

MODERATING ROLE OF PHYSICIANS AND PHARMACEUTICAL DISTRIBUTORS IN CUSTOMER BRAND LOYALTY IN IKEJA-LAGOS

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Abstract

Studies on brand loyalty posit that customers are motivated by factors external and internal to them. The former deals with items driven by brand makers and intermediate partnership; the latter is driven by cognitive and behavioral disposition. Against this backdrop, the study was conducted to examine moderating role of physician and pharmaceutical distributors in customer brand loyalty in Ikeja-Lagos. The study adopted descriptive survey, 25 sample size and qualitative method. Key informant interviews and semi structure interview were used as instrument of data collection. Study population consisted of middle-class residents, who were brand customers, and pharmacy stores. Moderating role of physicians and brand customers in pharmacy stores were dominantly influenced by doctor's prescriptions, history of illness, satisfaction and trust. Purchase intention of customers was driven by attachment and commitment to doctor's brand prescription. Satisfaction predicted trust. Brand medicine which offered satisfaction was retained whether or not the price changed upward. Trust for brand depended on consistent satisfaction and this significantly predicted loyalty. Pharmacy distributors had little capacity to change purchase intention. Brand decision was predicted by moderating role of physician. This study recommended that the role of physicians should be mainstreamed in brand patronage in pharmaceutical distribution. Loyalty to brand was predicted by customer knowledge of efficacy in disease history. Physician intervention was valued by customers.

Keywords: Pharmaceutical marketing; brand loyalty; customers; disease history, satisfaction

Introduction

Pharmaceutical industry is replete with numerous players such as drug manufacturers, distributors and marketers. The brand name adopted for products by manufacturers offers leverage for marketing and create public awareness on the efficacy of drugs (Aaker, 2015). Marketing pharmaceutical drugs involves a chain of players. There is web of manufacturers, distributors, physicians and customers who are interconnected in symbiotic relationship (AAdeosu & Ganiyu, 2018). This obtains in the form that resembles concentric circle which form structure of marketing drug medicine. The manufacturer reserves patent right and franchise upon which the cycle revolves. Distributors are middlemen who come between manufacturers and outlets which serve as users of the products.

Distributors connect patents owners, seize the initiative to communicate information on stocks and availability when it is possible for users to obtain the products. Physicians connect both distributors and customers or patients seeking utilization. The role of physician is predictable and dynamic in the chain. Users rely on prescription of physicians who play leading role in the chain. This operates in the form that resembles promotional mix in the marketing of product service. Promotion offers communication and information about products which is useful to create attention to product efficacy. Physicians recommend brand products and this becomes leading decision making for patients and users (Clark, Vorhies & Bentley, 2017). Users operate in the cycle as target of marketing process of brands (Murshid & Mohaidin, 2017). The role of users expands scope of production and the cycle is continuum. The cycle operates vertically and horizontally. The former flows from top to bottom in the order of manufacturer, distributor, physician and to consumer. Yet the latter flows zigzag from top to middle, revert back and forth top to bottom. The simple logic is that physicians serve as middle level determinant of success or otherwise in brand patronage and loyalty. Having resolved that users of pharmaceutical brand depend on the prescription of physicians, there is preponderance that drug manufacturers depend on the latter as catalyst of brand marketing (Chhabra, Nidhi & Jain, 201).

Brand loyalty predicts patronage of product or service which helps to sustain life cycle of product. In pharmaceutical market, it is the consistency of consumers to retain patronage of brand name for varieties of drug medicine. Physicians recommend brands to patients who in turn execute decision and retain loyalty when prescription is effective for treatment. Patients operate dyad relationship between physician and distributor or vendor of brand name. Vendors are outlets of sales and accessibility point for brand. The role of vendors is triad, connecting manufacturers, physicians and customers. It is unbroken relationship which distributors sustain to keep perpetual the lifecycle of pharmacy stores (Pareek., Liu & Ghosh, 2019). Product brand provides trademarks and sales which distributors profile for customers. Dyad relationship which customers or patients deployed is synonymous to brand loyalty. Patients operate rational choice to execute decision about brand. The choice obtains at the level of physician and distributor. The execution of decision on brand operates from physician-patient and patient-distributor. Also, decision to buy, is extension of information from dyad relationship. Literature works have shown channel of distribution in pharmaceutical drugs which consists of manufacturers, middlemen and consumers (Porter, 2015). The channel provides that drug brand is marketing strategy and every manufacturer is aggressive to communicate brand name and product services and types which the brand offers (Quester & Lim, 2013). Customer loyalty predicts expansion of the brand, market penetration of the brand, product development and divestment to improve the brand. The fluid cycle between customer/patient and distributor/vendor is an intervening moderation by physician prescription. Although previous studies noted this cycle (Quester & Lim,

2013; Porter, 2015), the current study expanded the scope by moderating physician-patient decision. This obtains when brand loyalty is influenced by physician prescription, and efficacy of treatment experienced by patients or customers.

Study Objectives

Against the backdrop of the foregoing submission in the paper, some objectives were listed. This outlines specific boundary and focus of the study.

1. Examine moderating role of physician prescription in customer brand loyalty.
2. Explore moderating role of drug vendors on brand loyalty.

Literature Review

Building a strong and positive brand generally leads to a preference of particular brand among customers, which over time sustain brand loyalty. Loyalty consists of a high degree of bonding between customer and a brand. Loyal customers are unwilling to switch brands and prefer to stick with a brand that they feel comfortable and satisfy need (O'Mally, 2018). Customers who are loyal towards a brand are also less price-sensitive and open to pay a higher price for a specific brand compared to other alternatives, since customers may perceive a unique value in the brand. Another advantage for companies with brand loyal customers is the fact that it can lead to market benefits. Companies get trade leverage and do not need to advertise as much as companies without loyal customers (Chang, Chuang., Chuang & Lin, 2015). Marketing advantages can also be obtained from enhanced word of mouth among brand loyal customers (Dick & Basu, 2014) resulting in higher profitability (Chaudhuri & Holbrook, 2001).

Jacoby and Kyner (1973 cited in Porter, 2015) argue for whether or not a consumer is brand loyal or if the consumer only has a repeated purchase behavior. A consumer who only purchases a brand because it is the cheapest compared to another consumer who actually buys the brand due to satisfaction are examples of different types of brand loyalty. Mittal and Kamakura (2019) stated that consumers who have repeated purchase behavior are less sensitive if changes in satisfaction would arise compared to brand loyal consumers. Studies show difference in products that are being returned after purchase. Consumers who are purchasing a product due to satisfaction rather than repeated purchase behavior are less likely to return the product to the store (Dick & Basu, 2014). According to Bloemer and Kasper (2015), it is important to differentiate between consumers who do not have any attachment to the brand and repurchase the brand because of convenience and a consumer who is brand loyal to the brand. A consumer who is committed to the brand is called a brand loyal consumer while a consumer with lack of attachment to the brand is called a spurious consumer. The spurious brand loyal consumer can easily

change brand if a better offer would occur, or if some other brand would be more comfortable to buy (Bloemer & Kasper, 2015). Since brands want to achieve brand loyal consumers, different researches have been made to find the most suitable way to do so. Several authors mention two important factors that need to be fulfilled by a brand in order to achieve brand loyal consumers.

According to He and Harris (2012), Mittal & Kamakura (2019), satisfaction and trust are two of the pillars for building brand loyalty. Satisfaction and trust are two key factors for achieving brand loyalty. The component satisfaction's relationship to brand loyalty is most often based on consumers repeated purchase behavior. Low satisfaction among consumers does not generate repeated purchases, unless there is no option. Trust on the other hand connects with both satisfaction and brand loyalty. The more satisfied a consumer is with a brand, the more trust one is going to feel towards both the brand and the producer, which will strengthen the relationship (Rajah, Marshall & Nanyang, 2018). Iglesias, Markovic, Bagherzadeh and Singh (2020) argue about how satisfaction can influence brand loyalty. The authors showed that positive experiences are underlying in order to make consumers be brand loyal towards a brand. According to He and Harris (2012), satisfaction and trust are affiliated to brand's identity and brand loyalty. Uniqueness, economic value and reputation are factors within a luxurious brand's identity that may satisfy consumer's symbolic needs and in the long run create trust towards a brand. It is less likely that a luxurious brand's identity fulfills consumer's functional needs, since consumer most often do not purchases a luxurious brand or product for functional needs (He and Harris, 2012). Iglesias et al (2020) pointed that loyalty may indicate satisfaction but satisfaction is not always connected to loyalty. Arguments for being loyal towards a brand even though it does not satisfy their needs are for example price, availability, switching costs and lack of attractive alternatives. However, in order for a brand to keep their loyal consumers, authentic is essential (Rajah, Marshall & Nanyang, 2018).

Loyalty construct has been a central research topic among marketing scholars (Rundle-Thiele, 2015). Until recently, the conceptualization of loyalty has been adopted from three major approaches (Jacoby & Chestnut, 2018; Rundle-Thiele, 2015). It is suggested that loyalty may refer to customers behavioral consistency, attitudinal predisposition toward purchasing a brand, or both.

Behavioral Loyalty:

The majority of early loyalty studies took a behavioral approach, and interpreted loyalty as synonymous with repeat purchase. This was grounded on a stochastic view of consumer behavior (Rundle-Thiele, 2015), which proposes that consumer behavior, as well as market structure is characterized by randomness rather than rationality (Bass, 2010). Tucker (1964, cited in Porter,

2015) asserted that “no consideration should be given to what the subject thinks or what goes on in his central nervous system; his behavior is the full statement of what customer brand loyalty is”. Rundle-Thiele (2015) contended that researchers should understand how people make brand purchases, before understanding why people buy. Adopting measurement perspective, O'Mally (2018) suggests that behavioral measures of loyalty provide a more realistic picture of how well the brand is doing vis-à-vis competitors. A major criticism of the behavioral loyalty approach is that it fails to distinguish customers making purchase decisions because of genuine brand preference, from those who purchase solely for convenience or cost reasons (Back, 2011). In other words, underlying reason customers repeat brand purchase may be inertia, repeat brand purchases for the sake of saving time and energy (O' Mally, 2018), rather than the customer-brand bond.

Furthermore, due to inconsistency between behavioral measures, one customer classified as a loyal client based on Method A, may be classified as disloyal by Method B. Researchers have argued that loyalty phenomenon cannot be adequately understood without measuring individuals' attitude toward a brand (Bass, 2010).

Attitudinal Loyalty:

The stochastic philosophy essentially maintains that marketers are unable to influence buyer behavior in a systematic manner. In contrast, the deterministic philosophy suggests that behaviors do not just happen, they can be a direct consequence of marketers programs and their resulting impact on the attitudes and perceptions held by the customer (Rundle-Thiele, 2025). Researchers holding a deterministic view advocate the need to understand the loyalty phenomenon from an attitudinal perspective. Guest (1944, cited in Porter, 2015) was the first researcher to propose the idea of measuring loyalty as an attitude. He used a single preference question asking participants to select the brand they liked best among a group of brand names. A number of researchers followed his approach and conceptualized loyalty as attitudes, preferences, or purchase intentions, all of which can be considered as a function of psychological processes (Jacoby & Chestnut, 2015). In comparison to behavioral brand loyalty, attitudinal loyalty focuses on consumer's attitude towards a brand, how they feel and perceive the brand rather than how they behave towards it (Kotler & Keller, 2016). Attitudinal loyalty concerns one's preferences for different brands, the commitment and the intended purchases for the future. A consumer can have both negative and positive attitude towards a brand (Härtel & Russell Bennett, 2010). Roy (2011) divided attitudinal loyalty into cognitive and emotional loyalty, where cognitive loyalty represents what a consumer think about a brand and emotional loyalty represents how one feel about a brand.

Cognitive loyalty is based on what a consumer is aware of regarding a brand, for example prices and features, and the psychological preferences towards a brand (Roy, 2011). According to Oliver (2014), cognitive loyalty is the most preferred form of loyalty since it is about information gathering and preferences about different brands.

Härtel and Russell-Bennett (2010) argue that a purchase decision based on cognitive brand loyalty are evaluated and based on decisions, compared to emotional where it is more likely to be a spontaneous purchasing decision. Emotional brand loyalty is based on satisfaction than behavioral and cognitive brand loyalty. In this case, brand loyalty is based on the degree of positive feelings that occur when purchasing a specific brand (Roy, 2011). It is attachment to the brand rather than a positive attitude towards it that makes consumer repurchases the brand (Härtel & Russell-Bennett, 2010). The products which consumers are emotionally brand loyal towards are most often products that create enjoyment, entertainment and satisfaction. However, one can also be emotionally brand loyal to different sports, movies and products that create emotional attachment (Roy, 2011).

Composite Loyalty:

Neither behavioral nor attitudinal loyalty approach independently predicts satisfactory answer to the question of loyalty. Day (1969 cited in ...) argued that genuine loyalty is consistent purchase behavior rooted in positive attitudes toward the brand. Day's two-dimensional conceptualization of loyalty suggested a simultaneous consideration of attitudinal loyalty and behavioral loyalty, which profoundly influenced the direction of loyalty research. Researchers have operationalized loyalty using a composite approach. Dick and Basu (2014) conceptualized loyalty as the relationship between relative attitude (attitudinal dimension) and repeat patronage (behavioral dimension). They maintained that, true brand loyalty only exists when consumer's beliefs, affect, and intention all point to a focal preference toward the brand or service provider. In leisure literature, Backman and Crompton (2011) conceptualized psychological attachment and behavioral consistency as two dimensions of loyalty. Their findings revealed that attitudinal, behavioral, and composite loyalty capture the loyalty phenomenon differently. Although some researchers conceptualize loyalty as a unidimensional construct, the vast majority of researchers have adopted the composite loyalty approach.

Brand loyalty is not simply a single dimension concept, but a complex and multidimensional concept. It is a comprehensive reflection of cognition, attitude and behavior. Oliver (1999) believes that loyalty is an intrinsic quality directly attributable to clients, and is in general not perpetual as consumers may be dissatisfied. At the same time this commitment is reflected in the continuous and repeated purchase of the same brand for a long time, and this behavior is not affected by the consumer environment. With the influence of marketing methods, there will be no brand preference transfer behavior. Pharmaceutical marketing is composite function of manufacturer, distributor and physician. But the role of physician is central because it determines consistency of brand loyalty. This obtains when physician influences buying intention of patients or consumers who are willing obedience to prescriptions. Patients who derive long term satisfaction and trust with brand pharmaceutical product will likely retain purchase intention since the brand is effective. Trust and satisfaction defile cost, and there is

probably inelastic response to price change. Customers with brand loyalty possess cognitive proposition, attitudinal proposition and behavioral proposition. The composite factors interrelate as push and pull motivation for loyalty. Yet the composite extends as predictive capacity of physician and distributor in pharmaceutical industry.

Methodology

This study adopts descriptive survey using qualitative method. Survey design was applied to delineate groups of pharmaceutical distributors into strata of major distributor, middle level distributor and retailer. Pharmacy distributor is operationalized as major stores and warehouse for medicine drugs of different brands. The stores operate medium and large size chain of value creation for consumers or patients. Major and middle level distributors possess large size drug stores and partner with hospitals to offer ancillary service of pharmacy for drug medicine referrals. Sample of distributors was taken as inclusion criteria of this study. In this case, 10 Major pharmaceutical distributors taken in Lagos metropolis. Inclusion criteria for consumers were defined. This consisted of contact with physicians in previous treatment for self or family members, recognition of brands and purchase history. Fifteen consumers selected. Sample size was 25 and this combined drug distributors and customers.

Sampling technique was purposive, random and accidental sampling. Drug distributors were selected based on predefined inclusion criteria as stated in the foregoing. Lagos is a metropolitan city center and consists of middle-income earners capable to patronize large and medium sized pharmaceutical stores and physicians in hospitals either tertiary type or secondary. This study was conducted in Ikeja Lagos, a location which consists largely middle-income residents and capital city metropolitan. Ikeja is divided into three demographic registration areas (DRAs) and residence marked according to designated registration. The marks were labeled as high industrial density, medium and low density. Each density area was further labeled by streets and close avenues. The study was conducted in high density and randomly picked two streets location and two avenues. Residents were selected accidentally at chance of consent and willingness.

Data were collected and qualitatively. At the level of data collection, texts of conversation were generated in electronic phone and research notes. Questionnaire was listed in personal notes and served as guide for conversation. Semi structured question items were used covering in-depth interview (IDIs) sessions and key informant interviews (KIIs). IDIs and KIIs applied for pharmaceutical customers and distributor stores respectively. Subsequent to data collection, texts were transcribed from both electronic and notes using codes and themes. Themes from text consisted of physician prescription, patient history, brand purchase, purchase intention, satisfaction and trust, pharmacy sales, channels of distribution and network relationship. Themes were constructed

and derived from transcripts at the level of customers and pharmacy distributors. Thematic content analysis was applied for interpretation of qualitative data. This study was guided by ethics and consideration. Pharmacy distributors required that name of stores should be kept anonymous and confidential. As a result, pseudo names were derived in the form, pharmacy A, B, C, D and so on. Consent of participants were sought prior engagement in the study. This study was guided by ethical certification and approval.

Results Moderating role of physician on customer brand loyalty

Physician is central in the cycle of purchase decision of patients. This relies on probability that every patient or customer with previous history of treatment by physician prescription will likely adopt brand prescribed for treatment. This however depends on self-driven judgement by patient or customer. Thematic classifications emerged from texts of conversation with discussants.

Physician prescription

Prescription is a major approach in treatment regimen of patients who seek healthy living. This passage is a formation of diagnosis which offers accurate information on treatment. Physicians are central in the passage and patients rely on the information to secure healthy living. Patients' judgement of prescription forms future action for treatment. Discussants expressed divergent thought on the role of prescriptions in purchase intention. Accordingly, a text of conversation was expressed:

I follow strictly doctor's prescription. I have my personal doctor who manage my health. I go on routine checkup with him... may be twice in a month. I don't buy drugs outside brands my doctor prescribed... (IDI/male customer/Ikeja-Lagos/2022) In another texts of conversation, a customer noted:

I am advocating doctor's prescription. I lost my cousin to self-medication. Doctors know better and treatment suitable for every illness. There are different brands of drugs. Some brands are less expensive, some are on high price. But for me, I don't buy drugs outside prescription whether expensive or otherwise. The most crucial is efficacy of drugs... (IDI/male customer/Ikeja-Lagos/2022).

The pattern of texts was synonymous to attachment and commitment to brands by physician prescription. Discussants strongly felt that proliferation of adulterated drugs account for change in attitude to pharmaceutical drugs, a trend which pushed users' acceptance of doctor's prescription. A discussant said:

There are different brands of drugs. Indian and China have flooded the market with assorted drugs. You can't even differentiate which is which.... It is dangerous trend. I stick to my doctor's prescription. Treatment has been effective... (IDI/female customer/Ikeja Lagos/2022).

The role of doctors is significant in decision of customers to patronize brands. This is due to self-driven perception that it is safe and secure effective treatment notwithstanding price of brands.

Patient history

Patient history emerged as theme when discussant where; engaged on the subject of health seeking attitude. Drugs are purchased for purpose of treatment either minor or major underlying ailments. Some pharmaceutical customers buy drugs on rare occasion, while some buy on regular interval due to health instability. In either case, some customers are strictly guided by previous treatment which shapes purchase decision. Discussants relayed history of patronage and motivation thereof. In the words of a discussant:

I have specific pharmacy which I patronize for all kinds of brands purchase. I have some underlying ailments. My doctor is conversant with my treatment and brands prescription. I know which brand works effectively for me over decades now... IDI/female customer/Ikeja-Lagos/2022).

Also, a male discussant put in his words:

I used to have malaria nearly every three months. I have personal physician who checks on my treatment history regularly. I use branded drugs by doctor's prescription. I am scared to use any brand other than prescribed type... It may be expensive. But I buy IDI/male customer/Ikeja-Lagos/2022).

Some discussants in this study had underlying ailments and this was significant to shape decision on brand patronage. History of ailment provides adequate knowledge for pharmaceutical customers to retain brand and this largely was dependent on effectiveness of the brand. Although some discussants reported minor and usual forms of illnesses such as malaria, fever, cough, rheumatism, body aches, they were however not consented to brands without physician prescription. This was buttressed in a text:

I don't buy drugs without doctor's prescription. I have a list of brands for my drugs. My common health problem is malaria. My doctor is on regular chat and call with me to monitor effectiveness of drug brand. It has been good so far ... IDI/male customer/Ikeja Lagos/2022).

Patients with history of ailment were motivated to structure attitude and behavior which offered leverage for brand patronage.

Brand purchase

Discussants showed strict and unwavering attitude to brand notwithstanding price tag. The motivation around this purchase is combination of physician role and self-driven belief or cognition of brands. Some brands have close substitutes or alternatives which customers could forgo. Discussants expressed motivation on brand purchase. According to a discussant:

There are various brands similar to your buying intention. But I am not usually persuaded when pharmacy stores offer me substitutes or alternative similar. I scrutiny with my doctor... IDI/male customer/Ikeja-lagos/2022).

A similar text was extracted:

Some pharmacy stores are usually smart. They want to convince you to buy what is in their stocks. Sometimes alternative brands are good. But you cannot be sure of this brand since you haven't used them in past for treatment... IDI/female customer/Ikeja-Lagos/2022).

Most discussants expressed concerns which reflected substitutes brands in pharmacy. However, there was strong attachment and commitment to brands which customers have previously patronized and physician prescription was strongly motivating factor to retain brands.

Purchase intention

Drawing from motivation to structure attitude and behavior on prescription, there was preponderance to retain purchase intention of previous brands which offers effective treatment. Discussants expressed attitude on purchase intention. In a text of conversation, a discussant said:

I retain my brands since it works perfectly for me. I don't switch brands without my doctor's prescription. Sometimes, it may be very expensive... but not the price that is important. Efficacy of the drug is important for. Can it cure the ailments... IDI/female customer/Ikeja-Lagos/2022).

In addition to the above, another discussant noted: I don't alter my purchase intention for brands. I change brands on instruction of my doctor. I am loyal buyer. I have been managing my ailments...diabetes... more than 15 years. You don't expect me act otherwise ... IDI/male customer/Ikeja-Lagos/2022).

Purchase intention for discussants was rigid and guided by previous treatment history and prescription which effectively help to manage ailments. This operated within the ambits of doctor's prescription. Discussants were not willing to give up brands which they perceived as previously effective. This is cognitive loyalty to brand since they form knowledge of the brands and suitable for their needs.

Satisfaction and trust

Theme here indicated that discussants who were satisfied with efficacy of brand retained patronage. When customers had consistent satisfaction, they built trust for brand and consistent in patronage. Consistency is formation of attitude and behavioral disposition to brand. Accordingly, a discussant noted:

I have brand which am used to. I have retained patronage for more than 10 years. I am satisfied with it because it is effective. I hardly patronize others except when my physician directed me...IDI/male customer/Ikeja-Lagos/2022).

Building trust this discussant was consistency of availability: I have followed my brand for many years now. But availability of brand is important to retain patronage. I buy drugs from pharmacy and I follow doctor's prescriptions. I am satisfied with brands I used.... IDI/female customer/Ikeja-Lagos/2022). Satisfaction is the function of availability, accessibility and efficacy. Discussants were not bothered about change in price, but

retained patronage as much as the brand offered expected results for treatment. Satisfaction is prelude to trust. This obtains when customers can differentiate efficacy over time and form attitude about the brand. Formation of attitude is drive towards trust and this helps customers retain patronage. This process was shown in the experience of discussants.

Moderating role of pharmaceutical distributors on brand loyalty

This objective was sought to describe the role of distributors in the chain of brand patronage and loyalty. Literature works have identified distributors in the chain of brand patronage, the ancillary service distributors offered and marketing networks associated with distributors in brand loyalty (Porter,2015). Against this backdrop, key informant interviews offered key issues around the role of distributors. Themes were structured and extracted from texts of conversation.

Pharmaceutical sales

Pharmacy stores revealed sales pattern associated with brands. Sales measure consistency in the patronage of brands. It shows commitment to purchase of brands by customers, consistency of distributors to retain patronage for brands in the midst of close substitutes. In line with this prelude, texts of conversation were extracted. A discussant noted:

The pharmacy store was established more than 40 years now. It is a group of venture and subsidiary. We are major distributors for all branded drugs in Nigeria and foreign countries. Our sales are relatively competitive, customer patronage is competitive. We retain branded drugs and there is patronage. Sometimes customers' brand request may not be available in stock. We try to convince and buy another similar brand. Some customers comply, some decline.... KIIs/Pharmacy A/Ikeja-Lagos/2023.

The text above identified customer's choice of brand and loyalty to brand. While some distributors could sometimes succeed to alter loyalty for some customers, it was difficult in some cases. Another distributor was cited:

We have brands of drugs that meet needs of customers at request. But drugs for specific brands are not always available. We have substitutes which are as good as brand on demand. We have pharmacist section who handle cases to convince and educate customers on brands. Some brands are similar and could apply for similar treatment. But sometimes, customers do not wish to hear about close substitute except the type doctors prescribe for them... KIIs/Pharmacy D/Ikeja-Lagos/2023.

Texts of conversation on sales showed that nearly all distributors were large scale drug stores and operated flow of customer patronage. Researcher's field experiment confirmed a 24 hour round the clock daily and weekly service offered by the pharmacy. However, the pharmacy stores lacked capacity to alter purchase intention for

brands by customers. In this case, customers were loyal to brand despite alternative offered. Although some customers were willing to switch alternative, they however sought to verify from their physicians. This was clearly stated by a discussant:

Some customers prefer to check with their physicians if the brand they requested to buy is not available. Although we have pharmacist unit, but plays little effect on the attitude of loyal customers... KIIs/Pharmacy E/Ikeja-Lagos/2023.

This pattern above was noticed with customers who had history of satisfaction and trust with branded drugs.

Channel of distribution

Distributors have channel by which they received supply from manufacturers. Some distributors were major service link to manufacturer; and some were semi major in this case they link with major distributors and manufacturer. This theme provides researchers to identify capacity and ability possessed by distributors to impose change of attitude on customer's loyalty to brand using sales integrity. It was expected that the bigger the size of pharmacy stores, the likely it was capable to alter loyalty for similar brands. A discussant pointed:

This pharmacy store is competitive as wholesale and retail store. We have been in existence for 30 years now. We receive goods directly from manufacturers. You can be sure of authenticity of our product.... KIIs/Pharmacy B/Ikeja-Lagos/2023.

In another text, a discussant noted:

Our store is large scale service and known for reputable image. We have branches across Lagos and we service many hospitals and consultancy... KIIs/Pharmacy F/Ikeja Lagos/2023.

Pharmaceutical distributors that participated in this study were large scale and operated consultancy services which make them unique. Despite the scope of service and business integrity, customer loyalty to brands was consistent in line with prescription. Distributors could not successfully enforce change in customer's loyalty to brands. In cases substitutes were offered, customers felt reluctant to change decision.

Discussion of finding

Brand loyalty for customers in this study was driven by factors related to cognitive formation, history of treatment and prescription. Cognitive formation was peculiar to customers who knew efficacy of brand, apply brand for treatment and differentiated the brand from others. Positive cognition was derived from history of treatment. This was reflected in disease history of users which helped equip cognitive formation. Also, history of disease was connected to interplay role of physicians whose prescription significantly shaped purchase intention. In Literature, scholars have related the triad of behavioral disposition, attitudinal disposition and composites of behavior and

attitude (Aaker, 2015; Adeosu & Ganiyu, 2018; O'Mally, 2018). The assumption is that customer loyalty is prescription of behavior shown over time to particular brand product. Positive behavior is gamut of cognition which favorably disposed purchase intention (O'Mally, 2018). Attitude is practical response to preferences and purchase intention. Formation of attitude to brand helps shape patronage, change in attitude correlates to change in purchase intention for brands. This study however showed consistent attitude to brand and loyalty was derived from prescriptive role of physicians.

Conclusion

There is consistency in the purchase decision of customers who were driven by self-motivated factors. Participants in this study operated rigid decision influenced by diseases history. The application of history was moderating factor such as disease, duration of treatment, cognitive formation, satisfaction and trust which interplay to shape behavior and attitude. In the course of disease history, customers formed attitude which helped to retain loyalty to brands perceived effective notwithstanding the price. For customers in the study, brand price was not significant. Satisfaction and trust were considered priority. Attitude brand loyalty was moderated by effectiveness of the brand, not current price of sales. Physician prescription moderated customer brand loyalty since it was difficult to alter decision at the point of purchase even when brands were not stock. Distributor role was ancillary in brand loyalty, only served as supplier of brands, but it could not alter purchase decision of customer in brand loyalty.

Against this backdrop, this study recommended the following as policy implications of the study.

I. Physician prescription dominantly moderated purchase intention of customers in the study. Decision was rigid to alter for customers at the point of purchase in pharmaceutical stores despite close substitutes for brands. Against this backdrop, it is recommended that brand loyalty in pharmaceutical sales should be treated as moderating intervention of physician. Physician prescription moderated customer purchase intention. Although some customers altered decision when brands were not available, change in purchasing intention was dependent on physician guide. Pharmaceutical distributors should synergize with physicians to retain customer patronage.

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