



**Addis Ababa University
School of Commerce
Department of Marketing Management
Post Graduate Program**

**The influence of consultative selling on patient satisfaction: The case
of chain pharmacies in Addis Ababa**

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Advisor: Tewodros Mesfin (PhD)

*June, 2018
Addis Ababa, Ethiopia*

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*A Research Project Submitted to School of Commerce
In partial fulfillment of the Requirements for the Degree of Master of
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Advisor: Tewodros Mesfin (PhD)

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Statement of Certification

This is to certify that **Yonatan Taye** has carried out his research work on the topic entitled **The influence of consultative selling on patient satisfaction: The case of chain pharmacies in Addis Ababa** is his original work and is suitable for submission for the award of Master's Degree in Marketing Management.

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Statement of Declaration

I, Yonatan Taye, hereby declare that the thesis entitled **The influence of consultative selling on patient satisfaction: The case of chain pharmacies in Addis Ababa** is the outcome of my own effort and study and that all sources of materials used for the study have been duly acknowledged. This study has not been submitted for any degree in this University or any other University. It is offered for the partial fulfillment of the degree of MA in Marketing Management.

Declared by:

Yonatan Taye

Signature

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Abbreviations

OTC – Over the Counter

WHO – World Health Organization

WOM – Word of Mouth

WTP – Willingness to Pay

Abstract

This research was conducted to examine the influence of consultative selling on patient satisfaction in chain pharmacies in Addis Ababa. The study was conducted on four chain pharmacies in the city and customers of these pharmacies participated in assessing the four consultative selling skills of pharmacy professionals at the selected retail outlets. Pharmacists' communication skills, pharmacist's empathy, provision of instructions on usage of medicines and information on disease conditions were examined and their influence on patient satisfaction measured. A quantitative research approach was employed and data collected from questionnaires were analyzed using SPSS version 23 to calculate statistical outcomes such as mean, standard deviation, correlation, and multiple regression. The results of the study showed that all consultative selling skills had a significant and positive influence on patient satisfaction with pharmacists' communication skills being the most impactful. Based on the research findings it is recommended that community pharmacies consider effective consultative selling as a competitive advantage. By improving consultative selling skills of its employees through skill development programs, pharmacy owners can stand out with the services of their pharmacies by having competent and all rounded employees who can satisfy patient needs.

Chapter One

Introduction

This chapter gives a detailed introduction of the research starting with a brief background on the need to study customer satisfaction in today's marketing landscape. Statement of the problem, research objectives, basic research questions, significance and scope of the study are also introduced in this chapter.

1.1 Background of the study

For years companies have invested significant resources to improve their customers' satisfaction (Durvasula, et al. 2004). Customer satisfaction indicates the general health of the organization, its future prospects, and provides companies with many benefits including forming consumer loyalty, preventing customer churn, reducing marketing costs, and enhancing business reputation (Fornell 1992).

There has been extensive research in customer satisfaction over many years. Customer satisfaction has been considered by companies as a key strategic indicator of a company's success and long-term competitiveness so highly is it regarded that many service companies spend as much as half of their research budget on measuring customer satisfaction.

Research into customer satisfaction has revealed several advantages for companies. A satisfied consumer is more likely to stay with the same company. The longer a consumer stays with a company, the more products or services he/she purchases from the company, it costs more to capture a new consumer than to retain a current consumer and a satisfied consumer is less likely to switch to other companies.

For these reasons, many organizations have placed much attention on studying customer satisfaction. Furthermore, higher customer satisfaction insulates current customers from competitors, enhances a firm's reputation in the marketplace, and lowers the costs of attracting and transacting with new customers. Satisfaction, as an independent variable, is considered to be linked to repurchase intentions, word of mouth communications and price tolerance (Tamilla et.al 2013).

Repurchase intentions are defined as “the individual’s judgment about buying again a designated service from the same company, taking into account his or her current situation and likely circumstances”. From this definition, it is clear that repurchase behavior occurs when customers purchase other products or services for the second or more times with the same company; and the reason for purchasing again is mainly triggered by customer experience towards the products or services. Thus, it is noticed that consumers are more likely to purchase again from the same company if they think that what they have received was worth what they have given up (Wahyuningsih, 2011).

Word of mouth communication is defined as “informal communications directed at other consumers about the ownership, usage, or characteristics of particular goods and services and/or their sellers” (Westbrook 1987). Word of mouth has been identified in previous research as an important behavior after consuming a product or service. Customers who show up on the strength of a personal recommendation tend to be more profitable and stay with the company longer than customers who respond to conquest advertising, sales pitches, or price promotions (Reichheld 1996). From the previous studies, it is perceived that word of mouth plays a key role in shaping consumers attitudes and behaviors. Thus, word of mouth serves as enforcement to consumers to remain loyal to a service provider.

The level of price increase tolerance reflects the maximum price rise satisfied consumers are willing to accept for the service used or product purchased. The association between consumer satisfaction and price increase tolerance has long been of research interest. For example, economists suggest that consumer surplus, a concept in economics that is analogous to price increase tolerance, could be the economic measure of one’s satisfaction surplus. It seems natural that improved consumer satisfaction leads to higher price increase tolerance, although empirical efforts in testing this apparent proposition may encounter some frustrations (Anderson, 1996).

The heart of pharmacy practice, particularly in community pharmacy, is the patient-pharmacist interaction. During patient-pharmacist interactions, patients may request medications, seek pharmacists’ advice, and share their experiences and expertise with medications. Pharmacists may provide medication and disease information, inquire about the patients’ medication experience, and encourage patients in their efforts to improve health. Most patient-pharmacist

interactions occur face-to-face when patients pick up prescriptions, but interactions also occur over the telephone and during services such as immunizations, health screenings, disease state management services, and medication therapy management.

In daily practice most pharmacy customers ask questions and receive information at the pharmacy counter. This is usually a brief exchange, but also provides pharmacists with an opportunity to further explore patient's health concerns and needs, thus opening a window for longer and structured interactions in a private consultation office, where medication review and associated activities may occur. Sharing information with patients is critical to understand their knowledge, expectations and medication-related needs, improving patients' therapeutic adherence and treatment outcomes.

According to the needs of each patient, interview duration and content may vary from brief episodes to longer interviews. These moments contribute also to build a trustful relationship that is needed to provide optimal healthcare and thus building patient's satisfaction with the pharmacist's service. These activities help not only to attract new clients, but also to achieve customer retention and loyalty.

Many pharmaceutical care activities can be described under the construct of consultative selling behaviors by pharmacists. Consultative selling by a pharmacist is a social support behavior and include such activities as supplying information about medications and adverse effects and providing encouragement and feedback regarding drug therapy. These actions would be expected to improve patients' clinical, economic, and humanistic outcomes.

Consultative selling behaviors by pharmacists also include the provision of instruction to patients and helping patients set goals and record feedback upon use of medications. Provision of instruction includes activities such as informing patients on how to take their medications, informing patients what to expect from their medications, helping patients understand how to take their medications in special circumstances (e.g., when a dose is missed), helping patients understand what is expected of them in regard to their medications, teaching patients specifics about what to avoid while taking their medications and helping patients understand their diseases better.

Feedback and goal setting activities include helping patients set goals for themselves with respect to taking their medications correctly, checking periodically with patients to determine whether they are following advice, providing feedback to patients about how they are doing with regard to their medication regimens and helping patients understand who to contact for assistance.

Consumers identified and evaluated several factors that influence their selection of pharmacy. The greater the number of positive factors perceived by consumers, the more they are to visit the store. An important issue to consider in providing pharmacist consultation services is patient satisfaction with the service.

According to Ross et al., patient satisfaction with medical services is important for retaining or attracting patients. Patient willingness to remain within a delivery system or with an individual pharmacy may be due directly to satisfaction or dissatisfaction. Satisfied or dissatisfied patients generate reports about the adequacy or value of a service that may attract or deter potential patients for a pharmacy. This may be seen by measuring behavioral intentions. One group of behavioral intentions could be designed as positive behavioral intentions. One of this is loyalty. Customers with high loyalty are found to have a relatively high favorable attitude and high purchase frequency. Customer loyalty means customers' repurchases, commitment to introduce the company's products or service to others, willingness of convincing others to use the company's products or service, voluntary recommendation to the company's products, or willing assistance to improve its service, and so on. Thus, customer loyalty is a key factor in creating corporate profit and attracting new customers.

Patient loyalty to pharmacy is here defined as the repeated use of the same pharmacy for pharmaceutical services besides counter-based interactions, usually provided in the private consultation office. Loyalty as a concept is influenced by satisfaction.

Communication plays here an essential role, knowing that a higher patient satisfaction maybe achieved if pharmacists show adequate interest by appropriately questioning patients on their medication. Thus, the communication pattern and the information provided to the patient have the potential to increase pharmacy loyalty.

Certain other behaviors signal that customers are forging bonds with a company. When customers praise the firm, express preference for the company over others, recommend the company of service to others (Parasuraman, Berry, and Zeithaml, (1991a), say positive things about company to others (Boulding et al. 1993), increase the volume of their purchases, or agreeably pay a price premium (Rust and Zahorik, 1993), they are indicating behaviorally that they are bonding with the company.

This research tried to examine the influence of consultative selling on patient satisfaction. Four elements of consultative selling will be used to determine patient satisfaction with consultation services provided by the pharmacist. Patient satisfaction with pharmacists' communication skills, pharmacists' empathy, instructions on usage of medicines and provision of information on disease conditions were measured.

1.2 Statement of the problem

An overwhelming number of studies have investigated the outcomes of overall satisfaction and have indicated that a significant relationship exists between satisfaction/dissatisfaction and loyalty behaviors such as switching, complaining, positive word of mouth and repurchase intentions and this uncertainty has prompted some academic interest in the role of satisfaction in influencing and predicting consumer behavior.

Many industries such as the hospitality sector spend millions of dollars trying to assess consumer satisfaction with their services. Similarly, the retail sector also spends millions of dollars trying to develop products and marketing tools that will elicit satisfaction in the consumers. For pharmacists, measuring patient (or consumer) satisfaction is a relatively new activity, although one could argue that since the origins of pharmacy profession, pharmacists have strived to satisfy their patients and, indeed, their businesses have depended on it.

Consumer satisfaction is an important performance measure because it is considered to be less sensitive to seasonal fluctuations, changes in costs, or changes in accounting practices than the more traditional performance measures. Ware describes patient satisfaction as being “probably one of the most underrated concepts in health services research.”

Consumer loyalty or repeat patronage may be measured using behavioral intention. However, its limitations should be recognized: behavioral intention can only be regarded as a “tentative” measure because “follow up studies are rarely performed.”

Behavioral intention appears to be affected by satisfaction, and, in turn, is linked to aggregate retention rate, market share and profitability. Switching behavior or intention is an indication of reduced loyalty. Indeed, increasing patronage switching is an offensive business strategy, while increasing switching barriers is a defensive strategy and can be achieved by increasing consumer satisfaction.

So what influences satisfaction, loyalty and behavioral intention, and what encourages consumers to choose one pharmacy over another? The factors that attract consumers to a community pharmacy have been explored in depth for many years, with “convenience” generally accepted as the most likely patronage reason followed by “like the pharmacist,” “price” and “pharmaceutical services,” with the importance of a particular patronage factor depending on the type of pharmacy.

Consumers requiring advice has also been identified as a clear patronage factor. Recent studies have described the complexity of patronage, describing how it appears to be influenced by the types of consumers and their corresponding needs (Whitehead et. al., 1999).

An assessment of the community’s use and perception on the extended roles of pharmacists in community pharmacies of Addis Ababa, Ethiopia (Kefyalew Z., 2015) was conducted to identify consumer perception towards various services of community pharmacies including consultative selling. This was an extensive study conducted to assess the perception of the community towards pharmacists providing additional services. Although the research provided a good insight into the current perception of pharmacists by consumers, customer satisfaction was measured based on several attributes of the pharmacy service rather than consultative selling.

Consultative selling practice by pharmacists was reviewed by (Ayalew M., 2017) with the aim of deriving results from various studies conducted on medication counselling in Ethiopia and make

an overall view about medication counselling activities, types of information provided during counselling, conditions given special attention during counselling and barriers to counselling in Ethiopia. The research did not examine consumers' satisfaction with consultative selling practices and therefore did not have a marketing significance. These and other studies may have contributed in developing the consultative selling skills of pharmacists but did little to identify the marketing implications of consultative selling in Ethiopian Community pharmacies.

This study examined the influence of consultative selling on patient satisfaction. Although previous researches highlighted the importance of pharmacy consultation to improved healthcare outcomes, this study will focus on the impact of consultation on attracting and retaining customers.

1.3 Basic Research Question

This study intends to establish the existence or absence of a significant relationship between consultative selling practices and patients' satisfaction. Thus, the following research questions are drawn:

The main research question of this research is:

- How does consultative selling affect patient satisfaction?

The specific research questions are:

RQ1: To what extent does pharmacists' communication skills influence patient satisfaction?

RQ2: To what extent does pharmacists' empathy influence patient satisfaction?

RQ3: In what ways does pharmacists' provision of instruction on usage of medicines influence patient satisfaction?

RQ4: How does pharmacists' provision of information on disease conditions influence patient satisfaction?

1.4 Objectives of the study

1.4.1 General Objectives

The main objective of this study is to determine how consultative selling influences on patient satisfaction.

1.4.2 Specific Objectives

- To determine the significance of pharmacists' communication skills on patient satisfaction
- To examine the effect of pharmacists' empathy on patient satisfaction
- To examine the effect of provision of instructions on usage of medicines on patient satisfaction
- To determine the effect of provision of information on disease condition on patient satisfaction

1.5 Significance of the study

Understanding customers' behavioral intentions is vital for any organization. In the present business scenario, it is even more important as customers' preferences are changing very fast and switching behaviors increasing rapidly. Hence it is imperative for an organization to find out the factors that influence customers' behavioral intentions.

Customer satisfaction is high up the pecking order in the list of factors affecting customers' behavioral intentions. However, measuring and analyzing patient satisfaction with pharmacist consultation is a relatively new development.

Community pharmacies serve the vital task of providing medications to patients and verbally explaining to the patient the directions for use, side effects, and proper storage of the drug. In addition, community pharmacies are responsible in maintaining patient medication records and

providing advice and recommendations about non-prescription drugs. As such, much of the success and adequacy of services of a pharmacy very much depend on the skills, attitudes and knowledge of the professionals involved. Therefore pharmacist-customer interactions are critical in determining whether or not customers leave the pharmacy satisfied and the follow-up action they take.

In Ethiopia, although several researches regarding the practice of community pharmacies have been conducted, much of it concentrated on assessing ethical responsibilities, regulatory gaps and knowledge of pharmacy professionals. These studies will have significant inputs to improve the capacity of professionals but will do little in identifying future directions to be taken by the business owners.

This study will be of significant importance to community pharmacy managers and owners especially chain pharmacies to identify which consultative selling skills of their employees' to develop in order to gain competitive advantage and improve satisfaction of their customers which will positively impact customers' behavioral intentions, build a strong reputability and increase revenue.

1.6 Scope of the Study

This research will be conducted to assess the influence of consultative selling on patient satisfaction. Although there may be several factors which influence patient satisfaction and their behavioral intentions, only the impact of consultative selling behaviors will be examined. The consultative selling skills measured in this research are communication skills, empathy towards patients, provision of instruction on medication usage and provision of information on disease conditions. The study will be confined to chain pharmacies in Addis Ababa which are thought to be representative of the common pharmacy services provided in the city, are spread out throughout different parts of the city and attract the same types of pharmacy customers.

1.7 Limitations of the study

The study is conducted only in chain pharmacies in Addis Ababa which may be a limitation in using the findings of the research to generalize and extend its applicability to other individual retail pharmacies or Hospital pharmacies in the city. In addition, only a specific attribute of the pharmacy service is used to measure patient satisfaction. It does not take into account other services provided by the pharmacies nor does it take into consideration other internal and external factors such as location of the pharmacy, type of disease, pharmacy setup, price structure etc.

1.8 Definition of Terms

Behavioral Intention: is defined as a person's perceived likelihood or subjective probability that he or she will engage in a given behavior.

Chain pharmacy: A pharmacy with four or more stores or branches.

Consultative Selling: is a selling method in which the salesperson spends time with the customer to understand the problem the customer is trying to solve and then recommends a solution that will specifically address that problem. It's different from a traditional sale in that it involves suggesting a solution to a problem, rather than a focus on selling a specific product.

Over-the-counter (OTC) medicine: A medication that may be sold directly to a consumer without a prescription.

Patient Satisfaction: a measure of the extent to which a patient is content with the healthcare which they received from their healthcare provider in evaluations of health care quality.

Prescription only Medicine: A medicine which is primarily available to consumers only when prescribed by authorized medical practitioner.

1.9 Organization of the Research paper

This research paper has five chapters. The first chapter deals with Introduction including background of the study, statement of the problem, objectives of the study, significance of the study, scope and limitations of the study. The second chapter presents review of related literature. The third chapter presents the research design and methodology. Presentation, analysis and interpretation of data is discussed in Chapter 4. The final chapter presents the summary of findings, conclusions and recommendations.

Chapter Two

Literature Review

2.1 Theoretical Review

In this section, literatures on the concepts and definitions of customer satisfaction and behavioral intentions are reviewed. In addition, a basic overview of the pharmacy practice and consultative selling practices is provided.

2.1.1 Customer Satisfaction

Customer satisfaction, as noted by Tahir, Waggett and Hoffman (2013), is “a customer's perspective based on expectation and then subsequent post purchase experience”. In other words, it is an evaluation of products’ or services’ quality level that meets or exceeds the customer expectations. The term customer satisfaction has been on the markets for a long time. In fact, many researchers and academicians emphasized that it is a key element for a company’s success in the market as well as a crucial factor for company’s survival as it has a positive effect on company’s profitability (Novikova, 2009; Angelova and Zekiri, 2011).

Customer satisfaction has been proposed as a construct extensively studied in the literature of customer behaviour (Fornell, 1992; Johnson and Fornell, 1991; McDougall and Levesque, 2000). It has been perceived as total evaluation of a product or service over a period as a result of purchase and consumption experience (Anderson et al., 1994; Oliver, 1999). Oliver (1997) called customer satisfaction a consumer's response to fulfilment which is a judgment on a product or service or any of its feature's ability to provide an enjoyable level of fulfilment resulting from consumption.

Kotler and Keller (2006) suggested that customer satisfaction stands for emotional states of pleasure or disappointment which a person may feel due to comparison between his perception and expectations of a product's performance. It was postulated that a dissatisfied customer is one

whose expectations exceeded the actual outcome of service interaction whereas a satisfied or delighted customer is a case of interaction matching or surpassing expectations.

Fornell (1992) referred to cumulative satisfaction as a customer's consumption experience over a period of time with regard to a particular product or service. Olsen's (2002) definition of satisfaction fall under transaction specific approach where they considered satisfaction as customers' evaluation of experience of themselves and their reactions to a service transaction, and episode or encounter.

Fornell (1992) said "high customer satisfaction will result in increased loyalty for the firm and that customers will be less prone to overtures from competition". Satisfaction is positively associated with repurchase intentions, likelihood of recommending a product or service, loyalty and profitability". Loyal customers would purchase from the firm over an extended time. Satisfied customers are more likely to be repeat (and even become loyal) customers.

Research shows that customer satisfaction is the basis and source of success for an organization. As such, customer satisfaction is a base of relation between marketing and management departments and a source of competitive edge. Customer satisfaction is also important for organizations as it has a positive impact on the overall financial performance of organizations. It was found that those customers who are satisfied with the service provided by the firms intended to increase their usage and intentions to purchase in the future. Cronin et al. (2000) concluded that the quality of service offered, the service itself and the overall satisfaction with the provided service had a direct bearing on the intentions of customers to continue with the current service provider in the future. Brown and Gulycz (2001) consider the satisfaction of customers as an important tool to retain customers in the future and with positive repurchase intentions. For years companies have invested significant resources to improve their customers' satisfaction. Customer satisfaction indicates the general health of the organization, its future prospects, and provides companies with many benefits including forming consumer loyalty, preventing customer churn, reducing marketing costs, and enhancing business reputation (Fornell 1992). The success of the firm's strategy depends on the company's ability to fulfill its promises to consumers, which in turn leads to forming long-term, profitable relationships.

It cannot be denied that a satisfied consumer has a tendency to buy more than a less satisfied one. In a highly competitive market, customer satisfaction is, indeed, a crucial key that builds strong and long-term relationships between the customers and the firm. The measure of customer satisfaction, therefore, has become a vital concern for many companies and services providers to achieve such success.

Customer satisfaction is thought to be a precursor to behavioral intentions. Scholars have produced impressive evidence of the favorable effects of customer satisfaction on various behavioral intention indicators, such as repeat purchase, retention, willingness to recommend to others, loyalty, and profitability. Equally impressive results have also been found in healthcare research. Satisfied patients are more likely to comply with medical treatment regimens heal faster and are more likely to utilize services in the future. It is therefore an important business success strategy (Anderson et al., 2004).

Customer satisfaction is considered to be one of the most important outcomes of all marketing activities in a market-oriented firm and become the most important predictor of future behavioral intention. Satisfaction remains as a strong predictor for behavioral outcomes. Satisfaction is an outcome of purchase and use resulting from the buyer's comparison of the rewards and cost of the purchase in relation to the anticipated consequences. It reflects how much the consumer likes or dislikes the service after experiencing it. When customers are able to have the opportunities to evaluate the quality of the delivered service, satisfaction is expected to have an effect on customer loyalty. Customer satisfaction exerts a stronger influence on future purchase intention. They added that loyalty increases with customer satisfaction at an increasing rate. A customer who has the intention to repurchase and recommend is very likely to remain with the company. For a customer to remain loyal he or she must believe that the firm's service continues to server the best choice alternative. Furthermore, customers will be less sensitive to the price of the service (McDougall et. al.2000).

2.1.2 Customer satisfaction and behavioral intentions

Repurchase Intentions

Repurchase intention is defined by Hellier, Geursen, Carr, and Rickard (2003) as the individual's decision about repeatedly buying the product/service from the same company, taking into account his/her current situation and circumstances. First-time purchase is often used as a predictive measure of repurchase behaviour. The decision to repurchase represents the customer's decision to engage in continuous consumption of the product. A positive relationship was confirmed between repurchase intentions and customer satisfaction. According to Kaveh (2011) this relationship simplifies the matter because in real world, many factors converge in order to make a decision to repurchase.

The majority of consumers' purchases are potential repeat purchases. Customers buy similar products repeatedly from similar sellers, and most purchases represent a series of events rather than a single isolated event. Retention is another common term for repurchase (Hennig-Thurau 2004; Narayandas 1998; Zineldin 2006), which is considered to be one of the most important variables in relationship marketing (Fullerton, 2005; Morgan & Hunt, 1994). While repurchase is the actual action, repurchase intent is defined as the customer's decision to engage in future activities with the retailer or supplier (Hume, Mort & Winzar 2007). Two forms of repurchase are identified: the intention to re-buy (repurchase), and the intention to engage in positive word-of-mouth and recommendation (referral).

Tsai, Huang, Jaw and Chen (2006) reported that longitudinal and cross-sectional satisfaction-repurchase studies have demonstrated that satisfied consumers are more likely to continue their relationship with a particular organization than dissatisfied ones. Increased costs of getting new customers are rising. Marketing managers now rely on repurchase intentions to predict sales and increase profits in a variety of marketing activities and demand forecasting for existing products. Similarly, academic researchers frequently use purchase intention as a proxy for repurchase behaviour. Perhaps most importantly, repurchase intentions are the most widely used indicator of customer satisfaction, trust and loyalty in firms' behaviour.

Word of Mouth (WOM) Recommendation

There are several definitions of WOM. Early scholars defined it as an oral, person to person communication between a receiver and a communicator whom the receiver perceives as non-commercial, concerning a brand, a product or a service. Westbrook described WOM as all informal communications directed at other consumers about the ownership, usage, or characteristics of particular goods and services or their sellers. Harrison-Walker defined it as an informal, person-to-person communication between a perceived noncommercial communicator and a receiver regarding a brand, a product, an organization, or a service (Allsop et. al., 20017).

Word-of-mouth is defined as consumer to consumer communication about goods and services. It is a powerful persuasive force, particularly in the diffusion of information about new products. Word-of-mouth has also been defined as any positive or negative statement made by customers experiences about a product or company, which is made available to a mass of people and institutions using the Internet. Word of Mouth (WOM) can also be clear as the method of communication between two noncommercial people and without benefit in the business they are talking about. Following consuming the product, more and more consumers are keen to response, creating an exchange of information between consumers and increasing more and more the Word-of-Mouth fact.

Word-of-mouth is especially important for service providers whose offerings are largely intangible and experience or credence based. In these services, customers rely heavily on the advice and suggestions from others who have experienced the service. Furthermore, consumers often trust each other more than they trust communication from firms, thus highlighting the importance of WOM.

It was found positive WOM was seven times more effective than newspaper and magazine advertising, four times more effective than personal selling and twice as effective as radio advertising in influencing consumers to switch brands. In fact, WOM has been shown to be more powerful than printed information. Primarily, because WOM information is considered to be more credible. Another reason for the power WOM marketing is that WOM is always relevant

and timely, it is driven by customer needs and it grows exponentially, for example, one tells a story to five people, they each tell it to five more, who tell it to five more after that (Cengiz and Yayla, 2007). WOM can be described in terms of direction, valence and volume. Its direction can be input into the decision making process, or output of the purchase process. Its valence can be positive or negative. Its volume relates to the number of people to which the message is relayed. Yi suggested that customer satisfaction is an important determinant of positive word-of-mouth (Attia et. al. 2012). WOM exerts a strong influence on consumer choice, so that companies have a good opportunity to increase their market share by developing positive WOM among customers.

Early studies on WOM have shown that it has an important impact on customer decisions and helps to present a good post-purchase wakefulness. Word-of-Mouth might have different kinds of special effects in the present world. Initially, it could be optimistic or unconstructive effects. Secondly, it could have an effect on the product, the brand, the service or even the employees' performance within the company. Word-of-Mouth's effects might have dissimilar targets. A successful product sharing could be affected by positive word of mouth and lack of negative word of mouth. An additional target could be the entrance of a brand in a fresh market. If the brand has not a good representation by the Word-of-Mouth distribution, it will be really hard for the company to set off its products and services in this fresh market (Brown et. al., 2005).

In the early 1950s, several researchers have shown that personal interactions and exchange of communication of the subjects had a power of influence at the time of purchase, in front of their expectations of the products or services. Thus arises the concept of mouth marketing mouth that addresses mainly the exchange of information and opinions so that then people have a reason to talk about particular organization for interpersonal channels. In this context, the mouth of the mouth marketing provides feedback on the expectation the product or service of the entity by interpersonal channels (Bansal et. al., 2004).

Researchers at the marketing area are investigating the WOM as the positive or negative. WOM is positive occurs when the consumer has a satisfactory experience a certain product or service purchased in the company of your choice in view of the qualities and benefits of acquiring

certain brand. The WOM is negative when the consumer's intention is to denigrate and discredit the organization's image because they have not had a satisfactory experience in it and somehow this negative marketing the customer makes can influence in business performance not satisfactory. The word of mouth marketing must be understood as a concern for companies considering their positive and negative aspects, as they are essential to understand the influence the consumer's purchasing decision for loyalty. On the one hand, the recommendations made by family, friends and others in relation to their experiences in certain establishments are those that win customers and make them become true advocates of the company, as well as help in leveraging sales, in the conquest new customers and the expansion and market share. But, otherwise, they may also exist reports that keep customers, especially the lack of attention on the part of any employee of the company.

The concept of loyalty has the meaning to transform the prospective buyer into a frequent buyer, which returns and disclose the company, creating a long-term relationship with it. The loyal customer may be involved with the organization, not changing their habit, often keeping their consumption of products, services and brands. This is considered loyal to the company for the product or service, extending the relationship over time. Customer loyalty to a brand can be seen in the willingness to continue to patronizing a long-term business, buying their goods and services regularly (Bansal et. al., 2000).

Willingness to pay more

Willingness to pay (WTP) is the maximum amount of money a customer is willing to spend for a product or service. WTP is a measure of the value that a person assigns to a consumption or usage experience in monetary units. It has been studied in marketing literature, including such areas as advertising, consumer dealing patterns and pre-test markets (Eugene 1996). Equity theory suggests that parties to an exchange perceive equitable treatment if the ratio of their outcomes to inputs is in some sense fair. Both positive and negative inequity produce negative affective states that motivate people to change parameters of the exchange to reestablish equity. Customers try to maintain payment equity overtime by adjusting items under their control (usage levels) in response to changes made by the company (e.g. price changes).

When customers experience elevated states of satisfaction, they perceive a high outcome of an exchange and therefore are willing to pay more (i.e., more than less satisfied customers) because this still results in an equitable ratio of outcome to input. This is one way to maintain payment equity. Similarly when satisfaction is low, customers perceive a low payment as adequate to establish a fair exchange. Thus Willingness to pay should be lower in cases of low satisfaction than in cases of high satisfaction (AnTien and Wen 2004).

Price tolerance refers to the extent to which consumers would be willing to pay rather than exiting/switching. In the literature, analogues of price tolerance have been reported in many studies, such as price, price expectations and price response. Among these, the concept of price threshold is the most popular one in studying price sensitivity to consumer's repurchase intention. Price increase tolerance and decrease tolerance measure different aspects of consumer's acceptance to price changes. The level of price increase tolerance reflects the maximum price rise satisfied consumers are willing to accept for the service used or product purchased. If the actual price increase is above this level, even the satisfied consumers will turn to other firms for the same or similar services.

The association between consumer satisfaction and price increase tolerance has long been of research interest. For example, economists suggest that consumer surplus, a concept in economics that is analogous to price increase tolerance, could be the economic measure of one's satisfaction surplus. It seems natural that improved consumer satisfaction leads to higher price increase tolerance, although empirical efforts in testing this apparent proposition may encounter some frustrations (Edvardsson et. al., 2000).

2.1.3 Consultative selling at community pharmacies

Patient counseling is one of the most important services conducted in community pharmacies. There is evidence that through patient counseling, pharmacists may identify and resolve drug-related problems, empower patients to adopt positive self-management behavior, increase patient satisfaction with pharmacy care, and optimize patient quality of care.

Pharmacy researchers either operationally define counseling or refer to specific counseling guidelines in the literature. Some authors have defined counseling as advice-giving or provision of information on medications.

Tully et al defined advice-giving as “any interaction in which a client in a pharmacy requests and/or is offered information by the staff to inform about or clarify any health-related issue, particularly with regard to medicines use.” Nevertheless, Rees argues that what pharmacists give is much more than just advice because this process involves empathic understanding, acceptance, and genuine feelings from pharmacists (Aslanpour 1997).

Other researchers have focused more on the goal of counseling; that is ensuring that patients understand the optimal use of medications to improve their quality of life. The Code of Ethics of the Royal Pharmaceutical Society of Great Britain also states that in supplying medicines, pharmacists must ensure that “the patient receives sufficient information and advice to enable the safe and effective use of medicines.” In achieving optimal use of medications, patients should be informed about how to use their medications properly. Therefore, counseling should include information such as name and purpose of the medication, directions for use, side effects, precautions, contraindications, and storage as well as monitoring for drug interactions and adverse drug reactions.

The content of counseling has also been described in several guidelines that have been published by professional organizations in the USA and Australia. The scope of the content of counseling recommended in each guideline varies, however all agree on the following information: name and description of the medicine, indications, route of administration, dose and dosage form, directions for use, duration of therapy, special directions, precautions, side effects, and contraindications. All guidelines also emphasize that the pharmacist’s professional judgment is needed to meet the specific needs of each patient and/or care-giver. For this reason, pharmacists need to ask a series of questions to identify patients’ understanding of their medications. Related to the counseling process, some guidelines state that the pharmacist as a health professional needs to develop an interactive communication process with the patients. Several guidelines have also stated conditions and circumstances for patient counseling. Pharmacists should make every

effort to provide an environment that is private, comfortable, and confidential for the patient and/or caregiver. Pharmacists also need to individually tailor their counseling based on patients' understanding, cultures, feelings, and cognitive abilities.

Community pharmacies have quite a distinct and unique position in healthcare delivery system as they are the first and/or final contacts between patients and drugs in majority of cases. This importance is augmented by their large extent and magnitude of operations, serving to millions of patients every day. However, an important fact to consider is that these outlets are working mainly as business entities and not as healthcare providers (Laaksonen R., 2004).

All over the world, community pharmacies act on a business model but they are regulated by health laws. The problems lie in ambiguity in laws and their implementation, not in pharmacies being run as a profit oriented profession. Inherent with their unique characteristics, many irrational drug use problems have cropped up at these outlets, including self-medication, antibiotic prescribing, inappropriate use of over-the-counter medicines, sale of less than prescribed quantity of drugs specially antibiotics and poor drug storage practices. Other common problems include limited counselling, attempts to diagnose and treat almost all conditions despite having no expertise. This problem is compounded by the confidence with which they execute this process for the multitude of patients. The people who are dealing with these patients are normally pharmacy assistants, dispensers and those with lower secondary school qualifications and no formal training. However, they feel confident while dealing with patients and patients also show trust on their suggestions and seek medical advice directly from these community pharmacies because they are faster and less expensive than the physicians'.

The professional services and activities of the pharmacist have considerably evolved in the last decades. Today, the main health-related activity of a pharmacist is to ensure quality of dispensing. The role of pharmacists in dispensing medicines is very important and all the resources involved in patients' care, up to the point of dispensing, may be wasted if dispensing is erroneous. World Health Organization, (1988) recognizes and advocates the role of pharmacist as 'seven star pharmacist' who is a care giver, decision maker, communicator, leader, manager, lifelong learner and a teacher. Thus putting him/her in a unique position in health care system for

performing these roles. The role of pharmacist is usually laid down in the drug laws of a particular country, thus making it possible for the community to get lawful benefit of the pharmacist's presence in health care system. The pharmacist is required to procure good quality medicines from the right source, store them as per their specifications, dispense them in a lawful and professional manner when required, communicate vertically with the physicians and ensure that the patient uses his medications as per advise and monitor their therapy.

Community pharmacists are recognized as the health care professionals who are most available to the public. Their professional role is seen to include answering prescription and over-the-counter queries, and the provision of medication and health promotion information. The perceived advantages of counselling patients about their medication include reductions in the misuse of medication, in medication errors and in adverse drug reactions, and improved compliance. The literature shows that consumers want drug information. The types of information include "the purpose of the medication and directions for use, advice on side effects, precautions and storage as well as monitoring for drug interactions and adverse drug reactions."

In measuring outcomes, business performance may be measured by many literature-based, fiscal performance indicators. However, difficulties arise when trying to measure the business performance of a community pharmacy specifically as an outcome of the provision of drug information as a service. Since this type of service is not directly charged to the consumer, a direct monetary effect is not measured easily. Therefore, the abstract but well documented constructs of consumer satisfaction, consumer loyalty, and switching behavior have been used in the development of instruments as surrogate measures of business performance (Rees 1996).

2.2 Empirical Review

Consumer satisfaction is an integral component of the quality of primary health care. Determining consumer perception of patient-centered services provides a perspective through which standards of care can be identified, enabling the pharmacist's role to be judged for overall quality and satisfaction for improvements to be made accordingly.

Community pharmacists in primary care face difficult choices in balancing the commercial and professional aspects of their profession. In most countries, community pharmacy is run on a profit basis and is not subsidized by the state; therefore for community pharmacists to survive, profit is a must. The dual commercial/professional role of the community pharmacist is a subject of continual discussion. Community pharmacists taking a business-oriented approach and placing profit before the consumer's needs will perceive giving advice and explanations on the correct use of medications as a waste of time and as not directly involving additional financial remuneration, and will therefore devote less time to patients. It is the community pharmacist's professional responsibility to appreciate the factors governing the safe and effective use of medicines, question patients about their symptoms and related factors, recommend the most appropriate products and liaise with physicians and other healthcare professionals.

Among various research conducted on the perception of consumers on the community pharmacist and level of satisfaction with pharmacy services, a study on Maltese community pharmacies found that most consumers chose to visit a particular pharmacy considering the proximity of the pharmacy to their home or work (80%) followed by 44% who sought pharmacist sympathy and friendliness when choosing a community pharmacy (Wirth et. al., 2011).

According to another study conducted on the factors affecting patient satisfaction with community pharmacies in Estonia, pharmacist consultation was found to be a significant factor for their satisfaction with the pharmacy services and their choice of pharmacy. For 72% of the respondents it was important to have an appropriate selection of medicines and 44% were looking for private consultations. More than half of the respondents expressed their content with

the services provided (68%) and drug information presented by pharmacists (60%). More than half of the respondents trusted the pharmacists as drug consultant (56%). Survey participants had similar expectations towards counselling of prescription and OTC medicines. Positive attitude towards pharmacy customer, professional counselling service and help in selection of appropriate medicine were the most frequently described criteria which were the basis for customer satisfaction. Fast service and possibility for confidential communication were considered equally important (Villako et. al., 2012).

Another study conducted to determine the extent to which pharmacist-patient communication influences pharmacy loyalty in Portuguese community pharmacies, humanistic-based skills were found to promote Portuguese customers' visit to pharmacies, including the customer experience of an appropriately structured and conducted interview. Knowing the best pharmacists' expertise is actually centered in drug therapy, and keeping in mind this might not presently be fully recognized by service users, the study helped explain the common low success of pharmaceutical care initiatives and suggests the need to improve pharmacists' psychosocial and clinical communication training (Liliana et. al, 2015).

2.3 Conceptual framework

The conceptual framework for this study was developed based on previous researches and concepts that have mainly been discussed in the theoretical and empirical literature review.

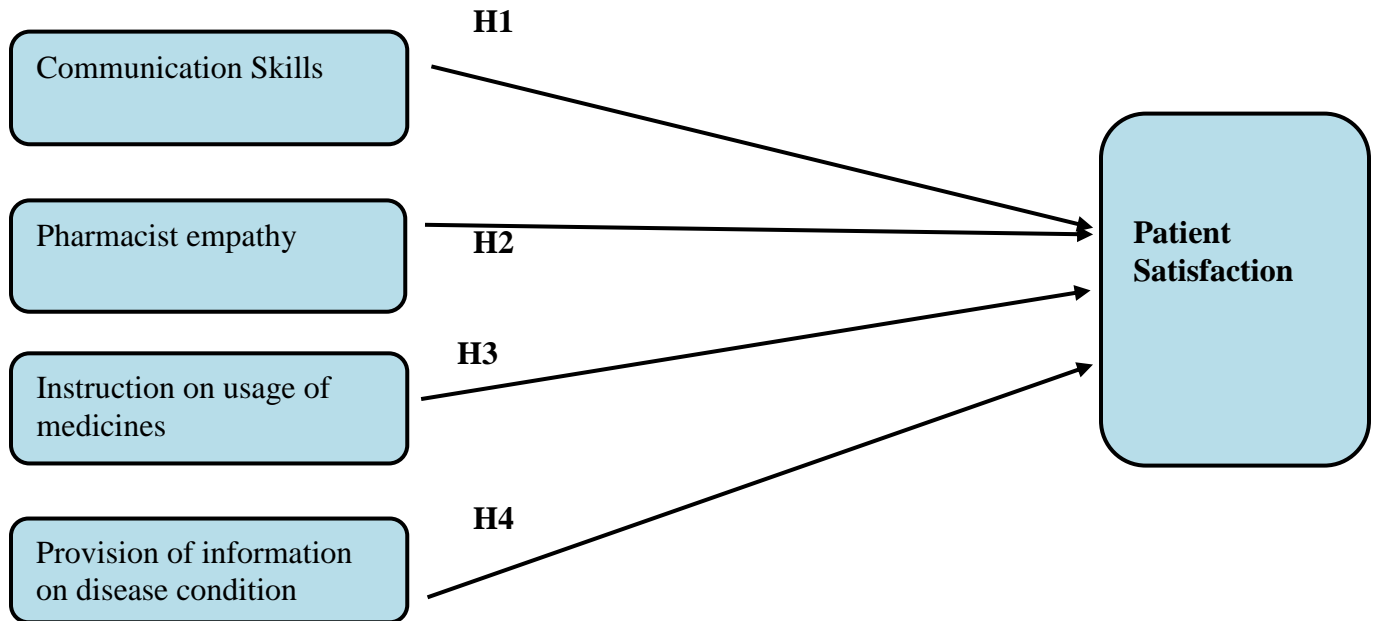


Figure 1. Conceptual Framework (Source: Wirth et. al., 2011, Villako et. al., 2012, Liliana et. al, 2015)

2.4 Research Hypothesis

According to Villako et. al, in a study conducted to identify factors affecting patient satisfaction with community pharmacies, pharmacist consultation was found to be a significant factor for their satisfaction with the pharmacy services and their choice of pharmacy. According to this study, positive attitude towards pharmacy customer, professional counselling service and help in selection of appropriate medicine were the most frequently described criteria which were the basis for customer satisfaction. Fast service and possibility for confidential communication were considered equally important. According to Wirth et. al, pharmacist sympathy and friendliness had a significant impact on patient satisfaction with pharmacy services.

Accordingly, the following research hypothesis were formulated.

H1: Pharmacists' communication skill has a positive and significant influence on patient satisfaction.

H2: Pharmacists' empathy has a positive and significant influence on patient satisfaction.

H3: Pharmacists' instruction on usage of medicines has a positive and significant influence on patient satisfaction.

H4: Pharmacists' provision of information on disease condition has a positive and significant influence on patient satisfaction.

Chapter Three

Research Design and Methodology

This chapter presents the Research Approach, Research Design, Sampling Design, Sampling Technique, Data Collection Methodology, Data Analysis procedures, Validity and Reliability tools and Ethical considerations.

3.1 Research Approach

The approach used for this research was a quantitative research approach. Quantitative research is the numerical representation and manipulation of observations for the purpose of describing and explaining the phenomena that those observations reflect. Moreover, Creswell (2009) has given a very concise definition of quantitative research as a type of research that is 'explaining phenomena by collecting numerical data that are analyzed using mathematically based methods (in particular statistics).' A quantitative research approach was used for this study since the research is a deductive research, testing hypothesis and measuring relationships among variables. Among the various types of quantitative research, a survey research was employed in this study to determine the influence of consultative selling on customer satisfaction among customers of chain pharmacies in Addis Ababa.

3.2 Research Design

A combination of both descriptive and explanatory study designs was used for this research. Descriptive research is used to obtain information concerning the current status of the phenomena and to describe "what exists" with respect to variables or conditions in a situation. Descriptive research designs help provide answers to the questions of who, what, when, where, and how associated with a particular research problem. However, a descriptive study cannot conclusively ascertain answers to why questions. Therefore, explanatory design will be employed to explain causal relationships. The research variables were measured at a specific point in time and therefore a cross sectional survey was used.

3.3 Sampling Design

3.3.1 Target Population

The target population for this research were customers purchasing medications during the study period from the four chain pharmacies in Addis Ababa. The four chain pharmacies included in this study were Axum chain pharmacies, Gishen chain pharmacies, Soloda chain pharmacies and Kenema chain pharmacies. These four chain pharmacies have a total of 45 branches.

3.3.2 Sampling Technique

A two stage sampling technique was used in this research. Simple random sampling was used to determine the specific branch pharmacies to be included in the study. The sampling technique that was used to determine a representative consumer sample was Non probability sampling technique. Non probability sampling was used since the target population in the study are not well defined. It is also less expensive and can be implemented quickly. Convenience sampling is the type of non-probability sampling technique used. Convenience sampling method is set of techniques in which respondents are selected by convenience due to their proximity, availability or accessibility.

3.3.3 Sample Size

To determine the sample size from the target chain pharmacies, the following sampling formula was used;

$$n = \frac{z^2 \cdot p \cdot q \cdot N}{e^2 (N - 1) + z^2 \cdot p \cdot q}$$

Where,

P = sample proportion, q = 1- p;

Z = value on standardized normal distribution curve corresponding to the level of significance.

N = number of total population;

n = sample size required; Source: C.R. Kothari (2004)

The total number of branches from the four chain pharmacies mentioned above is 45.

A 95% confidence level is used to select the appropriate sample size and the value of Z is 1.96.

e = 0.05 which is acceptable sample error;

p = 0.5, where q is 1- p; N=45

$$n = \frac{1.96^2 (0.5) (0.5) (45)}{0.05^2(45- 1) + 1.96^2 (0.5) (0.5)} = 40.37 \sim 40$$

Based on the above calculation, the sample size (n) is calculated for the target chain pharmacies of 45 and was found to be 40.

Accordingly, the number of branches from each chain pharmacy is calculated.

Table. 1 Total number of branches for each of the chain pharmacies and pharmacy representative samples.

S.N	Chain Pharmacy Name	Total number of branches	Sample size
1	Kenema chain pharmacies	17	14
2	Gishen chain pharmacies	11	10
3	Axum chain pharmacies	11	10
4	Soloda chain pharmacies	6	6
	Total number of pharmacies	45	40

The study population in this case is considered to be infinite. Thus, for sample size determination, the sampling calculation method suggested by (Kothari, 2004), inferring to the infinite number of population and confidence level at 95% was used.

$$n = \frac{z^2 \cdot p \cdot q}{e^2}$$

Where;

n= sample size

z= value on standardized normal distribution curve corresponding to the level of significance

p= level of variability, q=1-p

e= the level of precision

$$ss = \frac{1.96^2 * 0.5 * 0.5}{(0.05)^2} = 384$$

Using the formula, the sample size of the study with 95 confidence level and 0.5 level of variability is calculated to be 384.

In order to accommodate for possible non-response and incomplete responses, 5% was added to the calculated sample size. Therefore, the new sample size calculated would be 403.

Table 2. Sample size for each chain pharmacy and number of respondents to be sampled.

S.N	Chain Pharmacy Name	Total number of branches	Sample size	No of customers sampled
1	Kenema chain pharmacies	17	14	141
2	Gishen chain pharmacies	11	10	101
3	Axum chain pharmacies	11	10	101
4	Soloda chain pharmacies	6	6	60
	Total	45	40	403

3.4 Data collection methodology and Sources of Data

Structured questionnaires were distributed to selected customers to collect primary data. Prior researches, books and journal articles were referred as secondary sources of information. The questionnaire had three sections. The first section was used to collect general information of respondents. The second and third sections measured customers' ratings of the consultative selling practices of pharmacists and their satisfaction with the services by using a five point Likert response scale. The questionnaire was developed based on the practice standards guideline developed by the Center for pharmacy postgraduate education and National Health Service (NHS) England. The questionnaire had twenty six questions in total. The questionnaires were distributed to forty branches of the four chain pharmacies in Addis Ababa according to the sample size determined. It took a total of two weeks to collect the questionnaires.

3.5 Method of Data Analysis

The data which was collected using the questionnaire was coded and processed. The findings of the study were analyzed by using the Statistical Package for Social Sciences (SPSS) version 23 program. Descriptive data analysis tools were used to measure frequencies, percentages, means, standard deviation and graphic representation. Pearson Correlation was used to determine the existence of any relationship between the independent variables and the dependent variable. Multiple regression analysis was conducted to examine the influence of consultative selling on patient satisfaction.

3.6 Validity and Reliability

According to Adams, et al. (2007) Validity is the strength of conclusions, inferences or propositions. It involves the degree to which you are measuring what you are supposed to, more simply, the accuracy of your measurement.

Reliability concerns the extent to which an experiment, test or any measuring procedure yields the same result on repeated trials. The Cronbach's alpha coefficient is a statistical tool that

evaluates the confidence through the inner consistency of a questionnaire. In order keep the validity and reliability of the questions, each question was carefully selected from previous researches. In consideration of the background of respondent profile the questionnaire were translated to Amharic. Prior to using the questionnaire for data collection, the survey instrument was tested with consumers to check for possible problems with statement clarity and respondent understanding as well as ability to complete the survey instrument. To ensure internal consistency of measurement scale reliability tests will be conducted. Internal consistency was measured by Cronbach's Alpha coefficient.

3.7 Ethical considerations

Ethical considerations were of critical importance throughout the conduction of this research. Respondents were not asked to reveal identities on the questionnaires. Company names also remained confidential. The purpose of the survey was disclosed on the questionnaires and willingness of the respondents was respected.

Chapter Four

Data Analysis and Discussion of Results

This chapter presents analysis, interpretation and findings of information collected through self-administered questionnaires with 403 randomly selected customers of chain pharmacies. In order to get a representative data 403 questionnaires were prepared and distributed to customers of the chain pharmacies. Out of these 403 questionnaires distributed to customers, 386 questionnaires (95.78% response rate) were collected back. From these only 374 were properly filled. Thus, the analysis is based on the valid 374 questionnaires (92.8% of the questionnaires).

Reliability Test

Cronbach's coefficient alphas were computed for each dimension to determine the internal consistency and reliability of the instruments used in the study. Table 4.1 illustrates the Cronbach's Alpha values for the variables. According to Malhotra & Birks (2007), the value of 0.60 is considered as in the lower limit of acceptability for Cronbach's alpha. As depicted in Table 4.1, all variables in this study had the alpha values were all above 0.60 and the overall alpha value is 0.785 which is acceptable.

Table 4.1 Reliability Analysis

S.N.	Measurement Scales	Cronbach's Values	Alpha	Number of Items
1	Pharmacists Communication skills	.857		4
2	Pharmacists' Empathy	.778		5
3	Instruction on usage of medicines	.785		6
4	Provision of information on disease conditions	.841		4
5	Patient satisfaction	.661		5

Source: Survey Result (2018)

4.1 Demographic Characteristics of Sample Respondents

This descriptive analysis is used to look at the data collected and to describe data captured through the questionnaire. It was used to describe the demographic factors for more clarification. It is mainly important to make some general observations about the data gathered for general or demographic questions. The researcher collected demographic information on respondent's gender, age, academic qualification, purpose of visit and frequency of visit to the pharmacy. The findings are presented in Table 4.1.1.

Gender of Respondents

Table 4.1.1 Gender of respondents

		Frequency	Percent
Valid	Male	181	48.4
	Female	193	51.6
	Total	374	100.0

Source: Survey result, 2018

The sample includes 374 respondents in four chain pharmacies in Addis Ababa. Table 4.1 presents the background information of the respondents for this study. The survey showed that there were more female as compared to males. Female respondents represented 51.6% on the other hand 48.4% were males.

Age of Respondents

Table 4.1.2 Age of respondents

		Frequency	Percent
Valid	Less than 30 years	203	54.3
	30-50	121	32.4
	Greater than 50	50	13.3
	Total	374	100.0

Source: Survey result, 2018

As far as age of respondents is concerned, 203 (54.3) % of the respondents are in the range of less than 30 years, 121 (32.4) % of the respondents are in the range of 30-50 years, 50(13.3) % are in the range of greater than 50 years. This shows that most of respondents who are very young as compare to other age group and the lowest is 50 and above.

Respondents' academic qualification

Table 4.1.3 Respondents' academic qualification

		Frequency	Percent
Valid	Diploma and below	157	42
	Bachelors	171	45.7
	Masters	34	9.1
	PhD and above	12	3.2
	Total	374	100.0

Source: Survey result, 2018

With regard to educational level of respondents, PhD and above holders of respondent represented 12(3.2) % of the respondents, Master's Degree holders represented 34(9.1) % of the respondents; First Degree holders represented 171(45.7) %. Diploma and below represented

157(42) % of the respondents. It can be said from the survey that, most of the respondents were degree holders. The lowest were PhD and above.

Respondents' purpose of visit

Table 4.1.4 Respondents' purpose of visit

		Frequency	Percent
Valid	Prescription refill	104	27.8
	First time prescription	175	46.8
	OTC	95	25.4
	Total	374	100.0

Source: Survey result, 2018

Out of the 374 respondents, 27.8 percent of the respondents of chain pharmacies visit for the purpose of prescription refill, 46.8 percent of the respondents of chain pharmacies visit for first time prescription, and 25.4 percent of chain pharmacies have visited to buy over the counter (OTC) drugs.

Respondents' frequency of pharmacy visit

Table 4.1.5 Respondents' frequency of pharmacy visit

		Frequency	Percent
Valid	First visit	115	30.7
	Once per month	145	38.8
	Once every 3 months	114	30.5
	Total	374	100.0

Source: survey result, 2018

The data indicating the frequency of visit of the respondents is presented in Table. Accordingly 30.7% of the respondents visited the pharmacy for the first time, 38.8% of the respondents visit the pharmacy once per month, and 30.5% visit the pharmacy once every three months.

4.2 Descriptive Statistics

The analysis of this study was done using descriptive statistic or through using central tendency, from these the researcher used the mean scores of each variable. The main reason of using this measurement was to demonstrate the average responses of respondents for each question that was included under each dimensions of the predictor variable and to reach the grand mean of each dimension. Finally, the interpretation is made through using the grand mean of each independent dimension for the aim of achieving partial research objectives of the study.

Based on the data analysis the mean score and standard deviation for Pharmacists' communication skills was 3.76 and .734 respectively. Response on pharmacist empathy was analyzed and the mean and standard deviation calculated to be 3.06 and 0.912 respectively. Instruction on usage of medicines had a mean of 3.19 and a standard deviation of 0.742. The mean scores and standard deviation on provision of information on disease condition was 3.14 and .826 respectively. Finally, descriptive statistics analysis of customer satisfaction shows that the mean level of customer satisfaction is 3.44.

Table 4.2 Descriptive Statistics of the variables

Variables	N	Mean	Std. Deviation
Pharmacists' Communication skills	374	3.76	.734
Pharmacist empathy	374	3.06	.912
Instruction on usage of medicines	374	3.19	.742
Provision of information on disease conditions	374	3.14	.826
Patient satisfaction	374	3.44	.598

Source: Survey result (2018)

4.3. Pearson's Correlation Analysis

In this study Pearson's correlation coefficient was used to determine the relationship between consultative selling and customer satisfaction. Pearson's coefficient of correlation is the most widely used method of measuring the degree of relationship between two variables. This coefficient assumes there is linear relationship between the two variables; that the two variables are casually related (Kothari, 2004).

To determine the relationship between consultative selling (pharmacists' communication skills, pharmacists' empathy, provision of instruction on usage of medicines, and provision of information on disease condition) and patient satisfaction, Pearson correlation was computed. The table below presents the results of Pearson correlation on the relationship between consultative selling and patient satisfaction.

According to Ratner (2014) correlation Values between 0 and 0.3 (0 and -0.3) indicate a weak positive (negative) linear relationship, Values between 0.3 and 0.7 (-0.3 and -0.7) indicate a moderate positive (negative) linear relationship and values between 0.7 and 1.0 (-0.7 and -1.0) indicate a strong positive (negative) linear relationship via a firm linear rule. Therefore, in this study all correlation results are interpreted in light of this rule.

Table 4.3.1 Correlation between Consultative selling and patient satisfaction

		Pharmacists communication skills	Pharmacists empathy	Instruction on usage of medicines	Provision of information on disease condition	Customer satisfaction
Pharmacists communication skills	Pearson Correlation	1	.397**	.213**	.129*	.675**
	Sig. (2-tailed)		.000	.000	.011	.000
Pharmacists empathy	Pearson Correlation	.397**	1	.383**	.252**	.490**
	Sig. (2-tailed)	.000		.000	.000	.000
Instruction on usage of medicines	Pearson Correlation	.213**	.383**	1	.405**	.482**
	Sig. (2-tailed)	.000	.000		.000	.000
Provision of information on disease condition	Pearson Correlation	.129*	.252**	.405**	1	.505**
	Sig. (2-tailed)	.011	.000	.000		.000
Customer satisfaction	Pearson Correlation	.675**	.490**	.482**	.505**	1
	Sig. (2-tailed)	.000	.000	.000	.000	

Source: Survey result (2018)

The results in table indicate that, there is statistically positive and significant relationship between pharmacists' communication skills and patient satisfaction ($r = .675^{**}$, $p < 0.01$), pharmacists' empathy and patient satisfaction has statistical significant relationship with ($r = .490^{**}$, $P < 0.01$), provision of instruction on usage of medicines and patient satisfaction has statistical significant relationship at ($r = .482^{**}$, $P < 0.01$), provision of information on disease condition and patient satisfaction has statistical significant relationship with ($r = .505^{**}$, $p < 0.01$).

The finding on the table above further indicates that the highest significant relationship is found between implementation of pharmacists' communication skills and patient satisfaction ($r = .692^{**}$, $p < 0.01$), however the lowest statistically significant relationship is found between Provision of Instruction on Usage of Medicines and patient satisfaction ($r = .482^{**}$, $P < 0.01$).

4.4. Assumptions Testing in Multiple Regression

The basic assumptions should be satisfied in order to maintain data validity and robustness of the regressed result of the research under the multiple regression models. Hence, this study has conducted the assumption tests such as, multi-Collinearity, outliers, autocorrelation, homoscedasticity, linearity, and normality.

4.4.1 Multi Collinearity

Multi Collinearity is checked using correlations between the variables in the model. Independent variables show at least some relationship with dependent variable (above 0.3 preferably). In this case all of the scales (independent variables) correlate substantially with patient satisfaction (.675**, .490**, .482**, and .505**) respectively.

Collinearity diagnostics on the variables as part of the multiple regression procedure is done using Tolerance and Variance Inflation Factor (VIF). Tolerance is an indicator of how much of the variability of the specified independent is not explained by the other independent variables in the model. If this value is very small (less than 0.10), it indicates that the multiple correlation with other variables is high, suggesting the possibility of multi Collinearity (Pallant, 2010). Variance Inflation Factor (VIF) is just the inverse of the tolerance value (1 divided by tolerance). According to Pallant, (2010), VIF values above 10 would be a concern, indicating multi Collinearity. The result shows that the tolerance value for each independent variable is (0.838, 0.740, 0.749 and 0.825) respectively. Therefore, multi Collinearity assumption is not violated. This is also supported by the VIF value, which is 1.194, 1.351, 1.336 and 1.212 which is well below the cut-off value of 10.

Table 4.4.1 Multicollinearity test

S.N.	Variables	Collinearity Statistics	
		Tolerance	VIF
1	Pharmacists' communication skills	.838	1.194
2	Pharmacists' empathy	.740	1.351
3	Instruction on usage of medicines	.749	1.336
4	Provision of information on disease condition	.825	1.212

Source: Survey Result (2018)

4.4.2 Normality and Linearity

One of the ways that these assumptions can be checked is by inspecting the residuals scatter plot and the normal probability plots of the regression standardized residuals that were requested as part of the analysis. These are presented in normal P-P Plots of regression standardized residuals graph. In normal probability plots the points will lie in reasonably straight diagonal line from bottom left to top right. This would suggest no major deviations from normality. The finding from normal P=P Plot reveals no violation of normality assumptions.

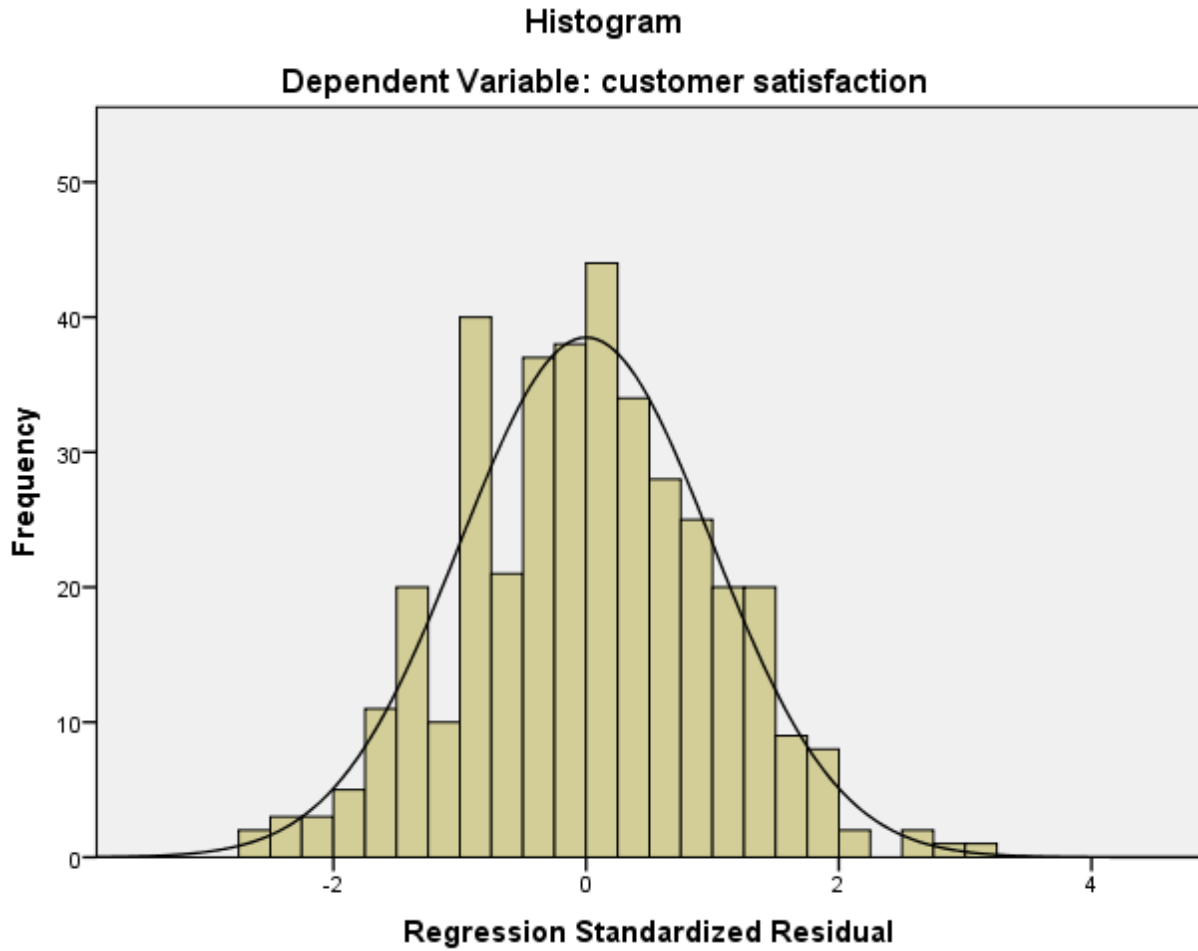


Fig 4.1 Histogram of Regression Standardized Residual

Source: Survey Result (2018)

The study used both methods of assessing normality; graphically using Normal Probability Plot (P-P) graph and numerically using Skewness and Kurtosis. Figure 4.1, depicted that the scores are normally distributed.

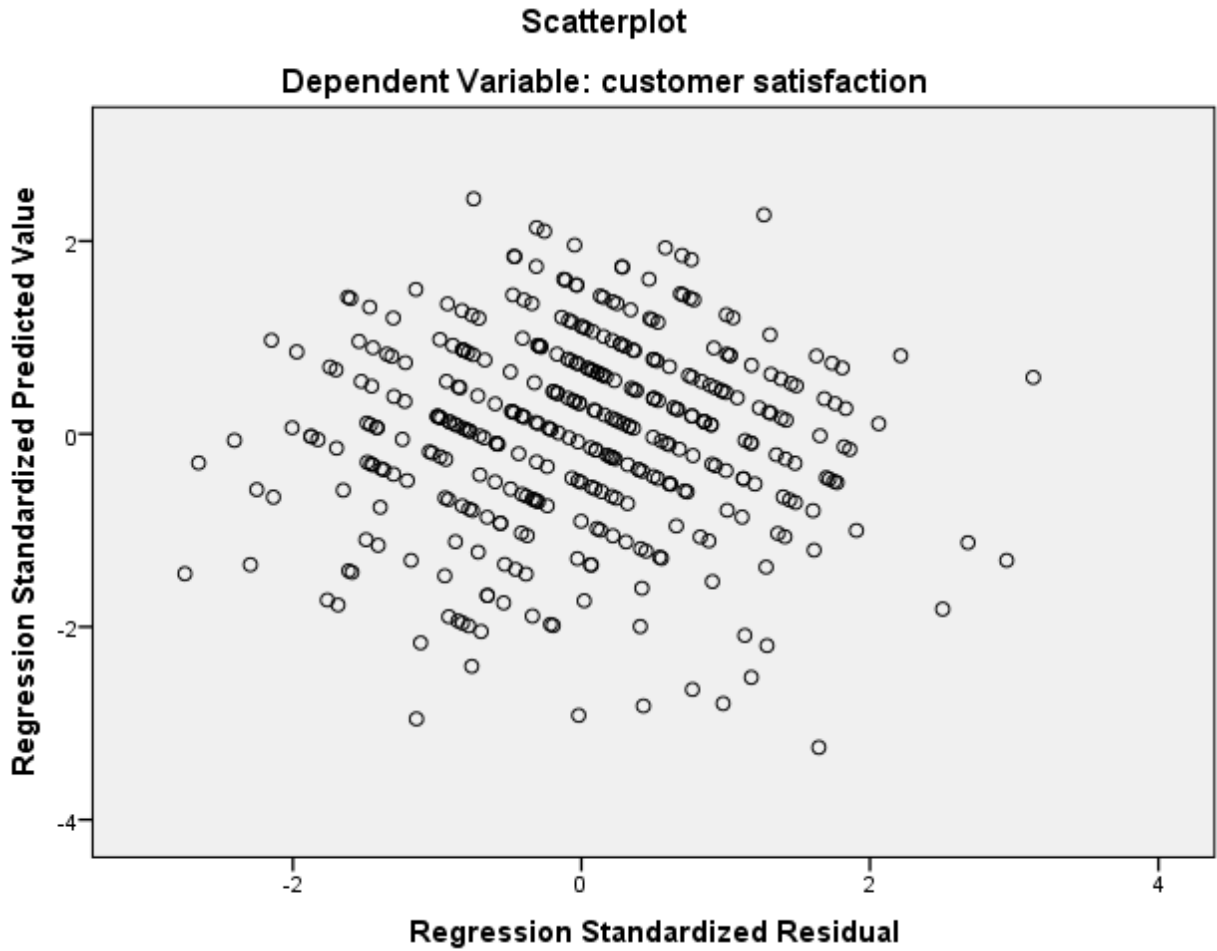


Fig. 4.2 Linearity scatter plot of regression standardized residual

Source: Survey Result (2018)

The skewness value provides an indication of the symmetry of the distribution while kurtosis provides information about the sharpness of the peak of a frequency-distribution curve. For variables with normal distribution the values of skewness and kurtosis are zero, and any value other than zero indicated deviation from normality (Hair, 2010). According to Hair (2010), the most commonly acceptable value for (kurtosis/skewness) distribution is ± 2.58 . Therefore; as it can be seen in the following table, the kurtosis and skewness values of the variables fall within the range.

Table 4.4.2 Skewness and Kurtosis

S.N.	Variables	N	Skewness		Kurtosis	
			Statistic	Statistic	Statistic	Statistic
1	Pharmacists' communication skills	374	-1.004	.125	1.061	.248
2	Pharmacists' empathy	374	-.140	.125	-.831	.248
3	Instruction on usage of medicines	374	-.355	.125	-.175	.248
4	Provision of information on disease conditions	374	.054	.125	-.909	.248
5	Customer satisfaction	374	-.403	.125	-.135	.248

Source: Survey Result (2018)

4.5 Multiple Regression Analysis

Multiple regression analysis was employed to examine the influence of consultative selling (pharmacists 'communication skills, pharmacists' empathy, provision of instruction on usage of medicines and provision of information on disease condition) on patient satisfaction.

Table 4.5.1 Model Summary

Model	R	R Square	Adjusted Square	R	Std. Error of the Estimate
1	.826 ^a	.682	.679		.33913

Source: Survey Result (2018)

Overall, the model summary table above reveals that all independent variables accounted for 68.2% of the contribution to patient satisfaction ($R^2 = 0.682$). Thus, 68.2% of the variation in patient satisfaction can be explained by the four consultative selling skills and other factors may limit contribution of consultative selling to the patient satisfaction which accounts for about 31.8%, as shown in the table.

Table 4.5.2 Regression Analysis

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.305	.113		2.701	.007
	Pharmacist communication skills	.444	.026	.545	17.227	.000
	Pharmacist empathy	.078	.022	.119	3.525	.000
	Instructions on Usage of medicines	.152	.027	.188	5.624	.000
	Provision of Information on disease condition	.237	.023	.328	10.288	.000

Dependent Variable: customer satisfaction

Source: Survey Result (2018)

The significance levels for all independent variables are less than 0.05. This indicates that there is a strong positive and significant relationship between the independent variables (pharmacists' communication skills, pharmacist empathy, Instruction on usage of medicines and provision of information on disease condition) and dependent variable (patient satisfaction). The standardized beta value for pharmacists' communication skills is 0.545. This indicates that Pharmacists' communication skills has relatively strong degree of importance for patient satisfaction.

The coefficient table for consultative selling indicates the beta values of the independent variables. From this the regression equation is derived as:

$$CS = \alpha + \beta_1 (PCS) + \beta_2 (PE) + \beta_3 (IUM) + \beta_4 (IDC) + e$$

$$CS = .305 + .545PCS + .119PE + .188IUM + .328IDC + e$$

Where;

CS = Customer Satisfaction

PCS = Pharmacists Communication Skills

PE= Pharmacist Empathy

IUM= Instruction on Usage of Medicines

IDC= Provision of Information on Disease Conditions

Table 4.5.3 ANOVA

ANOVA ^b						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	93.551	4	23.388	203.359	.000 ^a
	Residual	43.588	369	.115		
	Total	137.139	373			
b. Dependent Variable: patient satisfaction						

Source: Survey result (2018)

(F) value was (203.359) at 0.000 which states that there is statistically significant effect of consultative selling on customer satisfaction.

Hypothesis 1

H1: There is a significant effect of pharmacists' communication skills on patient satisfaction.

The results of multiple regressions, as presented in table above, revealed that pharmacists' communication skills has a positive and significant effect on patient satisfaction with a beta value (beta =.545), at 99% confidence level ($p < 0.01$). This implies that, if pharmacists' communication skills increases by 1 percent, patient satisfaction will increase by .545. Therefore, it is accepted that pharmacists' communication skills has a positive and significant effect on patient satisfaction.

Hypothesis 2

H2: There a significant effect of pharmacists' empathy on patient satisfaction

The results of table showed that the standardized coefficient beta and p-value of pharmacists' empathy has positive and significant effect with (beta =.119, $p < 0.01$). This implies that, if pharmacists' empathy increases by 1 percent, patient satisfaction will increase by .119. Thus, the researcher accepts the hypothesis and pharmacists' empathy has a positive and significant effect on patient satisfaction. Therefore its contribution to patient satisfaction is significant.

Hypothesis 3

H3: There is a significant effect of provision of instruction on usage of medicines on patient satisfaction.

The result of table showed that the standard coefficient of beta and p-value of provision of instruction on usage of medicines has positive and significant effect at (beta = .188, $p < 0.01$). This implies that, if provision of instruction on usage of medicines increases by 1 percent, patient satisfaction will increase by .188. So that, it is accepted that provision of instruction on usage of medicines has a positive and significant effect on patient satisfaction.

Hypothesis 4

H4: There is a significant effect of provision of information on disease condition on patient satisfaction.

The given table further shows that, provision of information on disease condition has a positive and significant effect on patient satisfaction with a beta value (beta = .328), at 99% confidence level ($p < 0.01$). This implies that, if provision of information on disease condition increases by 1 percent, patient satisfaction will increase by .328. Therefore, the researcher accepts the hypothesis that provision of information on disease condition has positive effect on patient satisfaction.

4.6 Discussion of Results

This study indicates that chain pharmacy customers in Addis Ababa have a positive overall perception of the community pharmacist consultative selling practices provided in the chain pharmacies. Patient satisfaction is an important measure of how well services are provided. The majority of consumers in this study were very or fairly satisfied with a number of pharmacist consultative selling characteristics. The majority of consumers in this study frequently or always visited the same community pharmacy, indicating a high pharmacy patronage. The outcome from this data is encouraging since the high degree of loyalty to a particular community pharmacy could transmit satisfaction with the services being offered.

The findings of this study indicate that there is a positive and significant relationship between all the consultative selling skills and patient satisfaction. The highest significant relationship was found between pharmacists' communication skills and patient satisfaction while the lowest significant relationship was between provision of instruction on usage of medicines and patient satisfaction.

The results of this study indicate that pharmacists' communication skills has a positive and significant influence on patient satisfaction. This finding is supported by the results from Liliana et. al (2015) humanistic-based skills were found to promote customers' visit to pharmacies, including the customer experience of an appropriately structured and conducted interview. This study has found that customers of the chain pharmacies rated the communication skills of the pharmacy professionals highly and that they were satisfied with their positive and effective communication, appropriate and respectful language and respect for patients' perceptions.

Pharmacist empathy was also found to positively and significantly influence patient satisfaction which is consistent with research findings from Wirth et. al. (2011) where pharmacist sympathy and friendliness had a significant effect on consumer satisfaction with pharmacy services. Understanding of patients' emotions and concerns, respect for patients' values, beliefs and expectations and showing courtesy during consultations were all met with high satisfaction with the respondents.

According to Villako et. al. (2012), drug information presented by pharmacists had a significantly positive influence on patient satisfaction. The results from this study also concluded that provision of instruction on usage of medicines had a positive and significant influence on patient satisfaction. Pharmacists' knowledge on possible side effects, storage of medications, usage of medications during special circumstances and how medications work were detrimental for patient satisfaction. In addition, Villako et. al. (2012) concluded that positive attitude towards pharmacy customer, professional counselling service and help in selection of appropriate medicine were the most frequently described criteria which were the basis for customer satisfaction. These conclusions are consistent with the findings from this study.

Majority of respondents in this study visited the pharmacy atleast once every three months and their satisfaction with the consultative selling skills of pharmacists might contribute to repeat visits to the pharmacy. This might be a topic of interest for further research into consultative selling and consumers' behavioral intentions. In addition, more than 50% of respondents came either for a prescription refill or purchase of OTC medications. This can suggest their satisfaction with consultative selling practices of the pharmacists as both types of medication purchases might be indicative of satisfaction with consultation skills and hence a repeat purchase. This will also be an area of interest for future research.

Overall, the study results have shown that all independent variables accounted for 68.2% of the variance in patient satisfaction. Thus, 68.2% of the variation in patient satisfaction can be explained by the four consultative selling skills.

Chapter Five

Summary, Conclusion and Recommendation

5.1 Summary

The study was conducted to investigate the influence of consultative selling on patient satisfaction. After reviewing previous researches and related literature, four consultative selling skills were examined and the effect of each on patient satisfaction was investigated. Pharmacists' communication skills, pharmacists' empathy, provision of instruction on usage of medicines and provision of information on disease conditions were the four consultative selling skills studied in this research. Accordingly, a conceptual framework was developed, hypothesis formulated and appropriate research designs were implemented to reach at the conclusions.

The study was conducted in Addis Ababa on customers of the four chain pharmacies in the city with a total of 374 respondents participating with answering customer satisfaction questionnaires distributed throughout the different branches of these pharmacies. The four chain pharmacies the study involved were Axum chain pharmacies, Gishen chain pharmacies, Soloda chain pharmacies and Kenema chain pharmacies. Among the respondents, 51.6% were female and 48.4% were male with 54.3% of respondents falling in the age range of less than 30 years. Most respondents visited the pharmacy for a first time prescription drug purchase (46.8%) while a significant majority came to the pharmacy for a refill (27.8%). Majority of the respondents visited the pharmacy once per month (38.8%). Descriptive statistics analysis of customer satisfaction showed that the mean level of customer satisfaction was 3.44, which implies that customers of the chain pharmacies were satisfied by the pharmacists' consultative selling practices.

5.2 Conclusion

According to the research findings, all four of the consultative selling skills had a positive and significant influence on patient satisfaction. Pharmacists' communication skills had the highest

influence on patient satisfaction followed by provision of information on disease conditions, pharmacist empathy and provision of instruction on usage of medicines. Therefore, it can be concluded from the research that pharmacists' communication skills has the highest influence on patient satisfaction among other consultative selling skills.

The results from this study were found to be consistent with previous research findings (Wirth et. al., 2011 and Villako et. al., 2012) that positive attitude towards pharmacy customer, pharmacist sympathy and friendliness, professional counselling service and help in selection of appropriate medicine were the most frequently described criteria which were the basis for customer satisfaction.

5.3 Recommendation

According to the research findings the researcher recommends that community pharmacy owners and managers should invest in improving the consultative selling skills of their employees' in order to reap the rewards of satisfying their customers. The study has demonstrated that a pharmacy professional has a big influence in improving satisfaction of their customers by demonstrating good communication skills, showing empathy to patients and demonstrating scientific knowledge. Although it is widely assumed that a pharmacy professional acquires most of the technical knowledge from formal education, humanistic skills are mostly gained through practical experience and interactions with patients.

The following recommendations are drawn from this research:

- Pharmacy managers and owners should provide on the job trainings and skill development programs on how to sensitively deal with patient concerns, how to communicate positively and effectively with customers and how to successfully address both the patient needs and business interests of the pharmacy.
- The conclusions from this study imply that community pharmacies have to consider effective consultative selling as a competitive advantage. By improving consultative

selling skills of its employees through skill development programs, pharmacy owners can stand out with the services of their pharmacies by having competent and all rounded employees who can satisfy patient needs.

- Various literatures reviewed in this study suggest a satisfied customer is likely to recommend the pharmacy to others, repurchase from the pharmacy in the future and willing to pay premium prices for products and services. Improving patient satisfaction through effective consultations are therefore likely to improve repurchase and positive word of mouth which will positively impact business returns.
- In measuring outcomes, business performance may be measured by many literature-based, fiscal performance indicators. However, difficulties arise when trying to measure the business performance of a community pharmacy specifically as an outcome of the provision of drug information as a service. Since this type of service is not directly charged to the consumer, a direct monetary effect is not measured easily. This research can provide a framework for managers and owners to rate the performance of their employees on their consultative selling skills and help as a surrogate measure of business outcomes.
- Community pharmacies in Addis Ababa basically provide similar services. Patient satisfaction with the services according to previous studies will depend on various factors such as availability of medicines, location of the pharmacy, price and consultation services. This study can be used to further understand the impact of consultative selling on patient satisfaction so that managers and owners put enough resources and emphasis into developing the skills of their employees as they do with other marketing strategies.

Future Research

The findings from this research can be extended into further research on how consultative selling impacts consumers' behavioral intentions such as repurchase intentions and positive word of mouth recommendations which, according to several literatures reviewed for this research, are important indicators of predicting pharmacy customers' loyalty to the pharmacy.

References

Adams , J., Khan , H. T., Raeside , R. & White, D., 2007. Research Methods for Graduate Business

Akram Jashireh, Alireza Slambolchi, Houshang Mobarakabadi (2016). A Literature review of service quality and customer satisfaction, *Advanced Social humanities and Mangement*, Vol. 3, pp 1-12.

Allsop, D. T., Bassett, B. R., & Hoskins, J. A. (2007). Word-of-mouth research: principles and applications. *Journal of Advertising Research*, Vol 47, pp. 398.

Anderson, E. W., Fornell, C. and Mazvancheryls, S. (2004). Customer Satisfaction and Shareholder Value. *Journal of Marketing*, Vol 68, pp. 172-185.

Anderson, E.W. (1996): Customer satisfaction and price tolerance. *Marketing Letters*, Vol.7, pp. 19-30.

Anderson, Eugene W. and Sullivan, Mary W. (1993). The antecedents and consequences of customer satisfaction for firms. *Marketing Science*, Vol. 12 No. 2, pp. 125- 143.

Anderson, Eugene W., Claes Fornell, and Donald R. Lehmann, (1994). Customer Satisfaction, Market Share, and Profitability. *Journal of Marketing*, 58, pp, 53-66.

Angelova, B. and Zekiri, J. (2011). Measuring Customer Satisfaction with Service Quality Using American Customer Satisfaction Model (ACSI Model). *International Journal of Academic Research in Business and Social Sciences*, vol. 1, no. 3, pp. 232 – 258.

AnTien Hsieh and Wen Ting Chang (2004). The Effect of Consumer Participation on Price Sensitivity. *The Journal of Consumer Affairs*, Vol. 38, No. 2.

Aslanpour Z, Smith FJ (1997). Oral counselling on dispensed medication: A survey of its extent and associated factors in a random sample of community pharmacies. *Int J Pharm Pract* Vol 5, pp. 57–63.

Attia, A. M., Aziz, N., & Friedman, B. A. (2012). The impact of social networks on behavioral change: a conceptual framework. *World Review of Business Research*, Vol 2, pp, 91-108.

Ayalew M. (2017). Medication Counseling Practice in Ethiopia: A Systematic Review.

Azuka C. Oparah, M.B.A., Ph.D., Luke C. Kikanme, M.B.A., FPC.Pharm (2006). Consumer satisfaction with community pharmacies in Warri, Nigeria, *Research in Social and Administrative Pharmacy*, 2, pp, 499–511.

Bansal, H. S., Irving, P. G., & Taylor, S. F. (2004). A Three – Component Model of Customer Commitment to Service Providers. *Journal of the Academy of Marketing Science*, 32(3), 234-250.

Bansal, H. S., Voyer, P. A. (2000). Word-of-mouth processes within the services purchase decision context. *Journal of Research Service*, 3, pp, 166-177.

Boulding, W., Kalra, A., Staelin, R. and Zeithaml, V.A. (1993): A dynamic process model of service quality: from expectations to behavioural intentions, *Journal of Marketing Research*, Vol. 30, pp. 7-27.

Brown, T.J., Barry, T. E., Dacin, P.A. & Gunst, R.F. (2005). Spreading the word investigating antecedents of consumer's positive word-of-mouth intentions and behaviors in a retailing context. *Journal of the Academy of Marketing Science*, Vol 33, pp, 123-138.

Cengiz, E., &Yayla, H. E. (2007). The effect of marketing mix on positive word of mouth communication: Evidence from accounting offices in Turkey. *Innovative Marketing*, 3(4), 73-86.

Christian Homburg, Nicole Koschate, and Wayne D Hoyer (2005). Do satisfied customers really pay more? A study of the relationship between customer satisfaction and willingness to pay. *Journal of Marketing*, 69, pp 84-96.

Creswell W. (2009) *Research Design: Qualitative, Quantitative and Mixed Method Approach*. California: SAGE publication Inc.

Cronin, J.J., Brady, M.K., and Hult, J.T. (2000): "Assessing the effects of quality, value, and customer satisfaction on consumer behavioral intentions in service environments", *Journal of Retailing*, Vol. 76, 193-218.

Davidow, Moshe (2003). "Have you heard the word? The effect of word of mouth on perceived justice, satisfaction and repurchase intentions following complaint handling," *Journal of Consumer Satisfaction, Dissatisfaction and Complaining Behavior*, Vol. 16, pp.67-80.

Deslandes, Derrick D. (2003). *Assessing consumer perceptions of destinations: a necessary first step in the destination branding process*. Doctoral dissertation, Florida State University.

Durvasula, S., Lysonski, S., Mehta, S.C., Tang, B.P., (2004). *Forging Relationships With Services: The Antecedents That Have An Impact On Behavioural Outcomes In The Life Insurance Industry*. *Journal of Financial Services Marketing*, 8(4), pp. 314-26.

Dwayne D. *Gremler*, Stephen W. *Brown*, (1999). The loyalty ripple effect: Appreciating the full value of customers. *International Journal of Service Industry Management*, Vol. 10 Issue: 3, pp.271-293.

Edvardsson, Bo, Michael D. Johnson, Anders Gustafsson and Tore Strandvik (2000).

The effects of satisfaction and loyalty on profits and growth: Products versus services. *Total Quality Management*, Vol.11, pp. 917-927.

Eggert, Andreas and Ulaga, Wolfgang (2002). Customer perceived value: a substitute for satisfaction in business markets?" *The Journal of Business & Industrial Marketing*, Vol. 17, pp. 107- 118.

Eugene W. Anderson (1996). Customer Satisfaction and Price Tolerance. *Marketing Letters*, Vol. 7, pp. 265-274.

Fornell, C. (1992). A national customer satisfaction barometer. The Swedish experience. *Journal of Marketing*, 56, pp, 6-21.

Francesca Wirth, Francesca Tabone, Lilian M Azzopardi, Marise Gauci, Maurice Zarb-Adami and Anthony Serracino-Inglott (2011). Consumer perception of the community pharmacist and community pharmacy services in Malta, *Journal of Pharmaceutical Health Services Research*.

Fullerton, Gordon (2005). The impact of brand commitment on loyalty to retail service brands. *Canadian Journal of Administrative Sciences*, Vol.22 No.2, pp. 97- 110.

Hanni Prihhastuti Puspitasari, Parisa Aslani, Ines Krass (2009). A review of counseling practices on prescription medicines in community pharmacies. *Research in Social and Administrative Pharmacy*, 5, pp, 197-210.

Harkiranpal Singh (2016). *The Importance of Customer Satisfaction in Relation to Customer Loyalty and Retention*, Asia Pacific University College of Technology & Innovation.

Harris, Kendra L. (2003). *Justice Theory in online and offline complaint satisfaction: an empirical study*," Doctoral dissertation, The George Washington University.

Hellier. P.K., Geursen, G.M., Carr, R.A. & Rickard, J.A. (2003). Customer repurchase intentions: a general structural equation model. *European Journal of Marketing*. 37 (11), pp, 1762-1800.

Hennig- Thurau, Thorsten (2004). Customer orientation of service employees: Its impact on customer satisfaction, commitment, and retention. *International Journal of Service Industry Management*, Vol.15 No.5, pp. 460-478.

Houshang Taghizadeh, Mohammad Javad Taghipourian and Amir Khazaei (2013). The Effect of Customer Satisfaction on Word of Mouth Communication, *Research Journal of Applied Sciences, Engineering and Technology*, 5, pp, 2569-2575.

Hume, Margee, Gillian Sullivan Mort and Hume Winzar (2007). Exploring repurchase intention in a performing arts context: Who comes? And why do they come back? *International Journal of Nonprofit and Voluntary Sector Marketing*, Vol. 12 No.2, pp. 135- 148.

Jason M. *Carpenter*, Ann *Fairhurst*, (2005). Consumer shopping value, satisfaction, and loyalty for retail apparel brands. *Journal of Fashion Marketing and Management: An International Journal*, Vol. 9 Issue: 3, pp.256-269.

Johnson, M.D. & Fornell, C (1991). A Framework for Comparing Customer Satisfaction across Individuals and Product Categories. *Journal of Economic Psychology*, 12(2), pp, 267-286.

Jon C. Schommer (1995). Higher Levels of Consultation Services Increase Patient Satisfaction, *American Pharmacy*. 8, pp, 33-39.

Jones, Michael A., David L. Mothersbaugh and Sharon E. Beatty (2000). Switching barriers and repurchase intentions in services. *Journal of Retailing*, Vol.76 No.2, pp. 259- 274.

José Augusto Rosa Bastos, Pablo de Muñoz Gallego (2008). Pharmacies Customer Satisfaction and Loyalty – A Framework Analysis.

Kathleen Seiders, Glenn B. Voss, Dhruv Grewal and Andrea L. Godfrey (2005). Do Satisfied Customers Buy More? Examining Moderating Influences in a Retailing Context, *Journal of Marketing*, 69, pp, 26-43.

Kaveh, M. 2011. Role of trust in explaining repurchase intentions. *African Journal of Business Management*. 6 (14), pp, 5014-5025.

Kefyalew Z. (2015). Assessment of community's use and perception on the extended roles of pharmacists in community pharmacies of Addis Ababa, Ethiopia.

Kothari , C. R., 2004. *Research Methodology*. 3rd ed. New Delhi: New Age International (P) Ltd.

Kotler, P. & Keller, K. (2006). *Marketing Management* (12th ed).

Laaksonen R, Duggan C, Bates I. (2004). Desire for information about drugs relationships with patients' characteristics and adverse effects. *PharmWorld*, Vol 24, pp. 205–210.

Liliana Patri'cia Antunes, Pharm.D. Joa'õ Jose' Gomes, Ph.D. Afonso Miguel Cavaco, Ph.D (2015). How pharmacist–patient communication determines pharmacy loyalty? Modeling relevant factors, *Research in Social and Administrative Pharmacy*, 11, pp, 560-570.

Lisa M. Guirguis, BSc. Pharm., Betty A. Chewning (2005). Role theory: Literature review and implications for patient-pharmacist interactions, *Research in Social and Administrative Pharmacy*, 1, pp, 483–507.

Marketing Management Joseph P. Guiltinan, Gordon W. Paul, Thomas J. Madden. Edition, 6. Publisher, McGraw-Hill, 1997.

McDougall, G.H.G. & Levesque, T. (2000). Customer satisfaction with services: putting perceived value into the equation. *Journal of Services Marketing*, 14 (5), pp, 392-410.

Medha Srivastava (2015). Influencers of customer satisfaction- Customer loyalty relationship: A conceptual research model, *International Marketing Journal*, 7, pp, 54-65.

Mittal, Vikas and Wagner A. Kamakura (2001). Satisfaction, repurchase intent, and repurchase behavior: Investigating the moderating effect of customer characteristics. *Journal of Marketing Research*, Vol.38 No.1, pp. 131- 142.

Morgan, Robert M. and Shelby D. Hunt (1994). The commitment-trust theory of relationship marketing. *Journal of Marketing*, Vol. 58 No. 3, pp. 20- 38.

Narayandas, Das (1998). Measuring and managing the benefits of customer retention an empirical investigation. *Journal of Service Research*, Vol. 1 No.2, pp. 108- 128.

Novikova, K. (2009). A study of customer satisfaction factors and employee satisfaction in the hospitality industry. Southern Illinois University at Carbondale.

Oliver, Richard L. (1999). Whence consumer loyalty? *Journal of Marketing*, Vol.63, pp. 33- 44.

Oliver, Richard L. (1997). *Satisfaction: A Behavioral Perspective on the Consumer*. Boston: McGraw Hill

Olsen, Svein Ottar (2002): “Comparative evaluation and the relationship between quality, satisfaction, and repurchase loyalty.” *Journal of the Academy of Marketing Science*, Vol. 30, pp. 240-249.

P. Whitehead, P. Atkin, I. Krass and S. I. Benrimoj (1999). Patient drug information and consumer choice of pharmacy, *Int] Pham Pract*, 7, pp. 71-79.

Pallant, J. (2001). *SPSS Survival Manual; A step by step guide to data analysis. Version 10* Buckingham, Philadelphia. www.openup.co.uk/spss

Parasuraman, A., Berry, L.L. and Zeithaml, V. (1991a): Understanding customer expectations of service. *Sloan Management Review*, Vol. 32, pp. 39-48.

Peeter villako, daisy volmer and ain raal (2012). Factors influencing purchase of and counselling about prescription and otc medicines at community pharmacies in tallinn, Estonia. *Drug Research*, 69, pp, 335-340.

Preis, Michael W. (2003).The impact of interpersonal satisfaction on repurchase decisions. *Journal of Supply Chain Management*, Vol. 39 No. 3, pp. 30- 38.

Puneet K. Singhal, Gireesh V. Gupchup, Dennis W. Raisch, Jon C. Schommer, and Mark T. Holdsworth (2002). Impact of Pharmacists' Directive Guidance Behaviors on Patient Satisfaction, *J Am Pharm Assoc.*, 42, pp, 407–12.

Rees PA. (1996). Counselling and pharmacists. *Pharm J*, Vol 1, pp. 257:659.

Reichheld, F. F. (1996). *The Loyalty Effect: the Hidden Force Behind Growth, Profits, and Lasting Value*. Boston: Harvard Business School Press.

Royal Pharmaceutical Society of Great Britain.Medicines, ethics and practice.

Rust, R.T. and Zahorik, A. (1993): Customer satisfaction, customer retention, and market share. *Journal of Retailing*, Vol. 69, pp. 193-215.

Sanjeev Pandey, Dr. Sandeep Srivastava (2016). Antecedents of Customer Purchase Intention, *Journal of Business and Management*, 18, pp, 55-82.

Shyh-Jane Li Yu-Ying Huang Miles M. Yang, (2011). How satisfaction modifies the strength of the influence of perceived service quality on behavioral intention, *Leadership in Health Services*, 24, pp. 91 -105.

Social Science Students. Los Angeles, London, New Delhi, Singapore: Response Books.

Szymanski, David M. and David H. Henard (2001). Customer satisfaction: A meta-analysis of the empirical evidence. *Journal of the Academy of Marketing Science*, Vol. 29 No.1, pp. 16-35.

Tahir, H., Waggett, C. and Hoffman, A. (2013). Antecedents of Customer Satisfaction: An E-Crm Framework. *Journal of Business and Behavior Sciences*, Vol. 25, no. 2, pp. 112-120.

Tamilla Curtis, Russell Abratt, Dawna Rhoades, Paul Dion (2013). Customer loyalty, repurchase and satisfaction: A meta-analytical review. *Journal of Consumer Satisfaction, Dissatisfaction & Completing Behavior*, 24, pp. 1-26.

Tsai, Hsien- Tung, Heng-Chiang Huang, Yi- Long Jaw and Wen-Kuo Chen (2006). Why on-line customers remain with a particular e-retailer: An integrative model and empirical evidence,” *Psychology & Marketing*, Vol. 23 No. 5, pp. 447- 464.

Villako P., Volmer D. and Raal A. (2012). Factors influencing purchase of and counselling about prescription and OTC medicines at community pharmacies in Tallinn, Estonia. *Drug Research*, Vol. 69, pp. 335-340.

Wahyuningsih (2011). Customer Value, Satisfaction and Behavioral Intentions: the Effects of Consumer Search Behavior, *Asean Marketing Journal*, 3, pp. 1-20.

Westbrook, R .A. (1987). Product/Consumption-based effective response and post- purchase processes. *Journal of Marketing Research*, Vol 24, pp, 58–70.

Whitehead P., Atkin P., Krass I, Benrimoj SI (1999). Patient drug information and consumer choice of pharmacy. *Int J Pharm Pract* , Vol 7, pp. 71-79.

Wirth F., Tabone F., Azzopardi L.M., Gauci M., Zarb-Adami M. and Serracino-Inglott A. (2011). Consumer perception of the community pharmacist and community pharmacy services in Malta. *Journal of Pharmaceutical Health Services Research*. Vol 11, pp, 1759 – 1794.

Yolanda Y.Y. *Chan*, E.W.T. *Ngai*, (2011). Conceptualizing electronic word of mouth activity: An input-process-output perspective. *Marketing Intelligence & Planning*, Vol. 29 Issue: 5, pp.488-516.

Zineldin, Mosad (2006). The royalty of loyalty: CRM, quality and retention. *The Journal of Consumer Marketing*, Vol. 23 No. 7, pp. 430-437.

Annex 1
Customer Questionnaire
Addis Ababa University
School of Commerce
Department of Marketing Management Post-Graduate Program

Dear Respondent,

This questionnaire is prepared to collect primary data from customers of chain pharmacies in Addis Ababa to measure **the influence of consultative selling on customer satisfaction**, for the partial fulfillment of MA in Marketing Management from Addis Ababa University School of Commerce. The information you provide in this survey will be used for the stated purpose only and will be held confidential. There will be no need to mention your name. Your voluntary participation in this survey is highly appreciated and I would like to thank you in advance for taking your time to respond to this questionnaire. The questionnaire consists of three sections. Section I deals with General Information, Section II deals with customer's satisfaction with the consultation services provided by the pharmacy and Section III tries to identify the behavioral intentions of customers after provision of services.

Thank you for your time and cooperation.

Section I. General Information

1. Gender

Male Female

2. Age

< 30 30-50 > 50

3. Academic Qualification

Diploma and below Bachelors Master PhD and Above

4. Purpose of Visit

Prescription refill First time prescription OTC purchase

5. How often do you visit the pharmacy?

First visit Once per month Once every 3 months

Section II. Consultative Selling

How do you rate the provision of the following services provided by the pharmacy?

Direction: Please select the appropriate response by encircling the number against each question. Please rank each statement as follows:

1= Strongly agree 2= agree 3= Neutral 4= Disagree 5= Strongly disagree

S.N.	Consultative Selling	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Pharmacists' Communication skills						
1	The pharmacists provide professional consultation while building rapport	1	2	3	4	5
2	The pharmacists communicate positively and effectively throughout the session	1	2	3	4	5
3	The pharmacists use language that is appropriate and respectful	1	2	3	4	5
4	The pharmacists check understanding of the patient within the consultation while allowing the patient time and space to reflect	1	2	3	4	5
5	The pharmacists share information and discuss options in an open, honest and unbiased manner in choosing treatment options	1	2	3	4	5
6	The pharmacists demonstrate respect for the patients' perceptions and support the patient in self-expression	1	2	3	4	5
Pharmacist empathy						
7	The pharmacists adapt communication skills to meet the needs of different patients	1	2	3	4	5
8	The pharmacists deal sensitively with the patient's emotions and concerns	1	2	3	4	5
9	The pharmacists identify and respect the patient's values, beliefs and expectations	1	2	3	4	5

10	The pharmacists listen actively with a complete focus to understand the needs and desires of the patient	1	2	3	4	5
11	The pharmacists show courtesy and respect before and during consultation	1	2	3	4	5

Instruction on usage of medicines

12	The pharmacists supply information on how to take the medication	1	2	3	4	5
13	The pharmacists provide explanation on how the medications work	1	2	3	4	5
14	The pharmacists provide instructions on what to expect from the medications including possible side effects	1	2	3	4	5
15	The pharmacists provide instructions on how to take medications in special circumstances (eg. When a dose is missed)	1	2	3	4	5
16	The pharmacists instruct on what to avoid while taking the medications	1	2	3	4	5
17	The pharmacists provide adequate information on the appropriate storage of medications	1	2	3	4	5

Provision of information on disease condition

18	The pharmacists provide information to help understand the disease better	1	2	3	4	5
19	The pharmacists provide encouragement and feedback in efforts to improve current health status	1	2	3	4	5
20	The pharmacists provide advice on a current health problem or a longer term health condition	1	2	3	4	5
21	The pharmacists provide general advice on leading a healthier lifestyle	1	2	3	4	5

N.B. The consultative selling section of this questionnaire was designed based on the practice standards guideline developed by the Center for pharmacy postgraduate education and National Health Service (NHS) England.

Section III. Customer Satisfaction

How satisfied are you with the provision of Consultative selling practices at the pharmacy?

Direction: Please select the appropriate response by encircling the number against each question. Please rank each statement as follows:

1= Strongly agree 2= agree 3= Neutral 4= Disagree 5= Strongly disagree

S.N.	Customer Satisfaction	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
1	I am satisfied with the pharmacists' expertise (consultation skills)	1	2	3	4	5
2	I am satisfied by the pharmacists empathy towards patients	1	2	3	4	5
3	I am satisfied by the pharmacists' provision of instruction on usage of medicines	1	2	3	4	5
4	I am satisfied by the pharmacists' provision of information on disease condition	1	2	3	4	5
5	I am generally satisfied with the services given by the pharmacists	1	2	3	4	5

Thank you for your cooperation!

Annex 2

አዲስ አበባ ዩኒቨርሲቲ

ማርኬቲንግ ማኔጅመንት የትምህርት ክፍል

ይህ መጠይቅ የተዘጋጀው በ አዲስ አበባ ዩኒቨርሲቲ ማርኬቲንግ ማኔጅመንት የትምህርት ክፍል ድህረ ምረቃ ተማሪ ሲሆን በዋነኝነት የጥናቱ አላማ በፋርማሲ አገልግሎት ሒደት የባለሙያዎች ሙያዊ ምክር ቤብን በኛች እርካታ ላይ ያለውን ተፅእኖ ለማጥናት የሚሞክር ነው። በመሆኑም ከእርሶ የሚገኙት መልሶች ትክክለኛነት ለጥናቱ ስኬት ከፍተኛ አስተዋጽኦ አላቸው። የሰጡት መረጃም በጥብቅ ሚስጥር ይቀመጣል ። ለሚያደርጉልኝ ትብብር እጅግ በጣም አመሰግናለሁ።

ምዕራፍ አንድ : ጠቅላላ መረጃ

መመሪያ

✓ ለሚከተሉት ጥያቄዎች ያልዎትን መልስ በሳጥን ወስጥ የሚከተለውን ምልክት (✓) በማድረግ ይግለጹ፡

1: ፆታ

ወንድ ሴት

2: እድሜ

< 30 30 – 50 > 50

3: የትምህርት ደረጃ

ዲፕሎማና ከዚያ በታች የመጀመሪያ ዲግሪ ሁለተኛ ዲግሪ ዶክትሬት

4: ወደ ፋርማሲው የመጡበት ምክንያት

ተከታታይ መድሃኒት ለመውሰድ በማዘዣ መድሃኒት ለመውሰድ ያለማዘዣ መድሃኒት ለመውሰድ

5: ወደ ፋርማሲው በምን ያህል ጊዜ ይመጣሉ

የመጀመሪያ ጊዜዬ ነው በወር አንድ ጊዜ በሶስት ወር አንድ ጊዜ

ምዕራፍ ሁለት ፡ በፋርማሲ ወይም ስለሚሰጠው የማማከር አገልግሎት

መመሪያ

ከዚህ በታች ለተጠቀሱት ጥያቄዎች ያልዎትን አስተያየት የእርስዎን ግምገማ የሚገልፀውን ቁጥር በማክበብ ይግለፁ

1= በጣም አልሰማምም 2 = አልሰማምም 3 = አስተያየት የለኝም 4 = እስማማለሁ 5 = በጣም እስማማለሁ

ቁጥር	ዝርዝር	በጣም አልሰማምም	አልሰማምም	አስተያየት የለኝም	እስማማለሁ	በጣም እስማማለሁ
የመግባባት ችሎታ						
1	የፋርማሲ ባለሙያዎቹ ሙያዊ ገለፃ በጥሩ መግባባት ይሰጣሉ	1	2	3	4	5
2	የፋርማሲ ባለሙያዎቹ በቀናነትና በሚያግባባ ቋንቋ ሙያዊ ገለፃ ይሰጣሉ	1	2	3	4	5
3	የፋርማሲ ባለሙያዎቹ ተገቢና በአክብሮት የተሞላ ቋንቋ ይጠቀማሉ	1	2	3	4	5
4	የፋርማሲ ባለሙያዎቹ መመሪያዎች በትክክል ለተጠቃሚ መድረሱን ያረጋግጣሉ	1	2	3	4	5
5	የፋርማሲ ባለሙያዎቹ የተለያዩ የህክምና አማራጮችን በግልጽ ያማክራሉ	1	2	3	4	5
6	የፋርማሲ ባለሙያዎቹ ተጠቃሚው ሃሳቡን በግልጽ እንዲናገር ያበረታታሉ	1	2	3	4	5
የደንበኞችን ፍላጎት የመረዳት ችሎታ						
7	የፋርማሲ ባለሙያዎቹ በተጠቃሚው ፍላጎት መሰረት ሙያዊ ገለጻ ይሰጣሉ	1	2	3	4	5
8	የፋርማሲ ባለሙያዎቹ የተጠቃሚ ስሜትና ጥያቄዎች ያገናዘቡ አግባብ ያለው ምላሽ ይሰጣሉ	1	2	3	4	5
9	የፋርማሲ ባለሙያዎቹ የተጠቃሚውን አስተሳሰብና አመለካከት ያከብራሉ	1	2	3	4	5
10	የፋርማሲ ባለሙያዎቹ የተጠቃሚውን ፍላጎት አዳምጠው መልስ ለመስጠት ዝግጁ ናቸው	1	2	3	4	5
11	የፋርማሲ ባለሙያዎቹ ሙያዊ ገለጻ በሚሰጡበት ወቅት ተገቢውን ክብር ያሳያሉ	1	2	3	4	5

የመድሃኒት አጠቃቀም ገለጻ						
12	የመድሃኒት አወሳሰድ መመሪያ በአግባቡ ይሰጣሉ	1	2	3	4	5
13	መድሃኒቶች የሚሰሩበት መንገድ በአግባቡ ይገለጻል	1	2	3	4	5
14	የመድሃኒቶች የጎንዮሽ ጉዳዮች በአግባቡ ያስረዳሉ	1	2	3	4	5
15	የተለየ የአጠቃቀም መመሪያ በሚያስፈልጋቸው መድሃኒቶች ዙሪያ ተገቢውን ማብራሪያ ይሰጣሉ	1	2	3	4	5
16	ከመድሃኒቶች ጋር መወሰድ የሌለባቸውን ንጥረ ነገሮች በግልጽ ያስረዳሉ	1	2	3	4	5
17	ስለመድሃኒቶች አቀማመጥ በቂ መረጃ ይሰጣሉ	1	2	3	4	5

ስለበሽታውና አጠቃላይ የጤና ሁኔታ የሚሰጥ ምክር

18	ታካሚው ስላጋጠመው የበሽታ አይነት ተጨማሪ መረጃ ይሰጣሉ	1	2	3	4	5
19	የጤና ሁኔታዎን ለማሻሻል ጥሩ እገዛ ያደርጉልኛል	1	2	3	4	5
20	ታካሚው ስላለበት የጤና ሁኔታ በቂ መረጃ ይሰጣሉ	1	2	3	4	5
21	ስለ ጤናማ አኗኗር ምክር ይሰጣሉ	1	2	3	4	5

ምዕራፍ ሶስት : የደንበኛ እርካታ

ቁጥር	ዝርዝር	በጣም አልሰማም	አልሰማም	አስተያየት የለኝም	እስማማለሁ	በጣም እስማማለሁ
1	በፋርማሲ ባለሙያዎቹ የመግባባት ችሎታ ደስተኛ ነኝ	1	2	3	4	5
2	በፋርማሲ ባለሙያዎቹ የደንበኞችን ፍላጎት የመረዳት ችሎታ ደስተኛ ነኝ	1	2	3	4	5

3	በመድሃኒት አወሳሰድ ዙሪያ በሚሰጡት መመሪያ ደስተኛ ነኝ	1	2	3	4	5
4	ስለበሽታወና አጠቃላይ የጤና ሁኔታዬ ላይ በተሰጠኝ ምክር ደስተኛ ነኝ	1	2	3	4	5
5	በአጠቃላይ በተሰጠኝ አገልግሎት ረክቻለሁ	1	2	3	4	5

ለትትብብርዎ አመሰግናለሁ