

Ex Libris

University 
of North-West

Donated to the
University of North West Library by

FACULTY OF COMMERCE & ADM

DONIAN 4

A CRITICAL EVALUATION OF CUSTOMER CARE IN THE PHARMACEUTICAL
INDUSTRY WITH REFERENCE TO RETAIL PHARMACIES

by

LETTA MOKATE BOGATSU

submitted in partial fulfillment of the requirements for the degree of

MASTER OF BUSINESS ADMINISTRATION

in the Graduate School of Business and Government Leadership

in the

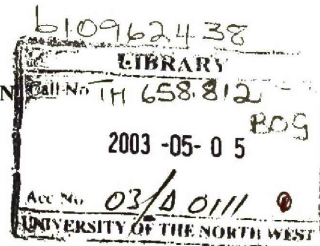
FACULTY OF COMMERCE AND ADMINISTRATION

at the

UNIVERSITY OF NORTH WEST

SUPERVISOR: PROF. W.P.J. VAN RENSBURG

APRIL 2003



Declaration

I, Letta Mokate Bogatsu declare that the dissertation for the degree of Master of Business Administration at the University of North West hereby submitted, has not previously been submitted by me for a degree at this or any other university. That it is my work in design and execution and that all material contained herein has been dully acknowledged.

Signed..........

Acknowledgements

This report would not have been possible without the support of local retail Pharmacies in the Mafikeng area.

Appreciation and thanks go to all respondents at the various pharmacies.

I certify that except as noted above the report is my own work and all references used are accurately reported.

Signed: _____

A handwritten signature in black ink, consisting of several loops and a long vertical stroke at the end, positioned above a horizontal line.

ABSTRACT

The study set out to investigate Customer Care in the Pharmaceutical Industry with reference to Retail Pharmacies in the Mafikeng area. This will be achieved through the following:

Highlighting any inadequacy of customer care process at retail pharmacies, determine if the current customer care tools utilised are optimal or not, determine the extent at which such tools are utilised and to determine where accountability lies for customer care within the organisation.

Six out of eight pharmacies participated in the study (75%, Four of which are leaders in the market as they are big stable companies and some are franchises. The measuring instruments utilised was a questionnaire because of the descriptive nature of the study. The questionnaire was in a structured format which consisted of two parts, namely, demographics and general questions evaluating the competency of staff and the quality of service. 120 respondents participated in filling in the questionnaire over a period of two weeks. Every pharmacy had twenty respondents respectively.

The findings revealed that most respondents were satisfied with the service provided, with only a few who were unhappy about certain elements of the questionnaire. However, the overall responses were satisfactorily and unexpected since patients tend to complain about services.

The researcher recommends that staff need to be trained on the following, how to be friendly to customers and greet them with a smile. Greet them by name if possible, as it will impress the patient to notice that staff members know him/her by name. To be polite and pleasant when talking to clients. To be trained on product knowledge as it improves competency and confidence of client in a person.

Adequate training of staff is important as it ensures provision of quality service to the patients, thus reducing complaints. Even though the results of the study were satisfactorily, it is important for the management of the organisation to concentrate on few patients who are not happy about the service so as to improve and satisfy as many customers as possible.

TABLE OF CONTENTS

	<u>Page No.</u>
Chapter 1: Orientation	1
1.1 Introduction	1
1.2 Objectives of Study	5
1.3 Importance of Study	7
1.4 Scope of Study	7
1.5 Limitations of Study	8
1.6 Plan of Study	8
Chapter2: Literature Review and Theoretical Foundation	10
2.1 Introduction	10
2.2 Theoretical Foundation	10
2.3 The Definition of Customer Care Service	11
2.4 The Importance of Customer Care	16
2.5 The Definition of Customers	17
2.6 Customer Expectations	24
2.7 Rationale Behind Customer Care Failure	28
2.8 Total Quality Management	30
2.9 Customer Care and Marketing Mix.....	42
2.10 Complaints	45
2.11 Implementation and Achievement of Quality Care	48
2.12 Conclusion	53

Chapter 3 : Defining the Problem and Research Questions	55
3.1 Introduction	55
3.2 Rationale to Problem	56
3.3 Problem Definition	58
3.4 Research Questions	58
3.5 Conclusion	60
Chapter 4: Research Design and Data Analysis	61
4.1 Introduction	61
4.2 Sampling	61
4.3 Population	64
4.4 Measuring Instrument	64
4.5 Data Analysis.....	66
4.6 Conclusion	66
Chapter 5: Results and Interpretation	67
5.1 Introduction.....	67
5.2 Research Findings	67
5.3 Conclusion	79
Chapter 6: Discussions, Recommendations and Conclusions.....	80
6.1 Introduction	80
6.2 Discussion	80
6.3 Recommendations	83
6.4 Conclusion	85

Chapter 7: Bibliography.....	86
7.1 Appendices.....	87

CHAPTER 1

ORIENTATION

1.1 INTRODUCTION

As very few people live in isolation, communication with others is a fundamental part of most peoples' lives. Most jobs can be achieved only through communication, whether that involves giving or /receiving instructions, sharing ideas with colleagues or giving information to external customers or suppliers. In addition to these, communication is integral to marketing, involving as it does, communication initiatives that range from persuasive sales calls and presentations to clients, to the production of simple brochures and leaflets and the creation of sophisticated packaging, logos and advertising (Gill Woods, 2001: 10).

It is important to note that people who suppliers communicate with, are customers – not just the people who buy goods or services (Albrecht &Zemke 1998: 10).

Customer focus, or putting the customer at the centre of the organisation's operations, has always been central to marketing philosophy, but for a time it seemed that many firms in various industry sectors had forgotten the customer in their bid to maximise profits and minimise costs. However, the desire to meet the growing demands of customers and the need to keep up with more innovative customer-focused competition has forced many firms to

re-examine their treatment of customers. Even firms operating in markets that traditionally compete on price have been faced with the fact that it needs only one competitor to raise customer expectations for all to be faced with a compelling need to jump on the customer-care band wagon (Gill Wood, 2002: 13).

Recently consumers wherever they come from, are far more likely to complain about the quality of service provided. This is because in general terms, consumers are more widely traveled and more educated than ever before. Many consumers have developed sophisticated tastes and have higher expectations, having seen the superior service standards and innovative approaches to quality control in developed countries such as the United States of America and Australia. Consumer tends of being less tolerant and more demanding transcends industry sectors. Consumers are less willing to accept poor services, from shop assistants, overbearing attitudes from health professionals or overcomplicated application forms from mortgage companies. In other words, organisations need to focus on customer needs and expectations, not only in relation to the quality of products they provide, but also with regard to the quality of service (i.e. the way customers are treated) and the ease with which consumers can access products and services (Gill Wood, 2001: 21).

For example, an electrical retailer who previously used its own drivers to deliver goods such as washing machines and dish-washers, now outsources contractors who ensure that they arrange delivery to suit the customers. They

now give time slots within which the delivery will take place, so that customers do not have to take a whole day off work to wait for a delivery. This type of service is therefore customer focused.

Customer care and its close relation, quality, are not new ideas, only old ones that have been brushed down and spruced up. They help to remind organisations that they should not rest on their laurels in an increasing competitive and unforgiving world. Customer care and quality care are linked in that both are concerned with getting things right first time. Quality management is usually associated more with production issues whilst customer care is more concerned with the organisation's relationship with its customers and customer service issues. With customer care, the aim is to close the gap between customers' expectations and their experience. This is often achieved by finding out what the customer thinks and what he or she wants in terms of product or /service quality, packaging, delivery and after-sales service.

The main idea behind relationship marketing is to build strong relationship with customers in order to retain them instead of concentrating on recruiting new ones.

Gill Wood (2001) states the following as factors which influence customer retention.

- ❖ High quality products to encourage repeat purchase.
- ❖ Customers need to feel valued to be loyal. This can only be created by excellent customer service.
- ❖ Taking long term marketing decisions, for example, continuous improvement of innovation to keep ahead of customer needs.
- ❖ Frequent customer contact to establish customer profiles in order to ensure accurate customer targeting of goods, services and information.

Wood (2001) argues that it is possible to still receive complaints about poor service from the consumers despite implementations of customer care programmes in an organisation. This is usually due to allocating a specific department for customer care instead of training and empowering all staff to deal with customer care issues. The common problem is that companies impose customer care programmes on staff without explaining the reasons behind them, further, do not allow staff who deal with customers every day to influence how customer care is implemented. Other problems occur where firms have organised supposedly customer centred systems and processes designed to enable staff to help customers, but prospective customers are asked so many personal questions with no relevance to the actual query, that they are put off from doing business with the organisation.

Customer service can also fail if it is commoditised through call centres with staff on short-term contracts. Often these employees fail to see the company's goals as they are often more concerned about their job security. It is also difficult to see how staff could be encouraged to take customer care

seriously if senior managers do not treat their internal customers/staff appropriately (Armistead CG & Clarke G, 1994: 201).

Many employees feel that customer care is something that senior managers pay lip service to because they do not allocate adequate resources to it or establish any reward or recognition system aimed at customer care standards. Some companies persist in thinking that technology is the answer to tackling customer care issues. There needs to be a balance in using telephone technology to speed up response and put customers through to the right department without trapping them in voicemail jail. Technology on its own does not improve customer service if there are no humans available to help solve customers' problems (Wood, 2001: 25).

In the final analysis, if the product breaks or does not work, or the service does not arrive, or does not do the job it is expected, no amount of apologies, discounts or gestures will change the situation, Therefore quality still remains a key aspect of any customer care programme.

1.2 **OBJECTIVES OF THE STUDY**

This study was meant to investigate customer service process amongst the pharmaceutical industry with reference to retail pharmacies as a primary case study. Emphasis was to be placed on understanding the needs of the consumers, how to meet such needs and measurement of effectiveness of customer cares. The following were the main objectives of the study:

Ensure that the needs of the consumers are met through:

- ❖ Provision of a friendly and courteous service.
- ❖ Non biased treatment of consumers.
- ❖ Availability of competent staff.
- ❖ Availability of stock at all times.
- ❖ Timeous delivery of medicines.
- ❖ Product and service offered at affordable prices as compared to that of the competitors.
- ❖ Effective communication to clients utilising effective communication tools.
- ❖ Ability to empathise with the customer during unfavourable circumstances such as stress, depression, shock or trauma.
- ❖ Provide a listening skill to the patient.

In particular, the research aims to:

- ❖ Highlight any inadequacy of customer care process at retail pharmacies.
- ❖ Determine if the current customer care tools utilised are optimal or not.
- ❖ Determine the extent at which such tools are utilised.
- ❖ Determine where accountability lies for customer or public relations within the company.

The secondary objectives are:

- ❖ To assess whether formal customer care techniques have been utilised in company of study.
- ❖ To assess the nature and type of objectives set in relating to customers.

- ❖ To determine whether customer care accountability lies within the organisation.
- ❖ To determine the elements which contribute towards a successful customer care company.
- ❖ To establish what customer cares' policies are in place.
- ❖ To determine what customer care strategies have been adopted by the organisation.
- ❖ To determine if such strategies are applied and the extent to which they can assist to improve these goals.

Effective evaluation of all these elements will lead to improved customer cares within the organisation.

1.3 IMPORTANCE OF STUDY

This study is very important as it serves as an evaluation tool for the company. It enables the company to evaluate its performance with reference to customer cares and this allows it to rectify the errors and improve communication.

Most companies tend to pay attention to one or few elements neglecting others, resulting in an imbalance of the mix and thus affecting the profit of and organisation. For any equilibrium to be reached, all elements must be effectively utilised. For example, Letta's Pharmacy, as a new pharmacy and surrounded by stabilised competitors such as Era's Pharmacy and

Pharmarama, among others, should ensure that all elements of marketing mix are in equilibrium to ensure the survival of the business.

1.4 **SCOPE OF STUDY**

The study focuses only on retail pharmacies in the Mafikeng region. The study entails the following:

- ❖ It will focus on how effective customer care process is, with the patients.
- ❖ It will cover a variety of services and products sold by the pharmacies.
- ❖ The current mechanisms utilised by the organisations to determine the effectiveness of customer care will be studied.
- ❖ It will focus on the current procedures and systems relating to management of customer care.
- ❖ Customers are to be interviewed indirectly by the use of questionnaires.

1.5 **LIMITATIONS OF STUDY**

The study only covers three elements of the marketing mix, namely, people, location and product and neglecting the promotion as one of the marketing mix. This type of research creates a loophole for problems that erupt as a result of promotion related deficiencies. The other limitation is that it only covers the retail sector of the pharmacy, neglecting the industrial and hospital sectors which are also affected by customer care as they deal with customer relations on a daily basis. The data collection method will be qualitative. The study will be primarily driven by insights from the questionnaires.

1.6 PLAN OF STUDY

The study consists of seven chapters. The chapters will flow in this manner:

Chapter 2

Chapter 2 centres around literature review and theoretical foundation. Literature review entails critical review of various authors and the theoretical foundation on which the study is based.

Chapter 3

Chapter 3 is about problem statement, whereby the problem will be clearly defined in general terms and sub-problems will also be stated.

Chapter 4

Chapter 4 is about research design and analysis.

- ❖ Sampling techniques used will be clearly explained.
- ❖ Characteristics of the sample drawn will be fully explained in this chapter.
- ❖ The type of measuring instrument will also be specified.
- ❖ Data analysis method will also be discussed in Chapter 4.

Chapter 5

- ❖ This chapter is about results and interpretation.
- ❖ Results obtained in Chapter 4 will be stated and shown graphically and tabular.
- ❖ Such results will also be interpreted in Chapter 5.

Chapter 6

- ❖ The interpretation of results in Chapter 5 will be fully discussed with cross references to other relevant studies.
- ❖ The researcher will then make recommendations based on the discussed results.
- ❖ Which will then be followed by concluding remarks.

CHAPTER 2:

LITERATURE REVIEW & THEORETICAL FOUNDATION

2.1 INTRODUCTION

References used have been compiled from a combination of research reports, books, articles, papers and Internet material. The literature is presented in 8 (eight) sections, namely: Customer Care or Service, The Importance of Customer Care, Who the Customers are, What Customer expectations are, Rationale behind Customer Failure, Implementation and Achievement of Quality Care and Customer Care and Marketing Mix.

2.2 THEORETICAL FOUNDATION

The theoretical foundation upon which this research is based purports that customers are doing businesses a favour when they enter the business. Businesses are not doing them a favour by serving them. It is important for every organisation to note that its growth and success are largely dependent on total satisfaction of every customer that purchase from them. There are no salaries, because there will be no business influx. It is for this reason that every staff member must be competitive and ensure that every customer who enters the business leaves as a satisfied customer, otherwise they will utilise the competitor's services and render the company useless.

It is true that customers are doing businesses a favour by purchasing from them, because they can alternatively buy somewhere else. So if we don't satisfy their needs, they will definitely go to competitors. They are not

dependent on businesses. Businesses are dependent on them for survival! Customers must be considered as an integral part of the business and not as outsiders.

The company can only retain a good image if its customer base is strong. The high standards of customer satisfaction pressurises companies to improve their customer base in order to retain them in this competitive business world. Therefore, in a nutshell, customers are the most important element in any retail products or services type of business.

2.3 THE DEFINITION OF CUSTOMER CARE OR SERVICE

Customer care or putting the customer at the centre of the organisation's operations has always been central to marketing philosophy, but for a time it seemed that many firms in various industry sectors had forgotten the customer in their bid to maximise profits and minimise costs. However, the desire to meet the growing demands of customers and the need to keep up with more innovative customer-focused competition has forced many firms to re-examine how they treat their customers. (Gill Wood, 2002).

Wood explains customer care as an "organisation's relationship with its customers and customer service issues". Customer care aims at closing the gap between customers' expectations and expense and this is achieved by finding out what the customer thinks and what the customer wants with regard to product or service quality, packaging, delivery and after-sales service.

According to Hensler (1994), customer service refers “those activities that take place after production system activities, this includes physical distribution activities”. It serves as a link that matches and integrates the supplier with the customer. Since customer service is the driver of the total value system of a company, it is imperative for the company to gather customer information and develop customer involvement in the new competitive market. Customer service also represents a major component of the customer perspective of product value. It is therefore important that an organisation’s policies regarding customer service be consistent with its long range plans and must be developed in consideration with customer requirements and the organization ‘s resources.

In a study of United States and European manufacturing firms, Anderson and Jerman (1979) found out that the determination of objectives for customer service performance levels was the responsibility of sales management. The researcher also established that customer service policy was established by sales in a manufacturing firm, decisions concerned with maximising sales occurred rather than decisions that maximized overall performance of the enterprise. The functional barriers in most US organizations, however, may lead to a malfunctional approach for defining customer service levels, consequently affecting organisational performance negatively.

According to Gordon (2002: 50), the old adage is that the customer is always right. Certainly the customer service department has always tried to operate according to this maxim. Make customers happy when they complain,

engage them positively. Offer restitution, but this approach is the equivalent of making bad cars and delaying the day of reckoning by having the dealer make the repairs. When customers complain it is a signal of a broken process somewhere in the business. Perhaps the broken process has to do with understanding and shaping customer expectations or delivery to these expectations. Whatever the case, an organisation that works collaboratively with customers throughout the value chain, should have limited the need for a customer service department, at least not in the conventional sense.

Recently customer service departments are the front line where they engage the irate, disappointed or ill informed. But this role is miscast, as it provides service after the customer has already had an unpleasant experience, a little like having waiters offer you daiquiris as your voyage aboard the Titanic takes a turn for the worse. You appreciate the service, but see it as a little irrelevant in the broader context. Perhaps recast as the customer information centre geared to anticipating customer issues, the service role assumes new importance. The customer information centre could proactively engage customers, ensure lifetime customer satisfaction and be the leading edge of the marketing communications changes.

2.3.1 Customer Care Triangle

The customer service triangle developed by Albrecht and Zemke (1998) has been found to be useful in producing a framework for the first review of support activities (Fig. 1.1)



(Albrecht and Zemke (1998:56))

Figure 1.1: Customer Care Triangle

According to Albrecht and Zemke, the customer is at the centre of this triangle because every activity must be seen in terms of its impact on customer satisfaction, understanding how the service views the organisation's performance rather than accepting an internal view. The three points are as follows:

❖ **Strategies**

The customer service and support manager must develop realistic statements about the role of support, the way that it is to be measured and the priorities for improvement. The strategy must express the value of service and support to the customer and identify those aspects which create competitive advantage for the organisation. It must be said that a strategy is not a wish list, but a fully resourced statement of intent.

❖ **Systems**

Having clarified the strategy, the systems employed by customer service and support organisation must be reviewed in the light of any changes in content or emphasis in the service task. Systems to control quality, information, materials and productivity are also included. A principle to be observed is to ensure that key measures that have significant impact on customer satisfaction, for example, response time, are consistently achieved because the system has sufficient capacity to do so.

❖ **People**

The people are those who deliver the service. They will be more effective if they understand what the task is through a consistent service strategy. They will be committed to the service strategy if they have had the opportunity to contribute to its formulation. The service providers will also be more effective if the systems employed facilitate rather than prevent service.

❖ **The Service Provider – Customer Team**

Customer perceptions of service quality are generally enhanced where there is a bond between provider and customer. The provider will tend to try harder because the customer is appreciative and the customer may be more forgiving of detail problems because it can be seen that the provider is trying hard.

2.4 THE IMPORTANCE OF CUSTOMER CARE

Martin (2001) believe that customers are important because it is not the company that pays wages but the customers. Without customer purchases there would not be any salaries because of no money influx. It is therefore important that organisations must meet customer expectations.

Wood (2002) argues that customer care is important, because it allows the organisation to build strong relationships with its customers in order to retain them instead of concentrating efforts on recruiting new ones. Customer care also enables the company to gain loyal customers who will recommend the firm to others.

According to Far (1999), customer care is not just a set of tasks, a list of do's and don'ts; it's a way of life. It is important because:

- ❖ Satisfied customers take up less time.
- ❖ Satisfied customers cause less stress and bring job satisfaction.
- ❖ Satisfied customers tell other people, which enhances the organisation's reputation.
- ❖ Customers are the core of the business – without them, there is no business.

2.5 THE DEFINITION OF CUSTOMERS

According to Wood (2002: 16), “all the people that we communicate with are called customers, not just the people who buy goods and services”. An organisation communicates with people from both inside and outside the company. Information is recalled and sent to and from colleagues, suppliers and a firm’s paying customers for a variety of reasons and in a variety of communication formats.

In the traditional sense of the word, customers are the people who buy a firm’s products. To communicate effectively with them, an organisation needs to know who they are, what they want from the firm’s products or services, where they are located and the most cost effective methods of communicating with them. By so doing effective communication such as advertising sales literature, packaging and product instructions that appeal to and are understood by the customer will be developed easily.

Types of Customers are as Follows:

❖ The consumer /user

The most obvious customer is the consumer or person who pays for a product or service. However, a person who pays for a product may not be the user or the consumer of the product. For example, a manufacturer of toys needs to communicate with both the children who will use the product, so they will exert pressure on parents and the parents themselves as they will purchase the product for their children (Wood, 2001:3).

❖ **The decision making unit**

In business-to-business marketing, it may be relevant for an organisation to communicate, not only with the purchaser, but also with others who could be involved in the decision to purchase. The other people involved in the purchase decision are often referred to as the decision-making unit. For example, a firm that supplies computer systems to other businesses needs to communicate with a variety of people who may not be customers but who may influence the decision to buy and therefore need to be communicated with (Wood, 2001:3).

❖ **The purchaser**

A purchasing official may have sourced a new computer system and may ultimately place the order. As far as customer communications are concerned, it is important to make the purchaser's job easy, ensuring that up-to-date products, contact and after-sales information is easy to digest and that the ordering process is easy (Wood, 2001: 5).

❖ **The initiator**

According to Wood (2001:5) The initiator could be a member of staff or senior manager or even an external consultant who sees the possibilities for new equipment to improve efficiency. The computer company must consider who these people might be and raise their awareness about its products, possibly via relevant trade press advertising, sales promotional material, exhibitions or public relations activities.

❖ **The user**

The user could be the staff who would use the computer system. These people may not influence the decision at the outset of the process but may be invited along to test the equipment as part of a task group before the purchase decision is finalised. After the decision to purchase has been made, the positive opinion of these people is vital if repeat business is to be transacted. The computer company could ensure good customer communications by providing clear user manuals and by providing training and help lines (Wood, 2001:5).

❖ **The influencer**

Influencers could be the technical staff who affects the purchase decision by supplying information about a variety of suppliers or by setting buying specifications. Or they could be staff in the finance department who could back the purchase decision with financial constraints. Similar to the situation with initiators, these customers need to be supplied with sufficient information about the product / service via whatever channels are considered suitable (Wood, 2001:6).

❖ **The decision maker**

The decision maker is the most influential in terms of making the purchase decision. S/he may be a senior manager or the managing director. It is vital to identify who such a person is within a firm. The computer company's message could be communicated directly by a sales

representative who might use some form of corporate entertaining to influence the purchase decision (Wood, 2001: 6).

❖ **The gatekeeper**

Gatekeepers control the flow of information through an organisation and may be switchboard operators or secretaries who are responsible for dealing with incoming calls, mail shots and trade journals that arrive by post. The company should communicate effectively with this customer in order to be able to reach others in the decision-making unit. Sales representatives need to be able to talk persuasively to the gatekeeper to obtain appointments or pass on information to the decision makers or influencers (Wood, 2001:6).

❖ **The stakeholders / public**

Most organisations have a mix of stakeholders or publics, i.e. internal or external individuals or groups who come into contact with an organisation or who affect or are affected by its activities. From a communication's point of view, stakeholders can be considered as important customers or target audiences with whom the organisation must communicate.

It is important to appreciate the importance of knowing about an organisation's stakeholders. An organisation may choose to communicate with its public such as media or a local community, because it is good for its public relations image and ultimately for its business. It is often essential for an organisation to form a close relationship with suppliers or

distributors. Thus an organisation may establish an intranet to provide suppliers with up-to-date stock requirements or provide distributors with automatic access to orders to help them plan their distribution schedules (Wood, 2001:6).

❖ **Internal customers**

There are internal people within the organisation who are at times customers and someone else is a service provider. For example, a staff member within an organisation is regarded as a customer to the finance department because of issuance of payslips by the finance department. As an internal customer, he or she expects the payslip to be correct and to be delivered on time and that the salary must be actually paid into the bank account. If there is any problem, it is expected to be dealt with courteously and promptly without engaging in lengthy correspondence in order to rectify a mistake.

At times the staff member can be the service provider to a colleague or line manager. For example, when asked to calculate the cost of producing a sales promotion item as part of a future promotional campaign. (Wood; 2002; pg 7).

A Customer can be defined in Three Ways:

- ❖ A customer or consumer may be the person or organisation that is at the point of interaction with the product, service or process and possibly the ultimate end user.
- ❖ A customer or channel may be a person or organisation that buys or handles the product or service often as an intermediary for other users.
- ❖ An internal customer or process is part of the company's value and chain of processes that provide products or services to the external customers.

A Customer is Identified at the Following Points:

- ❖ At the point of purchase (where the contact person or buyer is the customer).
- ❖ At the point of purchase approval (where the financial reviewer or provider of funding is the customer).
- ❖ At the point of product or service provision (where the channel or third party value adder is the customer).
- ❖ At the point of product or service receipt (where the shipping and receiving staff is the customer).
- ❖ At the point of product or service consumption (where the end user or consumer is the customer).
- ❖ Or even beyond the point of consumption (where a downstream recipient of value or benefit from the end user is potentially an ultimate customer).

According to Thompson (2000), most companies are moving toward horizontal business process management and are becoming customer focused, the issue is whether or not there are two customers for internal processes. One is an internal “little c” customer and the other is the “big c” external paying customer. Again, the challenge here is determining whose view should count. The legitimacy of internal customers has been a cause for endless heated debates with parties on both sides of the issue, taking strongly held positions.

Advocates who feel big C is the only legitimate customer, maintain that there can be only one customer – the paying customer. In many cases, this position is rooted in prior experiences where internal customers have made exorbitant demands on internal suppliers that seemed baseless. For example, although IBM was an early pioneer of business process management, the company lost focus on meeting the needs of internal customers. IBM’s original approach to improve the cross-functional process management focused heavily on obtaining an interlock between the internal customer-supplier relationships that comprise a business process. Further, the internal customers often set arbitrary objectives such as one hour turnaround or 50 percent cost reduction on their internal suppliers. The problem was that the internal customers were each viewed as a stand-alone customer entity rather than in the context of their position in a value chain to the external customer.

The following new approach was used by the company in order to gain more focus on the external big C customer:

- ❖ The big C customer becomes the design point (whose view counted most) for process engineering management and improvement.
- ❖ The internal customers each had to rationalise their requirements to their internal suppliers by showing how they cumulatively linked to meet the ultimate big C customer needs and wants.
- ❖ Internal silos and resistance to change were broken down by using the voice of the paying customer as the final arbiter for decisions and priority setting.
- ❖ Internal metrics and measures were aligned with and resulted in the attainment of external customers metric of success.
- ❖ The subsequent improvement and attainment of internal metric performance resulted in dramatic improvements in external customer (Thompson, 2000: 49).

2.6 CUSTOMER EXPECTATIONS

Martins (2001:22) states that companies have to look to customers when they set standards for measuring quality. Customer expectations are based on comparison to competitors' products and are likely to change over a period of time. To be considered a world class company means that the company products and services need to be seen as best in class by the customer. Products and services need to be improved with time to meet the varying need of the customers.

Customers perceive quality on basic tangible principles such as customer service, appearance, durability, serviceability, reliability, features and performance since service is generally intangible, customers set their own standard, comparing the service they receive with the service they wish to receive. The factors that determine the standard are the time it takes for a service provider to answer a telephone call, the time of delivery of goods or services ordered, promptness in which queries or problems are dealt with, cleanliness, parking convenience and friendliness. Woods (2002: 20) identifies types of behaviour that customers do not like in service providers. Such behaviour include rudeness, insensitivity and apathy to customer requests, difficulties in getting through to a company (often unanswered telephones), poor billing or letters that are inaccurate or do not make sense. and misinformation, i.e. different information from different staff.

All this creates a negative impression on the customer that is perceived as lack of professionalism. Research shows that when a customer has a negative experience with an organisation, the customer will tell an average of eleven people and nine out of ten people do not complain but take their business elsewhere.

In analysing customer feedback, it appears that most feedback and complaints are not about actual products but seemingly peripheral issues such as late delivery, the way the customer was spoken to or given the wrong information. (Gill Wood, 2002: 19).

Linton (1993) emphasises that the company or manager must make staff aware of what the customer wants and more importantly, does not want, because it helps to build understanding of what the customer expects. For example, when the customer comes to a pharmacy, he/she wants prompt and helpful attention. He/she does not want any surprises like a much higher bill than expected and he/she expects the product to be efficient for his/her need.

These are serious problems that staff should be aware of. However, it is often little things that get overlooked which can cause the most irritation.

Nauman and Giel (1995:140) believe in exceeding customer expectations since most companies have realised that customer expectations are constantly moving upward as competition intensifies. A firm's actual performance can remain constant and satisfaction ratings will go down. Or a firm can actually improve but at a slower rate than customer expectations increase and satisfaction ratings will go down.

The second reason stated by Naumann and Giel (*ibid*) is that more firms are embracing the idea that the customer is the ultimate judge of quality. Thus meeting customer expectations is critical for a firm that is trying to deliver high quality. Meeting customer expectations is central to being a customer driven firm and some of the more innovative firms are realising that, to create so-called customer delight, the customer's expectations must be even exceeded.

A new method of measuring customer expectation is by using questionnaires. The questions are usually user friendly to respondents and respondents can easily identify an appropriate response category.

2.7 RATIONALE BEHIND CUSTOMER CARE FAILURE

Thousand of organisations provide products and services, implement customer care programmes and yet still have customers who receive poor service and often complain about it. The problem often lies in allocating a specific department for customer care instead of training and empowering all staff to deal with customer care issues. A common problem is that companies impose customer care programmes on staff without explaining the reasons behind it, or do not allow staff members who deal with customers regularly to influence how customer care is implemented.

In other cases, organisations move from a localised branch network where staff may know customers quite well, to around the clock service provision supported by centralised telephone services in a bid to give customers improved access to services. Unfortunately customers may then find that they spend a long time explaining a particular problem or enquiry to an anonymous person and if they have to call again they are faced with another anonymous voice to which they have to explain the whole problem all over again.

Customer service can also fail if it is commoditised through call centres with staff on short-term contracts. Often these employees fail to see the company's overall goals as they are often more concerned about their job security. It is also difficult to find out how staff could be encouraged to take customer care seriously if senior managers do not treat their internal customers or staff appropriately. Many staff members feel that customer service or care is something that senior managers pay lip service to, because they do not allocate adequate resources to it or establish any reward or recognition system aimed at customer care standards. Some companies persist in thinking that technology is the answer to tackling customer care issues. There needs to be a balance between using telephone technology to speed up response and put customers through to the right department without trapping them in voicemail jail! Technology on its own does not improve customer service if there are no humans available to help solve the customer's problems. In the final analysis, if the product breaks or does not work or the service does not arrive or does not do the job it was asked to do, no amount of apologies, discounts or gestures will change the situation, so quality still remains a key aspect of any customer care programme.

2.8 TOTAL QUALITY MANAGEMENT

Booyens (2001: 250) states that quality care in health service is described within the following elements of quality, namely three A's and three E's of quality. The relationship between the A's and E's with total quality management is explained in the following discussion.

2.8.1 Acceptability

Acceptability involves supplying patients with the necessary information in order to involve them in decision making regarding their treatment programme and follow-up care. It also includes identifying patients' view points and expectations regarding healthcare provision and meeting these expectations. Acceptability further improves acknowledging the right of the patient to control the distribution and release of data concerning his or her illness, as well as the confidential nature of the information obtained from him or her.

2.8.2 Accessibility

The second element of total care quality is accessibility. This implies that the service provided must be convenient for the patient in terms of transport and time constraints. Introduction of delivery services and providing services after hours, holidays and Sundays is also convenient and accessible to the patients as it brings services to the people. Provision of appropriate knowledge and skills to patients when needed is another aspect of accessibility. This means that patients are referred to appropriate services, institutions and knowledgeable professionals by the pharmacist when necessary. Foreexample, psychiatric; gynaecological and rehabilitative services, self-help groups (Diabetic Society, Alcoholics Anonymous); Clinical psychologist and other specialists' services. It is thus necessary to ensure that

patients gain access to the services they require and that the care needed by the patient is coordinated effectively among practitioners and across the organisation and time. Another aspect of accessibility is the timeliness of care, that is, the provision of care when its needed by the patient.

2.8.3 Appropriateness

Appropriateness is the third element of total quality care. It is regarded as provision of care which meets the patient's physical, psychological and social needs. It also involves adjusting the customer care to the patient's age, knowledge and abilities such as in the case of explaining the use of medicines to literate and illiterate patients. With the illiterate, the explanation will be in-depth and take more time than with the literate patient.

2.8.4 Effectiveness

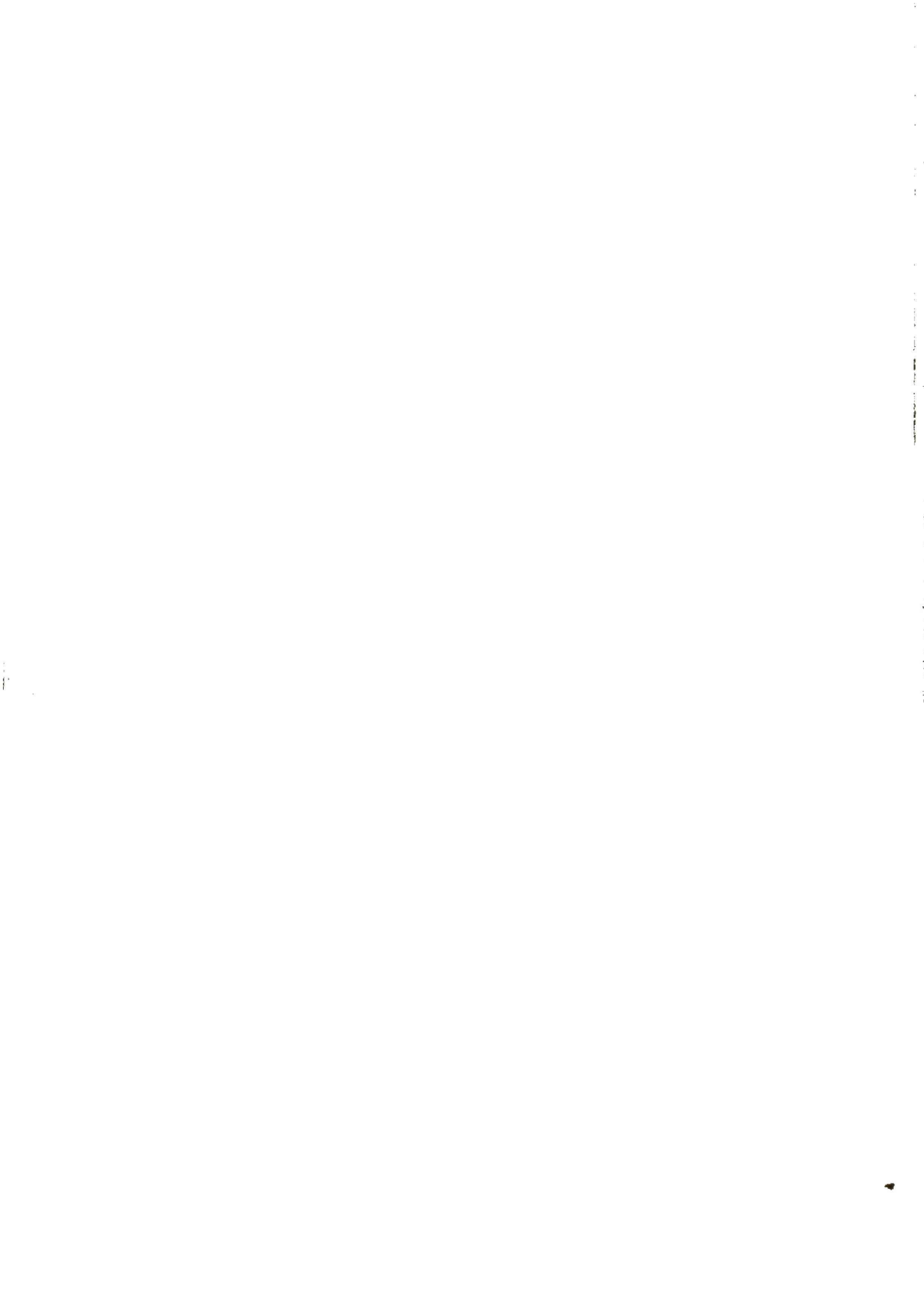
The fourth element of quality care is effectiveness. This involves measuring and monitoring whether the intended health care goals are being met, and that medicines are being correctly utilised for maximum benefit. In order to evaluate the effectiveness of the customer care provided, it is necessary to set standards which must be achieved. The standards serve as benchmarks against which monitoring and measuring can take place.

2.8.5 Efficiency

This element refers to using one's time to meet a variety of needs and the skilled use of resources as well as the availability of medication when needed. A pharmacist uses his or her time to meet a variety of needs when he or she gives patients some health education such as advice on prevention of malaria or stress. The skilled use of resources is demonstrated when a pharmacist advises a patient on the side effects and contraindication of medicine when the patient shows no improvement in the treatment issued over the counter facility and thus refers the patient to a doctor.

2.8.6 Equity

Equity is about ensuring that there is no discrimination against any group on grounds of race, gender or disability. It also refers to act arranging special services to meet specific needs. Equity in health services should extent to eradication of discrimination on the basis of gender, disability, race, sexual orientation (homosexuals, lesbians), age or geographical location. It should also include special services such as providing homecare services for community patients that are affected by HIV/AIDS. (Booyens, 2001:251).



2.8.7 Basic ideas about quality

Quality can be defined and measured and in health care it should be defined from both the patient's as well as the providers perspective. It is also dynamic in that it is developed through continuous improvement. Quality and cost go hand in hand and therefore it is to remedy mistakes when jobs are not done correctly the first time. Since quality relates to outcome, focus should be on what the customer gets. Green and Matthia (1997:7) argue that quality is everybody's responsibility, not only that of the management or quality assurance personnel, it should be the responsibility of every person working in a health care service, from the domestic cleaner to the professor of surgery. Quality has to do with doing "right things right"(Green and Matthia, 1997:7) A significant portion of labour costs is related to the enormous amount of rework that must be done because things were not done correctly the first time.

2.8.8 Quality and customers

According to Armistead and Clarke (1994:87), it has become fashionable to talk of customer satisfaction in terms of being "delighted" by the goods and services received. However, there are far too many organisations whose customers are pleasantly surprised or even amazed when operations go right for a change. Organisations must know that customers have the final word. They may not be able to protest too loudly in the short term if no alternative goods or services are available, but there will come a time when customers will find a better service and the organisation will lose.

It can be argued that it is always better to keep customers happy because dissatisfied customers tend to be more disruptive and therefore expensive to look after. There are few businesses that can afford to lose a customer and it must be remembered that if one is upset there is a strong probability that others will also be unhappy.

Customer's perception of good quality:

❖ **Higher perceived quality commands high prices**

Armistead and Clarke (1994:87) cite that market research and academic studies done at Harvard Business School have indicated that companies with a higher perceived quality level tend to be able to command higher prices than those with poor quality reputations. This is a function of relationship costs and an example of this cost is the time spent by managers and employees checking and rechecking work and of course correcting errors. Quality service results in customer satisfaction, which results in business growth.

Some people are employed by the organisation purely because problems can arise, and the cost of not discovering these problems, as early as possible, is very high. Customers have "relationship costs"(Armistead and Clarke, 1994:87) which are greater or smaller depending on the confidence they have in the organisation they are dealing with. They pay more for products they can depend on because they cost less in the long run.

2.8.10 Reducing quality costs

Armistead and Clarke (1994:90) state that many organisations are aiming to be “Right First Time”(Armistead and Clarke, 1994:90). This is because the total cost of quality may be in excess of 25 percent of turnover. The elements of quality costs are:

❖ Failure costs

The costs involved in repair and work, putting in place recovery actions, warranties and guarantees. The greatest cost may be a loss of customer goodwill which will result in lost sales and ultimately business failure.

❖ Appraisal costs

These are the costs involved in inspection procedures to ensure that specifications are met. Appraisal costs are “policing costs”, as they add no value to the product.

❖ Prevention costs

This is what the organisation spends in order to improve quality before the event. This cost includes quality education and process development.

Organisations with a high degree of customer contact and involvement may assert that it is impossible to be “Right First Time” because it is impossible to legislate for customers. This

may be the case, but most would agree that it is possible to be “Right First Time” rather more often, and in the Back Room, there is no reason why the “Right First Time” standard should not apply (Armistead and Clarke, 1994:90).

2.8.11 Ten dimensions of strategic quality as outlined by Armistead and Clarke (1994:91)

Quality can be strategically explained in terms of the following terminations:

❖ Quiet response

The need for the organisation and its employees to acknowledge its customers quickly and to carry out all tasks rapidly.

❖ Quick change

The flexibility to sell a different or generic product or to meet the needs of the customer.

❖ Humanity

The ability of the organisation and its employees to respond with understanding to the individual customer’s needs.

❖ Value

Armistead and Clarke (1994:90) cite that the product should represent value for money in the customer’s eyes.

❖ **Reliability**

Reliability refers to consistent performance, for example, making and keeping promises to return phone calls, confirming appointments where possible in advance and rescheduling only when absolutely necessary.

❖ **Responsiveness**

Responsiveness refers to prompt service, an attitude throughout the organisation to respond to customers' needs rather than find ways of avoiding them. Most service organisations have stories about how employees have worked extraordinary hours or sacrificed to ensure the customer receives good service.

The problem is that these stories are often very much the exception. The good service providers are those who anticipate most customer requests and who don't find reasons why these requests cannot be met.

❖ **Competence**

Competence can be defined as product knowledge and necessary skills to perform service and support tasks. Customer confidence may be boosted by employing experienced staff with evidence of appropriate training courses completed.

❖ **Access**

Easy telephone access through easily remembered telephone numbers to the right people to take and solve customer's problems, hours of operation which fit customers needs, location of support personnel and facilitator.

❖ **Courtesy**

Courtesy refers to politeness of service personnel.

❖ **Communication**

Keeping customers informed about the service in terms they understand and at times which are helpful to them. Letting them know when there is a problem rather than hoping they won't find out. Giving clear and accurate cost estimates before the customer is committed.

❖ **Credibility**

Reputation for honest, competent dealings, personal characteristics of customer contact personnel.

❖ **Security**

Refers to physical safety, no damage to property, confidentiality and value for money.

❖ **Understanding the Customer**

Distinguishing the customer's true requirements rather than what is stated, individual attention, ensuring that their needs are understood. Making customers feel "in control" rather than constrained by the system.

❖ **Tangibles**

Appearance and quality of facilities and medicine. Quality of invoices, tenders, letters.

2.9 **CUSTOMER CARE AND MARKETING MIX**

❖ **Customer Care and Product / Service Design**

For products and services where the lifetime volume and margin warrant it, individual customers can and should be considered in every aspect of the business, including the process that drive new product and service design. This act recognises that customers are not equal – they want different things in different amounts at different times and the profit derived from each will vary. The key challenge for the marketer is to identify the core strategic value that will be delivered to the customer and the elements that the customer can change, allowing the buyer to be firmly in charge of assembling the value she wants. For most organisations, mass customisation requires a material shift in current practice. Again the marketer can lead the change. (Jackson, 1995: 57).

❖ **Pricing**

Customers want to participate in decisions regarding the value they receive and the prices they pay. Give them a standard offering and they will expect to pay a single price. But offer them options in the product and they will want some more than others, will pay more for these. Give them a chance to have an even more tailored solution and they might pay more again. Give them options they don't want and they will expect these to be removed and deleted from the price.

When customers specify that a product should have specific features and that certain services should be delivered before, during or after the sale, they naturally want to pay for each component of the value bundle separately. Just as the product and services are secured in a process of collaboration, so too will the price need to reflect the choices made and the value created from these choices.

❖ **Promotion**

Traditional marketing sent smoke signals for all within a specific market segment to see. "Buy me", the signals said to all who could see them. Relationship marketing instead gives an individual customer an opportunity to decide how they wish to communicate with the enterprise. Using smoke signals or another media, how often and with whom. Mass promotion becomes support to build equity in the firm or brand, rather than a means to influence purchase directly. So, when a pharmacy sponsors an underprivileged school with

computers, it has the opportunity not only to claim that its on board, telemetry is an important ingredient in the school's success. It can develop the multiple impressions of its umbrella brand to an audience which may include customers for each of its individual products.

Technology can make promotion become communication because technology can engage individual customers when and how they wish to relate. For the producer of capital goods, this communication may involve opportunities for supplier and customer to interact at the strategic level – considering each others plans, customers, strategies and initiatives so that both can consider how best to be interdependent over the planning horizon. It may also tie in the customer's and supplier's information and communications system, letting staff in each firm feel as though they work within the other in an integrated way. In this way, the lines between supplier and customer can be further blurred. For the producer of consumer products, they could relate and communicate in much the same way with the channel intermediaries, such as retailer. And now with technology, individual end customers can be interactively and uniquely engaged. Using technologies such as the Internet, computer telephony integration at call centers, intelligence at point of sale, kiosks, smart cards and interactive voice response, companies can give customers a host of options to communicate with the company and have information on hand to engage, inform and direct each customer with complete knowledge as to their preferences and behaviours.

❖ **Placement**

Current marketing thinking focuses on distribution channels as the mechanism to transfer a product or its title from producer to consumer. That is, marketing sees distribution as the channel that takes the product from producer to consumer. Relationship marketing considers distribution from the perspective of customer who decides where, how and when to buy the combination of products and services that comprise the vendor's total offering. Seen this way, distribution is not a channel but a process. It allows the customers to choose where and from whom they will obtain the value they want. (Gordon; 1998:6).

The relationship between customer care and four p's namely, people product, place and promotions is that, if all tools are efficiently utilised by companies, it will automatically result or lead to satisfactory service with few or no complaints at all.

2.10 **COMPLAINTS**

Most organisations that supply products and service find that there are occasions when customers are not satisfied and have need to complain. As part of their approach to customer care issues, some organisations have established customer service departments or introduced policies to handle complaints so that complaints are dealt with in a consistent and appropriate way.

❖ Benefits of complaints

The advantage of recognising that things do go wrong and that customers do complain is that instead of seeing complaints as an unfortunate occurrence, they can be examined to help identify ways of improving products and services. Resolving complaints satisfactorily usually means that customers become more loyal in the long term because they appreciate that they have been listened to. Organisations that recognize that it is useful to encourage customers to complain because it provides valuable feedback usually take active steps to obtain this feedback.

❖ Handling Complaints

There is no one way to deal with complaints as the approach must be tailored to the circumstances. However, there are a number of general approaches that can be adopted to help deal with difficult situations where customers are dissatisfied. A complaint needs to be handled in a sensitive way. A member of staff who deals with complaints should listen to a client interrupting, identify himself or herself to the client, use appropriate body language, use empathic tone and phrases that calm an irate client. The employee should also strive to apologise for the problem and clarify the problem by checking details so as to fully investigate the complaint. The employee should be positive not defensive, for instance, thank the customer for a lodged complaint because it

need to be told if it is to be rectified. Customers need to be told about steps to be taken so that they know they have not just sounded off and wasted their time. In cases of serious allegations, it need to be explained that the matter cannot be taken at face value and that it must be investigated to verify allegations. Management meeting might be necessary for customers who remain angry or dissatisfied.

❖ **How to encourage customers to complain**

Wood(2001:25) states that customer complaints are a way of receiving feedback. Therefore staff members must stay close to the customers by regularly finding out what customers think by asking them. and must put themselves in the customers' shoes by mystery shopping to find out what customers think.

2.11 IMPLEMENTATION AND ACHIEVEMENT OF QUALITY CARE

Wood (2001:19) outlines steps that organisations need to take towards implementation and achievement of quality care.

These steps include establishing standards of quality for a product or service. and procedures to ensure that quality standards are met, should also monitor quality and take control when quality falls below standard.

Wood(2001:19) outlines steps involved in improving customer service

Customer service can be improved using measuring standards by finding out levels of customer satisfaction, analysing feedback, acting upon the information and develop what people want, for example, customer friendly systems or getting the detail right., train staff to ensure competency, review processes and procedures to ensure they are customer focused an consider how much further you could go in terms of exceeding customer expectations.

Wood(2001:20) outlines rules that an organisation needs to practice in order to ensure good customer service

The organisation need to emphasise “ getting it right first time” slogan, employees should listening to customers to find out what they actually want, should communicate clearly and positively with customers, the organization should make it easy for staff to help customers, employ staff who are genuinely courteous, encourage staff member to be fair, understanding and flexible in their response, train employees to handle complaints in a constructive way and train them to investigate mistakes and learn from them.

Wood(2001:21) advises organisations on how to creating a good image

Wood(2001:21) states that good first impressions can be created through positive actions such as, good personal grooming, smart clothes or uniform, punctuality, a tidy and well organised work environment, a smart reception areas, establishing a consistent method of greeting people when they enter the

organisation and overall positive image in all documentation such as invoices, application forms, instruction manuals, leaflets, posters, signs, company vans and shop windows.

Naumann and Giel(1995:395) outline four characteristics of good customer service.

❖ **A positive and productive attitude**

Naumann and Giel(1995:395) state that customers do not want to be faced with apathetic staff who has to be asked the right question before they will be helpful and suggest a solution to a customer problem. They want staff who takes responsibility for making things go smoothly and keep customers informed – customers do not want to chase staff to find out things.

❖ **Customer friendly systems**

Naumann and Giel(1995:395) cite that customers need payment to be made easy, user-friendly application forms and store layouts or computer programs to be designed with the user in mind. The organisation's systems should be set up so there is a degree of flexibility, for instance, if a customer wants to change an order or cannot answer all the questions of an application form.

❖ **Knowledgeable and courteous staff**

According to Naumann and Giel(1995:395) customers want to be dealt with by trained staff who has a satisfactory level of technical knowledge. They also want friendly and courteous staff to deal with, who does what they say they will do and genuinely seem to care.

❖ **Customer service skills**

In many customer service situations, there are four ways that customers can be made happy and problems resolved:

- If customers are shown respect and understanding regarding offerings from their perspective.
- If customers are listened to.
- If staff ask what a customer actually wants.
- If staff are pro-active and offer suggestions or ways to resolve a situation.

Martins (2001) states that total quality revolves around not only producing a good product, but on improving the competitiveness, effectiveness and flexibility of the whole organisation in satisfying the customer's demands. Each person, at his or her own level, should contribute towards this aim. He further states that quality costs because every time something is done and not done correctly, money is lost. The cost of corrective actions is enormous, therefore an attitude of "Do it right the first time" is an

absolutely a necessity. It is not a matter of doing the right thing or doing things right, but doing the right things right the first time.

It is also important for staff to realise that “QUALITY STARTS WITH ME”(Naumann and Giel,1995 If an attitude of “it’s not my job” prevails, the system will never work.

Implementation and achievement of total quality

The elements of a Total Quality Programme are:

<u>Commitment:</u>	From both management and staff.
<u>Customer involvement:</u>	From design to after sales service.
<u>Design product for quality:</u>	Give the customer what he or she wants.
<u>Control processes for quality:</u>	Measure the quality of what the customer gets.
<u>Develop supplier partnership:</u>	Select suppliers who only deliver quality.

Customer service, distribution

and installation: Adds to customer perception. Right first time, as quick as possible.

Building teams of empowered

Employees: Quality starts with me. Training of employees.

Benchmarking and continuous

Improvement:

Standards used to measure against.

It is important to note that reputation is something that can be good or bad for a company. It is therefore important to build it upon competitive elements such as price, delivery, reliability and quality. Of all these elements, once a company acquires a bad reputation for quality, it takes a very long time to change it, especially if it has reached a national level.

According to Martins(2001:10) customers tend to remember only the bad quality they receive. For example, if 99% of orders received by the customer are on time, the customer will only remember the 1% of orders received late. However, the company will not be praised for delivering on time, but would be perceived as always delivering late. It is only by having a culture of “DO IT RIGHT THE FIRST TIME”(Martins,2001:11) that employees can build companies of excellence.

2.12 CONCLUSION

Customer service and support is being recognised as an area that must receive serious attention from the senior management of organisations. Service and support cannot be effectively managed in isolation from the rest of the business therefore the demands of customer service and support must be fully integrated into the programmes and the thinking of other management disciplines.

In the rapidly changing business environment becoming truly customer focused is essential for the survival and success of virtually any business. Meeting and exceeding customer expectations is no longer the domain of only innovative, world class competitors. Satisfying customers should be the goal of every business in the current highly competitive environment.

Total quality management programs should not be an add-on activity, another program or the management fad of the month. It must flow from, and be embedded into every aspect of the corporate culture. The voice of the customer must penetrate every corner of the firm. Only when the total quality management programme is a process and continually changing, evolving and feeding new customers input into the organisation will its real benefits be realised.

Effective complaint handling, proactive customer contact and involving them in decision-making processes is important to ensure satisfied customership.

CHAPTER 3:

PROBLEM STATEMENT AND RESEARCH QUESTIONS

3.1 INTRODUCTION

Most companies tend to spend more capital on promotions, product availability and paying more attention to price, whilst neglecting the service level offered to the customer. (Van der Walt,1996:7)

It is important to note that there may be more than one need, which may lead to product or service diversification. Despite the amount of capital spent on product or service, if the service is not satisfactory to the client, it is useless to spend huge amounts of money on it. According to Van der Walt(1996:7) for any business to grow, there should be maximised utilisation of all the marketing five P's, namely price, product, promotion, place (distribution), and people. Poor attention to any of the elements is the beginning of poor performance in terms of sales and profit.

It is important for management to revisit its marketing mix and ensure that all elements obtain equal attention.

In retail pharmacies, the following problems were identified :

❖ **Remuneration**

Employees who are not fairly remunerated are often demotivated and usually vent off their anger onto the customers or enter a “go slow” or render poor service to customers. Managers should therefore ensure that employees are well paid.

❖ **Poor management**

An ineffective management structure results in several role confusions to both staff and customers, thus resulting in poor customer care. For example, if the customers do not know who to report a complaint to, or who the manager is, or if the manager is always unavailable, or if the manager handles complaints unfairly, the customers may end up going to another pharmacy.

❖ **Accessibility**

Other pharmacies are not readily accessible and this causes other customers to buy from the accessible business. Customers do not like looking for a business, they also do not like to struggle for parking. Inaccessibility is an indirect problem to customer service.

3.2. **RATIONALE FOR THE STUDY**

Linton (1993:105) identifies five barriers that result in most organizations failing to meet the needs of customers. These barriers are, staff incompetence, high prices, language barriers, product insufficiencies and location.

The first barrier of meeting customer needs is staff incompetence. This refers to employees without product knowledge, a negative attitude toward customers – may it be race, language, unfriendly staff, impolite and very untidy in doing their job. This is usually due to lack of, or poor training. All customers deserve friendly service, otherwise they will utilise another supplier.

High prices are the possible second cause of customer dissatisfaction. If the price of the product or service is abnormally high or above the competitor's price, patients usually opt for a pharmacy with lower prices. As a result, franchise pharmacies such as Linkmax gain more support because of the higher discounts they offer patients on prescriptions.

Most pharmacies in the North West are still owned and managed by English and Afrikaans speaking staff. As a result, customers who do not speak either of the languages might experience problems when using such contemporary pharmacies.

Contemporary, customers are becoming more literate, which results in increased product demand and knowledge. Because of this fact, pharmacies are pressurised to keep various brands of medicines, for example, various generics, homeopathics and various brands of natural products. As a result, only big pharmacies can afford to keep some products whilst small or new pharmacies are about to lose clients as a result of this.

The fifth barrier of customer satisfaction is the location of pharmacies. If a pharmacy is inaccessible to the public in terms of location or transport or unavailability, people are not willing to walk a long distance or search for it or even struggle to find parking nearby.

3.3 PROBLEM DEFINITION

Most companies spend huge amounts of money on stock and promotions, neglecting the core of profit maximisation, which is customer satisfaction even if products' prices are low. If customers are not satisfied with the service such as friendliness or competence of staff, the chances that he/she might come back to the same pharmacy, are minimal. The core problem identified within the pharmaceutical industry is the poor quality of service provided to the clients by retail pharmacies in the Mafikeng region.

3.4 RESEARCH QUESTIONS

This study set out to answer the following questions :

❖ Customer Relations

How staff relates to customers determines the success and failure of a business. For example, if staff is not friendly, courteous, and prompt in delivering the service and if they are not competent enough it will result in numerous complaints by clients. Quite often, customers complain about the friendliness and incompetence of staff.

The research question, therefore is: What is the quality and effectiveness of customer relations in the pharmaceutical industry of Mafikeng?

❖ **High Prices**

Most clients usually complain about high prices charged by pharmacies, neglecting the fact that medicine transportation and shelving costs, are very high. High prices force patients to change from one pharmacy to the other.

The research question is: Do customers change from one pharmacy to a competitor, because of perceived high prices?

❖ **Human Resource Unavailability**

Lack of skilled staff such as untrained assistants or deficiency of pharmacists result in unsatisfied service delivery. For example, it is difficult to get a pharmacist around town and as a result companies are forced to utilise assistants who cannot replace pharmacists' duties or responsibilities and can sometimes produce a negative impact in service delivery as the assistant may fail to inform the patient on certain aspects of the medicines.

The research question can be posed as: Does the lack of skilled staff contribute to customer dissatisfaction?

❖ Product Unavailability

It is not always possible to find all product ranges available at pharmacies, because every doctor has his/her own range of drugs that he/she prescribes. Therefore, keeping all ranges of drugs will be very expensive unless the organisation is financially stable. However, customers perceive it in a different way as they expect to find every medicine they are looking for at all times.

Research question: Does the unavailability of some product ranges contribute to customer dissatisfaction?

3.5 CONCLUSION

It is important for the management of an organisation to investigate and identify problems that could be hindering efficient customer care so as to eradicate or monitor such problem.

CHAPTER 4:

RESEARCH DESIGN AND ANALYSIS

4.1 INTRODUCTION

Research design and analysis can be defined as a programme to guide the researcher in collecting, analyzing and interpreting the observed facts. The purpose of the research design and analysis phase is to fully explain the sample, measuring instrument and data analysis.

The researcher will indicate how the sample will be drawn and further explain sample characteristics, such as size, age, language, education level and gender. The measuring instrument will also be described and the researcher will give a full account on the method utilised to analyse data.

The research sample was taken from a selection of competitive retail pharmacies in the Mafikeng area. All research data are qualitative in nature.

4.2 SAMPLING

4.2.1 Sample Method

A probability simple random sampling method was used to select respondents from the population. This was done to provide equal opportunity of selection for each element from the total population.

The sample consisted of 800 units, whereby 120 units were randomly drawn. All 120 units were consecutively numbered from 0001 to 800. Three adjacent digits in a row were selected and 120 numbers under

the value of 800 were selected. Selected units of the population were underlined in the preset random table. Numbers higher than 800 were ignored because the population consisted of only 800 participants. 120 represent the total number of respondents, whereby each pharmacy will have twenty respondents.

This method of sampling was preferred because it is highly reliable and simple to carry out. The limitation of the method is its reliance on the existence of a complete list of all the elements of the population. Moreover, if the population is very large, the randomisation process could have been quite time consuming.

4.2.2 Characteristics of the sample

The sample consisted of six retail pharmacies in the Mafikeng area. The demographics of the sample were categorised into the following elements, namely, age, income, occupation and language:

Age range

Age was categorised as follows:

LEVEL	AGE(Years)
Below	20
Between	20 and 30
Between	30 and 40
Between	40 and 50
And above	50

Table4 .2.2.1 Age categories

Income

The category was as follows:

0 – 2 000.00

2001.00– 5 000.00

Above 5000.00

Occupation

The categories were as follows, namely, artisan, professional, unemployed and self-employed

Language

The category was classified as Afrikaans, English, Setswana and other.

The broad classification of sample characteristics was intended to fully represent all ages, incomes, occupation classes and various languages of the sample.

4.3 POPULATION

Out of eight retail pharmacies that were approached only six agreed to participate in the study (response rate 75%). Four of the selected pharmacies are leaders in the market as they are big stable companies and some are franchises. Responses were expected from 120 respondents over a period of two weeks from the pharmacies and each pharmacy had twenty respondents, but some of the questionnaires were not returned to the researcher.

4.4 MEASURING INSTRUMENT

Since the study is descriptive, a qualitative questionnaire in structured format was used as a measuring instrument. English was the utilised medium of instruction. The questionnaires consisted of two parts, namely, demographics and general questions evaluating the competency of staff and the quality of service delivery. The overall questions of the questionnaire were eleven and were administered by the employees to the clients..

The content of Section A of the questionnaire focused on friendliness of staff, courteousness of staff, politeness of staff, promptness of service delivery and the overall experience of the client at the pharmacy, whilst Section B focused on availability of medicines, competitiveness of prices, accessibility of the pharmacy, the willingness of clients to refer other patients to the same pharmacy and the extension to which the pharmacy meet the needs of the client.



The questions were posed to measure the stock level at pharmacies, the competitiveness of their prices and how accessible the pharmacy is to the community. If customers find medicines at their pharmacies of choice and if prices are competitive enough, it will encourage the patient to return and refer others to the same pharmacy.

The questions of Section A were rated on a scale of 1-5 reflecting excellence to poor as outlined beneath.

1 = Excellent

2 = Very Good

3 = Good

4 = Average

5 = Poor

and general questions of Section B were rated on a Yes, No and Uncertain scale as indicated below.

Yes

No

Uncertain

Each pharmacy randomly issued questionnaires to twenty participants who had to tick the answer of choice by marking with an X in the appropriate box. Questionnaires were filled whilst patients were waiting for medicines prepared by the pharmacist. This allowed the participants freedom of choice

and privacy because of the private areas they were provided with when filling in the questionnaire.

4.5 DATA ANALYSIS

The data was presented in graphs and tables. Analysis was performed in order to infer some properties of the population from the sample results. Correct analysis is very important as it aided the researcher to check for inconsistencies and for all types of bias and error, which could influence the results.

4.6 CONCLUSION

The responses from the pharmaceutical industry experts were included as commentary where appropriate and the insights were utilised to formulate recommendations regarding improved customer care. The results from the interviews with experts were not recorded, the reason being that their responses were predominantly theoretical and based on their knowledge or experience of the industry. The interview with the experts, namely , pharmacists took approximately an hour and were centered around questions asked in the questionnaire, and regarding the relationship of customer care and retail pharmacy and how to improve such care.

CHAPTER 5:

RESULTS AND INTERPRETATION

5.1 INTRODUCTION

The results of the study are presented in two parts, namely, Part 1 and Part 2. Part 1 contains Section 1 which indicates tabular and graphical presentation of the results and Part 2 contains Section 2 which indicates tabular and graphical summary of the results of all pharmacies and the interpretation thereof.

5.2 RESEARCH FINDINGS

Results from data for this study are discussed in detail. The questions are outlined and followed by various responses of the respondents of each pharmacy, A consolidated summary of all pharmacies follows the responses..

Out of 120 questionnaires distributed, only 108 were completely and returned to the researcher, four of which were not filled in by respondents, and thus excluded from the study. Whilst four were mistakenly taken away by the respondents of two other pharmacies. Because of the time factor, the period of filling in the questionnaires could not be extended. Therefore the results interpretation will only be based on responses from 108 participants instead of 120 as for the study.

Demographic details of participants:

5.2.1 Part A : Service of Staff

Section 1

Table 5.1 : Friendliness of Staff

RESPONSES	NUMBER	PERCENTAGE
Excellent	73	67%
Very Good	21	19%
Good	8	8%
Average	1	1%
Poor	5	5%
TOTAL	108	100%

Section 2

Data presentation:

- ❖ 73 (67%) respondents viewed friendliness of staff as excellent.
- ❖ 21 (19%) respondents viewed the friendliness as very good.
- ❖ 8 (8%) respondents viewed friendliness of staff as good.
- ❖ Whilst 1 (1%) respondent viewed it as average.
- ❖ 5 (5%) viewed it as poor.

Table 5.2 : Courteousness of Staff

RESPONSES	NUMBER	PERCENTAGE
Excellent	57	52%
Very Good	27	26%
Good	17	15%
Average	5	5%
Poor	2	2%
TOTAL	108	100%

Data presentation:

- ❖ 57 (52%) respondents viewed courteousness of staff excellent.
- ❖ 27 (26%) viewed it as very good.
- ❖ 17 (15%) viewed it as good.
- ❖ 5 (5%) viewed it as average.
- ❖ (5%) viewed it as poor.

Table 5.3 : Competence of Staff

RESPONSES	NUMBER	PERCENTAGE
Excellent	53	49%
Very Good	30	27%
Good	18	17%
Average	2	2%
Poor	5	5%
TOTAL	108	100%

Data presentation:

- ❖ 53 (49%) of respondents viewed competence as excellent.
- ❖ 30 (27%) viewed it as very good.
- ❖ 18 (17%) viewed it as good.
- ❖ 2 (2%) viewed it as average.
- ❖ 5 (5%) viewed it as poor.

Table 5.4 : Promptness of Staff

RESPONSES	NUMBER	PERCENTAGE
Excellent	56	52%
Very Good	26	24%
Good	16	14%
Average	5	5%
Poor	5	5%
TOTAL	108	100%

Data presentation:

- ❖ 56 (52%) respondents viewed promptness as excellent.
- ❖ 26 (24%) viewed it as very good.
- ❖ 16 (14%) viewed it as good.
- ❖ 5 (5%) viewed it as average.
- ❖ 5 (5%) viewed it as poor.

Table 5.5 : Overall Experience of Pharmacy

RESPONSES	NUMBER	PERCENTAGE
Excellent	63	57%
Very Good	26	24%
Good	14	12%
Average	5	5%
Poor	2	2%
TOTAL	108	100%

Data presentation:

- ❖ 63 (57%) respondents viewed the overall experience as excellent.
- ❖ 26 (24%) viewed it as very good.
- ❖ 14 (12%) viewed it as good.
- ❖ 5 (5%) viewed it as average.
- ❖ 2 (2%) viewed it as poor.

Summarised Results of All Pharmacies

Part A

Table 5.6 : Summary : Service of Staff (all components of service)

	EXCEL	%	V.GOOD	%	GOOD	%	AVER.	%	POOR	%	TOTAL	%
Friendliness	73	67.6%	21	19.4%	8	7.4%	1	0.93%	5	4.63%	108	100%
Courteousness	57	52.8%	27	25%	17	16%	5	4.6%	2	2%	108	100%
Competence	53	49.0%	30	28%	18	16.6%	2	2%	5	4.6%	108	100%
Promptness	56	51.9%	26	24%	16	14.8%	5	4.6%	5	4.6%	108	100%
Overall Experience	63	58.1%	26	24%	14	12%	5	4.6%	2	2%	108	100%

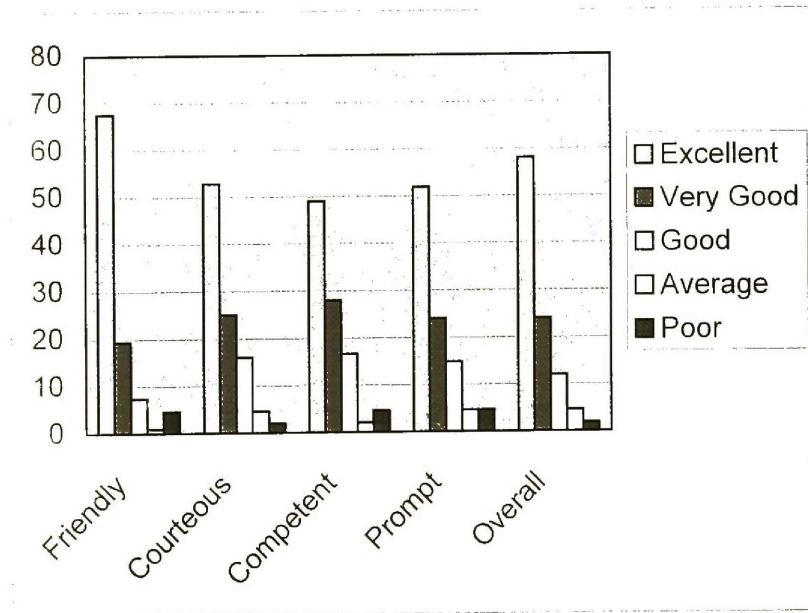


Figure 5.1 : Service of staff(visual presentation)

Interpretation of summarized results from all pharmacies with respect to service of staff in the questionnaire.

Part A : Service of Staff

- ❖ 67% of respondents are quite happy about the friendliness of staff. However there is a need to focus on the 33% so as to improve the friendliness to 100%.
- ❖ 53% of respondents thought the courteousness of staff was excellent, but the other 47% should be looked into.
- ❖ When looking at the competence of staff, 49% voted excellent and 51% was a combination of very good, good, average and poor.

- ❖ Whilst 52% voted promptness of service delivery as excellent, 48% need to be focused into.
- ❖ 58% of respondents voted excellent on the overall experience which means that 42% has to be improved to excellency.
- ❖ Given the above results, there is a need for improvement needs to be done on courteousness, competence and promptness of service delivery to increase the percentage.

5.2.2 Part B : General Questions of the questionnaire focused on :

Table 5.7: Availability of medicines

RESPONSES	NUMBER	%
Yes	107	99.1
No	1	0.9
Uncertain	0	0
TOTAL	108	100

Interpretation:

- ❖ 107 (99.1%) respondents responded yes to this question.
- ❖ 1 (0.9%) responded no.
- ❖ No uncertain answers.

Table 5.8 : Competitiveness of Prices

RESPONSES	NUMBER	%
Yes	98	90.7
No	2	1.85
Uncertain	8	7.4
TOTAL	108	100

Interpretation:

Table 5.8 reveals that :

- ❖ 98 (90.7%) respondents responded yes to this question.
- ❖ 2 (1.85%) responded no.
- ❖ 8 (7.4%) were uncertain.

Table 5.9 : Accessibility of pharmacy

RESPONSES	NUMBER	%
Yes	106	98
No	0	0
Uncertain	2	2
TOTAL	108	100

Interpretation:

- ❖ 106(98%) respondents responded yes to this question.
- ❖ None responded no.
- ❖ And 2 (2%)were uncertain.

Table 5.10 : Return visit to Pharmacy

RESPONSES	NUMBER	%
Yes	108	100
No	0	0
Uncertain	0	0
TOTAL	108	100

Interpretation:

- ❖ 108 (100%) respondents responded yes to this question.
- ❖ None responded no.
- ❖ No uncertain answers.

Table 5.11 : Refer other customers to pharmacy

RESPONSES	NUMBER	%
Yes	104	96.3
No	4	3.7
Uncertain	0	0
TOTAL	108	100

Interpretation:

- ❖ 104 (96.3%) respondents responded yes to this question.
- ❖ 4 (3.7%) responded no.
- ❖ No uncertain answers.

Table 5.12 : Satisfying needs of customers

RESPONSES	NUMBER	%
Yes	105	97.2
No	1	0.92
Uncertain	2	1.85
TOTAL	108	100

Interpretation:

- ❖ 105 (97.2%) respondents responded yes to this question.
- ❖ 1 (0.92%) responded no.
- ❖ And 2 (1.85%) were uncertain.

Summarised results of all pharmacies – General Questions

Part B

Table 5.13 : Summary: general questions (all pharmacies in sample)

RESPONDENTS	YES	%	NO	%	UNC	%	TOT	%
Medicine Availability	107	99.1	1	0.9	0	0	108	100
Competitive Prices	98	90.7	2	1.9	8	7.4	108	100
Pharmacy Accessibility	106	98.1	2	1.9	0	0	108	100
Future Return to Pharmacy	108	100	0	0	0	0	108	100
Refer others to this Pharmacy	104	96.7	4	3.7	0	0	108	100
Does the Pharmacy meet all your needs	105	97.2	1	0.9	2	1.9	108	100

Part B : General questions

❖ **Interpretation of summarised results from all pharmacies**

- ❖ 99% of respondents have answered yes to availability of medicine and 0.9% said no and none were uncertain.
- ❖ 90% said yes on price competitiveness, 2% said no and 7.4% were uncertain.
- ❖ 98% said yes on accessibility, 2% no and none were uncertain.
- ❖ 100% answered yes on future return to pharmacy.
- ❖ 96% said yes on referring others to pharmacy and 4% said no.
- ❖ 97% answered yes on needs satisfaction, 1% said no and 2% were uncertain.

5.3 CONCLUSION

The overall response was positive and a bit higher than expected, however, it is important for the industry to focus on the 5% who are not satisfied with the service as they are also important and contribute to the economic growth of any organisation.

CHAPTER 6:

DISCUSSIONS, RECOMMENDATIONS & CONCLUSIONS

6.1 INTRODUCTION

The aim of the chapter is to discuss, recommend and conclude on the results obtained in the previous chapter. From the responses received, the following insights have been collated.

6.2 DISCUSSION

6.2.1 Service of Staff :

5% of respondents were not happy about the friendliness of service in the pharmacies. It is important to have friendly staff, so as to ensure improved customer care through a friendly atmosphere.

- ❖ 67,6% (Table/Figure 5.6) found the friendliness excellent.
- ❖ 19,4% found the friendliness very good.
- ❖ 7,4% found it good.
- ❖ 0,93% found it average.
- ❖ 4,63% found it poor.

6.2.2 Courteousness of Staff

More courteous or polite staff creates a welcoming and free environment for the patient, allowing the patient to be at ease and free, this in turn creates a better customer rapport. This can be achieved through training.

- ❖ 52,8% (Table 5.6./Figure 5.1) of respondents viewed courteousness as excellent.
- ❖ Whilst 25% viewed it as very good.
- ❖ Whilst 16% viewed it as good.
- ❖ 4,6% yielded average.
- ❖ 2% viewed it as poor.

6.2.3 Competency of Staff

It is vital for pharmacy staff to be competent in order to gain confidence of the customers.

- ❖ 49% (Table 5.6./Figure 5.1) of respondents yielded competency as excellent.
- ❖ 28% yielded very good.
- ❖ 16,6% yielded good.
- ❖ 2% yielded average.
- ❖ 4,6% viewed it as poor.

6.2.4 Promptness of Service Delivery

Clients must be served as promptly as possible without delaying them unnecessarily. Prompt service refers serving customers within the shortest time possible, yet providing quality service to avoid issuing wrong medicines. The quicker the service, the more efficient it is.

- ❖ 51,9 (Table 5.6/Figure 5.1) viewed promptness as excellent.
- ❖ 24% viewed it as very good.
- ❖ 14,8% viewed it as good.
- ❖ 4,6% viewed it as average.
- ❖ 4,6% viewed it as poor.

6.2.7 Availability of Stock

97% of respondents were satisfied with the general questions of Part B which measures availability of stock, competitiveness of prices, accessibility of the pharmacy, return visits to the pharmacy and the extent to which regular patients will refer other patients to the same pharmacy. However, 1,5% of respondents responded negatively with another 1,5% being uncertain.

Stock availability, competitiveness prices and good customer care improves the image of the business as the customers will return and refer other patients to the same pharmacy.

The overall results of the analysis were very satisfactory, as this was not expected, because of regular complaints by patients. This is a clear indication that not all patients can be satisfied with the service and not all can complain.

6.3 **RECOMMENDATIONS**

The insights derived from the analysis have been categorised into key issues and recommendations are made accordingly to optimise the customer care process.

❖ **Issue 1**

Friendliness of Staff

Unfriendly staff creates a poor environment for the patient, as the patient may feel least important or interpret it differently, for example, see the staff as unwilling to assist them.

Recommendation

- ❖ Staff must be friendly to customers.
- ❖ They must greet them with a smile.
- ❖ Be pleasant to them.
- ❖ Greet them by name if possible, because the patient will be impressed to notice that staff members knows him/her by name.

❖ **Issue 2**

Competency of Staff

Impolite staff represents rudeness, aggression and sometimes anger. This will surely affect customer care negatively, because very few customers will tolerate incompetence from staff members working in a pharmacy or any business for that matter.

Recommendation

- ❖ Staff must learn to be polite and pleasant when talking to clients.
- ❖ Politeness represents respect. One of the secrets in winning clients is to respect them – despite race, age, education level and gender.

❖ **Issue 3**

Competitiveness of Staff

Incompetent staff tarnishes the image of the organisation, because the patients' cannot have confidence in them, which may be due to lack of product knowledge.

Recommendation

- ❖ Staff needs to be thoroughly trained in order to be competent.
- ❖ They should have insight or knowledge about the product and service offered by the organisation.
- ❖ They must be able to utilise their own discretion in providing service during emergencies or exceptional occasions. For example, not send a regular patient away who forgot his/her medical aid at home.

- ❖ Staff must be able to withstand work-related pressure. For example, the ability to handle the patients' calmly when the pharmacy is too busy.

6.4 CONCLUSION

Most respondents were exceptionally satisfied with the prices, stock availability and accessibility of the pharmacies. As a result of these outcomes, no recommendations were made for Part B of the questionnaire. However, it is important for management not to lose focus on a few people who are not happy. For example, if 2% of patients are unhappy about the prices, it is simple for management to ignore or disregard such claims without thorough investigation in their pricing method, forgetting that it is possible for 2% to be correct and 88% to be incorrect.

BIBLIOGRAPHY

1. Albrecht & Zemke, Best Practices in Customer Service, Amacom, New York, 1998
2. Armistead CG & Clark G, Customer Service and Support, Pitman Publishing, London, 1994
3. Bank J, The Essence of Total Quality Management, 2nd Edition, Prentice Hall, London, 2000
4. Bekker F & Staude G, Starting and Managing a Small Business (Customer Relations and Service), Juta & Co., Kenwyn, 1998
5. Blem N, Service Please, South Africa, Juta & Co., Kenwyn, 1995
6. Bless C & Higson-Smith C, Fundamentals of Social Research Methods – An African Perspective, 2nd Edition, Juta & Co, Kenwyn, 1995
7. Booyens SW, Introduction to Health Services Management, 2nd Edition, Juta Education Ltd, Lansdowne, 2001
8. Green & Matthias A, Non Governmental Organisation and Health and Developing Countries, St Martin Press, New York, 1997
9. Gordon IH, Winning the Battle for Market and Customer Share, Ntobicoke, Ont, 2002
10. Hensler DJ, The Customer Satisfaction Link to Total Quality Management, National Productivity Review, 1994
11. Jackson BB, Winning and Keeping Industrial Customers, Lexington Books, Toronto, 1995
12. Linton I, Building Customer Loyalty, Pitman, London, 1993

13. Martins FJC, Total Quality Management, www.benchmarkingreports.com, 2001
14. Naumann E & Giel K, Customer Satisfaction Measurements and Management, Internation Thomson Publishing, USA, 1995
15. Spunt TM & Hepworth Company, Guide to Customer Survey, Customer Service Group, New York, 1999
16. Thomson H, The Customer Centred Enterprise, Mc Graw Hill, New York, 2000
17. Van der Walt A, et al 3rd Edition, Marketing Management, Juta & Co Ltd, Kenwyn, 1996
18. Wood G, Customer Communications in Marketing, Reed Educational & Professional Publishing, Britain, 2001

APPENDIX 1

CUSTOMER CARE QUESTIONNAIRE

NAME OF PHARMACY:.....

Kindly help us to improve and maintain the highest standard of service by filling in the following questionnaire. Please take a moment to answer these quick questions that may take 2 – 5 minutes to complete. Use a blue or black pen.

THANKING YOU IN ADVANCE FOR COMPLETING THESE QUESTIONS.

PART A. DEMOGRAPHIC FACTORS

Please answer the following questions by putting a cross (X) on the appropriate number in the box

1. Your age category in years

- 1.1. Below 20
- 1.2. 20 – 30
- 1.3. 30 – 40
- 1.4. 40 – 50
- 1.5. Above 50

2. Gender

- 2.1 Female
- 2.2 Male
- 2.3 Homosexual
- 2.4 Bisexual

3. Income

- 3.1. 0 – 2000
- 3.2. 2001 – 5000
- 3.3. Above - 5001

4. Occupation

- 4.1. Artisan
- 4.2. Professional
- 4.3. Self-Employed
- 4.4. Unemployed

5. Language

5.1. Afrikaans

5.2. English

5.3. Tswana

5.4. Other

PART B.

Please tick the most appropriate answer by marking with an X in the appropriate box. The following key is your guide:

KEY: 1 = Excellent
 2 = Very Good
 3 = Good
 4 = Average
 5 = Poor

1. SERVICE OF STAFF

<u>QUESTION</u>	1	2	3	4	5
1. 1. Friendliness of service					
1. 2. Courteousness of staff					
1. 3. Competence of staff					
1. 4. Promptness of service delivery					
1. 5. Your overall experience at this Pharmacy					

Please indicate your responses by selecting either a Yes, No or Uncertain in the appropriate box.

<u>QUESTION</u>	YES	NO	UNCERTAIN
2. Did you find the medicine / merchandise that you were looking for?			
3. Are the prizes competitive enough?			
4. Do you find the Pharmacy accessible?			
5. Would you return to this Pharmacy in future?			
6. Would you refer others to this Pharmacy?			
7. Does this Pharmacy meet all your needs?			

THANK YOU

