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Reflective skills of pharmacists in patient counselling

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Abstract

Background: Both the work and the roles of community pharmacists have been changing rapidly over the last decades. Nowadays pharmacists are expected to develop and re-evaluate their expertise in order to succeed in an ever-changing professional culture contributing to the demands of society. One of the tasks that, has become essential in modern pharmacy practice is reflective communication about medicines with patients. The worldwide experiences of Pharmacists include problems in applying theoretical knowledge in a practice setting and particularly in patient counselling.

Aim: To describe the levels of reflective learning of 40 Finnish community pharmacists in the context of patient counselling and health education. Theories that are used as a framework for the analysis are based on patient counselling according to USP Medication Counselling Stages and Metzirow's theoretical underpinning.

Method: The data for this study comprised of essays written by a convenience sample of 40 practicing pharmacists (M.Sc. Pharm. and B.Sc. Pharm) before starting the one-year patient counselling courses in 2000 ($n = 21$) and 2001 ($n = 19$). The data were thematically content analysed.

Results: The findings of the study identified only one pharmacist reached the level of critical consciousness. Altogether 22 pharmacists remained at the level of affective reflectivity (i.e. the novice level of competency) and 10 remained at the level consciousness (i.e. the beginner level of competency). These pharmacists belonging to these two groups needed continuing education in basic pharmacotherapy knowledge and communication skills. Apart from one pharmacist, they had poor understanding of the interactive role of a customer (concordance).

Conclusions: These results may indicate that the pharmacist should reach the level of critical reflection before (s)he can develop competency empowerment-based patient counselling. New teaching methods and evaluation tools applicable to basic education, continuing education and in-house training are needed to support reflective learning process in developing professional competencies, such as patient counselling skills.

Q1 **Keywords:** *Pharmacists, level of critical reflection, reflectivity, learning process*

Introduction

Patient counselling competence of pharmacists is based on their education, knowledge and skills it provides. Previous studies have indicated that the challenge in pharmacy education is to broaden the role of pharmacists in patient counselling from a traditional approach to an empowerment approach (Katajavuori, Hirvonen & Lindblom-Ylänne, 2003, 2004). Both the work and the roles of community pharmacists have been changing rapidly over the last decades (Szasz & Hollander, 1956, Airaksinen, Ahonen & Enlund, 1998). Nowadays pharmacists are expected to develop and re-evaluate their expertise in order to success in an ever-changing working life thus fulfilling the demands of society. One of the tasks that has become essential in modern pharmacy practice is communication about medicines to customers (Hepler & Strand, 1993). Pharmacists worldwide experience problems in applying theoretical knowledge in practice, particularly in patient

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counselling. This is also the case in Finland (Sihvo & Hemminki, 1999, Sihvo, Ahonen, Mikander & Hemminki, 2000, Katajavuori, Valtonen, Pietilä, Pekkonen, Lindblom-Ylänne & Airaksinen, 2002).

Patient counselling competence of practicing pharmacists is mostly based on their basic education that may go back to 20–30 years. These skills and knowledge may well be irrelevant to their current practice. Some studies have indicated that the challenge in education of health professionals is to broaden their role in health education, to shift from the traditional approach to an empowerment approach (Benson & Latter, 1998, WHO, 1999, Katajavuori et al., 2003,). Pharmacists today need an understanding of patient needs in terms of the disease and its treatment, and understanding the patient's role in self management (Marinker, 1997). Pharmacists need to know the principles of patient counselling, health education and reflectivity and be able to implement these competencies into their practice. The empowerment approach refers to the need to clarify values, beliefs, health, and health-related determinants of behaviour and the need to foster empowerment through improving self-evaluation.

Advice giving to the patient can be divided into four different stages of competency according to the United States Pharmacopeia (USP) Medication Counselling Behaviour Guidelines: *Monologue* of the pharmacist (lowest level); *Dialogue* between the pharmacist and the customer, and *Conversation and Discussion* (www.usp.org). These stages of competency can be explained by the levels of Reflectivity (Van Manen, 1977, Mezirow, 1981, Tiuraniemi, 2002).

The aim of this study was to describe the levels of reflective learning of 40 Finnish community pharmacists in the context of patient counselling. Theories used for the analysis-framework were based on patient counselling according to USP Medication Counselling Stages (www.usp.org) and Metzirow's theoretical underpinning (Mezirow, 1981, Metzirow, 1991).

Literature review

Stages of Patient Counselling

Concepts related to advice giving have been changed over time (De Young, 1996, www.usp.org). These changes reflect alterations in understanding the meanings of the concepts of health education, role of the patient, and learning. Counselling has been defined as "the means by which one person helps another to clarify their life situation and to decide upon further lines of action", and its aim is "to give the client an opportunity to explore, discover, and clarify ways of living more resourcefully and towards greater well-being" (Blenkinsopp, Panton & Anderson, 2000). According to this definition, counselling seeks to enable or empower the patient to decide on a particular course of action and see it through. The key point is that the counsellor is helping the patient to make their own decision, even if that decision varies from the one the counsellor thinks should have been made (Blenkinsopp et al., 2000).

Although pharmacist's role in providing drug information to consumers has been widely discussed, few attempts have been taken to set up concrete models for quality communication and self-evaluation of performance (www.usp.org, Hargie, Morrow & Woodman, 2000). The model developed by the USP is one of the most comprehensive in this respect (www.usp.org). The USP model illustrates the continuum of communication stages from monologue to discussion. It describes each patient counselling process as consisting of four phases: The introduction aims at assessing patient's needs for information; the content of information should be customized according to needs assessment; the concluding part which should focus on assuring understanding. The fourth part of the process includes communication techniques that are needed in each step of the process. This process model applies to all counselling episodes, regardless of their length or other characteristics. Specialists developed it for the purposes of learning and self-improvement by pharmacists. The validity and suitability of the USP Guidelines has been tested in the context of community pharmacy (Puumalainen, Kansanaho, Varunki, Ahonen & Airaksinen, 2003).

Role of reflectivity in developing professional competence. Patient counselling stages can also be described through the concept of reflectivity, which closely relates to developing professional competence. There is no single generally acceptable definition for reflectivity. Mezirow (1981) defines reflectivity as "consciousness of own observations, interpretations of meaning or behaviour or of one's own ways of seeing, thinking and acting". According to Mezirow, the objects of reflection are: The ways of observation, thinking and acting. Reflectivity can also mean observation, recognition and expression of one's own internal states and those of the others as well as the attitude towards them, which means that the individual attempts to recognise other people's internal conditions through his/her own status (Tiuraniemi, 2002).

Mezirow (1981),Metzirow (1991) divides reflection and reflective learning into seven hierarchical levels. The levels are described more detail in Table I. Mezirow (1981), Metzirow (1991) refers to the first four levels of reflection (1–4) as consciousness and to the last three levels (5–7) as critical consciousness. The transformation of the pharmacists' meaning can occur at the level of consciousness when they reflect on the content and process of counselling. In professional work, reflectivity means examination of one's own

Table I. The levels of reflection derived.

Thoughtful action without reflection
Level 0. Non-reflective thoughtful action
Consciousness—"how" questions concerning process and content
Level 1. Reflectivity: Awareness, observation, description
Level 2. Affective reflectivity: Awareness of feelings
Level 3. Discriminant reflectivity: Assessment of decision-making process or evaluation of planning
Level 4. Judgemental reflectivity: Being aware of value judgements and the subjective nature of these
Critical consciousness—"why" questions looking for reasons and consequences of perceiving, thinking or action
Level 5. Conceptual reflectivity: Assessments of whether further learning is required to assist in decision-making
Level 6. Psychic reflectivity
Level 7. Theoretical reflectivity: Awareness that routine or taken-for-granted practice may not be the complete answer, obvious learning from experience or change perspective

Q5

From: Mezirow (1981), Metzirow (1991), Poskiparta (1996).

professional performance from various points of view with development of performance based on this examination. In professional work, the focus is often on social observation, interaction and meanings given to various situations (Harre, 1979, Schön, 1987, Jarvis, 1992, Tiuraniemi, 2002). For example, in patient counselling in a pharmacy, the pharmacist must observe, ask questions, discuss with and evaluate the patient in many ways in order to receive a comprehensive view of the guidance needed by the patient. At the same time the pharmacist must be aware of the effect of his/her own action.

Materials and methods

The data for this study comprised of essays written by a convenience sample of 40 practicing pharmacists (M.Sc. Pharm. and B.Sc. Pharm)† starting a long-term training course on communication skills during 2000 and 2001. As a part of a 4-year Finnish national project (TIPPA, 2000–2003, aimed at promoting patient counselling in community pharmacies), the Pharmaceutical Learning Centre in Finland developed two long-term continuing education courses Q2 focusing on patient counselling skills (Table II). The learning objectives of the courses were to introduce the principles of two-way communication and self-evaluation of the pharmacist's performance, to set goals for personal development, and to create a development plan for pharmacists by applying principles of strategic planning (Table I) (Kansanaho, Pietilä & Airaksinen, 2003a, Kansanaho, Puumalainen, Varunki, Ahonen & Airaksinen, 2003b). Q3

Before the course started, the participants were asked to write an essay about how they define themselves as providers of drug information: What they understand by "patient counselling"; what is "good patient counselling"; what are their personal development aims and how they can develop their own skills. The participants were also asked to fill in a structured questionnaire about their demographic data. The data from the essays were qualitatively content analysed and the data from the structured questionnaire were quantitatively analysed. The analysis was done by categorising the content of the essays into the different themes, which were based on two theoretical frameworks; Medication Counselling Stages of the USP (www.usp.org), and reflectivity (Mezirow, 1981, Metzirow, 1991). The categorizing was done using the Microsoft Office 2000 Word program.

Table II. Outline of the continuing education courses.

First module
Principles of constructive learning
Principles of two-way communication (USP Medication Counselling Behaviour Guidelines)
Analysis of participants' strengths and weakness in patient counselling
Second module
Therapeutic guidelines (project work)
Practicing two-way communication in small groups using role play technique
Practicing self-evaluation and peer-evaluation of performance
Third module
Personal development plan on communication skills on the basis of analysis of the videotaped role plays (project work)
Co-operation with local health care providers in patient counselling (project work)
Introduction to the final project (project work)
Fourth module
Long-term development plan on patient counselling for the pharmacy (project work)
Presentations of the final projects
Ethics in patient counselling
Evaluation of the CE course

From: Kansanaho et al., (2003a) 11:153-160.

The study pharmacists

The participants ($n = 40$) who attended two CE-courses in 2000 and 2001, were practising pharmacists with a mean working experience was 15 years, (SD $\pm$ 1.09 years; range 1–36 years). The mean age of the participants was 39 years (SD $\pm$ 1.32 years; range 26–59 years). All but two of the participants were women. The majority (59%) had a Bachelor's degree in Pharmacy, and the rest (41%) had a Master's degree. Most of the participants had not had any previous education in communication skills and some had not had any education in pharmacotherapy during their basic studies, although they are expected to have these skills in their current work at the pharmacy.

Ethical considerations

The principle of informed consent was applied in this study. The privacy of the study pharmacists was protected during the analysis. Where verbatim

quotations from individual study pharmacists are shown, after each citation a code number is given in parentheses preceded by either a "b" (referring to a study pharmacist with a Bachelor's degree) or "m" (a study pharmacist with a Master's degree).

Results

Non-reflectors at the stage of Medication information Transfer

Table III summarizes the pharmacists' level of patient counselling and reflection. Ten of the study pharmacists had their patient counselling competency at the lowest stage, reaching the level of non-reflection (Table III, Figure 1). They self-reported to be poor drug information providers, but they served their patients quickly. These pharmacists indicated a need to continue education in basic knowledge and communication skills. They had poor understanding of the interactive role of a patient, (model of concordance). These pharmacists reported that young and middle-aged patients, especially males, old people and children were difficult to serve. They did not want to even provide drug information for these patients. The pharmacists wanted to develop their competency from monologue stage to dialogue stage but they did not know how to implement the skills into practice.

The study pharmacists did not feel able to reflect on the counselling experience. When describing their counselling, they used disconnected empirical knowledge without analysing their actions in relation to their knowledge. They described their counselling briefly and the meaning of practice was constructed without evaluating the counselling during the session.

"I don't know what to say for the patient who is in middle-aged and in hurry. I just sell the packet of ibuprofen and that's it" [m36].

"How should I take the child into consideration while counselling his mother? I counsell very shortly the most important things so patient doesn't need to ask anything" [m37].

"I am moderate counsellor because sometimes I don't even remember the trademarks. I assume that patients sometimes feel that I am unsure while counselling them, because I tell them the things so briefly" [m33].

"I don't have communication skills enough to serve the old people. I do what I feel right routinely" [b31].

"I serve the patients very fast especially dispensing the prescription medicines and I want to learn to discuss with the patients, I need to practice my communication skills. My counselling is one-sided I don't know how to use reflective questions" [b24].

"I don't say anything just dispense the medicines fast. I just do what I have to" [b22].

"I am friendly but I counsel too fast and don't always have enough pharmacological information about the medicines. I speak too much and don't remember to ask anything and routinely sell the medicines" [b5].

"I am lousy counsellor because I do it so routinely. Sometimes I have good contact with the patients and I ask a lot of questions, but mostly my counselling is monologue" [b1].

"I know what is good counselling but I don't know how to implement it into the practice. I know that I should ask questions but obviously I don't do that" [b4].

"I tell the patients how to use the medicines and then I ask the 'target' to repeat after me the instructions. I tell the patients what to do and don't ask the questions" [m13].

Reflectors at the stage of Medication Information Exchange

Most of the study pharmacists were competent at the Medication Information Exchange stage and reached the lower level of consciousness reflection, (at levels 1–4 according to Metzirow (1991), Entwistle, Entwistel & Tait, (1993)) (Table III, Figure 1). The study pharmacists were aware that they needed long-term continuing education courses on pharmacology, disease management and therapeutic guidelines. These pharmacists reported that the pharmacy owners did not support the staff and did not give them enough possibilities to educate themselves. Also, lack of time and privacy in the pharmacy were reported as barriers for providing drug information. The study pharmacists were technical and medicine-centered without personal or affective involvement. The counselling focused on the instructions of the medicines and how to store them, and the content was quite general.

"The pharmacy owner should give us opportunities to educate ourselves in patient counselling" [b2].

"Most important is that the patient is satisfied" [b10].

"I know what I kind of things I should counsell but I need to develop my communication skills especially how to ask questions" [b12].

"In order to be a good patient counselor one must develop one's pharmacological knowledge and communication skills" [b15].

"Well the most important thing is to give counselling to the patient and to try to use even one reflecting question" [b16].

Table III. Medication Counselling Stages (www.usp.org) and Level of reflectivity (Mezirow, 1981, Metzirow, 1991) of the study pharmacists according to content analysis of the essays ($n = 40$).

	Medication information transfer ($n = 10$)	Medication information exchange ($n = 22$)	Medication education ($n = 7$)	Medication counselling ($n = 1$)
Level of information	Basic, brief, non-individualized	Detailed, individualized	Comprehensive, group or individualized	Detailed discussion and guidance
Level of counselling	Most often spontaneous in response to the medication prescription	Spontaneous or planned	Planned	
Objective of process	Essential information related to taking prescribed medication as directed (MONOLOGUE)	Provider responds to and asks questions related to prescribed medication (DIALOGUE)	Collaborative learning experience and process regarding prescribed medication (CONVERSATION)	Guidance that assists in fulfilling needs in managing medical condition and prescribed medication (DISCUSSION)
Product to Patient	Focus is on safe and proper use of drug product	Answers and solicits questions about the drug product. Adapts information to the individual. Increases knowledge regarding proper and safe use of medication for specific condition	Increases knowledge regarding proper use and safe use of medication for specific condition	Enhanced problem solving skills and assists with proper management of medical condition and effective use of medication
Nature of relationship	Passive individual receives instruction given by the healthcare provider	Questions and answers are actively exchanged between patient and provider	Interactive learning about the implication of the medication is shared between patient and provider	Interactive and collaborative discussion and learning between patient and provider
Level of Reflectivity	Non reflector (level 0)	Reflector (consciousness at levels 1–4)	Critical reflectors (critical consciousness at levels 5–7)	Critical reflectors (critical consciousness at levels 5–7)

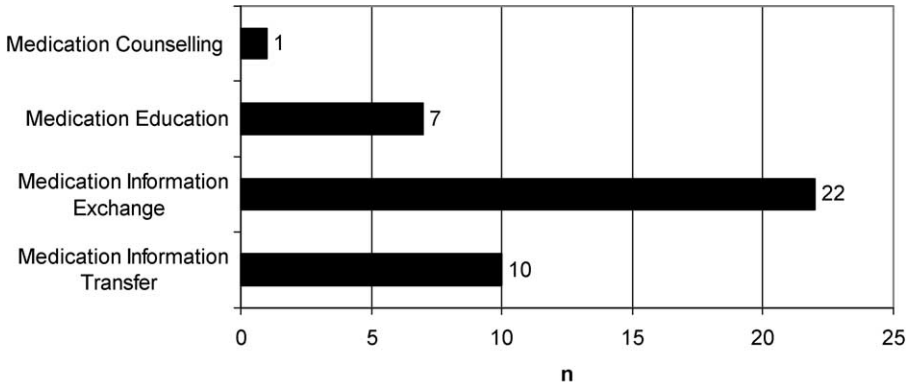

Figure 1. Patient counselling competence of the study pharmacists ($n = 40$) identified through the Medication Counselling Stages.

"I have to have a good pharmacological knowledge and I need to develop it further in to be a good patient counselor. Counselling is a demanding process and I hope this continuing education course will give me some tools for practicing counselling" [17].

"Information giving is not so easy. Sometimes when I counsel a patient and mention something (s)he is sensitive about, I see it might hurt the patient. How to manage to handle patients more sensitively?" [m18].

"Information must be transferred to the patient. For example that this medicine is taken without food in the mornings".[m20].

"Communication skills are important. Patients are usually very seriously ill and pharmacists should be able to counsel these patient equally" [m21].

"I tell how to take a medicine, some side-effects and how to store it. Sometimes I can give a written information (leaflets) to the patient" [b23].

"I can't adapt to the patient's situation. I need to practice communication skills as well as learn more about pharmacological knowledge".

"Sometimes the patients look like pretty frustrated when I try to ask them questions. I try to counsell at least something about their medications. There is still some time to learn more conselling skills" [m26].

"When I dispense the prescription medicines I usually say how and when to use a medicine, I don't usually say anything about side-effects or interactions" [m27].

"I tell the patient the most important things in general" [b28].

"It is easier if I have been long time at the same community pharmacy. I know the patients and I know their diseases and medicines what they use" [m29].

"I tell the most important things about the medicines and the patients seem to be happy with it" [b8].

"I need to develop my communication skills" [30].

"My counselling is routine and I usually tell the patient how to use a medicine. I know I need to develop my counselling" [b32].

"I sometime speak to fast and I find it difficult to tell the most essential things about medicines" [b34].

"I am realistic, I have good days and bad days concerning counselling. I hope to learn to give reasons for the patient" [b35].

"I try to counsel very simply and try to listen to the patient sometimes" [b8].

"The pharmacy owner's attitude to counselling is important. He should support the pharmacy staff more and realize the meaning of counselling" [b39].

"I wish I had more information about diseases, therapeutic guidelines and medications" [b38].

Critical reflectors at the stage of Medication Education

Less than ten study pharmacists were competent at Medication Education stage, and reached the higher level of critical consciousness (Table III, Figure 1). The study pharmacists self-reported that providing drug information was the most important work in pharmacies. Study pharmacists reported that a pharmacy could be more than a place to buy drugs; it could be a comprehensive source of health information. They thought that life-long learning is essential in order to develop their professional competence. These study pharmacists saw themselves as approved professionals, capable of providing legitimate patient counselling. Usually these study pharmacists were satisfied with their way of counselling and found only few technical things that could have been carried out better.

"I have been a good patient counsellor if the patient knows why and how to use his medicine. By interviewing and asking questions I find out the patient's health condition and medication". [m11]

"I usually analyse the patient quickly, then I ask some questions and try to make a conversation about patient's diseases, other treatments and medication. I give information about medicines for example side effects and interactions. Sometimes it is so busy at the pharmacy that I don't have time to counsel anything."[b3]

"I find it useful to develop a counselling model for myself. Using this model I can make sure that I have informed the patient of all important things and the patient knows how to use the medicines safely." [b6]

"The patient is the best expert concerning his own diseases. Pharmacist is not allowd to underestimate the patient while counselling. If the patient has used some medication for years, the patient usually knows everything about the medication. Pharmacists have to make sure that everything is ok. In order to do that, pharmacists have to have new pharmacological knowledge and good communication skills" [m19].

"I try to negotiate with the patient about his medication. I want to find out if the patient's medicines are new or if he has used them for long time. I try to make sure that the patient knows how to use medicines, especially if he is using asthma medication" [b39].

"While dispensing the eye drops, I usually demonstrate how to use the eye drops and why it has to be used. I try to be clear and speak so that the patient understands the instructions." [b9]

"My aim is to ask some questions in order to know that the patent is interested in his medication and then I counsel him about his medication".[b14]

Critical reflector at the stage of Medication Counselling

Only one study pharmacist achieved the highest level of patient counselling stage, and the level of theoretical reflectivity. These are the skills of discussing interactively with the patient during the interaction (Table III, Figure 1). It was typical of critical reflector to have an open, effective and personal style of reflecting and to explain their earlier assumptions regarding counselling. According to this pharmacist, patient counselling was based on: Listening, asking questions, discussing, concretising and repeating. In order to be a good drug information provider and maintain communication skills, continuing education and good support from management are required. By activating their own self-reflection, the pharmacist was able to help the customers by reflecting their own thoughts concerning their medication.

" I try to create the situation where both of us talk, ask questions and listen" [m7].

Discussion

The results of this study showed that most of the study pharmacists achieved the basic level of consciousness when evaluating their written essays in the context of patient counselling. Only one study pharmacist reached the level of critical consciousness and ten study pharmacists remained at the level of non-reflection. Pharmacists need to be able to critically reflect their communication skills and to understand the role of the health education in order to reach the highest level of medication counselling (www.usp.org) and critical reflectivity (Mezirow, 1981,Metzirow, 1991). Studying pharmacotherapy alone is not enough; one needs to understand and internalise critical reflectivity, have the ability to integrate these skills into practice and understand the interactive role of a patient (concordance).

The study pharmacists seemed to be well aware of the fact that their performance should be systematically planned and based on two-way communication. Still, their understanding of the practical competency seldom seemed to reach that level. Their understanding about the dialogue-based communication was mainly focussed on asking product-related questions and responding questions asked by the customer, i.e. the relationship between the pharmacist and the patient was perceived to based on active exchange of questions and answers. Most of the pharmacists did not see the encounter as an interactive and collaborative learning process. These findings reflect the old traditions that still dominate pharmacist–patient interaction (Katajavuori et al., 2002) Pharmacists seem to still have attitude based in selling medicines instead of selling treatments that influence behaviours.

During their basic pharmacy education, the students should be taught more two-way communication, concordance and interactive patient counselling. It is not possible to manage the change and new demands without proper education. Despite the fact that the universities in Finland have been presented as a model for educating pharmacy experts, teaching and studying in the universities are often far from the ideas of knowledge-building discourse, and knowledge transmission. These aspects should be taken into account in continuing education. At the moment 20% of all Finnish pharmacists do not attend at all continuing education courses (Savela, 2003). Tools are needed in educating pharmacists and pharmacy students; including the USP Medication Counselling Behaviour Guidelines, which they have systematically

applied to introduce practitioners to the principles of two-way communication and self-assessment of performance. In this study USP Medication Behaviour Guidelines proved to be very practical tool to illustrate differences between counselling stages. The first step in training was to raise awareness of different approaches to the patient. If the universities want to produce pharmacy experts and maintain the expert skills of graduated pharmacists, the universities need to develop in order to support patient centred communication (concordance) (Bereiter & Scardamalia, 1993, Entwistle et al., 1993, Jonassen, Maynes & McAleese, 1993, Marton, Dall'Alba & Beaty, 1993, Lonka & Ahola, 1995, Vermut, 1995, Volet, McGill & Pears, 1995, Tynjälä, 1996)

Our results suggest that pharmacists think that middle-aged and old customers might lack knowledge of their medication, and in this kind of situation, the counselling given by the pharmacists could support the thinking process of the patient. According to the results, pharmacists felt that they also need to support the patient also emotionally; especially young patients who might not necessarily lack knowledge of information concerning their medication, but don't know how to connect their knowledge to their own medication. That is the challenge for the pharmacists. It is demanding for the pharmacists because nowadays the Internet and media make it possible to search for all kinds of information concerning medicines. However, the scripts in this study reflect that old traditions still dominate pharmacist–patient interaction. In this study pharmacists seem to still have the attitude of selling medicines instead of selling treatments which influences their counselling behaviour. The Pharmacists' relationships are still paternalistic and asymmetrical, i.e. the pharmacist is "in control". They have a drug-centred way of thinking and the transfer of information is monologue-based. The support from the management level in pharmacy is essential in developing patient counselling in practice toward more concordance based counselling (Kansanaho et al., 2003a,b). The role of the pharmacists should change from the paternalistic counsellor towards a counsellor who supports the patient emotionally and helps them to combine actions, knowledge and feelings (critical reflection).

Development in the pharmacy field requires unconscious and practical knowledge (Jarvis, 1992, Tynjälä, Nuutinen, Eteläpelto, Kirjonen & Remes, 1997). Using these skills, pharmacists are able to pay more attention to the patient. Flexible patient counselling situations are constructed when the patient is an active partner and their needs are taken into account. In order to develop professionally, the pharmacists have to combine knowledge, action and feelings. Using critical reflection, the pharmacist can redefine their own work and improve their performance. According to our experiences, extensive learning processes are needed at the pharmacy level that involves individual pharmacists to develop personal competencies; the entire working society to change the communication culture; pharmacy owners to incorporate professional services into the vision and business strategy of the pharmacy; local consumers to educate them to take an active role in self-management; and other health care providers to agree on the new roles in multidisciplinary teams.

According to this study, pharmacists use only few reflective questions in counselling. Most of them are future-oriented or introduce hypotheses. Reflective questions tend to ensure a patient-centred conversation and may improve the effectiveness of health counselling. In order to internalise the importance of reflective questions at the pharmacy level, pharmacists need continuing education in communication skills (Tomm, 1988), focused even more at the practice level; dynamic verbal- and non-verbal communication situations. These could be videotaped for further theoretical, consciousness and developmental feedback. In order to activate self reflection; pharmacists need practice (Van Manen, 1977, Mezirow, 1981,Metzirow, 1991, Smyth, 1992).

In Finland, a national 4-year joint programme (TIPPA) has developed tools for pharmacy practitioners to improve their professional development (www.tippa.net). The TIPPA Project has promoted enhance patient counselling and change in attitudes by providing concrete tools for self-assessment and personal development (Puumalainen et al., 2003); and the implementation has been assessed (Kansanaho et al., 2003a,b). In order to develop professionally, especially pharmacy owners need to provide facilities and possibilities to continuing education for pharmacists; the lack of interest of the pharmacy owners towards the working community and personnel is further revealed by the fact that the owner does not participate in the training and development events arranged for the personnel (Kansanaho et al., 2003a,b). This can be interpreted as the management's lack of interest towards the personnel. As a consequence, community development is deprived of motive and purpose, as the pharmacy staff feel that the company management does not regard their concerns as important.

Methodological considerations

Even though content analysis is originally a quantitative method, the purpose of which was to describe the division of the data into classes and categories, and in this way to express the essence of the content, it is still significant as a qualitative method (www.metodix.com, Pietilä, 1976). Content analysis makes it possible to draw repeatable and valid conclusions about the relation between the research data and its context and contents. It is a tool for

producing new information and knowledge, new conceptions, and bringing forward the hidden facts. The division of content analysis can be considered as a set of different methods, which are used in observing the contents of data and gathering data by the scientific rules.

In this study two authors analysed the data. This might have had an influence to the results. To avoid bias, the analysis was first done independently and then compared, and in the case of scoring discrepancy, the essays were reviewed again and discussed until the consensus score was reached.

Conclusion

These results may indicate that the pharmacist should reach the level of critical reflection before developing empowerment based patient counselling competency. New teaching methods and evaluation tools applicable to basic education, continuing education and in-house training are needed to support reflective learning process in developing professional competencies, such as patient counselling skills. The challenge for the future of pharmacy education, (basic and continuing education) is to support pharmacists to construct their meaning perspectives towards empowerment patient counselling and the broad roles that will be expected of pharmacists. This requires pharmacists to undertake training skills needed for patient counselling, using reflective methods because these enhance learning from practice via critical reflection.

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Note

†Thereare two pharmaceutical qualifications in Finland. One qualification is the Master of Pharmacy degree (M.Sc. Pharm), which takes five to six years to complete, including six-months' practical training in a pharmacy and can be obtained from either Helsinki or Kuopio University. In order to own a pharmacy, one must have the Master of Pharmacy qualification. The second qualification in Finland is the Bachelor of Pharmacy degree, which takes three years to complete including six-months' practical training in a pharmacy and can also be obtained from either Helsinki or Kuopio University, andÅbo Academi. Only the pharmacists with the Bachelor or Master of Pharmacy degrees are allowed to dispense medicines, serve and counsel patients at the pharmacies

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