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# What is high-quality service?

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## UNDERSTANDING HOW CONSUMERS RATE THE QUALITY OF PHARMACY SERVICES CAN IMPROVE THEIR IMPLEMENTATION.

**T**he threat of margin squeeze through PBS Reforms and unprecedented inter-pharmacy price competition has shaken the industry from top to bottom. This threat has focused the profession to move from thinking about pharmacy-services to actively doing something about delivering them.

Pharmacy Guild of Australia president Kos Scavos revealed truly optimistic numbers at the March APP conference, showing both comprehensive sign-on for delivering the Fifth Agreement's Pharmacy Practice Incentive services, and fabulous early evidence of how services delivery is being rolled out by participating pharmacies. Given the current business environment, this good news is not a moment too soon.

But as pharmacists embrace the philosophic and practical necessity of developing and delivering professional service-based offers, how will customers judge both the service offered and how it is delivered? Every successful community pharmacist has learned that there must be a close match between the retail goods offered and the specific (and variable) wants and needs of customers. This is a lesson of 'relevance'. Insights from the literature suggest that the same idea applies to service interactions.

### THE CONTEXT OF SERVICE QUALITY

Marketing researchers Schembri and Sandberg<sup>1</sup> recently published

findings that go to the heart of how service consumers make their own judgements of service quality. They point out that, over the years, service quality has been typically conceptualised as a set of fixed service dimensions, such as reliability, responsiveness, empathy and so on. Yet while getting these dimensions right may be essential to delivering a high-quality service experience, they do not of themselves determine a high-quality service experience for a given consumer. The researchers suggest that consumers evaluate service quality through what the service means to them and how they experience service quality in a particular services context.

To arrive at their conclusions, the researchers spent six months observing the interactions between Australian general practitioners (GPs) and their patients during consultation, with observations supplemented by

interviews with individual patients. Three qualitatively different ways that patients viewed the quality of the service they received emerged, based on the different experiential meanings that patients have concerning the service that their GP provided:

- 1. Passive: GP service quality as (patient needing) being 'told' what to do in a caring manner;**
- 2. Monitoring: GP service quality as (patient being able to) express issues**

- and concerns (to doctor, to check and personally verify); and**
- 3. Partnering: GP service quality as (patient and doctor) engaging in equal dialogue (working together as a team).**

The research findings showed that '...there are varying ways in what service quality means for consumers and how consumers experience service quality...' In other words, the frameworks that consumers use for evaluating service quality are variable. According to Schembri and Sandberg, this variation derives from consumers' experiences of service quality in a particular services context.

Extending these insights to pharmacy, many pharmacists may have wondered why interventions with patients' drug adherence can be so fraught at times. Pharmacists, armed with the GuildCare software, can rationally demonstrate to a patient that perhaps their adherence could be better. But patients can have a range of sometimes-perplexing reactions to this service.

## ...THE FRAMEWORKS THAT CONSUMERS USE FOR EVALUATING SERVICE QUALITY ARE VARIABLE

### TAILOR SERVICES TO THE INDIVIDUAL

Schembri and Sandberg's findings provide insights to what might be happening here. Perhaps for the 'passive patient', pharmacist suggestions might be most welcomed and probably followed. But the 'monitoring patient' may view such help as intrusive policing, notwithstanding the evidence and the pharmacist's helpful intent. The 'partnering patient' could go either

way, depending on whether they felt they had a chance to engage equally with the pharmacist, in both the discussing the apparent compliance problem and the options concerning solutions.

To experienced and alert pharmacists, these findings are probably familiar to their own experiences. The research suggests that not all patients are the same when it comes to how they wish to experience any given service. Some expect 'sovereignty' in the relationship to reside in the health professional (eg. passive patients), while others locate sovereignty within themselves (eg. both monitoring and partnering patients). Failure to understand this critical departure point is likely to cause most of the patient-pharmacist dissonance that happens when services are offered.

Thus, 'good service', cannot be procedurally formulated with an assumption that one size fits all. The insights discussed invite pharmacists to understand that their 'service approach' needs to be 'tailored' to the particular needs of the individual service recipient. This is quite an art, which requires much dedicated thought, attention, practice, service-maturity and, dare I say, humility.

I sincerely hope the profession will now quickly mature in its focus from 'what' we can do for patients, to 'how' we can do it best. History shows that pharmacy was never very good at 'selling stuff'. I don't think there'll be a second chance with services. ■

1. Schembri, S. and Sandberg, J. The experiential meaning of service quality. *Marketing Theory* 2011;11(2):165-86.