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Katajavuori, N.

Swedish Pharmaceutical Press
2002

Journal of social and administrative pharmacy. 2002. 19: 129-136

<http://hdl.handle.net/1975/916>

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Myths behind Patient Counselling: A Patient Counselling Study of Non-prescription Medicines in Finland

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Object:

The aim of this study was to assess whether the myths concerning patient counselling for non-prescription medicines exist and whether it is possible to change them by practising new counselling behaviour patterns. The purpose was also to explore customer-pharmacist interaction and customer's reactions to the offered help as well as the type of help customers sought from the pharmacist and problems in the consultation event.

Method:

Customers' behaviour and need for counselling in the self-care department was studied by the observation method. Three pharmacists systematically offered help to customers buying non-prescription medicines. Pharmacists' attitudes and thoughts concerning patient counselling were studied in a focus group discussion.

Setting:

The study was conducted at a pharmacy in the business centre of Helsinki in March-April 1999.

Key findings:

The myth that customers do not want counselling

proved to be false; only a minority of customers rejected the help offered. Other myths were also found. Even though customers seem to be passive in the pharmacy setting, they actively consider their health condition. Thus, it is important that pharmacists be active when interacting with customers. The third myth appears to be the assumption that customers do not need counselling concerning medicines, which are familiar to them. Furthermore, communication skills play an essential role in patient counselling.

Conclusions:

To improve pharmaceutical practises it is necessary to become conscious of what really happens between pharmacist and customer. In this way it is possible to overcome the unspoken assumptions and myths, which relate to counselling. When the behaviour is analysed and it becomes consciousness it is also possible to change performance.

KEYWORDS: *Learning, myths, non-prescription medicine, patient counselling, self-care.*

In Finland, community pharmacists have been obligated to provide drug information to the public since 1983. Pharmacists should ensure correct use of prescription and non-prescription medicines that are available only in pharmacies. The monopoly provides pharmacists with a particular responsibility, especially in self-medication, because they often are the only health professionals who have direct contact with customers in need of non-prescription medicines [1,2]. Pharmacists also possess the expert knowledge to refer the customer to seek medical consultation when required [2,3].

The use of non-prescription medicines in Finland is not as safe and appropriate as it could be [3-5]. At least some of the misuse is due to lack of communication between the customer and the pharmacist. Pharmacists' new counselling role challenges them to be active partners in communication and to take the role of an expert. However, pharmacists are not taking their expected role. Many studies indicate problems in pharmacist-patient interaction and patient counselling [6,7]. Pseudo-customer studies as well as other studies concerning counselling with respect to non-prescription medicines indicate that the counselling given by the pharmacist is often insufficient [5,7]. A common belief among Finnish pharmacists appears to be that self-medicating customers do not want drug information. Pharmacists feel that providing counselling may be obtrusive. They also feel that it is not appropriate to ask about a customer's symptoms and needs. Beliefs such as these could be described as myths; no evidence exists to validate them.

Beliefs and myths influence pharmacists' routines and behavioural patterns in counselling [8,9]. If pharmacists never question their behaviour or attitudes towards counselling, they cannot improve their performance. Recent research on learning emphasizes the importance of being aware of the way people think and behave [10]. The research further emphasizes analysing issues from different perspectives. This can lead us to see self-evident aspects in other ways and to become conscious of what is really happening. Shared ideas, values and goals are fundamental components of the collective consciousness of an organization. These ideas and thoughts may not be explicit; they are often taken for granted within the organization [10]. However, it is important to become aware of our understanding of the phenomenon and of common thoughts. Perceived normative beliefs of significant others, both customers and employers, can considerably influence pharmacists' patient care activities [11]. It is important to become conscious of one's thinking process, because this also leads to seeing things more analytically. Analytical thinking makes it possible to inspect one's actions from different perspectives

instead of action based on common routine. Reflection makes it possible to face the myths behind routine, which may be the hindrance to improving counselling in community pharmacies. Furthermore, the organizational climate – for example the dynamic environment and the vision shared by co-workers – may enable change in pharmacy practice [12,13]. In a dynamic environment, it is important for pharmacists to have good reflective skills in their work.

The aim of this study was to assess whether the myths concerning patient counselling really exist. Furthermore, the aim was to explore the customer-pharmacist interaction and customer's reactions to offered help as well as questions and problems in the consultation event.

MATERIAL AND METHODS

The study was conducted in the largest community pharmacy in Finland located in the business centre of the capital, Helsinki, in March-April 1999. The pharmacy has a large self-care department with a wide selection of non-prescription medicines and other health appliances, and with pharmacists always available to provide counselling to customers. The pharmacy is open daily from early morning to late evening, the daily number of customers visiting the self-care department being about 500.

Three staff pharmacists were involved in this study. Pharmacists were trained to systematically offer help to customers purchasing non-prescription medicines to find out how the customers reacted to the offered help. Two of them were on duty simultaneously during the study period of one hour a day during the 8 week period. The study period was randomised between 10 am and 5 pm. The pharmacists were trained to observe customer behaviour systematically and report it in a specific structured form. They recorded information about each customer, and also about those who declined help. The main focus was on the reactions, needs and questions that customers expressed in response to offered help.

Pharmacists were trained to note how the customers asked for help and what kinds of questions were asked. Pharmacists also noted what type of help was actually given to the customer: did they help the customer find a medication or did they provide therapeutic counselling? The gender and estimated age of the customer was noted as well as what medicines were bought and why. Possible reference to a doctor was also documented. The form was completed as soon as possible after the encounter. A pilot study was carried out to test the method.

The number of pharmacist-customer interactions observed was 869 with 1,054 non-prescription medicines purchased. Most of the customers with whom there was contact in the self-care department were

Table 1. Customer characteristics (% of the customers observed, n=869; and % of non-prescription medicines purchased n=1054).

Variable		%	n
Gender	Female	76	664
	Male	24	205
	Total	100	869
Estimated age, years	-20	2	12
	21-35	21	185
	36-50	31	266
	51-65	29	255
	66-	17	148
	No estimation	0	3
	Total	100	869
Type of non-prescription medicines purchased	Painkillers	14	146
	Vitamines	13	138
	Dermatologics	12	121
	Medicines for common cold	11	114
	Medicines for gastrointestinal purposes	10	109
	Other medicines	10	104
	Cosmetics and non-medical products	20	218
	No medicine bought	10	101
	Not specified	0	3
	Total	100	1054

women (table 1). About 60% of the customers were 36-65 years old by their estimated age. The medicines which were bought most often were painkillers, treatments for gastrointestinal (GI) conditions, preparations for common cold relief, dermatologics and vitamins (about 10% of each group) (Table 1).

For the analysis the help accepted by customers was divided into three categories. These categories were: therapeutic counselling, helping the customer to find a non-prescription medicine from the aisle, and no help. All the situations where the pharmacist told the customer about the proper use of the medicine, or gave advice about the non-medical treatment, were compiled in the *therapeutic counselling category*. The *searching category* included all the situations in which a pharmacist helped the customer to locate the medicine. The *no help* category consisted of all the situations where no pharmacist assistance was given. If the customer bought more than one non-prescription medicine at a time, each purchase was analysed separately. Thus, if the pharmacist gave counselling for the first medicine and the second medicine was only located, these situations were grouped differently. On the basis of the data collected, it is not possible to identify individual customers.

Statistical analyses of the data were conducted by the SPSS 9.0 statistic program. Coding of the data represents the main risk to the reliability of the study. To ensure reliability the coding was checked twice by the same author.

Focus group discussion

The three pharmacists involved in the observation study also participated in a focus group discussion six weeks after completing the observations. The aim of the focus group discussion was to evaluate the reliability of observations, and to study pharmacists' experiences with the new active role in offering help. What pharmacists had learned during the test period was also assessed. The interview was semi-structured and consisted of several open questions. The pharmacists were encouraged to draw on their experiences, both positive and negative, and to comment on guided issues. The focus group discussion was conducted by the first author.

The discussion proceeded freely and the participants contributed actively. The interview was taped and transcribed. Coded data was grouped into similar themes and ideas according to content analysis.

RESULTS

Counselling accepted by the customers

Almost 90% of the customers observed reacted positively to the counselling offered by the pharmacist (Table 2). The offer of counsel was seldom rejected (7%). A majority (60%) of the customers asked for a certain non-prescription medicine by brand name (Table 3). About 20% of the customers wanted a medicine to relieve a certain sickness or symptom. Problems with

Table 2. Customers' reactions to the offered help (n=869).

Reaction	%	n
Rejected counselling	7	64
Received help	87	756
Rejected assistance at first, but subsequently accepted it	6	49
Total	100	869

Table 3. The motive of the customer for coming to the self-care department (% of the customers, n= 869).

Motive for coming	%	n
Asked a medicine by brand-name	60	519
Asked relief for a symptom	18	160
Asked medicine by a therapy-group	11	93
Had a problem with a medication	4	32
No contact with the pharmacist	7	65
Total	100	869

Table 4. Type of help provided by pharmacist (% of the customers, n=869).

Type of help	%	n
Locating the medicine	53	458
Therapeutic counselling	39	339
Help rejected	7	64
Help offered, but pharmacist could not help the customer	1	8
Total	100	869

Table 5. The type of therapeutic counselling provided; analysed in more detail (% of the customers receiving counselling, n= 339).

Type of therapeutic counselling	%	n
General information about using the medicine	61	205
Helping in selecting the medicine	29	100
Information about the mode of action	10	34
Total	100	339

Table 6. Association between the motive of the customer for coming to the self-care department and the help provided by the pharmacist (% of the customers who accepted the help by the pharmacist, n= 795).

Motive	Type of help					
	Help in locating the medicine		Therapeutic counselling		Total	
	%	n	%	n	%	n
Asked by brand name	83	426	17	88	100	514
Asked by therapy-group	24	22	76	68	100	90
Symptoms or medication problems	6	10	94	181	100	191
					100	795

medication were seldom the reason to visit the self-care department (4%).

In most of the cases (53%) pharmacists helped the customer to find the medicine they needed from the shelf (Table 4). In 40% of the cases pharmacists provided therapeutic counselling.

The type of therapeutic counselling provided was

studied more in detail. The most common information given related to the duration of the effect and instructions for usage of medication, clarifying the customer's symptoms or giving information about how to treat the illnesses (Table 5). The pharmacist also had an essential role guiding the customer in the purchase of the most appropriate medicine. In some cases the

mode of action of the medicine was also clarified.

There seemed to be a relationship between the questions asked by the customer and the pharmaceutical help given: if a customer asked for a medicine by brand name, no counselling was normally given (Table 6). Instead, in these situations pharmacists normally helped the customers to find the medicine without counselling.

Feedback from the pharmacists

The pharmacists were surprised how positively customers reacted to the offer of advice and how much they appreciated it. Customers often need information for which they are not prepared to ask. For this reason, pharmacists should offer counselling routinely to every customer.

Pharmacist 1 [P1] and pharmacist 2 [P2] describe this as follows:

"...it was so incredibly important to realise that everybody wants counselling... you should go to every customer, even if they don't come to ask, because the threshold to come to ask is so high..."[P1]

"The number of customers refusing advice is so small...everybody wants counselling...they think their problem is so minor, and they are shamed to ask...but if you just offer the help, they ask immediately" [P2]

If the customer rejects counselling, it is important to respect his decision and leave the customer alone but show that you are available. He often has something to ask after some time. The myth that customers do not want counselling seems to be a common problem. The pharmacists that were interviewed wondered how to communicate the importance of active counselling to all pharmacists. It is important to realise the importance of systematic counselling. If the pharmacist decides to offer counselling to every customer he/she may be surprised at the positive reactions of customers. This may increase the pharmacists' own provision of counselling. Pharmacists describe this as follows:

"There were so few who refused the help, and it so important to realise this...so the activity of your own behaviour was emphasised...so that you try to catch every customer who comes to the self-care department...This message should reach the pharmacists" [P1]

"... yes, and to offer help more actively..."[P3]

Problematic counselling situations

According to observers' opinions, there are certain non-prescription medicines with a higher risk of medication errors. In these cases pharmacists should ensure proper use of the medicine even when their help is refused. However, knowing how and when to counsel was thought to be problematic. Particularly difficult medicines with regard to counselling were found to be medicines for GI purposes and common cold relief. This is because it is difficult to ascertain the patient's symptoms and what they expect from the medicine.

"There are some medicines that you should always say something about,

even though the customer just came to pick the medicine up... Medicines for GI purposes are so difficult; they are such a problem..." [P1]

"even customers don't know their problems...it is so incredibly difficult to find out what effects he really wants from medicine for a common cold..."[P1]

Elderly people, who do not know what they need or cannot describe their symptoms can be difficult to advise, as well as customers from different cultures. These customers' knowledge of the medicines is insufficient and pharmaceutical expertise is widely trusted. It is not unusual for a customer not to be able to express his/her problems, symptoms, or even needs. Customers' knowledge of medicines and their effects were thought to be insufficient, as well as their knowledge of restrictions. Therefore there should always be pharmacists available for help in the self-care department. Counselling was thought to be most effective if information was given about several alternative medicines, their differences, effects, use and warnings. By reasoning, it is easier to understand the information. These thoughts were described as follows:

"...older people don't understand what you are saying..."[P2]

"When they have the reason, it is also easier to understand..."[P1]

"...sometimes when you say too much about the medicines to customers, especially to older people...you notice that it was too much...so perhaps you should give only some advice...not so many alternatives.." [P3]

Reference to a doctor

Sometimes it may be difficult for the customer to realise that his symptoms are too serious for non-prescription treatment and a physician's help is needed. Situations in which customers want to buy a medicine even if it would lead to more harm than benefit are problematic. Here communication skills are essential. In the pharmacists' opinion it was very difficult to politely refer the customer to a physician. It may also be difficult to convince the customer that the advice given is for his/her own good. Pharmacists describe these problems like this:

"The customer gets angry if you say something about going to see a doctor..."[P2]

"T customer should have the feeling...that we think of his/her best..."[P3]

"There are some, who just don't understand that the only possibility is to go to see the doctor... they don't accept that you are not going to let him/her buy anything." [P1]

"those medicines for GI purposes are for short-term use in self-care, but there are some people who buy them all the time... How can you get them to see the doctor and ensure that there is nothing more serious...?"[P1]

According to pharmacists, customers are not yet willing to request counselling. One reason for this may

be the impression that customers do not want counselling; if so, counsel is not offered at all. However, counselling should be a customer's basic expectation when visiting a pharmacy. Pharmaceutical expertise should be used for the customer's well being. In observers' opinions customers were generally very surprised when they received counselling. The pharmacist's genuine empathy toward the customer was thought to be the best way to show respect for the customer's autonomy.

"Many are so surprised if you advise them..."[P2]

Communication skills

The ability to interpret thoughts and behaviour are important in patient counselling. It is important to interpret the customer's behaviour, so that pharmacist can adjust his or her own behaviour according to the situation. Pharmacists reported choosing their way of interacting with the customer partly on the basis of interpretations of non-verbal signals. In particular, certain expressions, the appearance of the eyes and specific motions communicate strongly. One pharmacist described this as follows:

"...it can be the wrong or right question...every individual is different. You can't decide how to confront the customer before you see him..."[P1]

Non-verbal communication skills and interpreting behaviour are important in confronting the "easier customer". Customer willingness to receive counselling is easily spotted. On the other hand, in difficult situations it is important to interact with the customer cautiously, avoiding "imposing" the information. When confronting a difficult customer the importance of a knowledge of human nature is clear. These customers are easily noticed. Customers difficult to confront were thought to be very self-confident individuals, who may not desire any kind of counselling. However, contact should be established if it is clear that the medicine is inappropriate. Pharmacists described the situations like this:

"...already aggressive and in a way kicking against [the offer of advice]..."[P1]

"...you can sense it immediately...Oh boy, take it easy now...! It is as if the customer is saying 'Don't come, I know what I'm going to have'..."[P3]

The effect of first impression proved to be significant when interacting with the customer. First-impressions are formed by non-verbal and verbal behaviour and communication. A knowledge of different forms of the non-verbal behaviour is important. These behaviours have both conscious and unconscious effects. They have a significant role in the creation of first impressions.

Validity of the observation-reports

Focus group discussion was also used to clarify how the observation study was conducted. The pharmacists considered the study to be interesting and beneficial. At first, writing reports was difficult but the study itself was easy to carry out and the form was easy to fill in. Pharmacists tried to fill the forms in as soon as pos-

sible after serving the customer to avoid confusion. In some situations it was found to be difficult to define what could be considered as pharmaceutical help. Thus the pharmacists wrote down as much information as possible about the situation to ensure the reliability of the study. Pharmacists described these thoughts as follows:

"...you just wrote down as much as possible, so that the researcher could decide..."[P1]

"You just tried to write down...in a panic..."[P3]

DISCUSSION

Myth 1. Customers do not want to be served or to have counselling

It is often thought in patient counselling that customers do not want it and it is not correct to ask for clarification of the customer's symptoms. In this study, customers reacted positively to the offered help and only a minority customers rejected the help. Thus, the myth that customers do not want advice cannot be reinforced by this study. There is a need for counselling for non-prescription medicines, because around 40% of customers received counselling in spite of the fact that this study was conducted at an urban pharmacy where the customers are often in a hurry. Also, earlier studies indicate that there is a need for counselling if it is actively offered to customers, and that this relates to non-prescription medicines too [3,14].

In this study pharmacists were concerned that customers' knowledge of medicines may be insufficient and medication errors could be common. This motivated them to be even more active in the interaction. Encouraging pharmacists to take an active role in the interaction is a challenge. One method in this process is to become conscious of one's routines. Thus, noticing how you behave and communicate is important in improving performance. Greater involvement of pharmacists in the health care chain may also lead to an improvement in health care outcomes [15]. For this purpose, a national 4-year project was set up in Finland in 2000 (Tippa) [16].

Myth 2. A passive customer

According to this study, there seem to be other myths, which influence counselling. The focus group discussion revealed a passive role formed for the customer in the self-care department. This is in line with earlier research, which indicates that customers are not active in asking about their medication [17]. This apparent passive role might be one reason behind the myth that customers do not want to be served. However, this passive role does not mean that customers do not want help. In this study, the help offered was seldom rejected. After systematically offering help to customers, pharmacists were surprised how positively the customers reacted to the help offered and how much the

counselling was appreciated. This reinforces the idea that pharmacists might have presuppositions regarding customers' reactions to offered counselling. However, after realising the positive attitude of the customers, pharmacists were more motivated to be active in interaction.

Pharmacists noticed that customers often asked questions immediately after the counselling was offered. Further, pharmacists' counselling was trusted, because sickness was the reason for visiting the pharmacy. Customers are not passive but actively thinking about their condition. This is reinforced by Parsons' and Engeström's theoretical models which state that customers actively process their health condition in different settings and try to find relief for their symptoms and to get healthier [18,19]. The pharmacy is a part of this illness constructing process and it is used as a stepping-stone in reference to a physician [20].

Myth 3. The customer doesn't need counselling concerning medicines familiar to him/her

The results showed that almost 60% of the customers received help only in locating the medicine from the shelf. Only a minority of customers looking for a medicine by brand name received counselling. Thus, the third myth seems to be that if the customer asks for a medicine by its' brand name, he/she knows how to use it. More attention should be paid to offering counselling also to those customers who know what they are looking for, since there are always risks of medical errors [3]. Far too often it is automatically and perhaps unconsciously thought that customers who ask for a medicine by brand name also knows its proper use. Still, pharmacists considered that there are medicines for which the proper use should always be ensured even though this was thought to be difficult. However, in general it seems that they did not do this. Behind their behaviour might be the prevailing assumption that the customer knows how to use the medicine [11,13]. Thus, the challenge is to reflect on one's own attitudes and routines because they affect behaviour.

Improving counselling

In this study pharmacists systematically offered help to customers. This method proved to be effective in clarifying and confronting silently and perhaps partly unconsciously accepted behavioural models and beliefs. In improving patient counselling and bringing about practical change in community pharmacies it is necessary to be aware of and reflect on one's own behaviour and counselling. Becoming conscious of what really happens in customer-pharmacist interaction is necessary before one can learn more about counselling [10]. Normative beliefs should be reflected on and re-processed [11]. This kind of self-reflection and continuing learning is also the best way to confront the challenges of today in a constantly changing world [10]. This kind of future-oriented attitude has also been

found to positively affect change in pharmacy practice [12].

Communication skills and knowledge of them proved to be significant, especially in problematic counselling situations. Communication skills can be learned. Both theoretical knowledge and practice are needed to improve these skills [16,21]. It seems that pharmacists develop their communication skills by practising in situations faced in the self-care department. As the focus group discussion indicated, interaction was thought always to be a unique and individual event. There should be more education in these skills. Knowledge of non-verbal communication and one's ability to use it can be related to customer satisfaction [22]. Furthermore, lack of communication skills and fears of failed contacts could be one reason counselling is avoided or thought to be difficult. There is evidence that lack of knowledge affects willingness to offer counselling [9]. So why the uncertainty regarding communication and interaction? Thus, an important challenge for pharmacists is to learn to assess communication situations and analyse them.

This study was conducted by using two different methods. In this way it was possible to get more detailed and valued information about counselling concerning non-prescription medicines. By observation, general information about counselling in the self-care department was gained. By focus group discussion it was possible to clarify pharmacists thoughts about counselling and to get information on the credibility of the observer's account. Even though it is not possible to make any generalisation on the basis of the focus group discussion, it was a source of more detailed information for the study.

CONCLUSIONS

As a conclusion it can be stated that the myth that customers do not want counselling is false. Instead it seems that there are other myths that affect performance. To improve practice it is necessary to become conscious of what really happens between pharmacists and customers instead of depending on routines and trusting silently accepted norms and behavioural styles.

Most importantly, pharmacists should be taught reflective skills and self-assessment methods for improving counselling and communication. Systematic reporting of counselling situations, which was used in this study, could be one tool in this process. Our study showed that communication skills have a central role in counselling. Thus there should be more education in communication skills and how to counsel different types of customers.

Acknowledgements

This work was supported by a grant from the Association of Finnish Pharmacies.

REFERENCES

1. Lunde I. Self-care: what is it? *J Soc Adm Pharm* 1990; 7:150-155.
2. Nichol MB, McCombs JS, Boghossian T, Johnson KA. The impact of patient counselling on over-the-counter drug purchasing behavior. *J Soc Adm Pharm* 1992;9:11-19.
3. Sihvo S, Hemminki E. Self-medication of dyspepsia: How appropriate is it? *Scand J Gastroenterol* 1997;32: 855-61.
4. Sihvo S, Klaukka T, Martikainen J, Hemminki E. Frequency of daily over-the-counter drug use and potential clinically significant over-the-counter-prescription drug interactions in the Finnish adult population. *Eur J Clin Pharmacol* 2000;56:495-499.
5. Peura S, Kesseli-Pulkkinen S, Ovaskainen H, *et al*. Tippa: A 4-year joint program to improve patient counselling from pharmacies. 60th International Congress of FIP: Pharmacy in the 21st Century; the Way Forward. August 26-31, 2000, Vienna, Austria. Abstracts: CPS-P-159,p.87.
6. Närhi U, Vainio K, Ahonen R *et al*. Detecting problems of patients with asthma in a community pharmacy – a pilot study. *J Soc Adm Pharm* 1999;16:127-133.
7. Sihvo S, Ahonen R, Mikander H, Hemminki E. Self-medication with vaginal antifungal drugs: physicians' experiences and women's utilization patterns. *Fam Pract* 2000;17:145-149.
8. Mason HL, Svarstad BL. Medication counseling behaviors and attitudes of rural community pharmacists. *Drug Intell Clin Pharm* 1984;18:409-414.
9. Ortiz M, Walker W-L, Thomas R. Development of a measure to assess community pharmacists' orientation towards patient counseling. *J Soc Adm Pharm* 1992;9: 2-10.
10. Bowden J, Marton F. The university of learning – beyond quality and competence in higher education. London; Kogan Page, 1998.
11. Latif DA. Situational factors as determinants of community pharmacists' clinical decision making behavior. *J Am Pharm Assoc* 1998;38:446-450.
12. Doucette WR, DeSloover Koch Y. An exploratory study of community pharmacy practice change. *J Am Pharm Assoc*, 2000;40:384-391.
13. Vainio K, Airaksinen M, Hyykky T, Enlund H. Effect of therapeutic class on counselling in community pharmacies. *Ann Pharmacother* 2002;36:781-786.
14. Airaksinen M, Ahonen R, Enlund H. Drug information from pharmacies: desire for more spontaneous information. *Med Care* 1993;9:846-50.
15. Almeida Neto AC, Benrimoj SI, Kavanagh DJ, Boakes RA. Novel educational training program for community pharmacists. *Am J Pharm Edu* 2000;64:302-307.
16. Kesseli-Pulkkinen S, Pietilä K, Airaksinen M *et al*. Tippa: a 4-year joint program to improve patient counselling from pharmacies. Abstract, FIP Congress in Vienna 2000.
17. Airaksinen M, Ahonen R, Enlund H. The "Questions to Ask About Your Medicines" campaign – an evaluation of pharmacists and the public's response. *Med Care* 1998;36:422-27.
18. Parsons T. The social system. Tavistock Publications, London 1951/1952.
19. Engeström R. Toiminnan moniäänisyys (Doctoral Thesis, A research of doctor-patient interaction, in Finnish). Yliopistopaino, Helsinki 1999.
20. Cunningham-Burley S. The pharmacist and primary care: responding to the needs of mothers with young children. In book: Social pharmacy – innovation and development. Harding G, Nettleton S, Taylor K (eds), The Pharmaceutical Press, London 1994, p. 57-66.
21. Aspegren K. Guide No. 2: Teaching and learning communication skills in medicine – review with quality grading of articles. *Med Teach* 1999;21:563-570.
22. Hargreaves S. The relevance of non-verbal skills in physiotherapy. *Physiotherapy* 1987;12:685-88.

Received June 18, 2001.

Accepted May 17, 2002.