Seeing differences through the lens of type

Thinking
- May be seen as hardhearted, insensitive, cold
- Could be seen as logical, clear headed, and willing to make difficult decisions

Feeling
- May be seen as soppy, illogical, weak
- Could be seen as kind, sensitive, and good with people

tent and sensitive delivery of health services, and the management of staff.

Where differences cause problems

Thinking types can be exasperated by what they see as the wishy-washy, touchy-feely approach to problems that feelers seem to have. Why can't they be rational for once? Feelers can be appalled by what they see as the thinker's apparent complete disregard for people's perspectives and feelings. Because of the association of thinking with being male and feeling with being female, these are the battlefields of many a relationship.

As with all the preferences, the trick is understanding difference and using it to your advantage. A surgical trainee came to see me once. A feeling type, he was anxious and depressed about his choice of specialty and was feeling undervalued and incompetent. Once he understood that he was working in a highly thinking culture, and realised that his strength in talking empathetically with patients and relatives was not only valuable but rare in his department, he was able to return to work with a new spring in his step.

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1 Gilligan H, Watts C, Welsh F, Treasure T. Square pegs in round holes: has psychometric testing a place in choosing a surgical career? *Ann R Coll Surg Engl* 1999;81:73-9.
2 Clack GB, Allen J, Cooper D, Head JO. Personality differences between doctors and their patients: implications for the teaching of communication skills. *Med Educ* 2004;38(2):177-86.
3 Clack GB. Is personality related to doctors' specialty choice and job satisfaction? [PhD thesis]. London: University of London, 2002.

Tips on how to cope with the bits you find hard

- **Develop your non-preferred skills**—Knowing what you find hard, and why, is an essential first step to doing something about it. If you are a feeling type, try consciously standing back from situations in order to consider your options. If you are a thinking type, try putting yourself in someone else's shoes when making decisions about them
- **Get help from someone who finds them easy**—If you are a feeler and you are having problems with making a tough decision, then you may benefit from asking a thinking type for help. If you are a thinking type, and have difficulty dealing with, say, social problems in your clinical work, or even in your personal life, why not ask a feeling type for help or advice? Good quality problem-solving includes attention to all the preferences, so when you are about to make an important or difficult decision, try getting a perspective from other preferences first
- **Do your toughest jobs when you're at your best**—If you are a thinking type and have need to get into someone else's shoes to make a good decision, try to do it when you are fresh. Similarly, for feeling types who have some tough objective analysis to do
- **Think carefully about applying for jobs ill-suited to your preference**—Knowledge of your type will help you identify these in advance, so if you're a feeling type, think carefully about applying for jobs that work that require a lot of logical decision-making, or where the culture is predominantly thinking. If you are a thinker, you may want to think carefully before applying for a job where the emphasis is more on dealing with patients' personal perspectives than objective problem solving

Life and loathes of a new doctor

The riddle fiddle

If Paula Radcliffe thought she was exhausted after the Olympic marathon in Greece this summer then she should try working a week as a receiving house officer. It seems that the recently introduced European Working Time Directive has lost something in the translation. Apparently the butcher, the baker, and the candlestick maker can only work 48 hours per week, but doctors being superhuman can do 56 hours. Despite this new law, my newly qualified colleagues and I are injecting people with morphine at 6 am after working 70-80 hours that week–legally. Paula finished the race in dehydrated delirium–much like I feel at the end of night shift. My new definition of a patient with renal failure is someone who pees less than their preregistration house officer.

According to the unfortunately named "Riddle formula" we still only work an average of 55.99 999 hours per week (average includes a projected 40 years of retirement). However, that's because the calculation only counts the time in which you are touching the floor of an NHS hospital. As a receiving house officer you gallop from your ward to the accident and emergency department rarely making contact with the lino. Also days ending in the letter Y which fall during months containing a vowel are omitted from the calculation. The strange thing is that none of my newly qualified university friends seem to be working any less than those we knew in the previous year, but bizarrely they were on a higher pay band.

The answer is not random monitoring which is too easy to fiddle. No one admits it but they all feel under pressure to say they left promptly at the end of their shift. To say anything else suggests you are inefficient or can't cope with the demands of the job. Surely the only way to be certain what hours a house officer works is to electronically tag them and follow their every move by satellite tracking. We already do that with other misfits in society. This way we can accurately deduct from their salaries the amount of time house officers' waste eating and using the toilet. Any junior standing still for more than 60 seconds could have their tag detonated remotely by management as an "enticement" to others.

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