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**PERSPECTIVES OF CUSTOMERS ON THE COMMUNITY  
PHARMACY SERVICES AVAILABLE IN BANGALORE, INDIA**

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**Mr. Satish Kumar B.P.<sup>1</sup> & Dr. Rakesh Kumar Jat<sup>2</sup>**

<sup>1</sup>*Ph.D. Research Scholar, Department of Pharmacy, Shri. J.J.T. University,  
Rajasthan, India*

<sup>2</sup>*Professor & Ph.D. Guide, Department of Pharmacy, Shri. J.J.T. University,  
Rajasthan, India*

*Corresponding Author - Mr. Satish Kumar B.P.*

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**Abstract:**

*An instrument that rated overall satisfaction with pharmacy services was used to conduct research on people's thoughts towards pharmacy services. The patient's perspective on the available pharmacy services, as well as their expectations for such services, was the primary emphasis of the instrument. The instrument had a total of twenty questions, all of which were categorised into one of eight distinct dimensions based on their level of similarity to one another. These dimensions were as follows: general satisfaction; interpersonal skill; evaluation; gathering non-medical information; trust; helping patients; explanation; and finances. The participants in the study were members of the general public who were above the age of 18 years old. The sampling method used was chance random sampling. The participants' opinions on the kinds of pharmacy services that are available now and those that are preferred were the primary focus of this study's outcome measurement. There will be a presentation of descriptive data for the satisfaction dimension score. A comparison was made between the levels of satisfaction felt by those with varying demographic profiles on the various aspects. The findings of the research showed that there are considerable differences between the sexes in terms of both general satisfaction and interpersonal competence. Helping patients, evaluating situations, and explaining things were all areas in which the various age groups shown quite different levels of competence. The education level of the pharmacist was shown to have a substantial impact on their ability to evaluate, gather information that is not medically related, assist patients, and explain complex concepts. A total satisfaction dimension score of 56.83 percent was achieved in the existing practise, whereas a score of 68.83 percent was achieved in the intended practise. The growth of the pharmacy profession in our nation will be directly correlated to the increased visibility of pharmacy services continuing education programmes for working pharmacists.*

**Keywords: Community Pharmacy Services, Consumer Satisfaction, Professional Practice, India**

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**Introduction:**

An individual's evaluation of the degree to which a good or service satisfies their need for a pleasant level of consumption-related fulfilment is what we mean when we talk about satisfaction [1, 2].

The "assessment" of a product or service that elicits some kind of emotional response from the customer is what leads to satisfaction. An person will form an opinion about how effectively the service was performed, and this opinion will result in either pleasure or discomfort depending on whether the individual is satisfied or dissatisfied with the service. There is a problem that is unique to the profession of pharmacy and to pharmacists who provide pharmaceutical care, and that problem is that many patients do not know what to expect from their interactions with their pharmacists, or their expectations are set so low that they are easily satisfied. This is a problem that is unique to the profession of pharmacy and to pharmacists who provide pharmaceutical care. Even if patients do not presently anticipate receiving pharmaceutical care services, according to Farris and colleagues' argument, pharmacists should nevertheless strive to deliver the highest possible degree of care for their patients.

Aharony and Strasser [3], in their review of the research on patient

satisfaction, made the observation and came to the conclusion that "while research has not yet found a simple, direct correlation between patient satisfaction and improved outcome, satisfied patients seem to be more likely to comply with their treatment." In light of the findings that Aharony and Strasser have uncovered, there are a number of significant repercussions that can be drawn for the field of pharmacy. To begin, from a commercial point of view, delighted individuals have a greater propensity to continue using health care services and to have a connection with a certain health care practitioner. Patients who leave a pharmacy satisfied are likely to return again and again, demonstrating their commitment to that pharmacy. They could even be inclined to suggest its services to those they know who need them. One can draw the conclusion that this will facilitate the provision of pharmaceutical care, their clinical outcomes will be superior due to improved adherence, and from a legal or risk management perspective, satisfied patients are less likely to complain to professional boards or societies. This is because satisfied patients comply with their medical regimen (including their medications), participate in their own treatment, and cooperate with their health-care providers. According to Williams [4], who developed this notion of patient

satisfaction, in order to quantify satisfaction, one must first make an effort to comprehend how patients think about and rate the health care services they get. Fortunately, during the last several years, a substantial amount of research has been conducted to explore the elements that determine the level of satisfaction that patients have with their experiences in pharmacies. The vast bulk of this study's work was carried out in various community pharmacy settings. It is possible for pharmacists to employ validated questionnaires that have been derived from a variety of research studies in order to conduct patient satisfaction evaluations inside their own pharmacies. Given the challenges involved in developing their own survey, it is strongly recommended that pharmacists use one of these surveys rather than developing their own survey. Given the challenges involved in developing a valid and reliable instrument that adequately measures satisfaction, it is difficult for pharmacists to develop their own survey. Patient satisfaction is a main result that may be conceptualised as the degree to which a person's needs and desires are satisfied. [5] Measures of patient satisfaction are increasingly being used to evaluate the competence of health care professionals and the quality of service, especially when it comes to measuring patient satisfaction

in relation to continuity of care. [6-8] A tetra-class model was used to evaluate the changes in the consumer satisfaction from the pharmacy services that were provided. This model enables the manager to see if there are significant changes in the consumer classification of service elements and to create measures for improving the overall quality of the pharmacy's services. [9] Research has shown that happy patients have a more constructive connection with their health care provider [10,11], and they are also more likely to continue to make use of the services provided by that provider. [12,13] The body of research that has been done on this subject provides support for the concept that one's level of satisfaction is a consequence of their expectations. Studies that have been described in the pharmacy literature have investigated the link between expectations and levels of satisfaction. [14-16] It is likely that a large number of community pharmacists are unaware of the high level of expectation placed on them by the general population in regards to advising them on matters including drugs, minor illnesses, and general health education. The purpose of this research was to determine how the general public views the level of service provided by community pharmacists, as well as the level of service the general

public anticipates receiving from those pharmacists.

### **Literature Review:**

In their review of patient satisfaction literature, Aharony & Strasser observed and concluded that 'while research has not yet found a simple, direct correlation between patient satisfaction and improved outcome, satisfied patients seem more likely to comply with their treatment. Given the observation that Aharony & Strasser have made there are some important implications for the profession of pharmacy.

### **Research Methodology:**

The results and discussion that are provided in this article are based on the data that was gathered from a research that investigated how customers perceive and feel about the services offered by community pharmacies. The research was carried out in the city of North Bangalore in India, which has a total population of 21,43,605 people who are at least 18 years old. There are around 800-1000 pharmacies in this region of the city. A questionnaire that was built from instruments used in prior research was used in the survey that was carried out to determine how the general public feels about pharmacies. The research comprised participants from the general public who

were above the age of 18, and a random chance sample was taken from the population. The interviewer went door-to-door, visiting individuals in their houses as well as bringing the survey form to institutions (schools and colleges) and places of employment (offices and stores). During the process of distributing the questionnaire to potential respondents, it was highlighted that the survey's objective was to gather information from people who really had experience working in pharmacies. Even though the survey was intended to be filled out by the participant on their own, the interviewer offered to fill out the survey form with the participant in the event that this was their preference. Approximately fifteen minutes were needed to complete the questionnaire.

### **Results and Discussion:**

The questionnaires for the study were given out to 600 different clients. The total number of clients that participated in the survey was 564, which resulted in a response rate of 94% (n=564). The response rate among men was 65.8 percent (n = 371), whereas the response rate among females was 34.2 percent (n = 193). In terms of age, 49.6 percent of the respondents were between the ages of 18 and 25 years old (n=280), while just 4.3 percent of the respondents were beyond the age of 55 years old (n=24). In terms of

educational background, the response rate that was highest was obtained from graduates, which was 47.7 percent.

**Consumer's satisfaction dimension score in the current practice:**

In the present practice, a statistically significant difference was detected between males and females in the General Pleasure and Interpersonal Skill dimensions. Females expressed higher satisfaction with these two dimensions, with a mean score of 68.01 percent, whilst males scored 62.95 percent. Different age groups of persons were shown to have statistically significant differences in their levels of general satisfaction, evaluation, helping patients, and explanation. People with ages greater than 55 years old report being more satisfied with the General Satisfaction dimension, which has a mean score of 71.25 percent, whereas people with ages between 26 and 35 years old report being more satisfied with the Evaluation dimension, which has a mean score of 59.76 percent. The younger age group (18-25 years) has a mean score of 57.63 percent for the Helping patients component and 56.85 percent for the Explanation dimension, indicating that they are happy with both of these aspects. Education level was shown to have a substantial impact on the dimensions of evaluating, gathering non-medical information, providing assistance to

patients, and explaining. People with Primary educations report higher levels of satisfaction in the Evaluation and Gathering nonmedical information dimensions, with mean scores of 58.11 and 58.78 percent respectively. On the other hand, people with Higher Secondary educations report higher levels of satisfaction in the Helping patients and Explanation dimensions, with mean scores of 58.09 and 59.17 percent respectively. The Trust and Financial Dimension found no significant differences among the different categories of persons.

**Consumer's satisfaction dimension score in the desired practice:**

The overall dimension score of the ideal practice's many different dimensions was higher than the score of the actual practice's dimensions. The Explanation and Finance dimensions showed a significant difference between males and females, with males desiring for more satisfaction in these dimensions and having a mean score of 70.75 percent and 69.34 percent respectively. This difference was seen among both the Explanation and Finance dimensions. There was not a significant difference found between the age groups, but there was a significant difference found between the education groups in terms of Interpersonal skill, Evaluation, Gathering non-medical information, Helping Patients, and

Explanation dimensions, with consumers with a Higher Secondary education desiring for more satisfaction from these dimensions. By examining the scores of the different aspects for the satisfaction dimension, it was discovered that the present practise exhibited substantial differences in each of the six dimensions, with the exception of the trust and finance component. Consumers who are above the age of 55 and who are female report higher levels of satisfaction with the General Satisfaction factor. This may be due to the fact that these individuals go to the same pharmacy, and as a result, have developed a connection with their pharmacist, unlike men or younger groups of individuals, who do not demonstrate patronage of specific pharmacies. It will be easier to build greater general pleasure with community pharmacy services if the location is convenient, the services are excellent and efficient, the personnel is kind and knowledgeable, and the waiting time for dispensing prescriptions is kept to a minimum. When it comes to satisfaction with interpersonal skills, females report higher levels than professionals and postgraduates. It is essential that communication and the overall happiness of customers be central tenets of pharmacy practise. A better understanding of the services provided by pharmacies would assist both customers and pharmacists in

the development of strong interpersonal skills. In the present practise, the assessment ability of the pharmacist, as well as the acquisition of non-medical information, is not meeting the expectations of the general public's customers. It's possible that this is due to the pharmacist's lack of knowledge or communication skills; if so, this is something that may be rectified by making attendance at continuing education programmes a requirement for licence renewal. The trust component was judged to be adequate by each of the different categories of individuals. People go to pharmacies because they have a great deal of faith in the pharmacists working there. Students, graduates, and persons in the age range of 18 to 25 years believe that the Explanation dimension is strong, while postgraduates believe that the skill is not nearly as strong as it should be. Based on this study, providing explanations should be a skill that a pharmacist is able to do on the go when they are administering medication. According to the results of the poll, pharmacists do not provide explanations on their own initiative until and until they are specifically requested by consumers. The general people has to be made aware of the need to seek an explanation about the pharmaceuticals that are being distributed. The majority of people are just oblivious to the costs



associated with filling their prescriptions. Due to the fact that the research was carried out with a diverse group of individuals from Northern Bangalore, it is

possible that the findings cannot be extrapolated to apply to the whole population of Bangalore. This is one of the study's inherent limitations.

**Figures and Tables:**

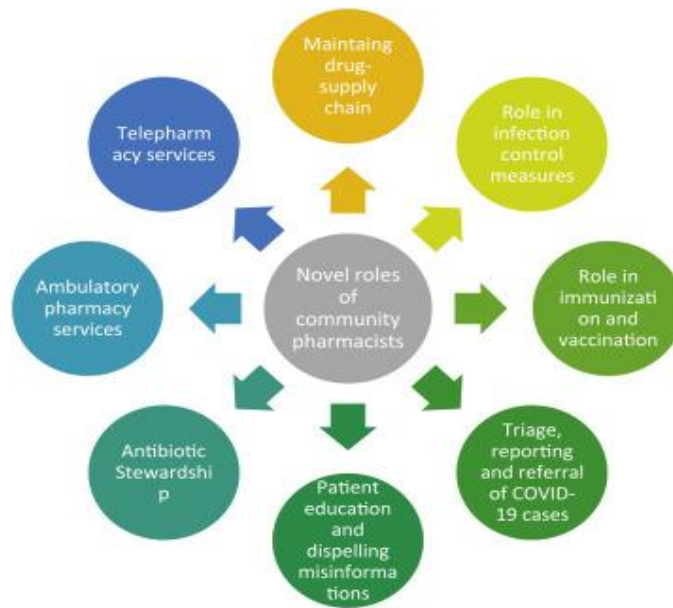


Figure 1. Novel Roles of community pharmacists in the covid-19 pandemic.

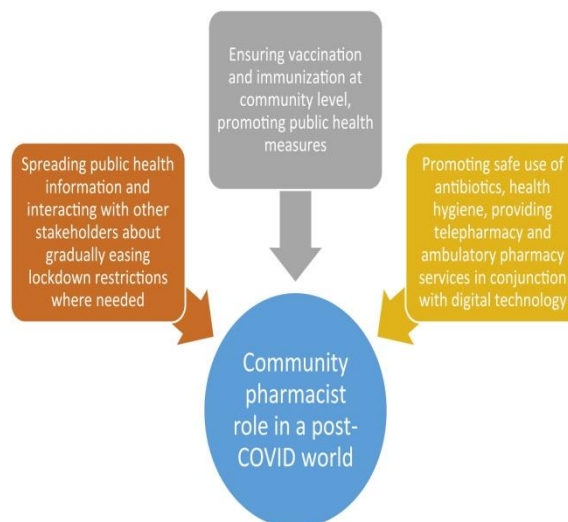


Figure 2. Novel roles of community pharmacists in a post COVID world

**Table 1. Constructed dimensions together with their corresponding objects**

|   |  |
|---|--|
| General Satisfaction                            | My pharmacy is conveniently located  |
|   | I always go to the same pharmacy   |
|   | I am satisfied with the pharmacy services that I receive   |
|   | There are things about the pharmacy services I receive that could be better                              |
|   | I feel my pharmacist is more business oriented than profession oriented.*                                |
| Interpersonal Skill                             | My pharmacist is always friendly   |
|   | My pharmacist spends as much time as necessary with me.  |
|   | If I have a question about my prescription my pharmacist is always available to help me.                 |
| Evaluation                                      | My pharmacist and I discuss about the favorable effects that can be obtained from my medication.         |
| Gathering non-medical information               | My pharmacist and I discuss about what needs to be done in order to get good results from my medication. |
|   | My pharmacist and I discuss about change in my health since my last visit to him or her.                 |
| Trust   | Just talking to my pharmacist makes me feel better.  |
|   | I am confident that my pharmacist dispenses all prescriptions correctly.                                 |
|   | My pharmacist considers my feelings.   |
| Helping patients                                | My pharmacist helps me to avoid unnecessary costs related to my prescription.                            |
|   | I can talk freely about my problems with my pharmacist.  |
| Explanation                                     | My pharmacist asks me question to make sure my medications are working properly.                         |
|   | My pharmacist does not tell me how to take my prescription medication.*                                  |
|   | My pharmacist never explains what my medication does.*   |
| Finance   | The amount my pharmacy charges me for my prescription drugs are too high.                                |
| *Negative worded statements are reverse scored. |  |

**Conclusion:**

The conclusion that may be drawn from the findings of the research can be looked at from two different perspectives. One from the perspective of the general population, and another from the perspective of pharmacists. The general public has to be educated about the functions that pharmacists do so that they are aware of the kinds of services they might anticipate receiving from pharmacies. There are a lot of pharmacists now in practise who are ignorant of their professional obligations. The fundamental factors that contribute to this condition are the amount of formal professional education, an individual's interest in the practise, the impact of regulatory authorities, and the motivation of practicing pharmacists towards the profession of pharmacy. In India, the practise of community pharmacy has gone

*Mr. Satish Kumar B.P. & Dr. Rakesh Kumar Jat*

through a lot of shifts over the course of the previous ten years. A continuing education programme will be helpful in improving the knowledge base of professional pharmacists in order to better serve patients. Motivating pharmacists to provide quality pharmaceutical treatment may be accomplished by paying them an appropriate price. The field of pharmacy in India has to address the issue of professionalism sooner rather than later. It is imperative that educational institutions and professional organisations in India take the initiative to revamp the curricula of their respective programmes in order to keep up with the rapidly evolving requirements of the pharmaceutical industry.

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