Workplace Woes in Pharmacy

Customers!
You can’t live with them, you can’t live without them!
DISCLOSURES

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report no conflicts of interest and have nothing
to disclose with regard to the content of this
continuing education activity
WARNING

Warning: This continuing education activity is based on pharmacy staff’s real-world experiences (which may be unsuitable for children to see); may contain unusual humor; and describes some deplorable behaviors (which may be disturbing).

Viewer discretion advised
Objectives

- LIST ways to deal with difficult managers who micromanage, are hostile, or lack supervisory skills
- DETERMINE approaches to deal with coworkers whose skills, competencies, and teamwork abilities need improvement
- LIST several ways to improve one’s own skill set and career plan
- RECALL strategies to deal with poor healthcare literacy; “non-customers”; angry or abusive patients; and patients whose expectations have been disappointed
Caller #1

Many of my patients are non-English speakers. It’s really frustrating, because we sometimes have trouble getting even the most basic information from them. And counseling is simply impossible. Any suggestions?
This is a good reason why people who live in diverse communities need to learn another language. It’s great resume fodder when you do. In the previous segment we talked about resumes and skill building, and it is really amazing how much weight fluency in another language has when you apply for a job.

Sometimes, people who do not speak English appear with their children and the children understand more English than the parents do. Asking children to interpret is a double edge sword because one doesn’t necessarily want to discuss medical information with children – it can be scary, and it creates a responsibility that children may be too young to assume. That burden can be a real problem. Employ children in counseling very carefully.

It’s critical to point out that before giving someone written materials in their own language, you have to determine whether or not they actually read in their own language. We’re going to talk about this later.

However, that’s the history of the United States. It’s a melting pot. Often, the adult immigrant doesn’t learn English, but the next generation will certainly learn English.
These are resources that you can use to help communicate with non-English-speaking patients.

Local, state, and national websites almost always have translated medical information these days.

A critical point is not to raise your voice. Seinfeld has a very good routine about people who speak to others who don’t speak English and they raise their voice or bellow. He points out that these people are not deaf and yelling will not help! It’s actually scary for immigrants when people yell.
Communicating with Non-English Speakers

• Additional possible solutions:
  – Refer patients elsewhere
    • Are there healthcare providers in your area that do speak the patient’s native language?
  – Hire bilingual/multi-lingual employees

PRO TIP
Learn as much as you can about your patients’ language and culture. Even learning (or attempting) a few basic words will help put your patient at ease.

Sometimes if someone comes in and doesn't speak English and needs help, referring that person to a local health center that works with the minority population can be extremely helpful.
Question #2

We receive endless phone calls demanding drug information from people who are not our customers. We don’t have their profiles, and we never know if they are just asking a general question, students asking you to do their homework, or someone who wants to talk forever about the latest drug topic presented on the TV, Internet, or Dr. Oz show. What’s the best way to handle this?
You need to learn the art of quick assessment. It’s a kind of triage.

On the first problem (a non-customer asking for information), the best way to deal with this would be to tell them that the privacy regulations restrict how much information you can give over the phone, and the best way for them to get information from you would be to bring their medication profile and talk in person. A good number of people will not even come in, but those who do may become customers. Don’t turn people away because answering questions is a great way to establish a relationship with the customer. But, remember you can only answer so much.

And students? If you can tell that it’s a student who needs information, it’s a good idea to refer them to appropriate websites or ask them if they want to make an appointment to come in. Many of these student learners will simply go to the websites that you recommend, some might come in. That’s not a bad thing – everyone should have a mentor.

The world is filled with happy gabbers—the person who just wants to talk and talk and talk. On this one, it just depends. You need to learn to assess the individual and determine what exactly he or she needs. Diane Holmberg indicated that she’s the go-to person at her retail location, and her coworkers refer gabby people to her. She’s good at determining what a gabby individual needs. After a short while, someone will text or call her to help her disengage. It’s team work.
Especially with those Doctor Oz questions, they tend to be pretty repetitive and establishing a file of FAQs that you can copy and paste into an email is a smart idea. In fact we recommend that anybody who gets the same question over and over again craft a really good FAQ answer that he or she can paste into an email and send.

Jeannette Wick says that she does this for any FAQ. For a while she was getting questions from women about bisphosphonates, asking about whether they needed to continue their calcium and similar questions. She’d tell them, “You’re not going to believe this but I can send you a good summary on the e-mail.” She suggests doing this for any question that pops up often.

Diane suggested creating FAQ files for employees to refer to and e-mail, too. It’s a good way to make sure that everyone is giving the same information to customers, and that employees know the correct answer. It eliminates the likelihood that employees will espouse their own philosophies or ideas, rather than that of the business or corporation, or provide incorrect information.
More Triage

**Student**
- Refer them to appropriate websites or ask them if they want to make an appointment to come in
- Many of these learners will simply go to the websites that you recommend
- Some might come in. That's not a bad thing – everyone should always have and be a mentor.

**Happy gabber**
- It just depends!
- Assess the individual and determine what exactly he or she needs

This slide quickly reviews what we've learned in the last couple of slides. The speakers also made a point of telling learners that when you're talking to one of the people they've called "happy gabbers" and you start to realize that a customer or a patient may be developing a little bit of dementia, it's important to contact the family if you have concerns.
Question #3

Patients constantly yell at me because formularies changed or they need a prior authorization. Flight attendants and community pharmacists are targets of abuse from consumers who think we have to take their verbal abuse. At least flight attendants can kick someone off a plane.
This caller is correct, we cannot throw our patients out of the pharmacy or abandon them. But we can try to develop an approach that is empathetic and kind. Don’t take the customer’s outbursts personally. That’s really easy to say but not so easy to implement in the heat of the moment.

The customer is working from a place of very high emotion, but angry or frustrated. Anger and frustration is lower on the rung of the emotional ladder than patience, calm, and helpfulness. It’s up to you to make sure that the conversation rises up to a higher rung in the end.

Listen to what they are saying, not how they are saying it. Use your attention to find the clues in their speech to discover the problem and come up with an answer before they’ve stopped to take their first breath. This is completely possible to do as they rage on about the problem! Eventually when they take that breath, you can say, “The issue I can actually help you with is....” and deliver it.

It is a gift to simply listen to someone without trying to fix them. People sometimes just need to be heard. Some organizations actually tape a Q-Tip to the register or computer as a reminder.
Always try to understand what the patient’s expectations are, and damp down your own emotion.
Question #4

I’m really struggling with the numbers games some pharmacies play and the ridiculous number of customer phone calling we are required to make.

Most customers want to be taken off the automated call list also.
Here, we’re going to talk about two things. Let’s split the caller’s concern into two sections.

• The first one – most customers want to be taken off the automated call list – is something that the caller needs to put in the "not my problem" area. Diane indicated that some things that are just simply above your pay grade and you have to deal with. The job requires you to make the calls, so you have to make the calls. Collect data to make a convincing argument to management that the automated call list is probably not a good idea. FIGHT METRICS WITH METRICS! This is data-driven decision making, and seeing the numbers can be a wake-up call. Track problems, and present them to management.

The second problem – struggling with the numbers games and metrics – can be addressed as a complaint issue every time a customer complains about a telephone call, the employee should document on an incident report. The complaint is a valuable tool. For every person who complains, there are between 19 and 26 other people feel the same way but don’t complain. Passing complaints on to management can be very useful. And remember that metrics are not all bad—they can help you perform better and identify areas of weakness or trouble.
Question #5

This is a different kind of question. A customer needed help in the OTC aisle. I told him where to go then he came back and asked to talk to me. He confided that he couldn’t read. It makes me wonder how often this happens.
According to an NPR article (cited above): “US adult literacy rates are no better than they were 25 years ago.”

Low literacy is said to be connected to more than $230$ billion a year in health care costs because approximately half of Americans cannot read well enough to comprehend health information, incurring higher costs.

This is also a problem related to non-English speaking populations. Some people learn to speak English, but can’t read it. And this is just \textit{regular} literacy....Health literacy is entirely different. The US Department of Health and Human Services determined in 2008 that only 12\% of the US population was proficient in health literacy. This means that the remaining 88\% of the population struggles to read things like prescription labels; the supplemental information that we print and stuff into prescription bags; directions on how to prepare for laboratory tests; information about the diseases they have; and so many other things.
Diane discussed visual clutter and how difficult it is to see things, even if they are right in front of you. So often, something's right in front of your face and you don't see it. So imagine how difficult it is for patients when they come to the pharmacy and they're looking for something as simple as vitamin C. There are so many bottles in the vitamin section, it's hard for them to find it. Additionally, there may be several different brands of vitamin C and if the shelves are stocked by brand, they would have to look two or three places to compare the selection.

The speakers recommend role-playing. By that they mean going to another pharmacy, and looking for specific products. They of course will be on different shelves than they are in your shelf. You may have a very hard time finding a list of products.

People who can't read are challenged, but people who can read are also challenged and we need to take a little bit more time with patients. We should jump out from behind the counter and show them where products are. This type of activity can be one of the rewarding activities that you introduce to your daily practice.
Question #6

From time to time, customers come to me with legitimate complaints. We simply dropped the ball.

What’s the best way to deal with it?
Both speakers indicate that honesty is the best policy. Most retail organizations have some kind of compensation for individuals who have been adversely affected by a problem.

This is a judgment call and whether you give a two dollar coupon or $20 in merchandise depends on what the problem is. For example, if someone drove 50 miles and was inconvenienced it's a little bit different than someone who was in the store shopping and lives down the block.
Everyone listening to the program should know how much authority you have, and if you work for a corporation, you should know your corporate policy on compensating someone for an error or an inconvenience. If a problem develops, it may be that you don't have the authority to compensate someone when a problem arises. You may have to call management if that is the case, you should most definitely call a manager and ask them to compensate the individual.

This is a place where I'd like you to Pause and Ponder and think about how much authority you have at your workplace to make adjustments or give some kind of compensation to customers or patients who experience poor service or a problem. If the answer to that problem is, "I don't know," tomorrow when you go to work go to your manager and ask how much authority you have. Asked them to work out a schedule of rewards so that people are compensated similarly by everyone.
Question #7

A customer and I had a contentious discussion several months ago. Since then, he goes out of his way to talk to me and reignite the discussion. Actually, it’s not a discussion—it’s him berating me and the store. What do I do?
This is a great cartoon because it tells you that you need to work together with your team. This is great because the troubled employee has enlisted help, but when the customer actually arrived she turns around and her coworkers disappeared!
What you’re describing here is a heckler. You should never ever meet with this person individually. Have someone with you. We call it double teaming. Again, always have a coworker with you to observe and help. Next, track the visits by time and day. A lot of these people are very predictable and you can simply disappear or find a colleague when you see them coming. The long-term solution is to write an incident report documenting the heckling every single time that occurs.

Note that Pres. Obama was extremely skilled at dealing with hecklers. When he had hecklers in the audience, he would stop for five seconds. [Here, the speakers paused for five seconds to demonstrate how long that feels.] Generally, it delivers a message that the behavior is not acceptable.

Don’t get defensive, remember the customer, and when you see the customer coming in, get help from a coworker immediately. Never take abuse. If the customer is abusive, always document it and pass it through management.
Question #8

What you do about that person who's in a hurry? The customer who pushes ahead and ask people if they can go first because they're in a hurry, and you know that the person's issues are not any more important than anybody else's?
Many people do not like to wait in line, and they get a terrible attitude about it. That said...
When the speakers received this question initially, they spoke to a number of academic/clinical pharmacists at the University of Connecticut and they offered many solutions. One speaker noted that she tends not to use "I understand" because often times she may not truly understand what they are going through.

There is a clear need for the pharmacist to be assertive and avoid aggressive behaviors and language. Saying, "I can see you are in a hurry. I will help you as soon as possible and hope you understand that those before you in line have similar needs to be helped right away. Thank you for your patience, and I’ll let you know if I quickly think of a solution that could work for all involved." This is a mouthful–she writes it down next to the computer so that she doesn’t miss anything – and hard to conceptualize in the moment for most folks, However, being firm and supportive is the main way to go. Avoid "you" and other accusatory statements that put the hurried patient on the defensive is advisable and avoids open conflicts. Gently repeat the message if they are still not getting the concept and then pass the problem on to a manager if you are still struggling with resolution.

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<th>DON’T</th>
<th>DO</th>
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<tr>
<td>Ignore the behavior</td>
<td>Make eye contact and address it</td>
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<tr>
<td>Say “I understand you are in a hurry”</td>
<td>Say “I acknowledge you are in a hurry”</td>
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<td>Be aggressive (with your behavior or language)</td>
<td>Be Assertive</td>
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<tr>
<td>Make assumptions</td>
<td>Remember that a patient may have valid reasons for being in a hurry (e.g., a sick kid waiting in the car)</td>
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One of our faculty said, "I find this situation to be a gateway (with bright flashing lights) for a brief conversation of the awesome responsibility and role of the pharmacist. The underlying cause for most of these customers' time issues, stems from not understanding exactly what the pharmacist does for them - in their mind, it's just pour pills from a big bottle to a little bottle - how long can that take?"

He continues, “Taking advantage of the opportunity to spend two minutes explaining the safety and clinical aspects the pharmacist is performing on EVERY prescription can reap a lot of time-saving customer complaints down the road. And, it provides the added benefit of ‘marketing’ our profession in the proper way - something we continually fall short in doing.”
Using Humor in the Workplace

- A little humor can go a long way
- Use humor cautiously
- Types of humor
  - Coping
  - Hoping
  - Gallows

**REMEMBER:**
Humor based on superiority or bias has **no place** at work

- Hoping humor is the ability to hope for something better despite overwhelming circumstances.
- Coping humor helps individuals reframe situations so that they regain a sense of control.
- Gallows humor recognizes a situation's intolerable aspects, using humor to transform it into something else.

Be careful about what kind of humor you use with customers. When used inappropriately or too strong, some customers may be offended or uncomfortable.
This concludes this segment of Workplace Woes. We do want to remind you that laughter is the best medicine but it's not always covered by insurance.

If you have questions that we didn't cover, please email me (Jeannette Wick, jeannette.wick@uconn.edu) or Joanne Nault (joanne.nault@uconn.edu) with your questions and we will include them in our next Workplace Woes session.