Drug Dispensing and Counselling: Challenges and Practices in Patient-Pharmacist Communication

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Abstract
The role of communication in healthcare is crucial, particularly when dealing with patients. Effective communication ensures that healthcare personnel can approach and deliver information to patients with the aim of improving their medical conditions. This study aimed to explore the practices and challenges encountered in patient-pharmacist communication and factors affecting it among pharmacists and Provisional Registered Pharmacists (PRPs) in a public hospital in Malaysia. A cross-sectional study was conducted, and a self-administered questionnaire was distributed to the pharmacists and PRPs working in various pharmacy departments in a district hospital in Peninsula Malaysia. The questionnaire consists of demographic information, challenges faced during patient-pharmacist communication, types of resources used to overcome communication barriers, communication difficulties and their communication practices. Descriptive statistics were used to analyse the data. The study found that most of the participants were young adults (21-30 years old), Malay, and held a bachelor's degree in pharmacy. Most of them worked in the outpatient department and had between 2 to 5 years of work experience. The self-rated communication skills of most of the participants were good, and the majority expressed interest in attending communication-related workshops, seminars, or training. However, the study also identified some limitations, including language barriers and communication difficulties faced by the pharmacists and PRPs when dealing with patients with communication disabilities. Effective communication between pharmacists and patients is essential for providing pharmaceutical care and improving medication adherence. Therefore, efforts should be made to enhance communication skills among pharmacists and PRPs, including organizing more communication-related workshops, seminars, or training. Furthermore, addressing language barriers and communication difficulties in dealing with patients with communication disabilities is crucial. Overall, this study highlights the need to improve patient-pharmacist communication and identifies some of the challenges and opportunities to achieve this goal.
Keywords: Challenges, Communication, Patient, Pharmacist, Practices

Introduction

Effective communication is critical in healthcare, particularly when healthcare providers are interacting with the patients. Good communication allows the healthcare providers to approach patients and deliver important medical information to improve patient outcomes. Pharmacists have an essential role in providing pharmaceutical care, thus ensuring medications are used safely and effectively (Koster et al., 2021). This makes pharmacist-patient communication during medication dispensing and counselling vital in ensuring patients understand medication use and prevent errors. Effective communication skills are essential for pharmacists to achieve patient-centred care, which involves understanding the patient's psychosocial context and reaching shared treatment goals based on the patient's values (Hashim, 2017).

However, pharmacists and PRPs face significant communication barriers during patient counselling and medication dispensing. Patients with communication difficulties, such as deafness or speech impairments, pose a challenge to pharmacists during counselling sessions. Language barriers also affect the level of pharmacist-patient communication, particularly in Malaysia where different races have different languages and dialects. Good communicators should respect their patients who may also be people from a different culture and background (Markides, 2011). Diversity of language and culture are among the factors that result in some barriers during the patient-physician communication (Kundhal & Kundhal, 2003). Likewise, poor communication between patient and pharmacist has been linked to limited medication knowledge and poor medication adherence, leading to untoward clinical outcomes (Wado et al., 2015) and poor patient consequences (Yimer at al., 2020). Despite the significant role played by patient-pharmacist communication in improving patient outcomes, challenges such as language barriers and communication difficulties continue to pose challenges to its effectiveness. These challenges need to be addressed to improve patient outcomes in healthcare. Nevertheless, pharmacists and PRPs should implement good practices in communication which include examining verbal and non-verbal cues as well as expressing empathy when dealing with patients (Hashim, 2017).

The objectives of this study were to explore the communication approaches and practices commonly utilised by pharmacists and PRPs when interacting with patients, examine the prevalent problems or difficulties encountered by these healthcare professionals during patient communication, and identify the challenges faced by them in communicating effectively with patients during medication dispensing and counselling.

Literature Review
Patient-Pharmacist Communication Practices

Effective communication between pharmacists and patients is important for medication safety, adherence, and improving health outcomes. According to McDonough et al (2006), effective communication skills of pharmacists include the ability to understand patients' psychosocial context, extract the patient's perspective on the illness and reach shared treatment goals based on the patient's values. It is important for pharmacists to be able to effectively convey information about medication instructions, side effects, and possible interactions with other drugs or medical conditions. A study by Makowsky et al (2009) found that pharmacists use various approaches to communicate with patients, including verbal communication, written materials, and visual aids.

Patient-Pharmacist Communication Challenges

Communication barriers in healthcare can have negative consequences for patients' health outcomes. Several studies have identified communication barriers that pharmacists face when communicating with patients. Language barriers, cultural differences, and low health literacy levels among patients are common challenges faced by pharmacists when communicating with patients (Rasi, 2020). Additionally, some patients may have communication difficulties such as hearing impairment or speech disabilities that can pose a challenge for pharmacists during counselling sessions. Language barriers are particularly prevalent in multicultural societies, such as Malaysia, where patients may not speak the same language as their healthcare providers. Rasi (2020) revealed that cultural and language differences unfavorably influence the communication between patients and public health professionals.

Health literacy is another challenge, as patients may not have the necessary skills to understand medical information and instructions (Gazmararian et al., 2005). Cultural differences can also pose a challenge, as patients may have different beliefs, values, and attitudes towards healthcare that may impact their adherence to medication regimens (Henderson et al., 2018). The other challenge is the lack of training and education in communication skills. Many pharmacists do not receive formal training in communication (Jalal et al., 2018), which can impact their ability to communicate effectively with patients. Likewise, the lack of patient involvement in medication decision-making can also pose a challenge. Moreover, pharmacists often have limited time to spend with patients due to high workload and time pressure, which can result in incomplete counselling or inadequate communication (Karia et al., 2022; Wong et al., 2022).

Patient-Pharmacist Communication Approaches

Pharmacists use various communication approaches to overcome the challenges they face when communicating with patients. For instance, using visual aids, such as pictures or videos, can be helpful in overcoming language barriers and low health literacy levels among patients (Mbanda et al., 2020; Park & Zuniga, 2016). In addition, pharmacists can use patient-centred communication techniques, such as motivational interviewing and open-ended questions, to facilitate patient engagement and improve medication adherence (Aubeeluck et al., 2021). One of the most common approaches used by pharmacists in communicating with patients is the use of plain language. This is the use of simple and clear language that is easy for patients to understand (Odegard and Capoccia, 2007). Studies have shown that the use of plain language improves patient understanding and adherence to medication regimens (Quesenberry, 2017). Pharmacists also use active listening and empathy to establish rapport with patients and understand their concerns and needs (Roche et al., 2014). Active listening involves giving patients full attention, asking open-ended questions, and repeating back what they have said to ensure understanding.

Methodology

A cross-sectional study was conducted at a district hospital in Peninsula Malaysia from April until June 2022 (due to confidentiality agreement, the name and locality of the hospital will not be mentioned). The study sample included all 87 pharmacists and PRPs, of which 59 completed and returned the questionnaire. The study used a convenient sampling technique, and participants were invited to complete the questionnaire either through printed copies or

an online Google form. The questionnaire consisted of three sections covering background information, challenges in patient communication, and practices in patient communication.

Section A of the questionnaire gathered information on respondents' socio-demographic background, such as age, gender, ethnicity, education level, and working status. In Section B, participants were asked to provide multiple-choice answers to questions about the challenges faced by them when communicating with the patients. Respondents were allowed to select more than one answer per question. Section C of the questionnaire focused on the practices of pharmacists and PRPs in patient communication (as detailed in Table 6). The data were analysed using IBM SPSS Statistics for Windows, version 26. Descriptive statistics such as frequency (N) and percentage (%) were used to analyse respondents' demographic characteristics and responses.

Results and Discussion
Our findings showed that most of the pharmacists were between 21-30 years old (74.6%) and female (83.1%). The most common ethnicity was Malay (74.6%), and the majority held a bachelor's degree (98.3%). The most common position was pharmacist (79.7%), and most worked in the outpatient department (55.9%). Almost half of them had 2-5 years of work experience (47.5%), and most rated their communication skills as good (67.8%). Twelve pharmacists (20.3%) had attended a workshop, seminar, or training related to patient-pharmacist communication in the past 12 months, and seven pharmacists (11.9%) had attended sign language classes. Most pharmacists (88.1%) were interested in attending future seminars on patient-pharmacist communication (Table 1).

Table 1
Demographics of respondents

Description	N	%
Age		
21 – 30 years old	44	74.6
31 – 40 years old	13	22.0
41 – 50 years old	2	3.4
Gender		
Male	10	16.9
Female	49	83.1
Ethnicity		
Malay	44	74.6
Chinese	15	25.4
Education level		
Bachelor	58	98.3
Master	1	1.7
Position		
Pharmacist	47	79.7
Provisional Registered Pharmacist (PRP)	12	20.3
Department		
Outpatient department	33	55.9

Inpatient department	21	35.6
Medication therapy adherence clinic	2	3.4
Total parenteral nutrition	1	1.7
Emergency department	1	1.7
Therapeutic drug monitoring	1	1.7
Work experience		
2 years and below	16	27.1
2 to 5 years	28	47.5
5 years and above	15	25.4
Workshop/seminar/training on patient-pharmacist communication or counselling attended in the past 12 months		
Yes	12	
No	47	
Attended sign language classes		
Yes	7	
No	52	
Interested to attend seminar/workshop/training on patient-pharmacist communication		
Yes	52	
No	7	
Communication skills (self-rating)		
Excellent	4	
Good	40	
Fair	15	

Patient-pharmacist Communication Challenges

There were several challenges in communicating with patients during medication dispensing or counselling (Table 2). The most reported challenge was the use of language that the pharmacists were not familiar with, which was reported by 43 respondents (19.6%). This was followed using jargons or unfamiliar terms, and/or slang/dialect that the pharmacists did not understand, which was reported by 32 respondents (14.5%). Patients with low health literacy level were also identified as a significant challenge in communication, reported by 31 respondents (14.1%). Other challenges encountered by the pharmacists and PRPs during patient communication included elderly patients with poor hearing (20.9%), patients with speaking disabilities (15%), and patients with poor cooperation (15.9%). These findings suggest that there are several challenges in communicating with patients during medication dispensing or counselling, and it is important for the pharmacists and PRPs to be aware of these challenges to address them effectively.

Previously, Sevinc et al (2005) recognised the use of medical terms or jargons as a barrier to effective communication between doctors and patients whilst De Young (1996) pointed out that unfamiliar language and jargons caused patient-pharmacist communication difficulties. Meanwhile, Ngoh (2009) stated that low health literacy was a barrier to communication between patients and pharmacists that could lead to various consequences including medication errors, medication non-adherence and many unfavourable health outcomes

(Hironaka & Paasche-Orlow, 2007). Therefore, improving communication with patients is essential for improving medication adherence and ultimately leading to better health outcomes. Next, poor health literacy was common among elderly patients (Williams et al., 2002) and they were more easily overwhelmed by health and medical information.

Moreover, Holmes (2014); Cohen et al (2017) pointed out that hearing loss was common and unusually prevalent in the elderly. Findings from Ferguson and Shan (2016) showed that nearly 70% of the pharmacists interacted with at least 1 to 5 deaf patients in a month. Hence, specific measures such as staff education and training are needed to raise awareness on patients (Ferguson & Liu, 2015) with impaired hearing and speaking disabilities alike. In our study, a few of the pharmacists attended sign language classes that might benefit them in their communication with such patients. The use of assistive technology in providing visually stimulating environment could facilitate interactions with patients with hearing disabilities (Blakely et al., 2020). Kengar et al (2022) stated that patient's health literacy, the amount of clear information provided, mutual listening and tone of voice were among the challenges that affected communication between patients and pharmacists.

Table 2
Challenges of patient-pharmacists communication

Item	N	%
Use of language that you are not familiar with it	43	19.6
Use of jargons (or unfamiliar terms) and/or slang/dialect that you don't understand	32	14.5
Patient with low health literacy level	31	14.1
Elderly patient with poor hearing	46	20.9
Patient with speaking disabilities (e.g., deaf, mute)	33	15.0
Patient with poor cooperation	35	15.9

Notes: Multiple responses possible. Total percentage may exceed 100%

Frequency of Communication Challenges Encountered
Table 3 shows that the frequency of pharmacists encountering communication difficulties or problems with patients that varied among the respondents. The highest reported frequency was "at least once a day," which was reported by 17 respondents (28.8%). This was followed by "more than once a week," reported by 14 respondents (23.7%), and "more than once a month," reported by 18 respondents (30.5%). Ten respondents (17%) reported that they face communication problems with patients only once every 6 months.

Table 3
Frequency of encountering pharmacist-patient communication

Frequency	N	%
At least once a day	17	28.8
More than once a week	14	23.7
More than once a month	18	30.5
Once every 6 months	10	17

Experience of Communication Difficulties

The study also identified the experiences of the respondents during communication with patients (Table 4). Among the experiences reported, the most common challenge encountered by the respondents was "difficulty in counselling patients regarding the proper use of medications," reported by 40 respondents (18.5%). This was followed by "patient has poor/limited understanding of his/her health condition," reported by 35 respondents (16.2%), and "difficulty in collecting personal details (e.g., name, address etc.)," reported by 32 respondents (14.8%). Other challenges reported by the respondents were "difficulty in taking medical history (e.g., medical/health conditions, current medications etc.)" (13.4%), "patient has poor adherence to drug regimens/therapy" (14.3%), "patient defaults the prescribed drug therapy" (11.6%), "patient opts for traditional or complementary treatments" (5.6%), and "patient resist from treatment/therapy and/or counselling" (5.6%). Hence, our findings suggest that pharmacists and PRPs encounter various challenges when communicating with patients during medication dispensing or counselling sessions.

Table 4
Types of pharmacist-patient communication difficulties

Experience	N	%
Difficulty in collecting personal details (e.g. name, address etc.)	32	14.8
Difficulty in taking medical history (e.g. medical/health conditions, current medications etc.)	29	13.4
Difficulty in counselling patients regarding the proper use of medications	40	18.5
Patient has poor adherence to drug regimens/therapy	31	14.3
Patient has poor/limited understanding of his/her health condition	35	16.2
Patient defaults the prescribed drug therapy	25	11.6
Patient opts for traditional or complementary treatments	12	5.6
Patient resist from treatment/therapy and/or counselling	12	5.6

Notes: *Multiple responses possible. Total percentage may exceed 100%.

Resources Used to Overcome Communication Barriers

Our study also investigated the resources utilised by the respondents to overcome communication barriers (Table 5). The most utilised resource was "refer to colleague or staff who understand patient's native language," reported by 52 respondents (36.9%). This was followed by "use pictograms/infographics/sketches" and "translate patient information sheets available in the department," both reported by 28 respondents (19.9%). Other resources reported by the respondents were "print medication labels in patient's native language" (8.5%), "play or show video clips from YouTube" (8.5%), "have a copy of patient information sheets from the internet" (4.2%), and "others" (6.3%). Therefore, these finding show that they use a variety of resources to overcome communication barriers during pharmacist-patient communication and interaction. Among the resources utilized, referring to colleagues or staff who understand the patient's native language was the most used.

In one study, an animated medication information video with a special focus on patients with limited health literacy was used to provide drug information (Visscher et al., 2021). Dowse (2020) pointed out that pictograms are a valuable tool to disseminate drug information,

urging pharmacists to consider their adoption in practice. Likewise, infographics have gained popularity as an innovative tool to communicate easy and quick drug information visually in a colourful and attractive way (McCrorie et al., 2016). Furthermore, in their review, Samaranayake et al (2018) found that simple and straight forward instructions written legibly were better understood by patients. Hence, our findings highlight the importance of having resources available to overcome communication barriers and improve pharmacist-patient communication.

Table 5
Types of resources used to overcome communication barriers

Resources	N	%
Translate patient information sheets available in the department	28	19.9
Refer to colleague or staff who understand patient's native language	52	36.9
Have a copy of patient information sheets from the internet	6	4.2
Print medication labels in patient's native language	12	8.5
Use pictograms/infographics/sketches	28	19.9
Play or show video clips from YouTube	12	8.5
Others	9	6.3

Notes: Multiple responses possible. Total percentage may exceed 100%

Patient-pharmacist Communication Practices
The results of the study (Table 6) show that the majority of the participants agree or strongly agree with the following practices: introducing oneself to patients before starting any conversation (77.9%), speaking clearly (89.9%), using simplified language (91.6%), avoiding medical jargon (84.8%), speaking in a respectful and courteous manner (88.2%), allowing patients to express their religious/cultural beliefs (76.2%), asking open-ended questions (74.5%), listening actively (83.1%), observing non-verbal cues (76.2%), avoiding distractions (77.9%), showing empathy (86.4%), explaining how medication works in a way patients can easily understand (86.4%), encouraging patients to take responsibility for managing their own health (89.8%), allowing patients enough time to ask questions (84.7%), allowing patients to interrupt with questions (74.5%), making patients feel at ease (88.1%), encouraging patients to talk to their doctors about treatment options (88.1%), and checking patients' understanding at the end of the counseling session (91.5%).

Greenhill et al (2011) stated that pharmacists may need more training to improve the use of specific communication skills such as listening effectively and creating patient-centred consultations. Moreover, Delli et al (2022) found that pharmacists used self-repair practices, such as replacement, clarification, verbatim repeat, and repetition with an elaboration to increase patient understanding. Next, Fesharaki (2019) stated that expressing the correct non-verbal cues is exceptionally important for the pharmacists and PRPs to practice while communicating with patients. Non-verbal communication is expressed by facial expressions, gestures, posture, and physical barriers such as distance from the speaker (Evans, 2003). Findings from Stevenson (2014) indicated the use of non-verbal communication between patients and pharmacists that do not share a common language despite having a multilingual interpreter. Likewise, by having the right management of health communication with patients, it is possible that the patients would take responsibility in self-care for their health (Kourkouta & Papathanasiou, 2014).

On the other hand, a significant portion of participants disagreed or strongly disagreed with the practice of choosing not to deal with patients from other races than one's own (64.4%). Additionally, a minority of participants agreed with the practice of using sign language to communicate with special needs patients (44.1%), which may indicate a need for further training or resources for healthcare professionals in this area. Finally, most participants agreed with the practice of abiding by a code of ethics and professionalism when communicating with patients (89.8%), which is a positive finding. This is important since pharmacists will assist patients in making the best use of their medications (Vottero, 1995)

Table 6

Practices of patient-pharmacist communication

Statements	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree	
	N	%	N	%	N	%	N	%	N	%
I always introduce myself to patients before starting any conversation	5	8.5%	0	0.0%	8	13.6%	31	52.5%	15	25.4%
I speak clearly to patients so that they can understand what I am saying.	2	3.4%	1	1.7%	3	5.1%	27	45.8%	26	44.1%
I always use simplified language when communicating with patients.	2	3.4%	1	1.7%	2	3.4%	26	44.1%	28	47.5%
I avoid the use of medical jargon when communicating with patients.	2	3.4%	2	3.4%	5	8.5%	25	42.4%	25	42.4%
I speak to patients in a respectful and courteous manner.	3	5.1%	0	0.0%	4	6.8%	28	47.5%	24	40.7%
I allow patients to express their religious/cultural beliefs regarding their medications/treatments.	3	3.4%	1	1.7%	10	16.9%	30	50.8%	15	25.4%
I always ask patients open-ended questions when communicating with them.	1	1.7%	4	6.8%	10	16.9%	34	57.6%	10	16.9%
I always ask opinions from patients regarding their	2	3.4%	4	6.8%	14	23.7%	31	52.5%	8	13.6%

medications/treatments.									
I always listen actively when communicating with patients.	3	5.1%	0	0.0%	7	11.9%	29	49.2%	20	33.9%
I always observe non-verbal cues (eye contact, gesture, body exposure etc.) from patients while communicating.	1	1.7%	4	6.8%	9	15.3%	30	50.8%	15	25.4%
I always avoid distractions while communicating with patients	2	3.4%	2	3.4%	9	15.3%	30	50.8%	16	27.1%
I always show empathy when communicating with patients.	2	3.4%	1	1.7%	5	8.5%	35	59.3%	16	27.1%
I explain to patients how their medication works in a way they could easily understand	3	5.1%	1	1.7%	4	6.8%	31	52.5%	20	33.9%
I encourage patients to take responsibility in managing their own medications and health conditions.	2	3.4%	1	1.7%	3	5.1%	30	50.8%	23	39.0%
I allow patients enough time to ask me any questions they may have.	3	5.1%	0	0.0%	6	10.2%	35	59.3%	15	25.4%
I allow patients to interrupt me with any questions they may have	2	3.4%	1	1.7%	12	20.3%	31	52.5%	13	22.0%
I pay attention and listen to patients' concerns about their medications	2	3.4%	1	1.7%	4	6.8%	37	62.7%	15	25.4%
I always make patients feel at ease when communicating with me	3	5.1%	0	0.0%	4	6.8%	38	64.4%	14	23.7%
I encourage patients to talk to their doctors about medication/treatment options available for them.	2	3.4%	1	1.7%	4	6.8%	30	50.8%	22	37.3%
I always check my patient's understanding	3	5.1%	0	0.0%	2	3.4%	34	57.6%	20	33.9%

at the end of the counselling session.									
I choose not to deal with patients from other races than mine	23	39.0%	15	25.4%	4	6.8%	16	16.9%	1	1.7%
I use sign language to communicate with special needs patients	4	6.8%	9	15.3%	20	33.9%	20	33.9%	6	10.2%
I always abide by a code of ethics and professionalism when communicating with patients.	2	3.4%	0	0.0%	4	6.8%	35	59.3%	18	30.5%

Nevertheless, there are several limitations to this study. First, the sample size was relatively small and limited to a single hospital in a specific geographic region, which may limit the findings from being generalised to a greater population. Additionally, the study relied on self-reported data, which may be subject to biases or inaccuracies. Moreover, the study only focused on pharmacists and PRPs and did not include other healthcare professionals, such as physicians and nurses, who may also play a role in patient-pharmacist communication.

Suggestion for future studies is to increase the sample size to obtain a more accurate representation of pharmacist-patient communication practices and challenges. The study setting could also be expanded to include multiple hospitals in different regions of the country. Additionally, other healthcare professionals such as doctors or nurses could be incorporated to provide a more comprehensive understanding of communication practices and challenges in healthcare. Qualitative research methods such as interviews or focus groups could be utilised to gather more in-depth and nuanced information on pharmacist-patient communication. It is also recommended to include patient perspectives to obtain a more complete understanding of the challenges faced in pharmacist-patient communication.

Conclusion
Overall, the findings of this study could contribute to improving pharmacist-patient communication and interaction, as they provide insights into the practices and challenges encountered by pharmacists and PRPs in Malaysia. In conclusion, this study sheds light on the practices and challenges encountered by pharmacists and PRPs during pharmacist-patient communication and interaction at a district hospital in Peninsula Malaysia. The results showed that language barriers, including the use of unfamiliar language, jargons, slang, and dialect, and the low health literacy level of patients, were the most common challenges faced by the respondents.

Despite these challenges, the findings suggest that pharmacists and PRPs utilize a variety of resources to overcome communication barriers during pharmacist-patient communication and interaction. Among the resources utilised, referring to colleagues or staff who understand the patient's native language was the most used. The findings highlight the importance of having resources available to overcome communication barriers and improve pharmacist-patient communication. The results of this study have implications for pharmacy practice,

particularly in the context of multicultural and multilingual societies. Pharmacists and PRPs should be aware of the challenges and employ strategies, such as the use of resources, to improve communication and ultimately patient care. The findings also suggest that further research is needed to explore other potential barriers and solutions to pharmacist-patient communication and interaction, and to develop effective communication strategies that can be implemented in various healthcare settings.

Contributions

The theoretical contribution of this research lies in its exploration of patient-pharmacist communication practices and challenges in a public hospital in Malaysia. It provides insights into the factors affecting communication and highlights the importance of effective communication between pharmacists and patients for providing pharmaceutical care and improving medication adherence. The study's findings can contribute to the development of communication-related interventions to enhance the quality of pharmaceutical care in public hospitals in Malaysia.

The contextual contribution of this research is its relevance to the Malaysian healthcare system. It provides insights into the communication practices and challenges encountered by pharmacists and PRPs in a public hospital in Malaysia. The study's findings can inform healthcare policymakers and practitioners about the importance of effective communication in providing pharmaceutical care and improving medication adherence in the Malaysian context. The study's recommendations for organizing communication-related workshops, seminars, or training can be implemented to enhance the communication skills of pharmacists and PRPs in public hospitals in Malaysia.

This research is also significant to the existing knowledge as it adds to the understanding of patient-pharmacist communication practices and challenges in a public hospital in Malaysia. It provides new insights into the factors affecting communication and identifies language barriers and communication difficulties faced by pharmacists and PRPs when dealing with patients with communication disabilities. The study's findings also contribute to the existing knowledge on the importance of effective communication in providing pharmaceutical care and improving medication adherence.

In the context of the Malaysian healthcare system, this research plays an essential role in highlighting the need to improve patient-pharmacist communication. The study's findings can inform the development of communication-related interventions to enhance the quality of pharmaceutical care in public hospitals in Malaysia. The study's recommendations for organizing communication-related workshops, seminars, or training can be implemented to enhance the communication skills of pharmacists and PRPs in public hospitals. Overall, this research can help improve the quality of healthcare services provided to patients in public hospitals in Malaysia by enhancing communication between healthcare personnel and patients.

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