Giving voice to the youngest patients.
Rethinking pediatric communication in pharmacy practice

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Effective communication is foundational to safe, patient-centered care. For children, it plays a crucial role in improving understanding, building trust, and promoting adherence to treatment. Yet, in pharmacy settings, children are often left out of the conversation entirely. Pharmacists tend to speak directly to caregivers, bypassing the young patient (even when the child is present). This missed opportunity affects not only engagement but also long-term health and self-management.

In this issue of Saudi Medical Journal, Malki et al[1] present important evidence on this issue from Saudi Arabia (a context where pediatric pharmacy communication has been largely unstudied).

Their cross-sectional survey of 170 pharmacists across various settings highlights a significant communication gap that 3 out of 4 pharmacists demonstrated poor communication performance with children. Strikingly, more than 90% reported speaking with the parent rather than the child, even when the child was present. Despite 88% expressing high confidence in their communication abilities, only 36% were rated as good communicators based on scenario-based assessments. The discrepancy between self-perception and actual performance is both revealing and concerning.

The study also examined potential factors influencing communication quality. While none reached statistical significance after adjustment, several trends seen. Pharmacists who had received training in child-specific communication performed better than those without training. Age and experience mattered too, pharmacists aged 40-49 were 5 times less likely to perform poorly compared to younger peers. Confidence (both professional and personal) appeared to correlate with better performance. These insights offer a useful starting point for identifying who might benefit most from targeted interventions.

This research builds on earlier findings from Western contexts. For instance, a 2023 study highlighted the impact of pharmacists discharge in children care settings including parental satisfaction.[2] Another study from 2016 explored pharmacist-child communication, revealing that children infrequently accompany their parents to pick up their prescriptions, limiting pharmacists' opportunities to counsel children on their medications. Even when children are present, they rarely receive counseling from pharmacists.[3] Malki et al's study[1] demonstrates that these issues are not unique to any one's culture. The same patterns (overreliance on parental communication, lack of age-appropriate explanations, and missed opportunities for engagement) are present in Saudi Arabia, underscoring a global need for change.

Why does this gap persist? Pharmacists cite time constraints, discomfort with child-friendly language, and a lack of training. Some may underestimate a child's ability to comprehend basic medication information or assume that parental understanding is sufficient. Cultural norms can also play a role, especially in settings where authority is primarily given to adults in healthcare decisions.[4] But excluding children from communication carries real risks. Poor understanding contributes to non-adherence, dosing errors, and fear of medications. In contrast, engaging children improves knowledge retention, promotes autonomy, and lays the foundation for better self-care into adolescence and adulthood.

The good news: communication with children is a skill that can be taught. Just as pharmacists are trained to counsel adults with empathy and clarity, they can be equipped with age-tailored strategies for pediatric patients. Simulation-based learning, role-playing, and the use of visual aids have shown promise in other health disciplines. Pharmacy curricula and continuing education programs should incorporate pediatric communication as a core competency (not as a niche elective). Resources like Paediatric Pharmacy Association website provide targeted modules that can be easily adopted into training pathways.[5]

There is also room for structural improvements. Pharmacies can offer child-friendly materials (pictograms, age-appropriate leaflets, or interactive videos) and create physical spaces conducive to one-on-one interaction with children. When time allows, simple icebreakers (namely, asking about a favorite cartoon) can make the child more comfortable and open to engagement. Crucially, pharmacists should be encouraged to speak directly to the child (even briefly) before or alongside caregiver counseling. A single question like "Do you know what this medicine is for?" can open a door.

Beyond the pharmacy, public health campaigns should emphasize that children (especially those with chronic conditions) benefit from being active participants in their care. Parents should be supported in gradually involving their children in medication

discussions, starting as early as preschool age. Pharmacists can reinforce this message by modeling respectful, inclusive communication.

Malki et al[1] acknowledge the limitations of their work, including its reliance on self-reported data, not direct observation, which introduces response bias. Pharmacists rated themselves as confident, yet most performed poorly (suggesting overestimation of skill). The survey, though based on established frameworks, was not piloted. This raises concerns on its clarity and reliability. The sample was small and drawn by convenience, limiting generalizability and weakening subgroup analysis. Results were not stratified by practice setting, missing important context-specific differences. As a cross-sectional study, it shows associations, not causation. Unmeasured factors, like prior experience or motivation, may explain the observed trends. These limitations do not lessen the study's importance but highlight the need for larger, validated, and observational research.

This study makes one thing clear: the status must change. Pharmacists, as accessible and trusted health professionals, have a unique opportunity to engage children early in their health journeys. By doing so, they not only improve adherence and safety today but also create a generation of more informed, confident healthcare practitioners.

It's time to stop talking over children - and start talking to them.

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