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Original Research Paper

Identifying critical elements in using question prompt lists at the pharmacy counter to induce patient activation—using principles of conversation analysis

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ABSTRACT

Background: The incorporation of Question Prompt Lists (QPLs) into pharmacy interactions has been tested as an innovative strategy aimed at enhancing patient engagement and addressing personal information needs. However, there is a gap in understanding regarding how QPLs induce or reduce patient activation and contribute to improved medical treatment. The specific aim of the study was therefore to qualitatively describe how pharmacy encounters in which QPL are introduced unfold, in order to identify and discuss relevant interactional mechanisms that induce or reduce patient activation.

Methods: The QPL, which includes questions about usage, interaction, side effects, and follow-up, was introduced to patients during pharmacy encounters. Employing a qualitative inductive approach based on principles from conversation analysis (CA), audio-recordings from 56 QPL encounters in community pharmacies were transcribed and thematically analysed.

Results: Most meetings began with a long initiation phase focused on determining which medications to take home. This was followed by an introduction to the QPL and a natural break where the pharmacist left to get the medicines, giving the patient an opportunity to contemplate their needs, as prompted by the QPL. While the QPL itself was not explicitly explained or discussed, the majority of patients asked questions and shared personal information. Even those who were disinterested felt compelled to justify their stance, demonstrating the influence of the norm of reciprocity. However, instances of unsolicited information provision by the pharmacist, were still identified.

Conclusion: This study demonstrates that QPLs can enhance patient activation in pharmacy encounters, even without detailed explanations, but their impact is not straightforward. The presence of the QPL encouraged patients to engage, share personal information, and ask questions. These findings suggest that QPLs can create opportunities for patient involvement, even in brief pharmacy interactions.

1. Introduction

Communication at the pharmacy counter is an essential and critical phase in ensuring good medication outcomes. Community pharmacists play an important role in influencing patient choices in self-care and self-medication, which has been shown to improve health outcomes, for example, through better medication adherence and appropriate use of medicines.[1] Adequate communication relies on incorporating patients' needs into the counselling. Pharmacist interactions, however, primarily revolve around routine information provision.[2–5] Further, pharmacist tend not to encourage patients to ask questions to share their views of the medicine.[5,6] A barrier is also the patients' lack of understanding of community pharmacists' skills and expertise,[3,7] and possibly pharmacists also misjudge patients' expectations and preferences.[3,8]

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A new approach to engaging patients during pharmacy visits has been tested in Sweden using Question Prompt Lists (QPLs).[9] This initiative was adopted because staff felt that they were not fully utilizing their knowledge to provide adequate support to patients.[10–13] In addition, patients have expressed a need for information that is tailored to their individual needs.[14,15] Addressing these needs is essential for better information delivery to patients in the community pharmacy context to achieve better medical care.

A QPL is a set of questions or pre-defined topics, prompts, hypothetical scenarios, or patient concerns.[16] The concept behind the QPL is to enhance patients' questioning skills, stimulate critical thinking, and ultimately better equip them to make informed treatment decisions. Such aspects are central parts of the concept of 'patient activation', which refers to the level of confidence, willingness, and the ability of the patient to engage in a conversation with a healthcare professional.[17] This activation can be directed towards 'patient empowerment', where patients are encouraged to manage their own diseases, including engaging in enhanced shared decision-making with healthcare professionals.[18] QPLs are therefore designed to increase patient-centeredness and self-efficacy (SE) in healthcare encounters. It is important to note that QPLs are not just a tool for patients to ask more questions, but rather to ask questions that are of particular interest or need to the individual patient.[16]

In a Swedish feasibility study, about 50 % of patients reported, when prompted, that they tested a specially designed QPL developed for medicines at the pharmacy counter.[19] The developed QPL was reported to be quick to read and easy to understand. Forty percent of respondents asked more questions after using the QPL. This is a high number as compared to others studies reporting low rates of question asking behaviours from patients.[3,5] Patients with new prescriptions and non-native Swedish speakers demonstrated a higher frequency of use. QPL users scored higher on self-perceived medication knowledge. Further, patients described the QPL as an eye-opener that provided insights into potential questions they could ask their pharmacists, while also showcasing the pharmacists' expertise.[19] Also, pharmacists believed it lowered the threshold for patients asking questions, and improved patient participation in the encounter.[9] Similar results are reported from other healthcare settings, where patients state that a QPL enables patients, during conversations with healthcare providers, to ask questions and get engaged, particularly regarding challenging or sensitive subjects.[18,20–22]

However, in order to make progress, it is important to understand not just *whether* QPLs have an actual impact, but also *how* it helps activate patients during pharmacy counselling and how it relates to better medical treatment. The first step in this process is to determine how QPLs actually encourage patient activation. Therefore, the aim of this study is to qualitatively describe how pharmacy encounters in which QPL are introduced, unfold, to identify and discuss relevant aspects of interactional mechanisms that induce or reduce patient activation. On this basis, it can be discussed how to improve pharmacists' counselling skills when using QPLs to provide medical care.

2. Method

2.1. Study design-main study

This study is part of larger project testing the feasibility of a QPL in pharmacy encounters.[9,19] The QPL for this project is a tool used to educate patients about their medications. The QPL includes three main areas: 1) my medications, 2) best use, and 3) follow-up (see Fig. 1, and Fig. S1 in the study the Swedish version was used). Below, the context, recruitment and training of pharmacists, along with the data collection methods shared by both the main study and this sub-study, are summarized. Subsequently, the methodology specific to this study is described.

2.2. Context-the Swedish pharmacy sector

The Swedish pharmacy sector is primarily controlled by four major private pharmacy chains, encompassing a total of 1405 pharmacies.[23] The pharmacy density is 13.3 pharmacies per 100,000 inhabitants. In Sweden, prescribers issue electronic prescriptions for medications, which patients can retrieve either in person or through online platforms. Sweden boasts the most advanced e-commerce system for pharmacy operations in Europe, with online sales accounting for approximately 15 % of prescription drug sales and 21 % of over-the-counter (OTC) medication sales.[23] Additionally, a limited selection of OTC products is available through other retail outlets.

2.3. Recruitment of pharmacy chain partners and pharmacists

As described elsewhere, the headquarters of the five largest Swedish

Fig. 1. English version of the question prompt list used in the study.

community pharmacy chains were contacted to obtain their agreement to participate in the study and to ask them to select pharmacies for the feasibility study, aiming for diversity (maximum variation) in terms of size, location (urban, rural, shopping centres, healthcare facilities), and area of Sweden.[9,19] All pharmacists at each selected pharmacy were invited to participate. To prepare the pharmacists, researchers conducted QPL training during an initial visit and collected the data one week later.

2.4. Training of pharmacists

As reported in previous studies,[9,19] the pharmacists were given written and oral information about the study, watched a short instructional video on QPL use, and received a flyer with sample introduction phrases for, for example.

- new users: *"We want you to get the best effect from your medications. We know that many people have questions about medications, but you may not always remember what to ask. Here is a list of common questions that many people have. Take a look at them while I get your medications. Then, if you want, we can discuss any of these questions later."*;
- or for chronic users: *"I know you've been using medications for a long time and are well-informed, but you may still have questions. Please take a look at this list of common questions that many people have. Then, if you want, we can discuss any of these questions later."*

2.5. Data collection

As outlined in previous publications of the larger study, participating pharmacists were encouraged to introduce the QPL to patients during encounters, using a coloured copy of the QPL placed on the counter (see Fig. 2).[9,19] Pharmacists were urged to use the QPL multiple times over the following week(s). During a second visit by researchers (CLP, KS) (occurring 3–8 days after the initial training and lasting 3–4 days per pharmacy), written informed consent was obtained to allow observations of desk encounters to be audio-recorded. As they entered the pharmacy, patients were recruited sequentially by researchers, based on inclusion criteria of ≥18 years old who were collecting a medication for themselves. Pharmacists and patients were informed both orally and in writing before participating. Encounters were audio-recorded, with researchers starting the recorder and then leaving the encounter. All participants (pharmacists and patients) filled out a questionnaire with background factors afterward the encounter.[9,19] In the larger feasibility study, 29 purposefully selected pharmacists participated from 7 pharmacies, and in total, 138 observations were included in this analysis. These encounters lasted for an average of 4.7 min (median:4.3; SD 2.7 range: 0.7–18.9 min; encounters with students excluded).

2.6. Methodology-qualitative analysis of observations

This is a qualitative sub-study utilizing audio recordings from the patient-pharmacist dispensing conversations, which include the use of a Question Prompt List (QPL) placed on the counter. The specific aim of this sub-study was as described enlightening our understanding of the act of patient activation in pharmacy encounters. For this purpose, transcripts from audio-recordings from the feasibility study (where QPLs were used to activate patients during dialogues at the pharmacy counter when picking up prescription medications) were used as empirical data and a qualitative approach was selected[24] to a) describe how the encounters typically unfold after introducing QPL as compared to not introducing the QPL, b) to identify and discuss relevant aspects in the process of QPL use that could be argued to induce or inhibit patient activation. Standards for Reporting Qualitative Research (SRQR) was used to facilitate transparent reporting of the study's quality.[25]

2.7. Analysis

To investigate how the use of QPLs in a pharmacy setting might induce 'patient activation', it is necessary to operationalise key elements of patient activation, such as patient confidence, willingness, and ability to engage in the conversation. Tracy et al., for example, found that use of QPLs in doctor consultations, as well as being met by GP 'interest' and 'endorsement' and being given 'time and opportunity to speak', facilitated patient activation.[18] To identify components of 'interest' and 'endorsement' in audio-recordings of pharmacy encounters, we applied principles from CA.[26,27] According to CA, all conversation is built upon turn-taking; one speaker speaks at a time, while other interlocutors wait their turn, with the speaker creating different opportunities allowing the other participant to respond. Through their acts and statements, speakers further reveal how they have understood the previous turn in their next turn. This means that interlocutors implicitly and explicitly show how they have understood each other through their interactional contributions. These contributions and the order in which they are placed—i.e., sequentially—is at the heart of the CA methodology.

Hence, when interpreting pharmacy encounters and the use of QPL to activate patients, CA provides the framework to focus on 1st, 2nd and 3rd turns as they occur in their natural sequential orientation. By this, we can see which opportunities are created for the patient to engage during the interaction - in which turns the opportunities are created, and how patients in turn respond and engage; i.e. how patient activation

Fig. 2. Example of usage of the question prompt list (QPL): The patient reads the QPL while the pharmacist prepares the medications. When the pharmacist returns, the patient can ask questions inspired by the QPL. © Par England.

develops. Initiative refers to a speaker's ability or tendency to control or direct the flow of the interaction. This involves influencing the course of the conversation, introducing new topics, or steering how previous topics are developed.[26,27]

All 138 audio-recordings were transcribed. Based om six observations, not included in the final analysis, an initial framework of turn definitions was developed, i.e. a coding tree, (see Box 1). We then purposeful chose ten more QPL transcripts which had various interactional mechanisms of relevance for patient activation due to QPLs (see Box 1). They were selected by NBM, SK, KS, and CLP to refine the initial coding tree according to identified patient activating elements in either, 1st, 2nd, or 3rd turn positions as the first stage in a thematic analysis.[28] After this, we randomly coded 30 recordings (10 per analyst—SK, KS, and CLP) to expand and refine the coding tree by identifying more relevant elements under the different turns and patterns possibly involved in patient activation. Microsoft® Word 2019 was used in the coding process. Code saturation was achieved through discussions among the analyst team coupled with an iterative process of revisiting the transcripts and constant comparison of transcripts.[29] Finally, 10 more recordings were applied to achieve meaning saturation[29] (see Flowchart 1 Appendix, created in Miro (www.miro.com). The various conversations where thereafter condensed into themes based on the different turn positions.

Accordingly, the following definitions of the different turns were applied (also see Box 1).

- *1st turn positions* are the part of the encounter where staff present the QPL to the patient. Hence, central questions are: how staff introduce the QPL, including what exactly was said, how, and when in the encounter?
- *2nd turn positions* include the patient's responses to the presentation of the QPL. Central questions include: how are patients allocated the opportunity to reflect and respond to the QPL? Do they then ask questions; if so, what kind of questions are asked? Are there any signs of them addressing personal needs and concerns relating to the medicines?
- *3rd turn positions* are staff's response to the patient's 2nd turn response. Central questions then address whether and how staff stays with and engages in the question/topic now being raised by the patient.

2.8. Ethical consideration

The Swedish Ethical Review Authority approved the study (Dnr 2020–00233). Participation was voluntary, and data confidentiality was ensured and handled according to national requirements.

3. Results

Overall, in this sub-study as described above, 50 transcriptions of pharmacy encounters were included, collected by 15 different pharmacists and 2 pharmacy students (data were missing for 7 encounters) from 6 pharmacies, participating on average in 3 encounters (range 1–9). On average, the 50 included encounters lasted for 5.2 min (median: 4.9 SD 2.7 range: 1.25–15.1 min, 7 students excluded). Participating patients were 65.3 % female, most were 66–80 years old (40.8 %), and 39.6 % collected a prescription medication for the first time, see Table 1. Typically, they used 3–4 medications regularly, and 85.7 % spoke Swedish as their native language. Furthermore, most (53.1 %) had a university/college degree.

In flowcharts 1 and 2, the overall mapped sequential order of the encounters with and without the QPL is visualised. Flowchart 2 (Fig. 3) provides the main outlines of the process, while Flowchart 1 (Appendix 2) gives a detailed picture of what happens in different steps/turns in the meeting. 'Ph' is used to abbreviate 'pharmacist', while 'P' refers to 'patient'. The results depict more details describing how the encounters unfolded and show the identification of potentially involved interactional mechanisms in patient activation that will be further interpreted

Box 1
Aspects guiding the creation of a coding tree for QPL to activate patients in pharmacy encounters.

Initiation phase:	➢ What happens in the encounter before the QPL is introduced? ➢ When in the conversation do staff turn to the list?
1st turn positions: Staff presentation(s) of the QPL	➢ How do staff present the list? I.e., do staff state a purpose (and what type of purposes are presented) for using the QPL or does staff only refer to the list? ➢ If staff take the initiative after the presentation of the QPL (1st turn), how are staff members' next turns linked to their initial QPL 1st turns? ➢ Other aspects?
2nd turn positions: Patient response to the presentation(s)	➢ Does the patient have an opportunity to respond to the QPL? ➢ What happens after the initial presentation of the QPL? Do staff or does the patient take the lead in the conversation? ➢ Does the patient use the QPL or not— and if so, when during the encounter do they refer to it (right after being introduced to it or later in the conversation)? ➢ Does the patient instead discuss something else? ➢ If only later in the conversation—how is the QPL being brought back into the discussion? ➢ How is the way the patient responds to the QPL linked to the way it is presented to by staff (both during the 1st turn and possible next turns)? ➢ What do they use the list for (if anything)? ➢ Do they take the initiative/are they being handed initiative? ➢ Other aspects?
3rd turn positions: Staff's response(s) to patient response(s)	➢ Do staff relate directly (interactional adjustment) to cues from the patient (verbal, tone, other cues)? ➢ Do staff stay with the question from the patient, or do they move on to new questions? ➢ Do staff provide standard information or tailored information? ➢ Do staff take back the initiative? ➢ Other aspects?

Table 1
The characteristics of the study population (N = 50).

Variable	n (%)
Sex	
Male	17 (34.7)
Female	32 (65.3)
Age (years)	
18–35	7 (14.3)
36–50	6 (12.1)
51–65	14 (28.6)
66–80	20 (40.8)
81>	2 (4.1)
Collected a new medication for the first time at the visit	
Yes	19 (39.6)
No	29 (60.4)
Number of medications taken regularly	
None	5 (10.2)
1–2	17 (34.7)
3–4	18 (36.7)
>5	9 (18.4)
Native language	
Swedish	42 (85.7)
Other	7 (14.3)
Education level	
Public school	5 (10.2)
High school	18 (36.7)
University/College	26 (53.1)

Data missing for 1 person for all variables; new medication n = 2.

in the Discussion.

4. Initiation phase- what happens before the QPL is introduced and how is it introduced?

4.1. What happens before QPL introduction

The first stage of all patient encounters involves a selection process to determine which medications the patient intends to collect on that day. This phase usually takes up a significant portion of the conversation. In most cases (n = 21), patients express an interest in obtaining more than one medication, resulting in longer opening durations. During these extended openings, various topics are discussed, such as generic substitution, patient preferences, and reasons behind these preferences, such as whether the patient prefers capsules because he gets rashes after using a particular product. In some cases, as part of the initial discussion about the medicines, patients reveal specific details about their medical condition or express personal beliefs about medications (n = 5) and ask for advice. However, most interactions (n = 26) are rather neutral, lacking personal details or disclosures. Conversely, in 9 cases, the interactions are brief, coinciding with instances where the patient's goal is solely to collect a single medication. However, in 2 short openings, patients still reveal personal beliefs about their medicines. For example, "*Unfortunately, I've been prescribed Atarax. And then you should have it (the identification card), right?*" (P). Notably, one instance stands out where the interaction includes elements of 'joking' and is specifically oriented towards 'relationship-building' (n = 1). Ph makes a joke with the P when he decides to test a generic medication ("*no one remembers a coward*", see excerpt A below).

The length of the opening part of the encounter including revelation of personal details seem not directly linked to whether QPL is then used. In encounters where the QPL is not mentioned at all (n = 3), two of the openings are long and one is short. In one case the patient is annoyed with the pharmacist due to language deficiencies. In one lengthy initiation where the QPL is not used — the pharmacist identifies multiple drug-related problems and the patient actively participates in the conversation throughout.

5. 1st turn positions- Staff's presentation(s) of the QPL

In most (n = 38) cases, the pharmacists introduce the QPL in a way that is not linked to the initial, often longer, conversation about which medicines to take home, such as in excerpt A.

P: *Yes, but I can try the new one (another generic brand) then.*
Ph: *Yes, absolutely, that's.*
P: *Yes, there's another one too that I think, I've had that one too.*
Ph: *Yes, Salmex© exists.*
P: *No, it doesn't, or?*
P: *No, but yes, but it's probably a few extra Swedish crowns, so now it's the other one that's, yes.*
P: *Oh, I see, okay.*
Ph: *Which was cheaper than the original, so it is …*
P: *But I can try the new one; it should be the same thing, we should believe?*
Ph: *No one remembers a coward.*
P: *No, they usually say that.*
Ph: *Yes, now there's just one thing (the medication) that I need to go and get, but in the meantime, please feel free to look through it (QPL). Any questions you have regarding your medication should be here.*
P: *Mmm.*
(Silence). [The pharmacist gets the medication]
Ph: *Have you come up with any questions?* (N)

In all cases, except for four, the QPL is introduced after the initial

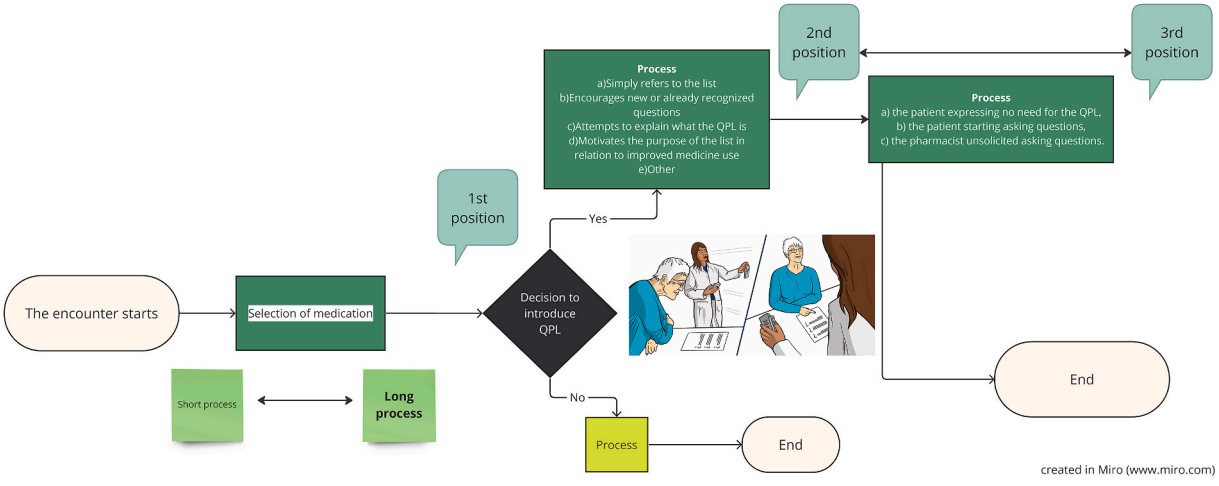

Fig. 3. Flowchart 2 of the QPL process, short version (created in Miro (www.miro.comwww.miro.com)).

selection phase, but before the pharmacist collects the medications. The introduction, description, and explanation of the QPL varies greatly. In a few cases, the pharmacist actively invites the patient to use the list by motivating the patient and explaining what the patient can gain from the list; for example, saying *"Something that could help a bit with your treatment!"* The introduction can be categorised into different types, which are sometimes combined: simply refers to the list; encourages new or already-recognised questions based on the initial conversation; attempts to explain what the QPL is; motivates the purpose of the QPL in relation to improved medicine use; and 'other' (see Box 2).

6. 2nd positions—What happens after the introduction of the QPL

Following the introduction of the QPL, the pharmacist usually retrieves the medication (or another break in the dialogue) and thereby gives the patient the opportunity to review the list (n = 31). However, a subset of patients exhibits a lack of comprehension regarding the list and requests immediate clarification (n = 4). A minority of patients get no pause after the QPL is introduced, as it is e.g., introduced only towards the end of the encounter (n = 11).

When the pharmacist picks up the medicines and leaves time for the patient to reflect about it the QPL, the pause comes to an end by not only the patient, but also sometimes the pharmacist, takes the initiative to speak, whereby the encounters overall assume three different directions.

a) the patient expresses no need for the QPL (n = 20*)
b) the patient begins asking questions (n = 19*)
c) the pharmacist asks unsolicited questions (n = 8*)

6.1. The patient expressing no need for questions and information

Some conversations are short, as patients state after the break that they have no need to ask questions from the QPL (n = 10). Some patients read the QPL out loud, seemingly reflecting on the content before dismissing it (n = 3). Six of the patients offer specific explanations for not using the list, such as having used the medications for a long time or having a good relationship with their doctor, hence, seem to feel the need to justify their choice to not use the QPL.

6.2. The patient asking questions from the QPL

The conversations in which the patient after the break starts asking questions about their medicines either from the QPL or other questions are longer, and the conversations thereby address specific topics raised by patients. Some patients ask several questions pertaining to the same topic, whereas other patients take initiative by changing topics.

Several talks become more individualised not only by the patient asking questions but also because the patient begins sharing unsolicited personal information. Sharing personal information unsolicited usually happens during short turns, followed by a pause by the patient, allowing the pharmacist to comment on the information, such as by the patient offering special information they have read/heard about their treatment, experienced side effects, and other symptoms. It thus appears important to the patients that the pharmacists react to their personal information. Hence, after the QPL is introduced, patient activation is as much about the patient sharing personal information as it is about them asking questions.

6.3. The pharmacist asking questions

In some encounters after the break, pharmacists immediately take the initiative to pose questions to the patient, or offer standard information. In some cases, the conversation never returns to the QPL, whereas in other cases, the pharmacist at some point asks whether the patient has questions (n = 5). In these cases, where the pharmacist—after first providing standard information—goes back to ask whether the patients have any questions; the patient most often declines, such as in excerpt B.

Ph: *So, I'll just go and get it.*
Ph: *Otherwise, you only take this one as needed.*
P: *Yes*
Ph: *Maximum 3* per *day. (a short break) It often causes constipation and similar side effects.*
P: *Yes, I know.*
Ph: *If you use it a lot.*
P: *Hmm*
Ph: *That was just one medication retrieval on that one.*
P: *Yes*
Ph: *Did you come up with a question or something?*

Box 2
Various methods pharmacists use to introduce the QPL to patients during consultations.

Simply refers to the list (n = 30)

Ph: Okay, yes. So, until I register, you have a list of questions here that you can go through until I finish with your medications here. (E)

Encourages new or already-recognised questions based on the initial conversation (n = 5)

P: No, I've probably had most types, I think. After so many years.

Ph: I know you've had these before. But if there are any other thoughts and considerations about the medication or its usage, or follow-up, you can just ask me. P: Yes. (Ö)

Attempts to explain what the QPL is (n = 4)

Ph: We have some questions here, this 'QPL' P: Hmm Ph: about your medications, best usage, or follow-up. You can take a look at that there. P: Hmm Ph: I'll just go and get it (i.e., the medications) (S5)

Motivates the purpose of the list QPL in relation to improved medicine use (n = 3)

Ph: So, if you want to take a look at them and see if there's any question you want to ask me, you have them right here! P: Oh, I see. Ph: Uh, something that could help a bit with your treatment! (CE)

Other (n = 6) (Refers to be part of a study or a student list)

No example provided.

P: *No, I mean I've had these for a long time, so …*
Ph: *And you have this high-cost protection benefit, so you don't pay anything for it. (new turn)* (S5)

7. 3rd turn positions—the pharmacist reaction to patients' reactions

The structure of third turn positions follows the three directions of the second turns: a) the patient expresses no need for the QPL; b) the patient begins asking questions; c) the pharmacist asks unsolicited questions.

7.1. The patient expresses no need for questions and information

In most cases where the patient states that they have no need to ask questions, the pharmacist does not explore the comments further. In some cases, the pharmacist confirms that the patient does not need the QPL, making it interactionally very difficult for the patient then to ask a question. These encounters then instead address more practical matters, such as providing a printed list of the medicine, and informing patients about the price of the medication and new turns are introduced, such as in excerpt C.

Ph: *And then if you want, while I'm doing this, you can read here and see if there are any questions you have then.*
P: *Yes, I've been eating these for so long that …*
Ph: *Yeah, there usually aren't many questions then.*
Ph: *"Trombylen", did you also want to switch to the cheapest acetylsalicylic acid?! (new turn)*
P: *Yes, I've almost always gotten that, the last few times at least. It's the same thing anyway.* (SK)

There are several cases (n = 10), where despite the patient explicitly stating having no questions to ask from the QPL, the pharmacist continues the conversation by offering standard information or asking questions about the treatment that the pharmacist finds important. The patients comply; i.e., they answer the questions, however, in case of unsolicited information, usually with short answers, such as in excerpt D.

Ph: *I know you've had these before. But if there are any other thoughts or considerations about the medication or its usage, or follow-up, you can just ask me.*
P: *Yes*
P: *No, I've had them there, I've been taking them for many years, so, I don't have any strange side effects or anything like that.*
Ph: *Yeah, usually at the beginning or when you need to increase the dose, you have to do it slowly.*
P: *Yes, exactly.*
Ph: *And it's equally important when tapering down to do it over a longer period so you're not trying to hasten it or force it.*
P: *Exactly.*

7.2. The patient asking questions from the QPL

When patients ask questions, this is often followed by the pharmacist answering and/or confirming the statements, such as in excerpt E.

P: *And what about that now? Can you combine "my medication with food, alcohol"? Unfortunately, I can't answer whether I can.*
Ph: *No, but that's good, then it was a question I could help with. It conflicts with grapefruit, larger quantities of grapefruit. Is that something you usually eat or drink?*
P: *Heheh, no.*
Ph: *Well then, it's not a problem. Otherwise, there's not much to think about in terms of interactions with other medications.*
P: *Beer and stuff? Can I drink that?*
Ph: *That's perfectly fine, it's just grapefruit that …*
P: *What's with the grapefruit then?*
Ph: *Grapefruit reduces the absorption of it (the medication), they conflict, you can get the wrong amount if you take larger quantities of grapefruit at the same time.*
P: *But I've eaten that grapefruit, though?*
Ph: *Taking a little doesn't matter much, but larger amounts can affect the absorption of it.*
P: *But grapefruits are pretty big, as big as an orange?*
Ph: *Yes, the one that's a bit redder, a bit more sour.*
P: *Sourer, yes, so you can eat it with a spoon then?*
Ph: *Well …*
P: *What do you have there then?*
Ph: *So, if you take larger quantities of grapefruit, you'll get more medication in your body.*

Likewise, in all instances where the patient shares unsolicited personal information, the pharmacist actively responds to it by confirming that the pharmacist has heard the statement; for example, by repeating it, explicitly stating that the patient is on the right track, or by discussing the matter, as in excerpt F.

P: *Yes, I actually have a question. She said to take one a day, right? But it doesn't matter in relation to meals or?*
Ph: *Just this one? No, we say to take it with breakfast, so it's the same …*
P: *No, she said, I should start now and then I can start taking it in the morning from now on, because I take my other medication then, it's right.*
Ph: *Yes, exactly, that's when you should take it, exactly.*
P: *It's easiest not to forget then.*
Ph: *It can be good to take it at the same time as the other medications, so you don't forget it. Yes, you can take it right away today too, if you want, because … yes.*
P: *Yes, but she said to take one right away, because I'm going to … and have an ultrasound on the heart on Friday, so she wanted to see if it has any effect by then.*
Ph: *Exactly. But then …*

However, in some of the encounters in which the patients start asking question, the pharmacist takes over the lead of the conversation by giving long answers, or by providing unsolicited information, or by asking questions, for example, in excerpt F.

P: *Yes, exactly when it comes to my medications.*
Ph: *Yes, yes, "have I received a different brand", or?*
P: *Yes, or like when it comes to brand and dosage, or if any medication has been added or removed. So, it's something that a doctor informed us about primarily. Because it's not like … yes.*
Ph: *Because when we check, if a dosage has been changed, precisely, because when we look at a prescription, we mostly check whether it's an old prescription with a different/new dosage, because sometimes doctors may change the dosage without, you know, and that, yes.*
P: *Okay, it happens? Okay, because that's what I was thinking, I see.*
Ph: *Yes, exactly, it can be like that sometimes. Also, patients may miss calls from the doctor, and then that and then at the pharmacy, but also double-check if it's the same dosage as stated on the old prescription and the new one, because of that.*
P: *Yes, okay, that can happen?*
Ph: *But it can also be, for example, that the doctor had sent a new prescription and there is an old prescription, and the pharmacist checks in order to be able to correct it, to check if you can take the older prescription.*
Ph: *But the pharmacist should always take from the newest prescription because it might have changed dosage; otherwise, one should check both. The new prescription and the old one to match the dosages. For safety and because the patient doesn't sometimes know, of course*

Ph: *And it's good, and the one you take in the evening, and of course, you know when you take it then you shouldn't drive or anything.*
P: *Yes, there's no problem, I don't have a driver's license, so.*
Ph: *Yes, exactly, so one loses the evening because then one becomes a bit, one can feel a bit sedative effect and everything that one gets.*
P: *Yes, I take it together like that, so I usually take it when I'm going to sleep.*
Ph: *Yes, exactly. And sometimes a little before because it takes a little time to take effect*

7.3. The pharmacist asking questions

In encounters where the pharmacist takes the lead after the introduction of the QPL, the patients comply and answer the questions (n = 15). Yet, in approximately one fourth of the included cases where the pharmacist takes the initiative to offer unsolicited information about the medicine or by asking questions, the discussion still sometimes becomes individualised by patients breaking the flow of the pharmacist's spiel by intercepting questions or revealing some personal information, and thereby regaining some control over the encounter (n = 4). Hence, an initial discussion about which medicines to pick up and the introduction to QPL, is in some cases sufficient for patients to actively share parts of their perspective of the situation, even if the pharmacist has taken the initiative of the encounter, as for example in excerpt G.

Ph: *I'll go and get these. Meanwhile, you can think about these questions ….*
P: *About the questions, yes.*
Ph: *If there's anything you're curious about, my medications, their usage, follow-up, side effects, and such things that you've noticed or similar.*
P: **Mmhm**
Ph: *Otherwise, you've had these for a long time, right?*
P: *Yes, I've had them for a very long time.*
Ph: *Usually, when you've had a medication for a long time, the side effects become less, because the body gets more and more accustomed.*
P: *Ah, and then I go for check-ups all the time.*
Ph: *Yes, with "Warfarin", you have to go for check-ups all the time.*
P: *Yes, so I don't have any doubts about it, and what I've had, I've asked about it because I wanted to switch away from Warfarin to something else …*
Ph: **Mmh**
P: *… that doesn't require monitoring. But they advised against it.*
Ph:**mhm**

8. Discussion

This study provides insights into the dynamics of patient-pharmacist interactions in relation to the use of Question Prompt Lists (QPLs) in pharmacy settings, highlighting both their potential to facilitate patient involvement and the challenges in their practical application. Most meetings had a long initiation phase discussing which medicines to bring home, sometimes with patients also sharing some personal information about why. The way the QPL was introduced varied as did patients' response to them, however, a link between these components was not identified. Those patients who chose to engage in the encounter either asked questions or shared personal matters, even in conversations in which the QPL was only referred to rather than being explained/motivated for. When not wanting to ask questions, this action was explicitly justified by many patients. Despite the incorporation of the QPL in the encounters, some pharmacists still displayed the trend of 'scrolling text' behaviour, taking control of the encounters, which did not activate patients.

8.1. Patient activation trends—does QPL increase activation?

The study showed different patient responses to the introduction of the QPL. Some patients explicitly declined the invitation whereas others started asking questions, some not from the list of the QPL and/or shared personal information. This aligns with pharmacists experiences from interviews about the QPL, who found how some patients gave arguments for turning down the offer, but also that several patients who normally do not asked questions, started doing this.[9] Indications of enhanced patient activation through use of QPLs is also supported when comparing the results to observations of encounters in Swedish community pharmacies by Olsson et al. with the larger QPL feasibility study having a mean of 4.7 min with median 4.3 min (this sub-study had a mean of 5.2 min with median 4.9); versus Olsson with a mean of 3.8 min with median of 3 min of normal pharmacy encounters.[4] Hence, the increased length of pharmacy encounters is possibly due to the share of patients who start engaging in the dialogues about their medicines with the pharmacist after introduction of the QPL, but also to a smaller extent due to the time it takes to introduce and explicitly decline the invitation to use the QPL (on average 9 s). A previous study demonstrated that pharmacists infrequently encourage patients to ask questions.[5] In some instances, the use of a Question Prompt List (QPL) could potentially address this issue by facilitating greater patient inquiry.

Based on results from other contexts,[18,20–22] not all customers are expected to want to use a QPL, as people are different and have varying information needs and preferences. Similar studies show that approximately 50 % of patients are willing to use such a list,[16] similar levels identified in our previous study of QPLs in pharmacies.[19] This probably depends on many factors previously identified in communication studies in pharmacies, such as some patients feeling that it is their doctor who should support medical discussions.[10] This was also an argument raised by participants in our QPL interview studies with patients and pharmacists.[1,19]Another previous Swedish study has indicated that patients harbour diverse expectations during pharmacy encounters: some anticipate acquiring only medications, while others seek personalised support.[30]

8.2. Initiation phase and 1st turn positions – how might QPL increase patient activation

The initial phase of a patient's visit, aimed at clarifying which medicine to collect, constituted a significant and surprising length of the encounter's total duration. During this phase, not only the patient's wishes for which medicines to bring home were revealed, but patients also sometimes discussed further personal aspects with the pharmacist. The initial phase is crucial in establishing rapport, which lays the groundwork for subsequent discussions about medications, whether the pharmacist chooses to use QPLs or not. Gregory and Austin highlighted various factors essential for fostering trust in community pharmacies, with affability—i.e., liking the pharmacist—ranking as particularly significant.[31] This underscores the importance of building relationships and indicates an underestimated significance so far of the introductory 'logistic' phase of the encounter,[4] often not being labelled 'important' from a pharmaceutical perspective as person-centred.

A novel and plausible result is therefore that the efficacy of QPL may be contingent upon the initial discussion around which medicines the patient wants to take home, as it represents a pivotal moment where patients exhibit discernible preferences and becomes the centre of attention. Previously, perhaps, this has not been perceived as patient activation, which partly aligns with a form of customer activation in a purchasing context. However, both information about the medication patients are going to take home and information that is more medicine-related are entry points for exploring the patient's situation and something that a pharmacist should be attentive to in order to foster necessary relationships if later in the encounter wanting to discuss the patient's medicines through the use of the QPL. After the initial phase, pharmacists presented the QPL in most cases by just referring to it and not stating a purpose. There appears to be an opportunity for future research to explore ways to better engage and motivate patients to use

the list.

8.3. 2nd turn positions– how might QPL increase patient activation

After introducing the QPL, the pharmacist went to pick up medicines, giving the patient an opportunity to reflect on their needs, an aspect that Tracy et al. found crucial in facilitating patient activation in doctor consultations through the use of QPLs.[18] However, Tracy et al. also identified endorsement along with the opportunity to speak as essential items, which were more problematic in this study with the pharmacist often taking over. Hence even so, the situation of the pharmacist picking up the medicine as part of the dispensing process, is ideal as a break for the patient to reflect about the QPL; it also stops the conversation which then has to be resumed when the pharmacist comes back, which perhaps challenges the pharmacist's ability to start the conversation exactly where it stopped. In this context, interruptions when picking up the medicine may contribute to the pharmacist forgetting about the QPL, thereby reverting to old counselling patterns and failing to activate the patient through the use of the QPL. Hence, this part would require special attention on behalf of the pharmacist as compared to, for example, GP consultations.

8.4. 3rd turn positions– how might QPL increase patient activation

The study highlights how pharmacists in many cases adapt their counselling approach based on patient responses, indicating a dynamic and skilful interaction. In other cases, the pharmacist proceeds to offer unsolicited information, almost as if there is an invisible checklist in the pharmacist's mind with standard information that needs to be said, or as a way of showcasing expertise, albeit uncalled for. When patients perceive that the pharmacist is not demonstrating genuine interest in the interaction, it has been shown to reduce their willingness to further engage in the conversation.[6] This could be an example of such a phenomenon and in some cases reduced patient activation as the interaction proceeded.

Despite the lack of endorsement and pharmacists picking up their normal checklist approach (in some encounters), the results also point to the QPL exerting a more symbolic value, demonstrating the pharmacist's interest in sharing the initiative in the encounter with the patient and creating an interactional space.[32] This value appeared fundamental in patient activation in the encounters and thereby at times even exceeded the drawbacks of the checklist approach that typically reduced activation. The importance of symbolic value of the QPL to foster patient activation can be seen through several of the findings. Firstly, those patients who responded positively to the QPL, did it despite the way the QPL had been introduced, hence, apparently themselves identifying the underlying message of help. Secondly, because many of these patients, used the opportunity not just to gather the type information about medications listed on the QPL, but also to ask other types of questions and revealing and actively interacting on personal matters related to illness. Thirdly, as some patients took back the initiative to raise their concern later in the encounter even though the pharmacists gave unsolicited information. Fourthly, because even the patients who were not interested in the QPL felt the need to justify why. This reaction can be described according to the conversational mechanisms *account* and *preference*.[33] Preference here is not understood as a psychological endeavour, but as conversational norms which guide all interaction, e.g. accepting an invitation. Interlocutors labour to reduce risk of dispreference in conversations, and often offer an account, or explanation, for their actions if they do indeed act in a dispreferred manner.[33] Further, one of the fundamental norms of human culture is the rule of reciprocation, which mandates that a person is obliged to reciprocate for what has been offered by another.[34] The offer to ask questions from the QPL may evoke a sense of reciprocity, encouraging some customers to provide accounts, for not using the QPL, thus minimizing interactional dispreference. Additionally, the introduction of the QPL can create a form of social influence, with a perceived expectation for the costumer to ask questions. Not meeting perceived social expectations can cause discomfort, leading to excuses.[34,35]

The results therefore altogether indicate that in certain instances, the critical initial conversation regarding which medications to collect combined with a plain introduction of the QPL, symbolically signalling an offer of help, was sufficient for many patients to actively divulge aspects of their perspective on the situation, even if the pharmacist had taken over the encounter. This result therefore strengthens the hypothesis about the symbolic value that a QPL may have at the pharmacy counter, thereby empowering some patients to interrupt the pharmacist and enter the interactional space.[32]

8.5. Strengths and limitations

Results were achieved through a novel approach by use of principles of CA when examining a QPL, which had not been previously applied in the literature, and has seldom been used as analytical frame in a pharmacy context.[36] Several pharmacists (n = 15) participated in the encounters from 6 pharmacies, giving us rich data. Four experienced analysts, including one researcher with a linguistic background, were involved in the data analysis, where two had not been involved in data collection or study design, increasing the possibility that researchers would be open to new standpoints. Data consisted of written transcripts based on audio-recordings, which could have negatively impacted the interpretation of the dispensing flow, compared to video recordings. In our sample selection, we observed an overrepresentation of patients, stating that they had used the list compared to the entire study population from the larger feasibility study: 70 % versus 50 %[19]; however, our aim was to analyze a variety of encounters where the QPL had been used. The encounters were collected over 3–5 days per pharmacy, making it possible for pharmacists to temporarily improve their counselling skills compared to a longer study period in each pharmacy; i.e., the Hawthorne effect.[24] However, problems with pharmacist communication style were still identified, which shows are there are indeed problems in the encounters, even with QPL.

It is also important to highlight that this study was designed as a feasibility study rather than a clustered randomized controlled study, which complicates the ability to draw clear correlations regarding whether the list leads to greater or lesser patient activation. This is an aspect that future research could address through a different study design. However, this sub-study aimed to explore and describe the potential mechanisms underlying the use of a Question Prompt List (QPL). Despite attention to some of the basic principles of CA, the complexity of pharmacy communication practice makes it challenging to pinpoint the exact factors of QPL influencing these interactions, and additional use of CA would be beneficial. Future studies should also focus on the patient's perspective of encounters, encompassing a broader spectrum of the patient's personal concerns, namely; is this appreciated?

8.6. Implications for practice

In terms of implications for practice, this study suggests that QPL might be used as a tool to activate patients and make conversations more individual. Firstly, because half of the patients responded positively to them and because when patients start asking personal questions, pharmacists complied and helped them finding the answers. Secondly, because due to the symbolic value of the QPL, for some patients it worked, despite that the pharmacist often still applied their usual checklist approach to the counselling. Further, it can be argued that the method is cheap and easy to adopt. However, the QPL could be perhaps still be adapted to better address the patient's personal individual concerns[37]; for example, including more questions on aspects related to patient's lifeworld, such as "How do you feel about incorporating medication into your lifestyle?" "Do you have any concerns about long-term dependency on medication?" and other aspects other than

those only related to the medicine. This way perhaps more patients would be interested in participating, or other types of questions might be discussed. An additional step could be to enhance the QPL by making it into an electronic format for chronic users, which could facilitate the establishment of long-term relationships by documenting counselling and follow-up after the meeting, by storing such information for future interactions.[38] For example, Gyllensten et al. identified documentation and follow-up of a plan as necessary for pharmaceutical care,[39] and concise patient notes could enhance consistency in advice given, thereby bolstering trust in the profession and improving medical outcomes.[31] Future interventions aimed at activating patients should incorporate Conversation Analysis (CA) as an essential component of their analysis.

9. Conclusion

The QPL appears to have a symbolic value encouraging different patient activation. Positive responses often occurred regardless of how the QPL was introduced, indicating patients perceived its supportive intent. Many used the QPL to gather information and discuss personal issues, while those disinterested still felt the need to justify their response, reflecting the societal norm of reciprocity. The QPL thereby likely creates an interactional space in a pharmacy context, which is especially pertinent in a pharmacy context characterised by brief encounters.

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CRediT authorship contribution statement

Karin Svensberg: Writing – original draft, Visualization, Supervision, Resources, Project administration, Methodology, Investigation, Funding acquisition, Formal analysis, Data curation, Conceptualization. **Susanne Kaae:** Writing – review & editing, Methodology, Formal analysis. **Nanna Broch Mottelson:** Writing – review & editing, Validation, Methodology. **Christina Ljungberg Persson:** Writing – review & editing, Supervision, Methodology, Investigation, Formal analysis, Data curation, Conceptualization.

Availability of data and materials

The data used and analysed during the current study are not available due to ethical requirements.

Declaration of generative AI and AI-assisted technologies in the writing process

During the preparation of this work the author(s) used ChatGPT 3.5 to improve language accuracy. After using this tool/service, the author (s) reviewed and edited the content as needed and take(s) full responsibility for the content of the publication.

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Appendix A. Supplementary data

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