



RESEARCH ARTICLE

Can literary reading and writing improve pharmacists' medication counselling? A feasibility study of pharmacists' efforts to achieve competence in narrative medicine

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Abstract

Background: Narrative medicine is an innovative approach where empathetic skills are nurtured through close reading of literary texts and creative writing. The aim of this study was to evaluate the feasibility of a course in narrative medicine for pharmacists. **Methods:** A 2-day course of narrative medicine was offered to community and hospital pharmacists. Feasibility was assessed using focus group interviews, participant observation, and a questionnaire. Pharmacists' self-reported level of empathy was also assessed. **Results:** Eight pharmacists participated in the course. They found participation acceptable, even though some of the sessions required a personal investment far from their routines. The pharmacists were generally satisfied with the course and found it helpful in their daily patient communication. There was no significant change in the pharmacists' level of empathy. **Conclusion:** A course in narrative medicine has the potential to improve pharmacist communication with patients but needs further testing, including patient-reported outcomes.

Introduction

Poor communication between healthcare professionals and patients and/or relatives is abundant (Vermeir *et al.*, 2015; Akinyelure *et al.*, 2022) and can lead to decreased medication adherence (Kvarnström *et al.*, 2021) and adverse health outcomes (Giardina *et al.*, 2020; Humphries *et al.*, 2020). A study has shown that physicians' attention to contextual factors with importance for the patients often was compromised, leading to less individualised patient care (Weiner *et al.*, 2010). On the other hand, empathy among healthcare professionals was shown to improve patient satisfaction and empowerment, lower patient anxiety and distress, and deliver better clinical outcomes (Derksen *et al.*, 2013; Moudatsou *et al.*, 2020).

Several studies indicate that pharmacists are good at providing practical information during patient consultations (Kaae *et al.*, 2013; Koster *et al.*, 2015) but could improve their communication skills (Kim *et al.*, 2020; Stewart *et al.*, 2020), including skills in listening (Fosgerau *et al.*, 2021), expressing empathy (Lau *et al.*, 2019), addressing emotional aspects (Kaae *et al.*, 2019; Fosgerau & Kaae, 2021), differentiating their counselling (Kaae *et al.*, 2013), and discussing patient's perceptions and preferences (Koster *et al.*, 2015; Kaae *et al.*, 2016; Fosgerau *et al.*, 2021). Hence, pharmacy staff focus more on imparting medication-related information they deem important than on individualising their advice based on patient needs. Such failures to involve and investigate patient history, needs, and preferences in the decision-making process may impair counselling outcomes (Wolters *et al.*, 2017).

In a recent study on patient-centred care in pharmacist consultations, patients emphasised the importance of emotional aspects, whereas pharmacists highlighted the importance of evidence-based information (Ng *et al.*, 2020). According to the views of patients and pharmacists, the ideal communication between a pharmacist and a patient should include the patient feeling heard and listened to and the pharmacist displaying empathy and reassurance (Chevalier *et al.*, 2018).

One approach to increase healthcare professionals' empathy and social understanding of the patient is narrative medicine, defined by Rita Charon as "medicine practised with these narrative skills of recognising, absorbing, interpreting, and being moved by the stories of illness" (Charon, 2006). Narrative medicine is a way of introducing into medicine aspects of art and humanities, especially literary studies (Charon, 2001). Rita Charon experienced her practice being transformed as she learned to pay attention to the singular narratives occurring in her office or the hospital ward and represent these narratives in writings; her patients were then encouraged to read to find a shared story (Charon, 2013). Since 2001, a group at Columbia University's medical school and School of Arts and Sciences have developed the conceptual framework for the practice and education of narrative medicine around three movements, i.e., attention, representation, and affiliation (Charon, 2008). Attention is explained as a donation of one's concentration and focus to the needs of the other, as you can practice in a close reading of a text, whereas representation is explained as making the invisible situations visible, which can be practised by creative writing (Charon, 2013). These mutual recognitions of the nuances in a story can lead to a sturdy clinical affiliation, which is required in effective care, according to Rita Charon (Charon, 2013).

A recent review identified 55 programmes for narrative medicine in healthcare, and although documentation of the evaluation was poor in many programmes, there was evidence of a pre-post improvement in competencies such as relationship-building, empathy, pedagogical skills, and confidence (Remein *et al.*, 2020).

At the University of Southern Denmark, an introductory course in narrative medicine has been mandatory for first-year medical students since 2017 (Stewart-Ferrer & Rasmussen, 2019). Here, lecturers from both humanities and medical sciences use the combination of close reading and creative writing with the purpose of enhancing narrative skills of listening to stories in the clinic (Stewart-Ferrer & Rasmussen, 2019). The close reading must investigate arts of high quality, so that the skills are trained by the most challenging, complex stories. This often includes literature but can, in theory,

be all kinds of arts, such as theatre, film, paintings, or music.

Narrative medicine is, naturally, not only reserved for medical students or physicians, and studies have been performed about courses in narrative medicine for different kinds of healthcare staff, such as nurses, nursing students, social workers, and non-medical hospital staff (Gull *et al.*, 2002; Brigley & Jasper, 2010; Polvani *et al.*, 2014; Coleman & Willis, 2015; Adamson *et al.*, 2018; Yang *et al.*, 2018 Gowda *et al.*, 2019). Furthermore, Naß and colleagues have proposed to extend the concept to narrative pharmacy to improve the quality of pharmaceutical healthcare (Naß *et al.*, 2016).

A literature search did not reveal any studies describing pharmacists engaging in narrative medicine. A few studies describe the activities of pharmacy students within narrative medicine (Zimmermann, 2013; Collins *et al.*, 2017; Nass *et al.*, 2019; Preston & Jean-Louis, 2020), showing their increased sensitivity to patient and caregiver needs (Zimmermann, 2013), their belief in being a more empathetic healthcare provider (Preston & Jean-Louis, 2020), and their deeper insight into and sensibility to patients' beliefs about medications and their own role as pharmacists (Nass *et al.*, 2019).

This study aims to evaluate the feasibility of a 2-day course in narrative medicine for pharmacists and identify which modifications need to be applied if this course were to be tested for efficacy in a large-sample study.

Methods

Design and settings

In this feasibility study, pharmacists were recruited from Danish community and hospital pharmacies offering medicine interviews for patients to participate in a narrative medicine course. The course in narrative medicine was held in Odense in collaboration between the Faculty of Humanities and the Faculty of Health Sciences at the University of Southern Denmark.

Participants and recruiting

Initially, pharmacists who were working in Danish community pharmacies could participate. To be included, the pharmacist should be working more than 30 hours per week and should have performed more than six counselling sessions with chronic medicine users within the last six months. Only one pharmacist per pharmacy could participate to ensure the diversity of the sample and avoid educational bias.

Pharmacists were recruited from the Danish Network for Community Pharmacy Practice Research and Development (Burghle *et al.*, 2021), which embraced about 90 pharmacies at the time of recruitment. Furthermore, pharmacists were recruited via announcements on LinkedIn and Facebook and from the Association of Danish Pharmacies.

The narrative medicine course was planned to assist pharmacists in conducting a New Medicine Service, which is a rather new service in Denmark, offering medication counselling to patients diagnosed with a new chronic condition requiring medication or patients with long-term treatment showing signs of low adherence (Abrahamsen *et al.*, 2020). In Denmark, the largest group of pharmacy staff consists of pharmaconomists, who hold a 3-year healthcare professional education, e.g., pharmacology, medication use, or medication counselling (Druedahl *et al.*, 2019). Since the New Medicine Service can only be offered by pharmacists according to Danish law, only pharmacists were invited to participate in the course.

Adaptations of the course during the project

The first thing to be adapted in the invitation letter was the course title. In the first invitation, the course was called "Narrative Medicine in Pharmacy Practice". However, this was changed to make the course more attractive to the pharmacists, as they did not know what the concept of narrative medicine would encompass. The new title was "Can reading fiction improve your medication counselling?". Furthermore, the invitation was sent out using more channels than originally expected because no single source can reach out to all pharmacists. Therefore, both social media and emails from professional networks were used. Furthermore, TG called all the local pharmacies to advertise the course, but this did not give any participants.

A few criteria for participation in the course were changed before the first day of the course that was initially planned for community pharmacists only, as it targeted the New Medicine Service. However, some hospital pharmacists asked for participation as they thought this course could be relevant for them as well, and therefore the course was later offered to both hospital pharmacists and community pharmacists. As there were difficulties in recruiting enough participants on the scheduled course days, the inclusion criteria of having only one pharmacist from each pharmacy and having performed more than six counselling sessions within the last six months were disregarded.

The course in narrative medicine

The course in narrative medicine unfolded over two separate days of eight hours each, separated by nine

days in between. The content and form of the course were based on previous experiences from an elective course in narrative medicine for master's students in different majors at the Health Faculty of the University of Southern Denmark (Stewart-Ferrer & Rasmussen, 2019) and a study on a course in narrative medicine for pharmacy students in Germany (Nass *et al.*, 2019). The course model was developed in collaboration with the director of the narrative medicine courses at the university. Lecturers from both literary studies and health science taught the course, including AJR, AMM, and UH. The course aimed to help participants understand patients' everyday experiences with illness, develop a better insight into the meaning of the narrative structure, and train their narrative abilities to improve communication with patients.

During the course, the participants were briefly introduced to the theory and methods of narrative medicine and its usefulness in clinical practice. The pedagogic strategy of narrative medicine courses is typically described as consisting of three basic steps, i.e., close and shared reading of a literary text, creative writing of own stories, and reading aloud of these stories (Milota *et al.*, 2019). This intervention was in line with this. During close reading, the participants employed an emotional engagement with a literary text and worked on finding meanings in the artwork facilitated by an experienced lecturer. This step was often followed by a corresponding writing assignment with creative writing carried out individually. Participants were also encouraged to read aloud and reflect on these acts of reading and writing in groups and/or plenum. This process is meant to train the participants to listen respectfully to each other, dare to share their own thoughts and feelings, and, ultimately, perceive a broader horizon in their own world.

Before the first course day and between the two course days, pharmacists had prepared themselves at home by reading selected excerpts from literary texts, which were later used for close and shared reading in class, followed by creative writing, reading aloud, and group discussions. The literary texts used in the course were from a collection of literary stories written by Danish authors, all concerning health and illness, from the perspectives of patients and relatives (Mai A., 2018). Pharmacists' experiences from medication interviews were also applied in teaching, as before each course day, pharmacists were requested to reflect on a medication interview in a short piece of writing and bring it to the course. These writings were rewritten in a creative writing session during the course days.

Conducting the course

The two course days consisted of sessions, as seen in Table I.

Table 1: Overview of sessions and their format during the course in narrative medicine for pharmacists

Sessions Day 1	Format
Introduction to narrative medicine	Lecture in plenum
Basic concepts within narrative medicine (attention-representation-affiliation, close reading & creative writing)	Lecture in plenum
Writing prompt: "An important decision" (telling, listening, writing, reading aloud)	Exercise in pair
Narratives and identity (narrated time, thick descriptions, narrative characteristics)	Lecture in plenum
Writing prompt: "My name" (creative writing, reading aloud, listening, reflections)	Exercise in pair
Close reading of a literary text (discussion, reflections)	Exercise in groups
Illness as interruption of life narratives (interruption, narrative identity)	Lecture in plenum
Close reading of a literary text (reading aloud, discussion, reflections)	Exercise in plenum
Positioning (narrative role in positioning)	Lecture in plenum
Writing prompt: Own text on medication counselling (creative writing, reading aloud, listening, reflections)	Exercise in groups
Sessions Day 2	Format
Communication in pharmacy practice (meaning of empathy, patient-centered communication, evidence of empathy)	Lecture in plenum
Theories of close reading and creative writing (hypothesis, methods, creative writing as an approach to patients)	Lecture in plenum
Close reading of a literary text (discussion, reflections)	Exercise in groups
Writing prompt: "A situation where someone helped me" (creative writing, reading aloud, listening, reflections)	Exercise in pair
Principles and practice of narrative medicine (attention-representation-affiliation, models for narrative analysis)	Lecture in plenum
Writing prompt: Own text on medication counselling (creative writing, reading aloud, listening, reflections)	Exercise in plenum
Close reading of a literary text (reading aloud, discussion, reflections)	Exercise in plenum
Writing prompt: "Getting at eye level with someone" (creative writing, reading aloud, listening, reflections)	Exercise in pair
Research in narrative medicine (Empathy and sympathy, how to measure empathy, studies about narrative medicine)	Lecture in plenum

Study measures

Assessing the feasibility of attending the course was inspired by previous work on feasibility assessment (Bowen *et al.*, 2009). Of the eight areas of evaluation proposed, this study focused on acceptability, demand, implementation, practicality, adaptation, and limited efficacy testing using a mixture of quantitative and qualitative methods. The areas were evaluated using process data, participant observation, focus group interviews with both participants and lecturers, and free text responses from a satisfaction questionnaire. Furthermore, the limited efficacy testing was evaluated by assessing empathy using a standardised scale before and after the pharmacists attended the course. As this was only a feasibility study, it was not designed for measuring effects. Instead, the empathy scale was used to assess its acceptability among the participants. Therefore, the number of pharmacists needed to obtain an effect in this study was not calculated.

Questionnaires

A questionnaire was sent to all participants at three different time points. The first time point (called before) was from one week before the first course day until the course started, the second time point (called after) was from after the second course day until three weeks after the second course day, and the last time

point (called later) was from 15 to 16 weeks after the second course date. The questionnaires were applied online via a secure link to the participants using the program SurveyXact (Rambøll Management Consulting, Aarhus, Denmark) and were intended to capture three types of data, i.e., pharmacists' demographics, self-reported level of empathy, and satisfaction with the course.

The before questionnaire contained questions about the pharmacists' demographics such as age, gender, place of employment, and whether they had read fiction within the last year. It also included a scale to assess self-reported empathy, i.e., the Jefferson Scale of Empathy (JSE), which is a validated 20-item tool rated on a 7-point Likert scale (1 = strongly disagree, 7 = strongly agree) (Hojat *et al.*, 2001). The JSE is used to measure empathy in healthcare professionals, including students, with scores ranging from 20-140, where higher scores indicate more empathy (Hojat *et al.*, 2001). A version of the questionnaire formerly translated into Danish (Pedersen *et al.*, 2018) in accordance with WHO guidelines (WHO | Process of Translation and Adaptation of Instruments, n.d.) was used.

The after questionnaire included a self-made satisfaction questionnaire with questions about course practicalities (information, registration, preparation,

venue, catering), days (content, interaction, and length of the course), and impact (with regards to the pharmacists' daily practice). It also contained a box for additional comments in each section. The self-made questionnaire was developed based on former literature and authors' group discussions. Furthermore, the questionnaire contained the JSE scale to measure empathy.

The later questionnaire only included the JSE scale.

Participant observation

The observation was conducted by TG as participant observation from the beginning to the end of both course days, with small talks during breaks and meals. Field notes were written as memos, keywords, and scratch notes, using the participants' own words as much as possible. The field notes were shortly afterwards rewritten coherently as an electronic text using TG memory of the experience. Then, a few memos seemed out of context and were therefore omitted in the electronic text.

Focus group interviews

The focus group interviews were conducted with lecturers and participants separately in groups of 2-4, with TG as the interviewer. In total, five focus group interviews were conducted with eight participants and four lecturers, lasting from 23 to 92 minutes. All interviews were conducted online within one week after the course, using the Zoom platform (Zoom Video Communications, Inc., San Jose, California). Focus group interviews were semi-structured with an interview guide containing open-ended questions. The interview guide followed six areas, i.e., acceptability, demand, implementation, practicality, adaptation, and limited efficacy testing. Questions for lecturers included the experience of teaching a new profession and the activity of the participants; For pharmacists, questions were about their perception of the invitation to attend the course, their experience of the course, their perceived benefit, and the relevance of the course. The interview guide can be seen in Table II. The interviews were digitally recorded and transcribed verbatim by TG.

Table II: Interview guide for semi-structured interviews with pharmacists and lecturers

Interview guide for pharmacists	Interview guide for lecturers
Welcome	
<ul style="list-style-type: none"> • Thanks for participation, voluntary, recording, anonymity • Your perspectives about the course in narrative medicine, no right or wrong answers 	
Implementation (the extent, likelihood, and manner for implementation of the intervention)	
<ul style="list-style-type: none"> • How did you hear about the course? (Facebook, email, phone calls) 	NA
<ul style="list-style-type: none"> • How would you like to be invited to a course like this? 	NA
<ul style="list-style-type: none"> • How did you experience the course in relation to other courses you have participated in? 	NA
<ul style="list-style-type: none"> • How do other pharmacists react when you tell them about the course? 	NA
Acceptability (how the recipients react to the intervention)	
<ul style="list-style-type: none"> • What was good or bad about the course? 	<ul style="list-style-type: none"> • How did you experience the participation of the pharmacists during the course?
<ul style="list-style-type: none"> • How was it to participate in the course? (creative writing, close reading, reading aloud) 	<ul style="list-style-type: none"> • Was there anything about the participation that was different than what you are used to?
<ul style="list-style-type: none"> • How did you experience each session during the course? (from course description) 	<ul style="list-style-type: none"> • Did you experience a difference in exercises alone, in groups, in plenum? How?
<ul style="list-style-type: none"> • Did you experience a difference in exercises alone, in groups, in plenum? How? 	NA
<ul style="list-style-type: none"> • Was something during the course unpleasant? How? 	NA
<ul style="list-style-type: none"> • Could the lecturers do anything to enhance your participation? What? (exercises, changes) 	NA
<ul style="list-style-type: none"> • Would you recommend the course to other pharmacists? Why/why not? 	NA
Demand (estimated or actual use of the intervention)	
<ul style="list-style-type: none"> • What made you choose to participate in the course? 	NA
<ul style="list-style-type: none"> • Do you need a course to perform New Medicine Service? Why/why not? 	NA
<ul style="list-style-type: none"> • Did you receive input during the course to be used in your everyday practice? Which? 	NA

Interview guide for pharmacists	Interview guide for lecturers
Practicality (the extent to which the intervention can be delivered with constrained resources)	
<ul style="list-style-type: none"> • What do you think about the preparation for the course? (course material, time restraints, read twice) • How was your experience of using literary texts compared to arts like film or paintings? • How did you experience the length of the course? (2 course days, time in-between, half days or long days) 	<ul style="list-style-type: none"> • What do you think about the preparation for the course? (course material, time restraints, read twice) • How was your experience of using literary texts compared to arts like film or paintings? • How did you experience the length of the course? (2 course days, time in-between, half days or long days)
Limited efficacy testing (intermediate outcomes, short follow-up, limited statistical power)	
<ul style="list-style-type: none"> • What do you think of the questionnaire? (demography, frequency for reading, JSE, evaluation, link) • If you were to explain narrative medicine for others, what would you say? • Have you changed your way of meeting the patients? In which way? • Has your interaction with other health care professionals changed? In which way? 	<ul style="list-style-type: none"> • Is there something you would like me to ask the pharmacists about their evaluation of the course? NA NA NA
Closing	
<ul style="list-style-type: none"> • Is there something we have not discussed? • If you think of something, please contact me • Thanks for participation and next steps (analysis, feedback from you, publication) 	

Data analysis

Quantitative analysis

The JSE scores were calculated by reversing the score of reverse score items and summarizing the scores from each item. Each participant had a total JSE score for each of the time points before, after, and later. Descriptive statistics are used for all questions of the demographics and satisfaction questionnaires.

Qualitative analysis

Data analysis was performed in NVivo 12 (QSR International, Melbourne, Australia) using systematic text condensation described by Malterud (Malterud, 2012) and based on Giorgi's psychological phenomenological analysis (Giorgi, 2005). The analysis consisted of four steps. First, an overall impression of the data consisting of transcriptions from interviews and the coherent text from the field notes was discussed to develop preliminary themes. Hereafter, each document was examined line by line by TG to identify meaning units and sort them into codes. Next, codes were grouped into code groups, and all meaning units within each code group were condensed to reflect the content. Finally, the condensates within each code group were synthesised to describe the identified themes. The whole process was conducted as an iterative process and discussed between TG, CR, and UH. The synthesis from the last step was sent to all participants for feedback. Only one input was received, and the participant found the analysis in agreement with what had happened during the course. The cited quotes from the interviews were translated into English. A decision trail was made to keep track of

decisions made during data analysis. COREQ (Tong *et al.*, 2007) was used to qualify the reporting of the qualitative data (Appendix A) to enhance transparency in this study.

Ethics

This study was approved by the Research Ethics Committee at the University of Southern Denmark (approval 20/68028) and the Legal Services at the University of Southern Denmark (approval 10.952). The study was conducted in accordance with the principles of the Declaration of Helsinki (WMA - The World Medical Association-WMA Declaration of Helsinki – Ethical Principles for Medical Research Involving Human Subjects, n.d.). Participants were informed that participation was voluntary, and inclusion was based on written informed consent. Participants gave consent for their data to be published in a scientific journal, securing that efforts would be made to conceal their identity.

Results

The feasibility of the course was assessed using process, quantitative, and qualitative data.

Process data

The invitation was sent during winter 2019 and spring 2020. However, due to the COVID-19 pandemic, the course had to be postponed several times. The course was appointed to 16 pharmacists, of whom nine accepted to participate. Thirteen more pharmacists

were interested but could not join due to the multiple postponements. One pharmacist cancelled before the beginning of the course due to busyness at the pharmacy, and another only attended the first day due to illness, leaving seven pharmacists who participated in both course days.

Results from the quantitative analysis

Table III displays the demographics of the eight pharmacists participating in one or both course days.

All eight participating pharmacists answered the JSE at the time points before and after, but only six pharmacists answered the JSE at the time point later. Figure 1 shows the summated scores for the JSE. The mean summated score before was 108 ± 3.45 , the mean summated score after was 113 ± 4.36 , and the mean summated score later was 106 ± 2.50 . The differences were not statistically significant.

Table III: Demographic data for the eight participating pharmacists

Description	Number (%) or median (range)
Employed in community pharmacy	6 (75%)
Female gender	7 (88%)
Age	36 years (25-55 years)
Frequency of reading literary	
Hardly never	3 (38%)
A few times a year	2 (25%)
A few times a month	3 (38%)
A few times a week	0 (0%)

The results of the satisfaction questionnaire are shown in Figure 2.

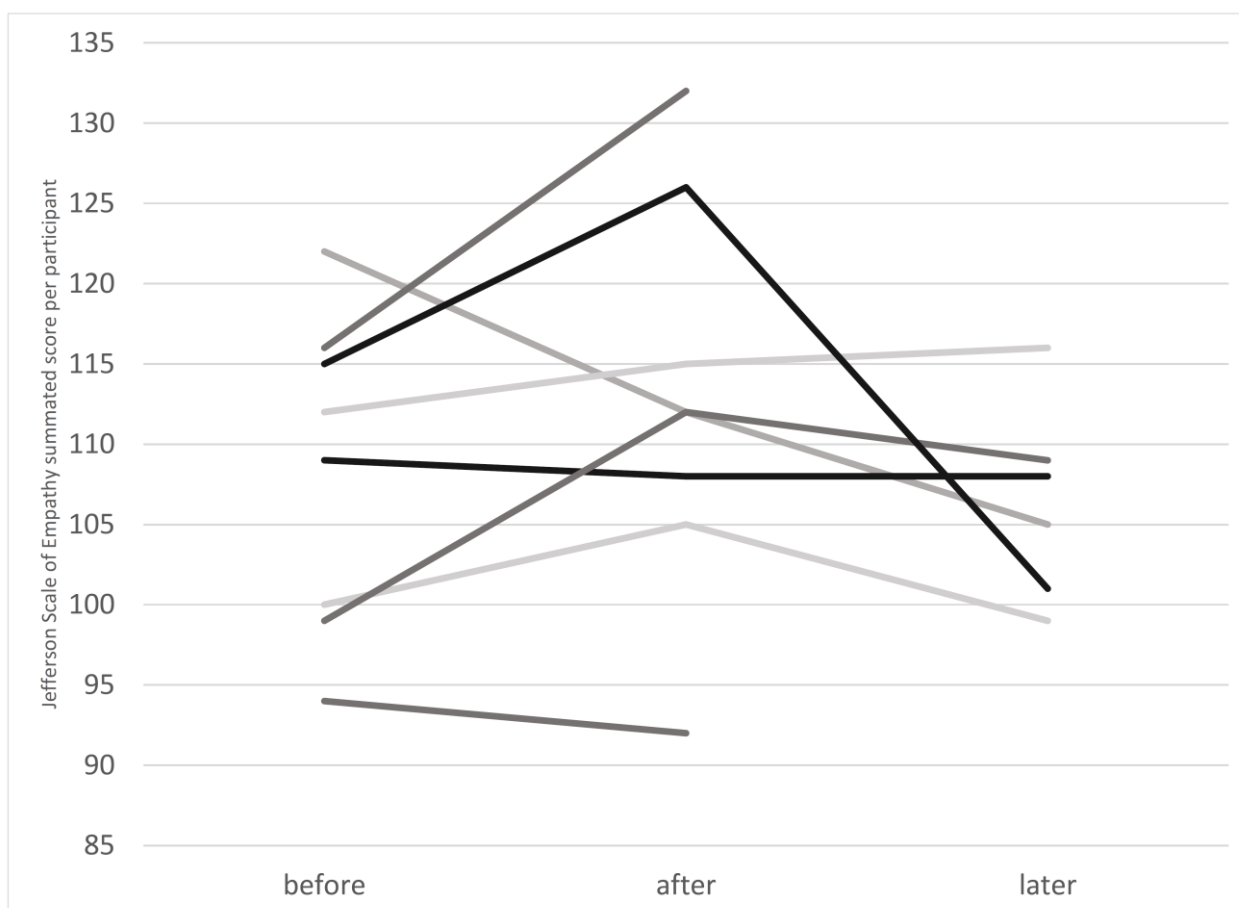


Figure 1: Summated scores from the Jefferson Scale of Empathy for each pharmacist before and after participation in the course and 15-16 weeks later

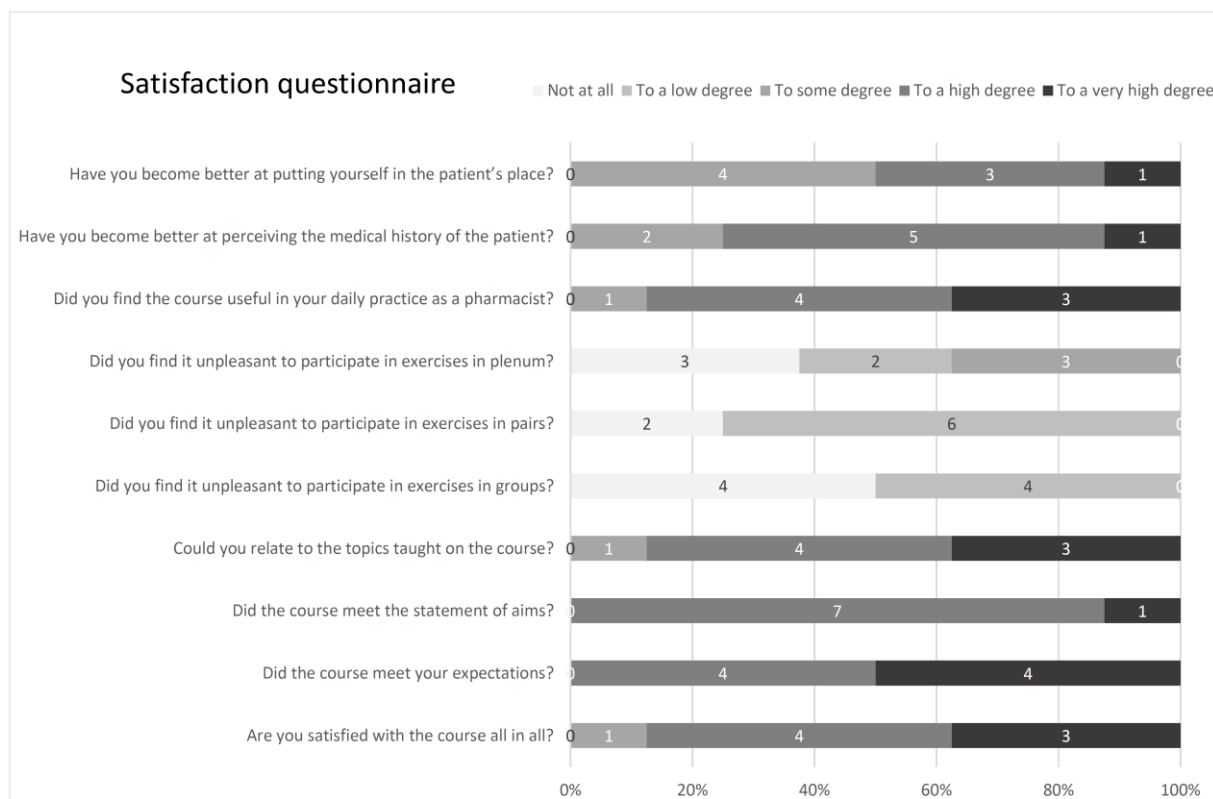


Figure 2: Number and percentage of answers in each category for the satisfaction questions

Results from the qualitative analysis

Three themes emerged from the qualitative analyses: 1) The task of merging separated worlds, 2) The impact according to professional practice, and 3) The fear of opening Pandora's box.

1) The task of merging separated worlds

Meeting arts and humanities

Pharmacists found the course to be quite different from other courses they had attended. Several differences were described, i.e., the topic not being from pharmaceutical sciences, more time to be immersed in the sessions, more personal investment, and more active participation. Moreover, pharmacists were used to handling specific tools, drugs, or diseases during a course, whereas, in this case, they felt like working with a mindset. They stressed out the importance of having time for reflection between the course days to absorb the new mindset, have the possibility to try out the new way of communication, prepare for the next course day, and not to be too overloaded with new information. But the timeframe should not be too long, as the pharmacists would then have to use more time to regain the mindset again on the next course day.

"We are so used to scientific courses or leadership courses and things like that within the pharmacy sector, aren't we, but this was something completely different [...]. Normally you get some specific tools to take with you [...] there would be a sort of guide to how you should do it. So, in this way, I think this is very different because it is more a mindset than an actual way of doing things, I think."
(Pharmacist 1)

Many pharmacists appreciated that the lecturers from the humanities began their teaching by articulating what could be experienced as the merging of two worlds of knowledge gathering. In this way, pharmacists comprehended better as they could laugh together with the lecturers if the gap became too obvious. Furthermore, pharmacists did not feel detached as the lecturers were good at explaining concepts and terminology not formerly present in their vocabulary. They found the course sessions interesting; however, few pharmacists stated that they were exhausted at the end of the day because of many unfamiliar words being used.

Pharmacists had freely volunteered to participate, and the lecturers found that to be an advantage because they might be more open to the horizon of humanities. In the beginning, it was challenging for the pharmacists that there were no correct or false answers, and

sometimes they found it difficult to accept that two contradictory interpretations could be equally plausible. However, they were aware of being biased in their habitual thinking of truths as facts and could even laugh at it. When the actual teaching became too philosophical or analytically complex, some pharmacists found it hard to capture, and most of them found the course to be meaningful, because its methods and pedagogy were far from their comfort zone and tangible at the same time.

The lecturers did not find it very different to teach narrative medicine to pharmacists compared to other health professions. However, they could have used more background information on the pharmacy profession, as they sometimes were in doubt whether their material would fit pharmacists as well. The lecturers noticed that the pharmacists sometimes had more difficulties identifying themselves with the texts compared to other health professions, maybe because pharmacists usually do not have the same level of interactions with patients as nurses and physicians, for instance. The lecturers found it interesting to engage in close reading and creative writing with pharmacists, as people with a different background sometimes catch other details in the texts than one usually does. The pharmacists also found the different perspectives enriching.

Engagement in the sessions

All pharmacists agreed that when building a narrative competency, it was best to start with texts thematising illness and health concerns because they could relate to these texts through their professional work and be touched by it. Furthermore, the texts gave them insight into how patients and relatives can react to getting a diagnosis or starting a medication. On the other hand, they were open to reading literary texts not primarily related to illness or health if they became more experienced with text analysis. Most pharmacists stated that it would be more straightforward to analyse a literary text than a painting or a movie when one has not trained their analysis skills yet. It was somehow easier for them to connect to a text or a movie than to an abstract painting, for instance. Pharmacists mentioned it would be exciting to analyse movies, as they are used to that medium and appreciate it, especially if it contained dialog and body language or dealt with illness in some way.

Most pharmacists were as engaged in the sessions as expected by the lecturers, especially in exercises, even though they were quieter at the end of the day due to exhaustion. When introduced to a creative writing session, some pharmacists had to use a moment to focus their thoughts, but all pharmacists participated in

all exercises. Some pharmacists did not find it inspiring to conduct close reading in a round table style, and they would have preferred to spend more time discussing the text instead. The lecturers found it easy to get some pharmacists to read out loud of their own texts. Most pharmacists stated that the switch between presentations and exercises done in groups, plenum, or pairs worked very well and contributed to keeping their attention throughout the day.

Some of the participants stated that they had chosen a major in natural sciences because they were not fond of reading, writing, and analysing texts in high school. Most pharmacists pointed out that some of the exercises during the course reminded them of high school or even primary school. Many found it interesting to find, test, and build on these narrative skills again, whereas a few found the situation too different or irrelevant to engage in. One stated that the demanded level of analytical skills was higher than expected when selecting the course. Some pharmacists found it unpleasant to read the literary texts aloud because they felt like being in an examination situation. These participants would have preferred if the lecturer had read the text aloud instead.

"Well, I had some flashbacks when we started talking about the different techniques for analysis and how to read the story. But it's because we don't work with this normally, and then you try to relate it to something you know, and then high school is what comes closest. But it didn't make it less relevant; it's just a matter of making an analogy to something recognisable." (Pharmacist 5)

Acceptance of the course

Pharmacists said they felt safe as they only were a small group with a relaxed atmosphere, so no questions were too stupid to ask. During the days, participants got to know each other and were thus more willing to speak out. Especially on course Day 1, the lecturers did not find the activity in the plenum as high as anticipated. However, on course Day 2, pharmacists were ready from the start because they knew what to expect from the course. It took less courage for some of them to tell a personal story when they were working in pairs compared to the plenum, as it felt more intimate. Pharmacists appreciated working in pairs with the same person throughout the first day of the course and working with a different person the next day of the course to gain new input.

Pharmacists found all sessions to be relevant and did not want the course to be shorter. Indeed, a few stated that it would have been helpful to have an extra course day after some months to see if the achieved mindset was still retained. But it was difficult for them to get

away from a tight working schedule to participate in the course, and an extra day would have made it even more difficult.

The amount of preparation for the course was perceived as good, even though some pharmacists found it hard to find time to read all the material. Many pharmacists found the texts from the anthology about health and illness very interesting and relevant, even more than they had expected. Most pharmacists had only read the literary texts as preparation and just browsed through the scientific literature. But some also stated that they appreciated the scientific literature because they are used to this kind of literature and because they could keep it for a later recap. As preparation, the pharmacists had only read the literary texts once because this is how they are used to reading scientific texts. However, the lecturer would have liked the pharmacists to read the short texts two or several times as preparation to go beyond the point of confusion and start reflecting on these texts. The pharmacists reported that they read the texts more intensely for the second course day, as they now knew the demands for close reading. Some also stated that they had new input when the texts were read aloud but wondered if they would have had the same insights if they had read the texts again on their own. The lecturers agreed that for future courses, it would be helpful to describe how to read the literary texts to be prepared better for the close reading sessions.

Pharmacists found the JSE questionnaire relevant and easy to complete; however, they were distracted by the formulation of the questions with inverse scoring (e.g., contained a negation), which could have caused some filling mistakes. Furthermore, they were not convinced that a questionnaire about empathy would reflect the learning and realisations they had achieved during the course, which would be better explored by interviews. One stated that she could have had the same score after the course, despite an improvement in her empathy, because she was not aware of the meaning of the questions before the course. A few pharmacists reported that they deemed it safer ticking off the questions after the course because they believed the empathetic approach to patients was best. Some pharmacists stated that although they felt their empathy was increasing, they still doubted whether patients would benefit from it.

"I think there is always like a reservation, like what if? And as we discussed during the course, will it increase the patients' safety in relation to medication? Well, we can't basically guarantee that, but we can do our best to make it happen [...] I always feel like this about a questionnaire; there will

always be a reservation; I mean, what are the particulars?" (Pharmacist 7)

2) The impact according to professional practice

Relevance of the course

Pharmacists stated that many of their colleagues were interested in the course, but others were more sceptical about the matter. Most pharmacists would like to present highlights from the course at a staff meeting at their pharmacy. Hospital pharmacists found this course highly relevant for them as well, as they have more time with the patient during medication interviews than community pharmacists usually have during counselling at community pharmacies. Many pharmacists had advertised for the course both at their place of employment and via social media because they found it relevant to other pharmacists. However, some mentioned that it might be a barrier to participation if one dislikes reading literary texts.

When pharmacists became aware that medical students are taught narrative medicine at the University of Southern Denmark, some proposed that it should also be a part of the pharmacy curriculum. Most agreed that it might be an elective module during the master's in pharmacy, as the course would not be relevant for pharmacists working in the production of pharmaceuticals. Otherwise, the course could be offered as postgraduate education for pharmacists working in community and hospital pharmacies because the pharmacy curriculum is quite dense already. The pharmacists suggested that this course in narrative medicine should be recommended when one gets employed to enhance the professional competency in pharmacies.

Pharmacists found the course helpful not only for conducting the New Medicine Service but also in their usual counselling at the counter. They also believed that pharmaconomists would benefit from participating in the course because they do a lot of patient counselling at the counter as well, even though they acknowledged that pharmaconomists are more trained in communication than pharmacists during their education.

"Well, we are talking a lot about New Medicine Service, but I think it's also relevant for counselling at the counter. And it doesn't need to be for the pharmacist, what about the pharmaconomist? So, I think that this is something the pharmacy needs in general. And now that you have talked about the physicians having this as part of their curriculum, I think actually it should be part of ours as well." (Pharmacist 2)

Perceived benefit

Among the reasons for joining the course, pharmacists mentioned getting new knowledge, having a new perspective on patient involvement, performing better medication counselling, participating in a research project, understanding the patients and their needs, performing better at letting the patient set the agenda, getting some feedback, and curiosity. Many pharmacists had previously requested specific courses about communication with patients during New Medicine Service but found none that could meet their requirements in their regular catalogue.

"Well, there aren't many courses about talking to people, I mean the actual conversation, and this empathy that it's also about, right." (Pharmacist 4)

Most pharmacists felt that their education in patient communication and patient involvement was sparse, and some believed they had been greeted with the assumption they could learn things like communication by themselves because they were pharmacists. The preparation for conducting New Medicine Service differed, as some pharmacists had no training and were merely learning by doing, whereas others learned by observing counselling sessions provided by their colleagues. Some pharmacists believed they lacked training in communication before offering the New Medicine Service themselves, but most felt their counselling improved as their experience grew. However, a few reported that medication counselling was conducted too differently across pharmacies and therefore suggested a mandatory basic education, for instance, this course in narrative medicine before being allowed to offer the New Medicine Service.

Changing a professional practice

In general, pharmacists found that the most relevant sessions were those they could relate directly to their professional practice. Some felt that their medication counselling changed focus after the course, becoming more attentive to patient stories and trying to let the patient guide the counselling to a higher degree. Some pharmacists did not see a difference after attending the course but believed this might be due to a high level of empathy beforehand.

After the course, some pharmacists tried to write about their medication counselling sessions at the pharmacy, seen from the patient's perspective and felt it gave them a valuable insight into the patient experience. They intend to use this approach from now on.

"It was something I would like to continue working with, to try to write these summaries, both of my own experience and of what the costumer might have thought, to try to put myself in the costumers'

place. If these get more aligned in the long term, then I must have changed, I must have had a better understanding of the costumer." (Pharmacist 6).

Other pharmacists intended to use this exercise with colleagues at the pharmacy for their mandatory professional quality assessment. Many pharmacists expressed the will to change their performance of the New Medicine Service, e.g., changing the guide they use during the counselling (as they felt this does not take the patient perspective into account) and writing a summary of the dialogue closer to the patient's story. Some also mentioned that it would be interesting to add some questions equivalent to the JSE in their current form for patients' evaluation of the New Medicine Service.

During the course, pharmacists experienced how more reflections came to their minds when not being interrupted in telling their stories, and some pharmacists would implement this in their medication counselling. One pharmacist reported that during medication counselling, she had tried not to ask a new question if the patients paused in their story and that this had disclosed some information probably not revealed otherwise. A few other pharmacists stated that they had become more aware of how they describe the patient in the patient record.

Many pharmacists felt that the course did not reveal how to conduct the perfect New Medicine Service, but it broadened their horizons and made them consider how to include the patient to a higher degree.

3) The fear of opening Pandora's box

Fear of getting too personal

Most pharmacists articulated that many of the texts were quite emotional for them, both the excerpts of literary fiction and the texts they were to write themselves. Some found it unpleasant to tell a personal story about an important decision in their lives, for example, whereas others had no problem sharing their thoughts and liked these affections being addressed.

"It was clear that everybody knew we were here to talk about those feelings, and people were also ready to take this step, even though it could seem like a barrier to start with" (Pharmacist 3).

Some revealed that during an exercise, they started writing about an experience that became too personal but then felt free to choose another matter to write about. Pharmacists believed that these exercises made them aware of how unpleasant it can be for patients to tell very personal things about their illness and made them more aware of being open-minded and listening carefully to the patients.

Fear of letting the emotions out

Some pharmacists believed it would take a lot of courage to use the new insights from the course in their counselling, but they acknowledged the importance of considering how the patient felt about their medication and daily medication routine. Some pharmacists were still not entirely accustomed to offering the New Medicine Service, and some reported that the technical and pharmacological parts were easy but listening to the patient and their worries was difficult. A few pharmacists did not feel comfortable going into a separate room with the patient during counselling, as they feared they could not answer all the patient's questions, and it would not be as easy to ask for help from colleagues as when the counselling was at the counter. But they felt more encouraged to perform the counselling in a quiet room after the course.

Pharmacists expressed that they were not used to handling the emotions of patients, apart from a few angry customers now and then. Many pharmacists still feared what emotions they could ignite by showing more empathy towards the patients and whether they were able to handle these emotions. They felt they would need to offer some solution if the patient had anxieties about their medication use. However, during the course, pharmacists had the insight that sometimes they could support the patients simply by listening to whatever troubled them about their illness and medication. Furthermore, most pharmacists had formerly seen the New Medicine Service as an opportunity to provide the patient with a lot of pharmaceutical information, whether or not the patient could hold this information. But they also found that the outcome of medication counselling could also be to make patients feel more confident about their medical treatment. This finding made some pharmacists realise that they could offer the New Medicine Service to patients other than usual, despite having had the feeling they could not contribute to anything pharmacological for these patients.

"But oh, I think it is difficult, because what can I offer the costumer, if I engage with their feelings? Because then I think I need some sort of solution [...]. But the course has taught me that just to engage with their feelings can be of value for the costumer."
(Pharmacist 8)

Fear to be left alone

It was important for the pharmacists to discuss the new perspectives learned during the course with other colleagues; therefore, they wanted to participate in such a course together with colleagues from the same pharmacy.

Many pharmacists articulated that they were uncertain about how to keep up this new mindset in the future. Most intended to read the complete anthology of texts about health and illness used during the course. Some asked for a list of recommended books they could read as a sort of self-study course afterwards. Others suggested a reading group where pharmacists could meet up and discuss artwork using the methods learned in the course. They feared being left on their own with this new perspective when meeting the patient because its significance might fade if not maintained and going back to doing as usual after a while.

"I am a little nervous and afraid that it will fall into oblivion. Because we are not from the same pharmacy, so we don't have someone to hold hands with, you are just alone out there, and at last you will go back to your usual behavior." (Pharmacist 2)

Summary of the feasibility from process, quantitative and qualitative data

The feasibility was assessed using these six parameters:

1. Acceptability: The course was well accepted by the participants, although some exercises were experienced as unpleasant or irrelevant.
2. Demand: The participants had a strong demand for a course as preparation for medication counselling, and the pharmacists also suggested the pharmaconomists as recipients for this course.
3. Implementation: The course was well implemented, although its capacity was not fully used.
4. Practicality: The length of the course was appropriate, but some pharmacists would have liked an extra course day after a few months. The preparation for the course was acceptable, but some found it hard to find time for preparation.
5. Adaptation: The title of the course was changed to make it more relevant and attract more participants. The criteria for participating were changed, as the course was deemed appropriate for more pharmacists than initially planned.
6. Limited efficacy testing: The pharmacists believed they had a benefit for the course, and they found the questionnaire relevant and acceptable to complete. All eight pharmacists completed the questionnaire at the time points before and after, but only six pharmacists completed the questionnaire at the time point later.

Discussion

Statement of key findings

In this feasibility study, a 2-day course in narrative medicine was organised, where eight pharmacists participated. The pharmacists were primarily from community pharmacies; they were 25-55 years and were mostly not used to reading literary texts every month. Their self-evaluated level of empathy tended to increase after the course and decrease after a few months, but there were too few participants to reach a significant result. The pharmacists were generally satisfied with the course; they found it interesting, yet different from what they were used to, and helpful in their daily practice. However, they still have doubts whether they could introduce the new knowledge in their patient counselling.

The results in relation to other studies

It can be questioned if a short course of 16 hours would change the communication practice of pharmacists. However, a study from Japan has shown that community pharmacists can become more empathetic and have more satisfied patients after eight hours of simulation training (Tanuma *et al.*, 2019). The pharmacists in this study intended to change their practice, but whether this was achieved was not measured.

A recent systematic review about medication review and the New Medicine Service at the community pharmacy found that pharmacists were reluctant to discuss patient illness and did not give patients the opportunities to ask questions (Stewart *et al.*, 2020). In this study, pharmacists wanted to engage in discussions about patient experiences with their daily life with medications, but they were in doubt about how to do it and what would happen if they let the patients talk about emotions. A similar concern was found in an interview study with community pharmacists, who expressed reluctance to discuss health behaviour advice with patients because they felt that patients might react negatively (Morton *et al.*, 2015).

Most pharmacists in our study expressed the need for further communication training before conducting the New Medicine Service and that a course in narrative medicine could counter this request. This finding is in contrast with the results of a focus group study showing that pharmacists emphasised the importance of communication skills to conduct the New Medicine Service but did not need training in communication as they were used to giving medication counselling (Wells *et al.*, 2014).

Strengths and limitations

The primary strength of this study is that the course in narrative medicine is evaluated following Bowen's guidelines for feasibility studies (Bowen *et al.*, 2009), thereby assessing many different aspects of the feasibility of the course. Furthermore, qualitative data were collected by observation, text, and interviews, leading to a deeper understanding of the phenomenon.

A limitation of the study is that the course capacity was not fully utilised. It was hard to find enough pharmacists to participate in the course, which could be due to a series of postponements. Furthermore, it is expected to be even harder to recruit pharmacists should the course be delivered at regular fees, as in this study, it was offered for free.

This study aimed to evaluate if a course in narrative medicine could be feasible for community and hospital pharmacists but did not measure whether this course would have an impact on patient counselling at the pharmacies. Since more emphasis is being placed on the patients' perspective, it is essential to measure if the patients benefit from the education of pharmacists. However, this variable falls out of the scope of this study.

Implications for practice

Pharmacists reported that some colleagues might be hesitant to participate in the course if they disliked reading literary texts. However, most participating pharmacists were not used to reading and yet found close reading usable as long as the sessions were guided by experienced lecturers. In the beginning, pharmacists found it challenging that literary discussions do not rely on verification or falsification. However, they accepted this paradigm for the course and could relate it to their practice, where subjectivity and relativity are omnipresent.

When Rita Charon teaches narrative medicine, she prefers to read texts about time, space, life stories or nature rather than illness and health. However, this study found it effective to begin with texts about illness and health, which pharmacists could relate to. The pharmacists did not dismiss the idea of reading other texts if only they were guided in the discussions by an experienced lecturer.

The pharmacists perceived the course as relevant, offering a new perspective on patient counselling. However, as stated by some participants, patient counselling occurs at every meeting at the counter for both pharmacists and pharmaconomists. Research has shown that pharmaconomists also provide patient counselling and identify drug-related problems at the community pharmacy (El-Souri *et al.*, 2020). Therefore,

the course in narrative medicine would also be relevant to pharmaconomists and target all counselling and dialogues with patients. This point hits a nerve in patient-centred care in healthcare, in general. The combination of knowledge from natural and humanistic sciences enhances the professional skills of the pharmacist and pharmaconomist and hopefully benefits the patient.

Further research

Future research should examine whether a course in narrative medicine can enhance empathy in pharmacists and change their counselling practice after participating in such a course. Furthermore, it would be paramount to evaluate if the patients feel that medication counselling provided by pharmacists improved after taking the course in narrative medicine.

Conclusion

The 2-day course in narrative medicine for community and hospital pharmacists was feasible on all assessed parameters, even though the course capacity was not fully utilised. An elective course in narrative medicine as continued education for pharmacists could potentially improve pharmacists' medication counselling for patients. Yet, the results should be tested in larger-sample studies, including patient-reported outcomes, to provide distinct evidence of eventual effects.

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Conflict of interest

The authors declare no conflict of interest regarding the publication of this paper.

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Appendix A: Information on reporting according to the consolidated criteria for reporting qualitative research (COREQ)

Information on reporting according to the consolidated criteria for reporting qualitative research (COREQ)	
Domain 1: Research team and reflexivity	
Personal characteristics	
Interviewer/facilitator	Trine Graabæk
Credentials	Pharmacist, PhD
Occupation	Health Services Researcher
Gender	Female
Experience and training	Previously carried out ethnographic research including observation, semi-structured interviews, and focus group interviews in both hospital and community settings.
Relationship with participants	
Relationship established	The pharmacists and lecturers met the interviewer during the course in narrative medicine, where informal conversation was carried out. The interviewer did not participate as a lecturer on the course, but more as a participant.
Participant knowledge of interviewer	One of the pharmacists knew the interviewer from former collaboration. Otherwise, the interviewer was presented as a pharmacist interested in communication research.
Interviewer characteristics	The interviewer had the presumption that narrative medicine could enhance the empathy of the pharmacists. The interviewer was aware of never stating what was wrong and what was right in the participants experiences.
Domain 2: Study design	
Theoretical framework	
Methodological orientation and theory	We used a hermeneutic-phenomenological approach, where the phenomenology openly seeks experiences of the phenomenon from the perspectives of the participants and the hermeneutic uses the preunderstandings of the researchers to interpret the explored experiences. The analysis was performed by systematic text condensation according to Malterud (see methods section).
Participant selection	
Sampling	Purposive sampling.
Method of approach	Pharmacists were invited via email and announcements on webpages (see methods section).
Sample size	8 pharmacists, of whom 1 pharmacist only participated in the first course day, and 4 lectures.
Non-participation	1 participant cancelled before the beginning of the course (also see results section).
Setting	
Setting of data collection	Online focus group interviews (see methods section).
Presence of non-participants	None.
Description of sample	The pharmacists had a median age of 36 years, 6 were employed in community pharmacy, and 7 were female. The lectures were all employed at University of Southern Denmark, Department for the Study of Culture
Data collection	
Interview guide	The semi-structured interview guide was developed based on previous literature and consisted mostly of open-ended questions, see methods section. The interview guide was not piloted.
Repeat interviews	No interviews were repeated.
Audio/visual recording	Interviews were audio recorded. The transcription was carried out by one research assistants, and the transcripts were checked for accuracy according to the audio records by the interviewer.
Field notes	The interviewer made field notes during the interviews and observations.
Duration	The 5 interviews had a duration of 23 minutes, 30 minutes, 57 minutes, 69 minutes and 91 minutes.
Data saturation	Data saturation was not discussed. However, it is presumed that sufficient data was collected to reveal the themes in the analysis.
Transcripts returned	The transcripts were not returned to the participants, but the synthesis of the analysis was returned to the participants for comments.
Domain 3: Analysis and findings	
Data analysis	
Number of data coders	One (the interviewer).
Description of coding tree	Codes were grouped in code groups, which were organized in subthemes and arranged in main themes (see methods section).
Derivation of themes	Themes were derived inductively from the collected data.
Software	NVivo 12 (QSR International, Melbourne, Australia)
Participant checking	Participants did provide feedback on the findings.
Reporting	
Quotations presented	In order to illustrate the findings, quotations are presented in the paper together with the identification of the participant.
Data and findings consistent	There is consistency between the data presented in the paper and the findings.
Clarity of major themes	Major themes (main themes) are clearly presented in the paper.
Clarity of minor themes	Minor themes (subthemes) are clearly presented in the paper.