

Community pharmacy telephone counselling – national Danish call-pattern data and interactional analysis of real-life calls

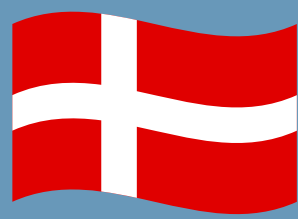


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Community pharmacy telephone counselling is a customer-centered service that supports coordination, problem-solving, and medication-related advice in real time.



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Introduction

Pharmacy staff handle daily calls from customers, relatives and healthcare professionals, yet little is known about the content and handling of these enquiries at a national level, or about how customer-centered communication is interactionally achieved in real-life telephone consultations.

Aim

The aim of this poster is to present findings from two complementary studies

- 1) One study describes the scope and nature of telephone enquiries to Danish community pharmacies
- 2) Another study examines how customer-centred communication is interactionally achieved in real-life telephone consultations.

Methods

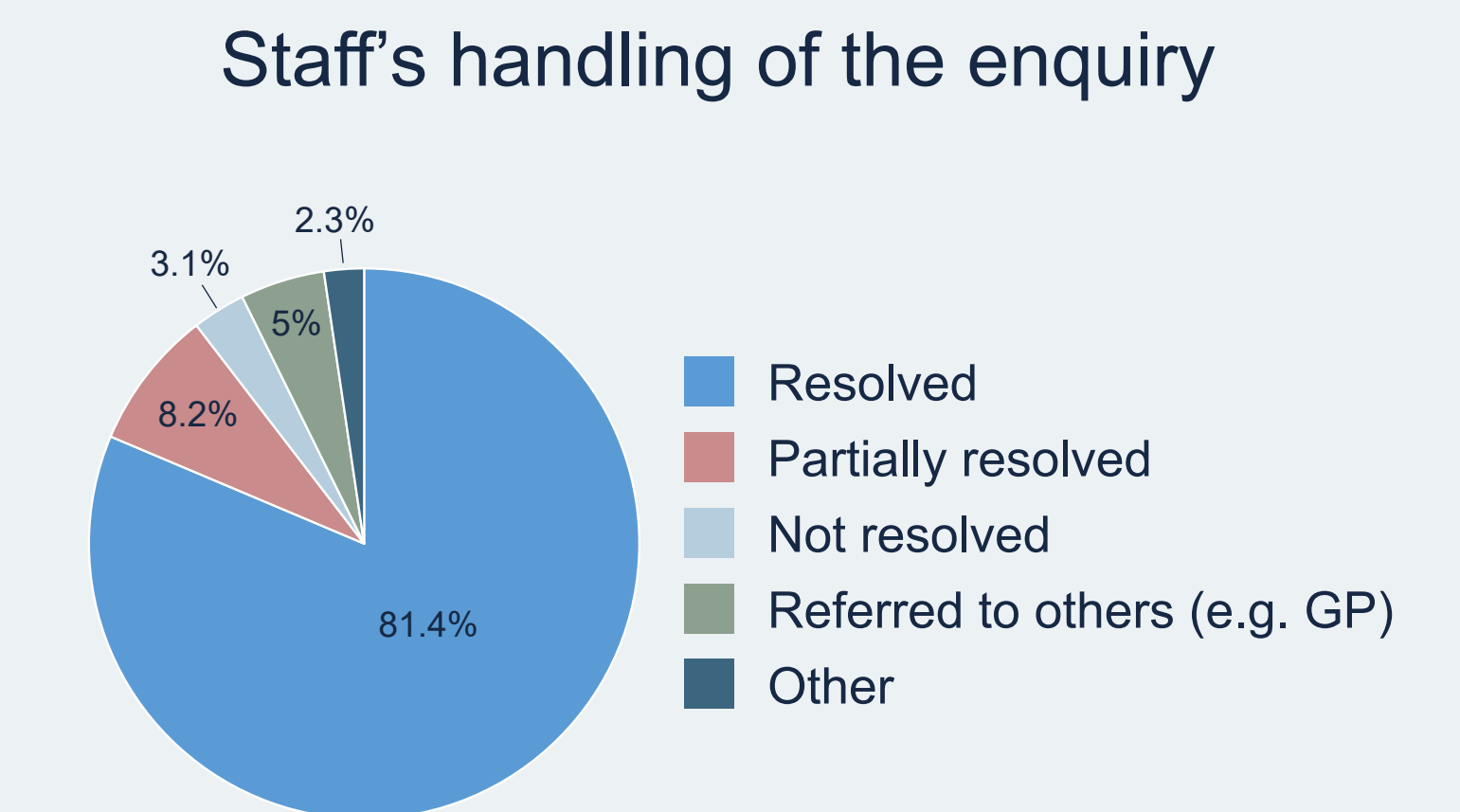
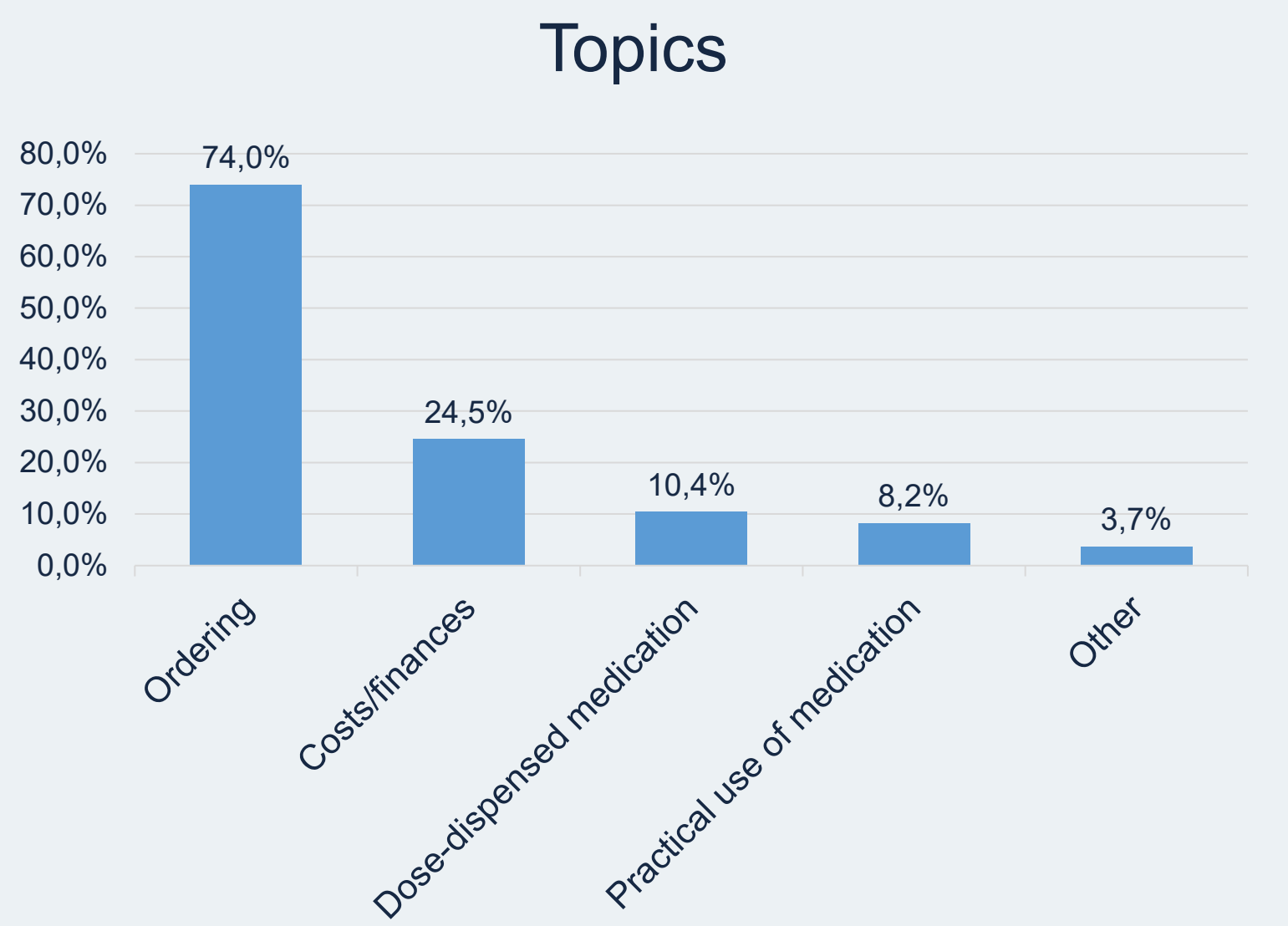
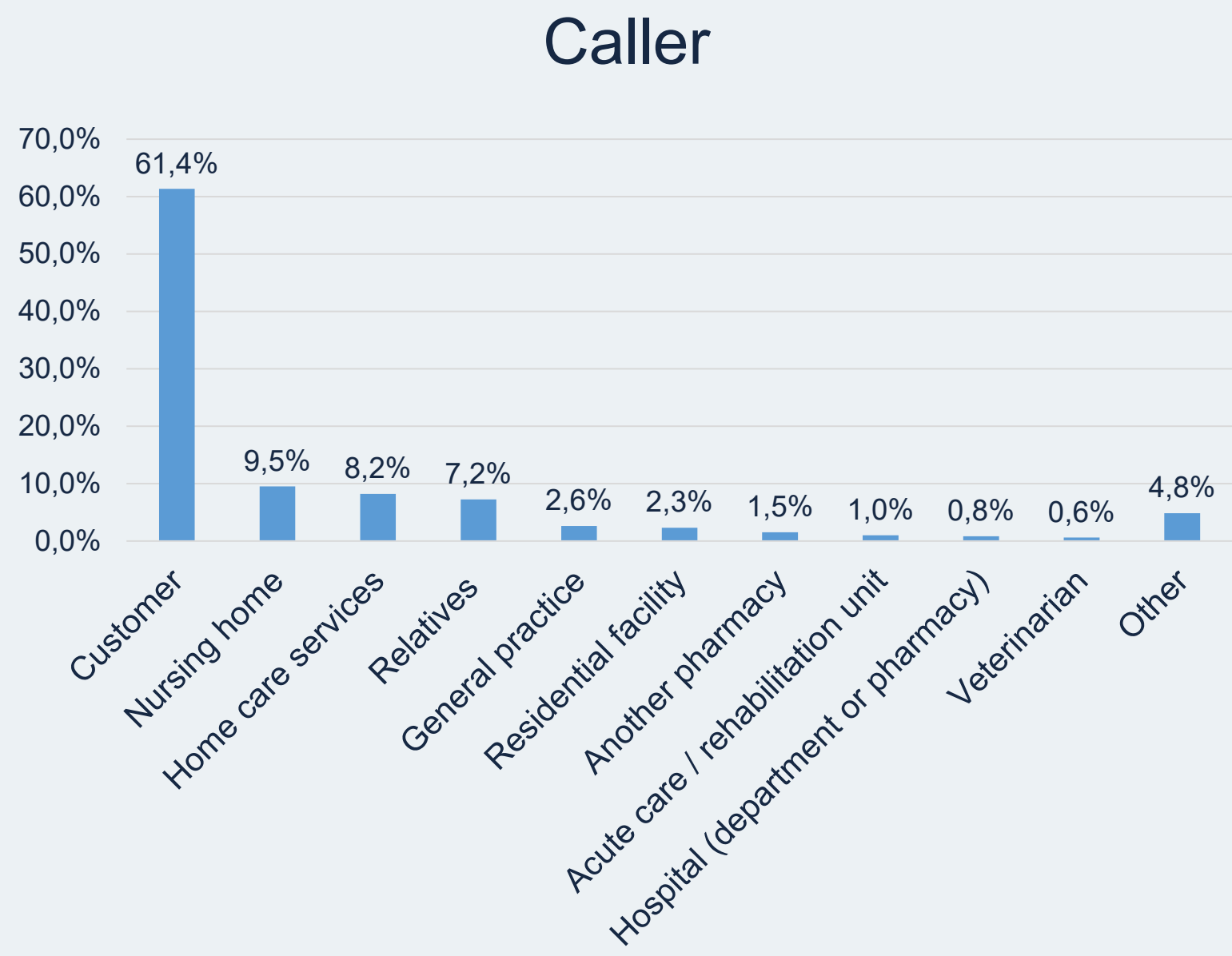
This poster presents results from two studies with two complementary datasets:

- 1) 3,970 calls from 24 community pharmacies over a five-day period were registered using a structured electronic registration tool. Data included caller type, inquiry topic and the staff's handling of the call.
- 2) 11 audio-recorded telephone consultations (total duration 1h 12m 32s) were analysed using a framework focusing on interaction structure, tone and relational work, personalisation, customer-centredness, communicative challenges and medium affordances.

Descriptive statistics were used to analyse the national dataset while an interactional analysis was used to examine the audio-recorded consultations.

Results

1) National Danish call-pattern data



2) Interactional analysis of real-life calls

1 Adaptive interaction, step by step

Telephone consultations unfolded in real time, allowing pharmacy staff to adjust explanations, tempo and sequencing directly in response to customers' reactions. Interaction was often organized step by step, with staff guiding customers through decision points and summarising along the way.

"Yes ... let's just take it one step at a time ... so first what you're experiencing in the evening ... and then we can take the rest afterwards."

2 Tone, presence and relational work

Tone and relational work were supported by both vocal and verbal resources. Staff used normalising statements, reassurance, intonation and strategic pauses to signal active listening and empathy, supporting a sense of presence despite the physical distance.

"It may well be that this is what is bothering him when he wakes up ... and of course it is."

3 Personalisation and shared understanding

Personalisation was expressed through real-time adaptation of vocabulary, pace and detail, enabling staff to calibrate information to the customer's expressed needs and responses. This included shared action sequences such as navigating a website together during the call. Customer-centeredness was achieved through confirmation markers, reformulations and frequent checks of shared understanding.

"Yes ... yes, what you're saying makes good sense."

4 The communicative affordances of telephone interaction

Communicative challenges such as uncertainty or incomplete understanding could often be addressed within the ongoing interaction through clarifying questions and conversational repair. The real-time character of telephone interaction enabled misunderstandings or missing information to be addressed without waiting for a subsequent exchange. The affordances of the medium supported relational work and a sense of interpersonal presence, as tone of voice, rhythm and pausing played central roles in displaying attentiveness and guiding the consultation.

Conclusion

The pharmacy's telephone functions as an easily accessible point of contact not only for customers and relatives, but also healthcare professionals who need assistance related to medication.

The national call data show that telephone enquiries frequently involve uncertainties, missing information, or discrepancies between prescribing and dispensing. In such situations, the pharmacy's telephone functions as a tool for coordination and problem-solving.

The findings highlight the role of community pharmacies in reducing pressure on other health sectors.

Telephone counselling provides favourable conditions for customer-centered communication.

Real time interaction enables staff to adjust explanations and advice as the call unfolds, build rapport through vocal and verbal resources and check and support shared understanding through clarification and conversational repair.

Taken together, the two studies show that community pharmacy telephone counselling is both an important organizational resource in medication-related care and an interactional setting in which customer-centered communication can be actively achieved.



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