

How to sell health and well-being

Are pharmacists being asked to do the impossible? **Lin-Nam Wang** investigates

A close friend is registered at my GP surgery. "That Doctor X is horrid," she exclaimed one day. I have known the GP in question since childhood. He is knowledgeable and always has a good bedside manner. "Why don't you like him," I asked. The answer: he told my friend that she should consider losing weight. There is no denying that my friend is overweight but Dr X telling her was unwelcome and she will never see him again. But if a GP giving advice in the privacy of his surgery can offend a patient, how can pharmacists expect, over the counter (not all of us have consultation rooms), to discuss public health topics without doing the same?

Choosing the right time

According to "Choosing health through pharmacy," pharmacists can contribute to public health by giving opportunistic advice where appropriate — identifying and proactively raising relevant health issues with someone visiting the pharmacy for another reason. However, as illustrated, this can be difficult, especially when there is no obvious pathway for doing so. It is claimed that Allen Carr, the smoking cessation guru, helped thousands to stop smoking. An amazing achievement but relatively easy, I believe, because many people buying the book or attending the clinic wanted to give up. It is harder to reach those who do not want change. So, on encountering a customer who reeks of cigarette smoke, do you broach the subject of smoking? And if so, how do you manage it without being intrusive?

In effect, giving opportunistic advice is a type of "cold calling" — the pharmacist approaches a prospective client (who has not agreed to the interaction) and tries to sell well-being. Some salesmen think that cold calling is a waste of time but others have developed strategies to decrease the rate of rejection, based on building trust. One strategy recommends "engaging the person in a natural two-way conversation". According to Tony Schofield, a community pharmacist in South Shields, Tyne and Wear, the trick is to

find some form of common ground. For example, if someone has a child with them, you can start by talking about the child. Or if someone is wearing a football shirt, you can talk about their team. "There is always something you can find in common. I have been working in the same pharmacy since 1989. Everyone knows me and it is easy for me to talk to people, but it is about being outgoing," he said. Mr Schofield explained that having a chat makes you aware of factors affecting people's lives, such as stress and debt, and this could lead to health questions. He recommends being friendly to everyone, with no focused aim to talk about health, and judging each situation individually.

Pauline Corr, a community pharmacist in Glasgow who has run an alcohol intervention service, agrees. "Build relationships with people so it is easier to talk. Good listening skills are important for picking up snippets of information," she said. And sensitivity is needed. "Be careful not to overstep the mark or hurt someone's feelings," she added. Another tip Miss Corr shared is that health promotion should be made fun. Try a different approach. For example, rather than telling people that smoking is bad for them, tell them something they might not know about smoking.

Some situations make it easier to initiate a conversation about health than others and pharmacists need to be able to read the signs. Does the person look like he or she has time to talk? Is he or she weighed down with shopping or busy with children? What does his or her body language say? (Defensive signs include crossed arms and avoiding eye contact.) "In my experience, it is difficult to approach someone and ask 'would you like some help controlling your weight?'. The person might have a condition that promotes weight gain," said Samixa Shah, a community pharmacy consultant who has managed a pharmacy weight management project. "It is better to keep the question more general. Something like 'Have you had a general health check recently?' is more likely to lead into a conversation," she said. As well as choosing the right time, it is also important to choose the right words. For example, "overweight" is likely to be less offensive than "fat".

Giving opportunistic advice could also mean exploiting a circumstance. For example, the purchase of smoker's toothpaste could be an opportunity to talk about the smoking ban and ask the person what he or she plans to do. Similarly, Mr Schofield highlighted that dispensing metronidazole presents an opportunity to talk about alcohol use.

According to Mrs Shah, talking about health might be easier if people are prompted to approach the pharmacist rather than the other way round. People can be made aware that the pharmacist is not just there to advise on medi-

cines. Ways of achieving this include putting up a sign in the pharmacy saying: "if you would like to discuss X, please ask the pharmacist", running health campaigns and keeping a good selection of leaflets (a person can then be approached with "I noticed you looking at..."). Pharmacists will find easier it to converse with regular customers but, for pharmacists in city centres with a different customer profile, using posters and other promotional materials can be particularly useful, Miss Corr said.

Various articles have looked at how to get general communication right (*PJ*, 23 February 2002, pp246-7, and *PJ*, 2 March 2002, pp292-3). But according to Miriam Armstrong, chief executive of Pharmacy-HealthLink, although people have researched the dynamics of communication between GPs and patients there is little research on communication in pharmacies. Pharmacy-HealthLink has reviewed such studies and extrapolated the information to produce key non-verbal signs that can be used in a pharmacy to convey willingness to engage in a conversation about health and to treat issues with sensitivity (see Panel 1 for examples).

Although opportunistic interventions are typically brief, another obstacle to promoting health is finding the time to spend with people. But the more you practise, the quicker it gets. The trick is to build "interventions" into your working routine. However, Mr Schofield said: "I keep hearing how pharmacists are short of time. Training checking technicians is the answer to release pharmacists to do [public health]. Panel 2 list some tips from community pharmacists for discussing health, but PharmacyHealthLink has been working with the Department of Health to produce resources for community pharmacies that will help staff deliver healthy lifestyle advice under the new contract. These include cards covering priority health issues and giving tips on how to initiate a conversation about them. The cards are expected to be sent to pharmacies in England in the first half of this year.

Panel 1: Key non-verbal signs

- Signal your availability to help others by standing upright and making eye contact
- Stand at a distance from the customer that you both feel comfortable with.
- Face the person you are talking to; make direct eye contact but avoid appearing intimidating or intense by occasionally glancing away
- Hands should be kept visible and turned towards the person you are speaking to.
- Arms should be unfolded but not placed on the hips

Adapted from PharmacyHealthLink materials

Panel 2: Tips for health talk

- Let your customers know you are available to give health advice
- Be genuine in your approach
- Be assertive — recognise the person's point of view, but offer your points too
- Know what is in your leaflets and keep them to hand
- Talk to your peers about situations that might present an opportunity to promote health and build these into your everyday practice
- Initiating conversations can be difficult to learn by reading; the key is to practise. (Try different approaches until you find one you feel comfortable with.)