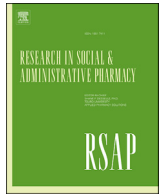




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## Expressing and negotiating face in community pharmacist-patient interactions

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### ABSTRACT

**Background:** A collaborative patient-pharmacist interaction is fundamental to greater patient satisfaction with pharmacy care and improved medication adherence. Effective pharmacist-patient communication occurs when both pharmacist and patient are able to successfully attend to not only the typical tasks and goals of the interaction but also basic face needs that underlie all social interaction; autonomy, competence or esteem, and fellowship. Addressing face needs occurs through conventional and strategic communication strategies that respond to the emerging needs throughout an interaction. Pharmacist-patient interactions are not just about transfer of information and medications. Both parties assess the situation, the others' intentions within the context of their own goals and this influences how they choose to act throughout the interaction. Face-work Theory provides a framework to understand these interaction processes in pharmacist-patient communication.

**Objectives:** The aim of this study was to determine face needs, threats and the strategic communication strategies used to address these within community pharmacist-patient interactions.

**Methods:** This exploratory descriptive study drew upon principles of ethology to first describe naturally occurring behaviour and then to interpret this behaviour within the context of Face-work theory. Twenty-five audio-recorded community pharmacist-patient interactions were collected and analyzed. The average length of these interactions was 3:67 min with a range of 0:39 s–9:35 min.

**Results:** Multiple face needs for both pharmacist and patient were evident in most interactions. Autonomy, competence and fellowship face needs were negotiated in the following contexts: participative relationships, concordant role expectations, sensitive topics, and negotiating expertise and knowledge. Competence face needs for both parties were the most dominant need found in negotiating role expectations. The most common communication strategies used to support face were solidarity based strategies while indirect and depersonalized questions were commonly employed to mitigate face threat.

**Implications and significance:** Face-work Theory is a novel approach to understand processes and outcomes of patient-pharmacist interactions in community pharmacies. Linking speech acts with face needs and threats may help to elucidate how pharmacist-patient interactions achieve both task oriented and interpersonal goals.

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### Introduction

Appropriate patient-pharmacist communication is essential to both the process and outcomes of pharmacy care. Patient-pharmacist communication is transactional and based on interpersonal consideration where both the patient and pharmacist

affect and are affected by each other simultaneously. It is social action, not only a transmission of information. Claimed and perceived social identity by both pharmacist and patient are fundamental dimensions of this social process.

Recently, research in pharmacy communication research has examined the structure and content of pharmacist-patient interaction<sup>1,2</sup> but there is no research exploring how pharmacists and patients negotiate social acts. Bylund, Peterson and Cameron<sup>3</sup> argue that Face-work theory and politeness model have great potential as applications to study how a provider and patient affect

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each other's responses (Table 1). Spiers<sup>4</sup> used this theory to explore the interpersonal context of expressing and negotiating social identity in home care nurse-patient interaction. Recently, researchers in health sciences have employed Face-work theory in the development of a coding system for empathic communication,<sup>5</sup> to understand how patients introduce Internet information to providers in more or less face-threatening ways,<sup>6</sup> and to study how pharmacists and physicians interact.<sup>7</sup> This approach is becoming significant to understand this aspect of communication according to Shah and Chewning<sup>2</sup> (p. 181) who suggested the use of Brown and Levinson's model<sup>8</sup> to analyze the patient-pharmacist dyad. "Examining patient-pharmacist communication as an interpersonal dyadic interaction may help us understand collaborative problem-solving activities, and interpersonal relationship development within the context of mutual trust, rapport, and familiarity between the participants" (p169).<sup>2</sup> Pharmacists and patients cooperate in negotiating how they want to be seen by others, as well as how they are willing to view others in relation to the current context. Thus, understanding the micro level communication behaviours of patient-pharmacist interactions and the interpersonal needs that are supported, enhanced, or threatened by the flow of events in the encounters can provide clues as to how both pharmacists and patients want to be perceived in the interaction and how they strategically use communication strategies to support the interpersonal aspects in order to facilitate work toward task-oriented goals. Face-work theory can be used to investigate how pharmacists and patients express and negotiate their interpersonal needs.

Face-work (Table 1) involves a set of coordinated communication practices in which communicators build, maintain, protect, or threaten personal dignity, honor, and respect.<sup>9</sup> In Face-work theory, the concept of face represents claimed social image in the interaction. In Brown and Levinson's original face work theory,<sup>8</sup> face needs existed along a continuum of positive and negative face needs. This has been developed further into three specific types of face; autonomy (i.e., freedom in thought and action), fellowship (i.e., sense of belongingness and being part of group), and competence (i.e., capability and proficiency) (Fig. 1).<sup>10</sup> Threats to face occur when there are challenges to these needs. These three types of face needs are addressed by different kinds of face-work communication strategies. For example, agreement, sympathy, and cooperation are solidarity strategies that address fellowship and belongings needs (Fig. 1).<sup>10</sup> Excluding the other person of a group threatens fellowship needs. Competence face needs are fulfilled by compliments and threatened by lack of ability.<sup>10</sup> Giving options or being indirect and tentative are the main characteristics of tact strategies that support person's autonomy needs (Fig. 1).<sup>10</sup> Spiers suggests that this approach may better reflect multiple face needs and work

occurring simultaneously.<sup>4,11</sup>

The interactional activities between pharmacists and patients in community pharmacies involve many social acts such as asking questions, giving information, or advice, offering criticism, or making a request. These social acts create contexts where trust, legitimacy, authority, autonomy, and competence are negotiated and challenged. This study explored how face needs were expressed and how they were responded to through communication social acts. The specific contents of pharmacist-patient interaction with face implications and the communication strategies used in these contents have been described. The following research questions guided the study:

- (1) What are the main activities of community pharmacists?
- (2) What interactional contexts appear to contain face implications?
- (3) What types of face needs and face threats are implicated in these contexts?

## Materials and methods

This study used an exploratory descriptive design that drew upon the principles of ethology. Ethology identifies complex behavioural patterns through systematic observation and description under natural conditions,<sup>12–14</sup> and has been previously used to explore face work in health professional – patient interactions.<sup>4</sup> The guiding framework for this study was based on Brown and Levinson model of politeness,<sup>8</sup> Lim and Bower's distinction of three areas of face needs,<sup>10</sup> and Wood and Kroger's methodological approach for analyzing face work in social interactions.<sup>15</sup> Data were analyzed based on the coding categories of Metts and Bryan,<sup>16</sup> Lim and Bowers,<sup>10</sup> and Wood and Kroger.<sup>15</sup>

The study was reviewed and approved by the appropriate University institutional ethics review body. Independent community pharmacies from one major city in western Canada were recruited. A research assistant obtained written consent from the pharmacy manager and pharmacists and then collected pharmacy environment notes and pharmacists' demographics and their descriptions about a pharmacy day. Patients were eligible if they were at least 18 years of age and older, and able to consent. Patients provided written consent when they were picking up their prescriptions. A digital audio recorder was started when the pharmacist-patient encounter began until the patient left the pharmacy counter. A professional transcribed all 25 audio recordings. Appendix 1 contains transcribing conventions. Data analysis was managed using NVIVO (10.0 version).

In the first step of analysis, a descriptive exploration of the data

**Table 1**  
Central concepts in face-work theory.

Face	<ul style="list-style-type: none"> <li>• The public self-image one wishes to claim.</li> <li>• Linked to fundamental cultural assumptions about the social persona.</li> <li>• Face is emotionally invested and can be lost, maintained, or enhanced.</li> <li>• Generally mutual cooperative concern with face is integral to social interaction</li> <li>• Face can be routinely ignored in certain situations of: social breakdowns (effrontery), need for urgent cooperation (emergency) or in interests of efficiency (Brown &amp; Levinson, 1987).</li> </ul>
Face Needs	<ul style="list-style-type: none"> <li>• Specific aspects of face considered essential in a social group</li> <li>• Essentially there are two main related aspects of face: negative face (autonomy, personal space, freedom from imposition, freedom of action) and positive face (desire for self-image to be acknowledged and approved).</li> <li>• Other face needs may include needs for competency, tact, poise, freedom from obligation or impingement, in-groupness or individuality.</li> <li>• Each face need is addressed with specific forms of face-work</li> </ul>
Face Threats	<ul style="list-style-type: none"> <li>• Speech acts, verbal or nonverbal communicative actions that by their nature threaten the face needs of the self or other; e.g., loss of bodily control results in loss of poise or loss of competency face; commands, orders, requests, criticism.</li> </ul>
Face-work	<ul style="list-style-type: none"> <li>• The communication strategies used to protect, maintain, and enhance face to satisfy face needs and to mitigate face threats.</li> </ul>

Note: Reproduced with permission from "The use of face work and politeness theory," by Spiers, J. A., 1998, *Qualitative Health Research*, 8(1), p. 30.

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