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Do You Have Any Questions for the Pharmacist?

Rachel Mays

Abstract: As perhaps the single-most common inquiry in modern healthcare, the question, “Do you have any questions for the pharmacist?” represents not only an integral step in pharmacy workflow, but also an excellent opportunity for healthcare consumer education. Pharmacy counseling serves as arguably the most convenient, accessible avenue for the public to gain medication-related information in an ever-busy and demanding American healthcare culture. Unfortunately, no “one size fits all” approach to pharmacy counseling exists, and delivering meaningful, effective education requires acknowledgement of a variety of patient-specific factors. This article explores the utilization of Myers-Briggs Type Indicator test results to determine impactful pharmacy counseling techniques as related to dominant personality preferences.

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Imagine yourself stepping up to the counter at your local retail pharmacy, hands filled with various over-the-counter products, and confirming your name and date of birth with the pharmacy technician working the register. The technician retrieves your prescriptions, rings you out, and, before finishing, asks, “Do you have any questions for the pharmacist?” “Yes,” you reply, “one of my prescriptions is not a medication I’ve taken before.” You step to the counseling window and a discussion with the pharmacist begins; however, after a minute or so of talking, the conversation ends and you leave, feeling as though the pharmacist may not have understood your questions to provide the information you needed. Likewise, the pharmacist who helped you feels apprehensive regarding her success in answering your questions; she sensed personality differences that prevented you from understanding. Such a communication discoordination suggests that the scope of effective medication counseling includes more than relaying information. Rather, effective counseling requires the ability to share information in accordance with the “cognitive abilities, learning styles, and sensory and physical status”¹ of a patient to help ensure appropriate medication use and to enhance patient outcomes.² Given the differences between the Myers-Briggs Type Indicator (MBTI®) profiles identified by the majority of the American population and those identified by student pharmacists, it proves critical that patients and incoming healthcare team members consider their respective personality profiles in order to ensure meaningful medication counseling.

Developed in the 1940’s by Isabel Myers-Briggs and Katharine Briggs, MBTI® provides survey participants information regarding their psychological preferences as divided into four categories: worldly orientation (extraversion [E], introversion [I]), gaining information (sensing [S], intuition [N]), decision-making (thinking [T], feeling [F]), and lifestyle preferences (judging [J], perceiving [P]). The combination of a person’s psychological preferences indicates a particular personality type, of which MBTI® boasts sixteen distinct profiles.^{3,4} Table 1 describes the defining characteristics of each psychological preference with respect to communication.⁵

Across the United States, The Myers-Briggs Foundation reports the personality types most frequently identified to include ISFJ (13.8%), ESFJ (12.3%), and ISTJ (11.6%). Specifically, the general American population appears to significantly favor information acquisition through sensing (73.3%) versus intuition (26.7%) and moderately prefer decision-making through feeling (59.8%) versus thinking (40.2%).⁶ As related to student pharmacists, a ten-year study conducted by Drake University surveyed a total of 1,313 pharmacy students’ MBTI profiles and compared them to the university’s general student population (N = 27,156). Researchers concluded that the personality types most commonly reported by student pharmacists included ISTJ (16.91%), ISFJ (15.31%), ESTJ (12.57%), and ESFJ (10.97%).⁷

Table 1. Psychological preference characteristics with respect to communication	
Worldly orientation	
<u>Extraversion (E)</u> Thinks out loud; interrupts; louder voice	<u>Introversion (I)</u> Pauses during information delivery; short sentences; quieter voice
Gaining Information	
<u>Sensing (S)</u> Stepwise instruction; “what,” “how” questions; accurate descriptions	<u>Intuition (N)</u> Short, long-term implications; “why” questions; general descriptions
Decision-Making	
<u>Thinking (T)</u> Quizzes, tests knowledge; objective evidence; unwavering by majority opinion	<u>Feeling (F)</u> Craves harmony; discusses morals/values; appreciates input of others
Lifestyle Preferences	
<u>Judging (J)</u> Impatient with wordiness, disorder; “get it done” attitude; decide prematurely	<u>Perceiving (P)</u> Weaving conversation; dislike ending conversations “early;” decide at deadlines

Table 2. Role of Information acquisition, decision-making profile combinations on communication preferences⁵

Gaining information Sensing [S] or Intuition [N]	Decision-making Thinking [T] or Feeling [F]	Communication Preferences
S	T	Factual information delivered clearly and concisely
S	F	Factual information delivered with compassion
N	T	Logical options delivered in a way that respects patient's intelligence
N	F	Overarching idea delivered in a personal, respectful manner

While the majority of the personality profiles most prevalent among student pharmacists matched the profiles most common within the American population, noteworthy differences between these groups lie in the *individual* psychological preferences and associated implications during counseling. Traditionally, the MBTI® psychological preference most related to communication is worldly orientation, i.e., extraversion (E) or introversion (I). Across the United States, extraversion and introversion are the most evenly distributed personality pair with a difference of only 1.4% separating the two groups ([E] 49.3% versus [I] 50.7%).⁶ Student pharmacists demonstrate similar distribution with 53.08% of students surveyed preferring introversion as compared to 46.92% preferring extraversion.⁷ As such, communication between introverts and extroverts appears unavoidable. To illustrate the implications of inter-preference interaction, imagine a hypothetical patient, Mr. Smith, interacting with a student pharmacist, Amy, about his newly diagnosed diabetes and metformin (anti-diabetic) prescription. If Mr. Smith prefers extraversion, while Amy prefers introversion, they may approach the counseling session differently. Mr. Smith may approach it as an opportunity to discuss his recent diabetes diagnosis and medication concerns at length, likely talking without pause and with frequent interruptions. However, Amy may appreciate pauses in conversation or time to think before responding and may feel overwhelmed or exhausted by Mr. Smith's rapid conversation. As a result, Mr. Smith could perceive Amy's reservation as unfriendly or uncaring.⁸ In this situation, an understanding of the different MBTI® profiles and their respective implications on communication styles and preferences may drastically improve the quality of the pharmacist-patient interaction.

However, communication preferences are not exclusive to worldly orientation. According to a South African study researching the relationship between MBTI® personality profiles and preferred communication methods, those characteristics linked most closely to communication styles include a combination of gaining information (sensing [S] or intuition [N]) and decision-making (thinking [T] or feeling [F]) profiles.⁹ Table 2 illustrates the four potential information gaining and decision-making combinations and their role in communication preferences. Among student pharmacists, inclination for gaining information via sensing (71.74%) was greater than via intuition (28.26%); this preference aligns with the preferences of the general population. However, student pharmacists appear more evenly split than the general population when comparing decision-making preferences; the margin of difference for preferring feeling (F) is only 0.22% over thinking (T), as compared to the nearly 20% difference in favor of feeling across the United States.⁷

Given general preference for gaining information through sensing versus intuition among student pharmacists and the general United States population, understanding the differences between sensing plus thinking (ST) and sensing plus feeling (SF) communication profiles appears necessary. To revisit Mr. Smith's case, first assume he prefers sensing plus thinking. As such, Mr. Smith may want Amy to be prepared to discuss factual information, such as why the doctor prescribed metformin and how it works, drug interactions, cost, and side effects in a clear, concise manner. Mr. Smith's sensing plus thinking preference likely predisposes him to place less emphasis on the emotions associated with his new disease diagnosis than someone with a sensing plus feeling personality. On the other hand, if Mr. Smith identified as having a sensing plus feeling personality, he might want Amy to provide sympathetic and compassionate responses to questions regarding the impact of his disease on himself/his family in addition to answering those questions asked by a sensing plus thinking personality.⁵

Finally, researchers found that the psychologic characteristic indicating lifestyle preference (judging [J] or perceiving [P]) possessed the greatest potential to cause tension and/or conflict within the pharmacy.³ Student pharmacists demonstrate a strong inclination toward a judging lifestyle preference (68.32%) versus perceiving (31.68%),⁷ whereas the margin of difference reported by Myers-Briggs among the general population is much less (J [54.1%] vs P [45.9%]).⁶ In relation to medication counseling, this difference proves critical. As outlined in Table 1, those who prefer a judging lifestyle may identify with the following words and/or phrases: decisive, task-oriented, list-makers, and/or "work before play." Contrastingly, those who prefer a perceiving lifestyle may identify with the following words and/or phrases: open-minded, go-with-the-flow, loose decision-makers, and/or "mix work and play."¹⁰ Given that most student pharmacists identify as judging, Amy may view a counseling session as a distraction from her typical pharmacy-related work and, therefore, approach the session as a structured event to present drug information within a set time frame. A patient also boasting a judging lifestyle preference might appreciate Amy's approach. However, assuming Mr. Smith identifies as perceiving, he may approach a counseling session as an opportunity to explore all components of his medication and take care to ask questions as they arise, easily transitioning from a conversation about side effects to one about interactions with an over-the-counter product. As a perceiving patient, Mr. Smith may find a judging pharmacists' counseling approaches restrictive and uncondusive to ensuring his questions are answered. At the same time, a pharmacist who identifies as judging may feel anxious if counseling sessions veer away from sequential information delivery or take longer than expected.

Despite evidence to support that MBTI® psychological preference type likely influences a person's communication methods and techniques, the question remains: how can understanding MBTI® psychological preference type help patients along with both licensed and student pharmacists, get more from a counseling session? In order to pinpoint areas for improvement, exploration of current patient and pharmacist satisfaction data is critical. According to a 2016 cross-sectional study published by BMC Health Services Research, researchers in South Korea found that 47.3% of community pharmacists were satisfied or very satisfied with the medication counseling they delivered to their patients.¹¹ Patients appeared to feel similarly, with only 34% of patients feeling satisfied or very satisfied with the medication counseling they received by their pharmacist; such a distinction proved statistically and clinically significant. Additionally, 56% of patients and 46.3% of pharmacists felt neither satisfied nor dissatisfied with the counseling session, and both patients and pharmacists described most counseling occurring via verbal instruction. Patients most commonly reported feeling dissatisfied with the time allotted for counseling (51.2%), lack of use of non-verbal counseling aids (36%), and overall content of shared information (14.3%). As related to development of counseling standards, 87.7% of patients and 73.1% of pharmacist's felt such advancement seemed necessary or very necessary.¹¹

A similar study conducted by Kingston University's School of Pharmacy and Chemistry in the United Kingdom evaluated patient perceptions of pharmacy counseling and types of medication information received. Like the South Korea study, most patients reported receiving only verbal counseling (80%) when counseling was made available; 19% of counseled patients reported receiving both verbal and written medication information (most commonly patient information leaflet [PIL] – equivalent to American patient package insert).¹² Measured on a 1-5 scale (1 = not satisfied, 5 = extremely satisfied), most patients indicated feeling average satisfaction (3, 47%) or satisfaction (4, 34%). Of those patients who indicated feeling average or below average satisfaction, 55% felt not enough information was covered in the counseling session and 33% felt constrained by time. With regard to counseling content, the most common topics covered included medication administration information (99%), what the medication treats (97%), and how long the medication should be taken (80%). However, only 50% of patients reported receiving information regarding side effects and only 29% reported discussing lifestyle modifications; as such, nearly 83% of patients reported wanting more information regarding side effects and 48% wanted more information regarding lifestyle modifications.¹²

The responses discussed in the South Korea and United Kingdom studies highlight the importance in determining where MBTI® fits within the current scope of pharmaceutical practice. Given that the majority of counseling sessions were completed verbally and most patient dissatisfaction focused on lack of time spent and information shared, perhaps the greatest opportunities for using MBTI® lie in these areas. As illustrated by both the South Korea and United Kingdom studies, the majority of counseling sessions are verbal; however, this method does not prove

advantageous for everyone. For example, patients whose worldly orientation is more introverted may find verbal counseling less meaningful than an extrovert, as introverts tend to value privacy and reflection.⁸ Thus, fast-paced conversation associated with typical counseling may prove immediately overwhelming and offer little opportunity to process and form questions. Conversely, true extroverts thrive in fast-paced conversation and may prefer problem-solving aloud. Therefore, while traditional verbal counseling may be beneficial for an extroverted personality, incorporation of non-verbal counseling material, such as patient package inserts, could give introverts more time for consideration and ultimately lead to greater overall counseling satisfaction.⁸

As related to the issues of time spent and information shared, several potential solutions present. According to the South Korea study, those patients who received more than one minute of counseling reported feeling significantly more satisfied with their counseling session as opposed to those who received less than one minute of counseling. On average, pharmacists who counseled more than one minute felt four times more satisfied with their counseling than those who counseled for less than one minute.¹¹ However, maintaining an average counseling duration of greater than one minute for all patients may prove daunting for community pharmacists due to a variety of factors, including prescription volume or staffing changes. Here, integration of MBTI® principles may help both patients and pharmacists feel more satisfied after counseling while not necessarily requiring more time. This "quality, not quantity" approach anticipates the type of information a patient may want and the manner in which he/she may want to receive it based on his/her MBTI® psychological preferences. For example, persons who prefer to acquire new material through sensing may appreciate medication information presented as facts focusing on tangible details. Oppositely, those who prefer gaining information through intuition may prefer their counseling session to focus on interconnecting "big picture" ideas and hypothesizing future problems or events. Additionally, patients preferring decision-making through thinking likely place less emphasis on the manner of information delivery so long as the information is specific and respectful of their intelligence, whereas feeling patients may expect more obvious displays of compassion and personal interaction during counseling. Lastly, those patients boasting a lifestyle preference of judging may like structured counseling sessions including stepwise instructions and clear expectations, while those preferring perception may feel more comfortable with improvisation or casualness.¹¹

Integration of MBTI® psychological preference typing into pharmacy counseling affords pharmacists and patients the opportunity to more meaningfully communicate while simultaneously improving overall counseling satisfaction. As hospital reimbursement strategies continue to shift in favor of patient satisfaction surveys, e.g., HCAHPS or Hospital Consumer Assessment of Healthcare Providers and Systems, administration of MBTI® tests and interpretation of individual pharmacist and patient results may prove profoundly impactful in earning reimbursement-worthy scores.¹³ Most importantly, MBTI® incorporation has the potential to improve patient counseling strategies

and outcomes, while encouraging and fostering significant and long-lasting pharmacist-patient relationships founded in mutual respect for and understanding of individual personality preferences.

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