

## THE PHARMACIST'S ROLE IN THE SAUDI ARABIA PHARMACEUTICAL MARKET BY IMPROVING QUALITY OF SERVICES AT THE LAST TOUCH POINT

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### Abstract

*Purpose – The purpose of the study is to Search the effectiveness of the pharmaceutical companies and their control in the way of providing the general health service, in particular the medicines service, the level of that effectiveness on a scientific research survey. The search was conducted for the motives that enabled these companies to do this effective role and to develop the means that will increase the level of the health service and reliable customer relationship management (final touch point).*

*Approach/ Design / Methodology - After reviewing the previous studies, we found that the SERVQUAL model is the most suitable for this paper. We used both the qualitative and quantitative method to limit the data and then analyze it and then put it in the research to give the results. The scanning consisted of a quantitative survey of the data and the number of degrees was 15 categories that were used to measure the expectations and perceptions. The data were then processed by a team of seven specialists who had reliable interviews. The number of interviews was 44, to analyze quantitative results through the SPSS program.*

*Results - The findings of the quantitative data show negative gaps in the perceptions and expectations of customers in all 15 SERVQUAL data and all dimensions: quality of pharmaceutical items, pharmaceutical advertising, availability of medicines, since honesty, customer relationship has been developed from the lowest to the highest degree. Results show that SERVQUAL does not properly measure the quality of pharmacy services; therefore, authors recommend an industry-based scale; PHARMA-SERVQUAL. The study showed that the weakness of the effectiveness of the health services of Saudi pharmacies is the lack of skills results from the lack of training for the working medical team, the lack of a database to give the appropriate knowledge at a time when many problems are solved and the economic weakness of many pharmacies, Lack of awareness of good financial monitoring to improve the effectiveness of the service, weak interaction of the community and government to know the accurate medical information to give a wonderful level of health care, the lack of responsibility for the health system (Companies, the Ministry of Health, Health insurance).*

*This is summarized by the deep relationship between companies, pharmacists and patients to raise the level of effectiveness of service and facilitate access to patients from pharmaceutical companies through pharmacists (pharmacists are the main link) and scientifically studied under training and continuous rehabilitation in a scientific manner.*

*Authenticity / Value - In this paper, we obtained factual facts in the form of community analyzes of the effectiveness of the service provided by the health system and pharmacies. This is the tool for these results and gave a clear perception of the weakness of effectiveness in the service through pharmacies and the study recommended to change the negative expectation of customers towards those medicine products distributed through pharmacies and thus increased the interest of pharmaceutical companies to pharmacies that provide the relationship between the engine (pharmacist) and the target (customer). The result is the importance of changing the SERVQUAL group and dimensions to give more efficiency to pharmacies with better service.*

**Keywords:** Saudi Arabia, Effectiveness of the pharmacological service, pharmaceutical companies, Pharmacy, Analyzing the impact of pharmacists and companies, The effectiveness of pharmacy service, Customer behavior, Consumer expectations SERVQUAL, recognition, PHARMA-SERVQUAL.

## **1. INTRODUCTION**

Saudi Arabia is one of the richest countries in the world. It has contributed to the development of the medical system and health care services in general. It ranked 17th in the world as the best health system offered by (WHO.2016). There was a large government expenditure of about \$ 31 billion according to Forbes Magazine (2015) and is expected to raise it to \$ 59 billion in (2020). This is a sign of an increase in the quality of the primary health care system. In 2017, the volume of trading in the pharmaceutical market and other medical products exceeded \$ 13 billion, and reached the end of 2018 to \$ 16 billion, and this is a good indication that the market is strong in the process of continuous development and the rise and the real attraction for the entry of foreign money and easing of restrictions and the development of laws to encourage investment leads in the future to grow the financial capacity of the health market in general and the pharmaceutical market especially without the complexity or minimum restrictions. The successful transition from scientific discovery to commercially available product is crucial to a company's survival. Marketing and public relations are essential tools in this regard as they enable a company to position its product relative to rival products and bring it to the attention of those who prescribe and use it (Al-Falah Publishing Jabnoun, N. and Al-Tamimi, H.A.H., 2003).

It gives pharmacists unlimited confidence; they trust their souls, their money and their families, and the patients believe their allegation and are convinced of their pretension, without asking them for an argument or proof (Cheraghali, 2011). This confidence has been achieved on the basis of the conviction of most people with modern medicine based on experience and proof, as the best possible reference to medication at this time. But the disease is needy, and the patient under the burden of pain, and the hardship of his suffering, may relate to any illusion granted by any plaintiff or artificial to the ability to heal; you find patients crowded on the doors of charlatans and the antichrist, buy them hope not to punish him, and hope not to him. There is no difference between the Antichrists and the pharmacists only in the truthfulness and honesty; the first category claims what does not have proof, and the second category recommends the support of scientific studies, and confirmed by experiments, the second category recommends what scientific studies support, and the tests prove it; so any pharmacist becomes an charlatan at the moment when he decides to betray the patient's trust in him and mislead him.

Therefore, it is important to understand the motives of this group of doctors and pharmacists who trade with their patients' ignorance and confidence, push them to buy low quality or high-priced medicines or urge them to use the medicine without the need to use it (Maguire, 1997; Dogramatzis, 2000). The first step to dealing with bad phenomena is to understand their causes and to dry their sources. The greatest motivation for those who fail their patients seems to be the immoral marketing processes that motivate doctors and pharmacists to be tool in the profit-making machine in the local drug market.

Saudi drug market long story can be told about the drug market in Saudi Arabia, One of the most developed pharmaceutical markets in the Middle East. Although it is still emerging, it has managed to achieve more than \$11 billion over the past five years (Maguire, 1997; Dogramatzis, 2000). The Saudi Food and Drug Authority (SFDA) was established in 2003 as a regulatory body that seeks to monitor and control all matters related to the trade in medicine and food, starting with the clearance of imported products, and to ensure the quality of local factories (Cheraghali, 2011), and to impose regulations for the marketing of food and medicine.

If we look at the history of drug marketing in Saudi Arabia and the competition mechanisms that the market has continued over the past decades, we will understand how far the task of controlling the market and regulating its mandate has been arduous and complex. We deal with global and local pharmaceutical companies that have been working without control or expense.

The experience of international drug companies has been going on for decades, with its track record of ethical and professional crimes in drug marketing, the concealment of information that might prevent profits, and other unethical practices aimed at increasing profits, even at the expense of human lives. The success of local pharmaceutical companies is part of the growth of the national economy, but it is weak in fierce competition with international companies of superior quality and potential. This has made the organization of drug marketing chaos a difficult, long-term, and gradual task; the situation cannot change overnight, we adjust the market in a short time (Dadfar et al, 2012), but we need a time when we work to regulate the disorder and control the chaos patiently and perseverance.

Ethical marketing practice of pharmaceuticals, the first step in the march of ethical market regulation was observed in 2012 when the Food and Drug Authority (Code of Ethics for the Practice of Marketing Pharmaceutical Products) was launched, which revealed the Authority's tendency to monitor the market ethically and legally. But the drug market,

which has been globally known for its long history of immoral marketing, has made the task of reforming the market and eliminating its immoral aspects of marketing a difficult task.

The issuance of this code is a step in the right direction, but the frustration and criminalization of immoral marketing practices require many other steps (Kim and King, 2011), the most important of which are: the constant criticism of the phenomenon and its reasons, and this article is only an attempt to address it and to unveil some of its secrets. There are six main axes in their impact on the level of ethical discipline in drug marketing, Patient interest first the first axes affecting ethical discipline in the drug marketing process are central to the concept of health care in all its facilities, such as hospitals, pharmacies, drug factories, and medical research centers (Ghemawat and Rivkin, 2012). It is in the patient's interest. There can be no ethical drug market unless the patients' Etc. and recognizes and recognizes all medical norms and ethics and international laws.

The concept of the patient's interest is based on two branches: the harm to the patient and the therapeutic benefit. In fact, most pharmaceutical marketing practices in the Saudi market are aware of the need to avoid harming the first part, which is not to harm the patient, out of fear of prosecution or in response to moral conscience, but the real problem affects the second branch. Some pharmacists and doctors tend to push patients to use some Medicines and medical preparations that do not benefit the patient without a need for treatment; on the pretext that these medicines if not beneficial to the patient will not harm him. According to a study published in 2014 in the journal "Pharmacy" Saudi Arabia, 43% of pharmacists working in commercial pharmacies are selling medicine that does not benefit the patient does not harm him, and this proportion is large, and correspond to a large proportion of doctors who write to patients medicines they do not need. These pharmacists and doctors certainly have reasons to deceive their patients and exploit their ignorance. These are different for pharmacists from doctors, but they lead to the same result: exploiting the patient's ignorance and confidence in personal benefits.

Environmental corruption most pharmacies are unfortunately owned by large companies that monopolize the commercial pharmacies sector in the Kingdom. The management of these companies is keen to cooperate with major local and international pharmaceutical companies according to the benefit-sharing relationship in which the right of the patient and the community is lost (Nasoohi, 2013). In addition to the fact that these pharmacies enter their products in the list of drugs and preparations that are concentrated in the promotion within the pharmacy, and the department of these pharmacies to provide incentives up to 200% of the monthly income of pharmacists working for the promotion of drugs and quality in the list. When we consider such marketing crimes, involving three parties: drug companies, large pharmacies and pharmacists working in them, we will understand that we face a significant challenge in our attempt to regulate the drug market ethically; we do not face pharmacists as individuals who can be deterred by law; Multilateral and interrelated business conglomerates.

In hospitals, we find that corruption varies according to the hospital environment and the extent to which the hospital controls its employees. In some hospitals, no pharmaceutical company is daring, no matter how low ethical standards it is to market its products in an unethical manner. In other hospitals, the health team consists of doctors, nurses and pharmacists (Bissell et al, 2007). The immoral marketing method of pharmaceutical companies' representatives may even push them to comment on or hint at the impact of the personal benefits and incentives offered by the drug companies, which makes the moral burden common to both parties; we cannot blame the pharmaceutical industry of du We blame their partners in the health care sector.

This immoral behavior prevails by accepting personal benefits in the private sector of health care, in private hospitals and pharmacies, apparently because of the profitable nature of this sector, which makes its workers subject to the idea of mutual benefits, how can a doctor or pharmacist accept his or her personal interest as a compass based on his or her medical decisions? Can a doctor who swore to save his patients and care for their interests sell his conscience in exchange for a lost personal interest?

The relationship between pharmaceutical companies and health workers should not be beyond the focus of the patient's interest (Cronin and Taylor, 1999). The value expected by the health sector and its employees from the pharmaceutical companies must be in the patient's interest. The profit sought by the pharmaceutical companies must be obtained on the basis of its benefit to the patient. Because accepting the spread of personal incentives to doctors, pharmacists, and decision-makers in the health sector, as a means of serving pharmaceutical companies in market competition, means that we kill the most competitive means of benefit for patients, the pharmaceutical market, the pharmaceutical industry, and scientific research in the Kingdom.

Competition is required among drug companies is needed, and without it the pace of global drug development would have been much slower than it is now. It is true that the profitable goals that dominate the concept of competition in the

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global drug trade and industry may show us some morally unacceptable practices, but in general we cannot deny that competition in the global drug market has always been a catalyst for the development of the pharmaceutical industry (Manchanda and Honka, 2008). This is also true of the local market.

We focus on the local pharmaceutical industry a bit; to motivate them to improve their product level, and to create dosages, formulations, and pharmaceutical forms not available in the global drug market; to offer a competitive advantage to international companies, hoping that one day we will reach a pharmaceutical industry that discovers and develops new drugs Unprecedented. Most importantly, local companies will not be able to enter the US and European drug markets, which account for 80% of the global drug market (Carroll, 2009; Wertheimer, 2009), unless the ethical level of their products is improved and their employees have strict ethical and legal rules and controls; access to Western drug markets means access to the bulk of The global drug market, and a huge rise in the profits of pharmaceutical companies, but high with the risk of exposure to huge fines if the involvement of a company, represented by any of its employees, the violation of moral or legal contrary to the regulations of Western countries and legislation. It should also be borne in mind that pharmaceutical companies and their factories located in the local market are responsible for mobilizing and supporting the medical research sector in universities, hospitals, and local research centers (Desiraju et al., 2004; Chemical Week, 2006). While it is obvious that pharmaceutical companies have a leading role in supporting local drug research, Prove that local and international drug companies in the local drug market hardly play their role towards scientific and research support locally, but rather evade their duty to monitor drug-related data, namely, pharmacovigilance, which monitors and follows up all the problems that may Arise On the product after its presence in the market, such as manufacturing problems, or effects and side effects that appear with the use of the medicine.

Training and pharmacological alertness, unfortunately many international and local drug companies do not provide adequate training for their employees to do their part in the drug vigilance process. Therefore, it may be the duty of the FDA to compel companies to train their employees through a detailed approach. Monitor and prevent the use of drugs that have a manufacturing defect; this is the short-term return of drug vigilance programs. Long-term returns are more important than monitoring these data. For example, by monitoring expected side effects, Otherwise It is expected that patients in local hospitals will examine the prevalence and causes of common side effects of the drug in the community, such as genetic differences lifestyle including dietary habits or locally prevalent diseases, and, of course, The potential risks of using the drug or the best way to store it in different local climatic conditions than the storage conditions in the country of origin (Desiraju et al., 2004; Chemical Week, 2006) . Therefore, the FDA must oblige the pharmaceutical companies to conduct specific research to determine the optimal storage conditions for the pharmaceutical product Environment and local climate before registration. Bribery Pest seems to be the most important problem in our drug marketing sector. The phenomenon of bribery spreads on two levels, in two different sectors: some officials in the government sector, and some doctors and pharmacists in the private sector, although such bribery may extend to others (Smith, 2014). The three most famous rationales used in hospitals and pharmacies to justify bribery are, we do not ask for an incentive to do illegal or immoral work, but we do our natural duty to buy or sell drugs, which we do with or without incentives. We have competing companies, and we have to choose between them; so, it is natural that the incentives offered by companies are one of the means of trade-offs. Drug companies make fantastic profits through capital policies that pay attention to profits without paying attention to the community and poor patients, whether locally or globally. In order to dispel the first reason, it is necessary to clarify the concept of bribery according to the Saudi Anti-Bribery Regulations issued in 1992. This law stipulates that every employee has requested for himself or for another person, or before or taking, a promise or a gift for the performance of his job, even if such work is lawful, or to refrain from performing his job or alleges that he is not a function of his job. If such abstention is lawful or violates the duties of his job, the employee shall be considered as apostate and shall be punished with up to 10 years' \$5000.

The system also states: "The crime does not affect the employee's intent to refrain from doing the work he promised." Transparency International's definition of bribery is offer, promise, and accept or demand interest as an incentive for illegal or immoral work that can be in the form of loans, gifts, bonuses, or other benefits (Central Intelligence Agency, 2013). By extrapolating these two definitions: The first the Saudi regime does not require that work for benefit be an act contrary to law or morals, and even to receive incentives for the work done by the employee as part of his or her duties without prejudice to his or her function is an explicit bribe. Thus, it is not logical to see that the incentives received from the pharmaceutical companies in exchange for the superiority of their participation in the drug tenders or in the process of dispensing the medication is legitimate according to the Saudi system or according to Islamic law.

The second rationale for the acceptance of bribery in the field of pharmaceutical marketing is based on the existence of multiple companies in the market, which often makes it difficult to differentiate, but the simplest student at the College

of Pharmacy understands that the best way to differentiate between competing products is to compare them in terms of effectiveness and price. In such a case drug companies can be forced to lower their prices for fear of losing customers (Cronin and Taylor, 1999; Rust et al., 1995; Buttle, 1998; Cronin et al., 2000; Duncan and Elliott, 2004; Sureshchandar et al., 2006; Kang and James, 2004; Yoon et al., 2004; Wong et al., 2008; Qin and Prybutok, 2009; Sharabi and Davidow, 2010). Obviously, competition between similar products depends on the value and effectiveness of items, without the incentives offered by the company to the hospital or staff.

The third rationale seems to be very logical and acceptable. As drug companies benefit from society, they have to provide a corresponding benefit to society. It is never acceptable for these companies to evade their necessary role in the service and support of society. The quality of the product and its price; it provides them with medicines and medical products of a specific quality that receive the equivalent of the price payable according to the cost of its manufacture and transport, and the abundance or scarcity of the drug (Kang and James, 2004). For a community that translates into an allocation of an advertised portion of its profits to support charitable hospitals or dialysis centers that serve poor groups not covered by government free treatment, coverage by insurance companies, or other forms of permanent support to the community.

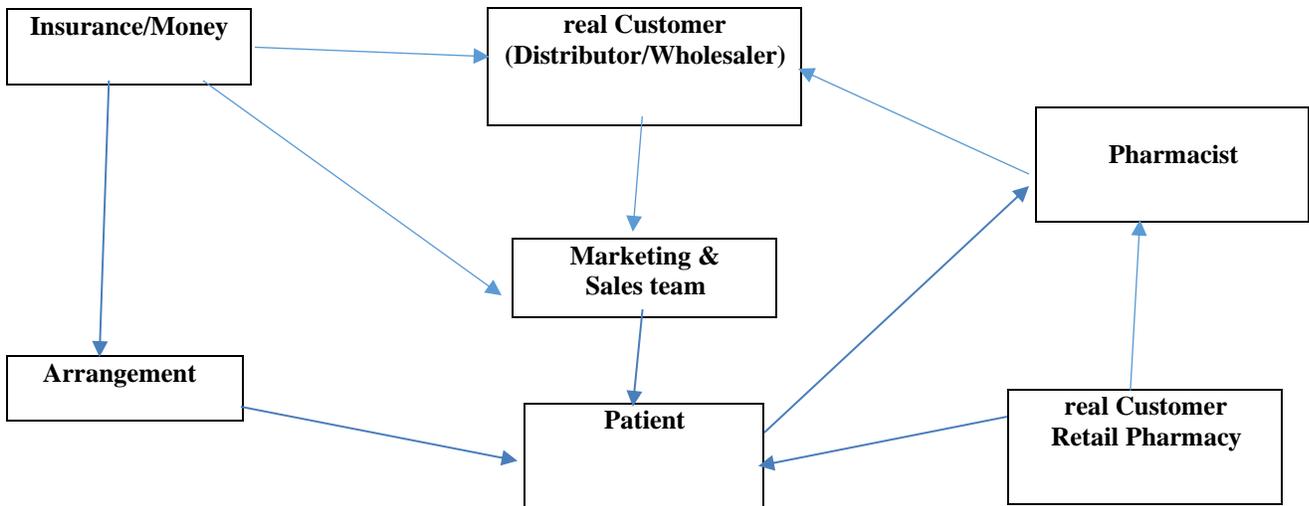
In this research we will discuss:

- Taking the customer's view about the level of service provided to pharmacies operating in Saudi Arabia.
- Develop proposals and ideas to improve the level of service provided in order to contribute to the benefit of society to optimize the use of these services.
- The possibility of building positive relationships between the whole pharmaceutical system among them companies, pharmacists, and health workers to provide a unified marketing vision that serves for all, including society.

**2. LITERATURE REVIEW**

2.1 There is a decision maker in the development of distinct rules for the pharmaceutical market and the Saudi Health Syndicate. It consists of pharmacies, their owners, companies, their marketing policies and in themselves the time when customers do not control their decision to bring the medicine used by them (Kim and King, 2011).

In addition, drug marketing is a multi-client / multi-touch system, making it difficult for marketer and decision makers in pharmaceutical companies to identify the marketing target of customers and their preference for a specific commodity (Dadfar et al., 2012). Distributors / wholesalers purchase medicines from manufacturers / importers; retail pharmacies buy medicines from distributors; end users purchase prescription drugs from pharmacies, and insurance companies usually pay for the drug. Authors identified three primary and final clients - the client to whom drug marketers should influence (Figure 1).



**Figure 1. Customers in the pharmaceutical System of KSA**

Source: Dadfar *et al.* (2012)

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There are patents and rules for the protection of patent rights and exclusivity in discovery in line with the increased demand and the need for pharmaceutical products and cosmetics in their pharmaceutical form (Ghemawat and Rivkin, 2012). However, in Saudi Arabia, the medicine organization is generally adopted with no patent preservation, fixed rates and control. Advertising is limited, and immediate advertising is not allowed for the end user (patient).

Most varieties are homogeneous and compatible in the general form and effectiveness. They are simplifying and easily changed by pharmacists and technicians in the pharmacy sector. It is therefore more hardness to distinguish between products depends on consistency traits such as trade name and reliable items or even in the least likely. Otherwise, there are about 5,800 medicines items registered in the Saudi Arabia, representing 3510 locally manufactured products and 2290 imported commodities (Nasoohi, 2013). It is realistic to manufacture a medicine with the same scientific name and formulated by many companies, making it difficult to distinguish between most reliable medicines. So, there are some researchers (Davari et al., 2009) have confirmed that the medicines manufacturing in Saudi Arabia faces serious challenges. The study pointed out that many pharmaceutical companies do not give great importance and long-term for unproductive products profitable and focus all development and attention to those items fast-win and at the lowest costs and stressed the importance of a comprehensive and complete solution to the problem and this sterile thinking that does not benefit patients. Especially since the manufacturing stage is the basis and the center of the pharmaceutical marketing process. In the study, the effectiveness of pharmacies and the recognized, about 5,800 in the general evaluation of the pharmaceutical market and the movement of medicines in it was ignored because there are a huge number of pharmaceutical items that cannot be limited. There is a continuous renewal of production. The research was distinguishing to separate many medicines items and thus the companies producing these products and was selected with great care and very attention. Here, the question is centered around the thought of medicines companies and the concentration of marketing plans for these companies usually on physicians. Maguire (1997) emphasized that doctors are the decision makers. While Tahir et al. (2012) studied the medicine market in Saudi Arabia and revealed that the effect of pharmacies in the Arabian Gulf is different from the rest of the Middle East. Many researchers focused on the role of pharmacist in the processes and stages of pharmaceutical manufacturing and before it discovery and invention of the new in the treatment of many diseases and confirmed that the pharmacist is the link in the description of the drug and the change of the product itself and create a state of influence in guiding the choice of customers (The patients), and the role of pharmacist in pharmaceutical companies in the distribution, marketing and scientific promotion usually based on the systematic study. We reached the big role of the pharmacist compared to the physician in about 40% of the sales. Alternatively, pharmacists replace 28% of patients who are prescribed or prescribed medicines. The figure about the neighborhood population categories was less than 70%. Pharmacists describe 42% of most patients with clear signs of illness come to take medical advice and therefore take medicines, by examining the important results we found the entire effectiveness of pharmacists in Saudi Arabia, who do not have the respect and credibility of managers and influential in the field of pharmaceutical marketing for companies. Depended to the World Health Organization (2012), the effectiveness of the public pharmaceutical role of pharmacist has been improved from pharmaceutical marketer to service provider and knowledge, and eventually the patient care presented (Bissell et al. 2007) maintains the pharmacy of social importance also functional effectiveness in the system Healthcare. Pharmacological knowledge and skills consulting for patients are produced the greatest importance. These positions are placed in the position of being the most important relationship and control in the medical system. That is, the patient can visit the pharmacist as an alternative to the physician.

In related studies on good pharmaceutical practice (GPP), the World Health Organization (WHO) and the International Pharmaceutical Federation (FIP) recommended practical methods and a statute to carry out pharmaceutical work to the fullest standards and to provide effective pharmaceutical service (WHO, 2006). Correspondingly, there are four major tasks that pharmacists expect from the community and the individuals they serve:

- (1) Manufacturing of medicines in high quality standards and from there supervising the process of storage and distribution through the marketing of the study and from the high sales in quantities targeted by those manufacturers and marketing management.
- (2) Develop a database for the management of effective drug therapy.
- (3) Training of working and active cadres and developing their professional performance.
- (4) Effective participation in the development of the medical system and the effect of pharmaceuticals in serving patients.

Each the effect is formed of multiple jobs and roles in addition to the minimum level of government to be developed for these activities. In essence, pharmacies and the pharmaceutical system are at the forefront of the health framework and are the main target of the government work mechanism represented by the MOH, It is the last link in the medical marketing service of medicine as the last touch point. It is known that there is a policy of switching after the description of many types of medicine, particularly the generic ones and companies can redirect the taste of customers. In short, Pharmacy is usually chosen and distinguish the medicines sold by them, to ensure the return of customers and continue to deal with pharmacies, pharmacists are looking to meet the needs and requirements of customers with high quality and diversity, but all this has a significant impact on the Saudi society and the system of health care and pharmaceutical industries and representation. The next section is dedicated to the review of relevant literature on assessment of service quality.

2.2 The effectiveness of the service that is know that many studies and researches that discuss the effectiveness of the service and quality and develop clear definitions and formulate scientific approaches to explain more and the research has found that there is a direct relationship between the effectiveness of the service and improve with the realization of expectations and perceptions of customers to the summit, The establishment of a mutually beneficial relationship between the two parties will create a lasting state of trust from customers. The most important thing is to continue the relationship and communicate that image to other members of the community to increase market share with new customers. For future development and may propose a set of elements and reliable studies to search for those effective service and will be discussed in this paper.

2.3 Definition of Service Effectiveness and Quality; we have found many explanations for the effectiveness and quality of service:

- To achieve greater financial value and increase sales, customers must understand what goods and brands want.
- A better way to provide those services to customers in proportion to their ideas.
- Study the general perceptions of customers and the effectiveness of service and quality and comparison between them.
- Giving a balanced study of the outcome of work and knowledge and its formulation according to certain dimensions
- Disturbing real teams analyzed between customer perceptions and service effectiveness and quality.
- Create a database to better serve customers.
- Describe sales effectiveness as “a measure of how well the service level delivered matches customer expectations, delivering quality service means confirming to customer expectations on a consistent basis”.
- Describe realize sales effectiveness as “a global judgment, or attitude, relating to the superiority of the service whereas satisfaction is related to a specific transaction”.
- Describe sales effectiveness as “the consumer’s judgment about a product’s overall excellence or superiority”.

The effectiveness and quality of the general marketing work has also been characterized by the judgment of customers and their prejudices about this service, based on the control of the idea created by the owner of the reliable and facilitating their access to the consumer.

These definitions and terms have already been studied in this research, meaning that the efficiency and quality of service will be considered in their best condition when they exceed the expected and will have achieved a full and sufficient level to understand the conditions and options available and independence of opportunities when resolved, classified as poor or incomplete, if they do not meet customer expectations (Teas, 2001).

2.4 Service effectiveness models that is studied a wide range of means and mechanisms that allowed for scientific research aimed at analyzing and defining the quality of service and its effectiveness on all sides of the pharmaceutical market. In order to develop the results of the study, the official description of the analysis of the results of the effectiveness of the service and its quality to customers. It is beyond the scope of this study to give a detailed review of quality-of-service models. Comprehensive reviews are available (Lewis, 1989; Asbunting et al., 1996; Butell, 1998). To give the study more importance, the focus was on realistic and close-to-people models.

These are: Gap / SERVQUAL Model (Parasuraman et al., 1985, 1988, 1991), SERVPERF model (Cronin and Taylor, 1996, 1998), Technical-Functional Quality Model (Gronroos, 1984) et al., 1997) and the Satisfaction Quality Model (Spreng and Mackoy, 1998). These results and their study helped to give an idea of the search for the overview of many scientific references for researchers who worked on dismantling the ambiguity and giving a clear picture of these

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marketing concepts and the research models of concepts. The analysis of heritage and analysis of cognitive models through the results given. The study was concluded by combining the two models through the hard work of the researchers. (Brady and Cronin, 2001; Caro, 2008).

It was found that it is necessary that the two theories of thesis are those who have the word in defining the effectiveness of the service and its quality as the basic rule in the composition of the general distinctive has several characteristics with multiple features and multiple dimensions in the infrastructure and have completely different shapes in size and concentration.

The thesis is based on the analysis and the concentration of the results on one of the scientific research theories in studying the practical effectiveness of the role in the marketing of items, while the doctrine of the North examines the study and analysis of technical effectiveness and how to provide the service to make this technology in the market after analysis and study its strength. The basic researchers in the first doctrine places a structure consisting of three pillars: the dimension of the effectiveness of the service, its quality, the dimension of technical effectiveness, and the dimension of the practical effectiveness of the functional role and its various forms.

There are take customer feedback on the effectiveness and quality of the service and record the results of these studies and there are personal and psychological observations of the customers referred to the practical effectiveness of the role of companies to give the opportunity to assess the quality through them. Therefore, will show a real evaluation of the effectiveness of technical service to give real results After the analysis of the general shape of the items commodity and the method of marketing and thus provide a clear picture of the product and its produce and the quality of that commodity, it was on the technical side at the expense of the functional side.

Who developed the Gap model and the SERQUAL scale? Affirms that "gaps" affect customer perceptions about service effectiveness and quality:

- The first gap is the disparity between the effective form of the types of companies and what customers expect from the quality and effectiveness of those products.
- The second gap is the disparity between the shape in the markets of the company's products and the marketing map, the effectiveness of the service, the quality of these products and the customers' expectations for these products.
- The third gap is the disparity between the effectiveness of the service and its quality, which is observed in the company's basic interface and the marketing structure of the products that the company has proposed.
- The fourth gap is the disparity between after sales service and communication with customers to record their observations and future product quality.
- The fifth gap is the disparity of the general idea of the customers about the effectiveness of the service and quality and the latest form of the products of the companies are significant or not commensurate with reality.

The researchers found that gaps 2, 3 and 4 affected on gaps 1 and 5 which is a fact through the analysis under the management of companies and products that aim to improve the marketing management of those companies for their products, in a realistic and analytical way to develop a methodology to raise the level of development of other gaps at the expense of gaps 1 and 5, which he indicated to reduce immediately.

He concluded that such a gap analysis should be made to show the difference between the items (product) by the companies (producer) and improve the efficiency of the service and their quality to reach a high level of analysis and thus recording the results with the customers' vision of these products and accept them and request more in the future.

The SERVQUAL instrument is based on Gap 5 and the early version had ten dimensions, including:

- 1- Communication
- 2- Credibility
- 3- Security
- 4- Understanding/Knowing customers
- 5- Courtesy
- 6- Access.

7- Responsiveness

8- Tangibles

9- Competence

10- Reliability

The five dimensions were found as a good research medium to give accurate and more accurate results to define and determine the effectiveness and quality of the service; communication, security, access, competence, understanding / knowing customers (CSACU). The results of these measures were studied under the control of 10 pairs for all items, only Just use five dimensions.

1-customer perceptions.

2-The realistic expectation of the level of service effectiveness and product quality.

SERVPERF is the most important component of the spin-off system and gives the SERVQUAL base. Some researchers have observed that some of the pillars that lead to gaps in conceptions of results are not satisfied by the reasons and used to compute the perception of service effectiveness and quality, and use this analysis in limited measurements, and for some reason of these models are used in many fields and many companies in different fields, where the researchers and authors are confident because it has a technical approach that leads to honest and close to reality, and many universities, educational institutions and cultural sites recommend using the models, India, Canada, Japan, Sweden, UK and Saudi Arabia use it with great confidence and very strongly, especially it is used in the field of health, medicine and primary medical care in most research, " $Q = P - E$ , ( $Q$  \* quality,  $P$  \* perception,  $E$  \* expectation)".

Based on our findings, the SERVQUAL models give an accurate calculation of what customers expect from the quality, efficiency, and service of the models through expectations and on the other hand.

### **3. METHODOLOGY**

For a general form of Saudi pharmacy, direct benefit and causes which leads to the available position and results of the organization of the medicine and its operators and workers, the design of the research includes a many of references to knowledge; we have built research work for pharmaceutical companies that has the skills of scientific persuasion and qualifications in the field of medicine on Saudi Arabia and have been everyone knows difficulties also the rapid development. It has components of twelve experts (five pharmacists, two pharmaceutical marketing directors, two medicinal product development specialists and one official in the Ministry of Health and two doctors).

We have supported the selected team to get a complete idea of the pharmaceutical system and the health care policy in Saudi Arabia, and this is the inferred from the facts and the results are confirmed. After making the team's expert opinion, reviewing literature and secondary data, it was decided to combine the quantitative and the qualitative way of data collection, analysis and interpretation, the quantitative data were collected by a questionnaire consisting of three parts. The first two parts consist of Service elements that measure the effectiveness of the existing health and medical system, in the first part, there were 15 statements for service quality measurement statements expected from a highly efficient pharmacy, in the second part, the same elements measured the quality-of-service perceptions of Saudi pharmacies in general.

The first and second parts will be measured on the Likert scale. The third part is a questionnaire of demographic questions. Moreover, the dimensions will be measured according to the needs assessed by the customers and the result on each dimension is multiplied by the weighting. And the result will be the gap for each the dimension is calculated by subtracting the degree of expectation from the degree of perception as mentioned in the above equation.

The negative gap indicates that the perceived result was less than expected; first, questionnaires were submitted to a small group of clients to assess the health of them. The reliability of the questionnaire was tested using Cronbach's and its value was acceptable because it was approximately 85%.

In fact, 250 questionnaires were distributed among customer (clients) and 192 questionnaires were returned 163 were usable. Participants were randomly selected in the three largest Saudi cities, qualitative data were collected through 44 in-depth interviews as shown in Table II, the interviews and views of the expert team added a very significant benefit to the data and a study as described in the next sections.

#### 4. DATA PRESENTATION AND ANALYSIS

It is necessary to provide a comprehensive idea about the data and the analysis, there is a need to examine the results and submit facts which should be mentioned, we can find there is a difference in customers' expectations of their direct and tangible benefits based on such reasons as previous analysis, social responsibility, and the psychological and physical requirements of the people involved in the study. Furthermore, services can have many intangible aspects that are largely qualitative and make measurement of service effectiveness the basis of our research work, by combining qualitative and quantitative studies we have tried to overcome obstacles.

##### 4.1 Quantitative data

The results of the questionnaires, 15 pairs of SERVQUAL statements, show the following: Large gaps between consumer expectations and efficient service effectiveness provided from Saudi pharmacies" The results showed that in all the data (15), there are negative gaps, which means that Saudi pharmacies were not able to fully meet consumer expectations in any aspect of the SERVQUAL result. The highest efficacy of the service was given to statement 9, which is the work most hours of the day, although it does not fully meet customer expectations (P= 3.6& E= 3.8). The lowest quality, improved service effectiveness was the largest gap, is the correct information provided to customers as shown in statement 14(P = 1.5 & E = 2.9). We can therefore conclude that pharmacy skills must be developed, and information obtained to provide sufficient direct benefit to consumer. In the qualitative data section, we discuss the underlying causes of these interesting results.

To analyze the results at the dimension level, we had two options:

- (1) Follow the classification prepared by the creators of SEVQUAL.
- (2) Operate factor analysis to explore the dimensions and data they form.

**Table I. Factor analysis**

<i>Statements</i>	<i>Dimensions</i>				
	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
1. Cleaning the establishment and its employees.	0.21	0.102	0.119	0.47	0.24
2. Provide what the customer needs and Requirements.	0.19	0.42	0.46	0.38	0.39
3. The willingness of pharmacists to service at all times.	0.28	0.108	0.25	0.43	0.31
4. Availability of advanced medical and pharmaceutical materials.	0.0123	0.21	0.34	0.106	0.41
5. The view of the product (show style).	0.26	0.39	0.119	0.018	0.15
6. The Truthfulness and honesty with customers.	0.41	0.13	0.19	0.012	0.16
7. Serve seriously with customer complaints.	0.37	0.45	0.021	0.36	0.18
8. Giving time is very important.	0.26	0.29	0.47	0.41	0.32
9. Work most hours of the day.	0.36	0.28	0.38	0.109	.015
10. To strengthen the relationship with customers for the long term.	0.31	0.109	0.28	0.041	0.21
11. Excellent and decent dealing with customers.	0.23	0.42	0.26	0.32	0.21
12. Good quality of pharmaceutical product.	0.42	0.32	0.21	0.46	0.45
13. The existence of all types of international companies.	0.29	0.36	0.34	0.25	0.34
14. Train pharmacists to serve patients satisfactorily.	0.22	0.42	0.36	0.24	0.29
15. Develop customer database.	0.36	0.43	0.021	0.32	0.12

We will applied in the second study because SERVQUAL is a general tool and adaptation may be needed to create services and the scientific and cultural context. Therefore, factor analysis has been implemented and results are shown in Table I, the table above shows the correlation of each statement after each service effectiveness. The higher the rate of the phrase appears, the more closely linked the dimension is emphasized. Accordingly, the dimensions are:

- First Dimension: Knowledge; as shown in the table above, we can see it Data 4, 9, 12, 13 and 15 are associated with the first dimension. We named it the dimension as "knowledge dimension" refers to the data format the dimension and importance of information to patients as well recommended in the GPP report of the World Health Organization and the FDA.
- Second Dimension: Customer loyalty and. Data 2, 6 and 10 are more connected to this dimension and show that providing good service at home acceptable time will make customers more satisfied and keep customers coming back to the pharmacy.
- Third Dimension: Training. Data 7, 11 and 14 represent the training of the working group in the pharmacy.
- The fourth dimension: the general shape and arrangement. Data 1 and 5 are exactly questions which relate to order and organization in SERVQUAL.
- The fifth dimension: respect for customers' time and management. Statements 3 and 8 contain this dimension,

Which shows that staff are very interested in knowledge. The results of a factor analysis have shown that the SERVQUAL score does not match each dimension of each service. The dimensions required for pharmaceutical service providers are: knowledge, customer loyalty, training, general shape & arrangement, and respect for clients we call PHARMA-SERVQUAL.

The results of the study showed that none of the clients were completely satisfied 15 Statement of questionnaires relating to five dimensions of SERVQUAL model. However, there is a discrepancy between participants. Customers with higher degrees expect to see the services provided as insufficient and do not meet the needs of less educated clients. The first group often compared services with what they had experienced in other countries (advanced). In addition, females expect greater attention, seriousness and service more than males, the lowest rate of satisfaction is knowledge, which shows that customers do not get the necessary and sufficient knowledge by the pharmacists in return had the highest level of satisfaction with respect for customer time. We can say that exploring the underlying reasons behind the low effectiveness of the service and its impact on the medical field in general and the pharmaceutical field especially, in the qualitative part of the study.

#### **4.2 Qualitative data**

The qualitative study contributed to overcoming the numbers and explaining their reasons problems of service efficiency as well as the consequences of the pharmaceutical industry, its full knowledge and how to deal with it. The profile personally of the 44 participants in the in-depth interviews, they were presented in Table II.

**Table II. Distribution of respondents – interviewees**

<i>Title</i>	<i>N</i>
Pharmacists	11
Medicine managers	5
Marketing managers	4
Product specialists	5
Patients	9
General practitioners (GP)	3
Specialist	2
Consultants	2
MOH officer	3
Total	44

#### ***Pharmacists' opinions:***

The pharmacists were certainly aware of the lack the effectiveness of their service has been analyzed as follows:

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- Pharmacies are experiencing financial difficulties that are not good at the public level due to the limited pricing system that is limited by a simple profit margin that does not often cover costs. Medicare costs are paid by insurance organizations that usually reach them for a whole year, most pharmacies cannot afford to buy modern technologies, raise incentives for qualified staff to give better results at work.
- We must comply strictly with the laws and regulations of the Ministry of Health. They searched us four times per year during each season and control of compliance procedures. No contradictions, they told us there is a view to customers that they prefer and prefer drugs manufactured externally for local medicines of lower quality according to them.
- Health care policy and regulations are not clear, responsibilities are clear frequently mixed, we assume that doctors should provide sufficient information the patients.
- Each pharmacy must have a "qualified pharmacist" under the law. It has the right information and knowledge from a previous study and has sufficient experience to provide the correct prescription medication to the patients and often does not exist and does not give the work time. The rest of the staff may not be aware of how to treat the medications as required. Therefore, they are unable to solve many medical and pharmacological issues. Moreover, pharmaceutical companies do not give much scientific information to these employees. They focus heavily on doctors and the information provided to pharmacies is less.
- High-priced drugs are often replaced by less expensive alternatives that do exactly what doctors and large companies do not.
- Pharmacists are also aware of the problem of drug availability. They justify the statement that no one can carry 5800 registered items. They bring most of the most famous and least profitable medicines that they can certainly sell, "if we cannot sell no one compensates for our loss." They also found that it is natural to replace prescription medication by having the experience and audacity.

We can say in the end that throwing responsibility on the other common and prevailing in these communities.

***Pharmaceutical managers' opinions:***

- They believe that doctors have the decision and the ability to direct the drug market and this focus on them is the basis in the work and thought managers. However, this does not reduce the ability of pharmacists and employees in pharmacies to sell significant quantities of medicines to these companies.
- The directors emphasize that joint, coordinated, scientific and knowledge work should be carried out between pharmacies & pharmaceutical organizations on the one hand, and local and international drug and distribution companies on the other. This will create a state of stability and integration in the pharmaceutical market and will therefore have a positive impact. For the short and long term and will reduce the contradiction and fragmentation that exists between all parties

***Marketing managers' opinions:***

There is a view of increasing pharmacies' profits by dealing with low-cost medicines and therefore their efficiency may not be high and the focus on high-quality medicines is often limited that from the foreign industries. Therefore, the least expensive labor will be used. In the process of replacing the best with the cheapest in the all situation.

***Product specialist's opinions:***

- They confirm that Saudi customers favor the types of drugs with foreign manufacturing, which they see as high quality and quick effectiveness through previous experience, and sometimes convince some pharmacists and doctors to use these drugs and there may be a view contrary to that view, where many are exported of the local varieties of the global market.
- The medicine can be given to the patient in a random manner without reference to the logical methods in force, which are usually issued by doctors in the form of prescription and respect of pharmacists and restricting them according to scientific standards to ensure good health of the community , confirmed the criminalize the substitution of unscientific and unthinkable.

***Patients/consumer' opinion:***

- There was a clear difference between the categories of patients. The high level people found that they were dissatisfied with the level of service provided, which is often concerned with profit and quick gain, while the quality of service and effectiveness of the lower class.
- A large proportion of patients confirmed the absence of many types of important drugs in the local drug market, which we can find many alternatives from foreign companies with marketing forces.
- They cannot give knowledge about medicines with all their precautions and supplies by giving time to patients enough to explain to them that information.
- Focus on the patient's money without focusing on the patient's psychological state.
- The scarcity of qualified staff and high qualifications to give better service to that category.
- emphasized the lack of social responsibility of many pharmacists in dealing with patients and respect.

***General practitioners' opinion:***

- Pharmacists often prescribe medicines for patients without the necessary Laboratory tests to diagnose the disease correctly and know its main causes, which will inevitably be the cause of the health problem.
- Information and knowledge are often not shared with patients by doctors and may cause misunderstandings for rapid and correct recovery at the same time.

***Specialist' opinion:***

- Patients are advised to buy certain types of medicines for different companies, which may be for price, quality or both.
- Concentrate heavily on popular medicines and famous and may be of high quality and absolute effectiveness through the previous experience of these doctors.
- Always insist on the medicines prescribed by them without retracting in one way or another to convince them completely.

***Consultants' opinion:***

- Strong communication between all parties is often missing and often leads to a deep misunderstanding that leads to a failure to solve the patient's health problem as required and sufficient.
- There is full conviction in helping patients to list their information and give them sufficient knowledge to facilitate early recovery.
- There must be laws and regulations that encourage learning and knowledge for all parties in the medical and pharmaceutical fields.

***The MOH officer's opinion:***

- The senior policy of the Ministry of Health of Saudi Arabia confirmed the idea of ensuring the presence of medicine continuously and high quality even in local industries and at a lower cost than expected and sometimes subject to government support, especially for long-term chronic diseases.
- To contribute to the dissemination of health awareness based on scientific and research for all medical staff, including providing a job opportunity for all workers in the health sector to reduce the imaginary unemployment in this area.
- Creating a state of fair competition between pharmacies and medical staffs of doctors, pharmacists, and nurses, which will contribute to reducing problems and difficulties and this role of the Ministry of Health in all cases.
- Handling complaints in accordance with a series of rules and legal data applicable in Saudi Arabia which regulate the process according to a series of procedures and methods and the survival of pharmacies and workers in the health sector under the control of the Ministry of Health.
- The firm and comprehensive response to the violators and infiltrators of the law and the closure of pharmacies that are not subject to regulations and may evolve to return to the judiciary in some cases.
- Rehabilitation and training of pharmacists and doctors in many medical aspects and continuously and regulated under the supervision of the Ministry of Health in keeping with the development and continuous updating of the health information.

- Dealing clearly with modern technologies and advanced means that facilitate the health process and connect pharmacists to the health system and provide information and knowledge and delivery to them by the Ministry of Health.

## **5. CONCLUSION AND RECOMMENDATIONS**

The study pointed out that the pharmacies in Saudi Arabia face difficulties and significant obstacles in the effectiveness of the service and its impact on the level of pharmaceutical and medical sector, the results of the study confirmed that the quantitative data show negative gaps in the perceptions and expectations of customers in all 15 SERVQUAL data.

Dimension-wise indicated that customers did not fully agree on all dimensions, the highest quality was after the loyalty of the customers and the lowest in after training. After the arrangement and the general form is controlled mainly by the MOH, while the other dimensions were unchecked and not actually calculated and practical at the maximum and therefore showed very low results in the dimension of knowledge and the health of information due to lack of training and education. The absence of a regulatory mechanism and the lack of control of pharmacies with fixed regulations and laws set for this sector, the presence of many problems and financial difficulties, which contribute directly to the lack of development of pharmacies and the lack of improvement of the performance of employees, The deterioration of quality and the prevailing thought of irresponsibility. In the matter of dealing with companies, the main control of the process are the pharmacists, the good attention from the pharmaceutical companies creates a positive spirit and thus contribute to solving many of the problems of patients and the reverse leads to further deterioration in the public sector. The discoveries show that the SERVQUAL scale does not properly measure the quality of pharmacy services; therefore, we recommend that the industry make a scale called "PHARMA-SERVQUAL". The results of this analysis also confirmed because of the nature of pharmaceutical services must be SERVQUAL dimensions, they can be adjusted as knowledge, loyalty, training, arrangement, attention to customer time and giving them all the focus.

Therefore, pharmacists should focus on developing the idea of the strength of the service provided and its effectiveness, and this can only contribute to the pharmaceutical companies in providing the knowledge and the appropriate medical information that the patients need in all cases. And the delivery of all marketing and promotional programs to all sides of the sector of pharmacists and assistants (pharmaceutical training), Companies should also think for the long term and intelligently and consider pharmacies and their employees as the foundation working as an effective partner and focusing on this segment gives a positive and effective way to provide a better service that contributes to a distinguished customer service. The modern technology of any pharmacy brings information and knowledge quickly and effectively to the development of a perspective of work within the facility and obviously will contribute to providing high quality service at the same time through the training and qualification of cadres working in all aspects and aspects of information technology, we repeat here that it is the responsibility of the MOH, which is supposed to establish regulations and steps through which the staff can start from the pharmacists and finish with the pharmacy technicians that under the scientific supervision of the faculties of pharmacy and medical institutes. The research recommended the existence of a preliminary database containing many rules and laws governing the work of the pharmaceutical committee, which would provide an environment of knowledge and information to the pharmaceutical staff towards the patients and the medicines that are administered to them and to be a link between the physician and the patient to contribute to the development of health work And thus develop the skills and capabilities of pharmacists through scientific courses evaluated by pharmaceutical companies.

The results show that those aspects are controlled by the Ministry of Health, which required better action in quality (e.g. arrangement, general form and training) and also required improvement of the level of responsibility for all segments of the sector. This means that the MOH recommends that special screening procedures and regulations be taken into account to cover other aspects of the effectiveness of the service and the provision of integrated health care.

### **5.1 Implications**

The study revealed that there is a direct impact on the scientific and cognitive aspects of the pharmaceutical sector. The students benefit from practical facts presented in this study on the quality of the effectiveness of the work in the pharmacy in the Middle East, specifically the Gulf. Absolutely also benefit from the application of SERVQUAL in pharmaceutical services and the need to convert the general standards commonly used in such cases to the industry base and here we mean pharmacy and pharmaceutical field - PARMA-SERVQUAL. And here benefit from this scientific research to give insight into the health system used in Saudi Arabia and the correct understanding of pharmaceutical marketing, which needs many modern ways to deal with the right and correct with the customers and here we mean, of course, the category of patients (target group). The idea of a "touch point" is other idea that can help students gain an overview of the medical

and health system (chain system), and to be distinguish at one point of contact (e.g. doctor, company and assistant agent in medicine distribution) are not fully covered and the service of the pharmaceutical marketing field is fully covered.

Through the administrative side, the study was useful for the pharmacists, assistant's pharmacists, marketing managers and CEO of companies in the field of efficiency to work and provide better service to customers and will understand the ideas to improve the overall quality.

The study suggests the need to understand a culture of responsibility and meaningful participation in the positive results and to treatment the negative results, if found in the spirit of one team and motivate workers to broadcast a sense of optimism always. They must develop a mechanism for joint work with a large group of pharmaceutical companies through medical delegates and to include these services in all aspects of the health system effective to serve the community and constantly aim to develop the value of those products representing companies. Effective and professional work in a well-thought-out manner often gives a guaranteed and lasting benefit.

There is more than one point of opportunity available by connecting the disconnected from the chain of communication between the parties involved previously mentioned by the company directors and product managers to push delegates and representatives of companies to obtain all information knowledge of their products and how to harness the conditions to connect with the parties in the sector at one point. This is especially important for the last point of contact with end-user customer.

Companies should work through the fund of medicine and the patient and pharmacy, which are the main axes of research and work to give them sufficient size of importance and therefore does not reduce the importance of the pharmacies effective as the "creator of images." They should be aware of the effectiveness of drugstore services and its immediate influence on the patient's perception of the quality of medicines sold in the pharmacy – medicines. In many cases, pharmacies are considered to be a sales database designed to reach customers to obtain the desired products through reliable marketing and direct attention to these consumers.

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