Journal of Research in Pharmacy

Research Article

www.jrespharm.com

Patient experience in community pharmacies from an experiential marketing perspective: structural equation model

Demet AKALGAN AKLAR[1] *, Gulbin OZCELIKAY [2]

1 Department of Pharmacognosy, Faculty of Pharmacy, Istinye University, Istanbul, Turkey.
2 Department of Pharmacy Management, Faculty of Pharmacy, Ankara University, Ankara, Turkey.
* Corresponding Author. E-mail: demet.akalgan@istinye.edu.tr (D.A.A); Tel. +905313878026

Received: 03 April 2023 / Revised: 01 May 2023 / Accepted: 01 May 2023

ABSTRACT: **Objective:** The main objective of this study was to model patient experience (PX) in community pharmacies as experimental marketing parameters via structural equation modeling (SEM).

Results: Our findings show that peace of mind, trust, pharmacy, customer engagement, interaction quality with the pharmacist and personnel, and atmosphere or periphery experience quality is the important component for a patient to re-visit the same pharmacy.

Conclusion: The patient's journey to the pharmacy starts before entering the pharmacy, continues at the pharmacy, and then leaves the pharmacy. It is important to understand the touchpoint of the patient journey at a community pharmacy and the needs of the patients as well as other health services. Overall, whether it is patient experience or customer experience, both focus on people and understanding their needs as a service sector will add value to service quality.

Methods: The research was conducted on 414 volunteer patients given informed consent and answered 73 items in Istanbul province. The data obtained from the questionnaire forms were analyzed using the IBM SPSS Statistics 23 package program. Confirmatory factor analysis (CFA) was applied using IBM SPSS AMOS 23 package program in the analysis of trust, pharmacy customer engagement (PCE), word of mouth (WoM), pharmacist interaction quality, personnel interaction quality, periphery experience quality, peace-of-mind (POM), and autobiographical memory parameters. Since the assumption of normality was not provided, the relationships among these items were calculated using Spearman's correlation coefficient. The results were evaluated at the significance level of $p < 0.05$. Finally, a structural equation model was conducted to specify PX items.

KEYWORDS: Patient experience; community pharmacy; word-of-mouth; peace-of-mind; pharmacy customer engagement; autobiographic memory.

1. INTRODUCTION

In this, so-called "Age of Experience", the harsh global competition changes harshly and swiftly [1–3]. Healthcare organizations are increasingly realizing the importance of focusing on the healthcare experience delivered to patients [4]. National regulations impose restrictions on the public advertising of pharmacies and medical products [5].

The Beryl Institute defines patient experience as “The sum of all interactions, shaped by an organization’s culture, that influence patient perceptions across the continuum of care.”[6]. In other words, patient experience is the sum of all the patient’s interactions shaped by corporate or institutional culture and affects patient perceptions in the care process; it includes the interaction between patients and the healthcare system, including healthcare professionals. Understanding the patient experience is important in moving towards patient-centered care [7].

From an experiential marketing perspective, the studies conducted in health institutions are very few, and one of the undisputed competitive advantages of healthcare institutions in today's world is that they offer unique experiences to their patients [8].

How to cite this article: Akalgan Aklar D, Ozcelikay G. Patient experience in community pharmacies from an experiential marketing perspective: structural equation model. J Res Pharm. 2023; 27(3): 980-994.

ISSN: 2630-6344

http://dx.doi.org/10.29228/jrp.391

Our study aims to create a model for community pharmacies providing professional pharmacy services for explaining from the perspective of experiential marketing. In this context, a structural equation model to explain Patient Experience (PX) in Community Pharmacies which was developed before in hospitals [3,9] The originality of this study lies in being the first study that focused on the conceptual model showing that patient experience through the lens of experiential marketing terms in the community pharmacies.

1.1 Hypotheses and research model

The theoretical framework of this study was based on 8 items: trust [10], customer engagement [11], word of mouth (WoM)[12], pharmacist service quality [13], personnel service quality [13], periphery experience quality [14], peace of mind (PoM) [15] and autobiographical memory [16].

At the beginning of our study, we thought about how the processes of the customer experience journey [1, 17-19] would be if it was carried out in community pharmacies [20]. We wanted to evaluate the patient's intention to re-visit the same pharmacy [5] in three steps: (1) before entering the pharmacy [21], (2) experience in the pharmacy having interaction quality with the pharmacist and personnel [13,14] and atmosphere [14] and (3) after leaving the pharmacy [21] with our survey questions. After leaving the pharmacy, how memorable the experience in the patient's mind (autobiographic memory) [22], and if the patient would tell the experience to other people (WoM) [12,23,24] In the light of this literature the hypotheses of the study was established as follows and shown in Figure 1:

H1. Trust affects pharmacy customer engagement positively.
H2. Trust affects the purchase decision positively.
H3a. Pharmacy customer engagement positively affects Pharmacist interaction quality.
H3b. Pharmacy customer engagement positively affects Personnel interaction quality.
H3c. Pharmacy customer engagement positively affects Periphery experience quality.
H4a.Pharmacist interaction quality positively affects autobiographic memory.
H4b.Personnel interaction quality positively affects autobiographic memory.
H4c.Periphery experience quality positively affects autobiographic memory.
H5: Autobiographic memory positively affects word-of-mouth.
H6: Peace of mind positively affects word-of-mouth.

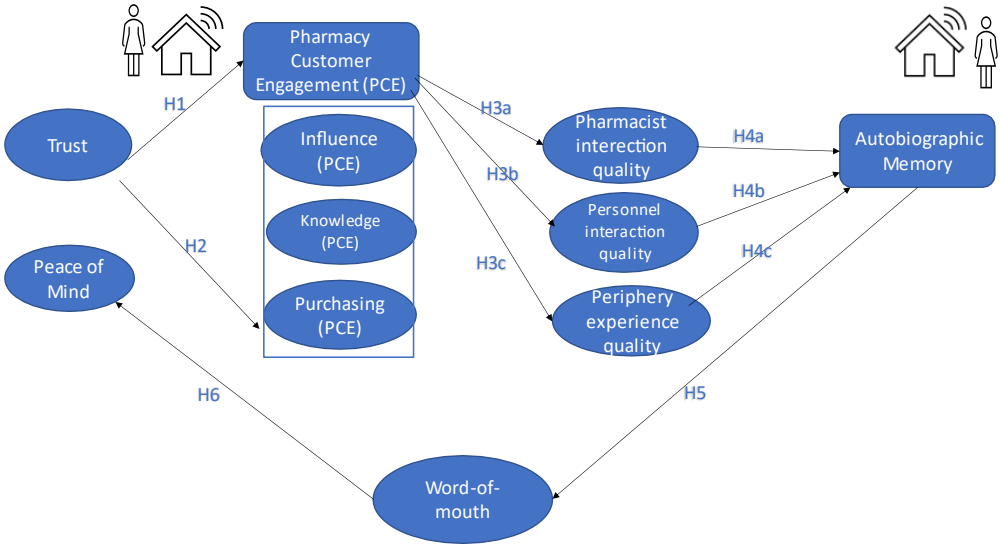


Figure 1. The hypotheses of the study

2.1. Descriptive statistics

424 people participated in this study. 414 of the questions are evaluated. Table 3 gives the demographic characteristics of participants; 58.5% of the participants in the study were female and 41.5% of them were male and the ages of the participants in the study ranged from 18 to 73. If we evaluate the distribution of the people participating in the study according to the schools they graduated from, 9.7% of the people are graduates of primary school or do not have any diplomas, 8.2% are graduates of secondary school, 29.9% are graduates of high school, 9.7% have associate degrees, 28.2% of them have undergraduate and 14.3% of them have graduate

degrees. Table 3 summarizes the comparison results according to demographic characteristics and patient's behavior of visiting the Pharmacy.

Table 1. Distribution by demographic characteristics and patient's behavior of re-visiting the pharmacy (n=414)

Variables	Levels	Frequencies	%
Gender	Female	242	58.5
	Male	172	41.5
Age	18-20	21	5.2
	20-29	128	31.6
	30-39	100	24.7
	40-49	88	21.7
	50-59	45	11.1
	60 and above	23	5.7
Education Level	Primary and below	40	9.7
	Secondary	34	8.2
	High school	124	29.9
	Associate	40	9.7
	Undergraduate	117	28.2
	Graduate	59	14.3
Monthly Income	3000 TL and below	86	24.4
	3001 TL-6000 TL	160	45.5
	6001 TL-9000 TL	60	17.0
	9001 TL-12000 TL	18	5.1
	12001 TL-15000 TL	8	2.3
	15001 TL and above	20	5.7
The frequency of visiting a pharmacy	At least once a month	168	40.6
	Once in 2-3 months	124	30.0
	Once in 4-6 months	67	16.2
	Once in 7-9 months	23	5.5
	Once in 10-12 months	32	7.7
The frequency of the pharmacy last visited	At least once a month	154	37.2
	Once in 2-3 months	118	28.5
	Once in 4-6 months	76	18.4
	Once in 7-9 months	22	5.3
	Once in 10-12 months	44	10.6
How long ago did a visiting pharmacy for yourself	1 week earlier	105	25.5
	8 – 14 days ago	50	12.1
	15 – 30 days ago	105	25.5
	31– 45 days ago	34	8.3
	46 – 60 days ago	26	6.3
	61 days ago and much earlier	92	22.3
Aim of vising the pharmacy	Drug	281	67.9
	Non-drug	33	8.0
	Pandemic	57	13.8
	Drug / Non-drug	17	4.1
	Drug / Pandemic	20	4.8
	Non-drug / Pandemic	6	1.4
Type of drug purchased	Prescription drug	204	49.3
	Over-the-counter drug	133	32.1
	Did not purchase any drug	77	18.6
Type of product purchased	Drug	292	70.5

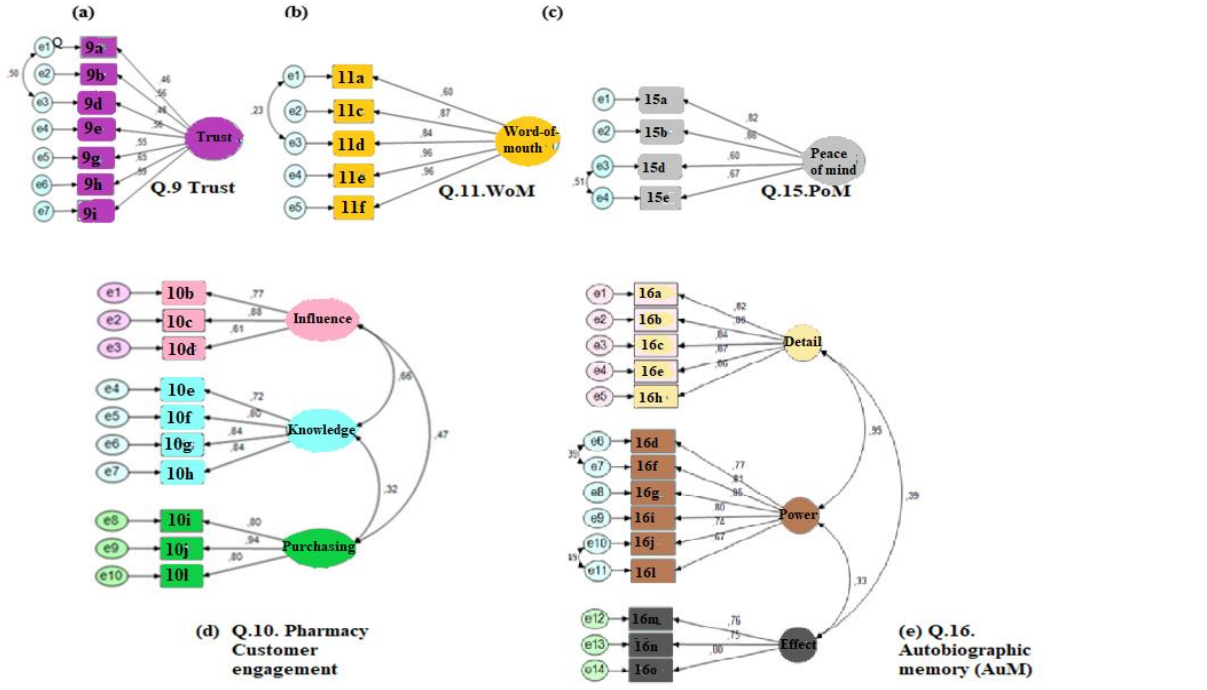
	Non-drug	97	23.4
	Both	25	6.1
The number of visits to the last pharmacy	The first time	45	10.9
	Once or several times	135	32.6
	All the time	234	56.5
Visiting the pharmacy as a patient relative	Yes	262	63.3
	No	152	36.7
Insurance validity	Yes	376	97.2
	No	11	2.8
Private health insurance validity	Yes	183	58.7
	No	129	41.3
Payment mechanism	Private health insurance	18	4.4
	State health insurance	195	47.2
	Self-payment	200	48.4

2.2. Results of conformity factor analysis

Some questions were removed to ensure the construct validity of the scales. The following statements such as Q9c, Q9f, Q10a, Q10k Q11b, Q15c, Q17 and Q16k were below 0.40 [25]. Table 2 and Figure 2 summarize the Conformity Factor Analysis (CFA) results obtained from removing the questions.

Table 2. The CFA Results of the Scales

Fit Index	Good Fit [26-29]	Acceptable Fit [26-28]	Trust	Customer Engagement	WoM	PoM	Autobiographic Memory
$\chi 2/sd$	$0 \leq \chi 2/sd \leq 2$	$2 \leq \chi 2/sd \leq 5$	2.59	4.52	3.16	0.59	3.47
SRMR	0≤SRMR≤0.05	0.05≤SRMR≤0.10	0.04	0.05	0.01	0.003	0.03
GFI	0.95≤GFI≤1.00	0.90≤GFI≤0.95	0.98	0.94	0.99	0.99	0.92
AGFI	0.90≤AGFI≤1.00	0.85≤AGFI≤0.90	0.95	0.89	0.96	0.99	0.88
NFI	0.95≤NFI≤1.00	0.90≤NFI≤0.95	0.95	0.94	0.99	0.99	0.94
NNFI	0.97≤NNFI≤1.00	0.95≤NNFI≤0.97	0.95	0.93	0.98	1.00	0.95
CFI	0.97≤CFI≤1.00	0.95≤CFI≤0.97	0.97	0.95	0.99	1.00	0.96
RMSEA	0≤RMSEA≤0.05	0.05≤RMSEA≤0.10	0.06	0.09	0.07	0.00	0.07



http://dx.doi.org/10.29228/jrp.391
J Res Pharm 2023; 27(3): 980-994

Figure 2. Conformity Factor Analysis (CFA) with related question numbers.
(a) CFA for Trust scale. Standardized coefficients are shown. All values are significant at p<0.05.
(b) CFA for Word of mouth (WoM) scale. Standardized coefficients are shown. All values are significant at p<0.05.
(c) CFA for Peace of Mind (PoM) scale. Standardized coefficients are shown. All values are significant at p<0.05.
(d) CFA for Pharmacy customer engagement (PCE) sub-scales. Standardized coefficients are shown. All values are significant at p<0.05.
(e) CFA for Autobiographical Memory (AuM) sub-scales. Standardized coefficients are shown. All values signare ificant at p<0.05.

2.3. Validity and reliability of measurement tool

Tablo 3 summarizes the mean, standard deviation, median values of the scales and subscales, internal consistency measurements, and, the most recent forms obtained because of CFA. The reliability of the scales was examined using Cronbach's alpha coefficient, and it was seen that the values ranged from 0.762 to 0.955. It can be said that the reliability of the scales is high [30].

Tablo 3. Descriptive statistics and reliability

Scales	Cronbach's Alpha	Final Items	Survey Questions
Trust [9,10]	0.762	Q.9a, Q.9b*, Q.9d, Q.9e*, Q.9g*, Q.9h*, Q.9i*	Q9a. I can trust the pharmacist for keeping his/her promise. Q9b. There have been times when I realize the pharmacist was insincere. * Q9c. I think it is useful to be cautious when interacting with the pharmacist.* Q9d. The pharmacy I visit is reliable. / I have confidence in my pharmacist. Q9e.The pharmacist whom I visited is insisting to sell me the products that I do not need at that moment.* Q9f. The pharmacist that I visited had, interests that were above the patients' interests. Q9g. Some pharmacies, including the one I go to, manipulate the facts to influence patients' ideas. * Q9h.The pharmacy I go to is not trustworthy. * Q9i. From time to time sometimes I have the suspicion of not receiving the upto dated / focused information which can affect my decision as a pharmacist. *
Pharmacy Customer Engagement (PCE)[9,11]	0.874		
PCE-*Influence* [9,11]	0.793	Q.10b, Q.10c, Q.10d	Q10b. I like to talk about my experience with this pharmacy. Q10c. I share with others what this pharmacy has contributed to me. Q10d. I feel like a part of this pharmacy, and I like to mention it in my conversations.
PCE-*Knowledge*[9,11]	0.876	Q.10e, Q.10f, Q.10g, Q.10h	Q10e. I share my pharmacy experience with the pharmacist and her/his team. Q10f. I feedback about my assessment and evaluations to the pharmacist to improve the pharmacy's performance. Q10g. I offer my suggestions to the pharmacy about the new services offered by the pharmacy. Q10h. I offer the pharmacy my recommendations for the development of new services.
PCE-*Purchasing* [9,11]	0.871	Q.10i, Q.10j, Q.10l	Q10i. I will continue to receive service from this pharmacy when needed. Q10j. I am satisfied with the service that I receive from this pharmacy. Q10k. The service that I received from this pharmacy is not worth the cost. * Q10l. The service I receive from this pharmacy makes me pleasant.
Word-of-mouth (WoM) [9,12]	0.928	Q.11a, Q.11c, Q.11d, Q.11e, Q.11f	Q11a. I tell about to others that I have been to this pharmacy. Q11b.I make sure that other people know that I go to this pharmacy. Q11c. I recommend this pharmacy to my family. Q11d. I tell other people positive things about this pharmacy. Q11e. I recommend this pharmacy to my acquaintances. Q11f. I recommend this pharmacy to my close friends.
Pharmacist interaction quality [9,13]	0.953	Q.12a, Q.12b, Q.12c	Q.12a. My interaction with the pharmacist was excellent. Q12b. I can tell that the pharmacist takes care of the patients. Q.12c. I believe the pharmacist cares for the patients.

Personnel interaction quality [9,13]	0.955	Q.13a, Q.13b, Q.13c	Q13a.My interaction with the personnel at the pharmacy I go to is excellent. Q13b. I can say that the personnel at the pharmacy I go to care about the patients. Q13c.I believe that the personnel at the pharmacy I go to take care of their patients.
Periphery experience quality [9,14]	0.889	Q.14a, Q.14b, Q.14c	Q14a. I can say that the environment/atmosphere of the pharmacy that I visited offered an excellent experience. Q14b. I think the environment/atmosphere of the pharmacy I go to offers a better experience than the environments of the other pharmacies. Q14c. I think the environment of the pharmacy that I visited is excellent for the patient experience.
Peace of mind (PoM) [9,15]	0.838	Q.15a, Q.15b, Q.15c, Q.15d, Q.15e	Q15a. I am sure about the expertise of the pharmacy that I visited, in which they know what they are doing. Q15b. At the pharmacy I went to, the process was very easy, they took care of everything. Q15c. In the pharmacy I go to, they are not only interested in my pharmacy procedures, but they are also trying to improve my wellness. Q15d. When I go to the pharmacy they recognize me and treat me well, so I don't consider choosing another pharmacy. Q15e. Once I received service from the pharmacy, it is easy for me to go again because they already knew me.
Autobiographic Memory (AuM) [9,16]	0.930		
AuM- *Detail* [9,16]	0.929	Q.16a, Q.16b, Q.16c, Q.16e, Q.16h	Q16a. I feel like I'm reliving that experience. Q16b. I can remember the conversations that I heard at the pharmacy. Q16c. I can remember the things I saw at the pharmacy. Q16e. I can feel the feelings again that I felt on that day. Q16h. I go back to that time and I feel like I'm there again, as a person reliving the experience, not as an outside observer.
AuM-*Power* [9,16]	0.906	Q.16d, Q.16f, Q.16g, Q.16i, Q.16j, Q.16l, Q17.	Q16d. I can remember the layout of the premises. Q16f. I can remember the environment where I had this experience. 16g. I can describe this experience in words. Q16i. I remember it as a coherent story formed in my mind with words and pictures, not in bits and pieces, and not just as specific scenes. Q16j. I'm pretty sure it happened exactly as I remembered it, that my memory didn't add anything extra that didn't happen. Q16l. Sometimes people know what they've been through but can't exactly remember. When I think about my last pharmacy experience, I exactly remember what I went through rather than knowing it. Q16k. I remember what time of day it was. Q17.When I remember my last pharmacy experience, My feelings during the experience are…
AuM-*Effect* [9-16]	0.812	Q.16m, Q.16n, Q.16o	Q16m. My last pharmacy experience is important to me because it represents an important milestone in my life. Q16n. I've been thinking about this experience since my last pharmacy experience. Q16o. My last pharmacy experience has a significant place in my life because it has noticeably changed some of my thoughts, behaviors, and emotions.

* Reverse-coded items

2.4.Detailed structural equation model

According to Figure 3, the variables of trust, peace of mind (PoM), pharmacy customer engagement(PCE)'s subscales: influence (PCE), knowledge (PCE), purchasing (PCE), pharmacist and personnel interaction quality, periphery experience quality, autobiographic memory (AuM)'s subscale's detail, power, and effect explain 68% of the change in the Word-of-mouth (WoM) variable. Peace of mind and trust explained purchasing variable by 55%, the influencing variable by 22%, and knowledge by 13%.Peace of mind and trust indirectly explain influence, purchasing, and knowledge, directly affecting the pharmacist variable by 44%, the personnel variable by 38%, and the periphery variable by 30%. Peace-of-mind, trust, influence, purchasing, and knowledge indirectly explain pharmacist's and personnel's interaction quality and Periphery experience quality, affects directly detail (AuM) variable by 27%, the power (AuM) variable by 26%, and the effect (AuM) variable by 7%.

Journal of Research in Pharmacy
Research Article

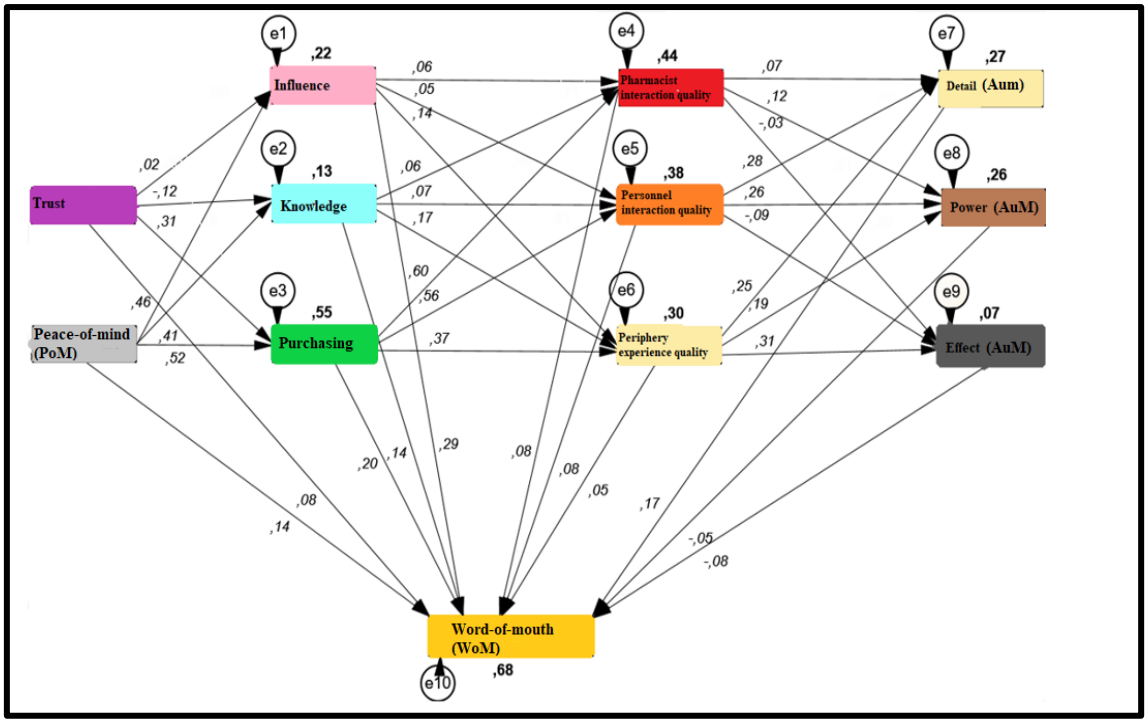


Figure 3. Detailed structural equation model for patient experience in community pharmacies

In the model created according to Table 4, the variable of peace of mind has a statistically significant effect on purchasing, influence, knowledge, and WoM. A one-unit increase in peace of mind significantly increases purchasing by 0.445 points, influence by 0.545 points, knowledge by 0.518 points, and WoM by 0.164 points. Trust variable has a statistically significant effect on purchasing, knowledge, and WoM. A one-unit increase in trust increases purchasing by 0.425 points and WoM by 0.158 points, while statistically decreasing knowledge by 0.248 points. The influence variable has a statistically significant effect on periphery experience quality and WoM. A one-unit increase in influence significantly increases periphery experience quality by 0.123 points and WoM by 0.285 points. The knowledge variable has a statistically significant effect on pharmacist interaction quality, personnel interaction quality, periphery experience quality, and WoM. A one-unit increase in knowledge significantly increases pharmacist interaction quality by 0.726 points, personnel interaction quality by 0.626 points, periphery experience quality by 0.44 points and the WoM by 0.269 points. Knowledge variable has a statistically significant effect on the periphery experience quality and WoM. A one-unit increase in knowledge significantly increases periphery experience quality by 0.133 points and WoM by 0.132 points. The pharmacist interaction quality variable does not have a significant effect on detail, power, effect, and WoM. The personnel interaction variable has a statistically significant effect on detail and power. A one-unit increase in personnel interaction quality increases the detail by 0.315 points and the power by 0.249 points, statistically. The periphery experience quality (PEQ) variable has a statistically significant effect on AuM-detail, AuM-power, and AuM-effect. A one-unit increase in the PEQ increases the AuM detail by 0.265 points, the AuM power by 0.173 points, and the AuM effect by 0.316 points, statistically. AuM-detail and AuM-effect variables have a statistically significant effect on WoM. A one-unit increase in detail increases the WoM by 0.316 points, while a one-unit increase in the AuM effect reduces the WoM by 0.095 points statistically.

http://dx.doi.org/10.29228/jrp.391
J Res Pharm 2023; 27(3): 980-994

Tablo 4. Detailed structural equation model results on patient experience in community pharmacies

			zβ	*B*	*SE*	*t*	*p*
Peace of Mind (PoM)	→	Purchasing (Customer engagement)	0,521	0,445	0,034	**13,157**	**0,001**
Peace of Mind (PoM)	→	Influence (Customer engagement)	0,458	0,545	0,062	**8,785**	**0,001**
Peace of Mind (PoM)	→	Knowledge (Customer engagement)	0,410	0,518	0,070	**7,442**	**0,001**
Peace of Mind (PoM)	→	Word-of-mouth (WoM)	0,140	0,164	0,049	**3,365**	**0,001**
Trust	→	Purchasing (Customer engagement)	0,312	0,425	0,054	**7,885**	**0,001**
Trust	→	Influence (Customer engagement)	0,019	0,036	0,099	0,360	0,719
Trust	→	Knowledge (Customer engagement)	-0,123	-0,248	0,111	**-2,239**	**0,025**
Trust	→	Word-of-mouth (WoM)	0,084	0,158	0,068	**2,309**	**0,021**
Influence (Customer engagement)	→	Pharmacist interaction quality	0,064	0,055	0,041	1,334	0,182
Influence (Customer engagement)	→	Personnel interaction quality	0,047	0,038	0,040	0,932	0,351
Influence (Customer engagement)	→	Periphery interaction quality	0,144	0,123	0,045	**2,701**	**0,007**
Influence (Customer engagement)	→	Word-of-mouth (WoM)	0,289	0,285	0,037	**7,717**	**0,001**
Purchasing (Customer engagement)	→	Pharmacist interaction quality	0,604	0,726	0,050	**14,552**	**0,001**
Purchasing (Customer engagement)	→	Personnel interaction quality	0,564	0,626	0,049	**12,902**	**0,001**
Purchasing (Customer engagement)	→	Periphery experience quality	0,375	0,444	0,055	**8,119**	**0,001**
Purchasing (Customer engagement)	→	Word-of-mouth (WoM)	0,196	0,269	0,067	**4,006**	**0,001**
Knowledge (Customer engagement)	→	Pharmacist interaction quality	0,065	0,053	0,037	1,427	0,154
Knowledge (Customer engagement)	→	Personnel interaction quality	0,066	0,050	0,036	1,391	0,164
Knowledge (Customer engagement)	→	Periphery experience quality	0,166	0,133	0,040	**3,298**	**0,001**
Knowledge (Customer engagement)	→	Word-of-mouth (WoM)	0,142	0,132	0,033	**4,024**	**0,001**
Pharmacist interaction quality	→	Detail (Autobiographic memory)	0,068	0,072	0,080	0,900	0,368
Pharmacist interaction quality	→	Power (Autobiographic memory)	0,125	0,112	0,069	1,621	0,105
Pharmacist interaction quality	→	Effect(Autobiographic memory)	-0,028	-0,028	0,087	-0,327	0,744
Pharmacist interaction quality	→	Word-of-mouth (WoM)	0,081	0,093	0,061	1,510	0,131
Personnel interaction quality	→	Detail (Autobiographic memory)	0,276	0,315	0,087	**3,602**	**0,001**
Personnel interaction quality	→	Power (Autobiographic memory)	0,256	0,249	0,075	**3,306**	**0,001**
Personnel interaction quality	→	Effect(Autobiographic memory)	-0,089	-0,097	0,095	-1,027	0,304
Personnel interaction quality	→	Word-of-mouth (WoM)	0,075	0,093	0,065	1,427	0,153
Periphery interaction quality	→	Detail (Autobiographic memory)	0,249	0,265	0,057	**4,678**	**0,001**
Periphery interaction quality	→	Power (Autobiographic memory)	0,191	0,173	0,049	**3,551**	**0,001**
Periphery interaction quality	→	Effect(Autobiographic memory)	0,310	0,316	0,061	**5,145**	**0,001**
Periphery interaction quality	→	Word-of-mouth (WoM)	0,050	0,058	0,045	1,287	0,198
Detail (Autobiographic memory)	→	Word-of-mouth (WoM)	0,168	0,182	0,061	**2,986**	**0,003**
Power (Autobiographic memory)	→	Word-of-mouth (WoM)	-0,052	-0,067	0,070	-0,956	0,339
Effect(Autobiographic memory)	→	Word-of-mouth (WoM)	-0,083	-0,095	0,035	**-2,725**	**0,006**

β: Regression coefficient, see: Standard error, *zβ*: Standardized regression coefficient

2.4. General structural equation model

When Figure 4 is examined, the results obtained in Table 5 are presented visually. According to Figure 3, the variables of trust, peace of mind (PoM), pharmacy customer engagement (PCE), pharmacist interaction quality, personnel interaction quality, periphery experience quality, and autobiographic memory (AuM) explain 64% of the variation in the word-of-mouth (WoM) variable. Trust and PoM explain the PCE variable by 33%. Trust and PoM indirectly explain PCE, which directly affects pharmacist interaction quality by 25%, personnel interaction quality by 21%, and periphery experience quality by 26%. Trust, PoM, and PCE

indirectly, pharmacist interaction quality, personnel interaction quality, and PEQ directly affect 27% of the autobiographic memory variable.

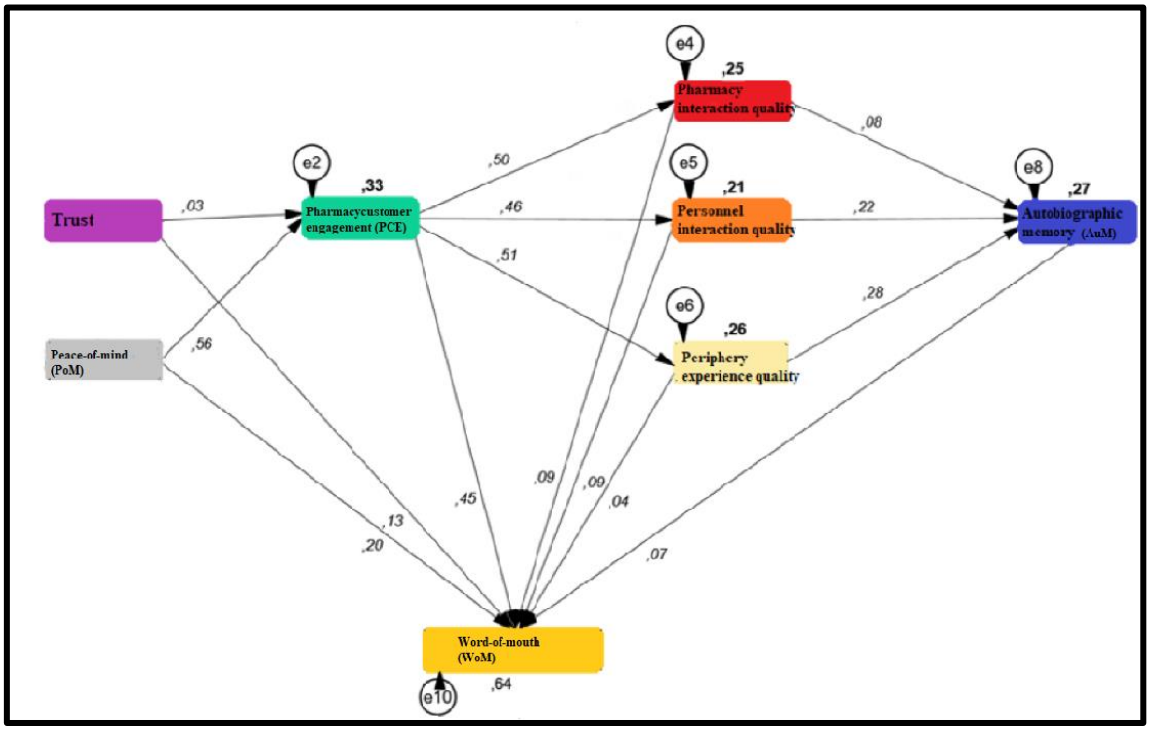


Figure 4. General structural equation model for patient experience in community pharmacies

In the model created according to Table 5, the trust variable has a statistically significant effect on word-of-mouth (WoM). A one-unit increase in trust significantly increases Word-of-mouth (WoM) by 0.234 points. The poM variable has a statistically significant effect on PCE and WoM. A unit of PoM statistically significantly increases PCE by 0.504 points and WoM by 0.228 points. PCE variable has a statistically significant effect on Pharmacist interaction quality, personnel interaction quality, periphery experience quality, and WoM. A one-unit increase in PCE statistically increases the pharmacist interaction quality by 0.563 points, personnel interaction quality by 0.480 points, periphery experience quality by 0.566 points and the WoM by 0.451 points.

The pharmacist interaction quality variable has no significant effect on AuM and WoM. Personnel interaction quality and periphery experience quality variables have a statistically significant effect on AuM. A one-unit increase in personnel interaction quality increases AuM by 0.198 points, while a one-unit increase in periphery experience quality increases AuM by 0.237 points statistically.

Table 5. General Structural Equation Model Results on Patient Experience in Community Pharmacies

			zβ	*β*	*Se*	*t*	*p*
Trust	→	Pharmacy customer engagement(PCE)	0,027	0,039	0,070	0,556	0,578
Trust	→	Word-of-mouth (WoM)	0,128	0,234	0,065	**3,606**	**0,001**
Peace of- mind (PoM)	→	Pharmacy customer engagement(PCE)	0,556	0,504	0,044	**11,492**	**0,001**
Peace of- mind (PoM)	→	Word-of-mouth (WoM)	0,199	0,228	0,047	**4,863**	**0,001**
Pharmacy customer engagement	→	Pharmacist interaction quality	0,497	0,563	0,048	**11,632**	**0,001**
Pharmacy customer engagement	→	Personnel interaction quality	0,458	0,480	0,046	**10,483**	**0,001**
Pharmacy customer engagement	→	Periphery experience quality	0,506	0,566	0,047	**11,925**	**0,001**

Pharmacy customer engagement	→	Word-of-mouth (WoM)	0,451	0,571	0,052	**10,883**	**0,001**
Pharmacist interaction quality	→	Autobiographic memory (AuM)	0,082	0,068	0,063	1,066	0,287
Pharmacist interaction quality	→	Word-of-mouth (WoM)	0,094	0,105	0,061	1,718	0,086
Personnel interaction quality	→	Autobiographic memory (AuM)	0,221	0,198	0,069	**2,865**	**0,004**
Personnel interaction quality	→	Word-of-mouth (WoM)	0,086	0,104	0,066	1,576	0,115
Periphery experience quality	→	Autobiographic memory (AuM)	0,282	0,237	0,045	**5,276**	**0,001**
Periphery experience quality	→	Word-of-mouth (WoM)	0,040	0,045	0,046	0,974	0,330
Autobiographic memory (AuM)	→	Word-of-mouth (WoM)	0,065	0,088	0,047	1,880	0,060

β: Regression coefficient, see: Standard error, zβ: Standardized regression coefficient

2.5. Hypothesis results

According to Table 6 and Figure 5, the hypothesis results are shared respectively.

Table 6. The hypothesis results.

Hypothesis	**Result**
H1. Trust affects pharmacy customer engagement positively.	Rejected
H2. Trust affects the purchase decision positively.	Confirmed
H3a. Pharmacy customer engagement positively affects Pharmacist interaction quality.	Confirmed
H3b. Pharmacy customer engagement positively affects Personnel interaction quality.	Confirmed
H3c. Pharmacy customer engagement positively affects Periphery experience quality.	Confirmed
H4a.Pharmacist interaction quality positively affects autobiographic memory.	Rejected
H4b.Personnel interaction quality positively affects autobiographic memory.	Confirmed
H4c.Periphery experience quality positively affects autobiographic memory.	Confirmed
H5: Autobiographic memory positively affects word-of-mouth.	Confirmed
H6: Peace of mind positively affects word-of-mouth.	Confirmed

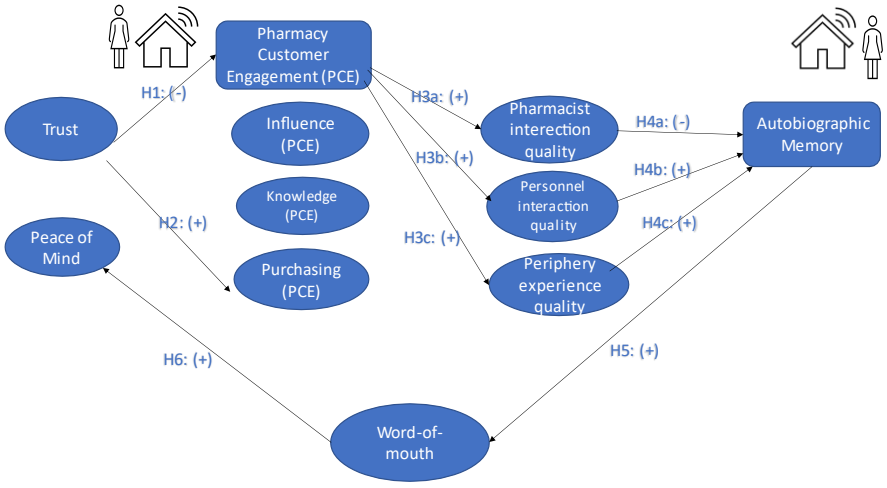


Figure 5. The hypothesis results.

3. DISCUSSION

In our study, we found that trust in the pharmacy can significantly impact the purchase decision of a patient. The study by Castaldo et al. revealed that trust and satisfaction with pharmacists have a direct effect on the establishment of loyalty to the pharmacy [31]. While the first of our hypotheses on trust was confirmed, the second was not. The subscale of PCE is measured in our survey and given code as Knowledge (PCE) means giving feedback. When we evaluate the first hypothesis, the low effect of trust on pharmacy customer engagement could be a cultural issue. This was confirmed in our study. Trust is an integral part of safe and effective healthcare delivery [32]. When patients have confidence in the quality and accuracy of the services and products provided by a pharmacy, they are more likely to make repeat purchases and become loyal customers. Trust in the community pharmacist has an important role in determining patient satisfaction and trust in the pharmacy, as well as the product variety, store environment, and communication quality, affect the trust in the community pharmacist and patient satisfaction [31]. Customer loyalty is not required to purchase or plan to purchase, or to be involved in research, evaluation, and decision-making [24]. However, the purchase also counts as a form of connection [28]. In our study, we found that trust in the pharmacy can significantly impact the purchase decision of a patient.

In the third hypothesis of the study, the 3Ps (Pharmacist interaction quality, Personnel interaction qua, quality, and Periphery experience quality) were found positively affected by pharmacy customer engagement. The heart of the pharmacy practice, especially in the community pharmacy, is the pharmacist-patient interaction [2]. Pharmacists will be valuable for patients to learn from their pharmacy services experience to better serve their patients. However, there is limited information on the perceived role of community pharmacy. Research shows that consumers perceive pharmacies primarily as easily accessible providers of medicines and advice as the community pharmacy as a place to purchase quality drugs with drug management, and the most important role in the development of the role of Pharmacists [33-34]. The service-dominated perspective has revealed the concept of value [35]. The patient creates value bilaterally, instead of leaving unilaterally [36]. The pharmacy environment should be a human-centered socio-technical system with a tradition of examining and analyzing the current situation, designing solutions to problems, and evaluating these solutions in laboratory or practice settings [37]. One study supports that the physical appearance of pharmacies is not an important factor compared to other industries [38]. During pharmacist-patient interactions, patients can obtain their medications and related advice from their pharmacists and benefit from their expertise [39]. Pharmacists can provide drug and disease information, question patients' drug experiences, and encourage patients in their efforts to improve their health [37] Medication counseling is an essential part of pharmaceutical care, especially for first-time patients receiving their prescription medication, pharmacy personnel have ample opportunities to inform them about their medication and support them in using their medication correctly [40]. The perceived quality of the pharmacy structure, i.e. the appearance and attitude of physical facilities, equipment, and personnel can affect participation in pharmacies [23, 38]. On the other hand, engagement is possible with the involvement of customers, which is made up of experience and emotions [11,24]. If we evaluate pharmacy customer engagement in the context of PX in community pharmacies, it has been determined that the most important factors affecting pharmacy customer engagement between pharmacies and patients are good communication, information exchange and effectiveness of recommended or sold drugs, trust, and loyalty to pharmacy and pharmacy personnel. Customer loyalty is a marketing concept used to refer to the types of connections that consumers make with other consumers, companies, and certain brands. Consumers have a dedicated fan base that not only buys but also encourages others to do the same, thus creating a ripple effect [22,23}.

In the fourth hypothesis, we evaluated if the 3Ps affected autobiographical memories positively or not. H4a hypothesis is not accepted, the reason for that patient meets with personnel and environment first, and the patient's memory keeps it. So H4b and H4c hypotheses were found meaningful Tfrequencyecy of visiting the pharmacy increased, H4a hypothesis was found meaningful. Autobiographic memory was evaluated first time in our study. Pharmacies are the places, where the patient could be emotionally sensitive, and it would be affected autobiographic memory. Understanding memory in terms of experiences is very important [16,22,41-44]. So we tried to explain if Aum positively affects WoM. The fifth hypothesis was confirmed. That means, if a patient lives a good experience the patients are willing to share PX with others. Positive word-of-mouth (WoM) from existing customers can bring new customers to pharmacies [27,45]. To retain existing customers, it is necessary to create customer loyalty [45]. It has been demonstrated that customer loyalty plays a crucial role in long-term business success in various business types [45,49]. Marketing studies show a

relationship between customer loyalty, loyalty, and sales turnover in various service businesses[50]. Patient loyalty can be defined as "continuing the relationship of the patient with the health institution and on the other hand recommending the services of the health institution to potential patients"[5]. Loyal patients will still prefer the same health institution in the next need. (14) They will also recommend the healthcare provider's products and services to others [51,52].

In the sixth hypothesis, the "PoM positively affects WoM" hypothesis was confirmed. PoM is an important parameter for visiting and in our study, we found it consistent with the literature [15]. WOM has been claimed to be one of the most powerful customer acquisition tools stores have [52]. The first and most important reason for patients to show loyalty is that they are very satisfied with the service provided. If the healthcare organization has a strong name in the industry, is advanced in technology, and has good relationships with its patients, patients will be more likely to remain loyal [51]. Many studies use patient loyalty as a "revisit intention" in healthcare services [53]. Many researchers have found satisfaction and attitude to be repurchase intentions. The overall ranking is satisfaction, attitude, and repeat purchase [54-57]. Studies show pharmacies that provide a better experience for patients, and better financial performance [19]. In a study on patient experiences in the city of Maputo, it was determined that half of the participants went to the same pharmacy. This was determined to be influenced by several criteria, including patients' preferences, working hours, geographic location, available medications, prices, personnel, and quality of Pharmacy customer engagements. Underneath these, it was determined that the factors of trust in pharmacists and pharmacy personnel are important, in the same study, patients preferred that pharmacy because they trust their old pharmacy more even though their homes have moved elsewhere has emerged. [21].

4. CONCLUSION

Patient experience in community pharmacies was evaluated for the first time in our study with experiential marketing elements. Community pharmacies face competition, and experience marketing can help them differentiate themselves and create a unique value proposition. The patient's journey to the pharmacy starts before entering the pharmacy, continues at the pharmacy, and then leaves the pharmacy. It is important to understand the touchpoint of the patient journey at a community pharmacy and the needs of the patients. Our findings show that peace of mind, trust, pharmacy, customer engagement, interaction quality with the pharmacist and personnel, and atmosphere or periphery experience quality are the important components for a patient to re-visit the same pharmacy. Overall, whether it is patient experience or customer experience, both focus on people and understanding their needs as a service sector will add value to service quality.

5. MATERIALS AND METHODS

5.1. Measurement tool, Sample size, and Data Collection

The patient Experience Scale (PXS) was adapted from the marketing strategy concept in hospitals to community pharmacies with permission. The scale we used in our study is a combination of 8 different scales(10–16) used by Ayşe Bengi Özçelik to measure patient experience in hospitals during her doctoral study(17). The five-point Likert scale was used to measure each item. Statements were ordered from (1) strongly disagree to (5) strongly agree. This study was performed in strict accordance with good research practices and the code of ethics of the Istinye University Ethical Committee. The measurement tool was approved by Istinye University Ethical Committee on 05th May 2020.

The number of surveys required to be collected for the survey was calculated as 384. (18) PXS was administered to 424 patients given informed consent in Istanbul online(n=174) and by telephone (n=256) for 3 months. Online volunteers took the survey after they approved the informed consent form. In the telephone interviews, after the informed consent was read and each volunteer was asked if he or she had any questions, the question-answer part was started. Patients answered all questions considering their last pharmacy visit.

5.2.Data Analysis

We used the SPSS 23 (The Statistical Package for The Social Sciences) and IBM SPSS AMOS 23 programs to evaluate the data obtained from the survey. Using Kolmogrov-Smirnov and Shapiro-Wilks tests,

our study concluded that the scales did not show normal distribution ($p<0.05$). The study used the mean and standard deviations in the evaluated data, while the number of observations and relative frequencies was used in the classified data. The study used confirmatory factor analysis to evaluate the construct validity of the scales and the Cronbach alpha coefficient to evaluate the internal consistency. The study used Spearman's correlation coefficient to calculate relationships between the scales. The study made two independent group comparisons using the Mann-Whitney U test and comparisons of more than two groups using the Kruskal Wallis H test. The study made the comparison of the groups wherein a difference was found using the Dunn test. The study evaluated results at $p<0.05$ significance level.

REFERENCES

[1] Lemon KN, Verhoef PC. Understanding customer experience throughout the customer journey. J Mark. 2016;80(6):69–96. https://doi.org/10.1509/jm.15.04.

[2] Guirguis LM, Chewning BA. Role theory: Literature review and implications for patient-pharmacist interactions. Res Soc Adm Pharm. 2005;1(4):483–507. https://doi.org/10.1016/j.sapharm.2005.09.006.

[3] Burnaz S, Ozcelik AB. Customer experience quality dimensions in health care: Perspectives of industry experts. Pressacademia. 2019;6(2):62–72. http://doi.org/10.17261/Pressacademia.2019.1034.

[4] Buccoliero L, Bellio E, Mazzola M, Solinas E. A marketing perspective to "delight" the "patient 2.0": New and challenging expectations for the healthcare provider. BMC Health Serv Res. 2016;16(1):1–13. https://doi.org/10.1186/s12913-016-1285-x

[5] Wu C. The impact of hospital brand image on service quality, patient satisfaction, and loyalty. African J Bus Manag. 2011;5(12):4873–4882. https://doi.org/ 10.5897/AJBM10.1347

[6] Agency for Healthcare Research and Quality (AHRQ). What Is Patient Experience? https://www.ahrq.gov/cahps/about-cahps/patient-experience/index.html (Last accessed on 30 03 2023)

[7] Wolf J a, Niederhauser V, Marshburn D, Lavela SL. Defining patient experience. Patient Exp J. 2014;1(1):7–19. http://dx.doi.org/10.35680/2372-0247.1004

[8] Jenkinson C, Coulter A, Bruster S, Richards N, Chandola T. Patients' experiences and satisfaction with health care: Results of a questionnaire study of specific aspects of care. Qual Saf Heal Care. 2002;11(4):335–339. http://dx.doi.org/10.1136/qhc.11.4.335

[9] Ozcelik AB. Ph.D. Thesis.Analyzing Customer Engagement Through Customer Experience in Healthcare Industry. Department of Management, Management Programme, Graduate School of Arts and Social Sciences, Istanbul Technical University, Istanbul, Turkey, May 2019.

[10] Crosby LA, Evans KR, Cowles D. Relationship Quality in Services Selling: An Interpersonal Influence Perspective. *J Mark*. 1990;54(3):68. http://dx.doi.org/10.2307/1251817

[11] Kumar V, Pansari A. Competitive advantage through engagement. *J Mark Res*. 2016;53(4):497–514. http://dx.doi.org/10.1509/jmr.15.0044

[12] Romero J. Customer Engagement Behaviors in Hospitality: Customer-Based Antecedents. *J Hosp Mark Manag*. 2017;26(6):565–584. http://dx.doi.org/10.1080/19368623.2017.1288192

[13] Kim H, Choi B. The Influence of Customer Experience Quality on Customers' Behavioral Intentions. *Serv Mark Q*. 2013;34(4):322–338. http://dx.doi.org/10.1080/15332969.2013.827068

[14] Kim H, Choi B. The effects of three customer-to-customer interaction quality types on customer experience quality and citizenship behavior in mass service settings. http://dx.doi.org/10.1108/JSM-06-2014-0194

[15] Klaus P, Maklan S. Towards a better measure of customer experience. *Int J Mark Res*. 2013;55(2):227–246. http://dx.doi.org/10.2501/IJMR-2013-021

[16] Fitzgerald JM, Broadbridge CL. Latent constructs of the Autobiographical Memory Questionnaire: A recollection-belief model of autobiographical experience. *Memory*. 2013;21(2):230–248. http://dx.doi.org/10.1080/09658211.2012.725736

[17] Lecoeuvre L, Turner R, Kuppelwieser VG. Customer experience in the B2B area: The impact of age-related impressions. *J Retail Consum Serv*. 2021;58:102216. http://dx.doi.org/10.1016/j.jretconser.2020.102216

[18] Von Zernichow R, Skjuve M, Halvorsrud R. Customer journey heatmaps: A wake-up call. *ACM International Conference Proceeding Series*. Association for Computing Machinery; 2018:850–855. http://dx.doi.org/10.1145/3240167.3240277

[19] Hoyer WD, Kroschke M, Schmitt B, Kraume K, Shankar V. Transforming the Customer Experience Through New Technologies. *J Interact Mark*. 2020;51:57–71. https://doi.org/10.1016/j.intmar.2020.04.001

[20] Philpot LM, Khokhar BA, DeZutter MA. Creation of a Patient-Centered Journey Map to Improve the Patient Experience: A Mixed Methods Approach. *Mayo Clin Proc Innov Qual Outcomes*. 2019;3(4):466–475. http://dx.doi.org/10.1016/j.mayocpiqo.2019.07.004

[21] Erdem C, Tavşan N. *Müşteri Deneyimi Yönetimi*. Beta Basım Yayım Dağıtım A.Ş, Istanbul, 2019.pp:89.

[22] Conway MA, Loveday C. Remembering, imagining, false memories & personal meanings. *Conscious Cogn*. 2015;33:574–581. http://dx.doi.org/10.1016/j.concog.2014.12.002

[23] Nitadpakorn S, Farris KB, Kittisopee T. Factors affecting pharmacy engagement and pharmacy customer devotion in community pharmacy: A structural equation modeling approach. *Pharm Pract (Granada)*. 2017;15(3):1–8. http://dx.doi.org/10.18549/PharmPract.2017.03.999

[24] Vivek SD, Beatty SE, Morgan RM. Customer engagement: Exploring customer relationships beyond the purchase. *J Mark Theory Pract*. 2012;20(2):122–146. http://dx.doi.org/10.2753/MTP1069-6679200201

[25] Garson D. Statnotes: Topics in Multivariate Analysis: Factor Analysis.2010. http://faculty.chass.ncsu.edu/garson/pa765/statnote.htm

[26] Anderson JC, Gerbing DW. The effect of sampling error on convergence, improper solutions, and goodness-of-fit indices for maximum likelihood confirmatory factor analysis. Psychometrika. 1984;49(2):155–73.

[27] MacCallum RC, Browne MW, Sugawara HM. Power analysis and determination of sample size for covariance structure modeling. Psychol Methods. 1996;1(2):130–49.

[28] Hu L.-T., Bentler P. M. 103. Cutoff criteria for fit indexes in covariance structure analysis: conventional criteria versus new alternatives. Struct Equ Model. 1999;6(July 2012):1–55.

[29] Schermelleh-Engel K, Moosbrugger H, Müller H. Evaluating the fit of structural equation models: Tests of significance and descriptive goodness-of-fit measures. MPR-online. 2003;8(May):23–74.

[30] Haynes S, Richard D, Kubiancy E. Content validity in psychosocial assessments: A functional approach to concept and method. *Psychol Assess*. 1995;7(3):238–247.

[31] Castaldo S, Grosso M, Mallarini E, Rindone M. The missing path to gain customers loyalty in pharmacy retail: The role of the store in developing satisfaction and trust. *Res Soc Adm Pharm*. 2016;12(5):699–712. http://dx.doi.org/10.1016/j.sapharm.2015.10.001

[32] Khullar D. Building Trust in Health Care—Why, Where, and How. *JAMA*. Aug 13;322:507–509. http://dx.doi.org/0.1001/jama.2019.4892.

[33] Anderson, C., Blenkinsopp, A., & Armstrong, M. (2004). Feedback from community pharmacy users on the contribution of community pharmacy to improving the public's health: A systematic review of the peer reviewed and non-peer reviewed literature 1990-2002. Health Expectations, 7(3), 191–202. https://doi.org/10.1111/j.1369-7625.2004.00274.x

[34] Lamberts, E. J. F., Bouvy, M. L., & van Hulten, R. P. (2010). The role of the community pharmacist in fulfilling information needs of patients starting oral antidiabetics. Research in Social and Administrative Pharmacy, 6(4), 354–364. https://doi.org/10.1016/j.sapharm.2009.10.002

[35] Brodie, R. J., Hollebeek, L. D., Jurić, B., & Ilić, A. (2011). Customer engagement: Conceptual domain, fundamental propositions, and implications for research. Journal of Service Research, 14(3), 252–271. https://doi.org/10.1177/1094670511411703

[36] Harmeling, C. M., Moffett, J. W., Arnold, M. J., & Carlson, B. D. (2017). Toward a theory of customer engagement marketing. Journal of the Academy of Marketing Science, 45(3), 312–335. https://doi.org/10.1007/s11747-016-0509-2

[37] Holden, R. J., Abebe, E., Russ-Jara, A. L., & Chui, M. A. (2021). Human factors and ergonomics methods for pharmacy research and clinical practice. In Research in Social and Administrative Pharmacy (Vol. 17, Issue 12, pp. 2019–2027). https://doi.org/10.1016/j.sapharm.2021.04.024

[38] Kumar V, Aksoy L, Donkers B, Venkatesan R, Wiesel T, Tillmanns S. Undervalued or overvalued customers: Capturing total customer engagement value. *J Serv Res*. 2010;13(3):297–310. http://dx.doi.org/10.1177/1094670510375602

[39] Whitehead P, Aitken P, Krass I, Benrimoj SI. Patient drug information and consumer choice of pharmacy. *Int J Pharm Pract*. 1999;7(2):71–79. http://dx.doi.org/10.1111/j.2042-7174.1999.tb00952.x

[40] Koster ES, Van Meeteren MM, Van Dijk M. Patient-provider interaction during medication encounters: A study in outpatient pharmacies in the Netherlands. Patient Educ Couns. 2015;98(7):843–848. http://dx.doi.org/10.1016/j.pec.2015.03.007

[41] Conway MA. Memory and the self. *J Mem Lang*. 2005;53(4):594–628. http://dx.doi.org/10.1016/j.jml.2005.08.005

[42] Rubin DC. Beginnings of a Theory of Autobiographical Remembering. *Autobiographical Memory*. Psychology Press; 1998:21.

[43] Gehrt TB, Nielsen NP, Hoyle RH, Rubin DC, Berntsen D. Individual Differences in Autobiographical Memory: The Autobiographical Recollection Test Predicts Ratings of Specific Memories Across Cueing Conditions. *J Appl Res Mem Cogn*. 2022;11(1):85–96. http://dx.doi.org/10.1037/h0101869

[44] Morgan M, Xu F. Student travel experiences: Memories and dreams. *J Hosp Leis Mark*. 2009;18(2–3):216–236. http://dx.doi.org/10.1080/19368620802591967

[45] Pimentel R, Reynolds K. A model for consumer devotion: Affective commitment with proactive sustaining behaviors. 2004. http://www.amsreview.org/articles/pimentel05-2004.pdf

[46] Van Doorn J, Lemon KN, Mittal V. Customer engagement behavior: Theoretical foundations and research directions. *J Serv Res*. 2010;13(3):253–266. http://dx.doi.org/10.1177/1094670510375599

[47] Kim SJ, Wang RJH, Maslowska E, Malthouse EC. "understanding a fury in your words": The effects of posting and viewing electronic negative word-of-mouth on purchase behaviors. *Comput Human Behav*. 2016;54:511–521. http://dx.doi.org/10.1016/j.chb.2015.08.015

[48] Romero J, Ruiz-Equihua D. Be a part of it: promoting WOM, eWOM, and content creation through customer identification. *Spanish J Mark - ESIC*. 2020;24(1):55–72. http://dx.doi.org/10.1108/SJME-11-2019-0092

[49] Hellier PK, Geursen GM, Carr RA, Rickard JA. Customer repurchase intention: A General Structural Equation Model. *Eur J Mark*. 2003;37(11/12):1762–1800. http://dx.doi.org/10.1108/03090560310495456

[50] Hsu LC. Investigating the effect of service encounter, value, and satisfaction on word of mouth: An outpatient service context. *Int J Environ Res Public Health*. 2018;15(1). http://dx.doi.org/10.3390/ijerph15010132

[51] Derin&Demirel Derin N, Demirel ET. Sağlık hizmetlerinde kalitenin göstergesi olan hasta memnuniyetine yönelik ölçek geliştirme çalışması. J Acad Soc Sci Stud Int. 2013;6(2):1111–1130. http://openaccess.firat.edu.tr/xmlui/bitstream/handle/11508/8412/A4.pdf?sequence=1&isAllowed=y

[52] Gauri DK, Bhatnagar A, Rao R. Role of word of mouth in online store loyalty. Commun ACM. 2008;51(3):89–91. doi:10.1145/1325555.1325572

[53] Wu C. The impact of hospital brand image on service quality, patient satisfaction and loyalty. African J Bus Manag. 2011;5(12):4873–4882. doi:10.5897/AJBM10.1347

[54] Hellier PK, Geursen GM, Carr RA, Rickard JA. Customer repurchase intention: A General Structural Equation Model. Eur J Mark. 2003;37(11/12):1762–1800. http://dx.doi.org/10.1108/03090560310495456

[55] Airaksinen M, Ahonen R, Enlund H. Customer feedback as a tool for improving pharmacy services. *Int J Pharm Pract*. 1995;3(4):219–226. http://dx.doi.org/10.1111/j.2042-7174.1995.tb00822.x

[56] Kevrekidis DP, Minarikova D, Markos A, Malovecka I, Minarik P. Community pharmacy customer segmentation based on factors influencing their selection of pharmacy and over-the-counter medicines. *Saudi Pharm J*. 2018;26(1):33–43. http://dx.doi.org/10.1016/j.jsps.2017.11.002

[57] Lee J, Lee J, Feick L. The impact of switching costs on the customer satisfaction-loyalty link: Mobile phone service in France. *J Serv Mark*. 2001;15(1):35–48. http://dx.doi.org/10.1108/08876040110381463