# Satisfaction and loyalty of the Pharmacy customers: a public health issue

## *Satisfaction et fidélité de l'usager d'officine : un enjeu de santé publique*

Xavier MOINIER
Maitre de Conférences en Sciences de Gestion- UFR de Sciences Economiques de Poitiers - Laboratoire CRIEF- EA 2249

Liliane BONNAL
Professeur en Sciences Economiques - Université de Poitiers, UFR de Sciences Économiques Laboratoire CRIEF- EA 2249
TSE-R, Université Toulouse 1 – Capitole, France

## ABSTRACT

The pharmacist's role has been reinforced and now occupies a central place in the new public management of health policies, with responsibility for helping to reduce health costs. For the implementation of the pharmacy's relational and transactional strategy, the pharmacist must focus on satisfying customers and keeping them loyal.

In this context, the pharmacist must ensure both the satisfaction and loyalty of patients who choose them in this role. In this paper, we show that there is a strong connection/relationship between satisfaction and loyalty to the pharmacy; moreover, we highlight significant criteria that can help patients and pharmacists build up a relationship based on trust.

### Key-words

*New Public Management, Care path, customers, Satisfaction, Loyalty, Attending pharmacist*

## RÉSUMÉ

Le pharmacien d'officine prend une place centrale dans le nouveau management public des politiques de santé puisque son action est renforcée dans le parcours de soins des usagers. Il lui revient également de participer à la réduction des dépenses de santé.

Pour la mise en œuvre de la stratégie relationnelle et transactionnelle de l'officine, le pharmacien doit s'attacher à satisfaire et à fidéliser les usagers. Dans ce travail, nous montrons qu'il existe une relation forte entre satisfaction et fidélité à l'officine. Nous mettons en évidence des critères importants pouvant aider les usagers et les propriétaires d'officine à développer une relation de confiance, permettant de développer le statut de pharmacien référent d'officine.

### Mots-clés

*Nouveau Management Public, Satisfaction, Fidélité, usagers, Pharmacien - Référent*

Public health policies in France are the focus of particular attention from the government entities responsible for managing health expenditure. Public health is giving full rein to "New Public Management" approaches, especially in managing and controlling the costs it generates (Simonet 2008). Among the healthcare players who are asked to make a significant financial effort are the traditional prescribers, the doctors, who have seen the status of attending physician introduced within the coordinated care pathway, in addition to the dispensers of medicines, the pharmacists. The latter also belong to the healthcare sector and are subject to legal rules in their activities. In addition to the Public Health Code which governs the occupation of pharmacist, there is also a supervisory body (the Order) which ensures that pharmacy practice is conducted in an ethical manner. This gives rise to standards, values, codes and rules of the art to be complied with (Sainsaulieu 1997).

The role of the pharmacist in public health policy is central, since by giving them a monopoly on the dispensing of medicines, the State is delegating a public service to them, especially by the terms of Decree No. 2018-184 of 3 October 2018, on the advice and service provision that may be offered by retail pharmacists with the aim of promoting the improvement or maintenance of the state of health of individuals (Art. R 5125-33-6 and Art. R. 5125-33-7). Furthermore, by authorizing the substitution of medicines in pharmacies, the State enables pharmacists to control the cost of the prescription. The voluntary dispensing of generic medicines in place of the original medicine, in strict compliance with the values associated with public service, should generate significant savings in expenditure on medicinal treatments prescribed by doctors. For the substitution of a medicine to be possible in the context of a given pathology, the health professional has a duty to understand the medication completely and must also enjoy a strong professional identity that is recognised by the patient whose prescription is being modified (Ferchakhi and Cegarra 2014).

Although practitioners still enjoy a monopoly of practice and dispensing, the frameworks governing the profession would seem to pose difficulties today for licensed retail pharmacists. These are related to professional tensions associated with changes in practices, tools and the behaviors of stakeholders (Tissioui *et al.* 2016; Brillet and Gavouille 2014; Dietrich 2010; Brillet and Hulin 2009).

Pharmacies are facing the progressive opening up of their market (Dubar 2010). The monopoly on ownership and dispensing held by pharmacies is based on the principle that the pharmacist is not a trader, but a health professional, and they cannot conduct an offensive marketing strategy for their pharmacies. However, there seems to be a great deal of tension because of the discrepancy between the vision of the Order of Pharmacists, as guarantor of ethical conduct, and the professional reality of pharmacy practice experienced by practitioners. The latter are constrained by public policies which tend to reduce the consumption of reimbursed prescription medicines whose sale price is fixed by the health authorities, the Economic Committee for Healthcare Products (CEPS). The price is generally based on a negotiation with the company exploiting the medicine (failing that, by decision of the Committee), on the basis in particular of the improvement in medical service rendered (ASMR), the price of medicines with the same therapeutic purpose, the sales volumes envisaged, the target population and prices applied abroad. In addition, the "New Public Management" reforms have led to new operational rules in the public health care organizations (Valette and Burellier 2014; Grenier and Bernardini-Perinciolo 2015) which have had consequences for pharmacies.

Nevertheless, pharmacists are benefiting from the development of self-medication, which is encouraged by the State by making medical prescription optional for some medicines [not reimbursable if not prescribed], while their public sale price is no longer governed by the Public Health Code. By giving free access to a large list of medicines, the State is encouraging patients to practice self-medication, arguing that, with education in treatments, users are capable of handling first-line treatments without prescription by a doctor. The Social Security therefore makes a double saving: on the appointment with the prescribing doctor and on the reimbursement of the medicine purchased over the counter. These anticipated savings cannot happen without the mediation of the retail pharmacist and raise questions for the pharmacy "business model". In the case of self-medication, over-the-counter access is under the vigilant eye of the pharmacist (Moinier 2015), with the law stipulating that the

health professional must inform the patient about dosages and other contraindications of the medicines purchased in this way. Self-medication in fact poses the problem of medicine-related iatrogenic risk[1]. Of course, the goal of medicines is to improve or restore the health of patients, but they do sometimes have adverse effects which may be associated with the medicines themselves, a combination with another medicine, an error in compliance or incompatibility with the patient.

This market liberalization has come with a change in the behavior of service users who have taken these changes in practice on board and are consuming over-the-counter medicines. Patients are thus aware of their freedom of choice, find information about medicines themselves, compare prices and ultimately act like consumers with regard to health care purchases and medical services. To do so, they make use of all the dedicated health apps that are available via the connected objects in their possession. This enhances their knowledge about health in general and medicines in particular, but also reduces the asymmetry of information within the sales relationship (Pitt *et al.* 2002).

The advent of the Internet in the medical sphere, with a patient-centered approach, has changed the relationship between the pharmacist, as a healthcare player and dispenser of medicines, and the service user. Patients are better informed and discuss the medicines issued to them more actively with the dispensing practitioner, regarding compliance with treatment and more broadly regarding support in managing their pathology. This medical information gives the patient a new power that promotes their autonomy and changes their relationship with the pharmacist (Durand Salmon and Le Tallec 2014). The pharmacist must provide a relational and transactional approach for service users-consumers. The service user-pharmacy relationship is central in the same way the customer-company relationship is in relational marketing (Oliver 1999), and is based on social interaction and a relational perspective. The transactional approach which serves this exchange is obviously important, since it determines the profitability of the pharmacy, but it considers the transactional exchange as being discontinuous, each transaction being seen as unique and independent of those in the past or in the future (Dwyer *et al.* 1987). Also, to consolidate the place of the pharmacist in the relational strategy with the service user and in the transactional strategy with the consumer for the sale of medicines without prescription, of borderline products (medical devices and food supplements) and of other paramedical products, the licensed retail pharmacist must try to satisfy their patient base and create loyalty in them. These two elements are important for the pharmacist as the patient is free in their choice of pharmacy. In fact, we may think that if the patient is satisfied with their relationship with their pharmacist, they will purchase their pharmaceutical products with or without prescription in this pharmacy and therefore be loyal to this point of sale and its team. We would also like to believe that the satisfaction and loyalty of the service user may lead them to contemplate a contract of trust with their pharmacist who may play the role of attending pharmacist like those in care homes for the dependent elderly and in Belgium (Moinier and Bonnal 2018).

Although mercantile practices have long been ignored by pharmacists, they will need to develop effective transactional pharmacy marketing strategies if they wish to at once fulfil the different tasks which will be allocated to them and the new expectations of patients-consumers. Introduction of these strategies requires a good knowledge of the patient base and its expectations, as well as understanding how to satisfy it and make it loyal. This is what we propose to do in the next part of this research study.

**1** Well known amongst health professionals, iatrogenic risk corresponds to all the harmful consequences for personal or collective state of health of any action or measure practised or prescribed by an authorized health professional which aims to preserve, improve or to restore health. Reduction of iatrogenic risk was defined as a priority by the 1996 Health Conference.

# 1. SATISFACTION AND LOYALTY: an attending role for the pharmacy

Pharmacy marketing strategy today is highly singular insofar as it must incorporate a new business model (Moinier 2009). It revolves around a relational approach to the service user and a transactional approach to the patient-consumer (Dufour and Maisonnas 1997) which necessitates an understanding of the explanatory behavioral variables of the service user-consumer.

## 1.1. A new business model

When issuing medicines on prescription, pharmacists must envisage a relational strategy insofar as they are applying their expertise in dispensing. Here we touch on the concept of trust [not observed in the study] which is a fundamental factor in the duration of a relationship (Chaudhuri and Holbrook 2001) and in the commitment of an individual to a given relationship (Morgan and Hunt 1994). This idea of trust placed in their pharmacist is moreover mentioned by patients especially in relation to helping them to take their treatment correctly since 80% state they have complete trust and 19% have a reasonable amount of trust (Cliquet and Bailly 2017).

More precisely, pharmacists operate within the framework of a delegation of public service which they are granted by the State in terms of the monopoly on dispensing that they enjoy and they occupy a central place in the medical care value chain (Figure 1).

In addition, to strengthen their activity, the draft legislation *MaSanté 2022* wishes to allocate pharmacists broader dispensing powers through the principle of the prescription of medicines in the context of pharmacy consultations. It should be noted that the State has taken an important step by bringing into question the professional identity of the pharmacist, whose role was previously limited to that of the "expert" in dispensing medicines. The introduction of the act of substitution had already opened up a breach by allowing the pharmacist to modify the prescription drafted by the doctor (Art. L5125-23 of the Public Health Code). The pharmacist could dispense a medical treatment requiring a prescription, subject to a Decree specifying the pathologies concerned. Pharmacists would also be able prescribe certain vaccines. The status of corresponding pharmacist authorized by the Social Security Finance law of 2019 (article 29 of the draft Social Security Finance law) allows pharmacy practitioners to renew prescriptions or adjust dosages for chronic diseases. However, this status falls under a specific framework since "*the health professionals concerned (pharmacist and attending physician) must obligatorily be members or signatories of the health project of a multi-disciplinary healthcare center (MSP) and of a primary care team (ESP), including when this is constituted in the form of a multi-disciplinary healthcare center or a professional regional health community guaranteeing a close collaboration with the prescribing physician*" .

The place of pharmacists in the health care pathway and more broadly in the care value chain will therefore be strengthened, by the will of the government entities that pay and also by that of patients.

The sale of OTC medicines and borderline products and more broadly of paramedical products also has an important place in the activity of the pharmacist and in their turnover. It invites them to consider a transactional strategy in their managerial strategy. Effectively the professional identity (Reyes 2013) has been reaffirmed by the public authorities, and even more so since Decree No. 2018-841 of 3 October 2018. In particular, according to article R. 5125-33-6 of the Public Health Code they can:

- Put in place actions of follow-up and pharmaceutical support and ensure the correct use of medicines and monitoring of compliance by analyzing information relating to the patient and all their treatments, with the resulting recommendations being formalized and sent to the attending physician.
- Put in place actions relating to prevention and health promotion among national health strategy priority action areas and contribute to awareness raising and information campaigns on public health topics.
- Send scientifically validated information on prevention methods and diseases to the different

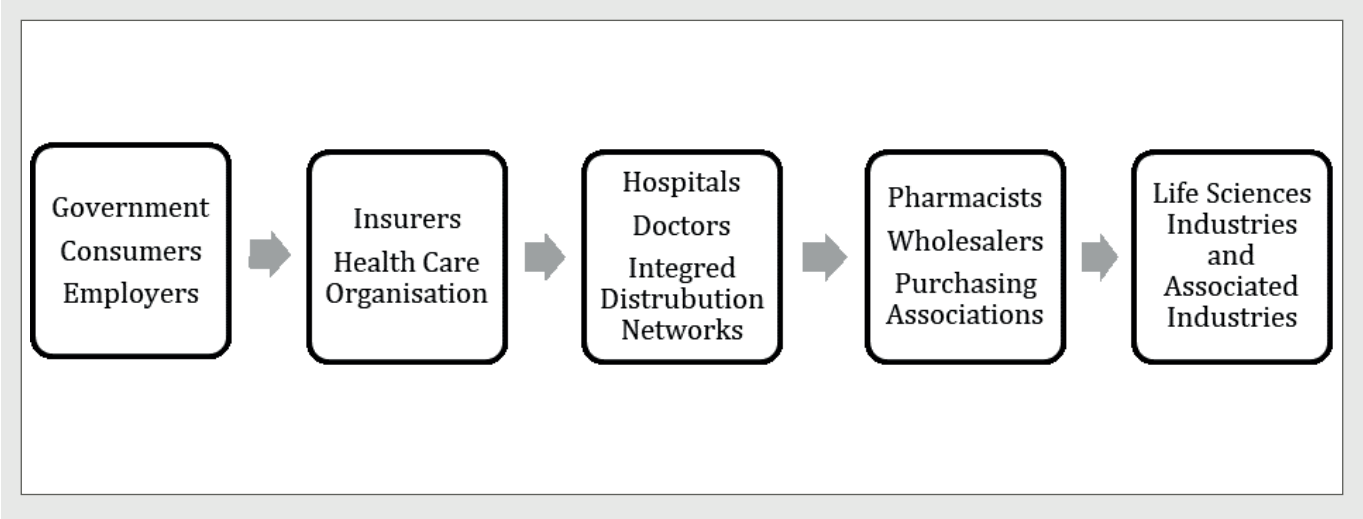


Figure 10 – The medical care value chain (according to Stremersh 2008)

populations concerned, with the intention of delivering an appropriate message that is accessible to the public.

- Take part in actions to evaluate medicines, medical devices, and therapeutic innovations in real life, in collaboration with the health authorities.
- Take part in screening for infectious diseases and non-transmissible diseases.
- Take part in the coordination of care in collaboration with all professionals involved in patient management in compliance with their care pathway coordinated by the attending physician.
- Incorporate the information in the patient's shared medical record and provide feedback to the attending physician with the agreement of the patient.

Practically, pharmacists have the possibility of conducting a dispensing consultation within the framework fixed by article R. 5125-33-7 of the Public Health Code which indicates that they must "*have premises which permit patients to be received individually for this purpose*". The pharmacist, who in terms of pharmacy ethics is not a trader, must strike the right balance between the relational approach with the service user which takes place over a long time and the transactional approach which is more interested in the customers' sensitivity to price.

To do this, the pharmacist must master the explanatory behavioral variables of the service users- consumers frequenting their pharmacy.

## 1.2. Satisfaction, an explanatory behavioral variable

Study of patient-consumer satisfaction allows the pharmacy practices of staff and of the services offered to be appraised and adjusted (Bonnal and Moinier 2014). Pharmacy distribution stakeholders should observe the behavioral variables of service users at their point of sale. Satisfaction is defined as an "emotional state arising from an emotional and cognitive evaluation process that occurs during a specific transaction" (Plichon 1998).The most advanced studies on satisfaction assume a nonlinearity of the factors in satisfaction. In these multifactorial models, the impact of factors in satisfaction or lack of satisfaction (dissatisfaction) may be asymmetrical. Four contributory modes can be identified: I) the "basic" factors which only contribute to dissatisfaction when they are considered negatively but which do not contribute to satisfaction even if they are evaluated positively, II) the "nice-to-have or "plus" or "bonus" factors which only contribute to satisfaction when they are evaluated favorably but which do not play a role in dissatisfaction, III) the "one dimensional" or "key" factors which contribute to satisfaction when they are appraised favorably and which contribute to dissatisfaction when

the evaluation is unfavorable iv) the "indifferent" or "secondary" factors which play little or no part in the level of satisfaction or dissatisfaction.

Satisfaction has been the subject of few studies in the specific context of pharmacy services (Foscht *et al.* 2006; Clerfeuille *et al.* 2009; Bonnal and Moinier 2014). However, it would seem to be a central variable (Vanhamme 2002) for implementation of the transactional and relational strategy of the pharmacy. Satisfying a customer base is to consolidate a commercial relationship which may be long-term. The patient who frequents a pharmacy can expect more than a simple dispensing of medicines when they are faced with a qualified health professional. For our study, consumer satisfaction will be studied using a scale (Foscht *et al.* 2006) tested in the context of pharmaceutical distribution in Austria. Patient information focuses on satisfaction in general with regard to their pharmacy but also on service elements which allow a satisfaction process to be envisaged that is equally emotional and cognitive. Satisfaction seems to strengthen the intention of loyalty (Ngobo and Gharsallah 2004) to the point of sale. The high level of involvement of the individual in the act of purchasing a health and well-being product could accentuate the effect of satisfaction on loyalty to the pharmacy.

## 1.3. Loyalty, a key factor in the care pathway

The managerial changes in pharmacy practices, the opening of personal care outlets in large retail chains and more recently, the introduction of the sale of medicines on internet (Moinier 2015) have led pharmacists to consider loyalty creation among their patient base. Loyalty creation, which is a major preoccupation in mass retail and operates within a context of heightened competition, could become central for pharmacies. Although pharmacy opening / creation is limited by the regulations, loyalty to the pharmacy point of sale is not and the Public Health Code cannot oblige the patient-consumer to frequent a particular pharmacy. Following the changes in the behavior of pharmacy users with respect to pharmaceutical products (substitution, self-medication) the questions of choice of pharmacy and loyalty creation are central. Study of the pharmacy sector shows that beyond the professionalism recognized in pharmacists, loyalty to the pharmacy point of sale is a major element and is at the heart of the managerial thinking of licensed retail pharmacists (Moinier 2009). It cannot be handled as clearly as in traditional commerce since the Public Health Code "*prohibits retail pharmacists from granting their customers bonuses or direct or indirect material benefits, from giving them any objects or products whatever unless these are of negligible value*" (Article R.5053-3). Pharmacists must therefore activate other means to create loyalty to their point of sale in patient-consumers. Satisfaction and pharmacy service elements contributing to satisfaction may help with this loyalty creation. In fact, according to the definition[2] and measurement (main shop, ancillary shop, and occasional shop) of loyalty proposed by Jazi (2006), it appears that the attributes sought for loyalty to a point of sale (price, quality, choice, staff, selection, rapidity of purchase, modernity, layout and services) are relatively similar to those used to measure satisfaction with elements of pharmacy services demonstrated by Foscht *et al.* (2006) (quality / price relationship, listening skills, quality of the services provided and of medicines, availability, and self-service space, advisory skills, expertise, courtesy, confidentiality, medicines in stock, ease of movement and waiting time). The relationship between satisfaction and loyalty, which is well known for competitive points of sale[3], has not been the subject of any study of pharmacies in France. These studies have examined the measurement of loyalty to the point of sale with respect to selection, product range, services and loyalty creation programs. In a transactional approach, most studies demonstrate a positive relationship between satisfaction and loyalty. In the case of a relational approach, the role of satisfaction is not always significant. However, loyalty is above all linked to commitment and trust (Moulin 1998; Lichtlé and Plichon 2008; Hikkepova *et al.* 2015). These elements may be considered important variables in the relationship between the patient and pharmacy staff.

**2** "*Loyalty is a behavioral and attitudinal response that is biased (by the environment and the strategy of the distributor) expressed over time by a decision unit with respect to one or more points of sale*".

**3** The numerous studies on the subject have obtained heterogeneous results (Jazy 2006; Stan, Calciu and Jakobowic 2007; Lichtlé and Plichon 2008).

During a visit to the pharmacy, patients-consumers were invited to respond to a satisfaction survey conducted on digital tablets. This database contained 5 718 observations collected in 60 pharmacies[5]. After specifying their age and sex, each person surveyed:

- rated, on a 7-point Likert scale (delighted - rating of 7, satisfied, mostly satisfied, mixed, neither satisfied /nor dissatisfied, mostly dissatisfied, not satisfied, angered - rating of 1), 10 attributes linked to the point of sale and the point of sale itself (overall satisfaction). These ratings allowed the impact of attributes on overall satisfaction and on patient loyalty to the pharmacy to be measured. The attributes evaluated make reference to the professional identity of the retail pharmacist (courtesy, confidentiality, advice, expertise, listening skills, waiting time, availability, competence) and to the elements of pharmacy services associated with satisfaction, linked to the presentation of products within the point of sale (atmosphere, ease of movement in the pharmacy, ease of finding products, prices.
- specified their attachment to the pharmacy based on two items of information i) the pharmacy was their main pharmacy (yes/no), ii) the type of purchase made (products with or without prescription). This information allowed loyalty to the point of sale to be measured;
- answered the question "Which of these two propositions corresponds best to your expectations of our pharmacy?": "prices and waiting time" or "listening skills and competence" when they come to the pharmacy.

71 % of respondents were women. 82 % stated a preference for listening skills and competence over waiting time and prices. The age distribution was similar to the national distribution. We had a lower percentage of under 30s and a higher percentage of over 60s (Table 1).

Box 1 – Methodology of the survey

They allow an improved understanding of service users – customers, their needs, their expectations and enable more personalized services to be offered (Hikkepova *et al.* 2015) useful both for the relational and the transactional strategy of the pharmacy.

The creation of loyalty in a patient to a pharmacy point of sale would therefore appear to be a dual challenge. The first is immediate and relates to the profitability of the pharmacy which has a duty to generate turnover as all businesses do, even if it operates in a sector in a situation of monopoly as regards the dispensing of medicines. The second is more specific and would depend on the choice of attending pharmacist by patients if this status is introduced. Service users who are loyal to their pharmacy could choose this point of sale within the framework of their care pathway.

## 2. SATISFACTION AND LOYALTY MODEL

In this work, we wish to put the elements that characterize satisfaction and loyalty into perspective. We will attempt to measure the link between satisfaction and loyalty to the pharmacy. We will then be able to envisage the place of the retail pharmacist as an attending health care player for the patient-consumer who is loyal to the point of sale. The analysis was conducted on a sample of customers described in Box 1.

Two variables were constructed in the model: the satisfaction variable and the loyalty variable. The variable characterizing general satisfaction with the point of sale was divided into three classes (positive, neutral and negative) based on the C and RT statistical segmentation method[5]. The grouping into three

**4** These pharmacies were selected randomly on French territory. The tablets were placed in these pharmacies with the agreement of managers. Most of the latter did not want the characteristics of the pharmacies (company name, location) to be used in the study

**5** This method allows ratings for each component to be separated into two or more groups that are as discriminating as possible. This segmentation allows for the procurement of classes for which inter-class variance is maximized, and intra-class variance minimized.

| ATTRIBUTES OF THE PHARMACY | | AVERAGE | STANDARD DEVIATION |
|---|---|---|---|
| waiting time | | 6,23 | 1,14 |
| availability of products in stock | | 6,23 | 1,12 |
| Confidentiality | | 6,39 | 1,05 |
| Courtesy of staff | | 6,63 | 0,86 |
| advice given | | 6,55 | 0,87 |
| staff listening skills | | 6,60 | 0,85 |
| ease of movement | | 6,46 | 0,90 |
| atmosphere of the pharmacy | | 6,45 | 0,93 |
| ease of finding products | | 6,34 | 0,97 |
| price | | 5,88 | 1,23 |
| overall satisfaction with the pharmacy | | 6,42 | 0,88 |
| main pharmacy for purchases | | | |
| - with and without prescrition | | 81,9 | |
| - with prescription only | | 63,7 | |
| - without prescription only | | 59,5 | |
| **INDIVIDUAL CHARACTERISTICS** | | | |
| **Sexe :** | men | 29,4 | |
| | women | 70,6 | |
| **Age :** | under 30 years old | 12,1 | |
| | [30, 40 years [ | 17,1 | |
| | [40, years [ | 19,9 | |
| | [50, 60 years [ | 18,2 | |
| | [60, 70 years [ | 19,4 | |
| | Over 70 years | 13,3 | |

Table 1 – Descriptive statistics

classes gives the classification: positive (ratings 6 and 7); neutral (ratings 4 and 5) and negative (ratings of 1 to 3). These three classes allowed identification of a possible asymmetrical impact of attributes (cf. Ray and Gotteland 2005). The model selected, similar to that used by Ray, Gotteland and Antonietti (2011), was an ordered probit.

The descriptive statistics associated with the satisfaction variable and its attributes seem to indicate that there is a strong link between patients-consumers and their pharmacy (Table 1).

The patients tended to be very satisfied since the overall average satisfaction level was 6.42/7. The listening skills of staff, their sympathy and the advice given were very well rated which supports the role of professional identity. The least well-rated attribute was price (average rating of 5.88/7). This was followed by waiting time and product availability (average rating of 6.3/7). We considered a patient-consumer loyal if they indicated that the point of sale was their main pharmacy (definition adopted by Jazy 2006). 63.7% stated that the pharmacy visited at the time of the survey was their main pharmacy for the purchase of medicines with prescription.

| VARIABLES | | ESTIMATED COEFFICIENTS | | |
|---|---|---|---|---|
| Constant | | 1,212 | *** | (0,14) |
| **Characteristics of the pharmacy** | Reference | | | |
| waiting time | positive | 0,354 | *** | (0,08) |
| | negative | -0,220 | | (0,15) |
| availability of products in stock | positive | 0,412 | *** | (0,08) |
| | negative | -0,036 | | (0,16) |
| confdentiality | positive | 0,044 | | (0,09) |
| | negative | -0,154 | | (0,18) |
| courtesy of staff | positive | 0,294 | ** | (0,12) |
| | negative | -1,037 | *** | (0,29) |
| advice given | positive | 0,399 | *** | (0,12) |
| | negative | 0,442 | | (0,36) |
| staff listening skills | positive | 0,447 | *** | (0,13) |
| | negative | -0,023 | | (0,39) |
| ease of movement | positive | 0,078 | | (0,10) |
| | negative | -0,062 | | (0,23) |
| atmosphere of the pharmacy | positive | 0,418 | *** | (0,10) |
| | negative | -0,452 | * | (0,26) |
| ease of finding products | positive | 0,549 | *** | (0,09) |
| | negative | -0,221 | | (0,20) |
| product prices | positive | 0,799 | *** | (0,08) |
| | | -0,588 | *** | (0,11) |
| Preference for | | | | |
| listening skills and competence | | 0,179 | ** | (0,07) |
| price and waiting time | reference | | | |
| **Individual characteristics** | | | | |
| Sexe : men | | | ns | |
| Age | | | ns | |
| Limite | | 2,600 | *** | (0,12) |

Table 2 – Satisfaction model

*Legend for signifiance threshold : *** 1% ; ** 5% ; * 10%.*
*The values in brackets are standard deviations.*

This level was 59.5% for the purchase of OTC products. Finally, for 81.9% of customers the pharmacy was their main pharmacy regardless of the reason for the visit (with or without prescription).

## 3. RESULTS AND DISCUSSION

Satisfaction and loyalty were modelled conjointly using a bivariate probit model. In the next part of this work, comments were made all else being equal[6].

**6** Three estimations were made for each model: with the attributes of the pharmacy only, with the attributes and the characteristics of the individual (sex and age) and finally the preference for price and waiting time or listening skills and competence was added to the preceding variables. It appears that the effects of attributes are not affected by the inclusion of individual characteristics and / or the answer to the question of preference. In consequence, for satisfaction and loyalty to the point of sale, only the results obtained with all variables are presented in this text. All results are available from the authors on request.

### 3.1. Patient-consumer satisfaction

It seems that for pharmacies there is a marked difference in appraisal from hypermarkets or specialty hypermarkets. The results are given in Table 2. Sex and age do not impact satisfaction or lack of satisfaction. Unlike many other sectors (Darpy and Volle 2012), these two variables are non-discriminatory in the consumer behavior of patients in the health and well-being sector.

The preference for listening skills and competence increases the probability of being satisfied and consequently reduces the probability of not being satisfied[7]. These results show the importance of professional identity (Reyes 2013) which is expected and recognized by the patients-consumers who frequent the pharmacy. Although the profession of pharmacist is undergoing major changes, patient satisfaction is lastingly linked to the values of the pharmacy profession. It seems to confirm the attachment of service users to the delegation of public service which is given to pharmacists as health care players. It shows the extent to which the role of attending pharmacist would be central in terms of attachment to pharmacy professionals (Moinier and Bonnal 2018). For the patient it would involve, like an attending physician, choosing a pharmacist and therefore a pharmacy to which they would go for the dispensing and purchase of medicines. The attending pharmacist would offer a personalized pharmaceutical act which would in particular allow follow-up of treatment and optimization of the use of the pharmaceutical record and would avoid duplication in the dispensing of medicines. In the "new public management" practices, this is ultimately to envisage a reduction in health care expenditure, the pharmacist no longer being remunerated via the margin on the medicine but for the pharmaceutical act.

Two attributes of the pharmacy were considered "secondary" [not having a significant impact on satisfaction]: confidentiality and ease of movement in the pharmacy (space). These results must question practitioners who have continued to wish to highlight their role in the care pathway of patients and to improve merchandising in points of sale. Confidentiality, an essential attribute of public service and of health professionals (because they share knowledge of their patients' pathologies) finally does not contribute or contributes little to the satisfaction or lack of satisfaction of pharmacy service users. It may therefore be considered that the pharmacy is a point of sale like others, open to the public and therefore not very propitious or helpful for the purposes of confidentiality. Envisaging the pharmacy as a traditional point of sale in order to allow customers to wander around the front of the counter area more easily with the aim of optimizing sales of over-the-counter pharmaceutical products also seems a criterion of no consequence for satisfaction. We cannot say that this new organization of the pharmacy has no consequences for sales, but it does not have an impact on patient-consumer satisfaction while this criterion is important in traditional points of sale (Lichtlé *et al.* 2002). There seems to be a duplicity within the pharmacy, insofar as the pharmacist wants to make the most of their sales space to optimize their transactional strategy for the sale of over-the-counter medicines like a conventional trader but also wishes to remain a health professional who prioritizes a relational strategy with the service user above everything else.

Three attributes are considered "key" [which contribute to satisfaction when they are appraised favorably and which contribute to dissatisfaction when the evaluation is unfavorable]: the courtesy of staff, prices and to a lesser extent the atmosphere in the pharmacy. Ray *et al.* (2011) called these components "classic" or "effective". Staff courtesy is therefore an essential element in patient satisfaction or dissatisfaction. The visit to the pharmacy point of sale takes place in a specific context, since customers are above all patients who are affected directly or indirectly by the disease. Staff courtesy becomes key to the extent that the pharmacist is seen as falling within the area of care (Halpern, 2006), meaning the "caring" required by the patient. This point is essential as that which is considered basic in large retail chains is key here. It takes on its full meaning in a long-term relationship that is likely to be triggered by the development of

7 The model considered does not really allow determination of whether the effect of these variables on satisfaction of lack of satisfaction is different. The model proposed by Ray *et al.* (2011) was implemented and the results are comparable to those presented. The results are available from the authors on request.

the status of attending pharmacist. The price attribute as a key element is more surprising as for a very long time it has been considered that the patient who was not paying for medicines did not worry much about their price. The sensitivity of the patient-consumer to price is greater in pharmacies than in large retail chains where the traditional vision of the point of sale by consumers takes for granted an offer at the lowest possible price (Lichtle *et al.* 2002). This shows that competition based on price has found its place in the pharmacy and that patients are also consumers who, although they take advantage of the trend of self-medication and over-the-counter sales of numerous medicines, are evidently attentive to prices which they can compare. The transactional approach of pharmacy practice retains its full place in customer and pharmacy interaction. By choosing an attending pharmacist, the patient would be less tempted to compare with the competition when purchasing non-prescribed medicines, which might be considered an unfair advantage in a pharmacy practice guided by medical ethics. In terms of public health, it is also means avoiding pharmacy nomadism and uncontrolled consumption of medicines.

The atmosphere in the pharmacy, meaning all physical and nonphysical elements of a shop which can be controlled in order to influence the behavior of occupants, is also a key element which directly affects customer satisfaction in the point of sale as in large retail companies. However, we did not question the respondents about the components (background music, lighting, acoustics, shop size, movement, etc.), which are associated with this variable (Plichon 1998) to draw operational lessons.

Waiting time, availability of products in stock, advice given, listening skills of the staff and the ease of finding over-the-counter products are "plus" factors [which only contribute to satisfaction when they are evaluated favorably but which do not play a role in dissatisfaction]. Going to a pharmacy, as we have said, is motivated by a need associated with health and well-being. Marketing studies which deal with consumer behavior show that these criteria are appraised differently during the evaluation of points of sale or outlets referred to as food hypermarkets (GSA) and specialty hypermarkets (GSS). The availability of products in stock, the listening skills of the staff and the ease of finding over-the-counter products are "plus" factors in the context of pharmacy service provision, while they are "secondary" in the context of large retail chains. The availability of products in stock is regulated. It is necessary to ensure the continuity of public service that is incumbent upon licensed retail pharmacists. We can understand that a patient awaiting treatment is satisfied to have it immediately. It is more surprising that they are not dissatisfied when the pharmacy does not have it. In actual fact, it is exceptional that products are out-of-stock in pharmacies which may explain this result. Staff listening skills are important in a "*healthcare*" approach and have a positive effect on satisfaction. Nevertheless, the main purpose of the patient's visit to their pharmacist remains the dispensing of a prescription which can take place without specific counselling from staff (the "drive-through" facilities on some pharmacy points of sale demonstrate this). Finally, the ease of finding over-the-counter products touches on a very recent merchandising practice in pharmacies (presentation of products on accessible shelf displays) which may satisfy service users but which ultimately is not a source of dissatisfaction insofar as the pharmacist can provide this medicine on request. Waiting time is usually a "key" factor [which contributes to satisfaction when it is appraised favorably and which contributes to dissatisfaction when the evaluation is unfavorable] in traditional commerce while it is a "nice-to-have" factor [which only contributes to dissatisfaction when it is evaluated favorably but which does not play a role in dissatisfaction] in the pharmacy setting. Patients are used to waiting for medicines to be dispensed which cannot take place rapidly. They therefore appreciate being served quickly but accept waiting when they are in a pharmacy.

The advice given is a "plus" factor regardless of the sector of activity. It is obviously fundamental for the pharmacy practitioner who wants to be a healthcare player. It is also necessary for the patient who does not expect less of pharmacist than of a salesperson in a large retail store, since as a healthcare professional they are a central player in the care value chain.

In light of the elements of pharmacy services, we can note that patients are sensitive to all the attributes associated with points of sale which contribute to satisfaction. We should now see whether this satisfaction contributes to their loyalty to the point of sale.

| | | All purchases | | | With prescription | | | Without prescription | | |
|---|---|---|---|---|---|---|---|---|---|---|
| SATISFACTION EFFECT | | | | | | | | | | |
| Constant | | -0,642 | *** | (0,09) | -1,421 | *** | (0,09) | -0,412 | *** | (0,08) |
| Satisfaction | positive | 0,713 | *** | (0,08) | 0,821 | *** | (0,08) | 0,599 | *** | (0,07) |
| Neutral (ref) | negative | -0,305 | * | (0,17) | -0,333 | * | (0,17) | -0,239 | | (0,15) |
| Correlation (loyalty, satisfaction) | | -0,212 | *** | (0,05) | -0,261 | *** | (0,05) | -0,155 | *** | (0,05) |
| EFFECT OF SATISFACTION ATTRIBUTES | | | | | | | | | | |
| Constant | | -0,656 | *** | (0,10) | -1,407 | *** | (0,10) | -0,861 | *** | (0,09) |
| **Characteristics of the pharmacy** | Neutral: Réf | | | | | | | | | |
| waiting time | positive | 0,007 | | (0,05) | 0,143 | | (0,14) | -0,032 | | (0,05) |
| | negative | 0,175 | | (0,15) | -0,047 | | (0,06) | 0,134 | | (0,13) |
| availability of products in stock | positive | -0,051 | | (0,07) | 0,069 | | (0,06) | -0,047 | | (0,06) |
| | negative | -0,040 | | (0,10) | -0,013 | | (0,15) | -0,079 | | (0,08) |
| confidentiality | positive | -0,092 | | (0,08) | 0,265 | *** | (0,07) | -0,044 | | (0,06) |
| | negative | -0,072 | | (0,18) | 0,214 | | (0,17) | -0,060 | | (0,16) |
| courtesy of staff | positive | 0,082 | | (0,12) | -0,074 | | (0,12) | 0,003 | | (0,10) |
| | negative | -0,280 | | (0,30) | 0,467 | | (0,32) | -0,419 | | (0,28) |
| advice given | positive | 0,301 | *** | (0,11) | 0,106 | | (0,11) | 0,339 | *** | (0,10) |
| | negative | 0,373 | | (0,37) | -0,459 | | (0,44) | 0,402 | | (0,34) |
| staff listening skills | positive | 0,118 | | (0,13) | 0,081 | | (0,13) | 0,091 | | (0,11) |
| | negative | 0,137 | | (0,40) | 0,467 | | (0,45) | 0,228 | | (0,38) |
| ease of movement | positive | 0,176 | *** | (0,09) | 0,117 | | (0,08) | 0,153 | ** | (0,07) |
| | negative | -0,200 | | (0,22) | -0,176 | | (0,23) | -0,185 | | (0,20) |
| atmosphere of the pharmacy | positive | -0,056 | | (0,10) | -0,109 | | (0,09) | -0,011 | | (0,08) |
| | negative | -0,136 | | (0,26) | 0,064 | | (0,26) | 0,041 | | (0,24) |
| ease of finding products | positive | 0,205 | *** | (0,08) | 0,072 | | (0,07) | 0,116 | * | (0,07) |
| | negative | -0,032 | | (0,21) | 0,160 | | (0,22) | -0,092 | | (0,19) |
| product prices | positive | 0,057 | | (0,05) | 0,429 | *** | (0,05) | 0,061 | | (0,04) |
| | negative | -0,094 | | (0,11) | -0,249 | ** | (0,12) | -0,062 | | (0,10) |
| Preference for | | | | | | | | | | |
| listening skills and competence | | 0,454 | *** | (0,05) | 0,103 | ** | (0,05) | 0,323 | *** | (0,04) |
| price and waiting time | | ref | | | ref | | | ref | | |
| **Individual characteristics** | | | | | | | | | | |
| Men | | 0,065 | | (0,05) | 0,115 | *** | (0,04) | -0,047 | | (0,04) |
| Age | | | | | | | | | | |
| Under 30 years old | | ref | | | ref | | | ref | | |
| [30, 40 years[ | | 0,325 | *** | (0,07) | -0,018 | | (0,07) | 0,362 | *** | (0,06) |
| [40, 50 years[ | | 0,513 | *** | (0,07) | 0,233 | *** | (0,06) | 0,490 | *** | (0,06) |
| [50, 60 years[ | | 0,691 | *** | (0,07) | 0,349 | *** | (0,07) | 0,715 | *** | (0,06) |
| [60, 70 years[ | | 0,979 | *** | (0,07) | 0,520 | *** | (0,06) | 0,915 | *** | (0,06) |
| Over 70 years | | 1,088 | *** | (0,09) | 0,726 | *** | (0,07) | 1,027 | *** | (0,07) |
| Correlation (loyalty, satisfaction) | | 0,134 | *** | (0,04) | 0,100 | ** | (0,04) | 0,123 | *** | (0,04) |

Table 3 – Model of loyalty to the point of sale

*Legend for significance threshold: *** 1%; ** 5% ; * 10%. The values in brackets are standard deviations.*

### 3.2. Loyalty to the point of sale

Table 3 gives the results associated with loyalty to the point of sale I) for all purchases (with and without prescription), II) for products issued without prescription and III) for products issued with prescription. Because of an econometric problem of parameter identification and robustness of results, it was not possible to introduce the variables of satisfaction and pharmacy attributes into the same equation. Consequently, two cases were considered. In the first, we considered solely the satisfaction variable and in the second solely pharmacy attributes.

The probability of being loyal to the point of sale increases with age. Loyalty appears later for the purchase of OTC products. These results comply with those in the literature, which show that there is considerable volatility among young consumers (Desjeux 2005) while with age, consumers become more loyal. In the health and well-being sector, going to pharmacies is logically correlated with patient age: the older the patient the more they have recourse to the dispensing of medicines. The loyalty relationship with the pharmacy is long-term. Patients, as we have mentioned, are attached to the knowledge and expertise of the pharmacist (professional identity) and will not be inclined to take the risk of changing pharmacy when they have forged a relationship of trust with the pharmacy practitioner. The introduction of the status of attending pharmacist, which is desired by the patient, should be able to rely on this loyalty relationship (Moinier and Bonnal 2018).

The effect of sex depends on the type of purchase. Loyalty to the point of sale is observed only for men making purchases of OTC products prescription: they are loyal to their point of sale when it involves purchasing products without a prescription and they are not loyal for prescription medicines.

With regard to satisfaction, here again, regardless of the type of purchase made, being satisfied increases the probability of being loyal to the point of sale. The inclusion of three classes (positive, neutral and negative) shows that the probability of being loyal increases when satisfaction is rated positively. Generally, not being satisfied with the point of sale decreases, as does the probability of being loyalty to the pharmacy, to a lesser extent. This result remains true when the patient goes to the pharmacy to purchase medicines without prescription. This positive relationship between loyalty and satisfaction is in line with the results obtained for more conventional points of sale. Assuming that the status of attending pharmacist is introduced, this result is important. In pharmacy practices, the accent will need to be placed on service elements that contribute to satisfaction. In addition to the commercial benefit, practitioners who are attending pharmacists should be more in demand.

Consideration of the different attributes associated with pharmacies allows us to clarify the results[8]. The model shows that some attributes have an effect on loyalty only when they are rated positively. Being satisfied with the advice given increases the probability of being loyal to the point of sale particularly when it involves obtaining prescribed medicines. This attribute is associated with the professional expertise of the pharmacist who remains a health professional. The pharmacy is a place where the patient comes for the dispensing of medical products which requires medical expertise which argues for a possible status of attending pharmacist.

Ease of movement in the pharmacy and ease of finding products are two attributes which warrant the attention of practitioners. Here, two important variables are found that are mentioned in studies dealing with mass retail (Lichtlé *et al.* 2002; Croizean *et al.* 2009) in the new design of points of sale involving organization of the front of counter area. It is understood that wandering around the pharmacy is important if it facilitates access to over-the-counter products. Despite everything, these points are not essential to consumers who frequent the pharmacy regularly to purchase products without prescription. These consumers prioritize confidentiality and price. Concerning this attribute, the probability of being loyal to the point of sale increases when the prices are judged positively and reduces when the prices are judged negatively.

**8** The positive and significant coefficient of correlation between satisfaction and loyalty confirms the previous result: the factors not observed in the survey (and therefore not taken into account in these relationships) would impact satisfaction and loyalty the same way if they were observed. Here we may make reference to attributes such as the location of the pharmacy or the customer or again access to the pharmacy.

From a managerial point of view, these results suggest that pharmacists should think of their pharmacy as traditional points of sale where service users can operate as the consumers that they have become, looking for competitive prices for non-prescription products. Pharmacists will therefore have to adapt their strategies to create loyalty in customers and satisfy them according to the type of purchase made. It remains no less essential that service users with the preference for listening skills and competence have a greater probability of being loyal to the point of sale and that professional identity remains central to satisfaction and loyalty to the point of sale.

## CONCLUSION

Our study on satisfaction and loyalty is based on a sample of service users questioned in a pharmacy which proved to be theirs and with which they were satisfied. Such a sample certainly led us to overestimate the probability of being satisfied. These service users are loyal and we have also been able to identify the satisfaction factors that explain this. However, we can assume that this loyalty is inevitable for some people, especially for the elderly and persons living in a rural area, or lack of an alternative. The database used did not allow pharmacies to be located or a link to be made with patient domiciles. A rural/urban comparison would perhaps highlight the different expectations of service users and the diverse managerial practices of pharmacies in the practice of the pharmacy profession, as Reyes suggested (2013) when he mentioned a dual professional identity of the pharmacist, one that prioritizes a health care role, the other the role of distributor. Study of the health and well-being sector in the specific setting of the pharmacy offers professionals important managerial perspectives. Licensed retail pharmacists, with a monopoly on ownership and dispensing, have long ignored the analysis of the consumer behavior of service users, as they considered that the patient was not a consumer. The changes in the pharmaceutical distribution sector today are obliging them to take on board the behavioral variables of consumers, which are classically used by the mass retail players. Our

| | |
|---|---|
| **Services and Advice** | ▪ Sending prescriptions via the internet and recovery of products at the pharmacy point of sale<br>▪ Home delivery of medicines<br>▪ Communication between the pharmacy team and health professionals<br>▪ Assistance in making appointments with health professionals Preparation of a pill dispenser<br>▪ Authorization of the sale of health insurance in the pharmacy |
| **Prescription and dispensing** | ▪ Pharmacy consultation<br>▪ Prescription of medicines in the context of pharmacy consultations<br>▪ Authorization to renew some prescriptions<br>▪ Prescribing some vaccines<br>▪ Authorization for the pharmacist to prescribe and interpret laboratory analyses<br>▪ Adjustment of dosages for chronic diseases |

Tableau 4 – new duties of the corresponding pharmacist

work shows that the satisfaction of service users and loyalty to the point of sale are specific when we observe the pharmacy sector. The professional identity which makes a pharmacist "a trader unlike others" allows the profession to take advantage of a satisfaction and loyalty capital. We would like to believe that satisfaction and loyalty to the patient's pharmacy point of sale argue for the implementation of attending pharmacist status in France (Moinier and Bonnal 2018) as is with general practitioners. This idea of attending pharmacist is being taken up today in the government's *Ma Santé 2022* legislation, with government creating the status of corresponding pharmacist. Pharmacists would become, in the same way as attending physicians, an essential link in the patient care pathway. This proposal applied to the pharmacy sector would not be without its consequences and would modify practices on a long-term basis. Contemplating the introduction of attending pharmacies within the framework of public health policy would highlight the role of the pharmacist and recognize pharmacy consultations which are desired by 64% of patients, according to the Avenir Pharmacie study (2017)[9]. The study also indicates that 9 out of 10 patients would favor authorizing pharmacists to renew some prescriptions with the pharmaceutical records being largely created in pharmacies (45.2 million records created between 2007 and 2016)[10]. In acknowledging the principle of attending pharmacists for patients, the State could conduct real monitoring of pharmaceutical expenditure within the framework of new public management. This idea is not new. Such a role exists in some care homes for the elderly. The work of the attending pharmacist occurs in a specific context with the care teams of the structure that administers medical treatment and monitors the patient being treated. Belgium initiated a project of this type in October 2017, with all patients who require it being able to choose an attending pharmacist who will monitor their pharmaceutical care. This system targets patients for whom pharmaceutical monitoring is judged a priority (patients who are chronically ill, patients with a specific need regarding pharmaceutical care etc.) and/or those who consume large amounts of medicines (Moinier and Bonnal 2018). Finally, the conduct of experiments on vaccination against seasonal flu by retail pharmacists (Art. 66, law 2016-2107 of 23 December 2016 on Social Security Finance for 2017), illustrates the role that the pharmacy practitioner, a health care player, can play in achieving public health goals.

In compliance with the intention of Article L125-1-1 A of the Public Health Code (cf. supra), the introduction of the status of attending pharmacist would definitively acknowledge the major role of the pharmacy practitioner as a health care player. So that patients accept them, it seems crucial to establish a relationship between them and practitioners based on trust and dialogue and consequently on satisfaction (Sirieix and Dubois 1999; Gurviez and Korchia 2002) and loyalty (Moulin 1998; Lichtlé and Plichon 2008, Hikkerova *et al.* 2015). Further, this measure would consolidate the principle of non-competition between pharmacies which is often bypassed in the managerial practices observed (Moinier 2015)

In the medium to long-term, if the monopoly on dispensing reserved for pharmacists in France were to disappear, pharmacy practitioners could leverage this attending pharmacist role without fearing the opening up of the sector to other operators, in particular those in the mass retail sector.

Study of the future of pharmacies (Cliquet and Bailly 2017) and the MaSanté2022 legislation allows us to extrapolate new emerging duties for "the corresponding or attending pharmacist" (Table 4) consolidating the place of this public health care player.

The singularity of pharmacy practice seemed to be being challenged by private players in the healthcare sector, especially those in large retail chains that operate in the sale of paramedical products. In actual fact, pharmacists are seeing their profession being made a lasting component of the care value chain owing to public health challenges, the will of the public authorities and the high expectations of service users. It is up to them to put in place marketing strategies in order to truly take account of changes in the care pathway and the place of the players involved in this. The components of pharmacy services that currently exist, will tomorrow be strengthened by a broader service offer to construct the customer experience.

**9** *op.cit.*

**10** Source: "Le Dossier pharmaceutique", Handbooks of the Ordre National des Pharmaciens, No. 12, November 2017.

We would like to believe that pharmacists will seize the opportunities offered to them to develop a transactional marketing strategy that is essential to their pharmacy activity and is compatible with the challenges of society in terms of public health

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