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An Ethnographic Study of Pharmacists

Josef MESSERKLINGER

Abstract

Background: This is an ethnographic study of pharmacists at work. It was conducted in both the US and Japan. The aims of the study were twofold. The first aim was to help update materials used in a conversation class for pharmacists. The second was to compare pharmacy practices in the US with those in Japan. The study was also used to compare actual practice with the notions of language use in communication textbooks and manuals for pharmacists.

Methods: Pharmacies in the US and Japan were visited, and notes were made on the interactions between pharmacists and patients. In particular, the language used was noted for inclusion as examples for students to practice in the classroom and for comparison between countries as well as between prior teaching practice and actual examples of language use.

Results: Nearly 20 interactions were observed. Some were discarded because of redundancy or lack of adequate field notes.

Discussion: The main difference between pharmacy practice in the US compared to Japan is the more common use of e-prescriptions in the US. The language needed in an environment where e-prescriptions are more common also differs from the language found in communication textbooks and manuals for pharmacists. On the other hand, some aspects of language use between the countries and compared to textbook language are the same; asking about allergies and prior or current medications, explaining dosages and schedules, etc.

Key words: ethnographic study, language use

Introduction

One important method of healthcare research is ethnography.¹ Ethnographic studies are conducted through direct observation rather than experimentation, often with researchers interacting as participants with the subjects of their study. Because of this, the studies are subjective and often anecdotal. Nonetheless, by observing¹ healthcare

¹ Rather than simply interviewing them. Often times the interviewee will summarize their interactions and leave out details that might be of interest, or they will idealize the interaction leaving out variations that might also be of interest.

professionals at work as they interact with patients, the researcher can discover the details of what happens during these encounters and better understand these interactions from the point of view of the participants.ⁱⁱ

A study conducted by Sara L. Ackerman et. al.ⁱⁱⁱ serves as an example of this kind of research in healthcare. The researchers studied how healthcare providers use websites to share and store patient health records. Their study included patient sign-up and access to the information. They observed users engaging with the website and interviewed “key informants.” They also collected archived data, presumably from the websites. They were interested in how the technology was applied and how it affected the users. They found that although healthcare providers make efforts to implement the system, patients are not very likely to use it.

In ethnographic research, the data collected is used to describe the behavior of the group being observed, in the case of this study, the language and communication style used by pharmacists and customers in particular. Furthermore, while collecting data, the researcher must decide which observations to include and which to ignore.^{iv} Since language problems are not important in this study, they will be ignored. To the contrary, this study aims to discover examples of successful language use in pharmacy interactions.

Using ethnographic methods, a linguist can learn about the language used in healthcare. The register (type of vocabulary, e.g. technical or plain, casual or formal, etc.) speech acts (what the language is being used for), and other aspects of language such as turn-taking can be studied. In other words, what is done through language and how it is done with language. Insights from the interactions can then be used to compare similarities and differences in, say, interactions when picking up a prescription medicine or asking for a recommendation for an OTC or differences in speech acts used in one country compared to those used in another. The results can also be used by teachers to help them decide what to teach and how to teach. The results of this study will be used to determine the sorts of communication students of pharmacy need when engaging with patients/customers, and how communication differs from one situation to another.

Although textbooks that teach communication for pharmacists are readily available, another aim of this study is to evaluate the accuracy of these textbooks and their relevancy to our students. Therefore, the results of this study will be used to develop and improve curricula used to teach communication to pharmacy majors, and the study itself will be used as a model for curriculum and class activities aimed at making students aware of the types of communication they will be involved in as a pharmacist.

Methods

This study was conducted using the “rapid ethnology” method. Visits were made to drugstores in an urban area in the U.S. These visits included stops at prescription medication pickup counters as well as counseling windows. Similar visits were also made at drugstores and pharmacies in Japan for comparison. Some of the encounters were recorded using an IC recorder where permission was granted. In other cases, the observations were recorded as field notes. Details such as facial expressions, gestures, and physical surroundings are included in the transcripts and field notes. These details help give the interactions context.

Results

Encounter 1. Japan July 20: Prescription pick up

Customer: (enters pharmacy and waits a moment for the pharmacist to come to the counter.)

Pharmacist: Hello. (roughly interpreted from the Japanese.)

C: Hello. (Extends prescription to pharmacist.)

Ph: Just a moment, please. Please have a seat over there. (Goes to the store room.)

A clerk then asks: Can you please fill out this questionnaire? I'm sorry, it is all in Japanese.

C: That's OK. My biggest problem is that I cannot see the print very well. I'm afraid I have left my reading glasses at home.

Clerk: (reading to the patient) Put your name here.

C: Um, in romaji or katakana.

Clerk: Like it is written on your health insurance card.

C: Right.

Clerk: And your address here.

C: (writes address.)

Clerk: Oh, you can write kanji!

C: Yes, but not very well. Can you read what I've written?

Clerk: Yes, it's fine. (Continues by asking routine questions such as date of birth and about health and medicine including questions about allergies and other medicines being taken while reading from the questionnaire.)

Pharmacist: (returns to the counter and calls patient's name.)

C: Yes.

Ph: These are eye drops. Put one drop in each eye four times a day. You can see it is a bit cloudy.

C: A huh.

Ph: Shake the bottle before using.

C: I see.

Ph : (rings up the eye drops on the register. The customer pays.) Take care! (said as the customer leaves.)

Encounter 2. Japan July 30 : Drug store query

Customer : Excuse me, do you sell Loxonin?

Clerk : Yes, we do, but I'm afraid the pharmacist has already finished for the day. You'll have to come back tomorrow.²

Customer : I see, thank you.

Encounter 3. USA August 1, 2023 : Drug store OTC counseling window

Customer : Walks up to the pharmacy counter.

Pharmacy Technician : Hi. Can I help you?

C : Well, I need a recommendation for some pain medicine. I put my back out the other day and was wondering which pain medicine is best.

PT : Sure. Let me get my pharmacist and she can make a recommendation.

C : Thank you.

PT : I'll tell her that you're waiting.

C : Thank you.

Pharmacist : Hi. What can I do for you today?

C : I put my back out the other day. I don't see the pain medicine that I usually use, Loxoprofen.

P : Loxoprofen? Never heard of it. How do you spell it?

C : spells out the name of the drug.

P : (checking on her computer.) I don't see it in our database.

C : Oh well. Maybe it's a Japan-only drug, but it works like magic.

P : So, we have Ibuprofen, which would be like Advil or Motrin. It's an anti-inflammatory. Usually, it will help with any swelling, pain, or inflammation. So, it does help with back pain, but that would probably be just based on the name of the closest thing I would have to it.

C : I see. What do you usually recommend?

P : Usually the Ibuprofen or the Motrin. They're just brand names—Advil, Motrin. They're going to be Ibuprofen. They're just the brand name of what we have here. Any of them are going to work fine. It'll say it's an anti-inflammatory; it'll say underneath it that it's Ibuprofen. That's the actual chemical drug name. It's going to be down here in aisle 17 on the left-hand side towards the end. That's where we have all of our pain medicines. So, the one you're looking for is anything that says Ibuprofen. OK?

C : OK, thank you very much.

²NB : While Loxonin is an OTC, it can only be sold under the supervision of a pharmacist when the pharmacist is present.

P : You're welcome.

Encounter 4. USA Monday, August 7, 2023 : Prescription pick up

Customer : (Inside a discount store pharmacy. Enters the empty pharmacy queue line. It is a line indicated by the use of stanchions. There are signs saying "Wait here to allow for customer privacy". The line is about 10 feet away from the counter.)

Pharmacist : Are you picking up? (Said from the back of the pharmacy while at his station)

C : Yes

Ph : Someone will be with you shortly. (Said with a smile.)

C : nods ok

Within 30 seconds...

Pharmacy Tech (PT) : May I help you? (Said while walking up to the register. She is dressed in scrubs and has her name tag displayed at shoulder level. She smiles a lot during the interaction. Very friendly.)

Customer : Yes, I am picking up. Last name*****. (said as I walk toward the register)

PT : First name?

C : *****

PT : How do you spell it?

C : Oh, sorry. With an F. I forgot that it can also be spelled with a PH. Both smile.

PT : Date of birth?

C : **/**/** (mm/dd/yy)

PT : Thank you. Your total is \$131.15. (She looks a little sheepish as she looks up at the customer.)

C : I'd like to try using GoodRx. I have some possible deals with that. I'm sorry that this is a bit of trouble for you.

PT : That's OK. (Smiles). I understand. Let's go to my other register over here. (She heads to the other register.)

(The customer follows her.)

PT : Which prescription do you have on GoodRx?

C : Both, hopefully. The first one I'd like to try is for prescription**. (Customer shows pharmacy tech a smartphone with the GoodRx codes.)

PT : (Takes the phone and types in the information) Yes, prescription** comes down to \$6. (She looks happy for the customer!)

C : Yay! I was hoping that would work since that medication is expensive. Here is the second code for prescription****.

(Another pharmacy tech steps to the register next to her. Looks like he might be starting his shift and is clocking in on the register. He exchanges pleasantries with

my PT. They both look happy.)

PT : (She takes the phone again and types in the information.) This prescription did come down to \$10.96.

C : Oh great! This GoodRx app is so great. I know it's a bit of work for you and me but it DOES save a lot of money.

PT : (She smiles) Yes, it does. It really is no problem. So many people pay for insurance but use programs like GoodRx so the insurance almost seems unnecessary.

C : I know what you mean. But people need the insurance for the medical stuff.

PT : Yes, true. Let's go back to the other register to finish up.

C : Ok.

(They return to the payment register where another PT is helping a customer – not the same PT as the one who clocked in earlier.)

PT : Your total is \$16.96.

C : (accepts and signs some legal form on the display pad.)

PT : You can put your payment card in the credit card machine

PT : Do you have any questions about these medications?

Me : No, I've used these before, but thank you.

PT : (Puts the prescriptions into a bag and staples the paperwork to the outside along with a small piece of paper that has a QR code on it.) You can scan this QR code to tell us how we are doing. Here (she highlights two lines) are the store number and Pharmacy transaction number. The QR code makes it much easier for customers to respond.)

C : Great! Thank you.

PT : Have a good day!

Me : You too!

Encounter 5. USA Wednesday, August 9, 2023 : Prescription pickup

Pharmacist : Be with you in a minute. (comes to pick-up counter.)

Customer : We're picking up for*****.

Pharmacist : Can you spell that for me?

Customer : Yes, it's*.*.*.*...

Pharmacist : And the date of birth.

Customer : mm/dd/yy

Pharmacist : (Looks at a computer screen.) OK. This is a prescription for finasteride, right?

Customer : Yes.

Pharmacist : Turns to rack to find the prescription. (inaudible³)

Customer : I made a mistake when I asked to have this prescription refilled. I should

³ The prescription was a refill and the patient has been using this medication for many years; therefore, the pharmacist most likely did not feel it necessary to explain the medicine.

have asked you to renew his warfarin prescription; he's running low and has about three weeks left. Can I ask you to refill that prescription, too?

Pharmacist : Sure, I can do that. That's through his primary care physician?

Customer : Yes.

Pharmacist : All right, I'll contact him and get him to refill the prescription. Anything else?

Customer : No, that's all. (proceeds with automated checkout.)

Encounter 6. USA August 12, 2023 : Prescription pick up

Customer : Hi again.

Pharmacist : Hi.

C : I'm here to pick up another prescription for my father. My husband had asked about it the other day. It's for warfarin. Is it ready?

P : What's his name?

C : It's*** ***** (gives full name)

P : *.*. (starts to spell out the last name)

C : Yes, *.*.*. (spells out last name)

P : His birth date?

C : mm/dd/yy

P : Oh, yes, there is another one here. Just a minute please. (Turns to rack with medicines bagged and tagged and ready to be dispensed. Then returns.)

C : (approximately from memory) My brother is here with me again today. We went down to the hospital where I work to talk with a transplant pharmacist. It was very interesting. Transplant pharmacists have to know a lot about all kinds of medicines.

P : Yes, it is very complex. (The pharmacist adds to the conversation, but this part is mostly inaudible.)

C : The hospital pharmacist said you can't get transplant meds at every pharmacy.

P : That's true. Our company has specialty pharmacies for that. (inaudible)

C : (Goes through automatic/computerized checkout process, which includes questions about whether the pharmacist should contact the doctor's office to automatically renew the prescription and a place to electronically sign the receipt.)

P : Hands the customer the medicine, 5 dollars change from a twenty-dollar bill, receipt, and an in-store coupon for five dollars.

C : Bye-bye

P : Bye-bye

Encounter 7. USA August 14 : Prescription pick up

Pharmacist : Are you picking up or dropping off?

Customer : (shows pharmacist paper prescription)

Ph : Wow, we don't see many of these anymore. Almost all prescriptions are electronic now. Have you had a prescription filled here before?

C : Yes, I've had one filled at this pharmacy but at a different location.

Ph : I have seen you before, but it has always been with your father-in-law.

C : That's right.

Ph : Can I have your name and date of birth, please?

C : (gives name and date of birth)

Ph : (confirms that the customer's information is in the system) Did you want to wait for this or pick it up later? There are a couple of ones ahead of yours, (but) it should be ready in 20 minutes or so.

Encounter 8. USA August 16, 2023 : Prescription pick up

Customer : Hi, we're picking up for*****.

Pharmacist : (inaudible) OK. For Erythromycin, this is going to be our antibiotic eye ointment. Have you ever used one before?

Customer : No.

Pharmacist : OK. so, for this one, the doctor has it that you're going to take a half-inch ribbon of it. It's only for the eyelid, so you don't want to get any in your eye. Put a quarter-inch to half-inch ribbon on the lower eyelid. (inaudible) You're going to be doing it three times a day without any makeup. If you are only doing it for the one eye, you should have enough for seven days. The doctor has it for seven to ten days, but there should be enough. If you're not seeing any improvement in four days they may have to change up your antibiotics. OK. Any questions?

Customer : No.

Encounter 9. USA August 18 : OTC counseling

Pharmacist : Hi. Can I help you?

Customer : Yes. I was stung by a wasp earlier this morning and I think I should take something for it. My aunt died from a bee sting when she was a child. In the past, I've had an allergic reaction to bee stings, so I'm a little worried that it'll get worse.

Ph : Oh, that can be bad. How long ago were you stung?

C : About an hour ago.

Ph : Are you experiencing any difficulties like shortness of breath?

C : No, not really. Not this time. Just a bit of pain and some swelling. But it is starting to feel like it does when I have hay fever.

Ph : Hm. But it hasn't gotten worse?

C : No. So, it might just be hay fever! (said while smiling)

Ph : (laughs) True! Where were you stung? What part of your body?

C : The side of my head. Right here. (Customer points to the area where the sting occurred.)

Ph : Oh! That must have hurt. Did you take anything for the pain?

C : No. But it is really itchy now.

Ph : Well, an antihistamine might help even if it is just hay fever. You can try this. (leads customer to the section with the antihistamines and takes a box off the shelf.) This is an antihistamine for children. It has a smaller dose and because it's a liquid, it gets absorbed faster. (Reading from the box) You can take 5 milliliters every 4 to 6 hours but don't take more than 6 doses in 24 hours. There's a dosing cup on the bottle that you should use. It should be marked with how much to take. If your symptoms do get worse, you should go to the ER immediately. Anything else?

C : No. Thank you very much for your help.

Encounter 10. Japan August 26, 2023 : Prescription pick up

Customer : Excuse me, please. (roughly translated from the Japanese)

Pharmacist : (comes to counter.)

Customer : I have a prescription.

Pharmacist : (takes prescription) Can you fill out this questionnaire, please? It will be a few minutes.

Customer : I see, thank you. (sits down and fills out the questionnaire. The pharmacist goes into the storeroom area and is there for several minutes.)

Pharmacist : (returns with the medicines.) Did you go to the doctor and he said you are anemic?

Customer : Yes, that's right.

Pharmacist : OK. The first prescription is for an iron supplement. Take it after meals. You can take it without eating, but it may upset your stomach. So, taking it with or after meals might prevent stomach upset. Also, it may turn your stool black, but don't worry.

Customer : OK.

Pharmacist : The other medicine is to help with some of the side effects of iron supplements. Iron supplements can cause constipation and gas. This should help with that.

Customer : OK, I see.

Pharmacist : And I see that you are taking a hormone.

Customer : Yes, that's right. I have an ovarian cyst, and...

Pharmacist : It may be the cause of the anemia. Do you know which hormone you are taking?

Customer : Um, I'm afraid not.

Pharmacist : You don't have your medication notebook with you.

Customer : No.

Pharmacist : Well, that's OK. The iron could interact with the hormone, and make you sick to your stomach, but it is only a small possibility, so I don't think you need to worry about it. But it might help if you take the iron supplement, for example, in the morning and the hormone at night. That way, you lessen the chance of interactions.

Customer : I need to take the hormone before breakfast.

Pharmacist : Ah, I see. Well, iron works best if you take it in the morning. Perhaps you can take it a little later in the morning or at night. You are also seeing a dermatologist?

Customer : Yes, that's right. I sometimes take an antibiotic for acne, but I'm not taking it now because the acne is under control.

Pharmacist : I see. If you do take an antibiotic, it might interfere with the absorption of the iron in the supplement, so you should take them at different times of the day. For example, you could take the iron supplement in the morning and the antibiotic at night. That might help avoid the problem.

Customer : OK. I can do that.

Pharmacist : Do you have a (retail company's name) point card?

Customer : Yes. (Holds out smartphone with barcode.)

Pharmacist : (scans barcode.) OK, that will be 980 yen. Cash or credit card?

Customer : Credit card.

Pharmacist : Please scan here.

Customer : (scans card and enters PIN.)

Pharmacist : Thank you. Please take care.

Encounter 11. Japan September 9, 2023 : Prescription pick up

Customer : Excuse me, please. (holds out a prescription)

Pharmacist : (takes prescription) Just a moment, please. (goes to store room.)

Customer : (takes a seat in one of the three available cushioned stools.)

Pharmacist : ***san.

Customer : Yes. (Stands and goes to the counter.)

Pharmacist : Do you have your medication notebook?

Customer : Yes, here it is.

Pharmacist : (after studying the notebook.) There are two medicines, an antibiotic and a pain medicine. What happened?

Customer : I cut my hand.

Pharmacist : Oh no. When?

Customer : Last night while preparing dinner.

Pharmacist : That must have hurt. Do you still feel pain?

Customer : Not really. Only when I accidentally hit the area around the cut, like when

I try to hold something.

Pharmacist : Is see. But it needed stitches?

Customer : Yes. The wound wasn't closing, so I went to the doctor this morning. He put in two stitches to close the cut.

Pharmacist : Ah. So, I assume he cleaned the wound?

Customer : Yes, before putting in the stitches.

Pharmacist : Right. Of course. So the antibiotics are just to prevent the possibility of infection and not to stop an existing infection. There are four days' worth of antibiotics. Please be sure to take them all as prescribed. You can take the pain medicine as needed. I see you are taking some other medicines including iron supplements.

Customer : Yes, that's right. It's for anemia.

Pharmacist : Well, taking the medicines together shouldn't be a problem, but the antibiotic might interfere with the absorption of iron, so you should take them separately.

Customer : I see.

Pharmacist : Do you have any questions?

Customer : No. Thank you very much.

Pharmacist : Please take care!

Discussion

Pharmacists play an important role in healthcare. They ensure that patients get the correct medicine either when dispensing medicines prescribed by a doctor or recommending an over-the-counter medication. They also play a role in patient education when they give instructions about how to take the medicines prescribed or recommended. This process ensures patient safety and maximizes health benefits. The examples above provide some common and unique instances of pharmacists ensuring patient safety.

The first example, Encounter 1, Japan July 20, is a rather common encounter; the pharmacist explains how to use a medicine including the dosage, schedule, and special instructions (shake the bottle before using.) This compares to Encounter 8, USA August 16, where the pharmacist explains how to apply the ointment and what to look for when self-monitoring the results. These instances of pharmacist/patient interaction are common in both the US and Japan.

Pharmacists also play a role in sales and service. As such, they often must think of their patients as customers. For example, in Encounter 4, USA, Monday, August 7, 2023, and Encounter 11, Japan August 26, the pharmacist helps the customer save money or at least earn customer loyalty points. This aspect of a pharmacist's work

has sometimes been overlooked when teaching English communication to pharmacists⁴.

Moreover, the examples of interactions in the US point to significant changes in pharmacy practice over the years and perhaps differences in pharmacy practice between the US and Japan. One change that has resulted in a major difference is the nearly exclusive use of e-prescriptions in the US. According to HealthIT.gov, “...e-Prescribing is more convenient, cheaper, and safer for doctors, pharmacies, and patients.”⁵ Rather than a doctor reaching into a desk drawer and pulling out a vial of medicine, the pharmacist receives an order for medicines from the doctor and then makes sure the patient gets the correct medicine. In the past, this order was commonly written on a piece of paper, first by hand but more often now by computer printout, and then handed to the patient who would then take it to their pharmacy of choice. Now with the widespread use of e-prescriptions, when the pharmacy has the medicines ready, the patient receives a phone call from the pharmacy telling them the medicine is ready for pick up.

In the US, this has cut down greatly on waiting time. This can be seen by comparing Encounter 7, USA, August 14 where the patient brings a paper prescription to a pharmacy in the US and is told to wait about 20 minutes. Compared to Encounter 4, USA, August 7, the customer waits only about thirty seconds. In Encounter 10, Japan, on August 25, the wait time is several minutes. The difference in wait times can also be seen when comparing Encounters 5, and 6 in the US with the encounters in Japan. In the US, no seating for patients was provided⁶, yet in every pharmacy observed in Japan, there was a waiting area with seats. Interestingly, during the encounters in Japan, there were no invitations for customers to sit.

Another difference, perhaps related to the prevalence of e-prescriptions, is the type of pharmacy commonly found in an urban area such as Chicago and its suburbs. In the Chicago area, there are very few independent pharmacies⁷; most are chain stores⁸ and

⁴ But see *Pharmaceutical Communication Manual 外国人患者対応のための英語コミュニケーションマニュアル* published by 一般社団法人 くすりの適正使用協議会.

⁵ <https://www.healthit.gov/faq/what-electronic-prescribing> (retrieved September 5, 2023) See also: Porterfield, A., Engelbert, K., & Coustasse, A. (2014). Electronic prescribing: improving the efficiency and accuracy of prescribing in the ambulatory care setting. *Perspectives in health information management*, 11 (Spring), 1 g.

⁶ Perhaps because there is no need to wait or customers have other options or perhaps as an anti-terrorism method or to keep homeless people away.

⁷ The author did not come across one independent pharmacy during this study tour. Furthermore, the website, Good Neighbor Pharmacy, lists only 20 in the greater Chicago area which includes cities and villages from as far south as Joliet, west to Aurora and north to Highland Park. The site also lists only 44 independent pharmacies in the entire state. <https://www.mygnp.com/pharmacies/state/il/> (retrieved September 6, 2023) The NCPA, National Community Pharmacists Association, turned up 48 results in a similar area extending out to DeKalb and up to Waconda. Restricting the search to a 20 mile (32km) radius returned only 12 results. <https://ncpa.org/pharmacy-locator> (retrieved September 6, 2023)

⁸ One chain, for example, lists 10 locations within a 5 mile/8 km radius from the author's home in the US. <https://www.walgreens.com/storelocator/pharmacy/chicago-il> (retrieved September 6, 2023) A google map search came up with many more <https://www.google.com/maps/search/pharmacies/@41.8566299,-88.336599,13z?hl=en&entry=ttu> (retrieved September 6, 2023)

often part of a larger store such as a supermarket or discount store. When prescribing medication, the doctor will ask patients to which pharmacy they would like to have their prescription sent.⁹ While relying on chain pharmacies may seem to result in less personal service, this was not observed. All pharmacists were at least friendly and many knew their patients. For example, in Encounter 7 the pharmacist recognizes the customer and remembers that he usually comes with his father-in-law. In encounter 6 the customer reminds the pharmacist that they had visited previously and joins the customer in a conversation about different kinds of pharmacies.

This is not to say that pharmacists in Japan are not friendly. Looking at the interactions in Encounters 10 and 11, the pharmacist seems to take more care in dealing with the customer. One reason for this might be the type of prescription. In the encounters in the US, the customer was picking up for someone else and often picking up a refill prescription. In Encounter 11 in particular, the pharmacist shows empathy for the patient, and in fact, the patient expressly chose to go to this pharmacy, an independent pharmacy, despite the presence of a chain pharmacy across the street where a point card could be used, because of a sense of familiarity. In all cases in the US, the customer visited a chain pharmacy for the sake of convenience.

On the other hand, there seems to be more off-topic talk at American pharmacies. Informal talk tangential to the purpose of the interaction, e.g. prescription pick up, can be seen especially in Encounter 6 where the customer engages the pharmacist in a conversation about other types of pharmacy.¹⁰ However, in Encounter 8 from August 16, the participants did not engage in small talk and the pharmacist did most of the talking, with the customer uttering approximately 8 words in three turns while the pharmacist uttered 123 words in two turns, which is perhaps more typical of pharmacy interactions. More study is needed, however, to verify this hypothesis.

As noted, in American pharmacies prescriptions are usually sent to the pharmacy of the patient's choice electronically. In only one instance¹¹ was a paper (and handwritten!) prescription used. There is no need for the pharmacist to ask for a prescription. Instead, the pharmacist usually asks, "Are you picking up (a prescription)?" The question is necessary because in the US, at least in the area where this study was conducted, pharmacies are inside of drug stores and customers may also want to ask about over-the-counter medicines. Or they may have a question as did the customer in the August 1 interaction in the US, Encounter 3.

⁹ The author did in fact hear this being asked of his father during an office visit. "The one you always send it to," was the reply.

¹⁰ A discussion which corroborated and confirmed information given by another pharmacist.

¹¹ Unfortunately, unrecorded

Finally, although the opening gambit for pharmacy encounters has changed in the US—from asking for a paper prescription to enquiring about the details of an e-prescription—the role of the pharmacist remains fairly unchanged. In both Japan and the USA, pharmacists will explain the medication to a patient as seen in both the August 16, Encounter 8, and August 26, Encounter 10, interactions. And although large pharmacy chains are more common in the US, interactions are always personable and friendly.

Conclusion

This study has revealed similarities and differences in pharmacy encounters in the US and Japan as well as changes in speech acts used. For one, the pharmacy schemes are different, and thus different language is needed. Because of this difference, the language used by pharmacists in the US cannot be applied directly to the language needed by pharmacists in Japan. Nonetheless, the examples do offer insights into the differences and similarities between the way pharmacists in the two countries work. For example, while pharmacists in the US might begin the service encounter by asking, “Are you picking up or dropping off?” This would not make any sense in Japan. Instead, a pharmacist in Japan might ask, 処方せんがありますか? “Do you have a prescription?”

On the other hand, understanding the schema of pharmacy encounters in the US can help pharmacists in Japan understand the behavior of visitors to Japan, who might be confused by their interactions in drug stores and pharmacies in Japan. Hence, there is a need to continue teaching student pharmacists how to ask for a prescription as well as phrases useful for explaining the medications prescribed.

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Privacy Statement

Names, places, dates of birth, etc. have been redacted in order to protect the privacy of the customer’s/patients in this study. All encounters were observed with the patient’s consent. As far as the author is aware, this study does not violate HIPPA rules regarding health information privacy. See <https://www.hhs.gov/programs/hipaa/index.html>

Bibliography

ⁱReeves, Scott (2008) “Qualitative research methodologies: ethnography,” *BMJ* 337

ⁱⁱEriksson, P., & Kovalainen, A. (2008). *Qualitative methods in business research*. SAGE Publications Ltd, <https://doi.org/10.4135/9780857028044>

See also: (2020) *Ethnographic study: qualitative studies* Office for Health Improvement and Disparities. <https://www.gov.uk/guidance/ethnographic-study-qualitative-studies>

ⁱⁱⁱSara L Ackerman, Urmimala Sarkar, Lina Tieu, Margaret A Handley, Dean Schillinger, Kenneth Hahn, Mekhala Hoskote, Gato Gourley, and Courtney Lyles (2017) “Meaningful use in the safety net: a rapid ethnography of patient portal implementation at five community health centers in California,” *Journal of the American Medical Informatics Association*, 24(5) pp. 903-912

^{iv}<https://www.nps.gov/ethnography/aah/aaheritage/ERCb.htm> (retrieved August 8 2023)