Research Article

Question Asking Behaviour in Community Pharmacy: A Preliminary Study

Sandip Kumar Bhatt*, Rudri Pandya, Shrikalp Deshpande
Department of Pharmacology and Pharmacy Practice, K.B. Institute of Pharmaceutical Education and Research, Gh-6, Sector-23, Gandhinagar, Gujarat, India.
***Corresponding author's E-mail:** sunrisedeep78@gmail.com

Received: 20-03-2022; **Revised:** 24-05-2022; **Accepted:** 31-05-2022; **Published on:** 15-06-2022.

ABSTRACT

This study explore the frequency, content, and type of patient-pharmacist question-asking in local community pharmacies during the project patient counselling service at four different community pharmacies. Results of an analysis of documented community pharmacist-client interactions presented. The results showed that 173 questions were asked (n=120 patients) during the patient counselling/consultation. Of the 173 question, 25 questions asked were closed, over two thirds of which were of the Yes/No variety. Limited questions cent were multiple question and affective question in nature. Pharmacists asked, on average, 8 questions per consultation per person as compared with a mean of 10from clients. Only few addressed the affective dimensions of practice, the vast majority being concerned with purely disease and medicines related matters. The findings are discussed within the context of a communication audit approach to community pharmacy practice, directed to effecting improvements in the quality of interviewing performance in pharmacist-client consultations.

Keywords: Question asking, community pharmacy, communication skill, behaviour.

QUICK RESPONSE CODE →

DOI:
10.47583/ijpsrr.2022.v74i02.017

DOI link: http://dx.doi.org/10.47583/ijpsrr.2022.v74i02.0017

INTRODUCTION

It is well said that "answers are mostly ever exist in the world; it is who we have to frame the correct question". Questioning is one of the important skill of Communication and consulting patient in health care setting.[1] Patient's questions are considered as an indicator of their involvement in consultation, understanding of medicine, cognitive perception of therapy, thinking ability, participation and clarification on dilemma what they have.[2] If it is not answered correctly then something is lost i.e. trust, credit, and professional loss. The style of participation, process of question asking by patient reflects their mentality, active cognitive/perception level towards, medicine, depth of understanding.[3] Questioning of patient – pharmacist are also means of perceiving the reality and satisfying the cognitive needs.[4]Well informed on medicine and health care patient act responsibly and get benefited[5] while on the account of pharmacist the importance of patient counselling and advice giving cannot be underestimated. Pharmacist's ability and awareness of understanding patient's questions demonstrate their individual and professional acumen but on the counter part patient should responsibly ask questions to pharmacist. It is worth mentioning that the position of pharmacist as medicine information sources and patient medicine counsellor pay little attention in practice in a yester decades. Providing advice and instruction is considered as easier based on the facts that consequently require attention on questioning dimension of practice, indeed a questioning skill. Question asking behaviour has relatively received little attention although patient counselling is evident in our setting.[6,7] During the pharmacy practice at locum, it has been observed that patient asked too less question and vice versa is also true. A few studies have been reported on question asking behaviour in pharmacy.[8]These findings suggest client-pharmacist relationship where expectation and understanding are requested and complied vice versa. Indeed when client visits, sometimes they don't know what to ask, feel shy, speech problem and attitude problem. Communication audit and heir scale measurement patient –physician/medical practioner is well documents.[9] Keeping in mind against this background the objective of present study was to explore the questioning skill with particular reference to the number and types of question used during patient counselling service project in community pharmacy.

MATERIALS AND METHODS

Study Design

A cross-sectional prospective observational study was conducted through December2020 to May 2021 in three different community pharmacies of Mehsana city, Gujarat, India. The chosen pharmacies were similar and diverse in inventory. They had in common that they were private and retail pharmacies i.e., open to customers during the daytime only. However they little bit in different in

organization. A separate counter space was allocated for the interview with patient with exercising all the Covid safety measures.

The K. B. Institute Ethics Committee granted ethical approval for this study (KBIEC 137).

Study setting and participants

Three community pharmacies were selected for present study. They were drawn selectively from the all pharmacies working with permission during the covid-19 time. Participants were members of the general population presenting to community pharmacies. All consecutive individuals who purchased medicine at the study sites during data collection dates were invited to participate. Occupancy and recruitment of participants were timely balanced. Pharmacists and assistant in pharmacy working at the study site were also aware of the study and assisted in directing potential participants to site researchers. In order to be included in this study, participants had to be at least 18 years old and a resident of Gujarat. Participants were excluded if they could not read, speak or write in Guajarati, Hindi or English or if they were visitors in the city. Based on pilot study of mean knowledge score, standard deviation, 95% confidence interval, 5% priory alpha sample size was 64. Looking from the need of pharmacist work, patient counselling service during the time frame, it was decided to enrol double the sample to render service and hence enrolled 120. [10]

Data collection and Instrument

Eligible 120 participants were enrolled in patient counselling service project after consent. It was decided to provide patient medicine counselling as per the pharmacy practice regulation act 2015, literature and patient needs but in professional limits. Counselling session was on pre and post-test effect of counselling. Number of questions was recorded exercised by either patient (patient initiated patient) and by pharmacist (pharmacist initiated question).

Data analysis and statistics

The data gathered before and after the Patient counselling project, time and question were analysed according to type, frequency and content. Questions were classified in there different types of set as: 1) closed ended; this set of classification is based on answer what we get. If single to two word then question is closed ended 2) open ended question; if answer in more word then it was open ended question, these are the set of question which in their structure and content lead the recipient in the direct of certain answer.3) Affective question. This are the types of question relates to affective domain and therefore concerns patient's feeling, value, emotions, and attitude.[11,12]

Data collected were analysed using Microsoft Excel, MS office 2010, Microsoft window 10, Microsoft, USA.

RESULTS AND DISCUSSION

Data collection took place during the Covid period through December 2020 to March 2021. Eight-hour shifts and 40-hour working weeks were the norm and shifts. A total of 120 patients were observed for study purposes in two arms; 89 were female and 31 were male. The average age of the subjects was 59.9 years (n=120; sd=16.7) with a range of 21 to 85 year. All the pharmacies had a similar level of business throughput. As a result, the number of interactions recorded in each pharmacy was similar- pre and post counselling on medicine. In total, two consultation pre and post, occurred in one pharmacy, 2 consultations main and minor question answer were in case of recall. Facility based follow up counselling and consultation were carried out during the designated period of time.

The focus of these consultations involved responding to symptoms in community pharmacy, client requests for over-the-counter medicines and problem about prescription medication if any (Table 2).

An overall 173 questions were asked by 120 patients and researcher answered, 90 during pre-counselling session while 81 during post counselling. There were more questions from patient than the question by pharmacist. Pharmacist initiated question 52, more than the patient-initiated question 38 and vice versa was 24 vs 57 in post counselling. Number of questions asked is in table 1 and 2. Project related questions were excluded. The average wait to dispense medicine was 5 minutes while counselling time was 10 minutes on an average. Over all mean time was 15 minutes.

Table 1: Number of questions asked by patients

Frequency of questions during encounter	Number of patients N
None	0
One	10
Two	8
Three	30
Four	40
Five	25
Six	5
Seven	2
Eight	0
Night	0

Of the 173, 90 questions were during pre-education time an 81 were during post education time. Total 95 questions were patient initiated and 76 were pharmacist initiated (Table 2). Based on the answer, frequency distribution on openended and closed ended are in Total 3.

Table 2: Number of questions asked by patient and pharmacist

Number of questions asked	Pre-Education	Post Education	Total no. of Questions
Patient-initiated questions asked	38	57	95
Pharmacist-initiated questions asked	52	24	76
Total no. Of questions	90	81	173

Table 3: Type of Question (number of questions asked N=173)

	Nature or Focus of the question	Open ended		Closed ended	
		Pre - education	Post-education	Pre-education	Post – education
Patient initiated	Disease	1	16	1	14
	Drug	17	17	10	10
Pharmacist initiated	Disease	0	0	0	0
	Drug	21	11	31	13
Total		48	38	42	27

Table 4: Average duration and frequency at pharmacies

Pharmacy	Average duration of interaction (minutes)	Pharmacist question per minutes	Average number of pharmacist question per interaction	Average number of patients questions per interaction
1	15	2	8	10
2	20	2		
3	10	2		
Overall	15 min.	2		

The majority of the closed ended questions were yes/ no types followed by one word answer other than yes or no i.e. identical and agreements. Nine questions, excludes, were asked related to our projects, of these 9 types, “does this project collect data about corona?” And “what will you do after collection of this information?” were the most frequent questions asked by patient. Several other questions related to role of pharmacist, why does such information provided by other health care providers, job and responsibility during the pre-education while “why do you have different PIL? Is there any relation with owners and job? Do you measure blood pressure and Sugar measurement? Such question helps in understanding patients’ literacy level, understanding, curiosity, verification and many more. For present piece of focused less on such type of question.

Average length of pharmacist patient interaction in this study was 15 minutes although there were differences between pharmacists ranging from 10 minutes to 20 minutes (Table 4). Average total time including waiting time to have the prescription filled was 25 min.

This preliminary study has shown that questions are there with patient and community pharmacists handle a wide range of medicine-related enquiries. Consultation with health care profession is witnesses and documented while pharmacist at overseas, it is limited from our setting. Patient counselling and patient education is evident from literature and practice[13] where pharmacist practice is in operation with limited or limited emphasis on question asking behaviour. Criticism has been revealed during the practice in locum that why pharmacist ask questions, however, the present study is kind of own its in nature and present first systematic recording with preliminary analysis of questioning performance during patient education projects at four different pharmacies. Pharmacist professional practice is limited to traditional dispensing in routine that expand to providing information during the COVID 19 pandemic situation. During the patient counselling service at pharmacists, attempt has been made to study the types of question, timing, information needs, time spending in other words the focus was processing of questioning, answering, clarifying doubts, imparting information and solution about medicines, disease and hence empower patient about their disease, medicine and general information about health care.

The eye catching finding from the study was over whelming response and proportion of questions, 51 were open ended in nature while35 were open ended questions during the pre-education. There were traditional enquiry questions – project, functions of pharmacist, why does not pharmacist at all pharmacies provide counselling? Who are you? what

will be the benefits of information to you and us? While one was the traditional open ended question: how are you?

Of the total, 42 closed ended questions most of were by pharmacist. Most of were yes/no variety. If yes/no kind of questions carried out appropriately and expertly, it should result in correct solution to question and If not then, important conversion may be missed. For example question was about generic medicines vs branded medicine- concept and switch, it's effeteness, which one is better?, why branded medicine? Do you have Any Option to changes? Sometimes this unsolicited enquiry provoked further question and subsequently consumes times in clarification and alters the pharmacist views, reply & recommendations. Other reasons for closed ended questions are that their use allows maximum control over the interactions and thus also controls time constrains. Pharmacist also needs to consult other clients and perform task in pharmacy. Thus, the pharmacist does not have a free time to devote questions to single clients only. So to ensure that time devotes to clients are kept with reasonable limits. On the other parts, clients were with more open ended questions than pharmacist. It was observed temptation and curiosity during the consultation. Therefore, control over unnecessary time spending find essential. Use of closed ended question offered maximum content – reply in minimum time with controlled and optimum conversation. During the conversion we kept in mind that closed ended question should not be at the cost of aspects of a quality patient education service of our projects. Contrast to closed, open-ended questions allowed participant to ask and reply with freedom. Of the leading and probing, we focused on question leading in nature makes presumption of prior knowledge on the part of the questioner which can have dual effect of restricting the number of questions asked and controlling the scope of any response.

Pharmacist initiated Open ended questions were less as compared to closed ended contrarily more from patient during initial phase/pre-education time. This finding suggests that pharmacy students and practicing pharmacists need to be better trained on how to ask and answer open-ended questions, which allow patients to become more involved in the communication process. Open ended question needs knowledge and presentation of answer in proper sequence.

However, it is not clear what barriers (e.g., lack of training, lack of motivation, lack of time) prevented pharmacists or patient from asking open-ended questions. Future research needs to examine what factors inhibit pharmacists from asking open-ended questions in community pharmacy settings.

The average duration of consultation was15 min. each health care professional spares time in consultation with patient that depends on number of factors. The average consultation time was 18.21 minutes is report for health care providers.[14]Likewise each country, health care professional, expertise and patient needs demand different time.[15]

Spending a time in patient work satisfy both patient and health care professional. Our study results explore less time as compare to study time reported 90 to 120 minutes average waiting time in hospital, 21.5% of time of pharmacist occupied in clinical interaction reported in study by fisher and colleague reported[16]and 80% of total time spend by pharmacist in clinical activities reported in study.[17]

It is also interesting to note volume of pressure was flexible with number of medicine, number of patients during time periods. Interestingly the pharmacist with flexible time replied most of all questions while some where only few exercised rapid fire questions.

However, more research is herewith needed to conclude relation between types of questions and duration of consultation. This result is in line with conclusion of study explored: doctors who ask most and patient who responds most of the time.[18,19]

The time of consultation better to say answer the question and information on disease and medicine should cover content prescribed in Pharmacy practice regulation act 2015.[20]Up most care and caution has been exercised during the study, in question answer by keeping the professional role and ethics.

Here, the pharmacist: client question ratio was nearly 1.9:2.6 during pre-education while it was 1.9:0.8 in post counselling that reflects that the number of questions was less after education. Pharmacist is viewed as first point of contact i.e. easily approachable readily and easily accessible. When we link with pharmacy promotions such as national pharmacy week celebration,[21] pharmacist day on theme: "Know your medicine: ask your pharmacist", "Your pharmacist: Always trusted for your health";[22] pharmacist and client both feels positives to converse with each other and ask questions in pharmacy for empowerment. Additionally, the fact is that in many instances clients are paying bills for medicine against which at-least should get additional information on question that may mean that they feel more positive. Another finding in the present study was that few of the questions were multiple questioning. With spending time and simplification of question, this would tend to indicate a good level of client involvement in the focus of questions. Whatever the reasons, finding of this study, concerning for questioning, it suggests that clients welcome the concept and respect pharmacy consultation as much, essential and more required once they leave the physician consultation.

Multiple questions are questions which are made up of two or more question as one question. Four questions observed as multiple questions, it is useful when time is limited and it is important to get some answer from respondents. Multiple questions is generally useful in mass media communication but limited in health care because each answer is important to avoid confusion. Unclear information at patient level is essential so multiple question should be less. Answer one question at one time can give positive result. McCann and Weinman[23] have stated that

longer consultation and more question asked by younger. Moreover, a problem with patient-focused interventions is that they are based on the implicit assumption that all patients will value increased participation and will therefore be able to respond positively to an appropriate intervention.

In terms of affective questions, only 12 questions were identified. Affective question tends to depend the nature of consultation with psychological dimension of practice. The emotional engagement of a Health care provider could empower, enable, and encourage the patient to take control of their disease.[24]

With respect to affective communication, most of the Health care providers did provide supportive words to their patients and it is, likely that pharmacist follow similar pattern of affective question. Cultural values and vernacular were considered for affective questions.

Future research on training pharmacy students to better communicate with patients, with different variable effects could examine in-depth communication, questions types and length of communication, how different methods of teaching students and practicing pharmacists how to better communicate and questions with patients influence how well students and pharmacists do at communicating with patients in their everyday practice settings.[1,25]

The study has some limitations that worth mentioning including the observer effect of the student being present in the pharmacies. Staff Pharmacists, attendant might have interacted with patients at some instance. Another limitation of the study is that we had more independent than chain pharmacies; the active consultation time was fixed for each pharmacy lead to study period was short period. Patients were entered into the study only once, even though many made multiple trips to the pharmacy, patients level of literacy was not taken in count. Due to time constrain: emotions satisfaction to patient was not settle at one time and consulted with flexible time; was not possible to look at variable effects like gender, age, number of medicine, time and style of consultation effects on number of question asked. The issue of privacy was not addressed. As it is customary in most pharmacies, counselling took place in non-private surroundings (across the dispensary counter). A patient's knowledge of their drug therapy/disease is likely to be a factor influencing questioning behaviour; their intention to ask questions, higher levels of experience or knowledge may lead to fewer/more inquiries. An attempt at measuring knowledge and their reasons to ask, however, was deemed too burdensome and deviate from objective.

CONCLUSION

There was considerable amount of question about disease and medicine even after considerable physician clinic consultation that needs to be addressed. Our findings are an important starting point for better understanding pharmacist - patient question-asking in community pharmacies. Questioning and answering avoids many therapeutic and medicine related mishaps and accidents. Although the study was conducted in three pharmacies of Mehsana City of Gujarat state but our findings have more broad-based applications since most cities of the state have very similar practice. Additional needs to be done to explore more extensively in this area that helps to frame consultation policy extensively.

Acknowledgement: Author thanks owner and pharmacists: Mr. Jagdish Thakker-Vasant Medical Store, Mr. Prakash Pandya-Vasant Medical Store and Mr. Kiritkumar Prajapati-Pooja Medical Store for permission to carry out patient education project and their assistance, were greatly appreciated.

REFERENCES

1. McDonough RP, Bennett MS. Improving communication skills of pharmacy students through effective precepting. Am J Pharm Educ. 2006;70(3):58.
2. Street RL, Millay B. Analysing patient participation in medical encounters. Health Commun. 2001;13:61–73.
3. Cegala D, Street RL, Clinch RC. The impact of patient participation on physicians' information provision during a primary care medical interview. Health Commun. 2007;21:177–85.
4. SMITH F. Community pharmacists and health promotion: a study of consultations between pharmacists and clients, Health Promotion International. 1992;7(4):249–255.
5. Stewart M.A., What is a successful doctor-patient interview? A study of interactions and out comes. Soc Sci Med. 1984;19:167-175.
6. SonalSekhar M, Suja Abraham, Revikumar K.G. Emerging Trends in Practice of Patient Counselling- Indian Scenario Indian Journal of Pharmacy Practice. 2008;1(1):6-13.
7. Ponnusankar S, Surulivelrajan M, Anandamoorthy N, Suresh B. Assessment of impact of medication counseling on patients' medication knowledge and compliance in an outpatient clinic in South India. Patient Educ Couns. 2004;54(1):55-60.
8. Carollo A, Adamo A, Giorgio CD, Polidori P. DGI-069 The Importance of Clinical Pharmacist Counselling in Improving Patient Medication Adherence. European Journal of Hospital Pharmacy: Science and Practice 2013;20:A121.
9. Sustersic M, Gauchet A, Kernou A, Charlotte Gibert, Alison Foote, Celine Vermorel, Jean-Luc Bossonet. A scale assessing doctor-patient communication in a context of acute conditions based on a systematic review. PLoS One.2018;13(2):e0192306.
10. Bolton, S., & Bon, C. Pharmaceutical Statistics: Practical and Clinical Applications, Fifth Edition (5th ed.). CRC Press;2010
11. Ferguson R. Communication Skills for Pharmacists. In G. Parthasarathi Editor. A Textbook Of Clinical Pharmacy Practice. 1nd ed. Orient Longman Private Limited; 2004. P. 23-42.
12. Beardsley Rs, KimberlinCl, Tindall WN, Communication skills in pharmacy practice: a practical guide for students and practioner. 5thEdn, Philadelphia: Wolter Kluwer, Lippincott Williams & Wilkins; 2008.

13. Parthasarathi G, Ramesh M, Nyfort-Hansen K, Nagavi BG. Clinical pharmacy in a South Indian teaching hospital. Ann Pharmacother. 2002;36(5):927-32.

14. Azraii AB, Kamaruddin KN, Ariffin F. An assessment of patient waiting and consultation time in a primary healthcare clinic. Malays Fam Physician. 2017;12(1);14–21.

15. Irving G, Neves AL, Dambha-Miller H, Oishi Ai, Tagashira H, Verho A, Holden H. International variations in primary care physician consultation time: a systematic review of 67 countries. BMJ Open. 2017;7:e017902. doi:10.1136/bmjopen-2017-017902.

16. Fisher AM, Ding MQ, Hochheiser H, Douglas GP. Measuring time utilization of pharmacists in the Birmingham Free Clinic dispensary. BMC Health Serv Res. 2016;16(1):529. doi:10.1186/s12913-016-1787-6

17. Wong D, Feere A, Yousefi V, Partovi N, Dahri K. How Hospital Pharmacists Spend Their Time: A Work-Sampling Study. Can J Hosp Pharm. 2020;73(4):272-278.

18. Fisher S., Groce SB. Accounting practices in medical interviews. Language in Society. 1990;19(2):225-50.

19. Cook DA, Sorensen KJ, Wilkinson JM, Berger RA. Barriers and decisions when answering clinical questions at the point of care: a grounded theory study. JAMA Intern Med. 2013;173(21):1962-9.

20. India. Pharmacy Practice Regulation Act 2015 Chapter 4 (Internet online). New Delhi. Available from https://www.pci.nic.in/pdf/Pharmacy%20Practice%20Regulations.pdf

21. The Indian Pharmaceutical Association. National Pharmacy Week Celebration. 2017 available and accessed at URL: https://ipapharma.org/national-pharmacy-week-theme-2017.

22. The International Pharmaceutical Federation (FIP). FIP's 2021 campaign. 2021. Available and accessed at URL: https://www.fip.org/world-pharmacists-day.

23. McCann S, Weinman J. Empowering the patient in the consultation: a pilot study. Patient Educ Couns. 1996; 27(3): 227-234.

24. Gillespei H, Kelly M, Duggan S, Dornan T. How do patients experience caring? Scoping review. Patient Educ Couns. 2017;100:1622–33.

25. Tofade T, Elsner J, Haines ST. Best practice strategies for effective use of questions as a teaching tool. Am J Pharm Educ. 2013;77(7):155. doi:10.5688/ajpe777155.

Source of Support: The author(s) received no financial support for the research, authorship, and/or publication of this article.

Conflict of Interest: The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.