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RESEARCH

The effect of pharmacy setting and pharmacist communication style on patient perceptions and selection of pharmacists

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ABSTRACT

Objectives: To determine a) the impact of pharmacy setting (chain vs. independent) and b) pharmacists' communication styles on patients' pharmacist selection preferences and their perceptions of pharmacists.

Design: A 2 (pharmacy setting) \times 4 (communication style of pharmacist) mixed-design experiment using online vignettes, where pharmacy setting (chain vs. independent) was the between-subjects factor and the communication style of the pharmacists (paternalistic, informative, interpretive, or deliberative) was the within-subjects factor.

Setting and participants: A total of 502 adult U.S. participants completed an online survey.

Main outcome measures: Participants completed measures of perceived expertise, quality of medical care, and patient satisfaction after exposure to each vignette. They also selected which of the 4 pharmacists they would want to visit, along with answering an open-ended prompt explaining their decision.

Results: Mixed analysis of variance results revealed that pharmacy setting had no impact on the dependent variables, although pharmacists adopting more patient-centered communication (i.e., deliberative or interpretive) were perceived to have greater expertise ($P < 0.001$). These pharmacists were also predicted to provide a higher quality of care ($P < 0.001$) and greater patient satisfaction ($P < 0.001$). Although the majority of participants would choose to visit a patient-centered pharmacist, about 1 in 6 stated that he or she would prefer a pharmacist adopting a paternalistic communication style. Participants' rationale for their selections focused primarily on how the pharmacists would communicate or recommend treatments.

Conclusion: Although patient-centered care is seen as a criterion standard in pharmacy practice, there is a large subset of patients who prefer pharmacists who communicate from a more biomedical perspective. Future research and interprofessional educational opportunities with colleagues in communication disciplines may be fruitful in helping pharmacists to better assess patient cues that might signal their willingness to be more or less active participants in their care. Pharmacies may also find it useful to improve how they market pharmacists so that patients can more effectively choose pharmacists who fit the style of care they would like to receive.

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Pharmacists are often described as the most accessible health professionals,¹ with some patients even preferring to discuss their health with their pharmacists more than with their physicians.² This highlights the importance of dedicating research to this important communication encounter. Previous studies on pharmacist–patient communication have focused primarily on how effectively and efficiently pharmacists can impart knowledge to patients³ or simply on quantifying and describing how pharmacists and patients interact.⁴ Studies using qualitative or mixed-methods approaches have the potential to uncover much richer insights. For example, mixed-methods studies such as the one

Key Points**Background:**

- The changing health care landscape encourages pharmacists to play more active roles in patients' overall care plans.
- Pharmacy setting, however (e.g., chain vs. independent), may influence not only how pharmacists are able to communicate with patients but also the communication style that patients desire in their pharmacists.

Findings:

- Regardless of setting, the majority of participants indicated a preference for a pharmacist adopting a more patient-centered communication style.
- About 1 in 6 participants preferred a pharmacist of the more biomedical tradition.
- Pharmacist communication style influenced participants' perceptions of expertise, quality of care, and patient satisfaction.

reported here can help to better explain the reasoning behind patients' preferences and perceptions of these ubiquitous health professionals.

It has been advocated that as the health care environment becomes more fragmented for patients⁵—often having to manage their conditions and medication adherence away from physicians' offices—as well as more complicated and expensive for patients to navigate, that pharmacists should be more effectively used as part of a team-based approach to patient care to improve care quality.⁶ As such, patient-centered communication between pharmacists and patients is becoming an increasingly important topic.⁴ Patient-centered communication occurs when health care providers are able to incorporate patients' needs, concerns, ideas, and emotions into the care process to assist them in becoming active participants in the decision-making process.^{7,8} These considerations are often present in the interpretive and deliberative models of provider–patient communication elucidated by Emanuel and Emanuel.⁹ Even though patient-centered communication has been associated with higher rates of adherence, leading to improved health outcomes,¹⁰ studies of pharmacist–patient communication have revealed that patient-centered communication is not prevalently practiced. For example, in a metanarrative review of published research on patient–pharmacist interactions, the majority of studies found interactions that encompassed a more biomedical perspective (i.e., one-way transmission of information from the pharmacist to the patient) than a patient-centered focus.⁴ Shah and Chewning³ found similar results when looking at how pharmacist–patient communication has been studied in published research, with almost half focusing on the pharmacist solely as someone who provides information to the patient, and the two-way exchange of information between the pharmacist and patient—a more patient-centered approach—being understudied.

It is possible, however, that patient-centered communication might not necessarily be the desired communication style of patients across various pharmacy settings. For example, many chain pharmacies appear to patients to operate more like fast-food restaurants with walk-up counters and even drive-thru options where patients “order” their medications. Freitag¹¹ coined these establishments as “fast-med” pharmacies. In these types of settings, patients might feel as though efficiency—and not thoughtful interaction with a health professional—is the norm or priority. Pressures for pharmacists to behave or act in certain ways may be due to evolving business models, which are a result of the ever-changing and competitive nature of the pharmacy industry.¹² For example, research has indicated that pharmacists perceive that time pressures hinder their abilities to provide patient care beyond distributing medications.¹³ Therefore, it is possible that patients experiencing these types of fast-med settings might prefer brevity in their pharmacist interactions—that is, a more biomedical approach—communication styles which Emanuel and Emanuel⁹ called paternalistic or informative.

In addition, the pharmacy setting might affect how patients perceive the expertise of the pharmacist as well as the quality of care that patients think they could receive. For example, it is possible that much like at fast-food restaurants that are normally staffed with individuals who do not need to possess much knowledge of food, individuals may think that the pharmacists at chain fast-med pharmacies might possess a similar lack of expertise about drugs. Despite the fact that all pharmacists are extensively trained on medication therapy, the fast-med setting that patients experience might further solidify the beliefs of some who view pharmacists solely as people in white coats who are trained only to count pills and consequently perceive their doctors as better and more highly qualified medication advisors than pharmacists.^{13–15}

Objectives

The objectives of the present experimental study were to determine what impact, if any, that a) pharmacy setting (chain vs. independent) and b) pharmacists' communication styles have on people's future pharmacist selection preferences, as well as their perceptions of pharmacists at those locations. Data provided via an open-ended response item also sought to uncover participants' reasons behind why they would choose a certain pharmacist over another.

Methods

This study took the form of a 2 (pharmacy setting) × 4 (communication style of pharmacist) mixed-design experiment, where pharmacy setting (chain vs. independent) was the between-subject factor, and the communication style of the pharmacists was the within-subjects factor.

Participants and recruitment

Amazon Mechanical Turk (MTurk) was used to recruit participants for this study. Previous research has found that obtaining participants through MTurk allows for more diverse samples compared with more standard Internet and college

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