

Assertiveness

Overview

Assertive pharmacists **take an active role** in patient care.

- 1-These pharmacists **initiate communication** with patients rather than wait to be asked questions.
- 2-Assertive pharmacists also **convey their views** on the management of patient drug therapy to other health care professionals.
- 3-Finally, assertive pharmacists **try to resolve conflicts** with others in a direct manner but in a way that conveys respect for others.

Defining Assertiveness

What is assertiveness? Assertiveness is perhaps best understood by comparing it with two other response styles: **passivity** and **aggression**. These three styles of responding are described below.

A-Passive behavior

- 1-This response is **designed to avoid conflict at all cost**.
- 2-Passive or nonassertive persons **will not say what they really think out of fear that others may not agree**.
- 3-Passive individuals **“hide” from people and wait for others to initiate conversation**.
- 4-They **put the needs or wants of other people above their own**.
- 5-They **worry about how others will respond to them and have a high need for approval**.
- 6-Passive persons may see themselves as **victims** who are subject to the **manipulation** of others.

[It is this view that is damaging to their self-esteem]

B-Aggressive behavior

- 1-Aggressive people seek to **"win" in conflict situations by dominating or intimidating others**.
- 2-Aggressive persons **promote their own points of view but are indifferent or hostile to the feelings, thoughts, or needs of others**.
- 3-Such individuals are easily angered and have a low tolerance for frustration
- 3-Thus, aggressive individuals may **"win" certain interpersonal battles in the short term, but their behavior often leads to negative long-term consequences**.

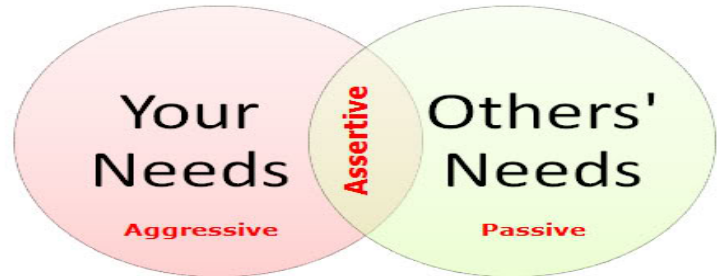
[For example, patients who do not feel they are treated with respect in a community pharmacy **may not return to that pharmacy** and may tell friends about their negative experiences.

Employees who feel helpless and undervalued **can damage the goals of their employer** in a variety of indirect ways].

4-**Aggressive approaches do not build trusting relationships**, which is a key element in working with patients and others in professional practice.

C-Assertive behavior

1-Assertiveness requires that **you respect others as well as yourself**.



2-Too often, our goals in communication are defined in terms of **what we want others to do rather than what we will do**. For example, we might say that we want physicians to appreciate the role of the pharmacist in patient care. Redefining this goal would have us **focus on what specific things we can do to improve our working relationships with physicians**. If we tell others our goals in providing a good pharmaceutical care services and show them by our behavior what we want to achieve, many will come to respect our position.

ويكون ذلك بممارسة الصيدلي لدوره العلمي بجوانبه المختلفة (كالتتقيف الدوائي للمرضى والاشترك مع الطبيب (في المستشفى خصوصا) في اختيار الدواء المناسب للمريض وإبداء الآراء العلمية المستندة على قاعدة علمية رصينة في مختلف المسائل التي تواجهه في المستشفى والمساهمة في إيصال المعلومة الصحيحة للطبيب والاشترك في الحلقات والندوات والمؤتمرات العلمية وغيرها كثير... كل ذلك يجعل الطبيب وغيره يحترم ويقدر دور الصيدلي... أما الاكتفاء بكتابة طلبية الأدوية وتوزيعها على المرضى...ومن ثم نطلب من الطبيب تقدير واحترام دور الصيدلي...فلا يجدي نفعا)

3-Other example, you may wish that your boss, who tends to be **very negative during evaluations of staff**, was more supportive of your work. However, **just hoping** that he would be more positive in his evaluations will not resolve this issue. **You must take active steps to change how you respond to his criticisms** rather than waiting for his to change her approach

سيتم التعرف على كيفية التعامل مع الانتقاد لاحقا في المحاضرة

Theoretical Foundations

Usually the people respond passively or aggressively **because they have irrational beliefs that interfere with assertiveness**. These beliefs involve:

1-Fear of rejection or anger from others and need for approval (**everyone should like me and approve of what I do**).

2-Over-concern for the needs and rights of others (**I should always try to help others and be nice to them**).

3-Perfectionist standards (**I must be perfectly competent**. If I am not, then I am a failure. **Others must also be perfectly competent** and deserve to be severely criticized if they are not.)

[In the passive person these beliefs create anxiety that leads the individual to try (unsuccessfully) to avoid the inevitable conflicts that arise in relationships.

In aggressive person these beliefs leads to angry, aggressive behavior, with frequent “blaming” of others for normal human failings].

Assertiveness Techniques

There are a number of communication techniques or strategies that are useful in responding to situations that tend to be conflict-ridden.

A-Providing feedback

Many times, you must tell people that you are upset by what they did. When you choose to convey negative feedback to others, use techniques to make the communication less threatening. Criteria for useful feedback include:

1-Feedback focuses on a person's behavior rather than personality.

2-The feedback must be specific rather than general. It focuses on behavior that has just occurred and avoids dragging in past behavior (e.g., "you always do-----").

3-Feedback focuses on problem solving. The focus is on problem solving rather than turning the conflict into a “win/lose” situation that damages the relationship.

The entire focus should be on **attacking problems** or issues, **not people or personalities**.

For another example, rather than saying (you **should not prescribed ciprofloxacin** because Mr. Jones is **taking theophylline** and the two drugs interact)

But say (**This patient** cannot take **ciprofloxacin** because **he is already taking theophylline and there is a serious drug interaction** .I suggest we use co-trimoxazole))

تعمدني بنصحك في انفراد وجنبني النصيحة في الجماعة
فإن النصح بين الناس نوع من التوبيخ لا أرضى استماعه

4-Feedback is provided in a private setting.

Feedback uses “I” statements that take the form “When you [do or say]_____, I feel ____.” For example, “**When you are late for work, I feel frustrated**” is less damaging than “You’re irresponsible. You don’t care about the patients who are waiting and the co-workers covering for you when you’re late.”

B-Inviting feedback from others

1-At the same time, we need to invite feedback from others about us in order to improve our interpersonal communication skills.

2-Your ability to **encourage feedback from others (even when it is negative)**, to hear criticism **or suggestions without anger**, and to **admit when you have made a mistake**, encourage people to be honest in their communications with you.

3- For example, as a pharmacist, you should routinely assess patient satisfaction and invite feedback on your services. As a manager, you should let employees know that you welcome suggestions from them on how to improve pharmacy operations.

C-Setting Limits

1-If we **have difficulty in saying "no" to any request, then we feel overwhelmed** and, often, angry at others for "taking advantage" of us.

2-Saying "no" or setting limits may be particularly difficult if you believe that the **other person must agree that you have a good reason for saying "no."** Whether you give reasons or not does not change the fact that **you have the right to make the decision on how you will spend personal time.**

3-Remember: **being assertive in setting limits does not mean that you stop saying "yes" to requests. You will no doubt continue to help others.**

D-Making Requests

1-When we ask for what we want from others, **we must trust that others will be able to respond to our requests in an assertive manner, including saying "no."**

2-Thus, **we must not overreact when someone turns down our request in an assertive way.**

E-Being Persistent

1- Often when you said "no," people will try to coax you into changing your mind. **If you continue to repeat your decision calmly**, you can be assertive without becoming aggressive and without giving in.

F-Ignoring provocations

1-You as a pharmacist may receive an **aggressive comments (provocations)** for example, from patients who are angry or feeling helpless or from other pharmacists who feel unfairly criticized.

2-**Ignoring the aggressive comments of others and focusing exclusively on solving underlying problems** can do much to keep conflict from escalating to the point that relationships are damaged.

G-Responding to criticism

For some of us, criticism is particularly devastating because we typically hold two common irrational beliefs:

(1) **That we must be loved or approved of by virtually everyone we know, and**

(2) That we must be completely competent in everything we do and never make mistakes.

Since such perfectionist standards are impossible to achieve, we are constantly faced with feelings of failure or unworthiness.

Now let's examine a few typical situations in pharmacy practice and determine what might be the most assertive way to respond in relationships with patients, physicians, employees, employers, and colleagues.

Assertiveness and Patients

1-Certain activities distinguish assertive pharmacists from passive ones. For example, **passive pharmacists** seem to **hide behind the counter**, and generally avoid interaction with patients unless asked specific questions. In this way, **passive pharmacists are able to avoid the potential conflicts inherent in dealing with people.**

2-Assertive pharmacists come out from behind counters, introduce themselves to patients, provide information on medications, and assess the patient's use of medications and problems with therapy.

3-Encouraging patients to be more assertive is also an important skill in improving your communication with them. Even normally assertive patients may experience enough anxiety in communication with pharmacists. You as a pharmacist may encourage patients to be more assertive by **allowing them to ask questions about their therapy that they want to ask.**

4-A particularly difficult situation that you will face in pharmacy practice is responding to an angry patient. While no one likes to hear criticism, there are ways of dealing with criticism in a rational, assertive manner.

A-When you hear criticism from patients, it is important to **keep in mind that some (do not assume all) patient anger arises from frustrations about being ill** (and the life stresses they are experiencing), and not from you.

B-When patients are reacting primarily to the stresses of being ill; it is most **helpful for you to understand what it is like for them and to respond empathically.** An empathic response when patients react with dismay at the cost of their medications will probably be more helpful than an attempt to justify the cost. Saying, **"You're right. These medications are expensive. Are you worried about whether you can afford them?"** shows that you understand the patient's worry and allows you to assess whether the concern about cost is a real problem of inability to afford treatment or a way of expressing feelings of frustration.

C-Another skill that is useful in responding to patient criticism is **to get patients to turn criticism into useful feedback.** For example, if a patient tells you that your pharmacy does not seem to care about the customer, **it is important to find out specifically what is causing the problem.** Asking **"What specifically is it that upsets**

you?” may give you feedback that would be useful in improving your pharmacy operation.

D-There will be times with angry patients where you will need to stand up for yourself. If a patient persists in aggressive behavior in spite of your efforts to focus on understanding and problem solving, you will want to set limits without becoming aggressive. You can *calmly* tell an angry patient “I want to hear your point of view, but, when you are ready to talk without yelling and swearing, I will listen.”

Assertiveness and Other Health Care Professionals

When problems in patient medication therapies arise, consultations with physicians or nurses are often required. If you have determined that you need to speak directly with the prescribing physician, you will be most effective if you are persistent with receptionists and nurses in your request. Messages transmitted through third parties may not be the most effective means of communication. Such persistence might sound something like this:

CASE STUDY 1

Pharmacist calling a receptionist in a physician's office

Pharmacist: This is Ameer Hasan, the pharmacist at AL-Yasameen Pharmacy. I'd like to speak to Dr. Ahmed Saleem please.

Receptionist: He's with a patient now. What is it you wish to speak to him about?

Pharmacist: I am concerned about Mr. Amjad's prescription for metformin. I will need to speak to Dr. Ahmed about it. Please have him call me as soon as he comes out from the patient examination.

Receptionist: It might be quicker if you tell me what the problem is. I could talk to Dr. Ahmed and get back to you.

Pharmacist: Thank you, but in this case I would like to talk to Dr. Ahmed directly.

Receptionist: He's very busy today.

Pharmacist: I know he has a busy schedule but I must speak with him as soon as possible. Please ask him to call.

1-The pharmacist (Ameer Hasan) in this communication was assertive. He showed respect for the receptionist and yet was persistent in stating his request. He did not argue about the issue of which method of communication was quicker. He calmly restated his request without anger or apology.

Now, let's say you have managed to get through to the physician. Compare the following introductory comments by a pharmacist:

A-Dr. Ahmed, this is the pharmacist at AL-Yasameen Pharmacy. I'm sorry to bother you—I know you're busy—but I think there's a problem with Mr. Amjad's prescription for metformin.

B- Dr. Ahmed, this is Ameer Hasan, the pharmacist at AL-Yasameen Pharmacy. I'm calling about a problem Mr. Amjad is having with his prescription for metformin.

In (A), **the pharmacist did not introduce himself, which makes him an anonymous** rather than a professional with an individual identity. Also, in (A), he **"apologizes" for calling, which makes him seem unassertive.**

Here are several ways the pharmacist could precede:

A-Did you know that Mr. Amjad is still having diarrhea from the metformin? Do you want to change his prescription?

B- I spoke with Mr. Amjad today. He reports that he continues to have diarrhea after three months on the medication. He is now reluctant to leave the house because of the diarrhea. The effect on his life is so serious that we may want to consider switching him to another drug like Glimepiride which is less likely to cause diarrhea.

Response (B) is better.

-The pharmacist is **not putting the physician on the spot** by asking him if he knew there was a problem.

-Instead, he **presented the problem** that concerned him and **suggested alternative** medications that could possibly resolve the problem (The **focus is on problem solving rather than win the situation**).

2-When identifying potential problems with a physician prescription:

A- You should be prepared to identify alternatives to try to resolve the problem. In order to do this with confidence, **you should have checked references** before making the phone call or sending the written communication. This will increase your effectiveness in making a recommendation.

B-Once you are sure of your facts; you must be persistent in pushing for a therapeutic change that is required.

C-Be sure that you should use the medical terms and speak to the physician as a fellow health professional.

D-Focus on the goal you share with the physician, which is to help the patient.

E-Physicians may not accept recommendations and may, in fact, seem ungrateful to some of your interventions and you may not receive feedback that your efforts have been successful. Perhaps the next prescription the physician writes will show a change, even though the initial response to you indicated that a change would not be made.

F-It is important to keep in mind that consulting with physicians if problems arise or asking questions if something seems to be a problem **must be done in spite of what the physician's reaction might be**. To fail to consult a physician because of anticipated resistance **reduces your professional role significantly**.

6-While pharmacists seem to fear that physicians will not respond positively to therapeutic recommendations, **the research evidence suggests just the opposite**. Research indicates that, **when pharmacists make suggestions to physicians for important therapeutic changes in a patient's drug treatment, in the vast majority of cases, pharmacist recommendations are accepted and implemented by physicians**.

7-When patient safety is compromised, it is the professional responsibility of the assertive pharmacist to persist in trying to prevent or resolve problems. **More than one-half of health care workers in one study reported seeing colleagues making mistakes, yet less than 10% reported saying anything about what they observed**.

Assertiveness and Employees

Please consider the following situation. The manager of a hospital outpatient pharmacy has observed lately **that one of the pharmacists has been creating problems**.

The manager's major concern is that **the pharmacist is sometimes rude and abrupt with patients**. Today, the manager overhears the pharmacist respond with obvious annoyance to a patient who expressed confusion about how to take her medication.

The manager decides to **talk privately with the pharmacist and provide feedback** about his behaviour.

CASE STUDY 6.2

Manager speaking with staff pharmacist

Manager: I overheard your conversation with Mrs. Raymond this afternoon when you became impatient with her for not understanding instructions. I was upset because I didn't think you treated her with respect. I want you to treat patients with courtesy and not get so impatient and judgmental with them.

Pharmacist: Well, she wouldn't pay attention when I was explaining the directions. I just got fed up.

Manager: I know that patients can be irritating, but I want you to treat them with respect.

Pharmacist: Well, we were so busy then that I just didn't have time to explain the directions slowly.

Manager: I know you were feeling rushed today, but even then I want you to be more courteous.

Pharmacist: Well, it would certainly be easier to take time to be nice if you'd get enough pharmacists in here to cover the workload.

Manager: Those things may be true, but right now I want to resolve the problem in the way you communicate with patients when you are irritated or hurried. I want you to agree to treat patients with respect, regardless of how busy we get. Will you do that?

Pharmacist: That's easier said than done.

Manager: Will you do it?

1-Pharmacy managers are responsible not only for how they communicate with patients, but also how other pharmacists and support personnel treat patients. **They must make clear to all employees what is expected in the way of patient care.**

2-In the previous scene, **the pharmacy manager used a number of assertive techniques** in his conversation with the pharmacist.

A-The pharmacy manager used appropriate feedback techniques. **He told the pharmacist what he had observed about a specific behaviour and what he wanted changed without attacking the pharmacist as a person.** The manager did not label the pharmacist as being rude. Focusing feedback on what a person does is much less destructive than making personal judgments about him as a person. Such feedback also lets him know exactly what must be changed to improve his performance

B- He **calmly repeated these expectations in spite of the pharmacist's excuses.** He would not let himself be dragged off the point.

C-He **did not become angry when the pharmacist attacked his performance as a manager (Ignoring provocations).** He might also have said, "I would like to discuss any ideas you might have about improving the training of techs another time, but right now I want to talk about the way you counsel patients." This would have let the pharmacist know that he was willing to listen to specific, constructive suggestions but not before the current problem was resolved.

D-The manager discussed the situation privately and soon after the incident occurred. He made “I” statements to provide feedback and define expectations, including “I overheard your conversation,” “I was upset,” and “I want you to treat patients with courtesy.” Because of these “I” statements, the communication was less damaging to the relationship than if the manager had labelled or judged the pharmacist as a person (“You are rude” or “You were rude”) or if he had over-generalized based on what he observed (“You always when we get busy here”). **Dealing with the problem immediately was also much more effective than waiting** until the problem had become so serious that more drastic action was required.

Many of the same guidelines that are useful in giving negative feedback apply as well to **praise**. A personal statement, such as telling a pharmacist, “**I really appreciate your willingness to stay late tonight to help out**” is more meaningful than a general statement (e.g., “You’re a good pharmacist”).

In addition, **if positive feedback is an ongoing part of the relationship** rather than something that only gets written on job performance evaluation forms, it is more effective. **Too often, employees feel that the only time they get any feedback from their bosses is when they have done something wrong, which makes it much harder to accept the negative comments.**

Finally, **your willingness to accept even negative feedback from employees** (if it is constructive) **can create an atmosphere of mutual respect.** In the example above, the pharmacy manager conveyed **both an assertive and empathic message** when he said, “**I know you were feeling rushed today, but even then I want you to be more courteous.**” He let the pharmacist know that **he understood the feelings of frustration** and at the same time insisted that certain standards be met in patient care.

Assertiveness and Employers

1-It is necessary to be assertive not only with your employees, but with your supervisors as well. We may be faced with a situation where we receive a negative evaluation or criticism of our performance by a supervisor.

2-For some of us, our first response to criticism is to **counterattack**. The attitude is, “So what if I did make a mistake.....”. In contrast to these aggressive responses, for more passive individuals, the initial response to criticism is to apologize excessively, and give excuses. **Neither a passive nor aggressive response fosters problem solving.**

3- Even when you agree with the judgments made by someone criticizing you and think you were wrong, **you must separate the foolish or careless thing you did from yourself as a person.**

The following are **five responses** that are helpful in various types of situations where criticism is levied.

1-Getting Useful Feedback

If the criticism is vague, it is necessary first to find out exactly what happened that led to the criticism. Therefore, before reacting to any problem that may be present, first be certain that you understand the exact nature of the problem. If a patient says that people in your pharmacy don't care about customers, find out exactly what happened that was upsetting and led to this conclusion. In order to know how to improve your service, you must have **specific feedback** that points out what changes might be indicated.

2-Agreeing With Criticism

If you consider the criticism you receive to be valid, the most straightforward response is to acknowledge the mistake.

In any case, avoid "Yes, but. . ." responses that try to excuse behavior but lead to increased annoyance on the part of the other person. "Yes, I am late for work a lot, but the traffic is so bad" usually leads to an escalation of the conflict ("You'll just have to leave home earlier!").

If you made a mistake or were wrong, acknowledge that.

When you acknowledge mistakes and apologize for them, people have difficulty maintaining their anger.

However, if you continue to make the same mistakes, the apologies will seem manipulative since you have not taken steps to prevent the problem from reoccurring.

3-Disagreeing With Criticism

If you consider criticism unfair or unreasonable, it is important to state your disagreement and tell why. For example, you came in late to work this morning and your boss is angry. During his attack, he says, "You're always late....."

It is important to say to him: "You're right, I was late this morning, and for that I apologize. But it is not true that I am always late. I know I was late one day last month but that is the only other time I can recall being late in the two years I have worked here. Not speaking against something you consider to be an injustice or untruth leads to loss of self-esteem.

4-Fogging

Fogging involves acknowledging the truth or possible truths in what people tell you about yourself while ignoring completely any judgments they might have implied by what they said.

أي إننا نعتزف بصحة الفعل أو التصرف لكننا لا نوافقهم في الاستنتاجات أو الأحكام التي بنوها استنادا عليه
كانت ذنوبي فقل لي كيف أعتذر إذا محاسني اللاتي أدل بها

CASE STUDY 6.3

Supervisor: You spent a lot of time talking with that patient about a simple drug.

Pharmacist: You're right. I did.

Supervisor: The other pharmacists spent much less time than you when talking about this simple drug.

Pharmacist: You're probably right. They may not spend as much time as I do on patient education about the drugs.

Such a response allows you to look at truths about your behavior *without* accepting the implied criticisms. A fogging response differs from agreeing with the criticism. Agreeing with criticism includes acknowledging that you were wrong.

5-Delaying a response

If the criticism takes you by surprise and you are confused about how to respond, give yourself time to think about the problem before responding. Few conflict situations call for an immediate response. **If you are too surprised or upset to think clearly about what you want to say, then delay a response.** Tell the person: "I want time to think about what you've told me, and then I'd like to sit down with you and try to clear up this problem."

Assertiveness and Colleagues

The techniques for assertiveness with employers can also help you be more assertive with your colleagues.

For example, **a pharmacist who works with you in the hospital calls and asks you to serve as chairman of a new committee.** You are interested in the committee but are not sure you have the time to chair it. Which of the following responses would you choose?

A-"Well, I'd really like to. I don't know. I think I could if it doesn't take too much time."

B-"Why don't you ask Jim? He'd be good. If you can't find anyone else, maybe I could do it."

C-"I've given enough time to this organization. Everyone always comes to me. Let someone else do some work for a change."

D-"I'm interested in the committee, but I'm not sure I have time. Let me think about it tonight and I'll call you in the morning with my decision."

Response (d) seems most honest and assertive.

[We typically feel that we must respond immediately to situations that arise. **Often the best response is to delay a response.** It gives you time to decide what it is you really want to do].

When you are facing a decision or when you are embroiled in a conflict, it is often best to say, **"I want time to think. I'll get back to you."** It is, of course, essential that you do get back to that person when you say you will and resolve the issue.

Response (a) is a **wishy-washy** "yes." The problem with such a response is that you may say "yes" but never take responsibility for your decision. **The "yes" response, in this situation, was given because you found it difficult to say "no."**

Response (b) suggests that, if no one else will do it, you will feel that you must do it. **You feel responsible for solving the president's problem** by identifying someone to chair the committee. **If he cannot find someone else, you will then feel obligated.**

The response (c) is an aggressive response.

Let's now imagine a situation where the colleague **tries to coax you into changing your "no" response to a "yes" response** to his request to chair the committee.

CASE STUDY 6.4

The colleague: You would be perfect for the job. It is extremely important and I must have someone who knows the issues and stays on top of things.

Pharmacist: I appreciate that, but I won't be able to chair the committee this year.

The colleague: I'll help with the workload. It shouldn't take more than an hour or so a week.

Pharmacist: That may be true, but I'm not willing to chair the committee right now.

The colleague: Why not? Perhaps there is something we can do to resolve the problems you seem to think will come up in chairing the committee.

Pharmacist: The decision is really a personal one. I won't be able to chair the committee at this time.

In this instance, the pharmacist calmly repeated his "no" response without despite the other pharmacist's efforts to coax him into changing his mind. If the pharmacist had chosen to do so, he might have given an explanation for his decision, but he is not **"obliged"** to do so.

The danger for passive people in giving an explanation is that they seem to believe that the others must agree that the decision is "justified" before they feel they have the right to say "no."

أي إن عملية تبرير قرارهم للآخرين وإقناعهم به (برفض الطلب مثلا) تكون لديهم أهم وأولى من حقهم باتخاذ قرار الرفض

Summary

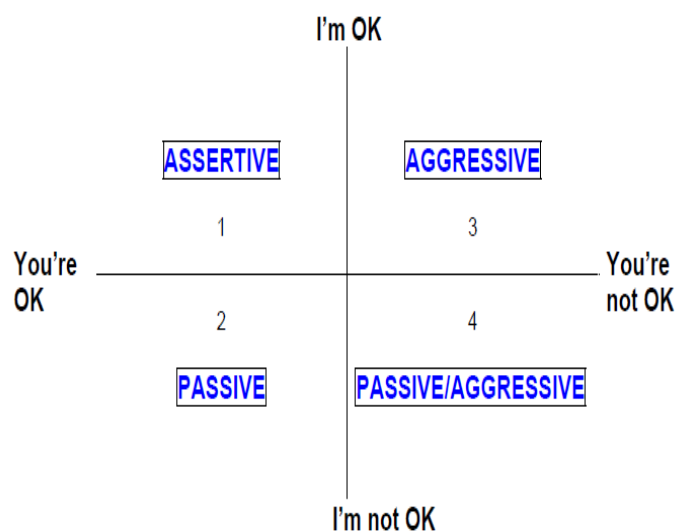
Quadrant 1

If I am ok and you are ok, then I am being assertive. When you are being assertive, people like you and respect you because you accept others in spite of their faults. You will have confidence, self esteem even though you are not perfect.

Quadrant 2

If I am not OK, but you are OK, then I am being passive. When you are being passive, the other person may benefit. However, your viewpoint will be ignored, and people won't respect you. This can then affect your performance at work.

Quadrant 3



If I am OK but you are not OK, then I am being aggressive. Aggressive people have a tendency to behave in a superior manner. They tend to dismiss people and thus, people do not trust them. Using aggressive behaviour leads to under performance in others in the longer term.