time pressure
 - ☐ Lack of confidence in communication skills
 - ☐ Personal stress or burnout
 - ☐ Patient's cognitive difficulties
 - ☐ Language barriers
 - ☐ Fear of making mistakes
 - ☐ Overload with work responsibilities
 - ☐ Emotional detachment or indifference
 - ☐ Other (specify)
5. Do you think that social factors (age, gender, social status) affect communication with patients?
 - ☐ Yes
 - ☐ No
 - ☐ Partially

6. Do you notice a difference in communication with patients depending on their age?
- ☐ Yes
 - ☐ No
7. What are the most common obstacles in communicating with patients?
- ☐ language barrier
 - ☐ misunderstanding due to insufficient information
 - ☐ lack of time
 - ☐ cultural differences
 - ☐ hearing or vision impairments in patients
 - ☐ patient's reluctance to ask questions
 - ☐ emotional distress or agitation in the patient
 - ☐ lack of privacy during consultations
 - ☐ inconsistent or incomplete medical history
 - ☐ distrust in healthcare professionals
 - ☐ overcrowded pharmacy or busy environment
 - ☐ use of complex medical terminology
 - ☐ technological barriers (e.g., issues with digital tools or online consultations)
8. How often do you encounter difficulties in communication due to stressful situations in the patient?
- ☐ Very often
 - ☐ From time to time
 - ☐ Rarely
 - ☐ Never
9. Do you have difficulty explaining complex medical information to patients?
- ☐ Often
 - ☐ Sometimes
 - ☐ Never
10. How do you deal with situations where the patient does not understand your recommendations?
- ☐ I repeat the information in other words
 - ☐ I use simpler terms
 - ☐ I use supporting materials (brochures, leaflets)
 - ☐ I ask the patient to repeat the instructions to ensure understanding
 - ☐ I provide visual aids (e.g., pictures)
 - ☐ I spend extra time explaining in more detail
 - ☐ I ask if the patient has any specific questions
 - ☐ I involve a family member or caregiver if possible

- ☐ I write down the instructions for the patient
 - ☐ I use examples or analogies to explain the recommendation
 - ☐ I suggest online resources or videos for additional information
 - ☐ I refer the patient to another healthcare professional for further clarification
11. Is there a difference in your approach to dealing with patients of different genders?
- ☐ Yes
 - ☐ No
 - ☐ Partially
12. Do you think physical fatigue affects your communication with patients?
- ☐ Yes
 - ☐ No
 - ☐ Partially
13. How do you assess the impact of modern technologies (for example, online consultations) on communication with patients?
- ☐ Positive
 - ☐ Negative
 - ☐ Neutral
14. What do you think could be improved to facilitate pharmacist-patient communication?
- ☐ More time for consultation
 - ☐ Additional trainings for pharmacists
 - ☐ Improvement of information support
 - ☐ More time for consultation
 - ☐ Additional trainings for pharmacists
 - ☐ Improvement of information support
 - ☐ Better integration of technology in consultations
 - ☐ Increased staffing levels in pharmacies
 - ☐ Private consultation areas in pharmacies
 - ☐ More collaborative care with other healthcare professionals
 - ☐ Regular feedback from patients on communication effectiveness
 - ☐ Implementation of communication protocols or guidelines
 - ☐ More resources for addressing language barriers
 - ☐ Support for mental health and stress management for pharmacists
 - ☐ Greater community outreach and engagement initiatives

Thank you for your time and participation in this study!



МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
НАЦІОНАЛЬНИЙ ФАРМАЦЕВТИЧНИЙ УНІВЕРСИТЕТ
ІНСТИТУТ ПІДВИЩЕННЯ КВАЛІФІКАЦІЇ СПЕЦІАЛІСТІВ ФАРМАЦІЇ
КАФЕДРА ОРГАНІЗАЦІЇ, ЕКОНОМІКИ ТА УПРАВЛІННЯ
ФАРМАЦІЄЮ



Серія «Наука»

**ПІДГОТОВКА СПЕЦІАЛІСТІВ ФАРМАЦІЇ В РАМКАХ
КОНЦЕПЦІЇ «НАВЧАННЯ ПРОТЯГОМ ЖИТТЯ (LIFE LONG
LEARNING)»: НАУКА, ОСВІТА, ПРАКТИКА**

МАТЕРІАЛИ

III Науково-практичної інтернет-конференція з міжнародною
участю, присвячену 40-річчю заснування кафедри
організації, економіки та управління фармацією

Пам'яті засновника кафедри, доктора фармацевтичних наук, професора,
заслуженого професора НФаУ,
заслуженого діяча науки і техніки України
ТОЛОЧКО ВАЛЕНТИНА МИХАЙЛОВИЧА

(23-24 жовтня 2024 року, м. Харків)

Реєстраційне посвідчення УкрІНЕТІ
№ 610 від 11 грудня 2023 р.

Харків
НФаУ
2024

UDC 615.12:339.137

ANALYSIS OF OBSTACLES IN COMMUNICATION IN PHARMACY

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Introduction. Effective communication between pharmacists and patients plays a crucial role in ensuring patient safety, enhancing adherence to medication, and improving overall health outcomes. Despite its importance, various obstacles hinder optimal communication in pharmacy settings. These barriers can stem from both pharmacists and patients, and they often arise due to environmental, psychological, and social factors. Understanding these barriers and identifying ways to overcome them is essential for improving the quality of healthcare services provided in pharmacies.

The pharmacist-patient relationship is complex and can be influenced by multiple variables, including the physical environment of the pharmacy, the pharmacist's communication skills, and the patient's ability to process information. Factors such as the patient's emotional state, cultural background, or cognitive capacity may further complicate the interaction. This article seeks to analyze these obstacles in communication and offer insight into the psychosocial and environmental challenges faced by pharmacists in their day-to-day practice.

The purpose of the study. The objective of this study is to examine the barriers that affect communication in pharmacy. Specifically, the study aims to:

Research methods. This study utilized a combination of quantitative and qualitative research methods. A survey of pharmacists was conducted, focusing on their communication experiences and the obstacles they encounter. The data were analyzed using statistical methods, including the comparison of self-assessed communication skills, and the examination of psychosocial factors influencing interactions between pharmacists and patients.

Research results. Communication in pharmaceutical practice is aimed at ensuring effective interaction between participants in the pharmaceutical process to achieve set objectives. In this context, not only organizational and technical relationships are formed, but also socio-economic and socio-psychological ones. The socio-psychological aspect of pharmaceutical activity takes into account patterns of human behavior, interpersonal, intergroup, and intrapersonal relationships, which influence attitudes toward work, as well as the development of intellectual, moral, and professional potential.

Given the variety and complexity of social interactions that pharmacists engage in, there is a need for their preparedness for effective communication with both patients and colleagues. This socio-psychological readiness is manifested in pharmacists' ability to influence patient behavior and respond accordingly. The style of communication in pharmaceutical practice reflects the professional skills, competence, motivation, values, and overall culture of the pharmacist. This communication style is a key tool for fulfilling the pharmacist's professional responsibilities and affects the success of their work, relationships within the team, and the level of trust from patients [1-4].

The communication process involves four key components: the source of information, the message itself, the transmission channel, and the recipient of the information. Communication is primarily an information process that facilitates the exchange of social information through sign systems and requires mutual understanding between participants. It is a specific cultural form of interaction that takes place through language, symbols, and signs. Communication can also include information exchange between a person and a machine, as seen in programmed learning, although in such cases, the element of human interaction may not be as relevant.

The main goals of communication are to organize the exchange of information between participants, establish emotional and intellectual interaction, develop effective relationships within the organization, and coordinate collective activities to accomplish assigned tasks.

The survey revealed several key obstacles that negatively impact communication in pharmacy settings. First of all, its psychosocial barriers. A significant portion of the surveyed pharmacists reported that psychosocial factors hinder communication with patients. Stress and burnout were found to be critical challenges. Pharmacists cited personal stress as a significant factor, while some expressed concerns over their communication abilities. Additionally, patient-related stress, including emotional distress, was identified as a common barrier by pharmacists.

Lack of privacy and overcrowded pharmacy environments were prominent barriers. Twenty-two percent of respondents identified the lack of private consultation areas as the most significant obstacle to effective communication. Furthermore, other respondents noted that busy environments, where pharmacists are required to handle multiple tasks simultaneously, reduced the quality of communication.

Social factors, such as the patient's age, gender, and social status, also shaped communication strategies. Sixty-seven percent of pharmacists acknowledged that these factors influenced their communication style, with some part noting that social factors had a partial impact. The data showed that older patients and patients of lower socioeconomic status often required more time and attention to ensure that they understood the pharmacist's recommendations.

When faced with communication barriers, pharmacists employed various strategies to overcome them. Seventeen percent of respondents indicated that they simplified medical terms to aid patient understanding, while others reiterated instructions using different words. Sixteen percent of pharmacists asked follow-up questions to ensure the patient had comprehended the instructions.

The role of modern technology, such as online consultations, was generally viewed positively, with great part of respondents acknowledging that digital communication tools have improved their ability to interact with patients. However, physical fatigue and stress, often associated with prolonged work hours, still negatively affected the communication process for important part of pharmacists.

This study highlights the multifaceted nature of communication barriers in pharmacy settings, with both environmental and psychosocial factors playing critical roles. Key obstacles such as lack of privacy, overcrowded environments, stress, and the

patient's emotional state were identified as major impediments to effective communication. Social factors, including age and gender, further complicate interactions, requiring pharmacists to adapt their communication strategies.

To address these challenges, pharmacists must be equipped with advanced communication skills, including the ability to manage stressful situations and the use of simple language when conveying complex medical information. The study also suggests that more private consultation spaces and staff training on managing patient distress could significantly improve communication outcomes.

Additionally, the incorporation of modern communication technologies, such as online consultations, has the potential to enhance the pharmacist-patient relationship. However, physical and emotional support for pharmacists, such as reducing work-related stress, is necessary to ensure that communication remains effective.

The practical recommendations were proposed: implement private consultation areas to facilitate confidential conversations between pharmacists and patients; provide ongoing professional development focused on communication skills, especially for managing difficult or distressed patients; utilize modern communication tools such as telepharmacy and online consultations to extend the reach of pharmacy services and improve interaction efficiency; develop programs aimed at reducing pharmacist burnout and stress to ensure they can communicate effectively, even in high-pressure situations; encourage pharmacists to adopt flexible communication strategies that account for the patient's age, cultural background, and emotional state.

By addressing these barriers, pharmacists can enhance their interactions with patients, leading to better health outcomes and improved patient satisfaction.

Conclusions. To analyze psychosocial factors and barriers to enhancing pharmacist-patient communication, a survey of pharmacists was conducted. It was set that pharmacists' self-assessment of their communication skills reveals high confidence overall. It was determined that psychological factors play a crucial role in influencing pharmacist-patient interactions. It was set that social factors significantly shape pharmacists' communication strategies.

The barriers to communication were identified. One of the most prominent barriers to communication is the lack of privacy during consultations. It was set that a significant challenge for pharmacists is managing communication difficulties arising

from stressful situations in patients. Analysis of strategies that pharmacists use when patients do not understand recommendations was conducted. It was determined that half of pharmacists report that they sometimes have difficulty conveying complex information to patients. The role of psychological techniques in improving communication effectiveness in pharmacy was studied.

List of used sources

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cont. app. B

МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
НАЦІОНАЛЬНИЙ ФАРМАЦЕВТИЧНИЙ УНІВЕРСИТЕТ
ІНСТИТУТ ПІДВИЩЕННЯ КВАЛІФІКАЦІЇ СПЕЦІАЛІСТІВ ФАРМАЦІЇ
КАФЕДРА ОРГАНІЗАЦІЇ, ЕКОНОМІКИ ТА УПРАВЛІННЯ ФАРМАЦІЄЮ

III Науково-практична інтернет-конференція з міжнародною участю

**ПІДГОТОВКА СПЕЦІАЛІСТІВ ФАРМАЦІЇ В РАМКАХ КОНЦЕПЦІЇ «НАВЧАННЯ
ПРОТЯГОМ ЖИТТЯ (LIFE LONG LEARNING)»: НАУКА, ОСВІТА, ПРАКТИКА**

СЕРТИФІКАТ № 028

Даний сертифікат засвідчує, що

Chic N.

**брав(ла) участь у круглому столі «Сучасні аспекти управління фармацевтичними
організаціями» за програмою обсягом 6 годин / 0,2 кредити ЄКТС**

Досягнуті результати навчання: демонструвати інноваційність та лідерство у професійній діяльності,
результатом яких є підвищення мотивації та здатності до навчання та професійного розвитку; здійснювати
адаптацію та модифікацію існуючих наукових підходів до конкретних ситуацій професійної діяльності.

В. о. ректора НФаУ,
доктор фармацевтичних наук, професор



Алла КОТВИЦЬКА

м. Харків, 23-24 жовтня 2024 р.

National University of Pharmacy

Faculty for foreign citizens' education

Department management, marketing and quality assurance in pharmacy

Level of higher education master

Specialty 226 Pharmacy, industrial pharmacy

Educational program Pharmacy

APPROVED

**The Head of Department
management, marketing and
quality assurance in pharmacy**

Volodymyr MALYI

«02» September 2024

**ASSIGNMENT
FOR QUALIFICATION WORK
OF AN APPLICANT FOR HIGHER EDUCATION**

Nada CHIC

1. Topic of qualification work: «Study of barriers in communication between the pharmacist and the patient», supervisor of qualification work: Anna CHEHRYNETS, PhD, assoc. prof.

approved by order of NUPh from “06” of February 2024 № 34

2. Deadline for submission of qualification work by the applicant for higher education: October 2024

3. Outgoing data for qualification work: sources of scientific literature, directories, retail sector of the pharmaceutical market, legislative and regulatory framework, statistical and reporting data, activity of pharmacy enterprises, analysis of professional periodicals.

4. Contents of the settlement and explanatory note (list of questions that need to be developed): to study classification of communication barriers; to analyze ethical aspects of communication between the pharmacist and the patient; to analyze psychological and social factors influencing communication between the pharmacist and the patient; to study of barriers in communication between the pharmacist and the patient; to study the role of psychological techniques in improving communication effectiveness in pharmacy; to develop practical recommendations for improving communication in pharmacy.

5. List of graphic material (with exact indication of the required drawings):
Pictures – 18, table – 1

6. Consultants of chapters of qualification work

Chapters	Name, SURNAME, position of consultant	Signature, date	
		assignment was issued	assignment was received
1	Anna CHEHRYNETS, associate professor of higher education institution of department pharmaceutical management and marketing	02.09.2024	02.09.2024
2	Anna CHEHRYNETS, associate professor of higher education institution of department pharmaceutical management and marketing	09.09.2024	09.09.2024
3	Anna CHEHRYNETS, associate professor of higher education institution of department pharmaceutical management and marketing	30.09.2024	30.09.2024

7. Date of issue of the assignment: «02» September 2024.

CALENDAR PLAN

№ з/п	Name of stages of qualification work	Deadline for the stages of qualification work	Notes
1	Collection and generalization of data from scientific literature by areas of qualification work	June 2024	done
2	Analysis of psychological and social factors influencing communication between the pharmacist and the patient	June 2024	done
3	Study of barriers in communication between the pharmacist and the patient	September 2024	done
4	Study the role of psychological techniques in improving communication effectiveness in pharmacy	September 2024	done
5	Practical recommendations for improving communication in pharmacy	September 2024	done
6	Writing and design of qualification work	October 2024	done
7	Approbation of qualification work	October 2024	done
8	Submission of the qualification work to the EC of the National University of Pharmacy	October 2024	done

An applicant of higher education _____ Nada CHIC

Supervisor of qualification work _____ Anna CHEHRYNETS

ВИТЯГ З НАКАЗУ № 34
По Національному фармацевтичному університету
від 06 лютого 2024 року

2. Затвердити теми кваліфікаційних робіт здобувачам вищої освіти 5-го курсу 2 циклу ФМ21*(3,10д) 2024-2025 навчального року, ступінь вищої освіти «магістр», галузь знань 22 Охорона здоров'я, спеціальність 226 – Фармація, промислова фармація, освітньо-професійна програма – Фармація, денна форма здобуття освіти (термін навчання 3 роки 10 місяців). Мова навчання англійська

№ з/п	Прізвище, ім'я здобувача вищої освіти	Тема кваліфікаційної роботи		Посада, прізвище та ініціали керівника	Рецензент кваліфікаційної роботи
• по кафедрі менеджменту, маркетингу та забезпечення якості у фармації					
13.	Шік Нада	Дослідження бар'єрів у комунікації між фармацевтом і пацієнтом	Study of barriers in communication between the pharmacist and the patient	доц. Чегринець А.А.	доц. Терещенко Л.В

Ректор

Вірно. Секретар



ВИСНОВОК

**експертної комісії про проведену експертизу
щодо академічного плагіату у кваліфікаційній роботі**

здобувача вищої освіти

«14» листопада 2024 р. № 329580813

Проаналізувавши кваліфікаційну роботу здобувача вищої освіти Шік Нада, Фм21*(3,10д), спеціальності 226 Фармація, промислова фармація, освітньої програми «Фармація» навчання на тему: «Дослідження бар'єрів у комунікації між фармацевтом і пацієнтом / Study of barriers in communication between the pharmacist and the patient», експертна комісія дійшла висновку, що робота, представлена до Екзаменаційної комісії для захисту, виконана самостійно і не містить елементів академічного плагіату (копіювання).

**Голова комісії,
проректор ЗВО з НПР,
професор**

Інна ВЛАДИМИРОВА



REVIEW

of scientific supervisor for the qualification work of the master's level of higher education of the specialty 226 Pharmacy, industrial pharmacy

Nada CHIC

on the topic: «Study of barriers in communication between the pharmacist and the patient»

Relevance of the topic. Communication between the pharmacist and the patient is a crucial aspect of delivering high-quality pharmaceutical services, as it directly impacts treatment effectiveness, medication adherence, patient trust, and satisfaction. Ineffective communication can result in pharmaceutical errors, poorer therapeutic outcomes, and reduced treatment adherence.

Practical value of conclusions, recommendations and their validity. The practical significance of the conducted research lies in the possibility of using the recommendations in the practical activities of the pharmacy enterprise. By identifying and analyzing the specific barriers that hinder effective communication, the findings can inform the development of targeted strategies and training programs for pharmacists.

Assessment of work. Nada CHIC conducted a significant research work and successfully coped with it, showed the ability to analyze and summarize data from literary sources, to work independently. In the work, the research results are properly interpreted and illustrated with figures. While completing the qualification work, the higher education applicant showed creativity, purposefulness, independence, and perseverance.

General conclusion and recommendations on admission to defend. The qualification work of the 4th year applicant of higher education Phm21*(3,10) eng-01 group Nada CHIC on the topic: "Study of barriers in communication between the pharmacist and the patient" is a completed scientific study, which in terms of relevance, scientific novelty, theoretical and practical significance meets the requirements for qualification works, and can be presented to the EC of the National University of Pharmacy.

Scientific supervisor

_____ Anna CHEHRYNETS

3rd of October 2024

REVIEW

for qualification work of the master's level of higher education, specialty 226 Pharmacy, industrial pharmacy

Nada CHIC

on the topic: «Study of barriers in communication between the pharmacist and the patient»

Relevance of the topic. Today, there are a number of barriers complicating this communication, including linguistic, cultural, psychological and organizational barriers. Researching these barriers and finding ways to overcome them is an important task that aims to increase the effectiveness of pharmaceutical care and ensure the continuity and quality of medical services.

Theoretical level of work. The qualification work reveals theoretical approaches to communication between the pharmacist and the patient.

Author's suggestions on the research topic. The author has developed measures to analyze the specific barriers that hinder effective communication.

Practical value of conclusions, recommendations and their validity. The obtained research results are of practical importance and can be used to develop of targeted strategies and training programs for pharmacists.

Disadvantages of work. As a remark, it should be noted that some results of the literature review, which are presented in the first chapter, need stylistic refinement. In general, these remarks do not reduce the scientific and practical value of the qualification work.

General conclusion and assessment of the work. Nada CHIC qualification work "Study of barriers in communication between the pharmacist and the patient" is a scientifically based analytical study that has theoretical and practical significance. The qualification work meets the requirements for qualification papers and can be submitted to the EC of the National University of Pharmacy.

Reviewer _____
14 of October 2024

assoc. Lyubov TERESHCHENKO

МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
НАЦІОНАЛЬНИЙ ФАРМАЦЕВТИЧНИЙ УНІВЕРСИТЕТ
ВИТЯГ З ПРОТОКОЛУ № 5

22 листопада 2024 року

м. Харків

**засідання кафедри менеджменту, маркетингу
та забезпечення якості в фармації**

Голова: завідувач кафедри ММЗЯФ, доктор фарм. наук, професор Малий В. В.

Секретар: доцент ЗВО, канд. фарм. наук, доц. Жадько С.В.

ПРИСУТНІ: зав. кафедри ММЗЯФ, доктор фарм. наук, проф. Малий В.В., професор ЗВО, докт. фарм. наук, проф. Пестун І.В., професор ЗВО, докт. фарм. наук, проф. проф. Літвінова О.В., професор ЗВО, докт. фарм. наук, проф. проф. Коваленко С.М., професор ЗВО, докт. фарм. наук, проф. Крутських Т.В., професор ЗВО, докт. фарм. наук, проф. проф. Посилкіна О.В., доцент ЗВО, канд. фарм. наук, доц. Бабічева Г.С., доцент ЗВО, канд. фарм. наук, доц. Бондарєва І.В., канд. екон. наук, доц. Гладкова О.В., канд. екон. наук, доц. Глебова Н.В., канд. екон. наук, доц. Деренська Я.М., доцент ЗВО, канд. фарм. наук, доц. Жадько С.В., канд. фарм. наук, доц. Зборовська Т.В., канд. юрид. наук, доц. Коляда Т.А., канд. екон. наук, доц. Ковальова В.І., канд. фарм. наук, доц. доц. Лісна А.Г., доцент ЗВО, канд. фарм. наук, доц. Малініна Н.Г., доцент ЗВО, канд. фарм. наук, доц. Рогуля О.Ю., асистент, канд. фарм. наук Шуванова О.В., здобувачі вищої освіти факультету з підготовки іноземних громадян

ПОРЯДОК ДЕННИЙ: Про допуск здобувачів вищої освіти випускного курсу факультету з підготовки іноземних громадян спеціальності 226 Фармація, промислова фармація, освітньої програми Фармація до захисту кваліфікаційних робіт в Екзаменаційній комісії НФаУ.

СЛУХАЛИ: Про допуск здобувача вищої освіти факультету з підготовки іноземних громадян випускного курсу спеціальності 226 Фармація, промислова фармація освітньої програми Фармація групи Фм21*(3,10д)англ-01 Нада ШІК до захисту кваліфікаційної роботи в Екзаменаційній комісії НФаУ. Кваліфікаційна робота на тему «Дослідження бар'єрів у комунікації між фармацевтом і пацієнтом».

ВИСТУПИЛИ: В обговоренні кваліфікаційної роботи взяли участь проф. ЗВО Пестун І.В., доц. ЗВО Бабічева Г.С. Керівник кваліфікаційної роботи: доц., канд. фарм. наук Анна ЧЕГРИНЕЦЬ.

УХВАЛИЛИ: Допустити здобувача вищої освіти Нада ШІК до захисту кваліфікаційної роботи на тему «Дослідження бар'єрів у комунікації між фармацевтом і пацієнтом» в Екзаменаційній комісії НФаУ.

Зав. каф. ММЗЯФ, доктор фарм. наук,
професор

Володимир МАЛИЙ

Секретар,
доцент ЗВО,
канд. фарм. наук, доцент

Світлана ЖАДЬКО

НАЦІОНАЛЬНИЙ ФАРМАЦЕВТИЧНИЙ УНІВЕРСИТЕТ

**ПОДАННЯ
ГОЛОВІ ЕКЗАМЕНАЦІЙНОЇ КОМІСІЇ
ЩОДО ЗАХИСТУ КВАЛІФІКАЦІЙНОЇ РОБОТИ**

Направляється здобувач вищої освіти Нада ШІК до захисту кваліфікаційної роботи за галуззю знань 22 Охорона здоров'я спеціальністю 226 Фармація, промислова фармація освітньою програмою Фармація на тему: «Дослідження бар'єрів у комунікації між фармацевтом і пацієнтом».

Кваліфікаційна робота і рецензія додаються.

Декан факультету _____ / Світлана КАЛАЙЧЕВА /

Висновок керівника кваліфікаційної роботи

Здобувач вищої освіти Нада ШІК виконала на кафедрі менеджменту, маркетингу та забезпечення якості у фармації НФаУ кваліфікаційну роботу, яка присвячена дослідженню бар'єрів у комунікації між фармацевтом і пацієнтом.

У першому розділі роботи надано класифікації комунікаційних бар'єрів та етичні аспекти спілкування провізора з пацієнтом. Другий розділ присвячено аналізу психологічних і соціальних факторів, що впливають на спілкування фармацевта з пацієнтом. У третьому – розроблено практичні рекомендації щодо покращення комунікації у фармації.

У цілому подана до захисту кваліфікаційна робота Нада ШІК на тему «Дослідження бар'єрів у комунікації між фармацевтом і пацієнтом» відповідає вимогам, що висувуються до кваліфікаційних робіт, оцінюється позитивно і може бути рекомендована для захисту в Екзаменаційну комісію НФаУ.

Керівник кваліфікаційної роботи

_____ Анна ЧЕГРИНЕЦЬ

3 жовтня 2024 р.

Висновок кафедри про кваліфікаційну роботу

Кваліфікаційну роботу розглянуто. Здобувач вищої освіти Нада ШІК допускається до захисту даної кваліфікаційної роботи в Екзаменаційній комісії.

Завідувач кафедри
менеджменту, маркетингу та
забезпечення якості у фармації

_____ Володимир МАЛИЙ

22 листопада 2024 року

Qualification work was defended
of Examination commission on
«28» of November 2024

With the grade _____

Head of the State Examination commission,
D.Pharm.Sc, Professor

_____ /Oleh SHPYCHAK/