

Racial Differences in Communication Apprehension and Inter-Professional Socialization in Community Pharmacy Practice

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Received date: March 10, 2016; Accepted date: March 14, 2016; Published date: March 18, 2016

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Keywords: Racial differences; Communication apprehension; Inter-professional socialization; Community pharmacy practice

Editorial

The enrolment of new pharmacy student is increasing in the pharmaceutical teaching institutions of United States [1]. Whereas, a massive pharmacy graduates have already migrated, settled and got legal residential status in US, Canada, other European countries. They have successfully passed the professional board exams of respected pharmacy accreditation bodies. Moreover, a considerable number of qualified pharmacists have temporarily moved in Saudi Arabia, UAE, Bahrain, Oman, Korea, Malaysia, Australia, etc. The Middle East countries have a high level of racism, superiority complex and proud of having a noble and prestigious Arabic blood. The general community, local public and civil society also have a limited acceptability for individuals of other nationalities, i.e., Philippine, Thailand, India, Sri Lanka, Burma, Pakistan, Sudan, and Egypt. Even, the government authority has not designed any explicit scheme to offered opportunities for citizen of other countries to get the legal and permanent status.

Thus, the current worldwide situation shows the value of identifying the racial and linguistic diversity. We need to understand the potential that may influence the learning, teaching and structure of curricula [2]. Despite the more diverse registration to award the license to work as pharmacist or enrolment in pharmacy teaching schools, we need to improve the collaboration and coordination of minorities and immigrant. An emphasis on strengthening the research and pharmacy education literature is deficient in providing appropriate exposure on minority students [3]. That may potentially enhance the complication to introduce the standard clinical and pharmaceutical patient care.

In addition of that, the American Association of Colleges of Pharmacy's (AACP), United State have revealed the annual profile of pharmacy students and representation of minorities in 2013. AACP information showed 11.9% Hispanic, Black, Native Hawaiian or Pacific Islander; 24.6% Asians [1] and overwhelming majority of the remaining portion were White. That has been consistent since the start

of pharmacy education. Hence, the research in pharmacy education has an inadequate amount of studies that potentially reflect the sizable population of minority [4].

Thus, the communication apprehension is an individual's feature of each pharmacist. That is connected with the level of anxiety or fear associated with either anticipated or real communication [5]. Additionally, the practicing pharmacists with apprehensive communicating skill may avoid contacting with health care professionals, general public or customer patients. That can ultimately result the poor pharmaceutical care and dissatisfactory health outcomes [6]. Moreover, the other factors besides communication apprehension include demographic backgrounds, attitudes of unwillingness and shyness to communicate [7]. Hence, the assertiveness and reticence has a key role in different racial / ethnic groups to deliver standard clinical and pharmaceutical care.

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