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A Skopos Theory Guided Comparative Analysis of Traditional and Symbol Based Discharge Prescriptions for Adult Illiterate Patients at Bashir Institute, Islamabad

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ABSTRACT

This study investigates the understanding of discharge prescriptions among adult illiterate patients at Bashir Institute of Health Sciences in Islamabad, focusing on how traditional handwritten and symbol-based prescriptions affect patient comprehension and medication adherence. Guided by Skopos Theory, which frames communication according to its intended purpose, the study examines differences in clarity, usability, and effectiveness of prescription formats and how they influence patient confidence and adherence to treatment. In traditional prescriptions, patients often struggle with abbreviations, medical terms, and dosage instructions, leading to confusion and potential medication errors. In contrast, symbol-based prescriptions use simple visual cues, numbers, and sequencing icons to improve comprehension and make instructions easier to follow. The study finds that symbol-based prescriptions enhance understanding and reduce patient anxiety while supporting healthcare staff in delivering instructions more efficiently. These findings highlight the important role of purpose-driven, multimodal communication in improving patient safety and adherence. This research contributes to a better understanding of how symbols and visual aids can support adult illiterate patients, offering insights for developing more effective patient-centred communication strategies in hospitals.

Keywords: *Symbol-based prescriptions, illiterate patients, healthcare communication, medication adherence, visual aids, patient safety, multimodal communication, Skopos Theory, Islamabad*

INTRODUCTION

Language plays a crucial role in healthcare communication, particularly when patients are required to follow medication instructions accurately (Nutbeam, 2000). Discharge prescriptions function not only as lists of medicines but as essential guidance on how, when, and in what quantity medications should be taken after discharge**.** In many Pakistani hospitals, prescriptions are handwritten in English or Urdu, which makes them difficult to interpret even for literate patients (Schenker et al., 2011). Illiterate adult patients experience even greater challenges, as they cannot read any part of the prescription and must rely entirely on verbal explanations (Doak et al., 1996). Verbal explanations are easily forgotten, which may result in missed doses, incorrect administration, and unsafe medication practices (Flores, 2005). Improving communication in such contexts is therefore critical. Visual support, including symbols, numbers, and simple pictorial cues, has been shown to improve comprehension for low-literacy patients (Houts et al., 2006). However, there is limited research in Pakistan on the use of simplified symbol-based prescription formats for adult illiterate patients. This study addresses this gap by examining how illiterate adults at the Bashir Institute of Health Sciences understand symbol-based medication instructions compared to traditional handwritten

prescriptions and by exploring healthcare staff perceptions of these formats.

Problem Statement

Language plays a crucial role in shaping access to essential services, including healthcare. In medical settings, the language and format of prescriptions go beyond simple instruction-giving and serve as important tools that determine whether patients can safely follow their treatment. However, traditional handwritten prescriptions often contain complex medical terminology, and unclear handwriting frequently prevents illiterate patients from fully understanding their medication instructions. This gap in comprehension can lead to misuse of medicines, potential health risks, and reduced effectiveness of treatment.

Despite the importance of this issue, limited research has explored how prescription communication affects illiterate patients' understanding in Pakistan, particularly in Islamabad. Therefore, this study aims to address this gap by focusing primarily on adult illiterate patients' perceptions of traditional versus symbol-based prescriptions. Additionally, it incorporates healthcare staff insights to better understand the practical implications of these communication methods.

Research Questions

1. How do adult illiterate patients at Bashir Institute of Health Sciences understand symbol-based discharge prescriptions compared to traditional handwritten prescriptions?

2. What are healthcare staff's perceptions of symbol-based discharge prescriptions for illiterate adult patients at Bashir Institute of Health Sciences?

Research Objectives

1. To examine how adult illiterate patients at Bashir Institute of Health Sciences understand symbol-based discharge prescriptions compared to traditional handwritten prescriptions.

2. To explore healthcare staff's perceptions of symbol-based discharge prescriptions for illiterate adult patients at Bashir Institute of Health Sciences.

Significance of Research

This study addresses a critical gap in healthcare communication by exploring how symbolbased prescriptions can improve medication adherence among adult illiterate patients. The findings are expected to provide practical insights into which visual aids best help patients understand their medication instructions. These insights can guide healthcare staff training and inform hospital policies to develop more effective, patient-centred discharge instructions. Ultimately, the study aims to contribute to enhancing patient safety and improving public health outcomes in Islamabad.

An Overview of Methodology

This study used a qualitative, observational design guided by Skopos Theory. Skopos Theory views communication as a purpose-based activity in which the form of a message should match its intended function (Vermeer, 1978; Nord, 1997). In this study, the discharge prescription is treated as a

communicative action whose main purpose is to help illiterate patients safely understand their medicine. The study compares how patients understand traditional handwritten prescriptions with how they understand the symbol-based version. Semi-structured interviews were conducted with four adult illiterate patients (two men and two women) and three healthcare staff members (one doctor, one nurse, and one pharmacist) at Bashir Institute of Health Sciences in Islamabad. Data were analyzed using Thematic Analysis to identify patterns in patient understanding and staff perceptions of symbol-based prescriptions, following Braun and Clarke's (2006) approach. The research design focuses on the purpose of communication and on adapting instructions to the needs of the target audience, which aligns fully with the principles of Skopos Theory.

Limitation or Delimitation of the Research

This study focuses only on adult illiterate patients at one hospital in Islamabad, which limits the generalizability of the findings to other hospitals or populations. It considers only basic symbol- based prescriptions and does not test complex medication regimens. The sample size is small, which may limit the strength of conclusions, but it is suitable for an in-depth qualitative study.

Chapterization of the Research

Chapter 1 presents the introduction, problem statement, research questions, objectives, significance of the study, an overview of the methodology, limitations, and the chapter outline. Chapter 2 reviews the relevant literature on health communication, barriers in understanding written prescriptions, multimodal strategies, and Skopos Theory. Chapter 3 explains the full research methodology, including the research design, theoretical framework, population, sample, sampling technique, data collection, data analysis, and ethical considerations. Chapter 4 provides the data analysis, highlighting themes developed through Thematic Analysis and comparing the understanding of handwritten versus symbol-based prescriptions. Finally, Chapter 5 presents the conclusions drawn from the study and offers recommendations for improving symbol-based discharge communication in hospitals.

LITERATURE REVIEW

Health Literacy and Challenges in Prescription Understanding

The literature on health communication, translation, and visual/multimodal supports shows that written prescriptions pose a real risk for patients with low literacy and that alternative, purpose-driven communication formats can reduce medication errors. Health literacy was defined and problematised as a public-health concern by Nutbeam, who argued that patients' ability to obtain, process, and understand basic health information is essential for effective care (Nutbeam, 2000). When patients cannot read prescription labels or clinical notes, they become vulnerable to misunderstanding instructions and making dosing errors, which can worsen health outcomes. Studies in clinical settings found that limited literacy was associated with poorer understanding of drug names, dosages, and timing, and with increased risk of adverse events (Schenker et al., 2011; Flores, 2005).

Medication Errors and Limitations of Text-Only Instructions

Research on medication errors and patient safety has repeatedly shown the limits of textonly communication. Flores (2005) reviewed clinical interpreting and noted that communication failures in multilingual and low-literacy contexts could lead to misdiagnosis and improper medication use. Similarly,

Schenker et al. (2011) demonstrated that patients with limited reading ability had more difficulties understanding prescriptions and discharge instructions, even when interpreters were present. These studies established that improving the form of information delivery, not only its content, is essential to reduce preventable errors and to support safe adherence.

Pictorial and Multimodal Aids in Healthcare Communication

A substantial body of evidence supports the use of pictorial and multimodal aids to improve patient understanding. Doak, Doak, and Root (1996) argued that health materials for low-literacy audiences must rely on plain language and supportive visuals. Houts and colleagues reviewed experimental and field studies and concluded that pictures improved patient attention, comprehension, recall, and adherence to instructions when used correctly and culturally appropriately (Houts et al., 2006). These findings were relevant to prescription design because simple, tested icons (for time of day, pill quantity, and duration) provided redundant cues that compensated for the lack of text comprehension. Research also emphasised the need to pre-test icons with the target population, since symbol interpretation varied across cultural and regional groups (Doak et al., 1996; Houts et al., 2006).

Skopos Theory and Purpose-Oriented Medical Communication

Translation studies theory provided conceptual tools for adapting medical instructions to the needs of illiterate patients. Skopos Theory, introduced by Vermeer (1978) and developed further by Reiss and Vermeer (1984) and Nord (1997), frames translation as a purpose-oriented activity: the form and choices of the translator should be governed by the communicative aim. In health contexts, the primary skopos is patient comprehension and safety, which justifies translation or transformation strategies that depart from literal equivalence in favour of functional clarity. Toury's descriptive approach (Toury, 1995) complemented this perspective by encouraging empirical observation of translation practices and norms in situ, which matched the observational design of the present study: actual practice and user response were more important than abstract prescriptive rules.

Interpreting, Multimodality, and Patient Understanding

Research on interpreting and mediation in healthcare settings emphasised the interactional and multimodal nature of clinical communication. Pöchhacker (2004) argued that healthcare interpreting was a socially sensitive domain where accuracy and pragmatics mattered equally. Wadensjö's work (1998) on interactional interpreting showed how meaning was negotiated in triadic encounters (patient, provider, interpreter) and how nonverbal cues and contextual framing shaped outcomes. These studies supported the choice of an observational interview design for the current research because they showed that real-time interaction and small behaviours (pointing, showing symbols, repeating cues) strongly influenced patient comprehension.

Thematic Analysis and Qualitative Approaches in Health Communication

Methodological literature supported the use of observational qualitative designs and Thematic Analysis for interview data. Braun and Clarke (2006) described thematic analysis as a rigorous, transparent method suitable for identifying patterns in qualitative data and for linking findings to theoretical frameworks. Many recent qualitative health communication studies have used thematic analysis to interpret interview and observational data (Braun & Clarke, 2006). The present study, therefore, used Thematic Analysis to move from raw interview notes and observations to coherent themes such as "confusion with handwritten

prescriptions," "recognition of timing symbols," and "practical feasibility of symbol labelling," thereby preserving participants' voices while producing analytically useful categories.

Despite the positive results reported in studies using pictorial aids and functional translation approaches, an important gap remained in the literature. Many studies have focused on improving written prescriptions, plain-language instructions, or translated text, but very few have tested simple symbol-based prescription formats for adult illiterate patients in Pakistan. Existing research rarely examines how basic and culturally familiar symbols can help patients who cannot read either English or Urdu. In addition, only a limited number of studies connect these communication methods with Skopos Theory, which focuses on purpose-based and audienceoriented communication in healthcare. These gaps made it necessary to conduct the present observational study at the Bashir Institute of Health Sciences, where symbol-based prescription ideas were explored through patient interviews and staff feedback.

In summary, the literature established that limited literacy creates serious barriers to safe medication use, that pictorial and multimodal communication can improve comprehension, and that Skopos Theory offers a theoretically sound rationale for designing purpose-driven translations of medical instructions. Observational qualitative methods and Thematic Analysis were recognised as appropriate tools to explore real-world responses to symbol-based prescriptions. These findings informed the research design, the selection of symbols, and the analytical approach used in this study.

RESEARCH METHODOLOGY

This chapter explains how the study was planned, how participants were selected, how data were collected, and how the findings were analysed. The main purpose of this study was to explore how illiterate adults at Bashir Institute of Health Sciences understand traditional handwritten prescriptions and whether symbol-based and multimodal aids can improve medication comprehension and adherence.

Research Design

This study adopted a qualitative observational design. This design was chosen to explore the real experiences of illiterate patients and the perspectives of healthcare staff in a natural hospital setting (Braun & Clarke, 2006). It allowed the researcher to observe actual difficulties in reading handwritten prescriptions and to examine participants' responses to a symbol-based intervention.

Theoretical Framework

This study is based on Skopos Theory, a functionalist translation theory proposed by Hans Vermeer (Vermeer, 1978). Skopos Theory emphasizes that the success of any communication depends on its purpose or "skopos" (Nord, 1997). This makes it particularly relevant to healthcare communication, especially in situations where traditional text-based prescriptions may not work effectively for patients who cannot read (Houts et al., 2006). In this study, discharge prescriptions are treated as a communicative act with the primary goal of ensuring that patients understand their medication instructions accurately and safely. The focus is therefore on the practical outcome of whether patients can correctly identify their medicines, dosage, timing, and duration rather than strictly adhering to the original written text (Doak et al., 1996). This functionalist approach supports the use of multimodal communication, such as symbols, diagrams, and pictograms, which help bridge understanding gaps for adult illiterate patients.

Applying Skopos Theory justifies the use of symbol-based prescriptions as a practical intervention to

overcome the challenges posed by illiteracy (Vermeer, 1978; Nord, 1997). By emphasizing the intended outcome of patient comprehension and safety, this theoretical framework guides the comparison between traditional handwritten and symbol-based

prescriptions. Overall, grounding this study in Skopos Theory allows a focused exploration of how the purpose of communication determines the effectiveness of medication instructions, ultimately contributing to improved adherence, patient safety, and health outcomes.

Population

The population included adult patients at Bashir Institute of Health Sciences who reported difficulty reading handwritten prescriptions. Healthcare staff involved in prescribing, dispensing, or explaining medications were also included to provide professional insights into patient understanding and the feasibility of symbol-based instructions.

Sample

The study sample consisted of seven participants. Four illiterate adult patients (two women and two men) who experienced challenges with handwritten prescriptions were selected. Three healthcare staff members (one doctor, one nurse, and one pharmacist) who were directly involved in the prescription process were also included. All participants had direct experience with prescriptions and could provide meaningful insights.

Sampling Technique

Purposive sampling was used to select participants with direct experience of the research problem (Braun & Clarke, 2006). Illiterate patients were chosen for their difficulty with handwritten prescriptions, while healthcare staff were selected for their professional experience in prescribing and explaining medications. This ensured that all participants could provide relevant and insightful data aligned with the research objectives.

Data Collection

Semi-structured interviews were used to collect data from patients and healthcare staff. This method was chosen because it allows the researcher to ask prepared questions while also giving flexibility to ask follow-up questions when needed (Braun & Clarke, 2006). The interviews helped explore patients' difficulties with handwritten prescriptions and their understanding of symbol-based instructions. The researcher used two interview guides, one for patients and one for staff, and conducted all interviews face-to-face at Bashir Institute to ensure accuracy and completeness.

Data Analysis Procedure

Data were analysed using Thematic Analysis, which is appropriate for identifying patterns and themes in qualitative data. The process involved reading interview notes multiple times, highlighting meaningful statements, grouping related ideas, and generating final themes. Key themes included patients' difficulties with handwritten prescriptions, enhanced understanding using symbol-based instructions, and healthcare staff perceptions of feasibility and usefulness. The symbol table presented in the Analysis chapter was created after the interviews to reflect the symbols explored with participants.

Ethical Considerations

Ethical principles were strictly followed throughout the study. Approval was obtained from Bashir Institute of Health Sciences before conducting the interviews. All participants were informed of the study's purpose and participated voluntarily. No personal identifiers were recorded, and participants were free to withdraw at any time. Data collected were used solely for academic purposes, and full confidentiality was ensured throughout the research process.

DATA ANALYSIS

Introduction

This chapter presents the findings from the interviews conducted with five adult illiterate patients and four healthcare staff members (one junior doctor, one nurse, and two pharmacists) at Bashir Institute of Health Sciences, Islamabad. The purpose of this chapter is to show how patients understood handwritten prescriptions, how they understood the new symbol-based version, and what healthcare staff thought about using symbols for illiterate patients. The analysis was done using Thematic Analysis, which helped identify common ideas, problems, and patterns in the interview responses.

Themes of Patient Interviews

Difficulties with Handwritten Prescriptions

The interviews showed that all five illiterate patients had major difficulty understanding handwritten prescriptions. They could not read the words, medical terms, or abbreviations written by doctors. They did not understand dosage, timing, or duration. Even when staff explained verbally, patients said they often forgot the instructions after going home. Many patients felt worried, confused, and scared that they might take the wrong medicine. This shows that traditional handwritten prescriptions were not useful for illiterate patients and did not support safe medicine use.

Improved Understanding Through Symbol-Based Prescriptions

When shown with the symbol-based prescription, patients understood the instructions much better. The symbols were simple, familiar, and easy to recognize. The following results were observed:

- Sun symbol (morning dose): understood immediately.
- Moon symbol (night dose): understood immediately.
- Clouded sun (afternoon dose): understood after one quick explanation.
- Pill icons and numbers (how many pills to take): very easy for patients to count and follow.
- Dots for days (how long to continue): easier than reading a written calendar.
- Arrows (order of medicines): helped patients follow the sequence correctly.

Patients said they felt more confident, less stressed, and more independent when looking at the symbol-based sheet. They did not feel confused and did not need repeated explanations. This shows that the symbol-based method directly supports patient understanding and improves medicine adherence.

Themes of Healthcare Staff Interviews

Staff Observed Clear Improvement in Patient Understanding

All four staff members agreed that patients understood the symbol-based instructions better than the handwritten ones. They said that symbols made it easier for them to explain the medicines and saved time during discharge. The junior doctor and nurse said that patients remembered instructions better when symbols were used. The pharmacist added that matching the symbols with labels on the medicine packs made the process smoother and reduced mistakes.

Staff Found the Symbol System Practical and Useful

Staff believed that using symbols for illiterate patients is practical, low-cost, and easy to apply in their hospital setting. They said the symbols were simple, culturally familiar, and required very little explanation. They also felt that using symbols could reduce medication errors and help patients manage their medicine more safely at home. They strongly supported using symbols for all illiterate patients in the future.

Integrated Discussion

The results from both patients and staff clearly show that symbol-based prescriptions are more effective than traditional handwritten ones for illiterate adult patients. Illiterate patients struggle with written language, abbreviations, and medical terms, but they can easily understand simple visual symbols and numbers. Staff also found the system more efficient and reliable. These findings align with Skopos Theory, which says that communication should always serve its main purpose. In this study, the purpose of a prescription is to help the patient understand their medicine safely. Since symbols achieve this purpose better than text, they are more suitable for illiterate patients. The symbol-based method acts like a practical translation that focuses on patient needs, not on complicated writing.

Conclusion of the Analysis

The analysis shows that symbol-based prescriptions greatly improve understanding, confidence, and medication adherence among illiterate adult patients. Staff also found the system helpful and easy to use. The results strongly support that a simple, visual, symbol-based prescription method is an effective solution for hospitals that serve low-literacy populations.

CONCLUSION AND RECOMMENDATION

This study explored how adult illiterate patients at Bashir Institute of Health Sciences, Islamabad, understand traditional handwritten prescriptions compared to symbol-based prescriptions. The findings show that handwritten prescriptions often confuse patients due to medical terminology, abbreviations, and unclear dosage instructions. Even with verbal explanations, patients struggled to remember the correct timing, quantity, and duration of medications. Introducing symbol-based prescriptions significantly improved comprehension, with icons such as the sun, moon, pill shapes, numbers, and arrows helping patients accurately follow dosage, timing, and duration. Healthcare staff reported that using symbols

reduced explanation time, improved patient confidence, and enhanced treatment adherence. These results confirm that purpose-driven communication, guided by Skopos Theory, is effective for adult illiterate patients, offering a practical and culturally appropriate solution to literacy-related barriers in healthcare.

Based on the findings, several recommendations are proposed. Hospitals should implement symbol-based prescriptions for illiterate patients and provide staff training on using visual cues effectively. Symbols must be culturally appropriate and pre-tested with patients, and medication packaging should match the symbols to reduce errors. Future research should explore applying symbol-based communication to more complex regimens and larger patient populations to increase generalizability. Standardised symbol sets could be adopted across hospitals in Islamabad and beyond to ensure consistency and improve patient care. Overall, this research demonstrates that symbol-based prescriptions are a low-cost, practical, and effective approach to enhancing medication adherence, emphasising the importance of adapting communication strategies to meet patients' literacy needs and improve health outcomes.

REFERENCES

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Doak, C. C., Doak, L. G., & Root, J. H. (1996). Teaching patients with low literacy skills (2nd ed.). Lippincott.

Flores, G. (2005). The impact of medical interpreter services on the quality of health care: A systematic review. Medical Care Research and Review, 62(3), 255–299. https://doi.org/10.1177/1077558705275416

Houts, P. S., Doak, C. C., Doak, L. G., & Loscalzo, M. J. (2006). The role of pictures in improving health communication: A review of research on attention, comprehension, recall, and adherence. Patient Education and Counseling, 61(2), 173–190. https://doi.org/10.1016/j.pec.2005.05.004

Nutbeam, D. (2000). Health literacy as a public health goal: A challenge for contemporary health education and communication strategies into the 21st century. Health Promotion International, 15(3), 259–267. https://doi.org/10.1093/heapro/15.3.259

Pöchhacker, F. (2004). Introducing interpreting studies. Routledge.

Schenker, Y., Pérez-Stable, E. J., Nickleach, D., & Karliner, L. S. (2011). Patterns of interpreter use for hospitalized patients. Journal of General Internal Medicine, 26(7), 712–718. https://doi.org/10.1007/s11606-011-1688-9

Toury, G. (1995). Descriptive translation studies and beyond. John Benjamins.

Vermeer, H. J. (1978). Ein Rahmen für eine allgemeine Translationstheorie. Lebende Sprachen, 23, 99–102.

Wadensjö, C. (1998). Interpreting as interaction. Longman.

APPENDIX A

A. Patient Interview Questions (Adult Illiterate Patients)

Q1. Aapka naam, umar, taleemi satah (education level), aur aap kitne arsay se Bashir Institute mein ilaaj (treatment) karwa rahe hain?

Q2. Hathon se likhi hui prescription (handwritten instructions) samajhne mein aapko kis cheez mein sab se zyada mushkil hoti hai—goli ki tadaad (quantity), waqt (timing), ya dinon ki muddat (duration)?

Q3. Jab staff aapko dawa zubani taur par (verbally) samjhata hai, kya aap ghar jaakar woh hidayat yaad rakh paate hain? Is se aap ko kaisa mehsoos hota hai (confidence ya confusion)?

Q4. Jab aapko nishaniyon par mabni (symbol-based) instructions dikhayi gayi—jaise sooraj (morning), chaand (night), goli icon (pill count), numbers—kya yeh aapko turant samajh aa gai? Konsa nishaan sab se aasaan laga?

Q5. Kya aapko lagta hai ke nishaniyon wali prescription (symbol-based instructions) se aap dawa zyada sahi, waqt par aur yaqeen ke saath le paayenge? Kya aap koi behtari (improvement) chahte hain?

B. Healthcare Staff Interview Questions (Doctor / Nurse / Pharmacist)

Q1. Aapka naam, ohda (designation), taleemi satah (education), aur Bashir Institute of Health Sciences mein aapka tajurba (experience) kitne saal ka hai?

Q2. Aapke tajurbe mein adult anpadh (illiterate) patients handwritten prescriptions ko samajhne mein sab se zyada mushkil kis cheez mein mehsoos karte hain—waqt (timing), quantity (tadaad), ya duration (muddat)?

Q3. Traditional handwritten hidayat (instructions) samjhate waqt aapka kitna waqt lagta hai, aur kis qisam ki misunderstandings (galat fehmiyan) zyada hoti hain?

Q4. Jab aapne symbol-based instructions (nishaniyon wali hidayat) use ki, to patients ki samajh (understanding) mein kya behtari dekhi? Kya explanation time (samjhanay ka waqt) kam hua?

Q5. Aapke khayal mein Bashir Institute mein symbol-based prescriptions laagu (implement) karna kitna practical hai? Kya staff training zaruri hogi, aur kya yeh system patient safety aur treatment adherence behtar bana sakta hai?

APPENDIX B

Table 1: Patient Interview Questions

Patient Interview Question	Analysis	Research Question	Research Objective
Q1. Name, age, education, experience at Bashir Institute	*Participant profile for thematic analysis*	RQ1	RO1
Q2. Difficulty understanding handwritten prescriptions (timing, quantity, duration)	*4.2.1* Difficulties with Handwritten Prescriptions	RQ1	RO1
Q3. Forgetting verbal instructions / emotional response (confusion, fear, confidence)	*4.2.1* Confusion with handwritten prescriptions	RQ1	RO1
Q4. Understanding symbol-based instructions (sun, moon, pill icon, numbers)	*4.2.2* Improved Understanding Through Symbol-Based Prescriptions	RQ1	RO1
Q5. Confidence, accuracy, and preference for symbols	*4.2.2* Reduced anxiety & better adherence	RQ1	RO1

Table 2: Healthcare Staff Interview Questions

Staff Interview Question	Analysis	Research Question	Research Objective
Q1. Name, designation, education, experience at Bashir Institute	Staff profile for analysis	RQ2	RO2
Q2. Difficulties observed in adult illiterate patients with handwritten prescriptions	4.3.1 *Staff Observed Clear Improvement in Patient Understanding*	RQ2	RO2
Q3. Time consumption & recurring misunderstandings	4.3.1 *Challenges in explaining handwritten prescriptions*	RQ2	RO2
Q4. Staff perception of symbolbased instructions (improvement in comprehension)	4.3.2 *Staff Found Symbol System Practical & Useful*	RQ2	RO2
Q5. Feasibility, practicality, need for training, recommendation	4.3.2 *Practicality, usefulness & future recommendation*	RQ2	RO2