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RELATIONSHIP MARKETING PRACTICES IN COMMUNITY PHARMACIES IN NIGERIA

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The study identified the types of relationship marketing (RM) practices, determined the components of RM that fostered customer loyalty (CL) and evaluated the influence of the RM components on CL in community pharmacies. It was a cross-sectional survey of community pharmacies, pharmacists, non-pharmacist staff and customers. Random sampling was employed to select 40 community pharmacies, while purposive sampling was used to select four staff from each of the community pharmacies (160). Accidental sampling was used to select 510 customers of the pharmacies. Data were obtained with the questionnaire and analysed using appropriate descriptive and inferential statistics. Social RM practices yielded optimal results. The RM components that were determined were trust (TR), commitment (CMT), competence (CP), communication (CM), conflict handling (CH) and accessibility, which accounted for 55.4% of the total variance that occurred in CL. All the components of RM had positive but significant influence on CL with varying magnitudes. The study revealed that the types of RM practices in community pharmacies were the giving of loyalty gifts to customers, personalised telephone CMs, calling customers by name and special greeting codes. Also, special discounts and credits were offered to certain customers in order to build relationships. All the RM components positively influenced CL. Easy A to the pharmacies and pharmacists proved to be most influential in building loyalty followed by CM. The study concluded that RM practices in community pharmacies hold a lot of promise for community pharmacies to sustain their existing customers.

Keywords: Community pharmacies, Relationship marketing, Nigeria

INTRODUCTION

Community pharmacy practice is shifting from traditional dispensing to pharmaceutical care services which most patients are not too willing to pay for (Tootelian, Rolston and Negrete

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2005; Law, Okamoto and Brook 2008; Garcia *et al.* 2009; Wood *et al.* 2011). Therefore, community pharmacies may have to seek other strategic options to remain in business. One of such options is relationship marketing (RM). RM is used by business organisations to keep and improve services to existing customers (Holdford, 2003). Meanwhile, most RM studies and established practice experiences, are outside the community pharmacy environment (Wood *et al.* 2011; Hoffman and Birnbrich 2012). Again, RM practices reflect only western perspectives and do not address the unique realities of the community pharmacy market (Udegbe, Idris and Olumoko 2010; Ndubisi 2011; Alston and Waitzman 2013). Furthermore, most customers of community pharmacies in Nigeria are illiterates and often regard community pharmacies as places for selling medicines by medicine sellers. Meanwhile, majority of people may not be aware of the extended roles of pharmacists, more so when there is dearth of information about the competencies for effective relational marketing in the Nigeria community pharmacy marketplace. It is also not known which components of RM yield best outcomes. Hence community pharmacies must identify key drivers of RM that foster customer loyalty (CL).

The objectives of the study were to identify the types of RM practices, determine the components of RM that foster CL and evaluate the influence of the RM components on CL in community pharmacies in Nigeria. This is with a view to providing information on the skills needed by community pharmacists to maximise their relationships with relevant customer segments as well as provide useful data for studies in pharmaceutical marketing.

LITERATURE REVIEW

Relationship Marketing

RM was viewed as a way of proactively determining, developing and maintaining committed, interactive and profitable exchanges with selected customers over time (Harker 1999). RM was categorised into social, structural and financial sectors (De Wulf, Odekenke-Sckroder and Lacobucci 2001). Some authors believed RM is the on-going process of engaging in cooperative and collaborative activities and programmes with immediate and end-use customers to create or enhance mutual economic value at reduced cost (Anderson and Weitz 1992; Sheth and Parvatiyar 2000; Ndubisi 2006; Ndubisi 2007). Meanwhile, it was posited that best outcomes in RM are achieved with customers who have a high relationship orientation, expressed in customer's desire to engage in strong relationship with partner (Alrubaisee and Al Nazer 2010). Such customers have been shown to be more receptive to relationship building efforts by organisations and hence more loyal (Farrelly and Quester 2003; Palmitier *et al.* 2006). The cost of serving one loyal customer is 5 to 6 times lower than the cost of attracting and serving one new customer (Ndubisi 2003; Ndubisi and Wah, 2005; Gilaninia *et al.* 2011). A five-year trend analysis had shown a 60% growth in company's profit by a mere 5% increase in CL (Reicheld 1993).

Customer Loyalty

CL is a deeply held commitment (CMT) to consistently buy products irrespective of external or environmental influences (Oliver 1999). CL is an important determinant of long-term financial performance (Jones and Sasser 1995). CL involves positive feelings toward the organisation (affective loyalty) and continuous patronage of the firm's products and services in the form of behavioural loyalty (Dicks and Basu 1994). In managing CL within the milieu

of competitive markets, managers should note that not all loyal customers are profitable. It has been suggested that companies should manage customers who are profitably loyal, not just loyal customers (Kumar 2010).

In community pharmacies, customers should not be poorly treated because customers pay more attention to bad services than to good ones (Mittal and Lassar 1998). Loyalty is a strong determinant of profitability and could be measured using repurchase intention, actual repurchase and positive word-of-mouth recommendations (Jones and Sasser 1995). Recent studies measured CL using structured questionnaire, net promoter score (NPS), repurchase ratio (RR), upselling ratio (UR), customer loyalty index (CLI) and customer engagement numbers (Ndubisi 2007; Gaurav 2008; Alrubaisee and Al Nazer 2010; Gaurav 2016; Pascal 2016).

Community Pharmacy Practice in Nigeria

Most community pharmacies in Nigeria are privately owned and managed. There is a near total absence of large retail chains, but preponderance of pharmacies that can be regarded as small and medium scale enterprises. Poor legal and regulatory infrastructure make partnerships between individual pharmacies unpopular. There are on-going mutual suspicions among healthcare providers, hence collaborative practice alliances are rare. Community pharmacies are easily accessible and they provide pharmaceutical care (World Health Organization [WHO] 1997).

There is an estimated ratio of 1 community pharmacy to 40,000 citizens. Which is about 4,000 community pharmacies among over 160 million Nigerians (Pharmanews 2014). Such unsustainable ratio, among other factors, provide a wide room for non-pharmacists such as patent and proprietary medicine vendors (PPMVs), dispensing doctors and nurses, alternative medicine practitioners, herbal medicine dealers and faith-based healers to flock the medicines market. The circulation of fake and substandard medicines has contributed in a large part to the complexities of community pharmacy practice in Nigeria. Furthermore, the pharmacist-patient ratio in Nigeria is 1:15,000 based on estimated population of 190 million people against the prescribed WHO ratio of 1:1500 (Pharmanews 2014). Moreover, the Nigerian community pharmacists practice in a rich country but serve a poor population in which two thirds live below or around $1.25 per day (global average, $25 per person per day), according to World Bank reports (World Bank 2014). Most of the customers of community pharmacies pay out-of-pocket for their medications.

METHODS

Study Location and Research Design

The study was conducted in Ondo, Southwestern Nigeria. The state has a population of about 3.5 million people, occupying a land mass of approximately 15,500 km^2 and has 45 registered privately-owned community pharmacies (National Population Commission 2014). This cross-sectional survey was conducted from January to March 2017.

Sample Size and Sampling Technique

Sample size was determined using the Marketing Research Online Research Application (Burns and Bush 2003). Simple random sampling was employed to select 40 out of the

45 community pharmacies. Preliminary survey showed that most of the community pharmacies had only one pharmacist in full-time employment. Hence one pharmacist per community pharmacy was sampled, giving a total of 40 pharmacists. Purposive sampling was used to select four staff members from each of the community pharmacies giving a total of 160 employees. Convenient sampling technique was used to select 510 customers of the community pharmacies.

Research Instruments and Method of Data Collection

Primary data were obtained using structured questionnaire adapted from previous studies (Morgan and Hunt 1994; Leverine and Lilijander 2006; Ndubisi and Wah 2005; Gaurav 2008; Alrubaisee and Al Nazer 2010; Gaurav 2016). These studies employed 5-point Likert scale represented as 1-strongly disagree to 5-strongly agree, respectively, to measure respondents' opinion on statements about RM constructs. From literature, 35 items were identified for RM and 18 items for CL. These items were presented in form of statements in the questionnaire. All instruments were self-administered by the researcher. Written consent of participants was sort and obtained before the research instruments were administered.

Suitability of Research Instruments

Face and content validity of the questionnaires was done by asking some experts to scrutinise the research instruments in addition to pre-testing the questionnaire to 12 pharmacies outside the study area. Results from the pre-test and comments from experts were used to effect corrections on the questionnaires. Reliability of the research instruments was ensured with the use of Cronbach alpha statistics which gave an overall coefficient of 0.87. This showed a high degree of internal consistency of the research instruments based on the satisfactory value of 0.6 for the scale to be considered reliable (Malhotra 2007).

Data Analysis

Descriptive statistics such as, frequency and percentages were used to identify the types of RM practices in community pharmacies. Factor analysis was used to extract the underlying components of RM from the responses to the identified 35-items statements in the questionnaire. Prior to this, the appropriateness of the data for factor analysis was examined using Kaiser-Meyer-Olkin (KMO) measure of sample adequacy and Bartlett's test of sphericity (BTS). KMO statistics usually varies between 0 and 1. KMO value that is greater than 0.5 is considered acceptable as long as the result of BTS remains significant (Field 2000). Principal component analysis followed by Varimax rotation was performed on the data to obtain the factor-factor cousins (Boyd, Westfall and Stasch 1977). The factors were identified after computing Eigenvalue for the correlation matrix. In this study, only factors having Eigenvalues greater than 1 were retained (Bracken and van Assen 2017). CL score was obtained by computing the arithmetic mean of all the items that had to do with CL. Multiple regression analysis was used to evaluate the influence of RM components on CL using a specified model (Hair *et al.* 1995). Statistical Package for the Social Sciences (SPSS) version 20 for Windows was used for data analysis.

Model Specification

The model for evaluating the influence of the RM components on CL in community pharmacies in Nigeria was formulated as shown below:

$$Y= \alpha +\beta_1X_{1+}\beta_2X_2 + \beta_3X_3 + \beta_4X_4 + \beta_5X_5 + \beta_6X_6 + U \quad (1)$$

Where,

the dependent variable: Y represents CL;

the independent variables:

α is the intercept;

β_1, β_2, β_3, β_4, and β_5 are the coefficients of RM components;

X_1, X_2, X_3, X_4 X_5 and X_6 are different RM components; and

U is the disturbance error term

Ethical Consideration

Ethical approval for the study was obtained from the Ondo State Ministry of Health Ethics Committee, reference number: ODS/MOHREC/450/01/2017.

RESULTS AND DISCUSSION

The most commonly employed RM practice among the pharmacies was the giving of loyalty gifts (87.5%) during festive seasons. Most respondents (75%) were found to call customers by name, even though this social RM practice was not practiced as a matter of policy. Such act could exert a significant influence on customers' perception of the pharmacy. About 62.5% of pharmacies offered special credit sales, which is a financial RM practice (Table 1).

This practice seems attractive due to the out-of-pocket mode of payment prevalent in the health care settings. However, there were no clear pre-qualification criteria for those customers who were to enjoy these credit facilities. Again, 62.5% of the pharmacies made telephone contacts with key customers during important anniversaries. However, only 12.5% of the pharmacies offered home delivery services (structural RM practice). This could be attributed to incurring more expenses in terms of logistics and finance. Home deliveries had limited acceptance among the pharmacists because it could reduce personal interactions with the customers. Results showed that there was no consistent documentation of customer interactions and history. Thus, all RM practices were not systematic. Therefore, RM activities in the community pharmacies revolved round social, structural and financial contexts.

Table 1: RM practices in community pharmacies.

	Activity	No	(%)
1	**Social RM practices**		
	SMS/calls on birthdays/anniversaries	5	62.5
	Gifts/visits at birthdays/anniversaries	2	25.0
	Call customers by name	6	75.0
	SMS on health information/tips	4	50.0
	Special greeting codes	2	25.0
2	**Structural RM practices**		
	Special service/attention to elderly	3	37.5
	Special attention to physically challenged	3	37.5
	Home delivery service	1	12.5
3	**Financial RM practices**		
	Special price discounts	2	25.0
	Special credit facilities	5	62.5
	Loyalty gifts	7	87.5

KMO measure of sample adequacy and BTS gave a value of 0.876, which was significant at $p \leq 0.001$ indicating a high correlations among RM variables. Hence the use of factor analysis to extract the underpinning components of CL. Factor loading for 10 statements were less than 1. Such statements were deleted and factor analysis re-conducted on the remaining 15 items which eventually got reduced to six factors that explained 55.4% of the total variance. This result is acceptable (Malhotra 2007). The six factors of RM that were associated with CL were trust (TR), commitment (CMT), competence (CP), communication (CM), conflict handling (CH) and accessibility (A) and are presented in Table 2.

Table 2: Factor analysis of RM variables.

Code	Key dimensions	Eigenvalue	Variance (%)
F1	TR	1.368	6.140
F2	CMT	1.922	6.199
F3	CP	2.060	6.645
F4	CM	2.731	8.809
F5	CH	2.753	8.880
F6	A	4.875	18.727

Note: Total variance: 55.4%.

Factor 1, TR, consists of two items, which had to do with customers having implicit confidence in the services and products offered by community pharmacists. TR remains one of the major pillars of pharmaceutical care (Hepler and Strand 1990) and it explained 6.140% of the variance in the data, with an Eigenvalue of 1.368. TR is the willingness to rely on an exchange partner in whom one has confidence (Moorman, Zaltman and Deshpande 1992). It is a measure of one party's positive perception of the integrity and reliability of the other partner, as well as a central component in all relationships (Morgan and Hunt 1994). Meanwhile, TR is a vital since it forms the basis for future collaborations (Dwyer, Schurr and Oh 1987). Organisations that engage in trust-driven relationships usually find that they achieve better outcomes than they would if they acted solely on the basis of self-interest (Anderson and Narus 1998). A betrayal of TR by the seller/supplier could lead to customer dissatisfaction and switching (Ndubisi and Wah 2005, Vesel and Zabkar 2010). A trusting relationship between the community pharmacist and patient is necessary for maximising patient medication therapy outcomes. Developing personal relationship with patients during counselling could improve mutual TR and compliance.

The second factor, CMT, explained 6.199% of the total variance of the data, with an Eigenvalue of 1.992. It consists of three items. In community pharmacy practice, a relational CMT is vital especially in the long-term management of ambulatory chronically ill clients. Benefits of this relationship to both parties become apparent when mutually agreed treatment goals are met, shared responsibilities are fulfilled and medication therapy problems are minimised (Holdford 2003). Such desired outcomes are usually achieved when there is a long-term two-way CMT to the relationship. Relationship CMT is just the ability to keep a valued relationship (Moorman, Zaltman and Deshpande 1992). CMT is a construct for measuring the likelihood that a customer will be loyal and could be helpful in predicting future purchase frequency (Morgan and Hunt 1994).

The third factor, CP, had three items which explained 6.645% of the total variance in the data, with an Eigenvalue of 2.060. In community pharmacies, the capacity to retain customers over a long-time horizon, depends on perceived service quality and CP in offering differentiated services in a hybrid market (Holdford 2003). Poor service quality which represents incompetence, could lead to customers switching to competitors' due to dissatisfaction.

The fourth factor, CM, consists of two items which explained 8.809% of the total variance in the data, with an Eigenvalue of 2.731. In community pharmacy practice, collaborative CM highlights common treatment goals between pharmacist and patient, which could increase compliance by patients. Moreover, word-of-mouth recommendations are key in disseminating community pharmacies services because they are usually unpaid for, and very effective. Community pharmacists could subtly urge customers to use word-of-mouth to recommend to friends, family members about the services they render and even asks customers to recommend the pharmacy to others. CM is the sharing of timely, meaningful and trustworthy information between exchange partners. It provides a mechanism for conflict resolution, telling dissatisfied customers what the company is doing to rectify causes of dissatisfaction (Ndubisi and Wah 2005).

The fifth factor, CH, was responsible for 8.880% of the total variance in the data and had an Eigenvalue of 2.753. Conflicts have been described as 'tension and frustration' between different people due to perceived incompatibilities in the ways they reason about how they are treated (Naoui and Zaiem 2010). CH is the supplier's effort in reducing the occurrence of conflicts (Dwyer, Schurr and Oh 1987). It includes avoidance of potential conflicts, solving manifest conflicts before they cause problems and ability to engage in open discussions when problems arise. They provide an opportunity for the company to demonstrate its level of engagement with the customer through its efforts to resolve

conflicts and achieve possible satisfactory solutions (Naoui and Zaiem 2010). Open, timely and bidirectional communications have been shown to have strongest effects on interpersonal CH (Meunier-FitzHugh and Piercy 2010). In community pharmacy settings management strives hard to ensure that aggrieved customers are promptly pacified and views such occurrences with a mind-set that 'customers are always right' because negative word-of-mouth have the potential to mar relationships in service oriented organisations (Naoui and Zaiem 2010).

The sixth factor, A, which contained three items, accounted for 18.727% of the total variance in the data with an Eigenvalue of 4.875. This showed that consistent and easy A to the pharmacist and pharmacy, mean much to the customers in their decisions to re-purchase products and re-seek more services. This agrees with the opinion of the World Health Organization (WHO 1997) which laid emphasises on A as a key strength of the community pharmacists. Access to offerings of community pharmacies is an important contributor to overall population health (Khan and Bhardwaj 2010). A deals with spatial spread of the facilities in terms of travel impediments (route, distance and time) between customer location and service point (Holdford 2003). A, here, has two dimensions: potential for the use of the products and services on offer and actualised/realised delivery and utilisation of offerings (Khan Bhardwaj 2010). Actualised care occurs when demand meets supply of care.

Multiple regression results obtained from evaluating the influence of RM components on CL, gave an R^2 (coefficient of correlation) value of 0.456 and an adjusted R^2 value of 0.46. This shows that a significant relation exists between the dependent and independent variables. Also, all the RM components accounted for 46% of the variance that occurred in CL. Therefore, 54% of variance in CL could be attributed to other extraneous variables that were not associated with RM components. The R^2 value of 0.456 showed the goodness of fit of the regression model. The overall F-statistic value of $F = 86.70$, $p < 0.001$ indicates that the independent variables were important in determining CL. Durbin-Watson statistics test value of 1.38 indicates the absence of serial auto-correlation in the data used. Variance inflation factor (VIF) of 1 indicates that all the parameter estimates were stable and the regression was devoid of multicollinearity. The outputs from the regression analysis are presented in Tables 3 and 4.

Table 3: One-way ANOVA.

Model	Sum of squares	*df*	Mean square	*F*	Sig
Regression	214.574	5	42.9148	86.70	0.001
Residual	302.216	611	0.495		
Total	516.790	616			

Table 4: Multiple regression analysis.

CL	2.16 +	0.401(TR)+	0.368(CMT)+	0.412(CP)+	0.456(CM)+	0.362(CH)	+ 0.786(A)
Se	(0.43)	(0.10)	(0.05)	(0.08)	(0.09)	(0.03)	(0.08)
t	5.02	4.01	7.36	5.15	5.07	12	9.83

Notes: $R^2 = 0.456$; adjusted $R^2 = 0.46$; DW = 1.38; VIF = 1; F = 86.70; Sig. = 0.001

All the RM components had positive influence on CL but at varying degrees. Findings in Table 4 are consistent with the result of a previous study (Ndubisi and Wah 2005), which showed that various RM variables influence CL differently. However, the result for CM did not agree with the findings of a notable study, which stated that CM affects all the stages of relationships the most (Anderson and Narus 1998). The relatively high influence of A on CL holds a significant promise for long term performance of the community pharmacies. Hence, the need to pay attention to the critical components of A namely: availability, spatial accessibility, affordability, acceptability and accommodation (Khan and Bhardwaj 2010). Accesses to offerings of community pharmacies remain an important contributor to overall population health (Guagliardo 2004). In addition, community pharmacies that build an effective, open, two-way CM that is perceived to be timely and trustworthy by the customers stand to enjoy tremendous loyalty from them too. This could be the reason why the RM variable, CM, gave the second highest coefficient of 0.456 in the regression result.

Limitations of the Study

The study was a cross sectional survey of community pharmacists in a state in Nigeria. The study did not extent to other 36 states in the country. The study did not include pharmacy practices in other practice settings such as hospital, administrative, academic and industry. Therefore, findings of the study cannot be generalised.

CONCLUSION

The study identified the types of RM practices in community pharmacies as loyalty gifts to customers, personalised telephone CM, calling customers by name and special greeting codes. Special discounts and credits were offered to certain customers in order to build relationships. Furthermore, the RM components that fostered CL were TR, CMT, CP, CM, CH and A. In addition, all the RM components positively influenced CL. Easy A to the pharmacies and pharmacists proved to be most influential in building loyalty followed by CM. Conducting such study in other geographical zones in the country may produce different results. The study was limited to community pharmacies, it did not investigate RM activities in other practice settings.

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REFERENCES

ALRUBAISEE, L. & AL NAZER, N. (2010) Investigate the impact of relationship marketing orientation on customer loyalty: The customer's perspective, International *Journal of Marketing Studies*, 2: 155–174. https://doi.org/10.5539/ijms.v2n1p155

ALSTON, G. L. & WAITZMAN, J. A. (2013) The I-Tribe community pharmacy practice model: Professional pharmacy unshackled, *Journal of American Pharmacists Association*, 53: 163–171. https://doi.org/10.1331/JAPhA.2013.12199

ANDERSON, J. C. & NARUS, J. A. (1998) Business marketing: Understanding what customers' value, *Harvard Business Review*, 76: 53–65. https://doi.org/10.1108/08858629910272265

ANDERSON, E. & WEITZ, B. (1992) The use of pledges to build and sustain commitment in distribution channels, *Journal of Marketing Research*, 29(1): 18–34. https://doi.org/10.1177/002224379202900103

BOYD, H., WESTFALL, R. & STASCH, S. F. (1977) *Marketing research: Text and cases*. 4th edition (Homewood, Illinois, USA: Richard D. Irwin Inc.). https://doi.org/10.1177%2F009207038000800207

BRACKEN, J. & VAN ASSEN, M. A. L. M. (2017) An empirical Kaiser criterion, *Psychological Methods*, 22(3): 450–466. https://doi.org/10.1037/met0000074

BURNS, A. C. & BUSH, R. F. (2003) *Marketing research online research application*, 4th edition pp. 397 (London: Pearson Prentice Hall).

DE WULF, K., ODEKENKE-SCKRODER, G. & LACOBUCCI, D. (2001) Investments in consumer relationships: A cross-country cross-industry exploration, *Journal of Marketing*, 65: 33–50. https://doi.org/10.1509/jmkg.65.4.33.18386

DICK, A. S. & BASU, K. (1994) Customer loyalty: Toward an integrated conceptual framework, *Journal of Academic Marketing Science*, 22: 99–113. https://doi.org/10.1177/0092070394222001

DWYER, F. R., SCHURR, P. H. & OH, S. (1987) Developing buyer-seller relationships, *Journal of Marketing*, 51: 11–27. https://doi.org/10.1177/002224298705100202

FARRELLY, F. & QUESTER, P. (2003) The effects of market orientation on trust and commitment: The case of the sponsorship business-to-business relationship, *European Journal of Marketing*, 37(3–4): 530–553. https://doi.org/10.1108/03090560310459078

FIELD, A. (2000) Discovering statistics using SPSS for windows, pp. 61 (London: Sage Publications).

GARCIA, C. M., SNYDER, M. C., MCGRANT, S. H., SMITH, R. B. & MCGIVNEY, M. S. (2009) Generating demand for pharmacist provided medication therapy management: Identifying patient preferred marketing strategies, *Journal of American Pharmacists Association*, 49: 611–616. https://doi.org/10.1331/JAPhA.2009.08089

GAURAV, K. (2008) Impact of relationship marketing strategy on customer loyalty, *The Icfaian Journal of Management Research*, 7: 7–21.

GAURAV, K. (2016) Impact of relationship marketing on customer loyalty: Evidence from Indian automobile industry, *Social and Management Sciences 2016*, 9: 1–17.

GILANINIA, S., ALMANI, A. M., POURNASERANI, A. & MOUSAVIAN, S. J. (2011) Relationship marketing: A new to marketing in the third millennium, *Australian Journal of Basic and Applied Science*, 5: 787–799.

GUAGLIARDO, M. F. (2004) Spatial accessibility of primary care: Concepts, methods and challenges, *International Journal of Health Geographics*, 3: 11–17, https://doi.org/10.1186/1476-072X-3-3

HAIR, J. F., ANDERSON, R. E., TATHAM, R. L. & BLACK, W. C. (1995) Multivariate data analysis with readings, 4th edition (London: Prentice-Hall).

HARKER, M. J. (1999) Relationship marketing defined? An examination of current relationship marketing definitions, *Market Intelligence and Planning*, 17: 13–20. https://doi.org/10.1108/02634509910253768

HEPLER, C. D. & STRAND, L. M. (1990) Opportunities and responsibilities in pharmaceutical care, *American Journal of Hospital Pharmacists*, 47: 533–543. https://doi.org/10.1093/ajhp/47.3.533

HOFFMANN, A. O. & BIRNBRICH, C. (2012) The impact of fraud prevention on bank-customer relationships, *International Journal of Banking and Marketing*, 30: 390–407. https://doi.org/10.1108/02652321211247435

HOLDFORD D. (2003) *Marketing for pharmacists*. 3rd edition. pp. 121–153 (Washington, DC: American Pharmacists Association).

JONES, T. O. & SASSER, W. E. (1995) Why satisfied customers defect, *Harvard Business Review*, 73: 88–99.

KHAN, A. A. & BHARDWAJ, S. M. (2010) Access to healthcare. A conceptual framework and its relevance to health care planning, *Evaluation for Health Professionals*, 17: 60–76. https://doi.org/10.1177/016327879401700104

KUMAR, V. (2010) *Customer relationship management* (Wiley International Encyclopaedia of Marketing), http://onlinelibrary.wiley.com (20 July 2016). https://doi.org/10.1002/9781444316568.wiem01015

LAW, A. V., OKAMOTO, M. P. & BROOK, K. (2008) Perceptions of Medicare Part D enrolees about pharmacists and their roles as providers of medication therapy management, *Journal of American Pharmacists Association*, 48: 648–653. https://doi.org/10.1331/JAPhA.2008.07084

LEVERINE, A. & LILIJANDER, V. (2006) Does relationship marketing improve customer relationship satisfaction and loyalty? *International Journal of Banking and Marketing*, 24: 232–251. https://doi.org/10.1108/02652320610671333

MALHOTRA, N. (2007) Marketing research, An applied orientation. 5th edition, pp.46 (New Delhi, India Pearson Education, Inc.).

MEUNIER-FITZHUGH, K. L. & PIERCY, N. F. (2010) Improving the relationship between sales and marketing, *European Business Review*, 22: 287–305. https://doi.org/10.1108/09555341011040985

MITTAL, V. & LASSAR, W. M. (1998) Why do customers switch? The dynamics of satisfaction versus loyalty, *Journal of Service Marketing*, 12: 177–194. https://doi.org/10.1108/08876049810219502

MOORMAN, C., ZALTMAN, G. & DESHPANDE, R. (1992) Relationships between providers and users of market research: The dynamics of trust within and between organizations, *Journal of Marketing Research*, 29: 314–328. https://doi.org/10.1177/002224379202900303

MORGAN, R. M. & HUNT, S. D. (1994) The commitment-trust theory of relationship marketing*, Journal of Marketing*, 58: 20–28. https://doi.org/10.1177/002224299405800302

NAOUI, F. B. & ZAIEM, I. (2010) The effects of relationship quality on client's loyalty: An application in the para-pharmaceutical industry, *International Journal of Pharmacy and Healthcare Marketing*, 39(9/10): 1049–1059.

NATIONAL POPULATION COMMISSION. (2014) *Nigeria demographic and health survey 2013* (Abuja, Nigeria and Rockville, Maryland, USA: NPC and INCF International).

NDUBISI, N. O. (2003) Service quality: understanding customer perception and reaction, and its' impact on business, *International Journal of Business*, 5: 207–219. https://doi.org/10.22146/gamaijb.5407

NDUBISI, N. O. (2006) Effect of gender on customer loyalty: A relationship marketing approach, *Market Intelligence and Planning*, 24: 48–61. https://doi.org/10.1108/02634500610641552

NDUBISI, N. O. (2007) Relationship marketing and customer loyalty, *Market Intelligence and Planning*, 25: 98–106, https://doi.org/10.1108/02634500710722425

NDUBISI, N. O. (2011) Mindfulness, reliability, pre-emptive conflict handling, customer orientation and outcomes in Malaysia's healthcare sector, *Journal of Business Research*, 65: 537–546. https://doi.org/10.1016/j.jbusres.2011.02.019

NDUBISI, N. O. & WAH, C. K. (2005) Factorial and discriminant analyses of the underpinnings of relationship marketing and customer satisfaction, *International Journal of Banking and Marketing* 23(7): 542–557. https://doi.org/10.1108/02652320510629908

OLIVER, R. L. (1999) Whence consumer loyalty*, Journal of Marketing*, 63:33–34. https://doi.org/10.1177/00222429990634s105

PALMITIER, R. W., DANT, R. P., GREWAL, D. & EVANS, R. K. (2006) Factors influencing the effectiveness of relationship marketing: A meta-analysis, *Journal of Marketing,* 70: 136–153. https://doi.org/10.1509/jmkg.70.4.136

PASCAL. (2016) Six effective methods for measuring customer loyalty. https://www.userlike.com/en/blog/measurement-customerloyalty. (Retrieved 13 July 2017).

PHARMANEWS. (2014) Imbalance in pharmacist-patient ratio in Nigeria, www.pharmanewsonline.com/how-i- (27 July 2017).

REICHELD, F. F. (1993) Loyalty and the renaissance of marketing, *Marketing Management* 2: 10–12.

SHETH, J. N. & PARVATIYAR, A. (2000) The evolution of relationship marketing. IN: J. N. Sheth & A. Parvatiyar (Eds.) *Handbook of relationship marketing*. 2nd edition, pp. 119–148 (London: Sage). https://doi.org/10.4135/9781452231310

TOOTELIAN, D. H. ROLSTON, L. W. & NEGRETE, M. J. (2005) Consumers' receptiveness to non-traditional roles for community pharmacists, *Health Marketing Quarterly*, 23: 43–56. https://doi.org/10.1300/J026v23n01_04

UDEGBE, S. E., IDRIS, A. A. & OLUMOKO, T. A. (2010) Relationship marketing and customer loyalty: A customer service approach in Nigerian companies, *Journal of Information Management*, 12: 167–176.

VESEL, P. & ZABKAR, V. (2010) Comprehension of relationship quality in the retail environment. *Journal of Service, Theory and Practice*, 20: 213–235. https://doi.org/10.1108/09604521011041952

WORLD HEALTH ORGANIZATION (WHO) (1997) *Report of the third WHO Consultative Group on the role of the pharmacist in the healthcare system* (Vancouver Canada).

WOOD, K. D., OFFENBERGER, M., MEHTA, B. H. & RODIS, J. L. (2011) Community pharmacy marketing: Strategies for success, *Innovations in Pharmacy*, 2(3). https://doi.org/10.24926/iip.v2i3.231

WORLD BANK. (2014) Nigerian Economic report; No 2 (Washington DC: World Bank Group) http://document.worldbank.org/curated/en/337181468100145688/Nigeria economic-report (27 July, 2017).