AN EVALUATION OF CUSTOMER SATISFACTION WITH PHARMACEUTICAL SERVICES PROVIDED AT PUBLIC HEALTHCARE FACILITIES IN GOBABIS, NAMIBIA

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ABSTRACT

The President of Namibia appointed a commission of inquiry on the state of the public health sector on the 13th of August 2012. The appointment of the commission was prompted by media reports of the "ailing" public health sector in Namibia and reported complaints of patient dissatisfaction with the quality of patient care in public health facilities. The Ministry of Health and Social Services Namibia has tools to measure the quality of pharmaceutical services like the Pharmacy Management Information System (PMIS) but there is no formal system to measure customer satisfaction. Therefore this study evaluates customer satisfaction.

Key Words: Customer; Satisfaction; Pharmaceutical Services; Healthcare Facilities; Management Information System; Clients

Introduction

The Government of the Republic of Namibia (2004:23-24) states that "health is a very important component in the formulation of a long term vision for the nation of Namibia". The Government strives to attain health and social well-being of all Namibians by ensuring equity of services, accessibility, affordability, sustainability and community involvement through the Ministry of Health and Social Services (   ). The health care system should be capable of providing a fully comprehensive range of preventative, curative and rehabilitative healthcare that is cost-effective, sustainable and acceptable to the most disadvantaged communities. According to the Ministry of health and social services Namibia (2002:1), pharmaceutical services play an important role in preventative, curative and rehabilitative healthcare. The quality and cost-effectiveness of health care provision is highly dependent on pharmaceutical services. Therefore pharmaceutical services are an integral part of the healthcare system in Namibia.

The service quality of health services in Namibia has recently been in the spotlight in the media due to complaints by unsatisfied clients that turn to the media to make their concerns known. The government of Namibia invests a lot of money and resources in the health sector, relative to other sectors to try and provide a quality service that is acceptable to the Namibian population, (Kisting, 2012:1-2). It has become apparent that investing money and other resources does not automatically translate to satisfied customers. These resources have to be managed properly so that the desired result is obtained.

LITERATURE REVIEW

This section focuses on the approach of Taylor (2013:1). Existing literature on customer satisfaction is reviewed. Literature on marketing in general, and in particular markets, customer value, product and service quality, total quality management and other research which has been done in this area are also critically reviewed.

 Marketing

Marketing is an organizational function and set of processes for creating, communicating and delivering value to customers and for managing customer relationships in ways that benefit the organization and its stakeholders. Its aim is to know and understand the customer so well that the product or service fits him and sells itself. Many market offerings consist of a variable mix of goods and services, (Kotler and Keller, 2009:45-46). In pharmaceutical services the customer gets both a physical product like medicine, and a service like the advice of the pharmacist. It is thus important to know the products and services that are needed, so that the needs of the clients can be satisfied.

Marketing provides information related to customers, competitors, and other market variables in order to facilitate market-driven learning and plays an important informational role in managing costs. The number of options for generating information is increasing as technology increases. Information can be obtained from customer encounters, social networks, competitors, media, the internet and market research. The information should be used to improve the quality of services offered and to ultimately satisfy the customer (Gök and Hacioglu, 2010:295).

Markets

"A market is a collection of buyers and sellers who transact over a particular product or product class" (Kotler and Keller, 2009:48). There are five basic markets and their connecting flows are shown in Figure 2.1.

Figure 1: Structure of flows in modern exchange economy.

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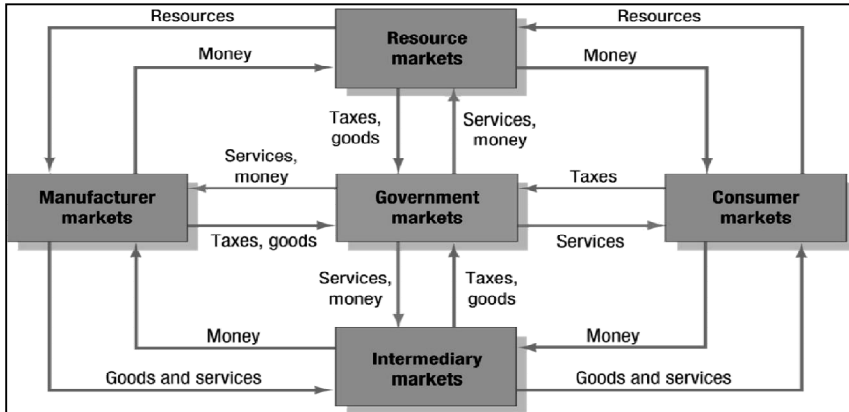
Source: Kotler and Keller (2009:49)

Each economy consists of complex interacting sets of markets linked through exchange processes. Manufacturers buy resources from resource markets and turn them into goods and services which they sell to consumers. Consumers sell their labour and receive money which they use to buy goods and services. The government collects tax revenues to buy goods and services from resource markets, manufacturers and intermediary markets and uses those goods and services to provide public services, (Kotler and Keller, 2009:49).

This study focussed on the pharmaceutical services provided by the Government of Namibia in the public sector in Gobabis, which is the Government market. While government is not a profit making organization, it still endeavours to provide a service that satisfies the needs of its customers at a reasonable cost. Government sources of funding are not unlimited. If the government is to achieve its goal of having a healthy nation, service delivery will have to be prioritized. Public pharmaceutical services are essential, especially for those who cannot afford to go to the private sector for the service. At the same time the public pharmaceutical sector relies on the manufacturers and the intermediary markets like pharmaceutical wholesalers, for pharmaceutical supplies. There was only one private retail pharmacy in Gobabis at the time of this research. This implies that the majority of people who need pharmaceutical services get them from the government facilities. The government strives to provide high customer value.

According to Sawhney (2003:1-6), the value proposition of the organisation should appeal to the customer. For this to happen, the organisation must find out what the customer needs and look at its products and services from the point of view of the customer. The organisation should understand that customers are different and thus should be treated individually, not to take a one size fits all approach. The product offering is as good as the customer perceives it to be, so the focus of the organisation should be the customer, not the product or production processes.

Marketing's tendency is to compare its products against the worst alternative, puffing up the product or service but at the same time creating a blind spot for the entire organisation. Comparing with the next best alternative provides the organisation with a realistic view of their product and gives the organisation the opportunity to position their product the best possible way and stay competitive, (Hudadoff, 2009:5-7).

According to Kotler and Keller (2009:161-162), customer perceived value is the difference between the customer's evaluation of all the perceived benefits and all the perceived costs of an offering. Kotler and Keller (2009:161-162), concur with the other authors cited before that it is important to look at the product offering from the point of view of the customer. Total customer benefit is the perceived monetary value of the bundle of economic, functional and psychological benefits customers expect from a given market offering. Total customer cost is the perceived bundle of costs customers expect to incur in evaluating, obtaining, using and disposing of the given market offering, including monetary, time, energy, and psychological costs, (Kotler and Keller, 2009:161-162)

This research focussed on the point of view of Sawhney (2003:1-6). This is because while Sawhney (2003:1-6) agrees with all the other authors cited, his definition explains in detail some dimensions of customer value which were useful for the construction of the questionnaire for customer satisfaction which was used in this research.

While there is no specific fee for the public pharmaceutical services in Namibia, the customers still incur costs in terms of transport to the facility, evaluating the service and its alternatives, time they spend at the facility, psychological costs and energy. These costs should be outweighed by the customer's perceived benefits, resulting in customer satisfaction. Benefits include the satisfaction getting the expected or above expected service, getting services for free, shorter waiting time, getting everything at one place and shorter travelling distances to the facilities. Figure 2.2 shows this in a diagrammatic form.

Figure 2: Components of the Fornell Model
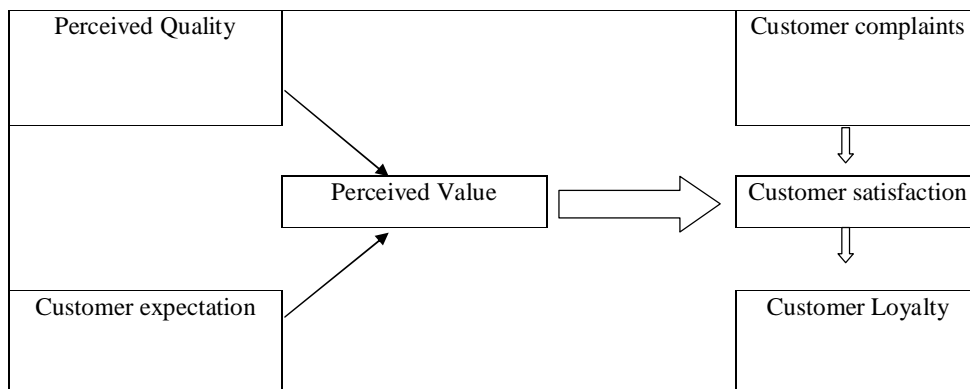

Source: (Shammot, 2011: 158)

The product perceived quality should at least equal or be more than the customer expectations so that the perceived value of the product will be high. This will result in customer satisfaction. Perceived quality involves raw material quality, labour quality and service delivery quality. The manner in which customer complaints are handled will also have an impact on customer satisfaction. Therefore customer satisfaction is derived from both production process performance and human resource performance. High customer satisfaction will result in customer loyalty, (Shammot, 2011:158). In order for the public pharmaceutical sector to have an offering with high

perceived value, it has to invest in human resources in terms of recruitment and training and development since the quality of labour determines the quality of the product offering. This will in turn determine the level of service and product quality.

The traditional organization chart (Figure 3), a pyramid with the president at the top, management in the middle, then frontline people and customers at the bottom is now considered obsolete by successful marketing organisations. They have inverted the chart (Figure 3), at the top are customers, next in importance are frontline people who meet, serve and satisfy customers, under them middle managers whose job is to support frontline people so they can serve customers well and at the base is top management, whose job is to formulate strategy and to hire and support middle management. In addition managers at every level must be personally involved in knowing, meeting and serving customers, (Kotler and Keller, 2009:160-161).

Figure 3: Traditional versus Modern Customer-Oriented Organizational Chart
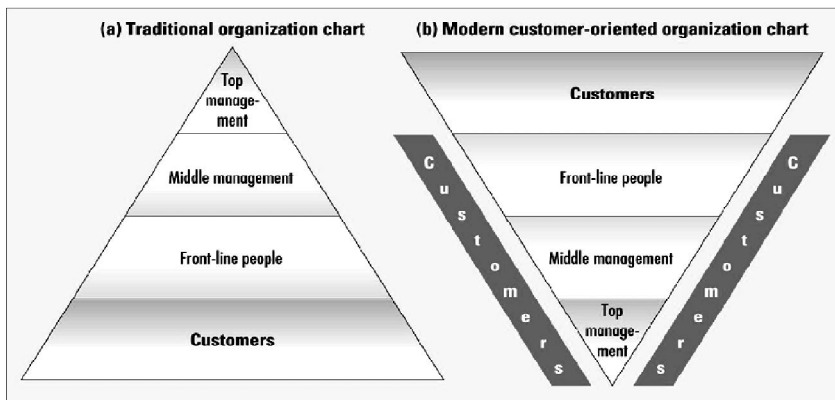
Source: (Kotler and Keller, 2009:160-161)

The modern organizational chart emphasizes that the customer is the most important asset for the organization. The organisation exists because of the needs of its customers. The public pharmaceutical sector provides service to a wide range of people who do not have an alternative because they cannot afford to go anywhere else. However, a "social" service should not imply a cheap, low quality service.

The marketing association of Australia and New Zealand (2005:1) define perceived service quality as the difference between customers' expectations and perceptions. They argue that perceived service quality depends on the size and direction of the four gaps concerning delivering of service quality on the organisation's side, according to the Gaps model. Expressed in the form of an equation: Customer gap = f(Gap 1, Gap 2, Gap 3, Gap 4) as shown in Figure 4.

Figure 4: The integrated Gaps model of service quality
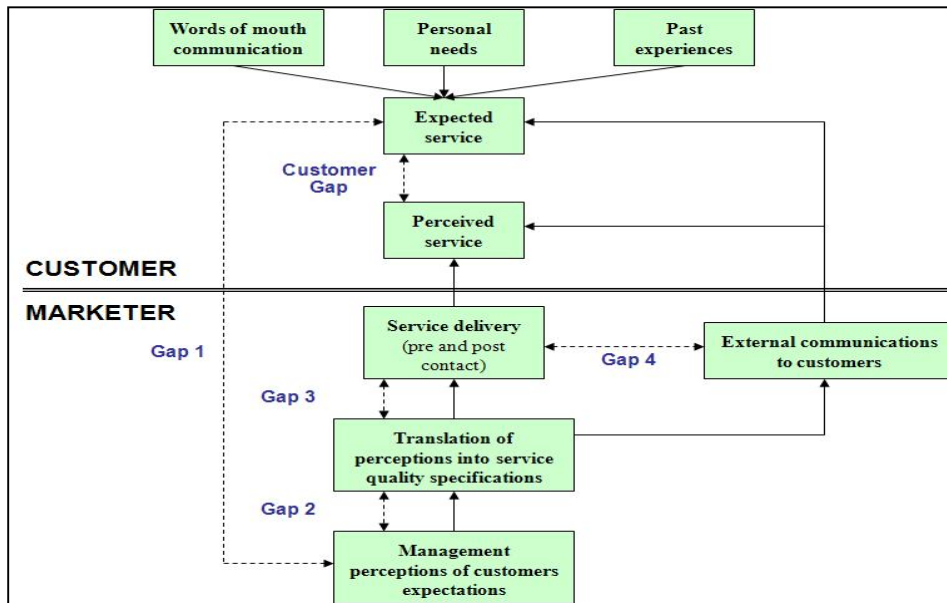
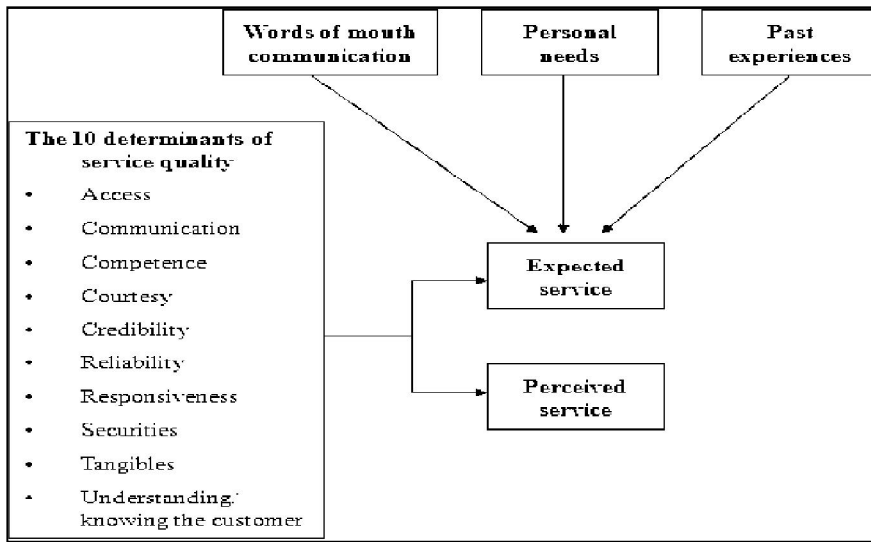Source: (The marketing association of Australia and New Zealand, 2005:1)

Key to Figure 4:

- Customer gap: The difference between customer expectations and perceptions- this is the service quality gap which is measured by the Gaps model.
- Gap 1: The difference between what customers expected and what the management perceived about the expectations of the customer. This gap reflects that management might not understand the expectations of the customer.
- Gap 2: The difference between management's perception of customer expectations and the translation of those perceptions into service quality specifications and designs.
- Gap 3: The difference between specifications or standards of service quality and the actual service delivered to customers by the people in contact with the customers of the organisation. This reflects differences in conformance to specifications, especially regarding performance of staff.
- Gap 4: The difference between the service qualities delivered to the customers and the promise of the firm to customers about its service quality. This gap also reflects completeness and accuracy of information delivered to customers

The model clearly makes a distinction between the customer gap and the provider gaps. The provider gaps are from within the organisation while the customer gap is external. These gaps are connected and affect each other. The magnitude and direction of a gap will affect the service quality.

The Gaps model also identifies 10 determinants of service quality which are used by the customer to form the expectation and perception of service quality as shown in Figure 5:

Figure 5: The determinants of service quality

Source: (The marketing association of Australia and New Zealand, 2005:1)

Word of mouth communication, personal needs and past experiences also help the customer form expectations of the service. An increase in the level of the ten determinants will increase the perceived service and help meet customer expectations. The model therefore helps to identify key factors that cause the customer gap to be unfavourable to the organisation meeting customer expectations. The ten determinants were also used in this research to contribute to the formulation of the questionnaire for customer satisfaction. The gaps model evaluates service quality by subtracting the level of service expectation before service encounter from the perceived service

after the service encounter. If the answer is negative, then dissatisfaction occurs, if not then service quality is achieved and hence satisfaction occurs. (Shahin, 2010:2)

Performance based measurement (SERVPERF) of service quality (through assessment of customer perceptions), is thought to be superior to the perception-expectation gap approach because while perceptions are easily definable and measurable; expectations are more difficult to define and measure. (Shahin: 20102-4)

High quality products and services are designed to better meet customer requirements. At the same time they also help the organization meet its goals of efficiency and profitability. This is because higher quality means increased reliability and productivity, can lead to higher prices and lower costs respectively, resulting in higher profits. This is shown diagrammatically in Figure 6.

Figure 6: Impact of increased quality on organizational performance
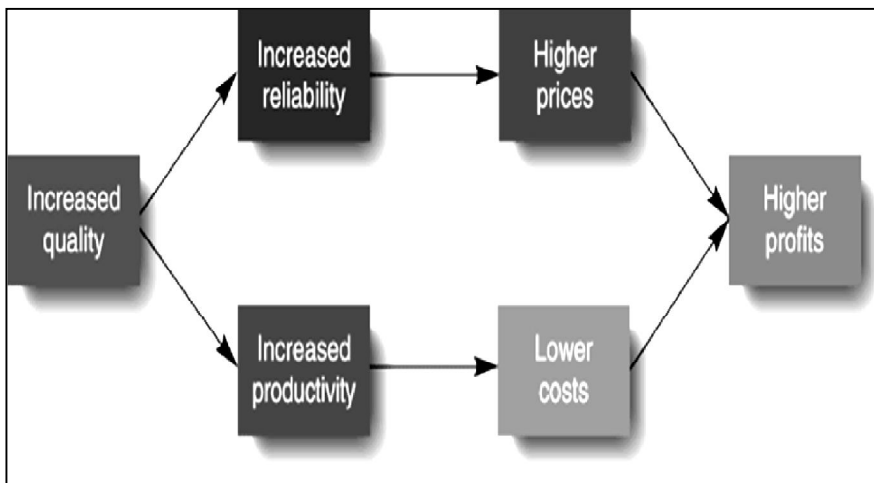
Source: (Jones and George, 2009:313)

Higher product and service quality means less time is wasted making defective products that must be discarded or providing substandard services. Less time is spent correcting mistakes and re-working, hence the productivity of employees is increased and costs are lowered, (Jones and George, 2009:313). For the public pharmaceutical sector it means less time spend re-treating patients, patients will not suffer unnecessary exposure to medicine side effects, reduction in the need to admit patients because diseases have progressed due to wrong treatment and less legal costs due to unhappy clients. This means health worker productivity will be higher and the cost of providing the service will be lower and the cost to the patient will also be lower. This will help the Government in its quest to provide a high quality service to the people who need it at a reasonable cost, given the limited resources available. Product and service quality therefore needs to be monitored and managed.

 Total quality management
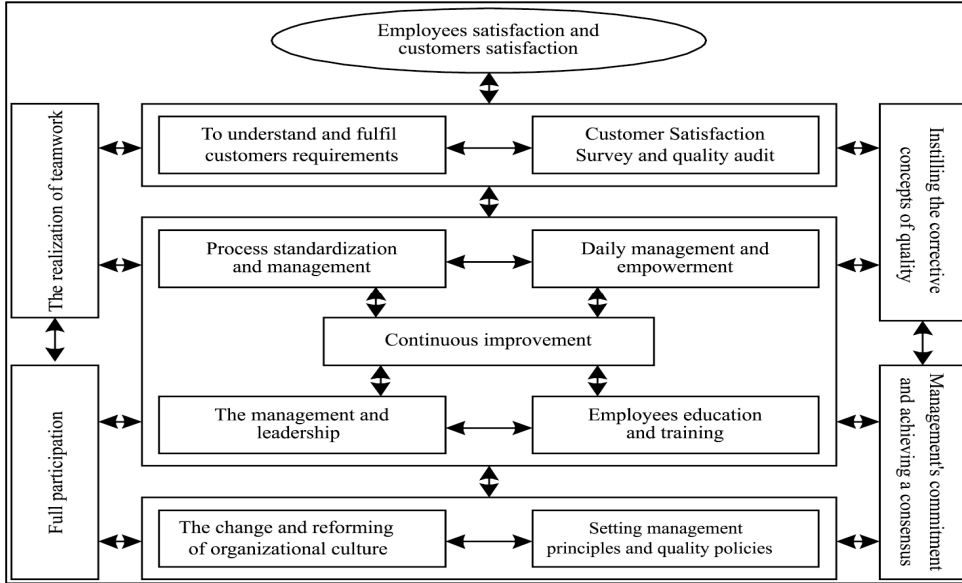
Source: (Yang, 2003:93-98)

These elements are considered so essential to TQM that many organizations define them, in some format, as a set of core values and principles on which the organization is to operate its business, (Jones and George, 2009:314-316). TQM is about conformance quality, not product features. It helps an organisation meet its goals, the benefits are so many.

The American society for quality (2012:2) lists the following as some of the direct and indirect benefits of TQM:

- Strengthened competitive position
- Adaptability to changing or emerging market conditions and to environmental and other government regulations
- Higher productivity
- Enhanced market image
- Elimination of defects and waste
- Reduced costs and better cost management
- Higher profitability
- Improved customer focus and satisfaction
- Increased customer loyalty and retention
- Increased job security
- Improved employee morale
- Enhanced shareholder and other stakeholders value

- Improved and innovative processes

In summary total quality management is about meeting customer requirements, doing things right the first time with freedom from failure, consistency, continuous improvement, belief in the employee's ability to solve work problems and a belief that in the organisation quality is everyone's responsibility. Customer satisfaction depends on a number of things which include product and service quality, employee performance and production process performance. All these aspects should be monitored and improved through total quality management. While TQM has its roots in the manufacturing industries, it is based on many techniques which could easily

Organisations should know that a satisfied employee can create a satisfied customer, (Shammot, 2011:159). Figure 8: A model for customer orientation of service employees' (COSE) dimensions and consequences
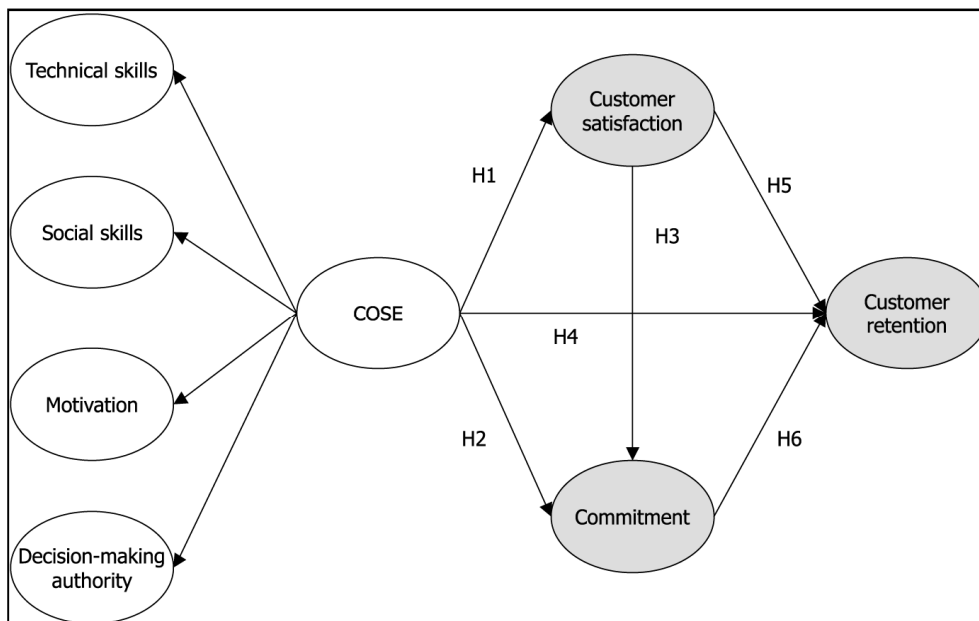

Source: (Hennig-Thurau, 2004:464)

The pharmaceutical services industry requires specially trained professionals. As shown in Figure 8, employees should be properly trained, motivated and empowered to do their work to the satisfaction of the customers. While most pharmaceutical services employees are well trained technically, they often lack the social skills necessary because this is not the core part of their training. Recruiting enough pharmaceutical service employees is a challenge in the public pharmaceutical sector in Namibia considering the scarcity of medical staff, (National Planning commission of Namibia, 2008:29). The government of Namibia has embarked on a drive to source medical personnel from outside Namibia and have also intensified efforts to train more professionals in Namibia.

Service quality is the customer's judgment of overall excellence of the service provided in relation to the quality that was expected. It is an important determinant of customer satisfaction. It has five dimensions; reliability, responsiveness, assurance, empathy and tangibles. Figure 9 below shows a formal model to measure customer satisfaction.

Figure 9: Customer Perceptions of Quality and Customer Satisfaction
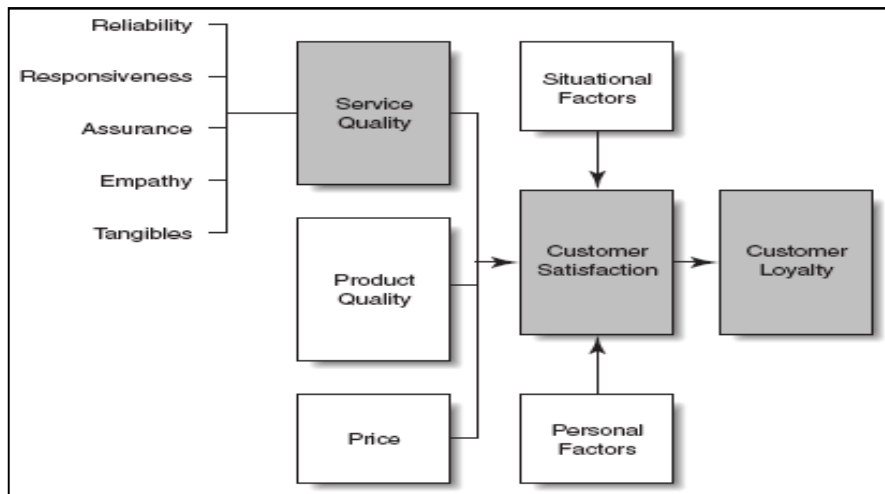
Source: (Zeithaml, Bitner, Gremler, Mahaffey and Hiltz, 2007:101)

All these five dimensions must be achieved so that service quality is high and in turn, the customer satisfaction. These dimensions where also considered in constructing the questionnaire used in this research. The service encounter is an opportunity to build trust, reinforce quality, build brand identity and increase loyalty.

Customer satisfaction can be measured by periodic surveys which track satisfaction directly. Organizations can also monitor customer loss rate and contact customers that have switched to another organization to find out why. Organizations can also use mystery customers to pose as potential customers so that they can identify and report on strong and weak points in the service of the organization and that of competitors, (Kotler and Keller, 2009:166-167). This is all part of collecting data that can be used to measure and improve customer satisfaction.

The questionnaire was based on the questionnaire by Jayaprakash, Rajan and Shivam (2009:159) but it was modified to suit the objectives of this research. Most of the adaptations were based on the model for customer perceptions of quality and customer satisfaction by Zeithaml, Bitner, Gremler, Mahaffey, and Hiltz (2007:101) and the determinants of service quality model by the marketing association of Australia and New Zealand (2005:1). The other consideration being that this research was being done in a government facility which is not profit seeking. The questionnaire had 2 sections. The first section (section A) collected relevant demographic data of the participants. The second section (section B) consisted of 25 items in total, designed to answer the research questions. Some different items were used to test the same concepts in different areas

to test consistency of respondents and validity. Items that fit together (that test the same concept) were grouped into dimensions. Table 4.1 shows the questionnaire items and the respective dimensions.

Table3.1: Dimensions of the questionnaire

	Dimension	Questionnaire item
1	Convenience	The pharmacy is conveniently located
2	General satisfaction	I always go to the same public pharmacy
		I am satisfied with the pharmacy service I receive
		There are things about the pharmacy services I receive that could be better
		I will recommend this pharmacy to a friend if they need pharmacy services
3	Interpersonal skills	The pharmacy staff are always friendly
		The pharmacy staff spend as much time as is necessary with me
		If I have a question about my prescription the pharmacy staff is always available to answer it
4	Evaluation	The pharmacy staff and I discuss about the favourable effects that can be obtained from my medication
		The pharmacy staff and I discuss about the unfavourable/side effects that can be obtained from my medications
5	Gathering non-medicinal information	The pharmacy staff and I discuss about what I need to do to get good results from my medication
		The pharmacy staff and I discuss about change in my health since my last visit to the facility
		The pharmacy staff and I discuss healthy living/health education
6	Trust	Just talking to the pharmacy staff makes me feel better
		I am confident that all my prescriptions are dispensed correctly
		The pharmacy staff considers my feelings
7	Helping patients	All my prescribed medicines are always available at the state pharmacy
		I can talk freely about my medical problems with the pharmacy staff
		I am satisfied by the time I spend waiting for my medicines
8	Explanation	The pharmacy staff asks me questions to make sure my medications are working properly
		The pharmacy staff tells me how to take my prescription medications
		The pharmacy staff explains what my medication does
9	Comparison of public and private pharmacy services	I came to get my medication from the state pharmacy because the service here is better than at the private pharmacy
		I came to get my medication from the state pharmacy because I am more comfortable getting them here than at the private pharmacy
10	Finance	I came to get my medicines from the state pharmacy because the private pharmacy is more expensive

Adapted from: (Jayaprakash, Rajan and Shivam, 2009:159)

Dimensions 1 to 8 were designed to answer research questions 1 and 2. Dimensions 9 and 10 were designed to answer research question number 3. The answer to research question number 4 is presented in Chapter 5.

Limitations of the research

This study is limited to evaluation of customer satisfaction with public pharmaceutical services in Gobabis, Namibia. This research is not representative of the whole of Namibia so may not be generalised to the entire country. The research instrument used pre-determined items and it was closed-ended. This limits the amount of information one can get from the respondent. The respondent was not able to explain or give reasons for their answers or give an answer outside the answers on the questionnaire. It was also not possible to ask follow up questions with this instrument. (Saunders et al., 2007:354-360).

All respondents and all participants were informed that participation was completely voluntary. The nature, aim and objectives of the research were explained to every participant in an introductory letter. The identity of the participants and the confidentiality of the data collected were protected. The questionnaires were destroyed by shredding after they were used and an electronic copy was sent to Regent Business School for safe keeping. The items on the questionnaire were designed in such a way that they did not cause any harm or humiliation to participants. The data collected was used for the sole purpose of partial fulfilment of the requirement of a Masters in Business Administration degree with Regent business school. Written permission to conduct the study was obtained from the responsible authorities in the MOHSS Namibia; the organisation where the research was conducted, before the research commenced.

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RESULTS, DISCUSSION AND INTERPRETION OF FINDINGS

Primary research findings are linked to literature review and research objectives and questions. Demographic data is also analysed to establish the composition of the sample. The quantitative output was generated using the Microsoft excel package.
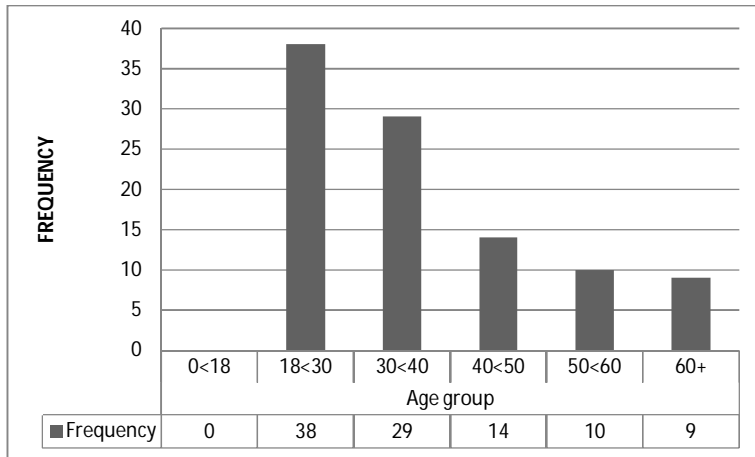
Section A: Demographic data

Item 1: How old are you?

This item establishes the ages of the respondents. The results are as follows:

Figure 4.1: Age distribution of respondents (n=100)

> **Comment [e6]:** Renumber all figures

| ■Frequency	0<18	18<30	30<40	40<50	50<60	60+
Frequency	0	38	29	14	10	9

Of the 100 respondents, 38% were aged 18<30years, 29% were aged 30<40years, 14% 40<50years, 10% 50<60years and 9% 60years and above. The 18<30years age group had the largest number of participants. The number decreased as the age increased up to the 60+ years' age group. Why do you think this is so?

Item 2: Your gender

This item establishes the gender composition of respondents. The results are as follows:

Figure 4.2: Gender distribution of respondents (n=100)

| ■Frequency	male	female
Frequency	41	59
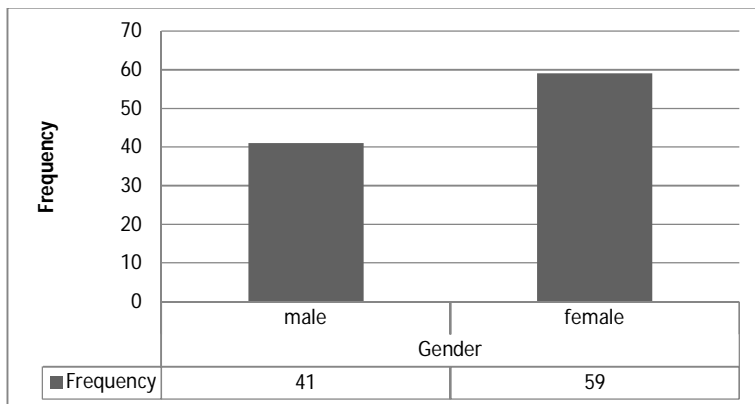
Of the 100 respondents, 41% were male and 59% were female, hence female respondents were more than male respondents. Opinion

4.2.3 Item 3: Your highest educational qualification

This item establishes the highest educational qualification of the respondents. Figure 12 presents the responses obtained.

**Figure 12: Highest educational qualification of respondents (n=100)**
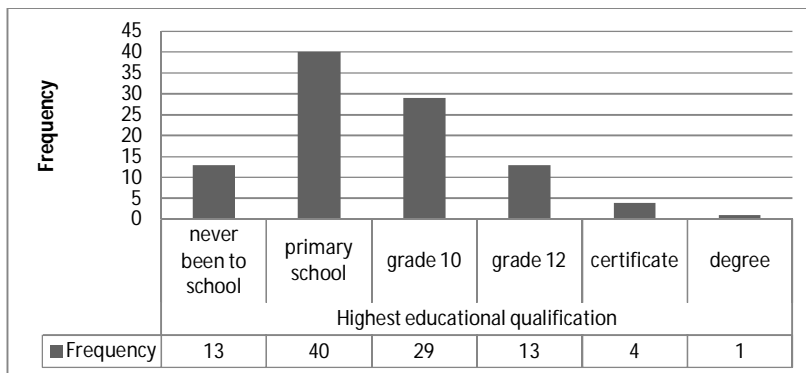
Of the 100 respondents, 40% had only primary school education, followed by those with grade 10 at 29%, then grade 12 and those never to been to school at 13%, then those with a certificate at 4% and finally those with a degree were 1%.

Item 4: Your profession

Item 4 establishes whether a respondent had a source of income or not. Figure 13 the results.

**Figure 13: Employment status of respondents (n=100)**
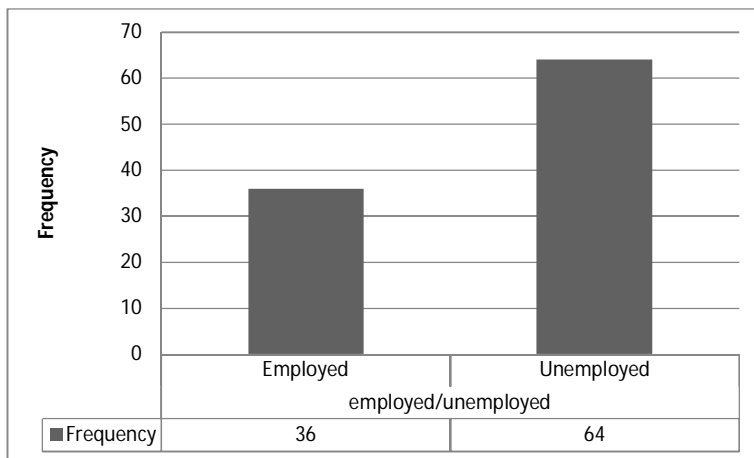
Of the 100 respondents, 64% had no source of income, either a job or a business and 36% of them had a source of income.

Item 5: Length of association with healthcare facility

Item 5 establishes the length of time a particular respondent had been using the pharmaceutical services of the facility. Figure 14 presents the results.

Figure 14: Length of association with healthcare facility (n=100)

	1st visit	0-6months	6-12months	1-2years	2years+
■Frequency	3	14	23	26	34
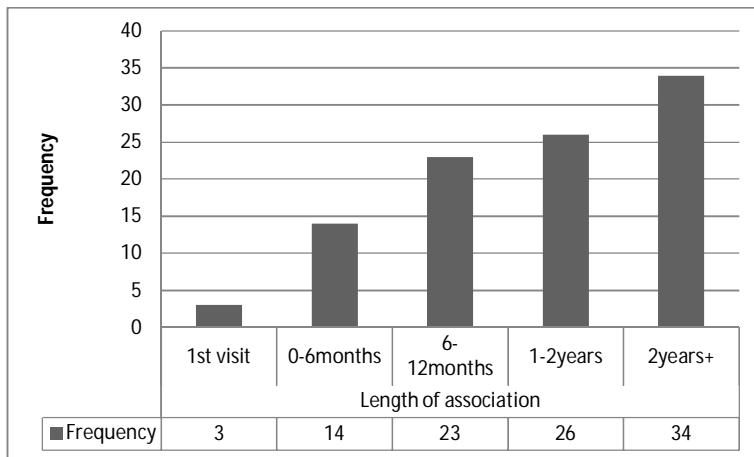
Of the 100 respondents, 34% had used the service for more than 2years, 26% for 1-2years, 23% for 6-12months, 14% for 0-6months and 3% were visiting the facility for the first time.

Item 6: Have you ever bought medicines from a private pharmacy?

This item establishes whether the respondents had experience of the service offered at the private pharmacy. The results are shown in Figure 15.

Figure 15: Do you have private pharmacy service experience (n=100)
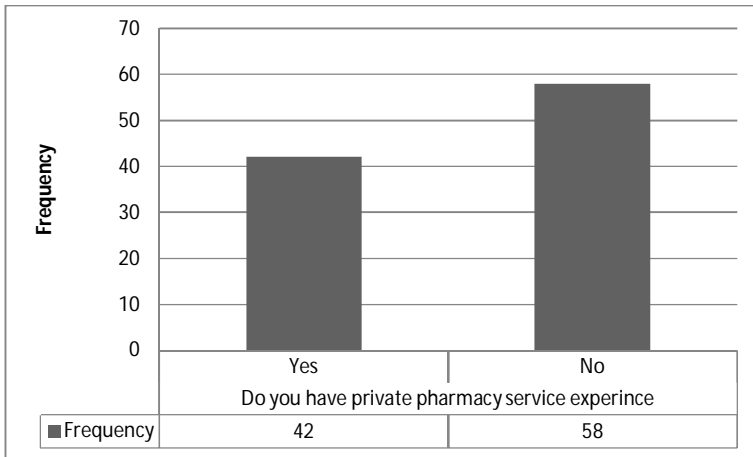
Of the 100 respondents, 42% had private pharmacy service experience and 58% had never bought medicines from the private pharmacy.

Item 7: What is your area of residence?

Item 7 establishes whether respondents stayed in the Gobabis municipal area or out of it. Figure 16 shows the results for this item.

Figure 16: Area of residence (n=100)
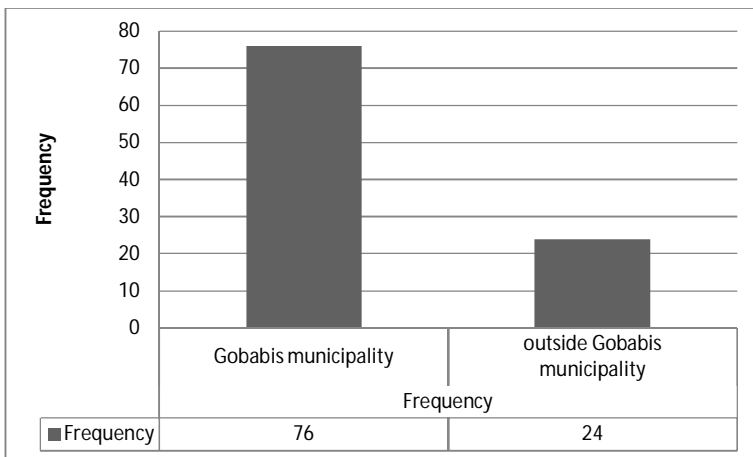
Of the 100 respondents, 76% lived within the Gobabis municipal area and 24% lived outside the Gobabis municipal area

Section B: Customer satisfaction questionnaire

Questionnaire items that test the same concepts are grouped together to form dimensions. There are 10 dimensions in total. Dimensions 1 to 8 are designed to answer research questions 1 and 2. Dimensions 9 and 10 are designed to answer research question number 3. Combined average score of dimensions 1 to 8 for the two facilities are used to answer research question 1 while separate average scores for the PHC facility and the hospital are used to answer research question number 2. The answer to research question number 4 is presented in Chapter 5.

For the purpose of narrative analysis of the graphical presentations, the possible answers are grouped into three. Strongly agree and agree are combined into one answer; agree. Neutral remains the same but disagree and strongly disagree are also combined into one answer; disagree. For the purpose of calculating averages and standard deviations, the original answers are left as they are; the five of them.

Dimension 1; Item 1: Convenience; the pharmacy is conveniently located.

This dimension establishes the convenience of the location of the public health facility pharmacy for the clients. Figure 17 shows the results.

Figure 17: Convenience of pharmacy location. (n=100)

	STRONGLY DISAGREE	DISAGREE	Neutral	Agree	Strongly agree
■ Tally	4	19	8	60	9
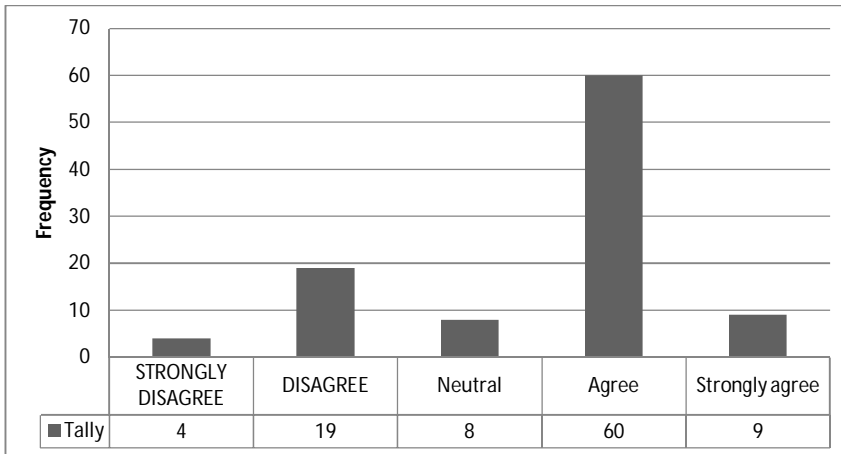
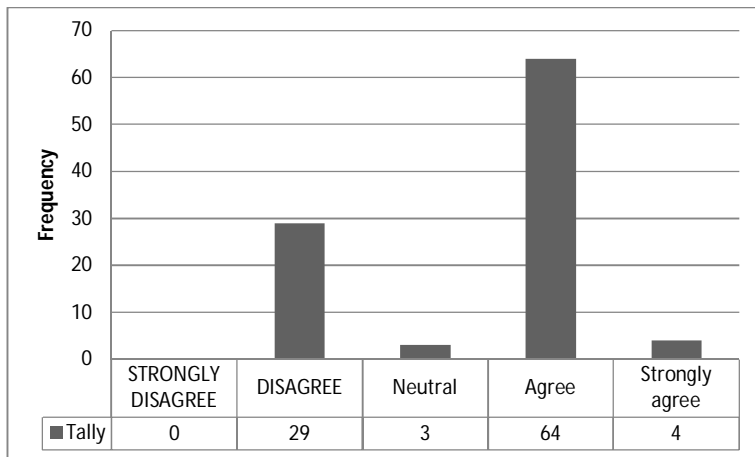69% (60 plus 9) of the 100 respondents agreed that the pharmacy location is convenient. 8% were neutral and 23% (4 plus 19) disagreed. The average score is 3.51 and standard deviation is 1.3 (Table 2). This means on average patients agreed that the pharmacy is conveniently located. Location convenience is important for customer satisfaction.

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Items 2, 3, 4 and 6 aim to establish the level of satisfaction in general.

I always go to the same public pharmacy

Figure 18: Loyalty to the public pharmacy (n=100)

	STRONGLY DISAGREE	DISAGREE	Neutral	Agree	Strongly agree
■Tally	0	29	3	64	4

68% of the 100 respondents agreed that they always use the same public pharmacy, 3% were neutral and 29% disagreed. The average score is 3.4 with a standard deviation of 0.98 (Table 2). This means on average the respondents agreed that they are loyal to one public pharmacy. Loyalty is normally correlated to high customer satisfaction. In this case however some of it might be because the hospital is a referral centre while the clinic is a PHC facility. This means that there might not be a choice on where to go.

Item 3: I am satisfied with the pharmacy service I receive

Figure 19: Satisfaction with the pharmacy service received (n=100)

■Tally	STRONGLY DISAGREE	DISAGREE	Neutral	Agree	Strongly agree
	14	11	12	57	6
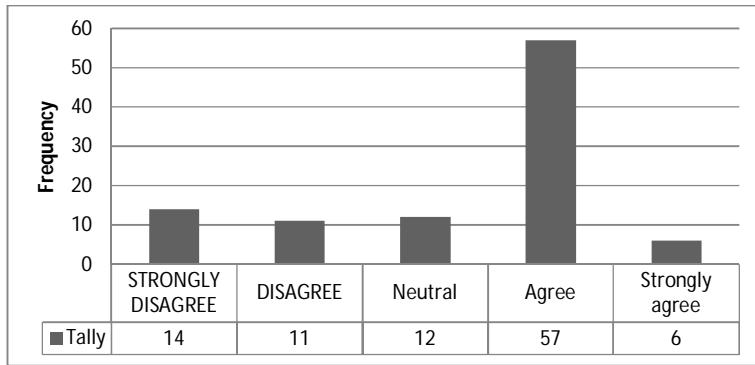
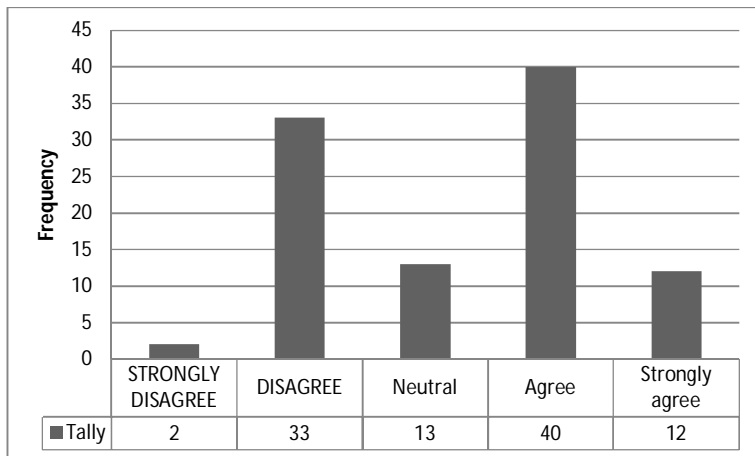63% of the 100 respondents agreed that they are generally satisfied by the service received, 12% were neutral and 25% disagreed. The average score is 3.3 with standard deviation 1.18 (Table 2). This shows that respondents are generally satisfied by the pharmacy services they receive.

Item 4: There are things about the pharmacy services I receive that could be better

Figure 20: The pharmacy service received could be better (n=100)

■Tally	STRONGLY DISAGREE	DISAGREE	Neutral	Agree	Strongly agree
	2	33	13	40	12

52% of the 100 respondents agreed that the service could be better, 13% were neutral and 35% disagreed. The average score is 2.73 with standard deviation 1.11 (Table 2). This means on average respondents are neutral when it comes to whether they think the service could be better.

Item 6: I will recommend this pharmacy to a friend if they need pharmacy services

Figure 21: Conveyance of a good word about the pharmacy (n=100)

■ Tally	STRONGLY DISAGREE	DISAGREE	Neutral	Agree	Strongly agree
	6	21	7	61	5
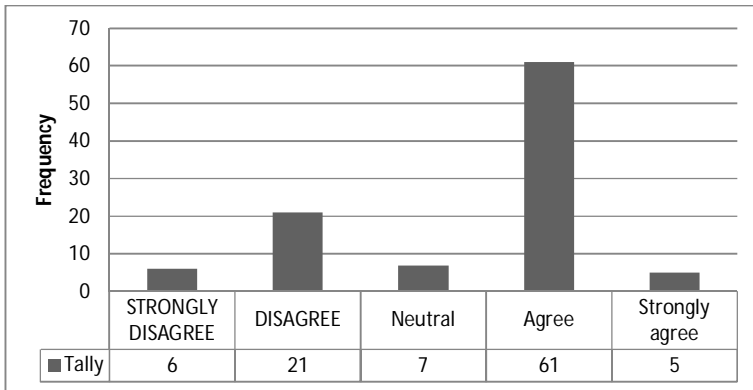
66% of the 100 respondents agreed they would recommend the pharmacy to a friend, 7% were neutral and 27% disagreed. The average score was 3.38 with standard deviation of 1.06 (Table 2). This means respondents agreed they would convey a good word about the pharmacy. This is a sign of satisfaction according to literature.
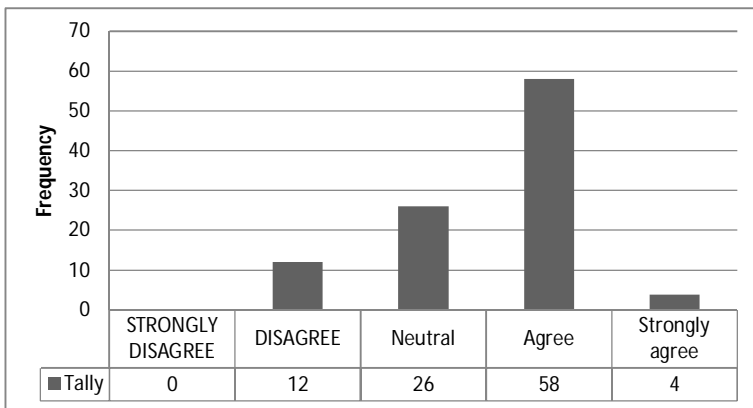
Comment [e8]: Which author?

Dimension 2: General satisfaction

This dimension establishes the level of customer satisfaction in general. It combines the results for items 2, 3, 4 and 6 because of their similarity. Figure 22 shows the results.

Figure 22: General satisfaction (n=100)

| ■ Tally	STRONGLY DISAGREE	DISAGREE	Neutral	Agree	Strongly agree
	0	12	26	58	4

62% of the 100 respondents agreed that they are satisfied by the service provided, 26% were neutral and 12% disagreed. The average score for the facilities was 3.2 with standard deviation 0.77 (Table 2). This implies that respondents are generally satisfied by the service they receive.

Items 7, 8 and 9 establish the level of satisfaction with interpersonal skills of the pharmacy staff

Item 7: The pharmacy staff are always friendly

Figure 23: Friendliness of pharmacy staff (n=100)

■Tally	STRONGLY DISAGREE	DISAGREE	Neutral	Agree	Strongly agree
	9	19	20	44	8
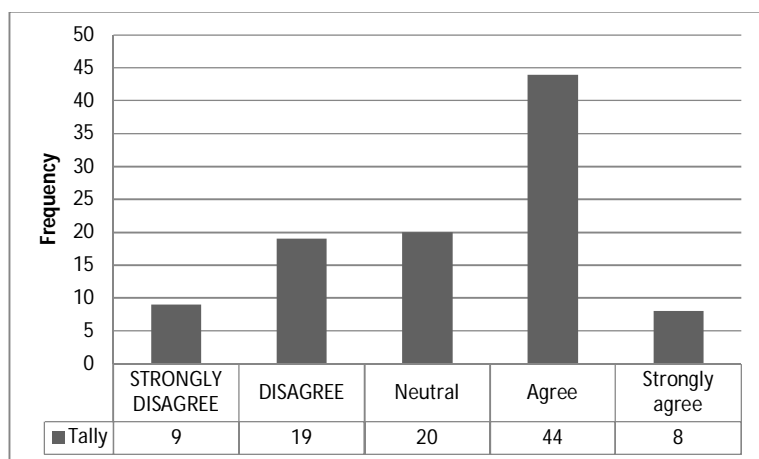
52% of the 100 respondents agreed that the pharmacy staff is always friendly, 20% were neutral and 28% disagreed. The average score was 3.23 with standard deviation 1.13 (Table 2). Staff friendliness is an indicator of good training and morale/motivation. It increases customer satisfaction.

Item 8: The pharmacy staff spends as much time as is necessary with me

Figure 24: Attending to customers (n=100)

■Tally	STRONGLY DISAGREE	DISAGREE	Neutral	Agree	Strongly agree
	6	30	24	36	4
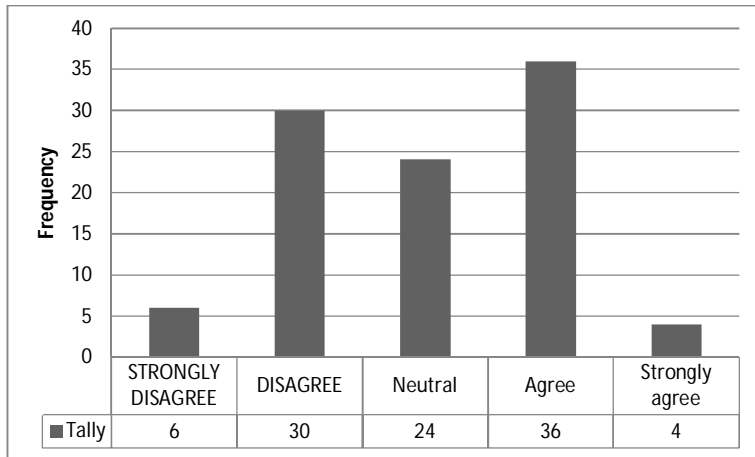
40% of the 100 respondents agreed that staff spend as much time as is necessary with them, 24% were neutral and 36% disagreed. The average score is 3.02 with standard deviation of 1.03 (Table 2), which shows general agreement. Accommodating customer needs is an important aspect of increasing customer satisfaction.

Item 9: If I have a question about my prescription the pharmacy staff is always available to answer it

Figure 25: Availability of staff to answer prescription questions (n=100)

■Tally	STRONGLY DISAGREE	DISAGREE	Neutral	Agree	Strongly agree
	3	18	25	50	4

54% of the 100 respondents agreed that the pharmacy staffs are always available to answer questions, 25% were neutral and 21% disagreed. The average score is 3.34 with standard deviation of 0.92 (Table 2). This shows that respondents agreed that pharmacy staff have good interpersonal skills which are also important for customer satisfaction because it makes the service encounter pleasant.

Dimension 3: Interpersonal skills

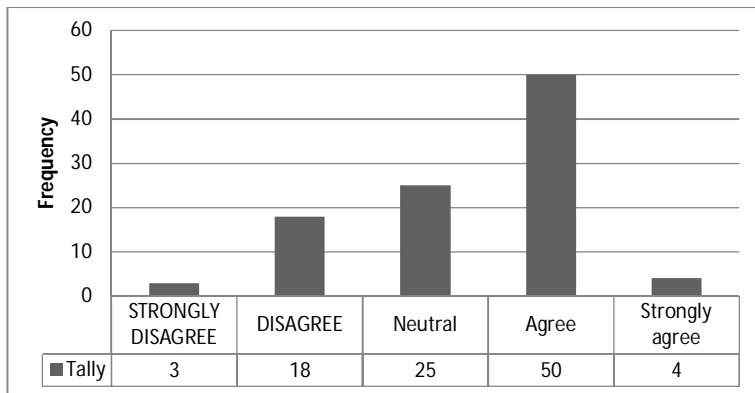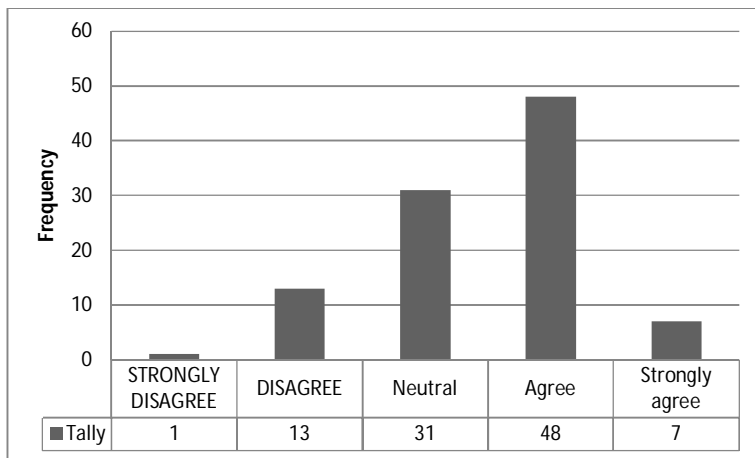This dimension establishes the level of satisfaction with interpersonal skills of pharmacy staff. It combines items 7, 8 and 9. Figure 26 shows the results.

Figure 26: Interpersonal skills (n=100)

| ■Tally	STRONGLY DISAGREE	DISAGREE	Neutral	Agree	Strongly agree
	1	13	31	48	7

55% of the 100 respondents agreed that they are satisfied with the interpersonal skills of the pharmacy staff and 31% were neutral and 14% disagreed. The average score is 3.2 with standard deviation 0.86 (Table 2), showing that respondents are satisfied with the interpersonal skills.

Items 10 and 11 establish the level of satisfaction with how the pharmacy staff evaluates the effects of the medicine on the patient.

Item 10: The pharmacy staff and I discuss about the favourable effects that can be obtained from my medication

Figure 27: Providing information on the favourable effects of medication (n=100)

■Tally	STRONGLY DISAGREE	DISAGREE	Neutral	Agree	Strongly agree
	8	37	22	30	3
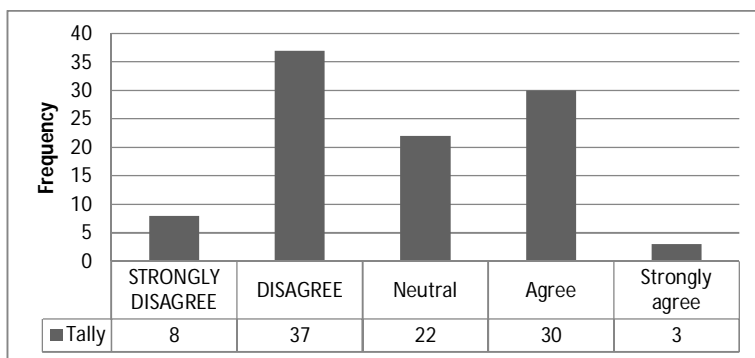
33% of the 100 respondents agreed that the pharmacy staff evaluates favourable effects of medicines they take, 22% were neutral and 45% disagreed. The average score is 2.83 with standard

deviation 1.04 (Table 2). This means respondents neither agreed nor disagreed with this statement. This implies unsatisfactory technical skills or that the staff does not know what the clients expect from them. Either way staff needs to be more aware of what is expected from them.

Item 11: The pharmacy staff and I discuss about the unfavourable/side effects that can be obtained from my medications

Figure 28: Providing information on the side effects of medication (n=100)

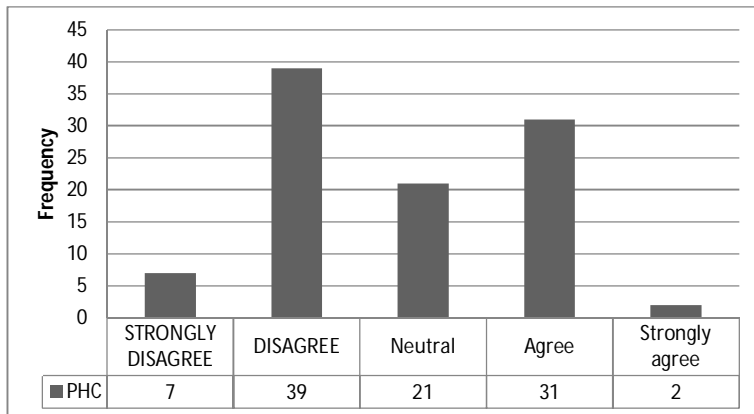|	STRONGLY DISAGREE	DISAGREE	Neutral	Agree	Strongly agree
■PHC	7	39	21	31	2

33% of the 100 respondents agreed that the pharmacy staff evaluated unfavourable effects of medicines the take, 21% were neutral and 46% disagreed. The average score is 2.82 with standard deviation 1.02 (Table 2). This implies that clients' expectations are not being met in this regard. Staff training and development would be an appropriate solution to this problem.

Dimension 4: Evaluation of effects of medicine

This dimension establishes the level of satisfaction with how the pharmacy staff evaluates the effects of the medicine on the patient. It combines items 10 and 11. Figure 29 shows the results.

Figure 29: Evaluation of effects of medication (n=100)

| ■Tally	STRONGLY DISAGREE	DISAGREE	Neutral	Agree	Strongly agree
	6	33	29	28	4
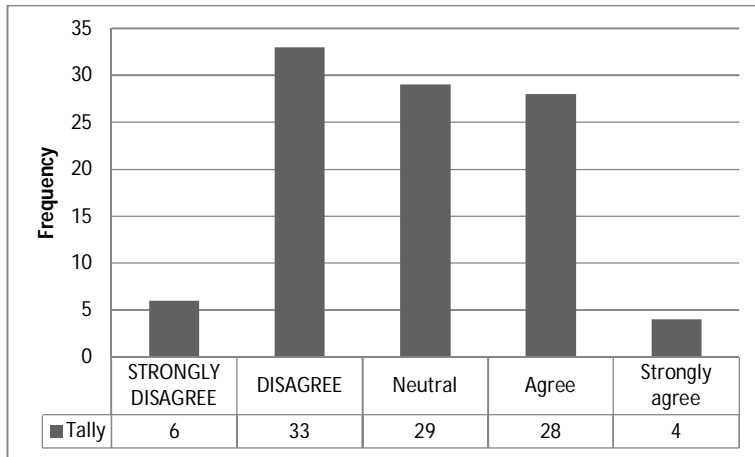
32% of the 100 respondents agreed that the pharmacy staff evaluates effects of medicines they take, 29% were neutral and 39% disagreed. The average score is 2.83 with standard deviation 0.99 (Table 2). This implies that customer expectations are not being met in this area. Pharmacy staff needs to be aware of customer expectations if they are to achieve high customer satisfaction.

Items 12, 13 and 14 establish the level of satisfaction with how the pharmacy staff provides relevant non-medicinal information

Item 12: The pharmacy staff and I discuss about what I need to do to get good results from my medication

Figure 30: Providing health education on medication administration (n=100)

| ■Tally	STRONGLY DISAGREE	DISAGREE	Neutral	Agree	Strongly agree
	4	33	23	38	2
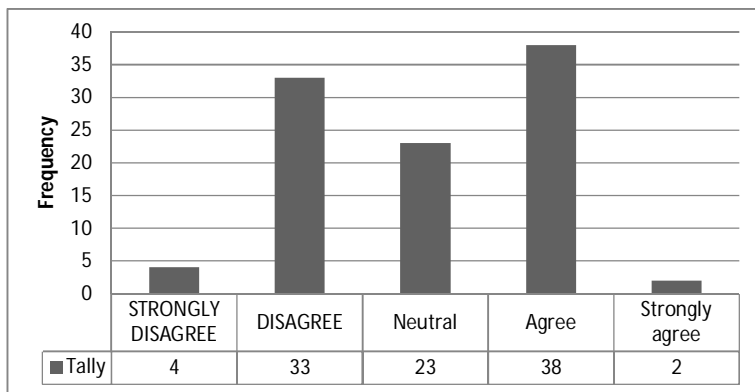
40% of the 100 respondents agreed that the pharmacy staff educate patients on what they need to do as they take medicines, 23% were neutral and 37% disagreed. The average score is 3.01 with standard deviation 0.98 (Table 2), which just showed general agreement. This information helps

the patient achieve better outcomes and hence can be instrumental in increasing customer satisfaction.

Item 13: The pharmacy staff and I discuss about change in my health since my last visit to the facility

Figure 31: Monitoring health progress (n=100)

	STRONGLY DISAGREE	DISAGREE	Neutral	Agree	Strongly agree
■Tally	8	40	22	30	0
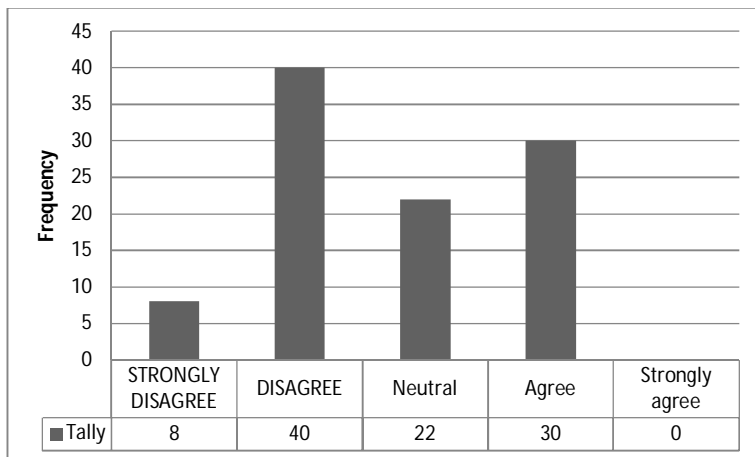
30% of the 100 respondents agreed that the pharmacy staff discusses their medical condition and progress, 22% were neutral and 48% disagreed. The average score is 2.74 with standard deviation 0.98 (Table 2), which is neutral. Discussing patient progress can help find better interventions and lead to higher satisfaction. This is especially so because it makes the patients feel the pharmacy staff is empathetic to their plight.

4.3.16 Item 14: The pharmacy staff and I discuss healthy living/health education

Figure 32: Providing general health education (n=100)

| ■Tally	STRONGLY DISAGREE	DISAGREE	Neutral	Agree	Strongly agree
	6	34	26	33	1
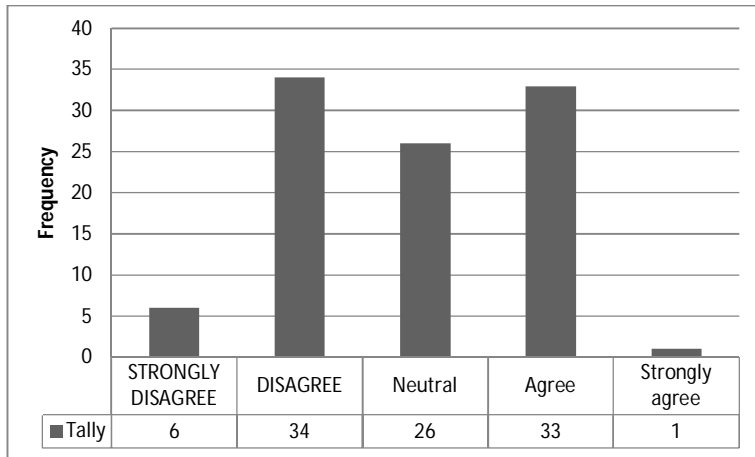
34% of the 100 respondents agreed that the pharmacy staff give health education, 26% were neutral and 40% disagreed. The average score was 2.89 with standard deviation 0.97 (Table 2), which is neutral. This means respondents neither agreed nor disagreed with this statement on average and hence they are not satisfied in this regard.

Dimension 5: Gathering non-medicinal information

This dimension establishes the level of satisfaction with how the pharmacy staff provides non-medicinal information to the patients. It combined items 12, 13 and 14. Figure 33 shows the results.

Figure 33: Gathering non-medicinal information (n=100)

| ■Tally	STRONGLY DISAGREE	DISAGREE	Neutral	Agree	Strongly agree
	2	24	38	35	1
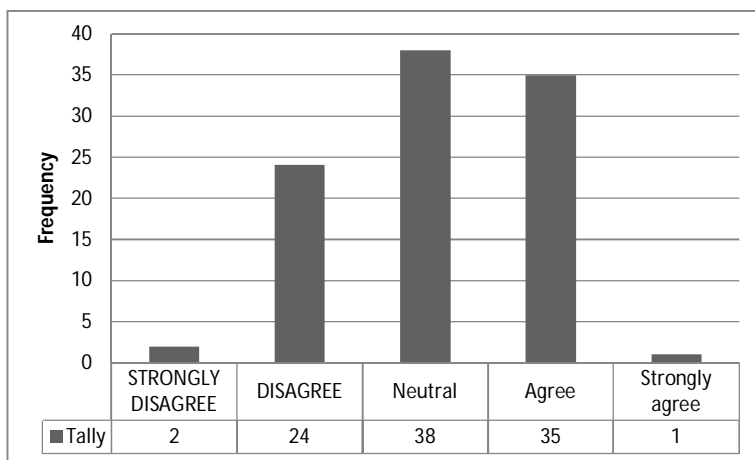
36% of the 100 respondents agreed that the pharmacy staff gives non-medicinal information, 38% were neutral and 26% disagreed. The average score is 2.88 with standard deviation 0.79 (Table 2),

which was neutral. Pharmacy staff needs to be more aware of their clients' expectations and any training needs should be addressed.

Items 15, 16 and 17 establish the level of trust by patients for pharmacy staff.

Item 15: Just talking to the pharmacy staff makes me feel better

Figure 34: Trust of pharmacy staff (n=100)

	STRONGLY DISAGREE	DISAGREE	Neutral	Agree	Strongly agree
■Tally	5	24	30	37	4
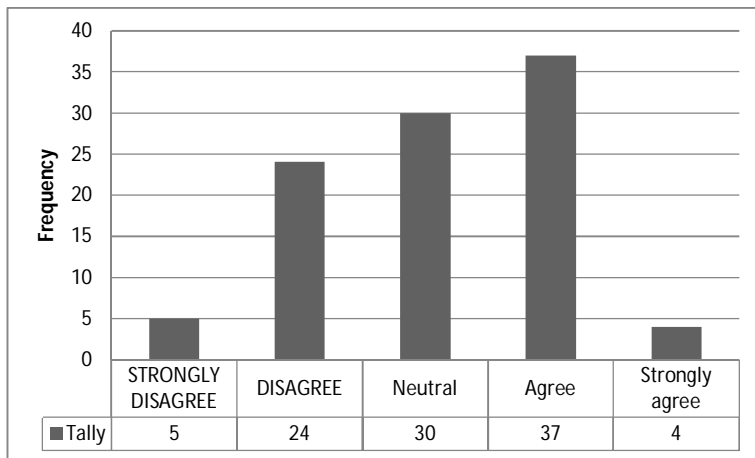
41% of the 100 respondents agreed that they feel better just by talking to the pharmacy staff, 30% were neutral and 29% disagreed. The average score is 3.11 with standard deviation 0.98 (Table 2) which showed general agreement with the statement. This implies that clients are generally satisfied with how much they trust the pharmacy staff.

Item 16: I am confident that all my prescriptions are dispensed correctly

Figure 35: Confidence with dispensing accuracy (n=100)

■Tally	STRONGLY DISAGREE	DISAGREE	Neutral	Agree	Strongly agree
	1	6	41	47	5
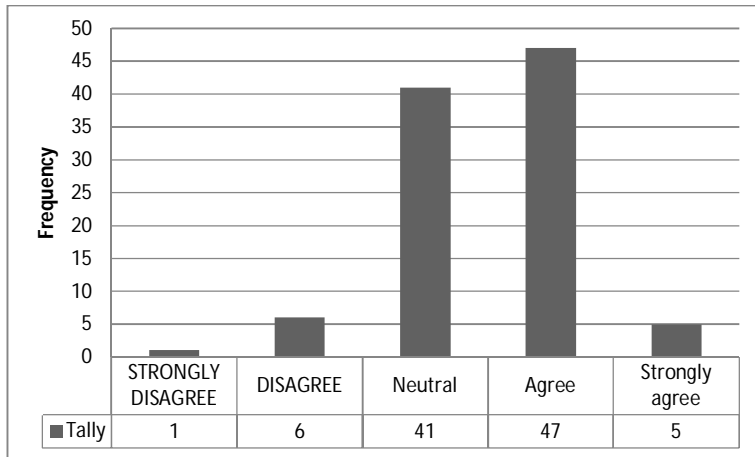
52% of the 100 respondents agreed that they were confident their prescriptions are dispensed correctly, 41% were neutral and 7% disagreed. The average score is 3.49 with standard deviation 0.73 (Table 2), which shows high confidence.

Item 17: The pharmacy staff considers my feelings

Figure 36: Empathy (n=100)

■Tally	STRONGLY DISAGREE	DISAGREE	Neutral	Agree	Strongly agree
	4	28	43	24	1

25% of the 100 respondents agreed that the pharmacy staff considers their feelings, 43% were neutral and 32% disagreed. The average score is 2.9 with standard deviation 0.85 (Table 2), which is neutral. Empathy is important for customer satisfaction and needs to be practised.

Dimension 6: Trust

This dimension establishes the level of trust for the pharmacy staff by patients. It combines items 15, 16 and 17. Figure 37 shows the results.

Figure 37: Trust (n=100)

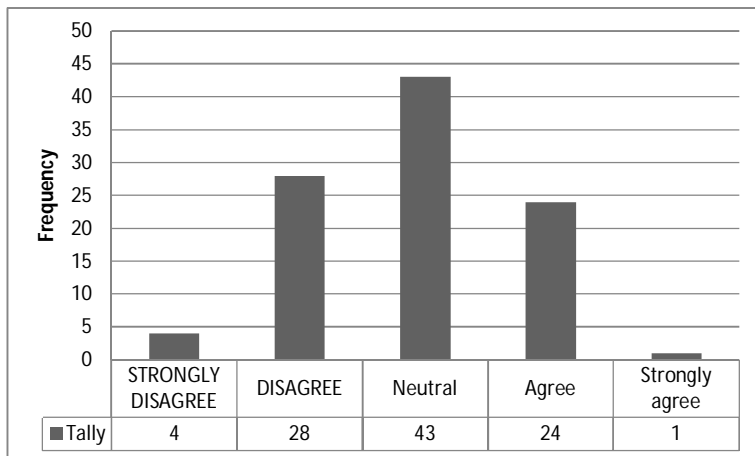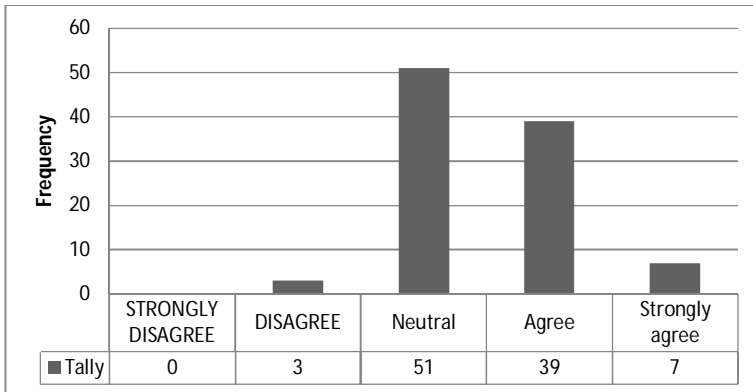| ■Tally	STRONGLY DISAGREE	DISAGREE	Neutral	Agree	Strongly agree
	0	3	51	39	7

46% of the 100 respondents agreed that they trust the pharmacy staff, 51% were neutral and 3% disagreed. The average score is 3.17 with standard deviation 0.64 (Table 2) which shows general agreement that clients trust the pharmacy staff. Trust is important for customer satisfaction especially in the service industry like pharmaceutical industry, as it positively affects customer satisfaction.

Items 19, 20 and 21 establish the level satisfaction with help obtained from pharmacy staff.

**Item 19: All my prescribed medicines are always available at the state pharmacy**

Figure 38: Availability of medicines at the pharmacy (n=100)

■Tally	STRONGLY DISAGREE	DISAGREE	Neutral	Agree	Strongly agree
	5	20	21	52	2
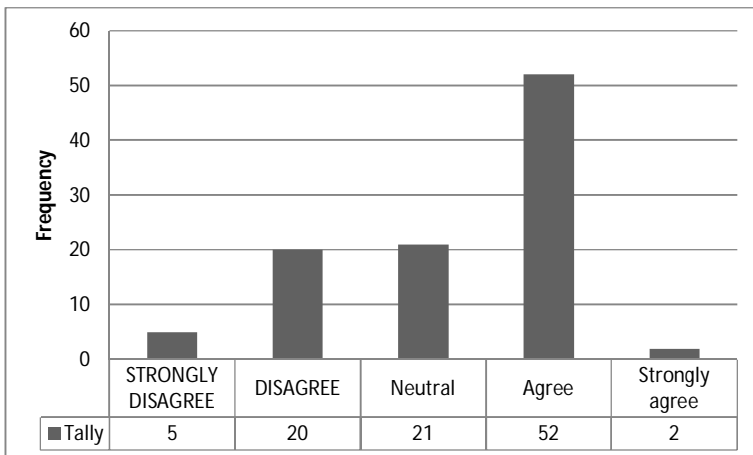
54% of the 100 respondents agreed that all their prescribed medicines were always available at the pharmacy, 21% were neutral and 25% disagreed. The average score is 3.26 with standard deviation 0.97 (Table 2), which shows general agreement. Availability of tangibles like the products is important for customer satisfaction.

Item 20: I can talk freely about my medical problems with the pharmacy staff

Figure 39: Customer's ability to talk freely about medical problems (n=100)

	STRONGLY DISAGREE	DISAGREE	Neutral	Agree	Strongly agree
■Tally	3	25	31	39	2
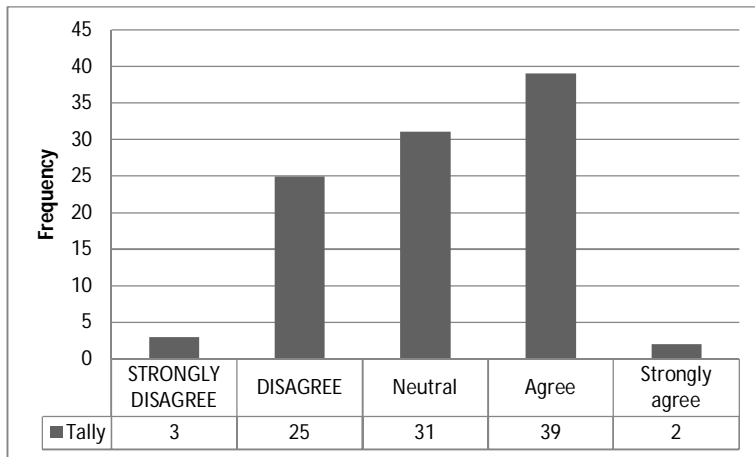
41% of the 100 respondents agreed that they can talk freely with the pharmacy staff, 31% were neutral and 28% disagreed. The average score is 3.12 with standard deviation 0.91 (Table 2) which shows general agreement with the statement.

Item 21: I am satisfied by the time I spend waiting for my medicines

Figure 40: Satisfaction with waiting periods at the pharmacy (n=100)

■Tally	STRONGLY DISAGREE	DISAGREE	Neutral	Agree	Strongly agree
	26	34	7	31	2
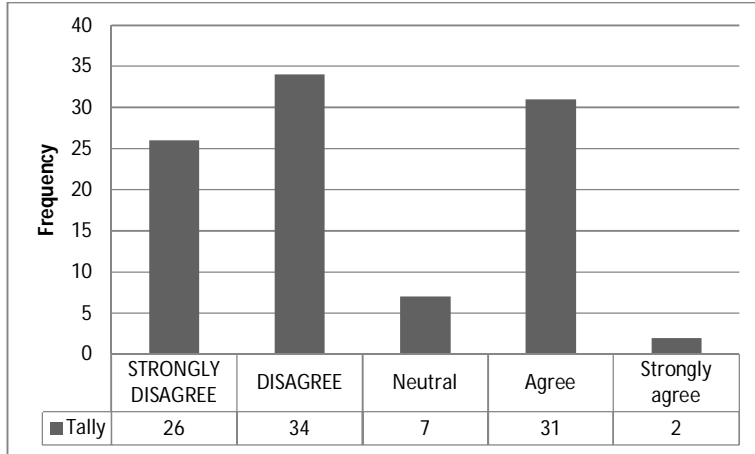
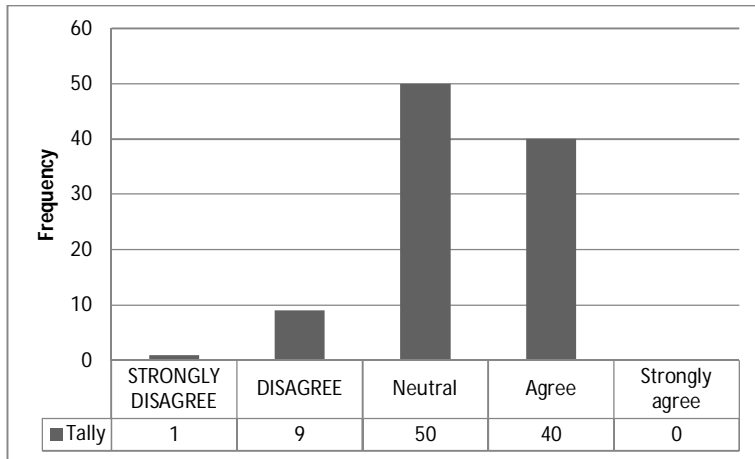33% of the 100 respondents agreed that they were satisfied by the time they spend waiting for their medicines, 7% were neutral and 60% disagreed. The average score was 2.49 with standard deviation 1.24 (Table 2), which is neutral. This might imply that staff is slow, understaffed or the client expectations are too high. In any case the pharmacy staff should make sure that clients do not wait too long for service. This might mean more training, increasing staff numbers, automating certain functions or educating the patients.

Dimension 7: Helping patients

This dimension establishes the level of satisfaction with help received from pharmacy staff. It combined items 19, 20 and 21. Figure 41 shows the results.

Figure 41: Assisting patients (n=100)

	STRONGLY DISAGREE	DISAGREE	Neutral	Agree	Strongly agree
■Tally	1	9	50	40	0

40% of the 100 respondents agreed that they were satisfied by the help they received from the pharmacy staff, 50% were neutral and 10% disagreed. The average score is 2.96 with standard deviation 0.7 (Table 2), which is neutral. The clients need to see that staff is willing and able to assist those for them to be satisfied by service offered.

Items 22, 23 and 24 establish level of satisfaction with explanations given by the pharmacy staff

Item 22: The pharmacy staff asks me questions to make sure my medications are working properly

Figure 42: Monitoring of effectiveness of medications (n=100)

	STRONGLY DISAGREE	DISAGREE	Neutral	Agree	Strongly agree
■Tally	7	42	24	27	0
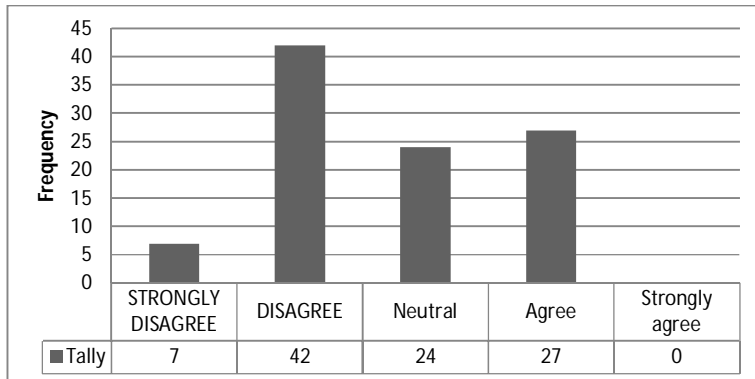
27% of the 100 respondents agreed that the pharmacy staff asks questions to make sure the medicine is working properly, 24% were neutral and 49% disagreed. The average score is 2.71 with standard deviation 0.95 (Table 2), which is neutral. This evaluation by staff is important to demonstrate that they are not merely providing medicines, checking how they are working will improve customer satisfaction. This needs to be improved.

Item 23: The pharmacy staff tells me how to take my prescription medications

Figure 43: Providing information on medication administration (n=100)

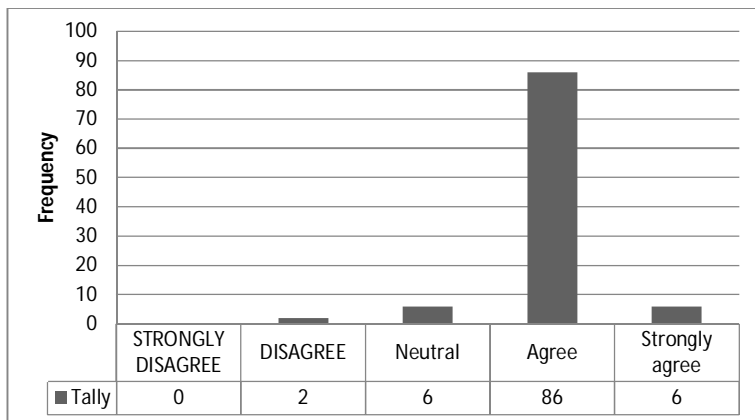|	STRONGLY DISAGREE	DISAGREE	Neutral	Agree	Strongly agree
■Tally	0	2	6	86	6

92% of the 100 respondents agreed that the pharmacy staff inform them how to administer their medications, 6% were neutral and 2% disagreed. The average score for the facilities is 3.96 with standard deviation 0.45 (Table 2), which shows high satisfaction with this important aspect of dispensing medicines. If patients do not understand how to take their medicines then the outcomes will be poor, especially considering a number of the respondents had never been to school or only went up to primary school.

Item 24: The pharmacy staff explains what my medication does

Figure 44: Explanation of the effects of medication (n=100)

	STRONGLY DISAGREE	DISAGREE	Neutral	Agree	Strongly agree
■Tally	0	11	15	69	5
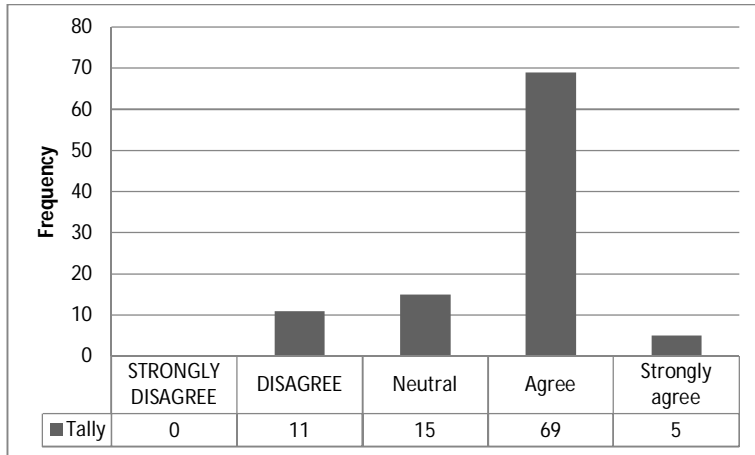
74% of the 100 respondents agreed that the pharmacy staff inform them what their medicines do, 15% were neutral and 11% disagreed. The average score is 3.68 with standard deviation 0.74 (Table 2), which shows high satisfaction with this aspect of dispensing. Patients need to know what the medicines are for, which in higher satisfaction and more treatment compliance.

Dimension 8: Explanation

This dimension establishes the level of satisfaction with the explanations offered by the pharmacy staff. It combined items 22, 23 and 24. Figure 45 shows the results.

Figure 45: Explanation (n=100)
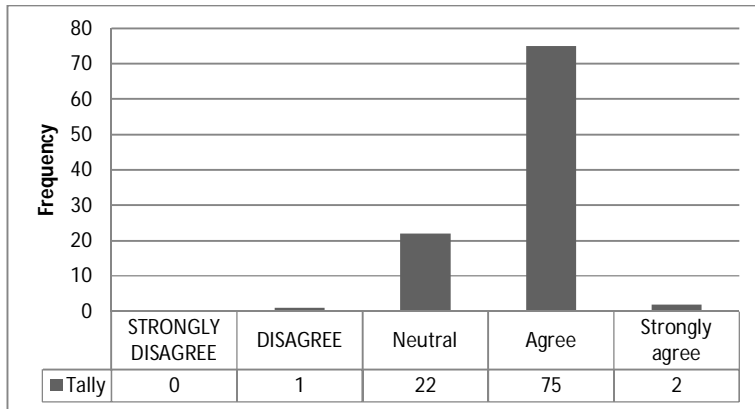
77% of the 100 respondents agreed that they were satisfied by the explanations offered by the pharmacy staff, 22% were neutral and 1% disagreed. The average score is 3.45 with standard deviation 0.45 (Table 2). This dimension shows that the technical ability of the pharmacy staff is good; hence the higher level of customer satisfaction.

Length of association versus average score

Figure 46: Length of association versus average score (n=100)
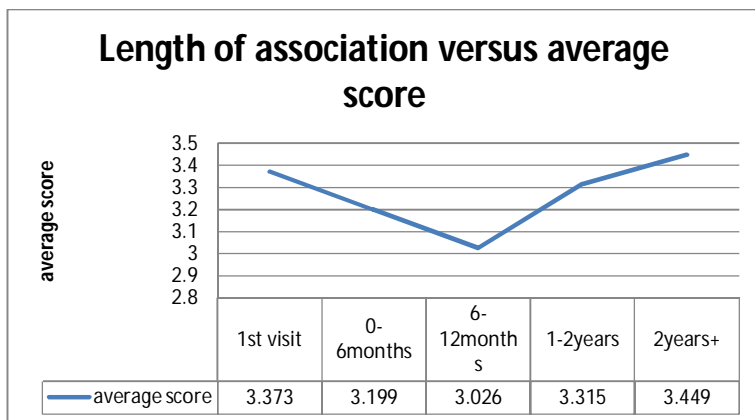
Respondents on their first visit had an average score of 3.37, 0-6months: 3.2, 6-12months: 3.03, 1-2years: 3.32 and 2years plus: 3.45. There was no general increase in the average score with length of association as expected. This is probably because many public health facility clients do not have a choice of where to get the services because they cannot afford to go to the private pharmacy.

Highest educational level versus average score

Figure 47: Highest educational level versus average score

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Highest education level versus average score

	never been to school	primary school	grade 10	grade 12	certificate
average score	3.405	3.279	3.264	3.299	2.961
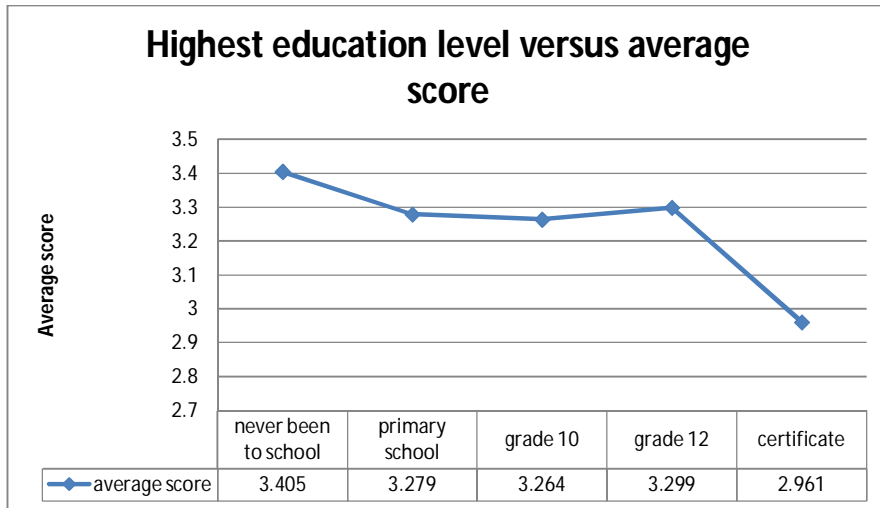
Respondents who had never been to school had an average score of 3.41, those with up to primary school: 3.23, those with up to grade 10: 3.26, those with up to grade 12: 3.3 and those with up to certificate level: 2.97. General satisfaction decreased with higher education level as expected from literature review. This is because the higher the education the more the expectations of the client, and the more difficult it is to satisfy the client.

Comparison of customer satisfaction at the hospital and the PHC facility by item

Figure 48: Customer satisfaction: The hospital versus the PHC facility; by item

| ■Series1 | 23 | 2 |
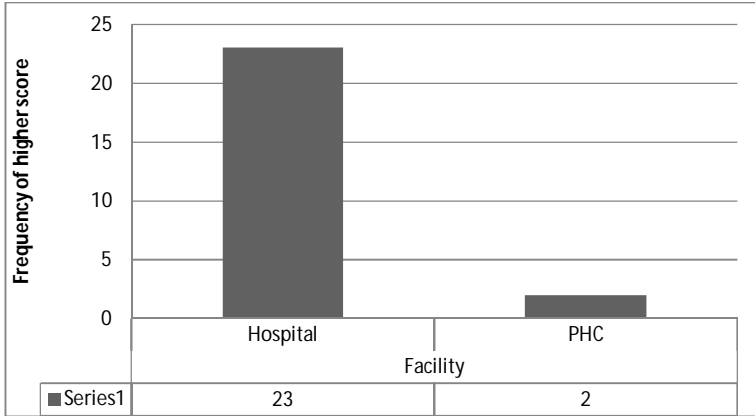
23 questionnaire items showed that patients experienced higher satisfaction at the hospital than at the PHC facility pharmacy compared to only 2 items which showed the opposite. This implies that satisfaction is higher at the hospital than at the PHC facility.
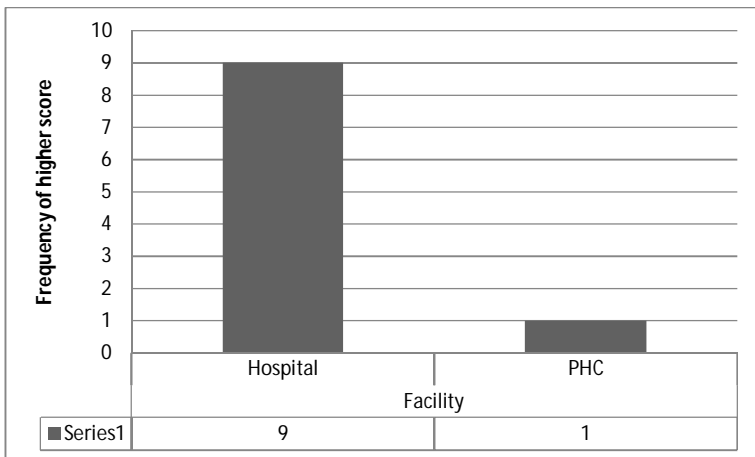
Comparison of customer satisfaction at the hospital and the PHC facility by dimension

Figure 49: Customer satisfaction: The hospital versus the PHC facility; by dimension

| ■Series1 | 9 | 1 |

9 questionnaire dimensions showed that patients experienced higher satisfaction at the hospital than at the PHC facility pharmacy, compared to 1 (dimension 1: convenience of location), which showed the opposite. This implies that patients have significantly higher customer satisfaction at the hospital pharmacy than at the PHC facility pharmacy.

Items 5 and 18 and dimension 9 compare satisfactions with customer service at the private pharmacy to that at the public health facilities, in so doing answer research question number 3.

Item 5: I came to get my medication from the state pharmacy because the service here is better than at the private pharmacy

Figure 50: Service provision: The state pharmacy versus the private pharmacy (n=100)

	STRONGLY DISAGREE	DISAGREE	Neutral	Agree	Strongly agree
■Tally	6	13	16	58	7
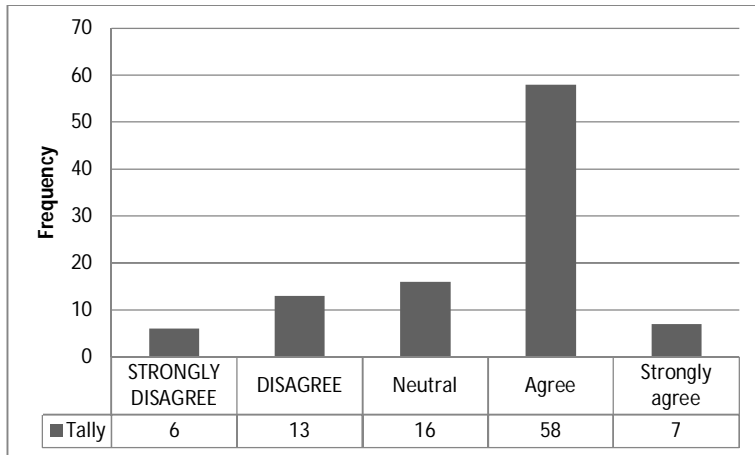
65% of the 100 respondents agreed that the service at the public health pharmacy is better than at the private pharmacy, 16% were neutral and 6% disagreed. The average score was 3.47 with standard deviation 1.01 (Table 2), which means on average respondents agreed that the service at the public facility is better. This commendable considering the private pharmacy is commercial and the public pharmacy is not and that patient volumes are much higher at the public health facility.

Item 18: I came to get my medication from the state pharmacy because I am more comfortable getting them here than at the private pharmacy

Figure 51: Contentment at the state versus at the private pharmacy (n=100)

■Tally	STRONGLY DISAGREE	DISAGREE	Neutral	Agree	Strongly agree
	0	6	11	77	6
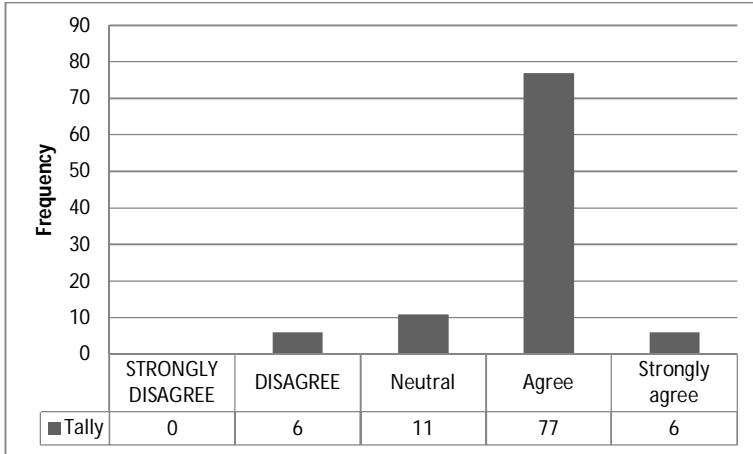
83% of the 100 respondents agreed that they were more comfortable getting their medicines from the public health facility than at the private pharmacy, 11% were neutral and 6% disagreed. The average score is 3.83 with standard deviation 0.62 (Table 2), implying rating for the public pharmacy.

Dimension 9: Comparison of public and private pharmacy services

Figure 52: Comparison of public and private pharmacy services (n=100)

■Tally	STRONGLY DISAGREE	DISAGREE	Neutral	Agree	Strongly agree
	0	4	21	69	6
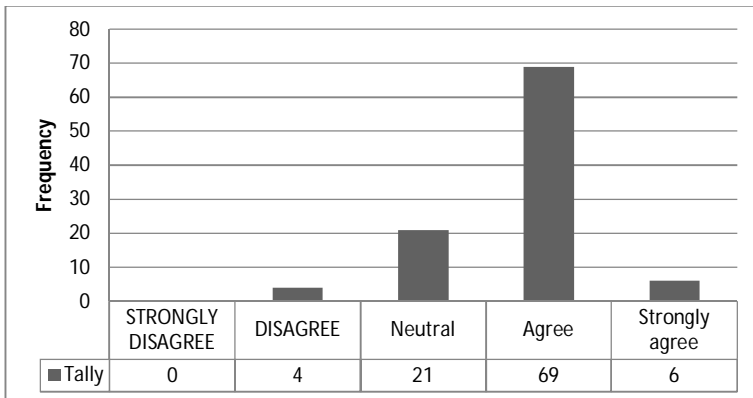
75% of the 100 respondents agreed that they were more satisfied with the service at the public health facility than at the private pharmacy, 21% were neutral and 4% disagreed. The average score is 3.65 with standard deviation 0.67 (Table 2), which is higher than expected since the private pharmacy is commercial. Clients are more satisfied at the public health facility generally.

Dimension 10; Item 25: Finance, I came to get my medicines from the state pharmacy because the private pharmacy is more expensive

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This dimension establishes if customers came to the public health facility because the services were cheaper. It consisted of item 25. Figure 53 shows the results.

Figure 53: The effect of cost of medication (n=100)

	STRONGLY DISAGREE	DISAGREE	Neutral	Agree	Strongly agree
■Tally	2	1	6	81	10
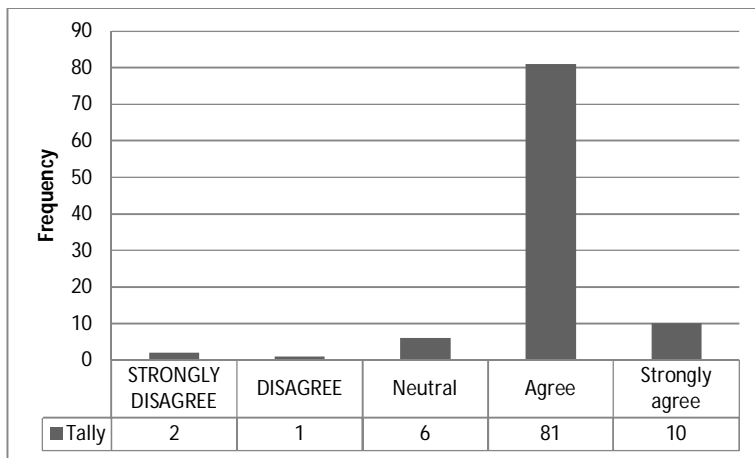
91% of the 100 respondents agreed that they came to the public health facility because services are more expensive at the private pharmacy, 6% were neutral and 3% disagreed. The average score is 3.96 with standard deviation 0.62 (Table 2), which a high score. This means that people generally agree that they go to the public health facility because the private facility is more expensive.

Items 5, 18 and 25 and dimensions 9 and 10 showed a higher score for people with no private pharmacy experience (Table 3). This implies that the perception that the public health facility has better service and is cheaper was not mostly based on actual experience but probably on a perception.

Item 25 and dimension 10 showed a higher average score for employed people than unemployed people. In other words employed clients considered the private pharmacy to be more expensive (Table 4).

Discussion of findings

Comment [e9]: Move to chapter 5

Findings from the literature review

The research established that the locations of the public health care pharmacies in Gobabis are convenient (Figure 17). This was expected given that 76% of the respondents were from Gobabis municipal area; meaning that they did not have to travel long distances to the facilities. Further statistical analysis shows that municipal residents   have a significantly higher rating of pharmacy location convenience than those from outside the municipal area (Table 2). This is consistent with literature review which showed that the more the customer costs, the less the customer value and in turn the less the customer satisfaction, (Sawhney, 2003:1-6).

The findings reveal that general customer satisfaction is high (Figure 22). The level of satisfaction with interpersonal skills is also high. This is consistent with literature review which showed that good interpersonal skills will increase customer satisfaction. Customer satisfaction is derived from both production process performance and human resource performance, (Shammot, 2011:158). It is therefore important to invest in human resources in-terms of recruitment, training and development and incentives to retain high performing staff. Evaluation of effects of medicines (Figure 29) and gathering of non-medical information (Figure 33) were not satisfactory (respondents neutral). These two dimensions refer to one aspect of the technical capability of service staff. Possible reasons for the low performance include understaffing, lack of technical skills, lack of motivation on the part of staff and staff not knowing what information the clients expected from them, (Shammot, 2011:159). Lack of social and technical skills and decision making authority can also lead to low customer orientation of staff resulting in low customer satisfaction, (Hennig-Thurau, 2004:462-4). This implies that employees should be properly trained, motivated and empowered to do their work.

Trust for pharmacy staff was shown to be high among respondents (Figure 37). It is important for clients to trust the service provider. Credibility is important for perception of service quality and in turn for customer satisfaction, (The marketing association of Australia and New Zealand 2005:1). This implies that customer satisfaction was high for the respondents. The findings reveal that customers are satisfied by the assistance they receive from pharmacy staff (Figure 41). This includes waiting period for service (Figure 40), availability of medicines (Figure 38) and being able to talk freely about medical problems (Figure 39). Literature shows that access to tangibles, good communication, courtesy, responsiveness and understanding the customer have a positive bearing on the service quality and customer satisfaction, (The marketing association of Australia and New Zealand 2005:1). Dimension 8 showed a high score of satisfaction with explanations provided by the staff on how to administer medications (Figure 45).

Length of association with health facility did not show an obvious positive relationship as expected from literature review (Figure 46). Instead the scores decreased up to 6-12months then started to increase again. This is in contrast to prior researches which showed that customer retention is directly related to customer satisfaction, (Hansemark and Albinsson, 2004:40-57). This is probably because loyalty in the public pharmaceutical sector is not always necessarily due to customer satisfaction but since this is a social service there are customers who continue to come simply because they have no alternative. General satisfaction decreased with increase in the level of education (Figure 47). The higher the education, the more the customer expectations and the more difficult it is to satisfy them. This is consistent with the literature review.

The research findings established that customer satisfaction at the hospital pharmacy is higher than at the PHC facility pharmacy (Table 2, Figure 48 and 49). The personnel at the hospital pharmacy are especially trained in the pharmaceutical field. This is in contrast to the personnel at the PHC facility pharmacy who are trained nurses. The result agrees with literature reviewed. Employees should have social and technical skills, be motivated to serve the customer and have high self perceived decision making authority for them to deliver high quality of service, (Hennig-Thurau, 2004:462-3).

Respondents agreed that they perceived service at the public health pharmacy to be better than at the private pharmacy (Figure 50) and they were more comfortable getting their medication from

the public health pharmacy (Figure 51). The majority of respondents (91%) also agreed that they come to the public health facility for service because the private pharmacy is more expensive (Figure 53). It is interesting to note that 58% of the respondents had actually never bought medicines from the private pharmacy. On further analysis, those who had no private pharmacy experience had a higher score when it comes to perception that the private pharmacy is expensive (Table 3). They also had a higher score on dimension 9 which demonstrated that service is better at the public health pharmacy (Table 3). This implies that perceived higher prices might be one of the reasons for evaluating the private pharmacy service as below that of the public pharmacy. This agrees with literature review which showed that higher prices can cause dissatisfaction, (Zeithaml, Bitner, Gremler, Mahaffey and Hiltz. 2007:101). The perception of the customer is important when considering customer satisfaction.

Findings from primary research

Research question 1: What is the level of customer satisfaction with public pharmaceutical service delivery in Gobabis, Namibia?

The average score for dimensions 1 to 8 is 3.15 which shows general customer satisfaction with the public pharmaceutical service delivery in Gobabis, Namibia. Of the 8 dimensions which deal with customer satisfaction in the public sector in general, 5 showed that customers are satisfied by the services provided and 3 dimensions had neutral scores. No result showed outright dissatisfaction. The dimensions which showed neutral results were 4, 5 and 8. These dealt with evaluating medicine effects, gathering non-medical information and explanation to the patient. These dimensions all assessed technical skills of the pharmacy staff, which are outside the traditional role of the pharmacy staff of just providing medicines. This implies that staff development and training might help improve customer satisfaction in the public pharmaceutical sector. Research by Jayaprakash, Rajan and Shivam (2009:158), show that many pharmaceutical care clients do not know what to expect from their interaction with pharmacy personnel. At the same time many pharmacists do not realize to what extent the general public expects them to advise them on matters concerning medicines, minor illness and general health education. This means the government should invest more in their human resources development to build capacity and improve motivation.

Clients who reside in Gobabis municipality area showed significantly higher levels of satisfaction with the location of the public health facility pharmacies than those who stay outside the municipal area. This implies that distance travelled to the facility affects the level of satisfaction with services. The results also showed that the more the educated a client was the less the customer satisfaction that was achieved. This concurs with prior a research on customer satisfaction by Jayaprakash, Rajan and Shivam (2009:158).

Research question 2: Is there any difference in the level of customer satisfaction between the hospital and the primary healthcare facilities?

The findings from the primary research showed that there is indeed a difference in the level of customer satisfaction between the hospital and the PHC facility. By item and by dimension this was established. Of the 25 items investigated, 22 had a higher score for the hospital than for the primary healthcare facility (Table 2; Figure 48). Of the 10 dimensions analysed, 9 of them showed that the level of customer satisfaction is higher at the hospital facility than at the PHC facility

(Table 2; Figure 49). The only dimension which showed higher satisfaction with the PHC facility was dimension 1. This was about the convenience of location and not the services rendered. These results show convincingly that the level of customer satisfaction is higher at the hospital than at the PHC facility.

Research question 3: What is the customer perception of level of service delivery in the public pharmaceutical sector compared to the private pharmaceutical sector and what are the possible reasons for preference of one sector over the other?

The average score of 3.47 (Figure 50) and 3.83 (Figure 51) for items 5 and 18 respectively, showed that the customer service at the public health facility was perceived to be better than at the private pharmacy and patients were more comfortable getting their medicines at the public health facility. Dimension 9 which combined item 5 and 18, also showed that the customer perception of level of service delivery in the public sector was higher than in the private sector. It was also established that those with no private pharmacy service experience have a higher perception of service delivery in the public sector than those with experience of the private service. Both groups however were more satisfied by the public than the private sector service delivery.

It was established through dimension 10 that generally clients felt that they do not seek pharmaceutical service in the private sector because it is more expensive there. This perception was more pronounced on the patients who had actually never used the private pharmaceutical service. Employed respondent had a higher score for dimension 10 than the unemployed (Table 4). Therefore the reasons for preferring the public sector were shown to be better service and lower costs to the patient in the public sector.

Research question 4: Which recommendations can be made on how customer satisfaction can be increased in the public pharmaceutical service in Gobabis, Namibia?

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

The aim of this research is to evaluate customer satisfaction with pharmaceutical services provided at public healthcare facilities in Gobabis, Namibia. It builds on existing literature to identify and evaluate relevant variables to assess customer satisfaction. Primary data was collected through written questionnaires and the data was analyzed and interpreted.

The objectives of this study are:

- To determine the level of customer satisfaction with pharmaceutical service delivery at public healthcare facilities in Gobabis, Namibia
- To determine if there is any difference in the level of customer satisfaction with pharmaceutical services between the hospital and the primary healthcare facilities
- To evaluate customer perception of level of service delivery in the public pharmaceutical sector compared to the private pharmaceutical sector and the possible reasons for preference of one sector over the other
- To make recommendations on how customer satisfaction can be increased in the public pharmaceutical service in Gobabis, Namibia

It was established in the research that the level of customer satisfaction with pharmaceutical service delivery is high in the public healthcare facilities in Gobabis. Dimensions which showed lower satisfaction involved technical skills of explaining to patients, giving non-medical information and evaluating effects of medicines on patients. This could imply that employees need more training, they are not aware of customer expectations or they are overwhelmed by the volume of work such that they just concentrate on finishing the work rather than the quality of the work they do.

The research findings show that there is a difference in customer satisfaction between the hospital and the PHC facility. The level of satisfaction was established to be generally higher at the hospital than at the PHC facility.

It was also established that customers perceive the level of service delivery at the private pharmacy to be lower than at the public health facility. This was the case even for those who have never experienced the service at the private pharmacy. The reasons for preferring the public health pharmacy were that the service is better at the public health facility and the private pharmacy is more expensive than the public health pharmacy.

Recommendation will be covered in the next section of this research report. The aims and objectives of this research were satisfied.

Recommendations

Based on this study, the following recommendations are made:

- Efforts should be made to bring the levels of pharmaceutical customer service satisfaction at the PHC centres to the same level as the hospital
- Employing pharmacy staff at the PHC facility will help increase customer satisfaction and improve service delivery.
- Pharmacy staff should take up their role in giving health education and evaluating effects of medicines on patients. In this regard the government should invest in staff development to give their staff capacity to do their work satisfactorily.
- The government should have some formal tools for measuring customer satisfaction regularly because it is important for measuring performance. Service provision should be looked at from the clients' point of view.
- Continuous professional development (CPD) specific for pharmacy staff should be implemented. At the moment all professionals are mixed together and issues specific to pharmacy profession are rarely tackled.
- Pharmacy staff should deliver all the required services for the clients even if the clients do not expect certain services from them because of lack of knowledge or exposure.
- Patients should not wait long in queues to receive pharmaceutical services. This can be achieved by increasing number of staff and points in the facilities were customers receive the service.
- The pharmacy department should be provided with equipments that make their work more efficient like tablet counting machines and computerised dispensing system. This will help them provide a better service to the clients.

Implementing these recommendations will require resources in terms of finance and human resources but it will lead to customer satisfaction and better service delivery in the public health care facilities.

Areas for further research

This study had limitations and the following areas are suggested for further research;

- Include more dimensions of customer satisfaction to get wider information
- Include open ended questions to find out the perceptions of people regarding customer satisfaction in the private and public sector. This will help to get more information especially on the reason behind certain preferences.
- Include open ended questions to find out the reasons for dissatisfaction and what the customers expect from the facilities in terms of service.
- Some respondents used both the government and the private services at the same time. More research should be done to find out why considering that the government services are free and available.
- Future research should also include clients from the private sector.
- Future research should also find out how much the pharmacy personnel know about expectations of their customers and the need for customer satisfaction.
- The study should also be extended to other parts of Namibia.

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