

Marketing of Pharmacy Services

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Marketing pharmaceutical care [and other professional services] is not the responsibility of the few innovative pharmacists who try it first. Rather, it is the responsibility of everyone in the profession.

Charles D. Hepler

Introduction

When one hears the word marketing different thoughts come up, such as the advertising of alcohol and tobacco, or those telemarketing calls that you find irritating, and how it can disrupt life, or how it leads to overconsumption. While we need to recognize that marketing can be and has been used in less than ideal ways, it has also been used to better society. For example, marketing is used in public education campaigns, such as the importance of getting the necessary vaccinations, to ways that tobacco harms the user and others around, or the dangers of consuming too much alcohol; this method is what is referred to as social marketing.

When people talk of marketing they have many misconceptions, such as it is just the promotion part; as an analogy, this is similar to the misconception many have that pharmacists simply count pills. According to Kotler (n.d.) marketing is defined as " . . . the science and art of exploring, creating, and delivering value to satisfy the needs of a target market." In layperson's terms, marketing is the process of determining the needs and/or wants of potential users/buyers and then providing products (goods and/or services) that meet or exceed expectations. Marketing occurs only when there is an exchange among two or more parties in which something of value is exchanged; for example, when a patient comes to your pharmacy to have a prescription filled, you provide the good (medications) and service (professional counselling) in exchange for payment (this can be out-of-pocket, government insurance, third-party insurance, etc.).

There are two ways to view marketing exchanges in your pharmacy: isolated, individual transactions where there is no expectation for future exchanges, commonly referred to as transactional marketing; or a series of transactions over time where a relationship is formed and is nurtured, and this is commonly referred to as relationship marketing. In most out-patient and community pharmacies relationship, marketing should be the goal as you want to form long-term relationships with your patients and therefore earn their loyalty; it is much more efficient and cheaper to retain customers than it is to continually try and attract new ones. Transactional marketing may be used in an in-patient setting where the patient has an acute illness and is less likely to interact, if at all, with the hospital pharmacist. For a more in-depth discussion on relationship marketing and its uses in pharmacy, see Doucette and McDonough (2002).

There are parallel characteristics between relationship marketing and pharmaceutical care:

<i>Relationship Marketing</i>		<i>Pharmaceutical Care</i>
Develop a relationship with customer	→	Establish therapeutic relationship
Collect and manage customer information	→	Assess and record patient needs
Individualize your services to customers	→	Create an individualized care plan
Involve front-line personnel	→	Delegate clerical tasks to free up time for professional duties
Emphasize long-term outcomes	→	Monitor impact on patient outcomes

Ultimately a patient seeks health care because of a known illness (acute or chronic), accident, or injury. Where they seek care depends on ones' previous experiences, family and friends, employers, etc. This is where pharmacists can play a greater role in having patients' and others they have formal or informal relationships with aware of what pharmacists can do to help treat or prevent a need for health care. In this chapter, you will learn about the basics of marketing and how it can be used to enhance practice.

NOTE: patient, consumer, client, and customer may be used in this chapter—ultimately, they all refer to the individual(s) that are the focus of a pharmacists' professional roles.

As highlighted by [Holdford \(2015\)](#), there are some issues in marketing community pharmacist services, including:

- Control of practice by non-pharmacists;
- Product (tangible good) orientation;
- Conflicting professional and business roles; and
- Poorly defined image of pharmacists among the general public.

Marketing to most is synonymous with promotion, but promotion is one of the "4 Ps"; that is, marketing consists of the marketing mix, or "4 Ps", of product, price, place, and promotion. Ultimately marketing is about getting the right goods and/or services, to the right people, at the right place, time, and price, using the right promotional methods.

With the ever-changing scope of pharmacy practice it is becoming increasingly necessary for pharmacists to promote professional services they can offer. Just because you have advanced education in cardiology and provide the most comprehensive patient care does not mean that people will seek out your services; you need to design your services with the patient in mind and then communicate the benefits of your service offering. "If you build it they will come" for the most part does not work in health care, especially when patients do not always know what is best for them, particularly in the more preventative, public health role many pharmacists assume that does not seek to treat a condition but prevent it. Added to this is that many outside of the profession ascribe to the old model of pharmacy, its distribution function, and tangible products.

It must be acknowledged that most patients do not want the products (goods and/or services) they receive; this is called negative demand, and many times a patient does not want to take the metformin or atorvastatin prescribed, those are negative products. Yes, they can improve one's health and reduce the likelihood of disease progression, but one does not typically want to take medication; however with good counseling they will see why they need to take the medication.

Pharmacists that can demonstrate their value are much more likely to succeed in practice. Marketing is a tool that pharmacists can use to demonstrate value by understanding their target market. A market is a group of people that share a need or want that can be satisfied through exchange relationships formed when using the tools of marketing. Target marketing focuses on the target market, which is the set of actual (current) and potential patients/customers for your product(s).

It is essential to avoid marketing myopia that occurs when an organization, like a community pharmacy, focuses on what they want to provide patients/customers instead of figuring out what the market (patients/customer) needs or wants ([Levitt, 2004](#)). When you focus on what you want to provide myopia (shortsightedness) may occur and as a result the target market is not having its needs and wants met.

Another factor to consider when examining your product offering and how you serve your target market is the concept of value and satisfaction. As many patients/customers cannot completely evaluate the service provided by a pharmacist they may look for other aspects that they can evaluate, such as the tone of voice of the pharmacist, the physical infrastructure of the pharmacy, the clothing worn by the pharmacy team, etc. If a patient/customer visits a pharmacy and expects the pharmacist to be friendly and the service delivered is above the expectation, then the patient/customer is highly satisfied; however, if because of previous interactions with the pharmacist the patient/customer expects a high level of service and it does not meet expectation, then satisfaction will be low.

Therefore, pharmacy as a profession should work to educate the general public on what pharmacists do and can do. There is still the common misconception of the "count, pour, lick, stick" image of pharmacists that primarily centers on the distribution functions of pharmacists and the role pharmacists played in the past. In most jurisdictions, however, where community pharmacies are businesses, most of the promotional efforts to enhance the image of pharmacists' center on the image of the pharmacist practicing for a specific employer, and not what pharmacists as a whole do and can do; for example, "your Company pharmacist can prescribe for . . ." instead of stating that "pharmacists can prescribe for . . ." As a result, it is up to individual pharmacists and professional advocacy organizations to educate the public on the role of pharmacists.

Marketing Research

Before undertaking a change in one's practice or wanting to promote a product offering, one must conduct marketing research so that what is offered to the market is what the market needs or wants; otherwise, one risks suffering from marketing myopia and not meeting the needs of the market. Marketing research involves the analysis of markets, current and/or potential, to determine what is currently offered, any opportunities and challenges, and to obtain the requisite information to make strategic decisions for marketing programs.

In collecting data there are two main forms to consider: primary data and secondary data. When conducting primary data research information is collected directly from the original source to solve a problem. Primary data are collected when there is no current, or sufficient, data to inform your decision making. Whereas secondary data are information that has already been collected for a purpose other than what you want information for, but it can be used to inform your decision. The benefit of primary data is

that you can ask very specific questions that require answers in order to make decisions; as a result, primary data are more expensive than secondary data. The benefit of secondary data is that the data has already been collected and therefore is cheaper than primary data; however, the downside is that because the data were collected for another purpose it may not adequately answer the questions you have. There is a good likelihood that you may have to obtain both primary and secondary data. Of note is that the patient database you have in your pharmacy is a rich source of data; it can allow you to see what medications are dispensed most often, how often patients have prescriptions filled (adherence), what conditions patients have, etc. and you can better target a specific segment of patients.

In obtaining secondary data you will want to understand how the data were collected; was it collected as part of a government census, were focus groups used, for what reason(s) was the data originally collected, etc.? Once you make the decision that primary data will need to be collected as there is no or insufficient existing secondary data, there are three broad methods of primary marketing research: survey; observation; and experiment.

Survey data collection involves gathering data, usually via a questionnaire, directly from respondents to obtain facts, opinions, and attitudes. If your organization does not have employees that are able to perform a survey you will likely want to hire a marketing research company to develop the survey questions and collect the data. Data may be collected via a telephone survey, through a mail self-administered survey, when interacting with patients at the pharmacy, or even a consumer intercept where consumers in the pharmacy are asked to fill out a questionnaire. There are other considerations to take into account when collecting data via survey, such as will there be an incentive to participate.

Observation primary data collection occurs by observing participants' actions without directly interacting with them. This can be done in person or could also be done by watching collected video. Observation can be useful when wanting to see the route customers take, once they have entered the store, to arrive at the pharmacy counter; this data can help in how you merchandise the route most often taken so that you can "encourage" other purchases. You may also want to understand whether a patient that drops off a new prescription stays in the store, and if so, what do they do, such as sit in the patient waiting area or wandering the store.

The final method of primary data collection is an experiment where you change one or more variables while observing the impact of the change on another variable. For example, you may want to see how workflow changes when you have pharmacists counsel patients when they drop off a new prescription, as opposed to when they pick up their medication; when conducting the experiment you may ask for feedback from patients and pharmacists on how they were affected by the changes and if the changes were generally positive or negative. Once that data is collected you can analyze it to inform your strategy.

In general, market research should: define the issue/problem; analyze the situation and choose a method of research; get problem-specific data, analyze and interpret data; and solve the problem/make recommendations. When conducting your marketing research, you should also include an environmental scan of the practice environment. The five factors in environmental scanning are: political and legal factors (e.g. regulations); technological factors (e.g. technical infrastructure in place); socio-cultural factors (e.g. demographics, culture, values, etc.); competitive factors (e.g. nearest competitors, speed, etc.); and economic factors (e.g. boom or recession, GDP, unemployment, third-party insurance, etc.).

One needs to consider the market that will be targeted with marketing efforts. A market is the set of actual and potential consumers of a product; these people share a need or want. For example, you may target patients who have been recently diagnosed with Type II diabetes for a program provided by a Certified Diabetes Educator pharmacist from your pharmacy; while those outside of your target market may find benefit, such as patients who have had Type II diabetes for a while, when targeting your marketing efforts you want to best communicate with your target market – those you recruit from outside your target market are a bonus! Some variables to consider in defining your target market include: the size and potential for growth of the target market; how "easy" is it to reach this target market; if the goal is profitability, is it going to be profitable; the nature of the market, such as highly competitive; and the nature of the organization (if you are a pharmacy that is a part of a discount retailer you are not going to try and charge a premium price as this will not match the nature of your organization).

The Marketing Mix

Marketing is about getting the right goods and/or services (products), to the right people (target market), at the right place, time and price, using the right promotion techniques. This can be achieved by using the marketing mix, or what is commonly referred to as the "4 Ps": product, price, place, and promotion (see [Table 1](#)). The 4Ps of Marketing were first introduced in 1967 by Philip Kotler in his book *Marketing Management* (Kotler and Keller, 2014). When the product is a service, there are three additional Ps: people, processes, and physical evidence (Kotler et al., 2002).

Another way to view the 4Ps is to remember that products provide consumer solutions, price represents consumer costs (financial and non-financial), place provides convenience, and promotion enables two-way communication.

Product

Many use the marketing term "product" in reference to a tangible item, however, products can be tangible and/or intangible items. If one remembers that in marketing a product can be anything satisfying a need or want, tangible and/or intangible, the application of marketing in pharmacy is better aligned.

Table 1 The Marketing Mix

<i>Term</i>	<i>Definition</i>
The 4Ps	
Products (service and/or good)	Provide customer/patient solutions to a need or want. For example, in a community pharmacy the products offered are a combination of goods, tangible items such as prescription medications, and services, intangible items such as tobacco cessation counselling. As well, a product can also mean an experience someone has, such as going to an amusement park, a community pharmacy, or a Cirque du Soleil show; however, for the purposes of this chapter a product will refer to a good and/or service.
Price	Represents consumer/patient costs, such as the financial cost to obtain a product (both for the patient and potentially other payers, such as insurance companies), but one needs to consider non-financial costs of obtaining a product, such as time and convenience.
Place	Provides convenience for the target market. For example, providing services at the community pharmacy may be convenient for pharmacists providing the service; however, it may be more advantageous to provide the service at a community center, or in the patient's home. Another example of place, primarily in regard to community pharmacies in the US, is drive thru pharmacies. While many within the profession view this as negative since drive thru windows are associated with fast food restaurants, it may be more convenient for the parent of an infant to pick up a prescription for amoxicillin to treat a bacterial ear ache at a drive thru window than taking the unwell infant into the pharmacy to pick up the prescription.
Promotion	Enables two-way communication where the provider/organization seeks to communicate, to the market, why the market should choose their organization over others. For example, the convenience of providing flu shots without an appointment versus at a public health clinic. As well, one must be aware of the regulations surrounding promotional efforts as there are restrictions for professionals, including pharmacists, in what is okay to include and what cannot be done, such as direct comparison between two competitors.
Additional 3Ps of services	
People	Are those such as the patient and the service provider, but also includes the customers waiting in line at the pharmacy, the other members of the pharmacy team, etc. For example, if you are counselling a patient on sildenafil, the likelihood of that patient retaining the information increases if it is just the pharmacist and the patient in a private counselling room, and not at the normal pick up counter where other pharmacy staff and customers are in close proximity.
Processes	Involve the policies and procedures that go into providing services to patients. For example, your pharmacy may find it cuts down on errors and costs by having a patient counselled when they drop off their prescription than when they pick it up. As well, many community pharmacies have protocols that the employer wants pharmacy team members to follow so that there is consistency among what a patient will expect among team members but also at other locations of the same pharmacy chain. While we cannot discuss them in this chapter, a good way of understanding the processes of your pharmacy is to create a service blueprint (see Holdford, 2015).
Physical Evidence	Is a key factor in marketing services since the intangible nature of services means that the patient cannot see, touch, or feel the service like they can when the product is a tangible item. As a result, patients will use the physical evidence to evaluate the service, pre- and post-consumption, such as the clothing worn by the pharmacist, how the pharmacy is organized, how easy is it to find parking, etc.

Consumer products can be divided into four types: convenience; shopping; specialty; and unsought. Convenience products are items that an individual buys frequently, immediately, and with little to no comparison and buying effort. These products tend to be priced low, mass advertising is used to be top of mind to consumers, and there are many purchase locations (i.e. there are little to no restrictions on where they can be sold). Examples of convenience products that are available through community pharmacy and other retailers are throat lozenges, regular strength pain relievers, adhesive bandages, etc.; many times these items are placed in locations where a consumer makes an impulse buy, such as beside the cash register or on the bunk-end of an aisle.

The next consumer product type, shopping products, are ones for which the consumer makes the effort to search out alternatives; they tend to be higher in price, bought infrequently, and there are limited locations in which a consumer can buy the product. Within a community pharmacy there are a limited number of shopping products, but an example would be blood glucose meters; some examples of shopping products not directly related to pharmacy are furniture, appliances, vehicles, etc. Specialty products are items that have unique characteristics that require the consumer to go to select few places to obtain the item and are likely to have one place to purchase the item within a given geographic area; these items tend to be higher in price and consumers are willing to expend considerable effort to obtain the specialty products. While there are few examples in pharmacy, specialty products that one can identify would be high priced, imported sports cars, a specific kind/brand of watch, etc.

The final type of consumer products are unsought products. For unsought products the consumer may not know about the product or has heard of it but does not normally think of buying it. Unsought products tend to require significant advertising and personal selling as they are new innovations or are products consumers do not want to think about. Within a community pharmacy examples of unsought products are pregnancy tests and emergency contraception; outside of pharmacy examples include life insurance and cemetery plots.

Products, in particular tangible products, tend to be part of a larger product offering by an organization. An item is simply a specific version of a product, such as cough suppressant for dry coughs. A product line is a group of closely related products such as all

formulations of cough suppressant. Product mix involves all product lines an organization sells, such as cough suppressant, oral pain relievers, first-aid products, etc.; organizations tend to have a portfolio of product mixes that are closely aligned.

The next product consideration is branding; this topic can be quite complex and to completely understand and appreciate branding one subsection of a chapter is not sufficient, but a general overview is provided. A brand is a name, term/slogan, sign, symbol, design or a combination that identifies the seller/maker of a product. Branding is about creating, maintaining, protecting and enhancing goods and services. Branding is defined as “the process involved in creating a unique name and image for a product in the consumers’ mind, mainly through advertising campaigns with a consistent theme. Branding aims to establish a significant and differentiated presence in the market that attracts and retains loyal customers” ([Business Dictionary, 2018](#)).

There are some brands that are so strong that when one sees an image or even font style that most people would know what brand it is; for example, the big “M” is for McDonalds, the silhouette of a shaped bottle is recognized as Coca-Cola, or the image of an apple with a bite out of it is the Apple logo. Community pharmacies, especially chain pharmacies, have distinct brands and use branding to maintain and enhance the brand. Some aspects that represent a brand are the colors used for signage, the uniform that members of the pharmacy team wear, the labels on prescription vials, and others. Branding is even a consideration when developing the protocol pharmacy team members follow when a patient drops off a prescription. When an organization has multiple pharmacies the way a patient is greeted, the questions asked of them, the layout of the front store, etc. are used at all locations as it provides a recognizable way that an interaction will follow in any location. Ultimately the pharmacy wants to maintain brand loyalty, which represents commitment to a specific brand.

Two other aspects of branding to consider are brand awareness and brand recall. Brand awareness is the ability that someone can identify a particular product/brand by viewing the product/logo, packaging, or advertising campaign; for example, if shown the logo for a chain pharmacy and you are able to name the brand it implies brand awareness. Brand recall is the ability of someone, when prompted, to correctly name a brand from memory; for example, asking individuals what brand comes to mind when you say name the first community pharmacy you think of.

The ideal brand is one that is used in reference to all products in that category, a generalized brand/trademark. For example, many people will ask “where can I find a Band-Aid”; however, Band-Aid is a brand of adhesive bandages. Another familiar generalized brand is Q-tips, which is a brand of cotton swabs, not the name of all cotton swabs.

Products go through the four stages of a product lifecycle: introduction; growth; maturity; and decline. This is not to say that all products will experience a decline, but it does make one recognize that a product line or product mix should be maintained to have a diverse portfolio of products that will be in various stages. A brief, general overview of the product lifecycle is discussed below.

The initial stage is the introduction stage; during this time profits are below zero because of the costs involved in bringing the product to market and sales are just beginning. If it is a completely new product the adoption of the product is likely to be slow because you need to promote to your target market about the features of your product and its benefits. In health care consider the introduction stage that occurs for a new to the market branded pharmaceutical—efforts are immense to get the message out to the target market and encourage product trial (many times this may be done through samples of the medication given to physicians).

Next is the growth stage where sales rise quickly as do profits (sales and profits are used here, but it could be product adoption that is the goal of a non-profit organization). In this stage, if first to market or the leader in the category, one needs to constantly be monitoring how competitors are reacting to increase the chances that your product will survive long term; as well, in this stage sales continue to grow and profits peak and begin to decline as competitors enter the market.

In the maturity stage, sales reach peak and then begin to decline as more competitors enter the market; as well, profits decrease during this stage. As a result, if a product is doing well in the market an organization, to maintain market share, will have to invest in promotional efforts which also contribute to decreasing profits. The final stage is the decline stage when sales and profits fall rapidly. At this point one has to consider making improvements to products to stay in the market, especially if there are advancements made by competitors. Another reason for a product to fall out of favor is if it was part of a trend that is no longer relevant.

Two other product considerations are product differentiation and product positioning. Product differentiation occurs when a product is created and designed so that consumers perceive it as different from competitors. For example, product differentiation in some drug categories occurs when the drug is approved for a new indication when others in the category are not, or when a company combines two medications to create a combination drug that reduces the number of tablets a patient needs to remember to take. In product positioning, the organization works to create and maintain a certain persona in the consumers’ mind; for example, when evaluating the pain reliever products on the market one may consider what the product is used for (body aches or headaches) and the price of the product (expensive versus inexpensive). Where an organization positions its products will depend on many factors, including the overall brand the organization maintains (e.g. low price, high value, prestige, etc.) and how it is relative to competitors in factors such as how fast it works, how long consumers can expect it to last, etc.

Price

Pricing is a crucial factor in marketing and is also one of the most challenging aspects to control. Each product will require a unique pricing strategy. Some examples of pricing strategy would be wanting to achieve a target profit or ROI (return on investment), building traffic in your pharmacy, achieving a specific market share, creating or maintaining an image, etc. While it is easy to recognize the financial price of a product, one must not forget about the other components of price, including time, energy, and

opportunity costs; it is important not to lose sight of price when offering a product in a non-profit environment as, just because there may be no financial costs to the patient, there are other costs to consider.

Some ways to determine a price are to create a cost-based pricing strategy where price to the consumer is set based on a desired profit margin. There is also demand-based pricing that comes into play when one, through market research, determines the price that the market is willing to pay for your product. Competition-based pricing occurs when prices are set above or below what the competition is charging. Another consideration is a break-even analysis, the point where net income is zero and any profit will come when sales are above the break-even point. When introducing a new product to the market a skimming strategy may be used where prices are set high to maximize profits while there is less competition; on the other end would be penetration pricing strategy where prices are set low to attract consumers and at the same time discourage potential competitors from entering the market.

Place

Place, or distribution, covers the activities that make a product available to consumers when they want to purchase them. In having a narrow view of place, many community pharmacists may only consider place to refer to the pharmacy itself; however, one should consider place in relation to what is best or ideal for the market. In some ways it may be more convenient for you to offer a medication assessment service in the counselling room of your pharmacy, but is that the most convenient place for your patients? For example, your target market is seniors not living in a nursing/care home who could benefit from a medication assessment. Given potential mobility issues, why not go to the patients by renting out a room at a retirement community center where you come to your patients?

In assessing market coverage, the three strategies are intensive, selective, or exclusive. In intensive market coverage the organization puts products in as many places as possible; this provides maximum exposure. The second strategy is selective in which only a select few locations would offer the product; for example, you may only have 4 of 10 community pharmacies in a city dispense vaccinations as intensive coverage would not be the best use of the organization's resources. The final strategy is exclusive market coverage where only one pharmacy in a geographical region offers the product; for example, only one of your pharmacies is given the license to conduct genetic screening to optimize medication use by patients.

Promotion

In its simplest form, promotion is communication that facilitates exchanges among two or more parties by influencing the audience to accept a product. As a reminder, while many examples in this chapter focus on the for-profit community pharmacy environment, all aspects of the marketing mix, including promotion, can be used within a non-profit environment.

The goal of promotion is to stimulate demand for your product(s). For example, a pharmacist at your pharmacy recently became a Certified Respiratory Educator and would like to offer spirometry testing to patients; since most patients would not know what spirometry is and why it would be good to get tested, there will be little to no demand if you do not promote the service. Whether your pharmacy is for- or non-profit promotion is required to inform many stakeholders, including patients, physicians, carers, etc.

Promotion is used to communicate effectively with the market leading to engagement. As a result your promotional strategy must align with the target market so that you are "speaking their language", otherwise you will simply be spending time and money on a flawed strategy. Objectives of promotion are numerous including creating awareness and stimulating demand for your product(s), retaining loyal customers, combating competitors' promotional efforts, reducing sales fluctuation, etc.

A common misconception is that promotion is really advertising; however, advertising is one of the four strategies that make up the promotion mix, which also includes sales promotion, public relations, and personal selling. Advertising is paid, non-personal communication that uses various types of media to communicate with the target market. Mediums used for advertising, with varying costs to consider, include television, direct mail, radio, online social media platforms, etc. Sales promotions are done when an organization promotes certain products, many times offering the products for a discounted price; for example, in winter months many pharmacies have sales promotions for vitamin D supplements.

Public relations are when an organization attempts to earn public understanding, acceptance, and trust in the organization or specific products offered by the organization. Publicity is any information about the organization or its products distributed through the media that is not directly paid for; when seeking publicity, the subject matter must be interesting, relevant, and newsworthy. For example, an organization may put out a media notice that a new professional service is being offered with the hope that media outlets will pick up the story and spread the message; publicity is also used by regulatory and advocacy organizations to inform the public of changes to regulations, increased scope-of-practice, etc. Some advantages to publicity are that it is free, more believable than advertising, and can reach those who may not see or pay attention to commercials; however, the disadvantages to consider include that the media may not pick up the story, they may alter the message, or it could be negative.

Personal selling is when an organization, or its employees, search for prospective customers, and can include face-to-face presentations, service after the sale, etc. Another promotional tool, that is the best form of promotion, is word-of-mouth advertising as it is the cheapest, most believable and most effective; word-of-mouth occurs when a satisfied customer sees value in the product and informs others in their social circle about the product.

Social media platforms are now a major medium for promotional messages. In using social media there are several ways to advertise to specific geographical areas, people of a select age range, people of specific genders, etc. There are some ethical issues that can arise when promoting a product using social media, such as advertising to people that do not realize the message they see is paid advertising. Furthermore, rules and regulations for promotional methods for pharmacists and pharmacies must be understood and followed. For example, most jurisdictions do not allow direct, head-to-head comparison advertising.

Products as a Service

A service is any activity or benefit that is offered to another that is intangible and does not result in the ownership of anything besides the knowledge gained through the service encounter. Services marketing is the component of marketing that focuses on the intangible components of a product. In considering the purchase of tangible products the majority of the time there is a service component to it. When the service is the main component of the transaction this is referred to as the core service, such as a medication review; whereas when the service is performed in support of the sale of a tangible product, it is referred to as supplementary service, such as the expected patient counselling provided when a medication is dispensed.

The goods–services continuum is the recognition that the vast majority of the time products contain components of both goods and services. On the mostly goods side of the equation there are products such as canned foods, whereas on the mostly services side of the equation there are products such as insurance, consulting, or teaching.

Physical evidence centers on where the service is provided. The environment in which the service is delivered can help distinguish your pharmacy from competitors. Depending on the physical evidence provided it may allow you to charge a premium price for your services, or it may reinforce the discount nature of the organization and therefore services are set to reflect the strategy and environment.

Process is the aspects that are involved in providing the service, the systems used. An organization will have its standard operating procedures that allow services to be provided in a relatively consistent manner. Understanding and defining the processes involved in service delivery will help to reduce confusion and promote a consistent service; essentially this lets everyone on the pharmacy team know who does what and when.

The final, obvious component is the people involved in service provision. The employees that interact with customers are the face of the organization and as a result customers evaluate the service based on how the employee(s) deliver it. The people providing the service are essentially the only component of a service that customers can see and interact with.

There are four characteristics of services: inseparability; intangibility; inconsistent; and non-inventoried. Inseparability is the result of the fact that services cannot be separated from providers; as a result the staff providing the service(s) are essential in the provision and quality of the service to patients. Intangibility occurs in the provision of services as they cannot be seen, tasted, felt, heard, or smelled before the service is provided; as a result, it makes it difficult to sample and evaluate a service, and even more so when the service is provided by a professional, such as a pharmacist. The inconsistent nature of service delivery means that the quality of services depends on who provides them and when, where, and how; therefore, you need to acknowledge that almost every time a service is offered it is going to be different and as a result services are difficult to standardize in terms of quality. The final characteristic of services is non-inventoried, meaning that services, unlike goods, cannot be stored for later sale or use; the fluctuating demand for some services can be a challenge to ensure services are provided when required, while at the same time preventing wasted resources by having a supply that exceeds demand. For example, you may provide influenza vaccinations without an appointment, but there will be greater demand at certain times of the day or even days of the week, and time of year so it is key to try and predict demand as best you can to have the optimal number of pharmacists on shift.

There are difficulties for those outside of a profession to adequately assess a professional service. When we examine qualities of a service there are non-search and search considerations (Nelson, 1970; Darby and Karni, 1973; Zeithaml, 1981). Search qualities are factors that one can identify and assess prior to choice and/or consumption; being able to evaluate the qualities ahead of time may be the result of reviews of the service provider (e.g. pharmacist) from past clients. Whereas non-search qualities are ones that cannot be evaluated prior to purchase/consumption. The non-search qualities are broken into experience qualities and credence qualities. Experience qualities are ones that can only be evaluated during or after a service has been provided. Whereas credence qualities can never be meaningfully evaluated even after use/consumption; these credence qualities relate to most aspects of professional services.

On one end of the spectrum of the ability to evaluate products are those high in search attributes, such as clothing, food, a motor vehicle, etc. In the middle, there are attributes high in experience qualities, such as a haircut, yard care, restaurant meals, etc. On the other end of the spectrum, are products hard to evaluate as they are high in credence attributes, such as pharmacy services, legal services, complex surgery, etc.

One method to help reduce fluctuations when providing professional services would be to develop service scripts. As outlined by Holdford (2015), service scripts describe a service performance in a written list of actions; that is, the steps that should be followed in a given circumstance. In the service script you should establish expected actions and responsibilities, standardize procedures, and base it on the best methods available. Service scripts can be developed for a variety of reasons, such as when there is a dispensing error, a patient complains about the cost of a prescription, a prescribing error, and the like. While service scripts attempt to standardize the actions taken during a particular encounter, as health care professionals pharmacists will still do what is right for the patient and use their professional expertise.

A strategy that may be linked with a service script, but can also be separate, is a service blueprint. Service blueprints are flowcharts/diagrams used to design service operations (Holdford, 2015). In the development of a service blueprint around interactions with patients, the point of view of the patient is taken into account; this can then give pharmacists a well-rounded perspective when designing a new service or changing current operations. Service blueprints concurrently illustrate the process, patient roles, service provider roles, and support service roles (Holdford, 2015). As an example, you could design a service blueprint for your current dispensing practices; in developing the blueprint you would consider the physical environment of the pharmacy, patient actions, contact employee (those directly serving patients) actions, and invisible processes that occur, such as interaction with insurance providers.

The final area to be examined in this chapter when providing a professional service is the service-profit chain that links a service organization's profits (if that is the goal of the organization) with employee and consumer satisfaction (Heskett et al., 1994). "The service-profit chain establishes relationships between profitability, customer loyalty, and employee satisfaction, loyalty, and productivity" (Heskett et al., 1994). The concept explains the connections that exist among the organization, employees, and consumers to manage a service experience.

The relationships among the organization, employees, and customers are connected in three ways: external marketing; internal marketing; and interactive marketing (Heskett et al., 1994). External marketing is the relationship that exists between the organization and its consumers; this relationship is the one that is developed and nurtured through various mechanisms discussed in this chapter including product design and promotional efforts. Internal marketing is the relationship that exists between the organization and its employees; this relationship is key as employees are the organization's direct link with customers. If employees do not feel they are a part of the decision-making process and are simply "told" what to do, not only will the relationship between the organization and its employees suffer but so will the relationship between the employees and customers. The relationship between employees and customers is the interactive marketing component of the service-profit chain; the interaction that occurs between employees and customers is directly linked with the contact between the organization and its employees.

The internal marketing environment is the direct link between the organization and its employees; the employees in this relationship are the internal customers. And just like you want to maintain a good relationship with external customers, so should you between the organization and its internal customers. If employees are treated like internal customers, the organization wants to make sure they are satisfied and are being heard. An organization should monitor the internal customers' satisfaction through methods such as surveys, exit interviews, anonymous feedback, etc. and use that information to continually evaluate ways to increase satisfaction.

Summary

An overview of marketing and its role in pharmacy practice was provided in this chapter. While the broad overview is a base from which to work, you are encouraged to examine the subject more deeply; the list of references provided is a good place to start. Marketing is a tool that can enhance pharmacy practice by better meeting the wants and needs of patients to optimize their health.

References

- Business Dictionary, 2018. Branding. Available from: <http://www.businessdictionary.com/definition/branding.html>.
- Darby, M.R., Karni, E., 1973. Free competition and the optimal amount of fraud. *J. Law Econ.* 16 (1), 67–88.
- Doucette, W.R., McDonough, R.P., 2002. Beyond the 4Ps: using relationship marketing to build value and demand for pharmacy services. *J. Am. Pharmaceut. Assoc.* 42 (2), 183–194.
- Heskett, J.L., Jones, T.O., Loveman, G.W., Sasser, W.E., Schlesinger, L.A., 1994. Putting the service-profit chain to work. *Harvard Business Rev.* 72 (2), 164–174.
- Holdford, D., 2015. *Marketing for Pharmacists*. Pharmaco Enterprise Publishing, Richmond, VA.
- Kotler, P., 2018. What is marketing? Available from: http://www.kotlermarketing.com/phil_questions.shtml.
- Kotler, P., Hayes, T., Bloom, P.N., 2002. *Marketing Professional Services*. Prentice Hall, Upper Saddle River, NJ.
- Kotler, P.T., Keller, K.L., 2014. *Marketing Management*, 15th ed. Pearson, Toronto, ON.
- Levitt, T., 2004. Marketing myopia. *Harvard Business Rev.* 82 (7/8), 138–149.
- Nelson, P., 1970. Information and consumer behavior. *J. Political Econ.* 78 (2), 311–329.
- Zeithaml, V.A., 1981. How consumer evaluation processes differ between goods and services. In: Donnelly, J.H., George, W.R. (Eds.), *Marketing of services*, American Marketing Association, Chicago, IL, pp. 186–190.