

Pharmacists, Communication preferences and Care

Basson, M.J. & Eksteen, M.J.

Abstract

All human relations are complex in more than one way. As health care professionals, we need to be critically aware of aspects that influence human relations and be able to control and moderate them when they reduce our ability to see patients clearly.

Pharmacists do not always take time to analyze how their natural way of interacting influences others (and their patients). We are naturally inclined to think and treat others as if they perceive the world as we do. A factor that influences a pharmacist's interaction with his/her patients is his/her personality preferences.

Communication is one of the enabling factors of care giving. Pharmacists should have the ability to 'walk in their patients' shoes'. One way to sensitize pharmacists to the differences in human experiences and behaviours is to introduce them to type-theory with the MBTI® (Myers Briggs Type Indicator®). When the students are grouped according to preferences and asked to answer specific questions related to their role as pharmacists in interaction with their patients, the answers strikingly represent type-theory, demonstrating the differences in the ways that persons (and patients) experience and act in the world.

The study population was the 4th year pharmacy students at the biggest Pharmacy School in South Africa, in the communication class for the years 2011, 2010, 2009, 2008 and 2007. A preference exposition for the students was compiled and compared with a South African preference exposition. Implications for communication and the role of the pharmacist as caregiver are being discussed.

Key words: Pharmacists, communication, preferences, care, MBTI®

Background

Patients receive both medication and medication-related information from pharmacists¹ who are often more accessible than other members of the health care multi-disciplinary team e.g. physicians or specialists, when they have medication questions on medication-related problems,² and they can engage in lifelong interactions with them.³

General research on pharmacist-patient interaction suggest that effective communication is important for improving appropriate medication use and achieving desired patient outcomes, such as:

- Increase on patients' recall of drug information after a period of time,⁴

- Significant improvements in compliance and knowledge,⁵
- Disease management programs in different institutions,⁶
- Lower rate of preventable adverse drug events,⁷ and
- Significantly reduced potential harm resulting from errant medication orders.⁸

Both patients and health care professionals agree that communication and relationship factors between the patient and the health care professionals prove to be of critical importance.⁹

Pharmaceutical care requires that pharmacists provide care to their patients through effective relationships.¹⁰ Many times care is being equated to only the technological interventions e.g. Immunisations or anti-biotics a health care professional can utilise to better the situation of his/her patient. Many pharmacists tend to not consider the patient as an individual and this can affect care negatively as patients devalue their own experience.¹¹

Quirk *et al* found a set of behaviours that are caring at conceptual level.¹² The same behaviour was experienced as caring by some patients, whilst others experienced it as non-caring. It seemed that the most important aspect of caring was a set of abilities that included the pharmacist's ability to elicit the patient's perspective, being aware of the patient and reflecting on the patient's responses.

Type theory and communication

A framework that can help pharmacists to appreciate the differences in their patients and that can help them to recognise their effect on patients is psychological type theory. According to psychological type theory,¹³ individuals differ in the ways that they gather information and that they orient themselves to the world. These differences are grouped into four pairs of preferences. All of us use both of the preferences in each pair, but we normally prefer one. The first pair describes how we prefer to be energised, the second pair details the preference for taking in information, the third pair is about our basis for decision making and the last pair denotes the ways we deal with the external world (see table 1). People tend to develop behaviours (and communication styles) associated with their specific combination of preferences.¹⁴

Table 1 – The communication implications of the four preference pairs^{15 16 17}

Ways to be energised	EXTRAVERSION (E) Focus on the outer world of people and activity	INTROVERSION (I) Focus on inner world of ideas and experiences
	‘Let’s talk this over’	‘I need to think about this’
Ways to take in information	SENSING (S) Take in information that is real and tangible	INTUITION (N) Take in information by seeing the big picture
	‘Just the facts, please’	‘I can see it all know’
Ways to make decisions	THINKING (T) Look at the logical consequences	FEELING (F) Consider what is important to all involved
	‘Is this logical’	‘Will anyone be hurt’
Ways to deal with the external world	JUDGING (J) Want to make decisions, come to closure and move on	PERCEIVING (P) Stay open to new information and last minute options
	‘just do something’	‘Let’s wait and see’

Type theory can help students to understand their natural communication style and to appreciate the communication styles of their patients.

A few examples:

- Extraverts usually talk more than they listen, think out loud, share ideas immediately and change topics whilst an introvert needs time to think before changing perspective, listen more than they talk, are comfortable with silence and wait for a pause before speaking.¹⁸ One of the implications is that an introvert patient will not speak if an extravert pharmacist is not silent long enough.
- Sensing types are focussed on facts, detail and concrete examples, want specific plans and step by step procedures while intuitive types want to know implications, long term aspects and think about possibilities.¹⁹ An intuitive patient may want to discuss alternatives to his/her current treatment whilst a sensing patient might not be interested.
- Thinking types are task and goal focussed, need to know “why”, are objective and principled while feeling types focus on situational and subjective beliefs, atmosphere and harmony and share personal situations.²⁰ It might be difficult for a feeling pharmacist to share bad news and a thinking pharmacist has a natural tendency to stay objective.
- Judging types are well organised, are decisive, like to have some control and want information ahead of time while perceiving types can postpone decisions, explore options and are flexible and adaptable.²¹ The judging

patient collects his repeats well in time and the perceiving patient enters the pharmacy just as you are about to close the door.

Allen and Brock found that the combinations sensing or intuition and thinking or feeling are important in health communication,²² for example:

Patients with a

- sensing-thinking preference combination prefer being given the facts straightforward, clear, concise and practical;
- sensing-feeling preference combination needs factual information in a caring manner;
- intuitive-feeling preference combination wants the overall picture delivered in a personalised manner; and
- intuitive-thinking preference combination requires logical options provided by a competent practitioner in a manner that respects their intelligence.

Method

Each year the students wrote the MBTI® (Myers Briggs Type Indicator®) under the supervision of a registered MBTI user. During the verification process, the implications for communication between a pharmacist and patient were work shopped. Students were grouped according to preferences and the groups had to answer specific questions related to the patient-pharmacist relationship (see table 2, 3 and 4). The small groups reported to the larger group and the results were contextualized.

Study population

The participants were the fourth (final) year pharmacy students enrolled for the subject Communication for Pharmacists for the years 2007 to 2011 at the largest Pharmacy School in South Africa. In South Africa the pharmacy profession is female dominated and the study population reflected this trend (image 1).

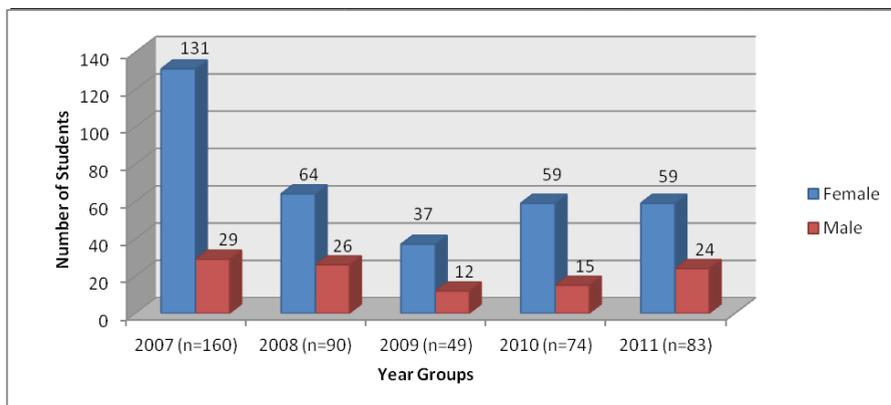


Image 1 – Gender distribution of prospective pharmacists

Results & Discussion

The preference distribution for the five year groups as well as for the South African (SA) population²³ is given in image 2 and 3. The authors could not find recent data that give the NT, NF, ST and SF distributions in the SA population.

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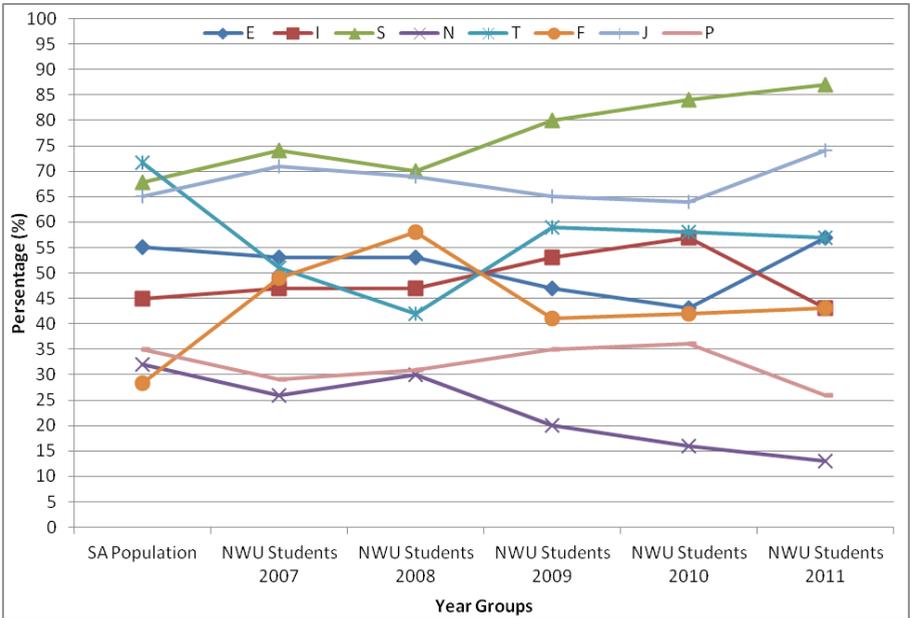


Image 2 – Preference distribution as percentages (%)

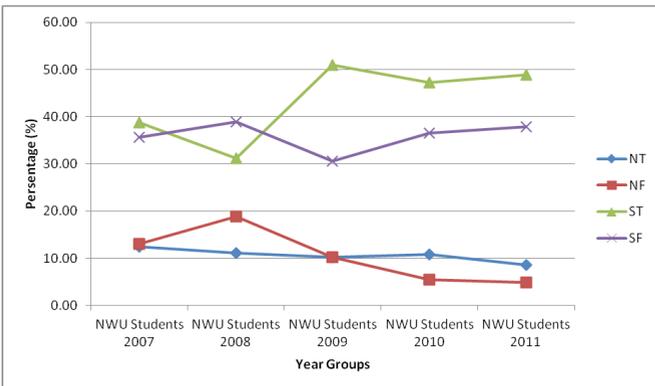


Image 3 – Combination preference distribution

While 28.3% of the South African population has a preference for feeling, 41-58% of the prospective pharmacists has the same preference. Where feelers are tactful, thinkers are truthful.²⁴

The distribution of extraverts and introverts among the prospective pharmacists and the SA population ranges from 43-57%. Extraversion and introversion play an important role during the beginning of an interaction between a pharmacist and a patient.²⁵ Patients that are quiet may be interpreted by pharmacists as patients that are not interested in more information.²⁶

There are more prospective pharmacists with a preference for sensing (70-87%) and less with a preference for intuition (13-30%) than in the SA population (S=67,9% and N=32,1%). Where sensing types prefer practical plain language, intuitive types use metaphors, analogies and other forms of symbolic language.²⁷ For example, to talk about an illness experience as a boat on a stormy sea does not make sense to sensing types.

Of the prospective pharmacists 64-74% has a preference for judging while 26-36% has a preference for perceiving compared to 65.1% and 34.9% respectively in the SA population. Judging and perceiving are very relevant when a health interaction draws to closure and when the next steps are being finalised.²⁸

The combinations of intuition with thinking and intuition with feeling ranges from 4,9 to 18,9% whilst the range for the sensing-thinking and sensing-feeling types is 30,6 to 51,0%.

Examples of the typical responses that the prospective pharmacists grouped according to preferences generated to the questions are given in tables 2, 3 and 4.

Table 2 – Typical preference specific responses to question 1

Discuss the implication of your preference in a consultation situation	
Extraverts (E)	Doesn't give patient a chance to talk May deviate from the point Patient may think pharmacist (Extravert) is not listening Patient may experience pharmacist (Extravert) as not respectful Patient get to know us(Extraverts) easily Have lots of contacts Enjoy interaction with people Silences are irritating Want quick responses May intimidate introverts
Introverts (I)	Listen without interrupting

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	Think before responding Investigate in depth Difficult to talk to Doesn't initiate communication Express conclusions Patient may experience us as unfriendly and not helpful Extravert patients hijack the conversation Busy environment of the pharmacy is draining
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Table 3 – Typical preference specific responses to question 2

Mrs. Jones has been diagnosed with cancer. The doctor prescribed oral cytostatics. Which information will Mrs. Jones request?	
Sensing with thinking (ST)	Why? How does it work? Drug interactions How should I use it? Will it work? How much will it cost? Will the medical aid pay? What are the side effects? Type of medication?
Sensing with feeling (SF)	Detail like 'ST' but also: How will this influence my family and lifestyle? Will I feel better? Can I phone you if I have a problem? Why me?
Intuition with thinking (NT)	Alternative treatments? Where can I get scientific information? What are my prospects? Are there any proof that this will work? May I use my other medication together with this? Duration Facts regarding side effects
Intuition with feeling (NF)	Adjustment of lifestyle What is going to happen with me? What will be the positive and negative effects of the treatment? What type of support system (people) do I need? May be too emotional to ask questions Other options of treatment? Duration

Participants with a preference for sensing ask for facts and details whilst only those with a preference for intuition ask for alternatives. Only participants with a preference for feeling ask questions about their family or the effect of the situation on people.

Table 4 – Typical preference specific responses to question 3

Discuss the implication of your preferences for dispensing.	
Introversion and Judgement	<ul style="list-style-type: none"> Prefer to work alone Complete one task at a time Neat, organised Avoid disruptions Plan ahead Less flexible Don't perform well in chaos Consistent output Everything on time Unplanned events creates stress
Introversion and Perception	<ul style="list-style-type: none"> Get distracted Don't have deadlines for completing a task Adjust easily Don't communicate changes in what we do to others Listen for longer, Look unorganised Perform under pressure Place colleagues under pressure with last minute tasks Flexible Adjust according to patient
Extraversion and perception	<ul style="list-style-type: none"> Try different possibilities May look unorganised Work on a few tasks simultaneously Leave things for the last minute Spontaneous, even if the queue of patients is long Adjust easily Difficult to make choices Enjoy busy days Perform under pressure Attention easily distracted Dispensing area untidy
Extraversion and judgement	<ul style="list-style-type: none"> Clean, organised pharmacy and actions Quick decisions Not flexible Always on time Meet deadlines Talks more with patients May panic during rush hour

Judging and perceiving are the preferences that can cause the most conflict in the pharmacy. While the participants with a preference for judging likes to have things planned, orderly, neat and on time, those with a preference for perceiving often do not leave the working area (for example, they do not clean the mortar and pestle after preparing an ointment) in a pristine condition. While the perceivers are more flexible to meet changing expectations and conditions (say a request for asthma medication because patient forgot to bring medication along on vacation), the judgers perform steadily when things go according to plan.

Conclusion

To meet the expectations inherent to patient-centered care, prospective pharmacists should know how their habitual way of communicating may be interpreted by their patients. They also need to recognise the differences in communication styles and needs of their patients. What one patient experiences as caring, irritates the next one. During training of pharmacists, psychological type theory can be used as a tool to sensitise prospective pharmacists to differences between people.

The unequal distribution of preferences results in a very small chance for a patient with a preference for example for intuition and perception to be treated by a pharmacist with similar preferences. It is therefore essential that pharmacists are aware of the differences between people to enable them to 'see' their patients more clearly in order to deliver patient-centered care.

Endnotes:

- ¹ Marcia M. Worley, 'Testing a pharmacist-patient relationship quality model among older persons with diabetes', *Research in Social and Administrative Pharmacy* 2 (2006): 3.
- ² Worley, 'Pharmacist-patient relationship', 4.
- ³ Worley, 'Pharmacist-patient relationship', 2.
- ⁴ Charles L. Wornoniecki et al., 'Effect of pharmacist counselling on drug information recall', *American Journal of Hospital Pharmacy* 39 (1982): 1909.
- ⁵ M.F. Powell et al., 'Diabetic patients compliance as a function of patient counselling', *Drug Intelligence and Clinical Pharmacy* 13 (1979): 509.
- ⁶ Ross T. Tsuyuki et al., 'A multicenter disease management program for hospitalized patients with heart failure', *Journal for cardiac failure* 10 (2004): 479.
- ⁷ Jeffrey L. Schnipper et al., 'Role of pharmacist counselling in preventing adverse drug events after hospitalization', *Archives of Internal Medicine* 166 (2006): 568.
- ⁸ Hugo L. Folli et al., 'Medication error prevention by clinical pharmacists in two children's hospitals', *Pediatrics* 79 (1987): 720.
- ⁹ Claire Penn, Jennifer Watermeyer and Melanie Evans, 'Why don't patients take their drugs? The role of communication, context and culture in patients adherence and the work of the pharmacist in HIV/AIDS', *Patient Education and Counseling* 83 (2011): 315.
- ¹⁰ Bruce A. Berger, *Communication skills for pharmacists* (Washington: American Pharmacists Association, 2009), 4.
- ¹¹ Djenane R. De Oliveira and Sarah J. Shoemaker, 'Achieving patient centeredness in pharmacy practice', *Journal of the American Pharmacist Association* 26 (2006): 57.
- ¹² Mark Quirk et al., 'How patients perceive a doctor's caring attitude', *Patient Education and Counseling* 72 (2008): 364.
- ¹³ Isabel B. Briggs and Peter B Myers, *Gifts differing: understanding personality type* (California: Davies-Black, 1995): 2-3, 7-8.
- ¹⁴ Isabel B. Myers, *Introduction to type* (California: CPP, 1998), 6.
- ¹⁵ Biggs and Myers, *Gifts Differing*, 53,57,65,69.
- ¹⁶ Myers, *Introduction to type*, 9-10.
- ¹⁷ Donna Dunning, *Introduction to type and communication*, (California: CPP, 2003), 2.
- ¹⁸ Dunning, *Introduction to type and communication*, 7.
- ¹⁹ Dunning, *Introduction to type and communication*, 9.
- ²⁰ Dunning, *Introduction to type and communication*, 11.
- ²¹ Dunning, *Introduction to type and communication*, 13.
- ²² Judy Allen and Susan A. Brock, *Health care communication using personality type*, (New York: Routledge, 2000), 51.
- ²³ Nicola Taylor and Christine Yianrakis, *South African MBTI® Form M Data Supplement* (South Africa: Jopie van Rooyen & Partners, 2007), 9.
- ²⁴ Briggs and Myers, *Gifts Differing*, 68.
- ²⁵ Allen et al., 'Health care communication using personality type', 38.
- ²⁶ Johan Lilja et al., 'How pharmacy students interpret 'silence' in pharmacy-customer communications', *International Journal of Pharmacy Practice* 16 (2008): 202.
- ²⁷ Dunning, *Introduction to type and communication*, 8.
- ²⁸ Allen et al., 'Health care communication using personality type', 44.

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Author Identification

Mariëtta Basson is a registered Industrial Psychologist with the Health Professionals Council of South Africa and a full time senior lecturer at the North West University in South Africa. People and their development fascinate her and are prominent in her research output.

Mariet Eksteen is a registered Pharmacist with the South African Pharmacy Council as well as a senior lecturer at the Department of Pharmacy Practice at the North-West University, South Africa, with a special interest in management, communication and education.