

The marketing response of independent retail pharmacy in
Ireland in 2014: a case study

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study

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Abstract

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By John Bourke.

Independent retail pharmacy, representing a type of retail SME significantly influenced by its professional role, faces stark marketplace challenges today. Research has found that marketing in SMEs is strongly influenced by resource constraints and by the attitudes, skills and knowledge of the owner/manager.

'Innovative marketing' is a specific construct in the literature that models (APT- Assimilation, Prediction, Transformation) the characteristic marketing activities of SMEs. Utilising a qualitative research strategy and case study design, this research explores the marketing response of independent retail pharmacy in Ireland in 2014, contributing to our understanding of the marketing activities of this particular sector.

It finds that the professional role of the retail pharmacist has a multifaceted influence on the marketing response of independent retail pharmacies. While location/place and price centred strategies are evident, a marketing strategy, termed NATCALEX, that combines an emphasis on the local expert care of the owner/manager pharmacist within a national retail brand, is favoured by an increasing number of owners. The formation of strategic alliances (Assimilation) from 2007 has led to this strategy. From these groups Prediction based marketing activities led to the emergence of the NATCALEX marketing strategies. The most physically obvious marketing activities today are Transformative, utilising all elements of the marketing mix, most notably, branding.

For other owners, marketing activities have led to significant number of, career as opposed to market driven new openings; also demographic and price centred marketing strategies are evident.

While technically there is some alignment between the Core Competency Framework for Pharmacists and the entrepreneurial marketing competencies of SME owners, there is no explicit reference to marketing or entrepreneurship in the Framework; also some degree of equivocation appears to exist about the place of marketing or entrepreneurial competencies in the pharmacy profession

The present period has been termed a 'point of no return' for independent pharmacy.

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Thesis Declaration

Submission of Thesis and Dissertation

National College of Ireland

Research Students Declaration Form

(Thesis/Author Declaration Form)

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Chapter 1: Introduction

The retail pharmacy sector in Ireland operates in a tough competitive environment today. With a turnover in 2011 of €2.75 billion, professional fees to pharmacist contractors amounting to €345m and pharmacy owners confirming that 46% of pharmacies dispensed in excess of 5000 items per month, this sector is significant in both healthcare and economic terms (PCRS, 2011). However, it is currently a sector under pressure: falling retail sales, Health Service Executive (HSE)¹ cuts in payments and a significant increase in competitive rivalry (in 2001 there was approximately 1200 retail pharmacies, in 2011 there were 1659) (GrantThornton, 2012). This contributes to a sense of sectoral embattlement and constitutes a significant marketing challenge for the entire sector, including independent² retail pharmacies.

The pharmacy profession believes that while the breadth of services offered by community pharmacy has increased in recent years, there is room for development. With a large evidence base detailing that pharmacists have the most frequent contact with chronic disease patients due to their accessibility it is argued that pharmacists could provide clinical and cost benefits through the existing community pharmacy network (Pharmacy Ireland 2020 WorkingGroup, 2008).

The appetite for providing enhanced pharmacy services in the future is, however, mixed. The main barrier has been identified as money. If pharmacies had a different income model, they could pay for more qualified staff, which would free up the time of the supervising pharmacist to develop and run these enhanced services. Other barriers include physical limitations of existing facilities (small retail units), opposition by local GPs (McCarthy, 2013) and other healthcare providers to the extension of diagnostic or treatment services to pharmacy, and the availability of specific, validated training in clinical procedures (Horwath Bastow Charleton, 2011). In addition, policy makers in Ireland do not put as much emphasis on expanding the role of the pharmacist as they do in other countries and so options in this regard appear to be limited (Grant Thornton, 2012).

¹ Pharmacies have a contract for services with the HSE

² Pharmacy chains of less than 6 pharmacies

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There is evidence, however, that the public would like to see pharmacists offering a wider range of services (Behaviour&Attitudes, 2012). Moreover, the demand for community based services is increasing: changes in population demographics, health policies and the economic environment all influence the demand for community based pharmacy services (GrantThornton, 2012, p. 11).

Several important unanswered research questions arise in this context: How are independent retail pharmacy owners addressing contemporary market challenges? How might their marketing response be characterised? How competent are independent retail pharmacy owners at marketing? As a profession trading in a retail setting what influence does the professional regime exert on the marketing response? What marketing strategies and activities are being prioritised?

This qualitative research, utilising a case study design, explores the phenomenon of the response of independent retail pharmacy to the contemporary marketing challenge and makes a contribution to our understanding of marketing in this sector. Study propositions were developed based on key constructs in the literature. Using sources (including literature, direct observation, document reviews and interviews) judged best placed to support an iterative, flexible exploration of the phenomenon, an analysis based on components of a relevant framework was conducted to link the data with the study propositions (Yin, 2014). Overall, this sets out the study approach to an area which appears to be under researched and which is of great importance to pharmacy owners.

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Chapter 2: Literature Review

2.1 Introduction

This research aims to explore the marketing response of independent retail pharmacy in Ireland to contemporaneous marketplace challenges. Specifically, the research aims to explore:

- how Independent retail pharmacists are responding to the marketplace challenge;
- How the pharmacy professional role is influencing the marketing response;
- The extent of entrepreneurial marketing competencies evident in independent retail pharmacy;
- What marketing strategies and activities are being prioritised?

Researchers have argued that marketing practice in SMEs is situation specific (Carson, et al., 1995; Gilmore, 2011; O' Dwyer & Gilmore, 2013). Based on this, this study argues that the marketing response of independent retail pharmacy is a particular kind of retail SME (Small and Medium sized Enterprise) marketing and as such it is important to review its underlying characteristics to understand its marketing response.

In order to address the above questions, a critical review of relevant literature is necessary. The review of literature organised into three main themes:

- Marketing in SMEs;
- Marketing in Retail SMEs;
- Retail Pharmacy- underlying characteristics that influence the marketing response

The first part of this chapter (2.2) reviews the literature relating to marketing in SMEs, including various conceptualisations of entrepreneurial marketing, a term often used to describe marketing in SMEs. The next part of this review (2.3) narrows the focus to the particular concerns of retail SME marketing, while section 2.4 examines the relevant underlying characteristics of retail pharmacy. In conclusion, Section 2.5 draws together these strands and addressing the central research question.

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2.2 Marketing in SMEs

2.2.1 Introduction

It has been long accepted that small firms approach marketing in a different way to larger firms (Carson, et al., 1995; Stokes, 2000; Morrish, et al., 2010). In addition, Deacon and Harris (2013) have noted that there remains a knowledge gap about many of the management actions that small firms take; furthermore they note that debate on the nature of marketing within the small firm and the marketing relationship with entrepreneurship appears to be increasing (ibid). Carson (1995) and Gilmore (2011) in proposing that SME marketing was in fact *entrepreneurial marketing (EM)*, a distinctive style (characterised by a range of factors that included an inherently informal, simple and haphazard approach), drew attention to the important influence of the entrepreneur/owner/manager in the marketing approach and activities of SMEs.

This study argues that independent retail pharmacy represents a particular kind of SME and that the marketing response is influenced by this particularity. Firstly, then, this section reviews the wider literature on SME marketing. Therefore, section 2.2.2 reviews the characteristics of SME marketing. Section 2.2.3 reviews conceptualisations of SME marketing as there is debate as to the nature of SME marketing.

2.2.2 Characteristics of SME marketing

For many SMEs the marketing function is peripheral (O' Dwyer & Gilmore, 2013). However, SME marketing literature identifies the presence of a form of marketing which is unique to small firms (Stokes, 2000), subject to entrepreneurs adapting general marketing concepts for their own purposes while concentrating on incremental innovations (Miles & Darroch, 2006). The characteristics of SME marketing have been summarised as in Figure 1, below:

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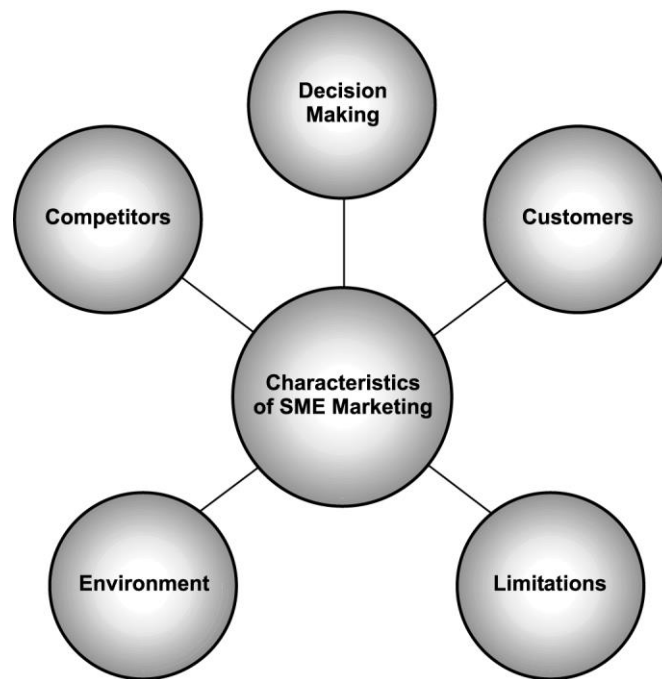


Figure 1: Characteristics of SME marketing; Source O'Dwyer and Gilmore 2013

Given its dynamic environment (Murray, et al., 2002), SME marketing decisions are taken in a haphazard and unstructured manner which leads to spontaneous, reactive and dynamic marketing activities. These decisions are also shaped by the enterprise life cycle as the SME marketing evolves in response to marketing demands, as well as the inherent characteristics and behaviours of the owner/manager and the size of the firm (Gilmore, 2011).

It has been argued that business size has a major influence on a range of managerial and organizational matters including the development of strategic marketing skills (O'Dwyer, et al., 2009). From 1st January 2007 Enterprise Ireland has defined small and medium enterprises as:

- Small: an enterprise that has fewer than 50 employees and has either an annual turnover and/or an annual Balance Sheet total not exceeding €10m;
- Medium: an enterprise that has between 50 employees and 249 employees and has either an annual turnover not exceeding €50m or an annual Balance Sheet total not exceeding €43m (EnterpriseIreland, 2014);

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In addition, a microenterprise is defined as an enterprise which employs fewer than 10 persons and whose annual turnover and/or annual balance sheet total does not exceed EUR 2 million (Europa, 2014). Most, if not all independent pharmacies can be categorised as microenterprises or SMEs (GrantThornton, 2012).

It has been argued that the marketing function in SMEs is hindered by limitations such as poor cash flow, lack of marketing expertise, business size, tactical customer-related problems and strategic customer related problems (Doole, et al., 2006) (Carson, 1985) (Waterworth, 1987). Carson (1995) has argued that three broad types of constraints on marketing in SMEs may be identified:

- Limited Resources: e.g. limitations on finance, marketing knowledge and time ;
- Specialist expertise: as managers and entrepreneurs in SMEs tend to be generalists rather than specialists;
- Limited impact in the marketplace may be a constraint because SMEs have fewer orders and fewer customers and employees than larger companies. Consequently, the impact of the SMEs presence in an industry or geographical area is likely to be limited because of size alone.

Competitive advantage is critical for SMEs; it is suggested that this emanates from innate communication/networking activities and vulnerability within an uncertain turbulent environment which customers and suppliers have significant impact on (Keskin, 2006).

Based on close customer contact SMEs are more flexible, change orientated and innovative (Moriarty, et al., 2008). In practice, marketing in SMEs is driven by innovation (O' Dwyer & Gilmore, 2013).

SME marketing, then, has been characterised in a certain way. The next section considered the conceptualisation of SME marketing, as this is a matter of debate.

2.2.3 Conceptualisation of SME marketing- Entrepreneurial Marketing

Several different conceptualizations of Entrepreneurial Marketing including Entrepreneurial Marketing Orientation (Jones & Suoranta, 2013), Entrepreneurial Marketing as 'Stage Model' (Morrish, et al., 2010) and Pragmatic/ combination Framework 'Style Model',

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including the specific concept ‘innovative marketing’ (Carson & Gilmore, 2000; Gilmore, 2011;).

Having due regard for the SME emphasis of this study, its particular research questions, the specific development of theory in terms of strategic alliances and branding and, finally, the opportunity to leverage up to date theory in terms of our understanding of SME marketing, it is considered that the specific construct ‘Innovative marketing’ (O’ Dwyer & Gilmore, 2013) might best suit the purposes of this research.

2.2.3.1 ‘Innovative Marketing’ in SMEs

‘Innovative marketing’, as distinct from marketing innovation, has been defined as:

‘doing something new with ideas, products, service or technology and refining these ideas to a market opportunity to meet the market demand in a new way’ (Kleindl, et al., 1996).

It is suggested that the primary components and elements of ‘innovative marketing’ activities and their roles in enterprise development include:

Components	Elements: Research sources	Role
Marketing Variables	product enhancement; alternative channels and methods of products distribution (Carson, et al., 1998); alteration of the marketing mix, new operational systems (Stokes, 1995) and innovative developments in other aspects of marketing (Cummins, et al., 2000).	Transformation
Modification	Pro-action: SMEs engaging in marketing activities based on prediction and anticipation (Cummins, et al., 2000) Change: SMEs actively exploring and embracing beneficial marketing	Transformation

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	transformations (Carroll, 2002)	
SME Image	Branding activities (O' Dwyer & Gilmore, 2013)	Transformation
Integrated marketing	Permeation of marketing throughout SME: (Cummins, et al., 2000) Strategic Alliances (O'Dwyer, et al., 2011)	Assimilation
Customer Focus	Customer focus (Cummins, et al., 2000)	Prediction
Market Focus	Vision; Market centred and Profit (Cummins, et al., 2000)	Prediction
Unique proposition	New; Unique; Unconventional (Kleindl, et al., 1996; Knight, et al., 1995)	Exceptionality

Table 1: Components, Elements and Roles of 'Innovative marketing' practices in SMEs: Source O'Dwyer and Gilmore 2013

A brief description of these variables is set out below:

- *Marketing variables*- primary components include (Carson, et al., 1998)
 - Product enhancement refers to SMEs engaging in identifying, designing and implementing product improvements, which transform products and services making them more attractive to customers
 - Alternative channels and alteration of the marketing mix refers to adapting marketing activities and practices to address different aspects of the business.
- *Modification: Pro-action*: SMEs engaging in marketing activities based on prediction and anticipation (Cummins, et al., 2000) and *Change*: SMEs actively exploring and embracing beneficial marketing transformations (Carroll, 2002)
- *Customer focus*: Customer satisfaction and customer orientation are strongly associated with success in smaller firms (Blythe, 2001)
- *Integrated marketing*: Innovation is pervasive throughout marketing where adjustments regularly need to be made to current activities and practices (Hills &

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LaForge, 1992). This leads to the need for marketing integration and the permeation of marketing throughout the SMEs-

- Marketing integration: Innovative marketing incorporates all SME marketing activities;
- Permeation of marketing throughout SMEs: Following on from above, SME innovations (or adaptations) of marketing build upon their strengths and enable them to differentiate their product or service from the standardised offering of larger firms, possibly within a niche market (Cummins, et al., 2000).
- *Market focus*: a review of the literature illustrates that market focus includes
 - Vision: SMEs have a clear sense of the product/services and their positioning with relevant customer segments (Carson & Grant, 1998),
 - Profit focus (Cummins, et al., 2000),
 - being market centred (Wang & Ahmed, 2004)
- *Unique proposition*: this categorisation relates to innovation marketing dependent upon uniqueness (McAdam, et al., 2000), newness (Cummins, et al., 2000), and unconventionality (Stokes, 2000).

Based on an exploration of the hierarchies and interrelationships between these 'innovative marketing' variables (O' Dwyer & Gilmore, 2013) and of their relative significance, three categories are posited, the most significant category being assimilation, followed by prediction and then transformation, hence the APT conceptualisation (O' Dwyer & Gilmore, 2013) - see figure 2 below. In addition, emergent themes from this literature demonstrate the significance of image, strategic alliances and quality as significant elements to the innovative marketing practices of SMEs (O'Dwyer, et al., 2009, p. 390). Briefly:

- Image: the significance of image has been emphasised;
- Product quality: product quality was noted by all SMEs as a fundamental pre requisite of their innovative marketing;
- Strategic Alliances: These relationships vary in terms of the partners chosen: some with similar companies in other countries, others with customers, yet others with

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suppliers and some with competitors. Earlier, Carson has emphasised the importance of networks in SME marketing (1995, p. 180)

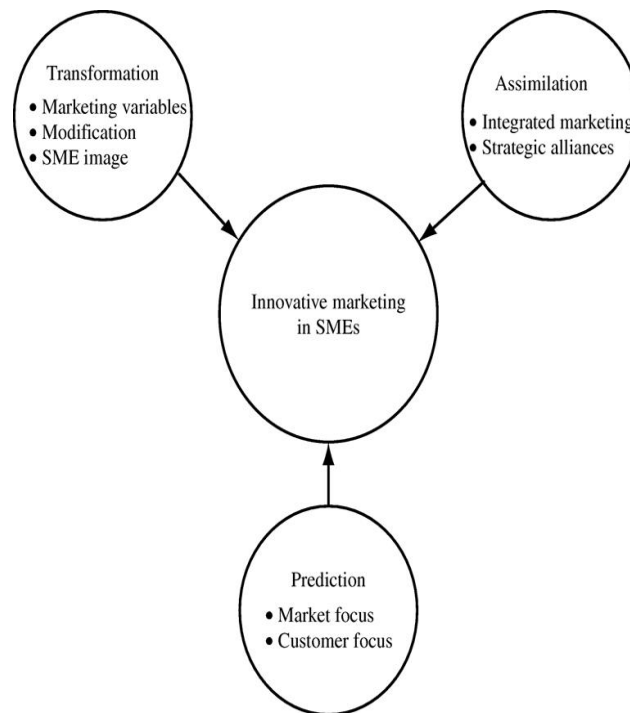


Figure 2: Innovative Marketing in SMEs; O'Dwyer 2009

When considered against the background of the 'Innovative Marketing' construct certain themes (strategic alliances and image) in retail pharmacy gain a particular prominence that requires specific review.

2.2.3.1.1 Strategic Alliances

A feature of retail pharmacy in Ireland in recent times has been formation and development of strategic alliances. In 2002 the German pharmacy group GEHE paid €110m for the 30- chain Unicare group (Weston, 2002). The Unicare chain was structured as a marketing federation assembled from a number of smaller pharmacy chains. More recently, several buying groups have developed in retail pharmacy.

A strategic alliance can be defined as 'an agreement between two or more partners to share knowledge or resources which could be beneficial to all parties involved' (Vyas, et al., 1995). Alliances can be formal (contractual) or informal (network based). Formal alliances can be based on equity sharing as in joint ventures, or non- equity sharing such as joint marketing

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or bidding activities, cross distribution or licencing agreements, research and development partnerships (Shamdasani & Sheth, 1995).

Strategic alliances are formed primarily to take advantage of market opportunities, existing market protection, structure and position within markets (Varadarajan & M.H, 1995). They facilitate the extension and leveraging of the core capabilities of one company through a relationship with another providing a basis for sustained competitive advantage and business performance (Townsend, 2003). The existence and impact of strategic alliances is a particular focus of this research.

2.2.3.1.2 Image/ Branding

Finally, another feature of retail pharmacy since 2007 has been the development and launch of customer facing group brands, comprised of independent retail pharmacies (Haven, Total Health and Life).

Marketing literature has long recognised the strategic importance of effective brand management (Keller, et al., 2008). However, it has been suggested that the brand management literature has largely overlooked SMEs (Napoli, et al., 2004). Moreover, it has been argued that in such a service dominated economy we must re-conceptualise our notion of brand so that it provides the context in which service- base marketing flourishes (Klaus & Marklan, 2007). O' Dwyer (2009), on the other hand, has found that SMEs strongly emphasised the significance of image to their innovative marketing activities and practices.

Wan (2013) has asserted that few small businesses take branding seriously. Research (Schmidt & Pioch, 2005) carried out in the UK with community pharmacies seems to confirm this view. It found that pharmacists fail to embrace the opportunities that marketing and retail branding might offer, particularly in relation to retailing activity (Schmidt & Pioch, 2005) and that branding was not regarded as a key opportunity by most, with many community pharmacy owners valuing the uniqueness of their own business more than the possible advantages of branding. It argues that community pharmacies could make use of the lessons of retail branding by taking a modular approach. It notes that while at an aggregate level, the profession as a whole engages in highly successful quasi- branding efforts, differentiating themselves from other healthcare professionals, and a micro level

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each pharmacy is unique and the image of the pharmacy stands or falls with the quality of the personal relationship among the pharmacists, counter staff and the local consumer, there may be scope at the intermediate level for 'applying the lessons from the retail and own branding literature to the oft neglected retail side of the business' (p. 502). In addition, Perepelkin et al (2011) have found that significant brand personality differences exist among various types of pharmacies, whereby customers rated independent pharmacies as slightly more trustworthy than multinational mass merchandise and national chain pharmacies.

The literature reviewed appears to offer conflicting views as to the importance SMEs attach to branding. The development of customer facing group brands is a significant marketplace feature in contemporary retail pharmacy this is a subject then requiring specific exploration.

2.3 Marketing in Retail SMEs

The Irish retail industry is primarily made up of small, family owned, indigenous companies (Retail Ireland, 2014). While it is the country's largest industry, sales in Irish retail outlets have fallen sharply and remain precarious (ibid). Consumer research (Behaviour and Attitudes, 2012) suggests that value perception and image have fundamentally shifted and that retailers need to focus on simplicity and clarity of their offers. Literature search on marketing in retail SMEs suggest that branding (Merrilees, 2007) (Perepelkin & Di Zhang, 2011) (Mitchell, et al., 2012), localisation as a marketing strategy (Coca- Stefaniak, et al., 2012) and the utilisation of product knowledge (McGuinness & Hutchinson, 2013) for competitive advantage are important themes.

Retail branding is recognised in the literature as different from product branding (Kent, 2003). Contemporary theoretical marketing approaches to brand management emphasise the subjective nature of the phenomenon (De Chernatony, 2009). Mitchell et al (2012) have found that the owner manager is central to the brand management function in SME retail firms; that the retail brand encompasses both symbolic and functional meaning to the owner manager and that the multiple and dynamic interpretation of the SME retail brand is derived centrally from the owner manager. This literature seems to underline the importance of branding in SME marketing responses.

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Coca-Stefaniak et al (2010) suggest that place attractiveness, word-of-mouth customer-to-customer marketing, customer service beyond simple product advice, community embeddedness and informal but meaningful interpersonal relations between shop owner and customers are some of the key pillars of the 'localisation' strategic marketing approach pursued by small retailers. It is suggested that 'emotional proximity' between customers and shop owners is a form of competitive advantage. However, 'localisation' suffers from a rather limited body of knowledge due to its relative novelty as a strategic concept in business and management literature (ibid).

Finally, the use of product knowledge as a source of competitive advantage for specialist independent grocery retailers has been studied by McGuinness and Hutchinson (2013). It was found that four main resources created the concept product strategy and ultimately explained the success of these retailers: knowledge of how to provide a unique product, knowledge of identifying and sourcing from quality suppliers, knowledge of recipes, preparation and storage methods and knowledge of how to merchandise products. The authors suggest that given the industrial norms of the retail sector and the co-production of product and service elements therein, that these findings may be replicated by other specialist retailers in the non- food sector. However, they do point out that further research is required to validate this claim.

This section has provided a brief review of key themes in the literature relating to marketing in retail SMEs. The current study argues that retail pharmacy is a particular kind of retail SME and that a review of the underlying characteristics of this particularly are important as basis for approaching the marketing response of independent retail pharmacies. This is the subject of the next section.

2.4 Retail Pharmacy- underlying characteristics that influence the marketing response

Carson (1995) contends that the 'underlying characteristics pertaining to a specific industry will influence, indeed, determine, the character of the marketing which is performed in that industry' (p. 46). This section, then, identifies and reviews literature related to those underlying characteristics in retail pharmacy.

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2.4.1 The Pharmacy Profession and business

Retail pharmacy is a profession which trades. While pharmacy is a profession, Kayne contends that it is probably more overt in portraying the marriage of profession and business than most other professions (Kayne, 2005).

While pharmacy today is noted for providing many other services other than the dispensing of medicines it is suggested that not only are professionalism and business compatible, they are inextricably and synergistically linked (Kayne, 2005). Perhaps going further, Desselle suggests that good business and good patient care are almost entirely mutually dependent (Desselle & Zgarrick, 2005).

Yet some research findings indicate that pharmacists see themselves as service providers with a retail element, rather than retailers with a service element (Chapman & Braun, 2011); while they seem to enjoy key strengths as healthcare professionals and therapeutic expert advisors, this is often complemented by an inward looking and short-termist approach (Schmidt & Pioch, 2005). Furthermore, Clark (2010) has found that current service levels in community pharmacies were perceived to be variable, with a strong level of concern evident that the rhetoric of professionalism is not always matched by the reality (White & Clark, 2010).

Pharmacy practice is subject to a wide ranging array of professional guidance (PSI, 2008) including guidance in relation to the advertising, promotion and sale of medicinal products. In the context of this study, for example, pharmacists are required to ensure that work practices inconsistent with the principles of professional practice do not occur, including promotion of medicines on basis of quantity discounts, use of sales targets, incentives or similar measures and upselling or inappropriate link selling of medicinal products (PSI, 2012).

2.4.2 Shift in role orientation of Community Pharmacist

Davies (2013) points out that by the 1980s pharmacists' professional monopoly over the manufacture, preparation and supply of medicinal products had been completely undermined by the expansion of the pharmaceutical industry. Roberts has pointed to a shifting of the focus from product to patient as a central theme of the pharmacy practice

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literature for more than two decades (Roberts, et al., 2007) now emphasising clinical services, pharmaceutical care and cognitive pharmaceutical services (Carr & Benrimoj, 1996; Roughead, et al., 2003; Benrimoj & Roberts, 2005).

The Interim Report of the Pharmacy Ireland 2020 Working Group (2008) set out to review pharmacy services currently provided in Ireland and compare them with best practice in other countries. It argues that international and national evidence demonstrates the significant impact pharmacists can have in health gain for patients across a range of areas including chronic disease management, medication management, minor ailments, pharmacist prescribing, health screening, self-care, provision of vaccination services and health promotion.

Associated with this change in role orientation and recognising its strategic business/practice implications Roberts (2007), building on the work of Porter (1980) developed The Pharmacy Viability Matrix; to assist pharmacists examine key strategic choices available to them in developing their businesses.

Community Scope	Product/Service Choice		
	Extended Local	Narrow	Broad
		Focussed Speciality	Multi-speciality
		Traditional Pharmacy	Expanded Pharmacy
Core Pharmacy product and service offering			

Figure 3: The Pharmacy Viability Matrix (PVM); Source: Roberts et al, 2007

Within each quadrant of the PVM the product/service mix can vary from pharmacy to pharmacy depending on local factors. The model assumes that all four strategies will continue to have a core product and/or service offering.

Traditional pharmacies add to this core a relatively narrow set of products/services tailored to the needs of their local community. Each of the other three business models also shares the core, but adds to it in ways that differ from traditional pharmacy and from each other.

The community Scope variable represents a continuum, beginning at a local level and extending, at its opposing extreme, potentially to a global level, for example some e-

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pharmacies. A pharmacy can change the community or market it serves. That is, by reassessing the community that the pharmacy is servicing, it is possible to grow the business by focussing on a concentrated pool of potential customers (say a disease-state-management area) by attracting customers from a wider catchment area. An extended community scope is illustrated by pharmacies that concentrate their business on a community that goes beyond the local area, generally by servicing one or more niche markets with specialised health care needs.

The level and viability of product/service choice is dependent on the actual or potential demand of the community the pharmacy serves. In either local or extended market, the range of products/services will be determined largely by demographic factors, consumer demand and disease patterns in the community the pharmacy serves. The mix of products/services will depend on the particular needs of the community being served. Implementation of expanded services, however, has proven difficult for many pharmacies (Roberts, et al., 2007) while White (2003) noted the absence of strategic planning in community pharmacy.

2.4.3 Learning and Development of Pharmacists

As argued earlier, Carson (1995) proposes that entrepreneurial marketing competencies³ are a key component in entrepreneurial marketing for SME's. However, learning and development of pharmacists, structured within a mandatory CPD model is shaped by the Core Competency Framework for Pharmacists (PSI, 2008). While there is evidence of some overlap, marketing and entrepreneurship are not specifically referenced in the Framework. As this competency framework is a relatively new development in Irish pharmacy, the

³ Competencies are characteristics that are causally related to effective and/or superior performance in a job (Boyatzis, 1982). It has been argued that a spectrum of competencies including judgement, experience, knowledge, communication, motivation, planning and vision, which when used in a balanced way will lead to improved decision making in relation to the marketing activities of entrepreneurial owner managed SMEs (Carson, et al., 1995, p. 186).

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impact that it will have on the development of competencies, arguably outside its domain, is unknown. This is a particular area of interest for this study.

It is well documented in the literature that it is essential to have a significant understanding of business context in order to explore how marketing activities proceed (Carson, et al., 1995; Gilmore, 2011; Deacon & Harris, 2013). This section has set out the profile of contemporary retail pharmacy in Ireland which will facilitate an exploration of its current marketing response.

2.5 Conclusion

On the basis that retail pharmacy marketing marks a distinctive form of SME marketing, the characteristics and conceptualisation of SME marketing, broadly, have been reviewed. Retail SME marketing provides a narrower focus and specific literature in this regard has been reviewed. O Dwyer (2009) contends that 'innovative marketing' in SMEs can be a proactive and/or reactive integrated organizational approach based on refinement, newness, image management, product quality and the formation of strategic alliances as key constituents in the context of competitive market circumstances. She suggests that future research will explore the applicability of the findings of her research to a range of SMEs in different geographic locations and different industry sectors. Carson (1995) has argued that while marketing has developed generally it has also developed into key, well defined and specialist areas of conceptualisation, including, for example, strategy and planning, marketing in the small business context and industry specific marketing. It could be further argued that some of the underlying characteristics of this trading profession weaken its hand in relation to the nature and practice of its marketing (Schmidt & Pioch, 2005). Specifically this research will address how independent retail pharmacy owners are responding to today's marketplace challenge. How does the professional role influence the marketing response? What are the type and extent of entrepreneurial marketing competencies evident in independent retail pharmacy? What marketing strategies and activities are being prioritised?

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Chapter 3: Methodology

3.1 Introduction

The aim of this study is to explore the marketing response of Independent Retail Pharmacy owners to contemporaneous marketplace challenges. In particular, the study aims to explore the following questions:

- how Independent Retail pharmacists are responding to this marketplace challenge;
- How the pharmacy professional role is influencing the marketing response;
- The type and extent of entrepreneurial marketing competencies evident in independent retail pharmacy;
- What marketing strategies and activities are being prioritised?

The aim of this chapter is set out the study's methodological rationale, how the research is undertaken (Saunders, et al., 2009). It sets out in detail the various assumptions about the nature of that which is being researched (ontology), what constitutes acceptable knowledge (epistemology), the researcher position in relation to values (axiology), the process of the research and the logical basis, then, of the 'found' relationships. Saunders (ibid) provides the image of the research 'onion' as a means of identifying the key issues that arise in research and the research process.

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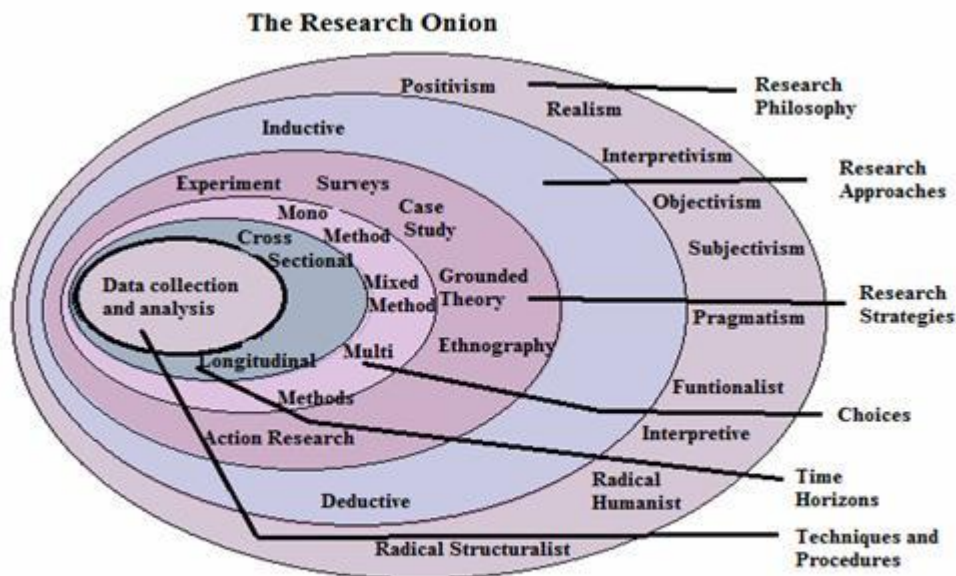


Figure 3.1

Source: Saunders *et al.*, (2009)

Figure 4: Research Onion; Source Saunders *et al.*, 2009

Specifically, this chapter aims to

- Discuss the research philosophy adopted in relation to other philosophies;
- Detail the research strategy and design, including the use of theory;
- Introduce the research instruments that have been developed and will be used in the study.

3.2 Research Philosophy

As mentioned, this study falls under the heading of social research and as such, the research philosophy adopted contains assumptions about the nature of the social world, its social ontology, the way in which that world is viewed, namely epistemological considerations and, finally, issues relating to the values of the researcher, called axiological issues (Bryman, 2014).

3.2.1 Social Ontology

Ontology is concerned with the nature of social entities and whether these entities can and should be considered objective, namely, that they have a reality external to social actors or whether they should be viewed as social constructions, built up from the perceptions of social actors.

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The former position is frequently referred to as *objectivism* which asserts that social phenomena and their meanings have an existence that is independent of social actors. The objectivist approach to social research is developed from the natural sciences and approaches social phenomena as tangible objects.

The latter view is often called *constructionism*, asserting that social phenomena and their meanings are continually being accomplished by social actors, implying that these phenomena are not only produced through social interaction but that they are in a constant state of revision. This position is closely related to that of *subjectivism*, the view that social phenomena are created from the perceptions and consequent actions of social actors (Bryman, 2014; Saunders, et al., 2009).

3.2.1.1 Study rationale-ontology

This study is focussed on the nature of the retail pharmacy industry structure and how those researched relate this to marketing actions. On the question of the nature of industry structure and how it is related to strategic actions, Kim (2005) adopts what has been called the *reconstructivist view*, which suggests how knowledge and ideas are deployed in the process of creation to produce endogenous⁴ growth for the firm. In particular, it proposes that such a process of creation can occur in any organization at any time by the cognitive reconstruction of existing data and market elements in a fundamentally new way, implying that structure and market boundaries exist only in manager's mind (p. 210).

In terms of its philosophy, then, following Kim (2005) and Bryman (2014), this study adopts a subjectivist/ constructionism position, assuming that social phenomena are created from the perceptions and consequent actions of social actors and that these social phenomena and their meanings are continually being accomplished by social actors and in a constant state of revision. This assumes that the researcher seeks to minimise the distance between himself and that being researched and is focussed on understanding and explaining the meaning of phenomena at hand from the perspective of the research participants.

This study also recognises the theory development on SMEs marketing evident in the literature and proceeds, in particular, with reference to the APT framework (see sections

⁴⁴ In this context, endogenous refers to growth that has come about from utilisation of existing resources

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2.3.2/3), seeking to test for these frameworks in the social phenomena as understood by the researcher from the various data sources.

3.2.2 Epistemology

Epistemology concerns what constitutes acceptable knowledge in a field of study (Saunders, et al., 2009). *Positivism* is an epistemological position that advocates the application of the methods of the natural sciences to the study of social reality. *Realism* is another philosophical position that purports to provide an account of the nature of scientific practice. It holds the view that natural and social sciences can and should apply the same kinds of approach as positivism to the collection of data and to explanation, with a commitment to the view that there is an external reality to which researchers direct their attention.

Intpretivism, a term given to a contrasting position to positivism, is predicated on the view that a strategy is required that respects the differences between people and the objects of the natural sciences and therefore requires the social scientist to grasp the subjective meaning of social action (Bryman, 2014). *Phenomenology* is one of the main intellectual traditions within interpretivism. This describes a philosophy that is concerned with the question as to how people make sense of the world. It asserts that there is a fundamental difference between the subject matter of natural sciences and that of the social sciences, residing in the fact that social reality has a meaning for humans and that they act on the basis of the meanings that they attribute to their acts and those of others (Saunders 2009). Furthermore, it is the job of the social scientist to gain access to people's 'common sense thinking' and interpret their actions and their social world from that point of view. In particular, this lays emphasis on the empathetic stance of the researcher, sometimes called the 'phenomenological attitude' (Scharmer, 2007).

Symbolic interactionism, another intellectual tradition found within *Interpretivism*, underlines the continual process of interpreting the social world around us, in that we interpret the actions of others with whom we interact and this interpretation leads to adjustment of our own meaning and actions (Saunders, et al., 2009, p. 116).

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3.2.2.2 Study Rationale- epistemology

In the context of this study, Gilmore (2010) has pointed out that often Entrepreneurs/Owner/Managers (EOMs) gather information intuitively and as such, study approaches that allow in-depth investigation of the decision making process in the context of their business situation are prominent. Furthermore, she suggests that in-depth understanding of the management decision-making processes of EOMs is unlikely to stem from research administered from a distance, but would benefit from a research approach which allows the phenomenon to be studied closely, taking cognizance of an 'insider' perspective.

This study, then, in line with Gilmore (2010) and Saunders (2009) adopts an *interpretivist* position, assuming that the task of the researcher is to grasp the subjective meaning of social action, retaining an empathetic stance in seeking to understand how research participants make sense of the social phenomena in question. While recognising the importance of the adoption of an empathetic stance (Bryman, 2014), the limits to this posture are recognised and approaches to interpretations of the data attempt a stance of critical reflection, as does the value set of the general philosophical stance of the researcher.

3.2.3 Axiology

Axiology is the branch of philosophy that studies judgements about value (Saunders, et al., 2009). The researcher's own values may play a role in all aspects of the research and this must be taken into account and acknowledged. This reflexivity can contribute to the credibility of the research undertaken.

3.3 Research Strategy and Design

3.3.1 Research Strategy

Bryman (2014) identifies research strategy as '*a general orientation to the conduct of social research*' (p. 22) and suggests that quantitative and qualitative research can be taken to form two distinctive clusters of research strategy, indicating differences in epistemological and ontological orientations, as well as the principal orientation to the role of theory in relation to the research (see Figure 14, below).

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Fundamental differences between quantitative and qualitative research strategies		
	Quantitative	Qualitative
Principal orientation to the role of theory in relation to research	Deductive; testing of theory	Induction; generation of theory
Epistemological Orientation	Natural science model; in particular positivism	Interpretivism
Ontological Orientation	Objectivism	Constructionism

Table 2: Fundamental differences between quantitative and qualitative research strategies; Source Bryman, 2011

This study’s philosophical assumptions (ontology, epistemology and axiology) have been discussed in the previous section. The approach to theory is discussed in the next section.

3.3.1.1 Theory and Social Research

While the term ‘theory’ is used in a variety of ways, its most common meaning is as an explanation of observed regularities (Saunders, et al., 2009). Two approaches to its use in research have been described- deduction: testing theory; Induction- building theory.

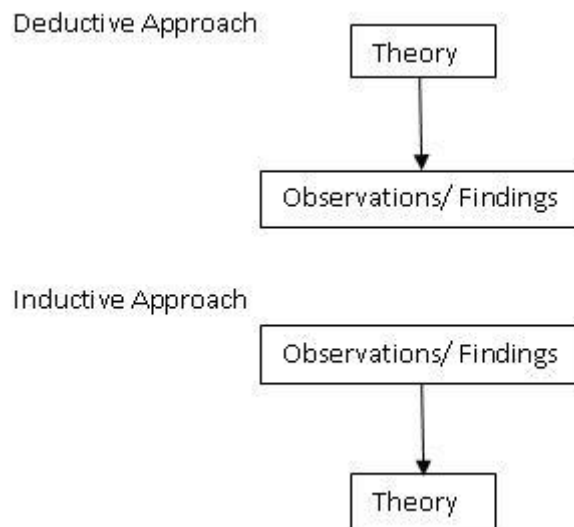


Figure 5 Deductive and Inductive approaches to the relationship between theory and research: Source Bryman, 2014

3.3.1.2 Induction

The inductive approach, as Figure 5 illustrates begins with the collection of data, the analysis of which will then lead to the formulation of theory in relation to the research question.

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3.3.1.3 Deduction

While the above Figure 3 summarises the relationship between theory and observations/findings in the deductive approach, the research progresses through a number of stages including:

- Deducing a hypothesis from the theory;
- Expressing the hypothesis in operational terms;
- Testing the operational hypothesis;
- Examining the specific outcome of the inquiry;
- Modifying, if necessary, the theory in light of the findings (Bryman, 2014).

As mentioned above (see section 3.2.1), this study recognises the theory development on SMEs marketing evident in the literature and proceeds, in particular, the APT framework (see sections 2.3.2/3), seeking to test for components of these frameworks in the social phenomena as understood by the researcher from the various data sources.

3.3.1.4 Study Rationale- use of theory

Saunders (2009, p127) points to a number of practical criteria to be borne in mind in deciding whether a study will be deductive or inductive, including the emphasis of the research, the nature of the research topic, the time available for the study and its prospective audience. Creswell (2014), in addition to underlining the importance of the researcher's training and experience, contends that certain types of research problems call for specific approaches:

- A quantitative approach, for example, is best if the problem calls for identification of factors, understanding the best predictors of outcomes or testing a theory;
- A qualitative approach is preferred, for example, if a concept or phenomenon needs to be understood;
- A mixed methods approach, which combines both quantitative and qualitative aspects, can be used where either approach by itself may be inadequate (p, 18).

Gilmore (2010), an experienced researcher in this field, contends that the focus of Marketing/ Entrepreneurship Interface (MEI) research is still on in-depth understanding, particularly in relation to influences on the series of processes involved in managerial

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decision making and planning activity. She suggests that these benefit from research approaches that allow the phenomenon to be studied closely. Qualitative interviewing and using a combination of methods are particularly useful in this regard because of its flexibility and ability to explore the complex and interrelated nature of decision making at the MEI (ibid).

Creswell (2014) suggests that qualitative enquirers *use theory* in several ways, including as ‘a broad explanation for behaviour and attitudes’, as a theoretical lens or perspective, providing an overall orienting lens in relation to the research question or as an end point- particularly in inductive research where the articulation of a new theory arises from analysis of the data (p. 64).

Building on this perspective and because of the opportunity it affords to understand both the nature and practice of marketing in the Irish Independent retail pharmacy sector in the context of current literature, it is proposed, then, to use APT Framework as a theoretical lens or perspective with two propositions:

- Proposition 1: that marketing competencies of entrepreneurial marketing are aligned with the Core Competency Framework for pharmacists(Gilmore, 2011; PSI, 2013);
- Proposition 2: that the priorities evident in the marketing responses of Independent Retail Pharmacy Owners are aligned with the APT conceptualisation of Innovative Marketing in SMEs (O' Dwyer & Gilmore, 2013).

While Saunders (2009, p. 489) sounds a note of caution in relation to the prior specification of theory (because of the risks of premature closure on issues being investigated as well as theoretical constructs departing excessively from the views of the participants), it is argued that the use of theory testing, as this approach implies, constitutes a valid basis or rationale for a qualitative research strategy, due to the nature of the research question, the philosophical positions taken in relation to the nature of social phenomena and acceptable knowledge together with the use of a case study design. In addition, this approach has the advantage of linking the research with the existing body of literature on the subject (ibid, p 490).

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3.3.1.5 Research Strategy summary

In summary, following Creswell (2014), this study, based on a deductive use of theory, yet with *subjectivist/constructionism* assumptions in relation to the nature of the social phenomena in question and adopting an *interpretivist* position on what constitutes acceptable knowledge, adopts a *qualitative research strategy*.

3.3.2 Research Design

Research design provides a framework for the collection and analysis of data that reflects decisions about the priority being given to a range of dimensions of the research process including expressing causal connections between variables, generalising to a larger group, understanding behaviour and its meaning in its specific social context (Bryman, 2014). In addition to this, research design addresses itself to various tests regarding the quality of the research including:

- Construct validity- identifying correct operational measures for the concepts being studied;
- Internal validity- (for explanatory or causal studies only- not for descriptive or exploratory studies): seeking to establish a causal relationship, whereby certain conditions are believed to lead to other conditions, as distinct from spurious relationships;
- External validity- defining the domain to which a study's findings can be generalised;
- Ecological validity- this is concerned with the question of whether social, scientific findings are applicable to people's everyday, natural social settings;
- Reliability: demonstrating that the operations of a study- such as the data collection procedures- can be repeated, with the same results;
- Replication: closely related to reliability, this relates how replicable a study is. This will depend on the clarity of procedural description contained in the study, so as to facilitate another researcher to carry out the same study (Yin, 2014; Bryman, 2014)

While Bryman (2014) has identified five prominent research designs the case study design has been chosen in this research because of the question form (how and why questions?), the nature of the research area (a contemporaneous complex social phenomenon) and

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control required of behavioural events (little). Also, it appears to be in line with the research strategy commonly used in this field.

3.3.2.1 Case Study

The case study is used in many situations to contribute to knowledge of individual, group, organizational, social, political and related phenomena where a need has arisen to understand complex social phenomena (Yin, 2014) while attempting to elucidate the unique features of the case (Bryman, 2014). Allowing the researcher to retain a holistic and real-world perspective, the case study approach has been defined as an empirical form of inquiry that:

- investigates a contemporary phenomenon in depth and within its real life context, especially when
- the boundaries between the phenomenon and context are not clearly defined;
- Copes with the technically distinctive situation in which there will be many more variables of interest than data points, and as one result
- Relies on multiple sources of evidence, with data needing to converge in a triangulating fashion, and as another result
- Benefits from the prior development of theoretical propositions to guide data collection and analysis' (Yin, 2014).

The case study has been commonly used as a research method in business and marketing (Voelpel, et al., 2005) (Bonoma, 1985). Yin suggests that while there may be overlaps between the various research methods, a key goal is to avoid a gross misfit between that being studied and the research approach. He further suggests three conditions to help distinguish between research methods:

1. The form of research Question: Exploratory 'what' and 'how' and 'why' questions are likely to favour the use of a case study method;
2. The extent of control an investigator has over behavioural events: The case study is preferred when there is no control over behavioural events

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3. The degree of focus on contemporary as opposed to historical events: The case study is preferred when the focus is contemporary as opposed to historical.

While Bryman (2014, p55) suggests that when the predominant research strategy is qualitative, a case study tends to take on an inductive approach to the relationship between theory and research, he further asserts that case study research is not necessarily associated with an inductive approach: case studies can be associated with both theory generation and theory testing (p 57). Some researchers disdain the case study method (Yin, 2014, p. 19).

The following section discusses some of these concerns.

3.3.2.1.1 Addressing Case Study Research Concerns

A major area of concern relates to the apparent *inability to generalise* from case study findings (the question of external validity, mentioned earlier). Drawing a comparison with a single experiment, Yin observes that generalisations are rarely made from single experiments, but usually based on multiple experiments that have replicated the same phenomenon under different conditions. He suggests that case studies, like experiments, are generalizable to theoretical propositions and not to populations or universes (p21). In this sense, the case study does not represent a 'sample' and the goal is to expand and generalize theories (analytic generalizations) as opposed to extrapolating probabilities (statistical generalizations).

In relation to a concern about case study research's *unclear comparative advantage* in contrast to other research methods, Yin notes that even prominent quantitative scholars have acknowledged that while randomised controlled trials (experiments) explain the effectiveness question, a case study approach may be more suited to addressing the 'how' or 'why' questions. Finally, Yin (2104) suggests that the greatest concern expressed about case study research is the *need for rigor*, citing the small number of methodological texts that exist as perhaps contributing to perceived lack of standard practice, in this area. Within this, the analysis of case study evidence is one of the least developed aspects of doing case studies.

While certain tools such as Nvivo, HyperRESEARCH- examples of CAQDAS (computer assisted qualitative data analysis software) have been developed, their usefulness is

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predicated on the existence of an overall analytic strategy. Yin (2014) suggests four general analytic strategies:

- Relying on theoretical propositions: this strategy relies upon following the theoretical propositions that have led to the case study choice in the first place;
- Working data from the ground up: starting with the data, this inductive strategy develops constructs from patterns discernible in the data. The originators of Grounded Theory (Corbin & Strauss, 2007) have provided much guidance for following an inductive approach to data analysis;
- Developing a case description: to organize the data according to some descriptive framework, which can be a useful alternative if either of the earlier approaches is achievable;
- Examining plausible rival explanations: this relates to the process of trying to define and test plausible rival explanations in relation to the data gathered. This approach can work well with any of the above three approaches.

In connection with any of the above strategies, various analytic techniques have been used to deal with concerns such as internal and external validity, including:

- Pattern matching: here, for example, an empirically based pattern (from data collected in the study, for example) is compared with a predicted pattern made before data collection;
- Explanation building: Here the goal is to analyse case study data by building and explanation about the case. While mainly relevant to explanatory case studies, a parallel for exploratory case studies has been commonly cited as part of a hypothesis- generating process (Corbin & Strauss, 2007); its goal being not to conclude a study but to develop ideas for further study.
- Time series analysis: this technique is directly analogous to the time- series analysis conducted in experiments
- Logic models: this is particularly useful in evaluations and studying theories of change; this technique stipulates and operationalises a complex chain of occurrences (with cause-effect-cause patterns) or events over a period of time.

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- Cross case synthesis: only applicable to analysis of multiple cases.

This section has reviewed the case study design in detail. The following section sets out the case study design for this particular study.

3.3.2.2 Marketing Response of Independent Retail Pharmacy: Case Study Design and Instruments

The purpose of the research design is to guide the progression of the study from the initial set of questions to be answered to the set of conclusions (answers) about these questions in such a way as to underpin the rigor and quality of the approach (Yin, 2014, p. 26).

This study has five design components: study questions; its propositions; its unit of analysis; the logic linking the data to the propositions, and the criteria for interpreting the findings.

1. Study's questions:

- a. This study centres on
 - i. how Independent Retail pharmacists are responding to the marketplace challenge;
 - ii. How the pharmacy professional role is influencing the marketing response;
 - iii. The type and extent of entrepreneurial marketing competencies evident in independent retail pharmacy;
 - iv. What marketing strategies and activities are being prioritised?
- b. The interview guide questions (research instrument) are set out in Appendix
- c. Informants: in relation to external validity, Bryman (2014, p414) contends that qualitative researchers seek to ensure that they gain access to as wide a range of individuals and perspectives relevant to the research question as possible. In this study, in order to access a wide variety of perspectives, informants have been chosen on the basis of their experience and occupation of a variety of roles in retail pharmacy. Specifically, those with experience as Independent Pharmacy Owners/ supervising pharmacists and with multiple roles within pharmacy profession over time, including as pharmacy owner, in regulatory affairs, academia and wholesaling.

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- d. As a practicing pharmacist of many years, the author has direct access to a cohort of pharmacy owners who will be asked about the case with the use of an interview guide;
 - e. The interview guide was piloted with a pharmacist colleague. This enabled a review of the type and flow of questioning.
2. Its propositions, if any;
- a. Proposition 1: that marketing competencies of entrepreneurial marketing are aligned with the Core Competency Framework for pharmacists(Gilmore, 2011; PSI, 2013);
 - b. Proposition 2: that the priorities evident in the marketing responses of Independent Retail Pharmacy Owners are aligned with the APT conceptualisation of Innovative Marketing in SMEs (O' Dwyer & Gilmore, 2013).
3. Its unit(s) of analysis;
- Related to the study questions above, it is proposed that the 'case' or unit of analysis of this study is the phenomenon of 'the marketing response of Independent Retail Pharmacy' to contemporary marketplace challenges.
 - Components of the APT Framework will facilitate structuring of the analysis:
 - Assimilation
 - Marketing integration; permeation of marketing throughout the SME
 - Strategic Alliances
 - Prediction
 - Market Focus
 - Customer Focus
 - Transformation
 - Marketing variables: Product enhancement; Alteration of marketing mix; Alteration of distribution channel;
 - Modification: Pro-action; Change;
 - Self- image: branding.

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4. The logic linking the data to the propositions:
 - a. The components of the APT Framework provide the basis for the logic for linking the data with the propositions;
 - b. The main source of data is qualitative interviews, though supplemented with relevant documents and direct observation (See section on Data Sources 3.3.2.3). These interviews were transcribed and responses, together with documents, were coded in terms of categories based on the components of the of the APT construct;
 - c. Coded extracts (for example 1, 2, 3 etc. per informant were subjected to a thematic analysis based on the research questions and the case study propositions. A findings narrative has been synthesised from these fragments through pattern matching logic adopted to compare the data arising from the study with the pattern arising from these constructs.
5. The criteria for interpreting the findings:
 - a. Interpretation of the findings of the study will include reference to the research questions, the theoretical constructs mentioned above and the extent to which the propositions of this study are supported.

A case study protocol has been developed as a guide to data collection (Appendix 5). It is set out in a number of parts:

- A. Overview
 - a. This relates to the introduction and literature review sections of this dissertation.
- B. Field procedures
 - a. Access to interviewees will be by prior arrangement at a mutually suitable time and location and are estimated to be up to 1 hour in length;
 - b. An interview guide has been developed to give structure to the interviews.
 - c. Iteration of the guide and flexibility in the development of further questions are expected as part of the interview process;
 - d. All interviews will be recorded, transcribed and subsequently analysed using an explanation building approach;

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- e. Ethical Concerns: Privacy and confidentiality of all interviewees' views are key ethical concerns. These will be addressed in the interview approach and in the procedures for safe keeping of the data and will be in line with data protection legislation. Respondents will be referred to by a letter (A, B, C, D etc.)
- C. Case Study questions
 - a. See Appendix 2
- D. Case study report
 - a. This dissertation will constitute the Case Study Report.

3.3.2.3 Data Sources

3.3.2.3.1 Sources of Evidence

In the context of case studies, Yin (2014) identifies six sources of evidence including documents, archival records, interviews, direct observations, participant observations and physical artefacts and emphasises the importance of using multiple sources of evidence, thus enabling the development of converging lines of inquiry (data triangulation) (p120). This process of developing convergent evidence helps to strengthen construct validity, potentially providing multiple measures of the same phenomenon. This case study will use three main sources of data: interviews, documents and direct observation.

3.3.2.3.1.2 Interviews

While a variety of methods have been used in MEI research including surveys, observation studies, ethnography based methods such as 'live in', content analysis, conversational analysis, action research and focus groups (Gilmore, 2010), the main method adopted for this study is semi-structured in-depth interviews with key informants in the industry. As an experienced community pharmacist, the researcher has ready access to interview candidates that are likely to render some insight into the questions being explored. Respondents were chosen on the basis of their experience and knowledge of the sector and the variety of roles that they had undertaken in the sector over time (Table 2). All except one respondent has or has had direct experience of being an owner/manager in an independent pharmacy. However, as mentioned, due to the variety of other roles undertaken by respondents over time, perspectives from academia and wholesalers also

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now inform the study, in an attempt to add to the depth of research of the phenomena being explored.

	Case				
Roles/Experience	A	B	C	D	E
Owner/Manager Independent	X				X
Owner/ Manager Symbol Group				X	
Supervising Pharmacist			X		
Academic	X				
Wholesaler		X			X

Table 3: Roles/experience of Case Study Interviewees

As previous studies have shown that entrepreneurs will adapt the mode of the recipient to their views (Hills & Muzyka, 1993), every effort was made to consider the language used by pharmacist/owner managers, to start with open and general questions and to avoid the use of business terminology where possible (Gilmore & Carson, 2007).

3.3.2.3.1.3 Documents

In this regard, it can be noted that one of the respondents was in a position to furnish a marketing strategy document that had recently been developed. Analysis of this document will form part of the study. In addition, an analysis of the IPU Review, the monthly trade magazine over the past year was conducted.

3.3.2.3.1.4 Direct Observation

Working as a locum pharmacist has afforded the researcher an opportunity, albeit limited, to gather data particularly in relation to the formation of groups and the impact of same on staff on the ground. During the research period, the opportunity arose to work as a locum pharmacist in two pharmacies that were in the process of rebranding to different symbols

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groups. This provided access to the views of staff and to be in a position to observe the pharmacies in operation from the 'inside'.

3.3.3 Limitations

There were several limitations to this study including resources available to the researcher (time), the research experience of the researcher and expertise with the case study methodology. It was planned to interview other stakeholders including from the HSE and Department of Health; unfortunately key informants were not available.

3.4 Conclusion

The aim of this chapter has been to set out the methodological rationale for this study. In terms of the philosophical issues of ontology, epistemology and axiology, the rationale for adopting *subjectivist/constructionism* assumptions in relation to the nature of the marketing response of independent pharmacy and an *interpretivist* position on what constitutes acceptable about this response was set out, along with a clear axiological position on the researcher's value position. The rationale for adopting a *qualitative research strategy*, based on a deductive use of theory was set out along with the rationale for the choice of a case study research design. The five study design components and instruments were described in detail including the rationale for the choice of sources of data. The next chapter sets out the findings and analysis of the study.

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Chapter 4: Findings and Analysis

4.1 Introduction

In light of this study's questions and the propositions, the findings will be discussed under the following headings:

- Marketing Competencies - alignment with Core Competency framework for pharmacists;
- Assimilation,
- Prediction and
- Transformation, with this final component being considered in terms of marketing strategy and marketing mix (7Ps).

4.2 Marketing Competencies: alignment with Core Competency Framework for pharmacists

4.2.1 Marketing

'We didn't market- we have never marketed. Our marketing was... somebody comes for the local fair and wants an ad...OK...here's the €100...down the drain...'(E 1);

'I'm not sure what that means' (D 21); 'Oh I have yeah...hearing and repeating would be a different matter...I don't think with it (E 11b) (response to question about the hearing of or knowing the meaning of the term marketing mix- 4/7/Ps)

'...(When you have the deal)... you need to market that; it is one thing having the deal but then they forget to tell the customer- they don't have Point of Sale, signage is rubbish- didn't put a poster in the window...'(B 3)

The data seems to suggest that marketing for independent retail pharmacy owners evokes a range of responses from *'those who have made up their mind as to who their audience is'* (B1), to those that are so busy offering and managing the core services of dispensing and sale of medicines *'ah...that stuff is all very well for you (x), I'm busy from 9-6, I haven't time*

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to look at myself' (B15), to those for whom a lot of marketing activities such as promotion and merchandising 'is dictated by or provided by suppliers'(B10). While the data seems to suggest that marketing is a confusing subject, there is evidence of a growing awareness of the need to look at marketing:

'that was why I introduced the process with X...things are changing...now the families that have moved in, even though house prices have fallen, still need a double income...if there are children, there is commuting, crèche...so how does that particular consumer pick a pharmacy? Is that particular consumer going to be the same loyal consumer as women who were here in the 60s?
(E2)

This need for 'business and marketing' advice and support was also reflected in an analysis of the IPU Review over the 12 month period to August 2014 which showed that business and marketing subjects receive extensive attention through articles and advice in every monthly issue. In addition the IPU offers a retailing service to members.

While initially, informants tended to equate the concept of marketing with promotional activity, it was clear from the wider discussion that while they may not think in terms of marketing frameworks, a range of activities across the marketing mix had been the subject of decision making and action.

4.2. 2 Entrepreneurial Marketing

The literature appears to situate the concept of entrepreneurial marketing as a particular style of marketing characteristically seen in the SME context. However, not all SME owners would be considered entrepreneurial (Gilmore, 2011). In independent retail pharmacy there appears to be an ambiguity about the appropriation of the term. An owner manager considered themselves to be '*not hugely innovative or entrepreneurial*' (E6) despite being to the forefront in terms of adopting dispensing technology '*It was a jump and a leap- I put the X in- it was more for my own needs than anyone else*' (E4).

Perhaps more significantly, the question as to whether entrepreneurial competence properly had a place in retail pharmacy emerged:

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'I'm not sure I understand what entrepreneurship is ...I'm not sure you can teach it- a business programme may inspire people...but is entrepreneurial activity conducive with being a Healthcare Professional? I'm afraid I have struggled with this for a long time. A lot of where we are in pharmacy, in this Anglo based model that we have, is based in the notion of retailing... in a lot of situations you have people aspiring to own 6- more pharmacies- they are not really inspired by a great desire to practice pharmacy as a healthcare profession'(C6)

Notwithstanding this view another independent owner, who has recently rebranded his pharmacy into one of the new symbol groups characterised his actions as *'absolutely entrepreneurial'* (D 8) and that the launch of the symbol group was a *'big entrepreneurial story'* (D 15) while at the same time insisting that his peer pharmacists within the group wanted, first and foremost *'to be the best pharmacists we could be and offer the best service we could...for our own professional pride'* (D4).

4.2.3 Entrepreneurial Marketing Competencies

Competencies are characteristics that are causally related to effective and/or superior performance in a job (Boyatzis, 1982). It has been argued that a spectrum of competencies including judgement, experience, knowledge, communication, motivation, planning and vision, which when used in a balanced way will lead to improved decision making in relation to the marketing activities of entrepreneurial owner managed SMEs (Carson, et al., 1995, p. 186).

As alluded to in the literature review (Section 2.4.3), the Core Competency Framework for Pharmacists appears to overlap, at least technically, to some degree with the spectrum above. While the Leadership competency in the Core Competency Framework for Pharmacists (Pharmaceutical Society of Ireland, 2013) refers to behaviour that *'contributes to the initiation, development and continuous improvement of services for patients'* the Framework makes no explicit reference to entrepreneurship or to marketing. Furthermore, it would appear from the extracts above that some degree of equivocation may exist in relation marketing or entrepreneurial activities and the proper contribution that they will make to the profession may be called into question. Ironically, it would seem unlikely that

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the application of Core Competency Framework for Pharmacists will emphasise entrepreneurial marketing, notwithstanding the fact that, arguably, it is these competencies that are responsible for some of the major enterprise and even professional shifts that are evident in independent retail pharmacy today.

4.3 Assimilation

4.3.1 Marketing integration; permeation of marketing throughout the SME

The researcher had the opportunity to work as a locum pharmacist on two consecutive days in two pharmacies both of whom were engaged in rebranding into two different symbol groups. While the pharmacies were of different sizes- one being about 3000 square feet with about 8 support staff on the shop floor, the other about 300 square feet with just 2 support staff, there was a marked distinction in terms of marketing integration in both stores. One might have expected that the larger, more complex store would have experienced difficulties in delivering an integrated marketing effort, yet it was in the small store where significant evidence of discord emerged, most noticeably in the degree to which the staff (people) had not bought into the new market strategy. A lightning rod issue here related to a particular sales technique that 'must be adopted'. From direct observation, the effects of this were discernible in terms of the morale in the shop, rapport between staff and management and in terms of the atmosphere experienced by customers.

While it can be argued that this signifies nothing more than perhaps a disparity in managerial approaches between two pharmacies, it seems to deserve comment in the context of the Co- branding phenomenon that is a significant feature of the marketing response evident in Independent pharmacy at the moment.

On this point, an interview informant spoke about the measures undertaken to ensure that himself and his staff were on message in relation to communicating the rebranding to existing customers:

'...We also had quite detailed training from a PR consultant in terms of crafting the message for the staff, so they would know the kind of things to say to customers...'(D 12); in terms of the (same) selling technique:

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'It is a standard retailing technique...I implemented that in our store with no issues whatsoever' (D 12).

While this may illustrate, in a rather surprising way, how different pharmacies understand and approach the question of marketing integration, it perhaps gains greater significance in terms of the major strategic marketing responses now taking place in independent retail pharmacy, namely how particular horizontal strategic alliances are leading to a rebranding of independent retail pharmacy.

4.3.2 Strategic Alliances

'...somebody recently said " I feel like I need to be part of something"; its assuming buying well, but they feel that they need to be saddled up to a brand for recognition for all sorts of reasons- whether that is subtle or more in your face. "I won't make a decision on that now, but I know I need to be saddled up to something..."(B 11).

'...I get the feeling that this is almost giving up your identity...there is a bit of the sheep mentality about this...like sheep chased by a dog- all run in the one direction; it will mark an important milestone about pharmacy...'(C 3a).

Several types of alliances are evident from the data. Firstly, a review of the IPU Review monthly trade journal suggests that the IPU itself is a significant support group/alliance for Independent Retail Pharmacy. It provides a whole array of services for its members, but notably has recently introduced two separate initiatives to support business intelligence and retailing in the pharmacy (IPU Review). Secondly, manufacturers of generic medicines are aligning themselves ever closer to the independent pharmacy, arising out of the changes in regulations relating to drug substitution. In particular, the IPU Review advertises a new, generic manufacturer sponsored initiative to assist medicines buying in the pharmacy. Thirdly, both main wholesalers have formed various kinds of alliances- some formal, some informal- with retail pharmacies over recent years. This has resulted in one wholesaler being closely aligned with two retail groups, whose member stores were, until recently, independent pharmacies (Allcare and Life).

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Finally, articles in the IPU Review detail the formation of three new banner groups (Haven, Total Health and Care Plus) all of which are made up of individually owned pharmacies, albeit with different group structures and have arisen from different buying groups formed around the time of the first major reimbursement changes in 2007. The formation of these horizontal strategic alliances and the subsequent rebranding of stores that originally bore the name of the owner, under a banner name, is a significant feature of the marketing response in recent times and confirms research reviewed in the literature (O' Dwyer & Gilmore, 2013) (section 2.2.3). While, these two phenomena are closely linked in the world of independent retail pharmacy, the branding component will be discussed in section 4.4- Transformation.

4.4 Prediction: Market and Customer Focus

'That is probably a weakness of mine...I don't know enough about competitors...it is a fault...it is why I introduced the process (Strategic Marketing Project) with X' (E 2);

'We realised on the basis of research (commissioned by the IPU) about 2 years ago we are losing custom to the chains...' (D 12).

Customer and market orientation are two SME innovative marketing activities and practices founded on *predicting* and forecasting customer and market needs (O' Dwyer & Gilmore, 2013).To what extent are these activities and practices evident in the marketing response of independent retail pharmacy owners?

As the trade body acting on behalf of pharmacy proprietors, the IPU is engaged in a considerable amount of activity in this regard. The IPU Review contains a quarterly survey among members relating to their perspectives of the marketplace (IPU Reviews September 2013- August 2014). In addition the executive of the Union play an active part in fashioning a vision centered on an extended role for retail pharmacists/ pharmacy in the primary healthcare market place very much aligned to that referred to above in the literature review (see sections 2.4.2/3/4). Furthermore, it actively lobbies key stakeholders including the Health Service Executive, the Department of Health and various groups within the Oireachtas. Indeed, in recent years the IPU Review has reported a regular column in relation

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to how issues, pertinent to their members such as, for example, prices of medicines, deregulation of medicines, professional regulation and extended scope of pharmacy services, are being treated in the Houses of the Oireachtas. However, it is the consumer research, alluded to in the opening quotes, that the IPU had commissioned that arguably has had the most impact on the marketing response of independent pharmacy retailers:

'we realised we were losing market share potentially and we needed to come up with a marketing strategy...' (D 11)

In addition to these more formal 'predicting' activities, other owners effect a more informal approach. An informant from wholesale confided:

'they would come (to the wholesaler) looking for advice, they are game-ball for hearing...they listen...they don't necessarily go to courses- the usual destinations and stuff...also, they know their customers, if not they will make a point of knowing them- they will have some little nuance...(B 9a).

Allied to this pharmacy owners actively use their staff and local network for market sensing activities;

'we had regular staff meetings and a regular slot as to suggestions as to what we should do- typically it would be something they had spotted, or were interested in...' (A 23)

Another theme emerging from the interview data and recently advertised as a new service being offered by the IPU, is that of business intelligence:

'Some are beginning to look to use X- it is a business intelligence model...IT will be a huge part of it- communications with patients you can't lose- integrate all of that with how people communicate now- without losing the intimacy ...'(B 2; B 12)

While this business intelligence clearly had a 'predictive' function, it also emerged that the capacity to gather and analyse data about customers and patients had other potential value to the pharmacy owner, particularly those involved in the pharmacy groups:

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'I think more critically what is at the back of it (strategic alliances) is a source of gathering information...business intelligence...we live in an information age...what really has value now is information- collating that information, repackaging it and sending it on to somebody who wants it...information about medicines usage- that's hugely useful for pharma companies, to policy makers...data gathering at the level of consumption...'(C 2B).

In summary, the data evidenced a wide array of 'prediction' marketing activities as part of the marketing response of independent retail pharmacy owners. This ranged from formal commissioned national consumer research to the informal locally- based customer/market sensing activities. In addition, there is a growing awareness about the opportunity that resides in gathering data at the retail level, both in terms of facilitating business intelligence but also, for example, about medicines usage for healthcare policy development purposes to further the professional agenda.

4.5. Transformation

The Transformation component of the APT conceptualisation of Entrepreneurial Marketing relates to marketing activities and practices that enhance products/services, or in some way alter the marketing mix; in addition this relates to the notions of 'pro-action' and 'change' including marketing activities based on prediction but also 'transformed' marketing activities within the SME (O' Dwyer & Gilmore, 2013). The data relating to this component will be analysed in terms of marketing strategy and marketing mix (7Ps- Product/Service, Place, Price, Promotion, People, Processes and Physical Evidence).

4.5.1 Marketing Strategy

Traditionally marketing strategy is considered in terms of three main steps: segmentation, targeting and positioning (Kotler, et al., 2009). To what extent are independent pharmacy owners employing a marketing strategy and what strategies are being prioritised?

'They don't understand marketing strategy' (B7)

While marketing strategy appears to be baffling to some, others would appear to see it in terms of the broader business strategy *'it (marketing strategy) means to my mind, creating a*

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vision of where we want to be in a period of time, the strategy then, is what gets you to that position' (D14), while others gave evidence of a developing sense of market strategy:

'At the beginning of the process I really wasn't sure...but now my gut feeling would be "telling the story of the business- what we do and what we are to make it relevant to them, so that they want to come to us rather than anyone else"'(E9)

The data would suggest that three main themes exist in terms marketing strategies in independent Retail Pharmacy:

- Location, Location, Location: This is a perennial retail strategy. In retail pharmacy key manifestations of this have been the scramble to procure a location close to either a centre of retailing or a GP surgery or both. Many of the new openings in recent times appear to be utilising this strategy. This will be discussed further in 'Place' Section 4.5.2.2
- Price Driven: Given the recent price disruption in medicines reimbursement from the state, and the ongoing trend of unfavourable medicines prices comparisons, a small but growing number of pharmacies now appear to lead their marketing strategy based on 'Price'. This will be discussed further in section 4.5.2.3
- 'NATCALEX': a strategy based on combining the strengths of **NAT**ional symbol group with an emphasis on the **loCAL EX**pert care. This would appear to be the essence of the marketing strategy being adopted by the newly formed strategic alliances- Haven and Total Health; it would appear that Allcare, CarePlus and Life are tending towards variations on this theme.

However, while it did not arise from the data, direct observation of the marketplace would suggest that a fourth strategy, based on the demographic segmentation, may well be emerging. A small number of pharmacies in Cork, Dublin and Sligo appear to be positioning themselves with the health and homecare needs of the elderly. These may be early examples of 'focussed speciality stores' as per the Pharmacy Viability Matrix (See section 2.4.2)

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4.5.2 Marketing Mix

4.5.2.1 Product/ Service

4.5.2.1.1 Extended Services

'Pharmacists are innovative- they want to do things differently- INR (Warfarin Blood testing) testing in the pharmacy, for example...(C 7);

'If it was anything- it would be monitoring of warfarin and INR Testing...(E 8);

'...there has been a move by pharmacists into services which is positive...vaccinations is a bit different as that has been driven by public policy...(A 7);

'...this time last year I had not done a cholestrol test ever, as of now, August 2014- I have done 30- 40 since March...'(D 25);

'we are trying to ensure that all the pharmacies offer the same degree of services- professional screening services; we have signed a Memorandum of Understanding with TCD and UCC – to get their expertise to help us..(D5);

As alluded to in the literature review (Sections 2.4.3) there has been a shift of the focus from product to patient as a central theme of the pharmacy practice literature for more than two decades (Roberts, et al., 2007). In Ireland the profession has proposed extended services Chronic Disease Management, generic substitution, vaccination service, medicines use review and health promotion (IPU, 2011).

However, the push for extended professional services can draw out reservations from powerful stakeholders such as GPs. In an investigation of opinions of Munster based GPs on the extension of the role of the pharmacist, only 12% of GPs were in favour of pharmacist provision of vaccination services, only 37% of GPs were agreed that pharmacists were the major medication experts and only 40% of GPs felt that the expertise of community pharmacists in underutilised (McCarthy, 2013).

'I suppose we can only go as far as the profession is allowed to go; we can't start providing services that professionally we are not permitted to provide...'(D 7)

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In terms of State support for extending the role of pharmacists, there is little confidence among pharmacists that the pharmacy vision is shared:

'I'm not sure the State perceives any value in us at the moment- we are just a method for distributing drugs. In theory, the State wants you to be a Rolls Royce, but they will only pay Morris Minor rate...(E 6)

'...I don't think there is any great belief in what pharmacy offers; when it suit...'flu vaccinations, but really only to relieve pressure point in terms of amounts being paid to Docs...is there anything beyond being expedient? Not so sure (C 7);

In summary, while independent pharmacy owners are ambitious to transform their service offering beyond dispensing and sale of medicines, significant political and professional constraints exist. Notwithstanding this, modification of the product/service offering is occurring in terms of branding. Whether they can benefit from the insights of single independent grocery retailers' product/service based retail strategies remains to be seen (McGuinness & Hutchinson, 2013).

4.5.1.1.2 .Rationale for Rebranding?

'...Brands- pharmacy brands...it was tried 15 years ago but didn't seem to take...(A 11).

While the rationale for partaking in a strategic alliance has been recognised by many independent pharmacy owners: *'for a lot of pharmacists that are aware of these issues, they have already moved in the buying end of the independent market (D 12)'* the rationale for rebranding remains a more vexed question:

'Our analysis of our business was that we needed to market on a local strong basis rather than start national. We could see what (our local brand) would offer the national brand, but not so sure we could see what the national will offer us....if we went into a symbol group, 40-50 years of reputation might disappear...'(E 7);

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'...you are a group- you have to be consistent in the group...that might be a little difficult for a lot of independently minded people...(E 12);

'...it (the brand idea) grew organically...I suppose as we have grown we have started to look around and see what competitors are doing- we have become more aware of the business environment...I have become much more of a businessman than when I started...(D 3).

Indeed, a pharmacy owner who had rebranded admitted that this issue *'gave many of us sleepless nights'* (D 12). Having rebranded, however, he was happy to confide that:

'it has not been a problem...you will not find one single member who has gone "we should have kept the name bigger and the brand smaller"; nobody has had a problem with customers- the reality is that customers now have a pharmacy which is providing great value, is well laid out, is providing them with comprehensive patient information leaflets, BP testing etc...'(D12)

For one informant, however, this rebranding phenomenon represents a rather sinister movement for the profession:

'if the profession go down this road...an 'aping' of the corporate groups...I think this is a point of no- return...what you get with this is a complete loss of identification...you see a lot of really good pharmacies where the name is over the door, where the pharmacy might have been in the family for generations and suddenly it is wiped away with this generic offering which you can get anywhere... this is a really important time- if it progresses as it is you are going to get an 'anonymisation' of really important people in pharmacy- pharmacists...(C 2)

It is clear that this concern for the profession, for the protection of the identity of the 'really important people in pharmacy- the pharmacists' is strongly felt and may be funded by the role insecurities alluded to in the literature review. It is undoubtedly influencing the shape of the marketing response from independent retail pharmacy, in some way.

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Whether it is in response to this concern, or on the basis of a sound market strategy, or both, the data suggests that a strategic emphasis on ‘the local/ local pharmacist’ plays a key role in the marketing strategy of these newly formed alliances:

‘our big differentiator is localisation, the community base and that pharmacies are owned by the person in the dispensary- you will see their face- there they are behind the counter- local business, local employers, supporting local clubs and charities, embedded in community for generations- not a claim that Boots or Lloyds can make...’(D11)

This renders a market strategy based on positioning ‘the local medicines expert’ within a geographic segmentation, targeting medicines healthcare needs. Two questions emerge from this: firstly, from a strategic marketing perspective, why go to the bother of rebranding on the basis of a national strategic alliance, potentially eclipsing that which you are trying to promote- the local brand? Secondly, if all of the newly formed alliances are tending towards this position, then how differentiated will they really be?

In relation to the first question, evidence from the study reveals that arising from IPU commissioned research which showed that while the buying groups were successfully achieving good value offers for their customers, these same customers were not recognising this value and were more inclined to drift away- loyalty had clearly weakened:

‘we were losing custom to the chains because they perceive them to have better value, customers are becoming more likely to drift, to try something new and more inclined to move on the basis of price than they used to be. In our group we realised that the efficiencies we got internally were all well and good but we were losing market share potentially and we needed to come up with a marketing strategy and a branding strategy to help us fight that- that was the logic behind it (D 11);

This same owner manager acknowledges that ‘value (offers) is fine, but from a personal point of view people aren’t going to come to me because my shampoo is 25c cheaper’ (D 6), further asserting that:

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'in terms of the dominance of the brand over the local, we have been very keen to emphasise the localthe picturing within the pharmacy of the local pharmacist, the support of local charities and support of local sports clubs...for us it is about expert care- it is stencilled in all our windows- that's where we really look to differentiate ourselves...' (D 13)

So if local expert care is the core differentiator, why not emphasise this in the co- branding by putting the local name front and central and the group brand as a supporting banner ?:

' we took a lot of soundings on this, we obviously used a marketing company, with a track record in this kind of area, and the feeling was that when it is done the other way around, it is just not as successful- people just don't see the brand unless the brand is writ large and that for us, if we were clever and if we had the right approach and if we crafted our message properly, the people you were worried about when you made that switch were already your customers... because you would lose them ,they would be alienated; and that absolutely has not happened- in that they have loved the new look, offers, services, everything about it- overwhelmingly positive experience and in actual fact, - I have had none, and I'm not aware of anybody who has had any level of significant complaint about the switching around of the names. People who had the most problem with it were the business owners, that was the thing for them that they were very worried about- it just been overwhelmingly positive- we worked very hard at communicating our message with our current customers, that we would keep them, but the big change of having the haven name large would really show to new customers, that there was change, was difference, was something new... (D24).

In summary, it would appear that the branding strategy is based on creating a communications vehicle that has the capacity to communicate a more nuanced, modern message that includes a central emphasis on 'local expert care' and is in line with previous research recommendations (Schmidt & Pioch, 2005).

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In relation to the second question, as to their differentiation if all three groups centre their message on the same positioning, the answer seems less clear. Certainly, the evidence seems to suggest that execution discipline and recruitment of pharmacies seem to play an important part in the thinking, at this time:

' I suppose for us then, it is down to execution- making sure that we operate to the highest standards...it is going to be about market share...one of our biggest constraints is the costs- the more members we have the lower the costs (of our initiatives) per member' (D 1).

Branding have been conceptualised as part of the Transformation (T) component of the APT conceptualisation of Entrepreneurial Marketing. While the literature suggests that such activities are important, they are not as high a priority as those categorised under Assimilation or Prediction. The evidence from this study suggests that the idea of rebranding has emerged 'organically' from strategic alliance activity and is now a prominent, if not *the most* prominent aspect of the marketing response of independent pharmacy owners at this time. This emphasis on branding echoes that found in on SME retailers (Mitchell, et al., 2012).It is heavily influenced by the dynamics of the core professional role of the pharmacist positioned within a highly competitive retail landscape. It appears that this aspect of the marketing response is being crafted in terms of the creation of retail brands whose merit lies in their capacity to convey a value proposition which balances 'local professional care' with modern retailing.

4.5.2.2 Place

Arguably the most important element of marketing strategy relates to 'place' and specifically the location of the pharmacy in terms of proximity to prescribing GPs and/or centres of retailing. Davies has found that 95% of prescriptions are dispensed within 500 meters of where they have been written (Davies, 2013). While search for a strong location and 'leap frogging' to get closer to the GP than competitors has long been evident in retail pharmacy, in recent years the trend of pharmacies co- locating within medical centres has emerged. While this trend has abated because of the downturn in the economy, the logic of this market initiative remains strong:

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'If you were serious as a pharmacist, as a healthcare professional and it is also a smart business decision- proximity to the GP surgery...also it is an important psychological thing – not on a high street, not a retail centre...' (C 4)

Ironically, despite the worsening business environment the number of new openings has soared in recent years (PSI, 2012):

'I think that where it has completely changed is in terms of people setting up their own pharmacy...if you looked at it from a purely business perspective, its certainly not as attractive as it was...but young pharmacists are reaching a certain point in their careers- hitting a glass ceiling – salaries have decreased, its not really a very attractive place to be as an employee- they are thinking- could it be any worse (if I opened up my own pharmacy) (C 7c)

In summary, 'place' remains an extremely important part of the marketing response. The rationale for many of the new openings that have occurred in recent years is unclear and appears to be driven more by career/ professional manpower issues rather than a marketplace rationale.

4.5.2. 3 Price

'Post the strike (2007), I reduced the fee...in the background I was feeling that some kind of disruptive pricing model would blow up...I slightly repositioned, price wide, because I didn't want to be on the wrong side of that (E 5).

'...as people now do year end accounts, they are seeing reference pricing beginning to bite...lots of pharmacies have been forced into 0% mark up positions even on private prescription business and their balance sheets are beginning to make for quite sober reading...(D 11);

'...maybe people will move on the basis of pricing- our hands are tied on that one; we can't even go near that as group- everyone just done their own thing..(D 13)

Price is a market variable which traditionally played very little part in the marketing mix. However, as mentioned in the introduction, changes in public policy in relation to public

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remuneration for medicines combined with changes in pricing models in many pharmacies, has conspired to raise the importance of this market variable. As seen from the quotes above, many pharmacies have been forced to change their pricing model.

In summary, while pricing is a market variable upon which a minority, but growing number of pharmacies have built their market strategy/market positioning, it is more generally the case that the state has exerted its buyer's power reducing the price of medicines; pharmacies have had to adjust to this new reality.

4.5.2.4 Promotion

'...online presence- whether interactive websites, texting- I'm surprised at the numbers active in these areas (A 4)

'I suppose we feel we have our tag line, we have our website (where you will see the blogs of our local pharmacists), our Facebook page' (D 5)

As mentioned earlier, many owner managers conceive of marketing mainly in terms of promotional activity, and the range of promotional activity varies from the reactive:

'somebody comes for the local fair and wants an ad...OK...here's the €100...down the drain...'(E 1);

-to formal planned activity:

'the Haven brand brought to me the ability to link with (other local Haven stores) and create kind of linked pharmacy brand where we have 3 ads a day running on local radio...I could never have afforded to do that on my own..' (D19)

Retail pharmacy appears to be increasingly adopting a sophisticated promotional mix:

'I'm surprised at the numbers active in these (Online) areas...' (A4)

4.5.2. 5 People

'I don't know what mindset it takes to realise how absolutely core good staff are in retail pharmacy- they have to be seen as a key stakeholder (A 18).

'For us it's about expert care... the owner is in the business' (D13)

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While the data evidenced an acknowledgement of the importance of retaining good staff ‘we have retained staff on a long term basis’ (E4), and of training for both pharmacists and support staff ‘if we are going to put ourselves out as expert- you want to have everyone as an expert...’ (E 10); ‘all of our pharmacist owner/managers are trained on point of care testing...’ (D10), a significant element of the marketing response relates to a multifaceted emphasis on pharmacist/owner/manager. This includes an emphasis on ownership, on day to day presence in the store, on stressing familial heritage where possible to do so and centrally, as the ‘local caring expert’ (on medicines)-‘the pharmacist should be out front...’ (B 4); ‘the point of difference is the individual practising community based pharmacist...’ (C 5C). Within such a positioning, threats to the professional role of the pharmacist now become threats to the business, or at least undermine the potential of this element of the marketing strategy. Finally, as mentioned earlier there is a fear that the co-branding strategies of the newly formed independent alliances will serve to effect ‘a loss of identity for the retail pharmacist...’ (B 2C). It would appear that the balance struck here will be vital.

Finally, notwithstanding the avowed stress being put on valuing staff, evidence emerged in the study through direct observation to underline the negative consequences when people are not sufficiently recognised as being a key part of the marketing response (see section 4.3.1)

4.5.2.6 Processes

At a time when all retail pharmacies are now bound, under the influence of the Regulator (PSI) to have a quality management system in place, there is little evidence that this system extends to embrace marketing practices and activities. Probably the most salient ‘processes’ development is in terms of the embrace of concept of business intelligence:

‘that would put me in a far better position to analyse my business on almost a week to week basis...’ (E 7C).

4.5.2.7 Physical Evidence

The customer facing co- branding engaged in by the newly formed strategic alliances has involved a complete refit of the store. The emphasis on ‘tangibilising’ the brand with the

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heavy emphasis on 'local expert care' has included 'pictures of the owner manager' prominently displayed in the store, as well as biographies on their website and social media.

In conclusion, this chapter has set out and analysed findings of the case study in terms of key constructs from the literature on entrepreneurial marketing (Gilmore, 2011; O' Dwyer & Gilmore, 2013), including Marketing Competence, Assimilation, Prediction and Transformation. Findings in relation to Transformation were analysed in terms of marketing strategy and marketing mix (7ps). The next chapter develop conclusions in the light of the study questions and propositions.

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Chapter 5: Conclusions and recommendations

This study has set out to explore the marketing response of independent retail pharmacy owners to the contemporaneous marketplace challenges. Specifically, the study set out to explore the following research questions:

- How is pharmacy professional role influencing the marketing response?
- What entrepreneurial marketing competencies are evident in independent retail pharmacy?
- What marketing strategies are being prioritised?
- What marketing activities are prioritised?
- Overall, what is the market response of Independent Retail pharmacy to the contemporaneous marketplace challenge?

5.1 The pharmacy professional role influence on the marketing response

Not unexpectedly, the professional role of the retail pharmacist (see section 2.4.2) has a multifaceted influence on the marketing response of independent retail pharmacies. The owner/manager is central to the marketing response: *'the point of difference is the individual practicing community based pharmacist'*. The NATCALEX strategy, based on local expert care, is centred on the owner/manager/pharmacist and yet, paradoxically, elicits concern about the loss of professional identification; it would appear that a careful balancing is required at this 'point of no return'.

Closely allied to this, the extended role of the pharmacist and new professional services, while greatly desired by pharmacists, appears to draw less support from other stakeholders such as GPs and the state. Customers do appear happy to engage with these services when they are offered. The co-branding at the heart of the NATCALEX strategy would appear to have strength in terms of an aggregated capacity to deliver these services, and may well constitute a persuasive infrastructure in the marketplace as well as with policy makers.

5.2 Entrepreneurial marketing competencies in Independent retail pharmacy

In terms of the proposition that:

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entrepreneurial marketing competencies are aligned with the Core Competency Framework for pharmacists (Gilmore, 2011; PSI, 2013);

at least, technically, there appears to be some degree of alignment the Core Competency Framework for Pharmacists and entrepreneurial marketing competencies. There is, however, no explicit reference to marketing or entrepreneurship in the Framework. Furthermore, it would appear that some degree of equivocation may exist in relation to marketing or entrepreneurial activities and the proper contribution that they will make to the profession. Ironically, it would seem unlikely that the application of Core Competency Framework for Pharmacists will emphasise entrepreneurial marketing, notwithstanding the fact that, arguably, it is these competencies that are responsible for some of the major enterprise and even professional shifts that are evident in independent retail pharmacy today.

5.3 What marketing strategies are being prioritised?

The data would suggest that three main themes exist in terms marketing strategies in independent Retail Pharmacy:

- Location: This is a perennial retail strategy. In retail pharmacy key manifestations of this have been in the scramble to procure a location close to either a centre of retailing or a GP surgery or both;
- Price: Given the recent price disruption in medicines reimbursement from the state, and the ongoing trend of unfavourable medicines prices comparisons, a small but growing number of pharmacies now appear to lead their marketing strategy based on 'Price';
- 'NATCALEX': a strategy based on combining the strengths of **NAT**ional symbol group with an emphasis on the **loCAL EX**pert care. This would appear to be the essence of the marketing strategy being adopted by the strategic alliances- Haven and Total Health; it would appear that Allcare, CarePlus and Life are tending towards variations on this theme.

However, while it did not arise from the data, direct observation of the marketplace would suggest that a fourth strategy, based on the demographic segmentation, may well be

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emerging. A small number of pharmacies in Cork, Dublin and Sligo appear to be positioning themselves with the health and homecare needs of the elderly (Deering, 2014). These may be early examples of 'focused specialty' pharmacies in the Pharmacy Viability Matrix (Section 2.4.2).

5.4 What marketing activities are being prioritised?

In terms of the proposition:

that the priorities evident in the marketing responses of Independent Retail Pharmacy Owners are aligned with the APT conceptualisation of Innovative Marketing in SMEs (O' Dwyer & Gilmore, 2013).

- data from the study suggests that, at least in terms of those independent retail pharmacy owners involved in the NATCALEX market strategy, this is indeed the case. The 'Innovative marketing' (APT) conceptualisation of Entrepreneurial marketing posits that marketing activities and practices based on Assimilation are prioritised over those of Prediction and Transformation. The evidence from this study suggests that the formation of strategic alliances in the form of buying groups from around 2007 has been an important precursor to elements of independent retail pharmacy's marketing response today.

As these groups formed, it was Prediction based marketing activities, local and national, formal and informal, that led to the emergence of the NATCALEX marketing strategies. As with Assimilation practices, on-going Prediction practices, particularly with an emphasis on business intelligence, form a key part of today's marketing response.

Probably the most physically obvious marketing activities today are Transformative, with all elements of the marketing mix playing their part, particularly branding.

For other owners, Transformative activities such as Pro-action and Changes, manifest in a significant number of new openings, demographic segmentation (the elderly) and price strategies.

5.5 The marketing response of independent retail pharmacy

In a tough marketplace, against a background of a constrained professional role and an arguably ambivalent attitude to entrepreneurial marketing, Independent retail pharmacy

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has found advantage and vision through the formation of strategic alliances. A major feature of the marketing response is the co-branding NATCALEX strategy that has arisen organically from previously formed strategic alliances. This pooling of resources has enabled a greater capacity for 'predictive' marketing activities and has unleashed Transformative marketing activities such as the refitting of pharmacies and increased local and national promotional marketing activity.

New pharmacy openings are another major feature of marketing activity today. Perhaps driven more by career than consumer demands, this feature is contributing strongly to competitive activity in the sector. Perhaps arising out of this highly competitive marketplace and a perception that a market strategy led by 'pricing' is valid, a small but growing number of pharmacies are adopting this market response. Finally, there is evidence of marketing activity based on a demographic segmentation, positioning to address the healthcare needs of the elderly.

In conclusion, independent retail pharmacy appears to be responding in a professionally based, innovative and varied manner to the marketplace challenges. It would indeed appear to be a 'point of no return' for independent pharmacy.

5.6 Future research

A number of further research questions are suggested including:

- Connections between entrepreneurial marketing competencies and the development of professional services;
- The impact of co- branding on consumer behaviour;
- An assessment of 'localisation' marketing;

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Appendix 1: PESTLE Summary

Political	Economic	Socio-Cultural	Technology	Legal
FEMPI cuts	Recession/wage reductions	Primary care	ICT	Deregulation
	Reimbursement policy	'Google' patients		Pharmacy Act
	Rivalry	'Lohas'		
	Industry structure	Self-care		
	Consumer sentiment			

Table 4 PESTLE Summary

Appendix 2: Interview Instruments

Interview Questions:

Phase one:

1. How are Independent Pharmacy retailers responding? (Strategically/ Market strategically)
2. How are they faring? Why?
3. What should they/you stop? Start? Continue?
4. Context
 - a. How do you see/analyse their context (in particular marketing context)?
 - b. How have you come to this view?
 - i. What frameworks/concepts or tools come to mind that have assisted you in approaching the questions above
 - ii. Who would you listen to most? Influential? Leader?
5. 'Marketing Strategy': In this context
 - a. What does this term mean to you? How do you think about this?
 - i. What frameworks/concepts or tools come to mind that have assisted you in approaching the questions above
 - ii. Who would you listen to most? Influential? Leader?
6. Marketing
 - a. What does this term mean for you?

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- i. What frameworks/concepts or tools come that have assisted you in approaching the questions above
 - ii. Who would you listen to most? Influential? Leader?
- 7. Innovation and entrepreneurship
 - a. Innovation: In this context
 - i. What does Innovation mean to you? Do you witness it? What form?
 - b. Entrepreneurship: In this context
 - i. What does this mean in this context? Do you see evidence? What impact?
 - 1. What frameworks/concepts or tools come that have assisted you in approaching the questions above
 - ii. Is this relevant?
 - iii. Are independent retail pharmacists entrepreneurial? Explain- examples for you
- 8. Value
 - a. What does this term mean for you in this context?
 - b. Is retail pharmacy overvalued? undervalued? By key stakeholders – DOH/HSE/ Public
 - c. What steps could be taken to grow value with your customers? (Private) HSE/DOH?

Phase two questions, based on the ATP framework

- d. How are you/Independent Pharmacy retailers responding? (Strategically/ Market strategically) to the challenges in the marketplace?
- e. Why?
- f. 'Marketing Strategy'/Marketing
 - i. What does this term mean to you? How do you think about this?
- g. SME marketing Variables (TRANSFORMATION)

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- ii. Marketing variables
 - 1. Product/service enhancement
 - 2. Alteration of marketing mix
 - 3. Alternative channels and methods of distribution
- iii. Modification (TRANSFORMATION)
 - 1. Pro-action (activities based on prediction and anticipation)
 - 2. Change (seeking and embracing beneficial marketing transformations)
- iv. SME Image- Branding
 - 1. Tell me about co-branding
 - 2. Does 'standardizing' the offer not risk losing the local flavour?
- v. Integrated Marketing (ASSIMILATION)
 - 1. Marketing integration
 - 2. Permeation of SME throughout SME
 - 3. Strategic Alliances- tell me about the buying group
- vi. Customer focus (PREDICTING customer needs- customer intelligence)
- vii. Market focus (PREDICTING market needs)
 - 1. Vision
 - 2. Market Centered
 - 3. Profit

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Appendix 3: Case Study Protocol

1.	Case Study Introduction
2.	Data Collection Procedures
3.	Outline of Case Study Report
4.	Case Study questions

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