UCONN

AN ONGOING CE PROGRAM
of the University of Connecticut School of Pharmacy and Pharmaceutical Sciences

EDUCATIONAL OBJECTIVES

After completing the continuing education activity, pharmacists and pharmay technicians will be able to

- IDENTIFY factors that commonly contribute to patient conflict in pharmacy practice.
- APPLY communication and de-escalation strategies during challenging patient interactions.
- RECOGNIZE communication errors that may increase the risk of medication-related mistakes.
- DESCRIBE techniques that support professionalism, staff well-being, and effective workflow management.

The Uconn School of Pharmacy and Pharmaceutical Sciences is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

Pharmacists and pharmacy technicians are eligible to participate in this application-based activity and will receive 0.2 CEU (2 contact hours) for completing the activity, passing the post-test with a grade of 70% or better, and completing an online evaluation. Statements of credit are available via the CPE Monitor online system and your participation will be recorded with CPE Monitor within 72 hours of submission

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Patience with Patients: Communication, Conflict, and Customer Service in Pharmacy

TARGET AUDIENCE: Pharmacists and pharmacy technicians who experience customer service and communication difficulties in the workplace.

ABSTRACT: The UConn Office of Pharmacy Professional Development recently asked our learners to identify topics germane to their workplaces. Survey respondents identified gaps in pharmacists' and pharmacy technicians' customer-service and communication skills. Pharmacy teams routinely face frustrated patients when delays, insurance barriers, shortages, and system failures limit access to medications. Learners need practical strategies to recognize conflict, de-escalate encounters, prevent communication errors, and maintain professionalism and effective workflow under pressure.

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FACULTY DISCLOSURE: The authors have no financial relationships with an ineligible company.

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INTRODUCTION

Reese works as a pharmacy intern in a busy community pharmacy. The pickup line is growing, the phones are ringing, and a visibly frustrated patient approaches the counter. The patient says, "You people never answer the phone! I've been trying to call all morning." Reese feels himself becoming defensive. He wants to snap, "We're short-staffed and doing the best we can," but he pauses. Instead, he realizes this patient's anger and frustration may be complicated by pain or illness. He recognizes the patient may feel ignored, confused, or worried.

Table 1. System and Process Frustrations That Can Trigger Conflict
• Automated messages telling patients a prescription is "ready" when only part of the order is available
• Computer outages, slow software, frozen registers, or failed electronic claims
• Conflicting directions, quantities, dosage forms, or days' supplies on prescriptions
• Controlled-substance regulations or refill restrictions that patients perceive as arbitrary pharmacy rules
• Discount cards that do not work as advertised
• Drug shortages, back orders, and unpredictable wholesaler allocations
• E-prescriptions that are delayed, incomplete, duplicated, or never received
• Formulary exclusions or unexpected changes in coverage
• High copayments, deductibles, or prices that differ from what the patient expected
• Hospital discharge prescriptions arriving late, after closing, or without necessary clarification
• Insurance rejections with vague or misleading messages
• Long telephone menus and repeated transfers
• Manufacturer coupons with complicated eligibility rules
• Online or app inventory information that does not match the pharmacy's actual inventory or workflow
• Patients receiving different answers from the pharmacy, insurer, prescriber, hospital, or health system
• Policies that pharmacy staff must enforce but did not create and cannot waive
• Prescriber offices that are closed, difficult to reach, or slow to respond
• Prescriptions sent to the wrong pharmacy, location, or mail-order service
• Prior authorization requirements and delays
• Required use of mail order, specialty pharmacies, or restricted networks
• Rules that prevent staff from sharing information because of privacy, identity-verification, or authorization requirements
• Staffing shortages that increase wait times and reduce opportunities for explanation
• Transfers delayed by communication problems between pharmacies
• Vaccination, testing, and clinical-service demands layered onto an already crowded dispensing workflow

Customer service is a shared responsibility. In our needs assessment, pharmacists identified communication and customer service problems among technicians, while technicians reported similar concerns about pharmacists. Because patients experience the pharmacy team as a whole, every employee's communication, professionalism, and response to conflict can strengthen—or undermine—the patient's experience. This activity therefore addresses skills that pharmacists and pharmacy technicians can apply individually and reinforce as a team.

PAUSE AND PONDER: Some situations may escalate into shouting matches faster than others. Which situations have you seen escalating the fastest, and why?

REAL CAUSES OF CONFLICT IN PHARMACY

Most pharmacy conflicts do not begin with "bad customers." They begin with system failures, unclear expectations, incomplete information, and processes that leave patients and pharmacy employees feeling powerless. Some causes can be corrected by the pharmacy team; others can only be explained, managed, or escalated (see **Table 1**). The pharmacy employee becomes the visible representative of a much larger system—and a lightning rod for anger generated elsewhere within it.

PAUSE AND PONDER: Look at **Table 1**. If conflict arises in your pharmacy related to any of these problems, would you know the best way to handle it?

Conflict is more than a disagreement. It's a state of emotional tension that develops when people have—or believe they have—opposing needs, values, expectations, or interests.[1] In community pharmacy, mismatched expectations are a common source of conflict. Patients may arrive expecting prescriptions to be ready because the prescriber said, "I sent it to the pharmacy." Patients may not realize that prescription transmission only begins the dispensing process. Pharmacy staff must receive and review the prescription, resolve missing or conflicting information, process the insurance claim, prepare the medication, and complete the pharmacist's final clinical and accuracy checks. From the patient's perspective, however, the prescriber has already completed the necessary work. How would the patient know otherwise?

Neither party is necessarily being unreasonable; they are working from different information and expectations. The system has created an expectation and failed to explain the process.

Fear + Lack of Control

Fear often shows up in unexpected ways. In the pharmacy, it may appear as impatience, repeated questions, anger, or an insistence that staff "do something now." A patient who learns that a medication is unavailable may not simply hear, "We are out of stock." The patient may hear, "Your pain will continue," or "Your blood glucose may become dangerously high." Uncertainty increases the emotional stakes of an otherwise routine delay.

Loss of control can intensify fear. To obtain a medication, patients may depend on the prescriber to respond, the insurer to authorize payment, the wholesaler to supply the product, and the pharmacy team to dispense it. Yet patients may have little influence over any of these processes. They may also receive conflicting information from the parties involved. By the time they reach the pharmacy counter, they may feel trapped in a system that controls access to something essential. Community pharmacists are among the most accessible healthcare professionals—and pharmacy employees may consequently become convenient targets for frustration generated elsewhere in the system.[2]

Staff cannot always solve the underlying problem, but they can restore some of the patient's sense of control. First, the employee handling the problem needs to explain what has happened, what the pharmacy team can and cannot do, and what will happen next. Then, when genuine alternatives exist, invite the patient to choose among them[3]:

- "Would you like us to check another location or ask the prescriber about an alternative?"
- "Would you prefer a partial fill today, if permitted, or the complete quantity tomorrow?"
- "Should we text or call you with an update?"

Providing clear information and meaningful choices can replace helpless waiting with a plan. Patient decision-support research consistently finds that informed participation improves patients' knowledge, clarifies what matters to them, and increases their involvement in decisions.[3]

Fear may explain a patient's response, but it does not excuse threats, abuse, or violence. Recognizing the emotion beneath the behavior helps pharmacy staff respond constructively while maintaining appropriate boundaries.

Misunderstanding and Misinformation

Patients and pharmacy staff may enter an interaction with different—and sometimes incompatible—information. The prescriber may tell a patient that a prescription "will be ready," an insurer's representative may say that a medication "is covered," or an automated message may appear to confirm that an order is ready for pickup. At the pharmacy, however, the prescription may require clarification, the insurer may impose restrictions, or the medication may be unavailable. Each party may be reporting what its system shows, yet the conflicting messages leave the patient unsure whom to believe. **Table 2** differentiates three types of information incongruities.

Information deficiencies are one of five root causes of conflict in community pharmacy practice. Information deficiencies occur when insufficient, inaccurate, or outdated information creates gaps in understanding.[1] These deficiencies may involve more than missing facts. Patients may not understand terminology such as *refill too soon*, *prior authorization*, *formulary exclusion*, or *partial fill*. They may also interpret "covered" to mean fully paid, "sent" to mean received and processed, or "ready" to mean that every prescription in the order is available.

Pharmacy staff can reduce misunderstanding by identifying the discrepancy, explaining it in plain language, and checking the patient's understanding. Rather than saying, "Your insurance rejected it," a staff member might say, "Your insurer received the claim but will not pay for this medication until your prescriber submits additional information. We have sent that request to the prescriber." This explanation tells the patient what happened, who must act, and what the pharmacy has already done. It replaces a vague refusal with an understandable next step. The **SIDEBAR** on the next page provides an example that underscores these points.

DE-ESCALATION SKILLS

De-escalation uses deliberate communication, behavior, and environmental adjustments to reduce agitation and lower the risk that an encounter will progress to threats or violence.[4] De-escalation is appropriate only when staff can attempt it safely. Employees should not continue a conversation when a person attempts to enter a restricted area, displays a weapon, makes a credible threat, becomes physically violent, or creates an immediate danger. In those situations, staff should disengage, move to safety, and follow the pharmacy's emergency procedures.

Consider Mrs. Grey. Her insurer has rejected an early refill of a maintenance medication she needs for an upcoming vacation. She raises her voice and says, "I cannot believe you people are doing this to me!" Her frustration does not necessarily indicate that she intends to become violent, but responding promptly may keep the encounter from escalating. Raising her voice alone does not require an incident report, but employees should report and document threats, abusive conduct, or violent incidents according to workplace policy. The **SIDEBAR** (on page 5) describes appropriate use of peer rescue.

Table 2. Examples of Information Incongruities Encountered in Pharmacies

Problem	Example
Missing information	No one told the patient that prior authorization was required.
Incorrect information	The patient was told the medication would cost $10.
Misunderstood information	The patient interpreted "covered" as "covered in full."

SIDEBAR: THE PRESCRIPTION THAT IS ALWAYS COMING TOMORROW

Mrs. Cunningham needs a product from a specific manufacturer. The pharmacy orders it through a centralized fulfillment center, but the center is having difficulty obtaining it. Instead of explaining the problem, the pharmacy app repeatedly moves the estimated completion date forward by 24 to 48 hours. After the date changes for the third time, Mrs. Cunningham calls and says, "Every day the app says my prescription will be ready tomorrow. Now it says Tuesday. What is going on?"

Technician Ellen sees the same estimated date and replies, "It says it should be here Tuesday afternoon." Mrs. Cunningham becomes angrier. Ellen, tired of being blamed for a system outside of her control, repeats the date and ends the call.

Ellen reported what appeared on the screen but did not answer the patient's question. She already knew the estimated date. She wanted to know why it kept changing and what the pharmacy could do next. A better response would be, "You're right—the date has changed several times without an explanation. Let me investigate rather than give you the same date again."

Ellen could

- check fulfillment notices
- determine whether another supplier or nearby location has the product
- involve the pharmacist if the prescriber may need to consider an alternative.

Ellen should then give Mrs. Cunningham a realistic update time, saying, "I'm checking other options now. If we cannot locate the product, I'll ask the pharmacist to contact your prescriber. I will update you by 3 PM."

Ellen can't repair the fulfillment system or make an unavailable product appear. She can replace uncertainty with information, options, and a plan. Here's a **PRO TIP:** When an expected date changes repeatedly, stop repeating the date and start investigating the delay.



The following approaches can help[5]:

- Designate one employee to lead the conversation. Coworkers should remain attentive and provide support without surrounding the patient or speaking over one another.
- Maintain adequate personal space, a nonconfrontational posture, and access to an exit. Avoid sudden movements, pointing, folded arms, or prolonged eye contact that could appear challenging.
- Listen without interrupting and identify the underlying concern: "You're worried that you will leave for your trip without enough medication."
- Keep your voice calm and even. Do not match the individual's volume or raise your voice to be heard over them; this may appear confrontational and intensify the interaction. Speak clearly, slow your pace, and maintain a conversational volume.
- Acknowledge the concern without assigning blame or agreeing to something the pharmacy cannot do: "I understand why that would be upsetting. Let me explain why the claim was rejected and what options we have."
- Explain the problem in plain language. Avoid jargon such as *refill too soon* without explaining what it means.
- Offer genuine choices when possible: "I can call the insurer to request a vacation override, or we can ask what the medication would cost without insurance. Which would you like me to try first?"
- Acknowledge the patient's frustration and any contribution made by the pharmacy without assigning blame for factors outside the pharmacy's control.
- Set respectful, specific limits when necessary: "I want to help, but I cannot continue while you are yelling at me. If we can speak calmly, I'll call the insurer and see whether it will authorize the refill."
- If another employee needs to take over, make the transition clear: "I'm going to ask the pharmacist to continue helping you."

De-escalation can reduce risk, but it cannot guarantee safety or prevent every act of violence. An employee's inability to calm an aggressive person does not mean the employee failed.

COMMUNICATION MISTAKES AND ERRORS

Pharmacy employees' responsibilities are expanding to include patient outreach, assistance with medication affordability programs and prior authorizations, collection or reinforcement of approved patient information, and care coordination.[6,7] Effective communication requires deliberate training and practice, particularly as pharmacy employees assume more patient-facing responsibilities.[8] Poor communication is a patient-safety concern. It can contribute to medication errors, delayed care, incomplete handoffs, and other safety incidents.[9]

Words and tone matter. Stressed employees may speak louder and faster using a high pitch, which patients may interpret as

SIDEBAR: Using Peer Rescue

Here's a **PRO TIP**: Practice "peer rescue." Pharmacy employees who are overwhelmed, becoming frustrated, or struggling with an escalating interaction may need a coworker's assistance. One of the most professional things an employee can do is recognize when a coworker needs help. Stepping in early—before emotions escalate—protects coworkers, patients, and the team. Think of professionalism like a relay race. When one teammate is stumbling, the others move into position, take the baton, and keep the team moving forward.

This does not mean that several employees should confront a patient. Usually, one person should continue speaking while another employee:

- Takes over the employee's other tasks
- Quietly summons the pharmacist, supervisor, or security
- Offers to replace the employee in the conversation
- Helps move other patients away from the area
- Documents or reports the incident according to policy

A simple offer may be enough: "I can take over here if you need a moment."

And here's another **PRO TIP**: Agreeing in advance on a word, gesture, or other signal that means assistance is needed is smart.

irritation or impatience.[10-12] A rushed or unwelcoming manner can make patients less comfortable asking questions.[13] Compassionate, empathetic, non-judgmental, and blame-free language supports patient satisfaction, adherence, safety culture, teamwork, and communication openness.[14-16]

In busy pharmacy environments, productivity pressures can make speed feel more important than completeness.[17,18] Rushing can become a habit, even when the workload slows.[19] The dispensing process includes numerous opportunities for error, particularly when required checks or actions are omitted.[20]

Pharmacy encounters may concentrate on practical information but leave patients' experiences, concerns, and preferences unexplored. In an observational study of 119 encounters at three outpatient pharmacies in the Netherlands, pharmacy staff generally initiated the conversation and commonly discussed dosage and administration. They rarely asked about patients' opinions, concerns, doubts, or preferences.[8] Although differences in pharmacy practice limit the study's applicability to U.S. pharmacy staff, its findings illustrate how task-focused communication can omit information that matters to patients.

Interruptions can compromise pharmacy safety.[21] Pharmacy employees frequently shift their attention among prescription preparation, telephone calls, patient requests, insurance problems, and questions from coworkers. In a 2023 observational study of one hospital dispensary, technicians experienced an average of 5.1 interruptions per hour, while pharmacists experienced 6.7 interruptions per hour.[22] A broader 2025 review found substantial variation among pharmacy settings.[21]

When staffing is inadequate, workflow slows, patients and prescribers request more updates, and interruptions increase. These additional interruptions can disrupt focus, increase pressure, and contribute to rushing. Adequate staffing helps reduce interruptions by allowing one team member to assist patients or answer calls while another completes prescription preparation.

PAUSE AND PONDER: Think about a communication error you have seen—or narrowly avoided—in pharmacy practice. What information was missing, misunderstood, or assumed, and how could the error have affected the patient's medication use?

In addition to communication omissions and interruptions, assumptions contribute to pharmacy errors.

Assuming Patients Understand. Patients may not fully understand or retain information provided during brief encounters, particularly when the information is complex or they are ill, stressed, or hurried. This makes it critical to confirm understanding rather than assume it.[23]

Here's a **PRO TIP:** Use the teach-back phrase to confirm understanding[23,24]: Say, "I want to make sure I explained that clearly. What will you do when you get home?" Even when time is limited, this helps identify gaps so they can be clarified before the conversation ends!

Assuming Colleagues Completed Tasks. A common task-related communication error is assuming a colleague has already completed a necessary task.[25] For example, a pharmacist sees a prescription in the ready-to-fill queue and assumes someone else resolved an insurance issue. Another team member assumes the prescription is awaiting pharmacist review. Because both made assumptions, the prescription is delayed, the patient becomes frustrated, and the team faces additional pressure and interruptions. When in doubt, employees should ask. Confirming whether a task is complete or still outstanding can prevent avoidable communication mistakes.

Assuming Patient Identity. Giving a prescription to the wrong patient can expose protected health information and delay treatment. If the patient takes the medication, the error can also cause clinical harm. Pharmacy staff should use the pharmacy's required identifiers every time, even when they recognize the patient or the pharmacy is busy. Wrong-patient errors can be catastrophic. They are more likely when patient names look or sound alike, patients share birthdays, multiple patient charts are open, or staff skip or rush identity checks. To reduce risk, pharmacy staff need to slow down during identity checks and



keep only one patient chart open at a time.[26] Ask the patient to state—not confirm—at least two identifiers, such as full name and date of birth. Avoid yes-or-no questions such as, "Are you Maria Lopez?" Instead ask, "What is your name?" Compare the stated identifiers with the prescription before completing the transaction.

Assuming Health Literacy. Even patients with strong general literacy skills may struggle to interpret unfamiliar health information and apply it correctly. Because pharmacy staff cannot reliably identify who may have difficulty, use clear communication with every patient: use plain language, focus on the essential information, and confirm understanding.[27]

STAYING EFFECTIVE UNDER PRESSURE

Pharmacy employees must balance patient questions, prescription processing, telephone calls, insurance issues, and other competing demands—often while maintaining accuracy and professionalism. The following strategies can help staff remain effective when the pressure builds.

Reset Briefly When Workflow Permits

A meta-analysis found that microbreaks—brief pauses of no more than 10 minutes—produced small improvements in vigor and fatigue, although they did not significantly improve overall performance.[28] When coverage and patient care permit, a brief reset might include

- Taking several slow breaths
- Stretching or changing position
- Drinking water
- Stepping away from the immediate work area
- Looking briefly at a natural scene
- Checking in with a supportive coworker

Microbreaks should not interrupt a safety-critical task or leave patients unattended. They also can't compensate for inadequate staffing, excessive workloads, or missed required breaks.

Explain the Wait

Patients usually see their own wait, not the insurance rejections, clarification calls, safety checks, vaccinations, and urgent problems the pharmacy team is managing elsewhere in the pharmacy. Uncertainty can make a wait feel longer. Staff can reduce frustration by acknowledging the patient's concern, explaining the next step, and giving a realistic estimate.

Useful language includes

- "I know you are waiting for your prescription. The pharmacist is resolving a medication-safety question for another patient. I expect to have an update for you in approximately 10 minutes."
- "Your prescription is still being processed. The current estimate is 30 to 40 minutes. Would you prefer to wait, return later, or receive a message when it is ready?"
- "The pharmacist is giving a vaccination and should be available to counsel you in approximately 10 minutes. If that changes, I'll update you."

Don't promise an exact completion time unless the pharmacy team can meet it. If the delay changes, update the patient before the original estimate expires.

TELEPHONE COMMUNICATION

Telephone calls are also a major source of pharmacy interruptions. Telephone conversations lack facial expressions, gestures, and other visual cues that help people interpret messages. Clear language, active listening, and accurate documentation are therefore especially important. Pharmacies can reduce risk by routing calls according to urgency and staff responsibilities, assigning telephone coverage when possible, and protecting medication-preparation areas from unnecessary interruptions.

Answering a Call

Use the pharmacy's standard greeting and identify yourself: "Good morning. WeR Professional Pharmacy; this is Mary. How may I help you?" Then

- Identify the caller.
- Verify the patient using at least two identifiers before discussing protected information.
- Determine the reason for the call.
- Listen without interrupting.
- Ask questions when information is incomplete or unclear.
- Summarize the request to confirm accuracy.
- Explain what will happen next and provide a realistic time frame.
- Route clinical questions to the pharmacist.
- Document the call and any promised follow-up.

Do not discuss protected health information (PHI) until you have confirmed that you are speaking with the patient or an authorized person. Use reasonable safeguards: speak quietly, disclose only the necessary information, and move to a location where patients and other unauthorized individuals cannot overhear the conversation.

Placing a Caller on Hold

Ask before placing someone on hold: “May I place you on hold for approximately two minutes while I check that information?” Explain why and provide a realistic estimate. If the delay becomes longer than expected, return to the caller and offer a choice: “Thank you for waiting. I need several more minutes. Would you prefer to continue holding or have us call you back?”

Putting someone on hold creates an expectation that you will return. Check the line regularly and thank the caller for waiting.

And this is a fun **PRO TIP:** Use a “hold paddle.” A brightly colored dry-erase paddle can help staff track callers placed on hold. The employee writes the line number and a brief, nonconfidential description of the issue—such as “Line 2: refill status”—and keeps the paddle until returning to the caller. If another employee assumes responsibility, the paddle accompanies a clear verbal handoff. Erase the information immediately after resolving the call, and never write the patient’s name, medication, diagnosis, or other protected health information on the paddle.

Taking a Message

Use the pharmacy’s approved, secure message system. Record

- Date and time
- Caller’s full name, organization, and callback number
- Patient’s name and a second identifier
- Concise reason for the call
- Stated urgency
- Requested action
- Your name or initials

Do not leave paper messages containing PHI where unauthorized people can see them. Tell callers when they can reasonably expect a response, but do not promise a result that another employee must deliver.

Making an Outgoing Call

Before calling, have the necessary information available. Identify yourself and the pharmacy, confirm the recipient’s identity, and ask whether it is a convenient time to speak. Present the information briefly and explain any required next step. Confirm understanding with a specific question like, “To make sure I explained that clearly, when will you call us back?” or “What will you bring when you come to the pharmacy?”



Document the conversation, unanswered calls, voicemail messages, and required follow-up according to workplace policy.

Medication-Related Calls

Technicians must follow state law and workplace policy concerning who may receive, document, clarify, or transmit prescription information. They should refer clinical questions and requests for medication recommendations to the pharmacist.

When an authorized employee receives a telephone prescription, medication-safety recommendations include[29]

- Confirming the patient with two identifiers
- Verifying the caller and prescriber
- Writing or entering the complete prescription
- Spelling unfamiliar or easily confused medication names
- Stating individual digits for doses that could be misheard
- Reading the complete prescription back to the caller
- Resolving unclear or conflicting information before ending the call.

Handling an Angry or Abusive Caller

Remain calm and focus on the problem: “I understand that you expected the prescription to be ready. Let me check what is delaying it.”

State what the pharmacy can do and avoid promises you cannot keep. Empathy does not require accepting abuse: “I want to help, but I can’t continue the call while you are threatening me. If the threats continue, I will end the call.” Follow workplace policy for transferring, ending, documenting, and reporting abusive or threatening calls. Call 911 or follow the pharmacy’s emergency-response procedure when there is an immediate threat.

Ending a Call

End telephone calls deliberately rather than abruptly. Summarize any agreed-upon action, confirm what will happen next, and allow the caller an opportunity to ask a final question. Close with a courteous statement such as, “Is there anything else I can help you with today?” followed by, “Thank you for calling.” Before disconnecting, pause briefly to ensure the caller has finished speaking. Hanging up immediately can leave callers with a dial tone in their ear and the impression that the pharmacy was eager to be rid of them.

TECHNICIANS SET THE TONE

Because pharmacy technicians are often the first team members patients encounter, their interactions help shape how patients perceive the pharmacy and whether they feel comfortable asking questions or seeking help. Convenience and cost influence pharmacy selection, but patients also value staff members who are friendly, helpful, trustworthy, knowledgeable, and

responsive.[30,31] Online pharmacy reviews reinforce the importance of these interactions: positive reviews frequently mention staff attitude and helpfulness, while complaints commonly involve waiting, medication availability, and poor communication.[32,33]

Technicians cannot prevent every delay or stock shortage, but they can improve the patient's experience by explaining what has happened, describing the next step, and providing a realistic time for an update. Clear, attentive communication helps build trust; silence, vague promises, and conflicting information can quickly undermine it.[34]

During each interaction

- Give the patient your attention.
- Listen without interrupting.
- Explain the situation in plain language.
- State what you can do next.
- Avoid promises you cannot keep.
- Confirm that the patient knows what to expect.
- Refer clinical questions to the pharmacist.

This is a **PRO TIP**: Patients notice whether you listened, explained the situation honestly, and followed through.

PAUSE AND PONDER: If a patient notices a food stain on a pharmacy employee's clothing, what might the patient assume about the employee—or about how the pharmacy handles medications?

PROFESSIONAL APPEARANCE COMMUNICATES, TOO

Consider Alex, a capable pharmacy employee who is friendly and efficient. Alex arrives for work wearing wrinkled scrubs with a visible food stain on the front. While helping a patient, another employee notices the patient repeatedly looking at the stain and wincing. Alex's clothing does not affect technical ability, but the patient cannot see that ability directly. Instead, the patient uses visible cues—including appearance, behavior, and the pharmacy's condition—to judge whether the staff and workplace are professional and trustworthy.[35]

Professional appearance is not about expensive clothing, personal style, or meeting someone else's fashion preferences. It means arriving in clothing or a uniform that is

- Clean and free of visible stains
- Appropriate for the workplace
- In good condition
- Consistent with the employer's dress and identification policies
- Safe for assigned duties

Personal hygiene also matters in a workplace where employees interact closely with patients and coworkers. Strong odors, visibly soiled clothing, or poor hygiene may distract from the interaction and create concerns about cleanliness.

A pharmacy employee who notices a stain during the workday should clean it if possible, cover it with a clean lab coat or other approved garment, or ask a supervisor for help. Keeping an extra clean shirt or set of scrubs at work may prevent an unexpected spill from affecting the rest of the shift.

When a Coworker's Appearance Is a Problem

If you supervise or train pharmacy staff, address appearance concerns privately, promptly, and respectfully. Avoid discussing the employee where patients or coworkers can hear. For example, a supervisor might say, "Alex, can we speak privately? I noticed that your scrubs have a visible food stain. Our appearance affects how patients perceive the pharmacy, so I need you to change or cover it before returning to the counter. Is there something you need to make that possible?"

This approach

- Identifies the observable problem without insulting the employee.
- Explains why it matters.
- States the expected correction.
- Gives the employee an opportunity to explain or request assistance.

The supervisor should apply workplace standards consistently and consider whether illness, disability, pregnancy, religious practice, financial hardship, or another circumstance requires reasonable support or accommodation.

PAUSE AND PONDER: Which techniques discussed in this activity could help your pharmacy team remain professional, support staff well-being, and manage workflow more effectively during a demanding shift?

THE BURDEN OF EMOTIONAL LABOR

Pharmacy employees must often remain calm and helpful while speaking with people who are frightened, angry, or frustrated. Regulating outward emotions to meet workplace expectations is called emotional labor. Continually hiding irritation or distress



while displaying emotions one does not feel—sometimes called *surface acting*—is associated with emotional exhaustion.[36]

Professionalism does not require pharmacy employees to deny their emotions. It requires them to manage the interaction safely and respectfully. When emotions begin to rise, pharmacy employees can use the de-escalation, peer-rescue, and communication strategies discussed earlier. Employees should pause before responding, clarify the problem, and focus on the next action the pharmacy can take. After a difficult encounter, employees should take a brief recovery break when workflow permits and report recurring workload, staffing, or safety concerns to leadership.

ADDRESS THE WORK, NOT JUST THE WORKER

Personal strategies such as adequate rest, exercise, mindfulness, self-compassion, and clear boundaries may help employees recover from stress. They cannot compensate for chronic understaffing, unsafe conditions, unmanageable workloads, or poor leadership.

Organizational changes should therefore be the primary response to workplace burnout (emotional, mental, and often physical exhaustion brought on by prolonged or repeated stress).[37,38] Effective approaches may include

- Adequate staffing and manageable workloads
- Predictable and flexible scheduling
- Psychological and physical safety
- Supportive leadership and respectful teamwork
- Recognition and meaningful feedback
- Clear responsibilities
- Training and opportunities for advancement
- Access to confidential employee-assistance and mental health services

PRO TIP: Burnout is a signal that something in the relationship between the employee and the workplace needs attention. Resilience can help pharmacy employees manage difficult periods, but it should never become an excuse to leave harmful working conditions unchanged.

CONCLUSION

Kristin, a pharmacist, received a prescription for trazodone after seeking care for anxiety. Her pharmacy's centralized fulfillment system sent a message at 1 PM indicating that the prescription would be ready by the end of the day. When Kristin arrived approximately 15 minutes before closing, it wasn't ready.

Kristin asked whether the pharmacy could fill the prescription using its on-site stock. The technician said there was nothing the pharmacy could do. The pharmacist was wearing her winter jacket, car keys in hand, and neither employee investigated the delay, explained the available options, or offered to help Kristin begin treatment that evening. Kristin left without the medication.

The following day, Kristin called the pharmacy supervisor. The pharmacy had 275 trazodone tablets in stock, but canceling the prescription being processed through centralized fulfillment would have affected performance metrics. The supervisor was surprised by how the employees handled the encounter. Only at the end of the conversation did Kristin disclose that she was a pharmacist and understood the pharmacy's inventory and workflow.

Kristin should not have needed professional knowledge—or the "pharmacist card"—to receive an explanation and reasonable assistance. From the patient's perspective, the pharmacy had promised that the medication would be ready and then declined to help when it was not. From the employees' perspective, workflow rules and performance metrics discouraged them from disrupting the centralized process. The system created the problem, but the employees' response determined how the patient experienced it.

Pharmacy employees cannot eliminate every shortage, insurance restriction, staffing problem, or workflow requirement. They can listen, investigate, explain what has happened, offer realistic options, and follow through. Effective customer service does not require having the perfect solution. It requires showing patients that their concerns matter and that someone is willing to help.

Figure 2. Improving Your Patience with Patients

Best

1. **Be COMMUNITY CHAMPIONS** and offer public library sessions explaining prescription processing, common delays, and ways to communicate with pharmacy teams
2. **Coordinate follow-up on unresolved concerns** and confirm patient understanding of next steps
3. **Lead routine team huddles** to address recurring communication failures, clarify task ownership, and arrange staff support during demanding shifts

Better

1. **Use a calm tone and explain realistic next steps** when patients encounter prescription delays or insurance barrierss
2. **Verify patient identifiers and clarify incomplete messages** before proceeding
3. **Arrange coworker coverage for a brief recovery break after difficult encounters**, and communicate outstanding tasks before stepping away

Good

1. **Identify potential conflict triggers** by asking patients about unexpected costs, prescription delays, and concerns about obtaining medication
2. **Flag unclear messages, missing patient identifiers, and conflicting information** that require clarification before prescription processing continues
3. **Name a calming response, a respectful boundary, and a brief recovery strategy** to use during stressful pharmacy encounters



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