DETERMINANTS OF BRAND LOYALTY FOR PRESCRIPTION BRAND MEDICINE BY DOCTORS IN NAIROBI

BY:

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DECLARATION

This project is my original work and has not been submitted for a degree in any other University.

Signed _____

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Date: 12/11/03

This project has been submitted for examination with my approval as University supervisor .

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DEDICATION

I specifically dedicate this project to my loving mum Peris Bosibori Ongubo. Without her the completion of the MBA programme would not have been a dream come true.

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The successful completion of this project would not have been possible without tremendous input from my supervisor, colleagues, friends and the entire faculty of Commerce.

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ABSTRACT

This study sort to solve the problem of what are the determinants of brand loyalty of prescription brand medicine among doctors in Nairobi? To achieve this the objective of the study were to establish determinants of doctors loyalty on prescription brand medicine to rank the most important determinants of prescription brand medicine and to determine significant difference between physician and general practitioners on their influence towards loyalty.

The population of interest for this study comprised all doctors both the specialist and general practitioners in Nairobi. Specialist in this case only refers to physicians. The sample frame used was the Kenya medical directory of 2001. According to the Kenya medical directory (2001) 114 physicians and 345 general practitioners existed in Nairobi making it a total of 459 doctors. A sample size of 60 doctors in the proportion of 15 physicians and 45 general practitioners was used. Convenient sampling was used to select the sample units.

Primary data was used in the study and data was collected using questionnaire comprising both open and close ended questions. The questionnaire was divided into three sections. Section A collected biodata information section B information on determinants of loyalty and their degree of importance and finally section C information on the ranking of the most important determinants of brand loyalty. Each factor importance was rated on a 5 degrees of importance Likert scale where 1 = not important at all and 5 = very important. Research assistants were fellow medical representative and questionnaire were administered to the prescribers as the researcher and research assistants visited their clinics or area of practice.

Collected data was analyzed by use of descriptive statistics. These included tables and percentages to represent response rate on information collected. Table of frequencies was used to summarize determinants considered important in the choice of prescription brand medicine. Factor analysis was also used for analysis due to the large number of variables or objects considered. A response rate of 90% was achieved.

The Likert rating results indicated most important factors as medicine availability and patient buying power then followed by patient compliance, supportive evidence of the drug and reasonable price in that order. From this study, it was found that the degree of importance and therefore ranking of factors was circumstantial in most cases. The patients background and

condition was observed to be most critical in influencing the ranking factors. This meant one factor could be important in certain situation and less important in others. There were no statistically significant difference in the factors influencing loyalty between physicians and general practitioners.

Doctors were observed to be scientific experts who made decisions on their choice of prescription brand medicine rationally. Rationality in decision making was mainly due to the nature of their profession. Marketers of prescription brand medicine should therefore design marketing programs aimed at influencing the doctors rationally. Marketers should also not ignore the other factors considered fairly important such as sponsorship of conferences and medical camps and also extra services rendered to doctors. This factors augment the efforts put towards rational appeals. Marketers should also understand doctors in terms of their age specialization and duration of practice. To be competitive effective cost management should be undertaken.

This study was conducted in Nairobi and therefore one can't generalize the observed doctors prescription behaviour to apply in rural areas. The study was broad and dealt with many different factors of medicine prescription loyalty. Future studies could be carried out concentrating on each of the various factors that doctors considered in prescribing medicine.

1.0 CHAPTER ONE: INTRODUCTION

1.1 Background:

Health is a fundamental right. Access to health care, including essential drugs is central to realizing this right. Public, private for profit and private not for profit sectors play a variety of roles in financing and providing health services. This is true for the pharmaceutical sector as well as the overall health sector (Bennett 1997).

Despite notable efforts in expanding access to low cost essential drugs during the last two decades problems persist. In the public sector of many countries funding for health care is insufficient and the available resources may not be well managed. Drug stock outs are common, drug deliveries often late and inadequate (Bennett 1997). Several of the proposed solutions to these problems involve changing the public private mix in the pharmaceutical sector. For example greater rise of market mechanism and promotion of the private sector has been seen as a means to bring extra funds into the pharmaceutical sector and to improve availability of drugs. The promotion of private sector by the government has contributed to many challenges in the pharmaceutical industry.

Today in Kenya pharmaceutical managers are faced with greater issues. These are severe recession, reduced purchasing power, entry of Health Management Organizations (HMO) in the market who dictate what to be included in the formularies, reduced growth rate, increased competition, consumer patient awareness, pressure on pricing and reduced government expenditure on direct purchases. This has resulted to cut throat competition as well as reduced profits (Odhiambo 1999).

The pharmaceutical industry uniqueness is depicted by the regulation of the marketing of the pharmaceutical products. The use of the marketing mix variables must fall within the confines of the law. The packaging and labeling of the products must be in compliance with the pharmacy and poisons board. The selling of pharmaceuticals is such that distribution, wholeselling, retailing must be done by a registered pharmacist in a registered premise. Advertising of prescription products can only be on printed professional journals (Cap. 244 of the laws of Kenya)

Since liberalization in 1990's pharmaceutical industry has experienced stiff competition forcing firms to go into mergers and acquisitions in order to maintain their competitive advantage.

Examples of such mergers are

- Zeneca pharmaceutical and Astra International merged to become Astra Zeneca
- Pfizer acquired Warner Lambert,
- Rhone Poulenc merged with Hoechst Marion Rousell to become aventis, and very recently GlaxoWellcome merged with SmithKline Beecham to become GlaxosmithKline.

The pharmaceutical industry has also seen the introduction of the industrial property act as a result of HIV/Aids pandemic which was declared by His Excellency the President Daniel Toroitich Arap Moi (Wamalwa 2002). This act has really changed the situation in the pharmaceutical industry in the sense that it removed protection of the patency of the drugs for HIV Aids and Aids related diseases. As a result the pharmaceutical generic manufacturing companies local, Indian, Pakistan are free to manufacture antiretroviral generics and other generics used in Aids related cases. This has contributed to increased competition within the industry and encouragement of parallel importation.

The introduction of economic reforms to Kenya in the early 1980's by international organizations like World Bank and IMF has contributed to many changes. The changes in the industry include proliferation of companies marketing pharmaceutical products and increase in the number of products available (Ndiho 2001). In the current age of considerable competition and fragmentation pharmaceutical firms have created differential advantages for the consumers of their products and services in order to survive or grow. Thus the dire need to embrace the concept of marketing (Ndiho 2001). Mbau (2000) argues that building and applying brand equity is the core to all marketing strategies and will determine the success of pharmaceutical firms in the future.

Kotler (2000) argues that marketers say branding is the art and cornerstone of marketing. Churchil (1995) states that when marketers consider to derive benefits by distinguishing their products in the mind of customers and having them spend additional money then they are considering branding. In the past products went unbranded. Producers and intermediaries sold their goods out of barrels, bins and cases without any supplier identification. Buyers depended on the sellers integrity (Kotler 2000).

The earliest signs of branding were the medieval guilds efforts that required crafts people to put trademarks on their products to protect themselves and consumers against inferior quality. In the fine arts too branding began with artists signing their works (Kotler 2000). Today branding is such a strong force that hardly anything goes unbranded. Fresh food products such as chicken, turkey and salmon are increasingly being sold under strongly advertised brand names (Kotler 2000).

Branding involves costs yet sellers continue to develop brands. Kotler (2000) argues branding gives the seller several advantages. Branding makes it easier for the seller to process orders, provide legal protection to unique products, segment markets and build corporate image. A much great advantage is that branding gives the seller the opportunity to attract a loyal and profitable set of customers. Brand loyalty gives sellers some protection from competition (Kotler 2000). Brands strengthen buyer preference and help them identify quality differences and shop efficiently. The development of loyalty has led to the emergency of brand loyal markets. Competitor companies selling in a brand loyal market have a hard time gaining more market share and competitor companies that enter such a market have a hard time getting in (Kotler 2000). The need to establish brand loyalty has been expressed further by Aaker (1991) as important. This is because it represents a strategic asset to the firm and if well managed it provides value in several ways (Aaker 1991).

1.1.1 Pharmaceutical Industry in Kenya

The pharmaceutical industry in Kenya has continued undergoing a growing trend since the late 80's. The industry was liberalised in 1991 and the period after saw an influx of many pharmaceuticals companies into the market either directly investing or through franchise holders (Ronoh, 2002). The growth of the industry has also experienced intense competition which has led to the development of mergers and acquisition. The latest being the merger between Glaxo Welcome and SmithKline Beecham in 2001 forming Glaxo SmithKline.

The product range within the industry can be broadly categorized into prescription medication and non prescription medication. The target group for the prescription medication are the doctors who eventually prescribe the medicine to the ultimate consumer being the patient. In 1999 there were 4411 doctors of which less than 20% were in the public sector (Kenya Medical Director, 2001). This translates to 15 doctors per a 100,000 people. Similarly there were 734

dentist, 1650 pharmacists and 8671 registered nurses translating to 3 dentists, 6 pharmacists and 30 registered nurses per population of 100,000. In total there were 53612 health personnel at various cadres in 1999 (Kenya Medical Directory, 2001).

The other growing target for pharmaceutical company marketing is the pharmacist who is increasingly playing a significant role in influencing or convincing doctors to change medication in the prescription. Patients also play a significant role in influencing the doctor's prescription. In Kenya though direct marketing to patients is illegal, the patients are increasingly asserting their preference on the medications the doctor or pharmacists recommends for them. A patient will convince the prescriber to issue a prescription of a brand that had been used previously by the patient or a close associate with good results. Patients may also be interested with brands of certain origin. This is common in the private healthcare set-up where the patient directly pays for the service.

Establishment of brand loyalty in the pharmaceutical industry just like any other industry is a competitive procedure. In the case of the retailing industry where supermarkets chains fall the way out is to build themselves as brands and target to retain brand loyalty customers (Lagat, 1995). This calls for the differentiation of offers and better services than those of competitors (Davidson, 1988). Kenya engages in both local productions and imports though the industry is largely import based. Traditionally Kenya has imported most of its pharmaceuticals from the European Union but with declining economic trends investors have been forced to look more towards Asia and Latin America (Ronoh 2002). India and China are predominant exporters of pharmaceutical product to Kenya.

Currently there are over 452 pharmaceutical firms within the Kenyan market with over 600 medical sales representative (Ronoh 2002). There are over 7000 registered pharmaceutical products presented in various formulations in the Kenyan Market (Drugs and chemists 2001). Pharmaceutical industry heavily depends on personal selling through medical sales representative to establish their brands in the market. The medical sales representative conveys medical/pharmaceutical prescribing information about a particular brand to the doctor through a detailing process. It's at this point that the medical representative differentiates his brand from other brands in the market and establish doctors brand loyalty.

1.1.1 The Pharmaceutical Market in Kenya

The pharmaceutical industry can broadly be categorised into 2 branches. The human pharmaceuticals and the veterinary pharmaceutical industries respectively. For the purpose of this study the focus will be on the human pharmaceutical industry.

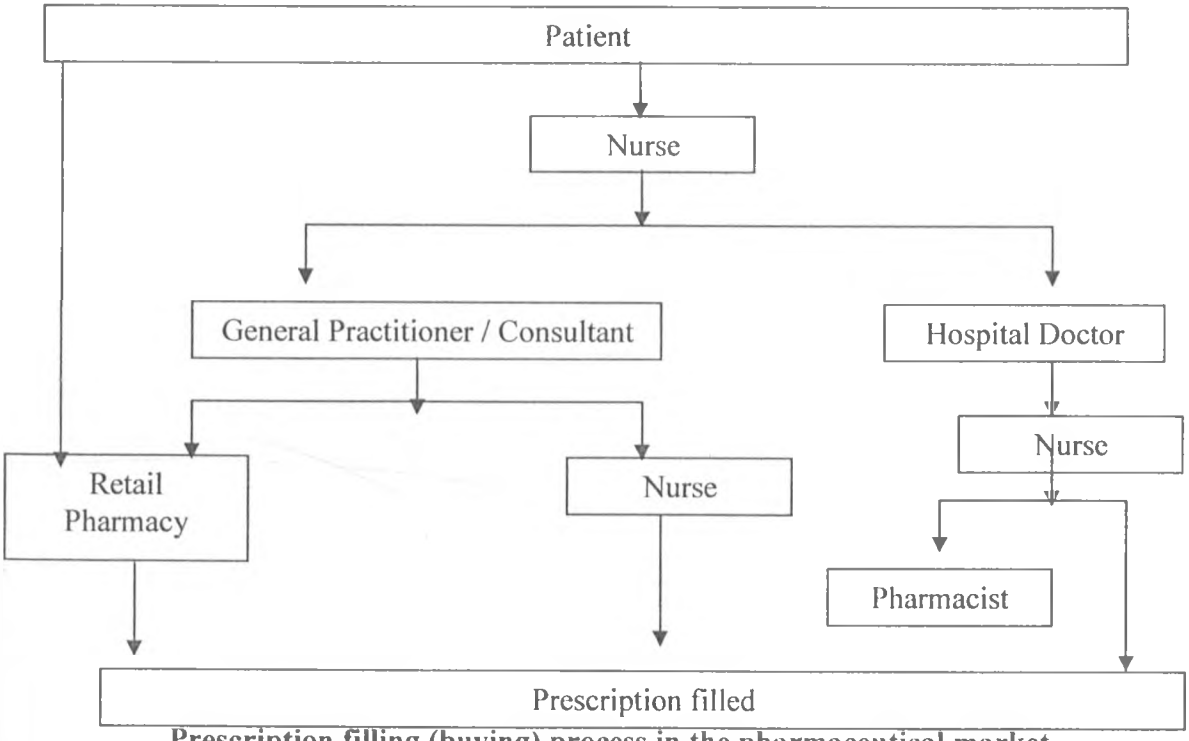
The human pharmaceutical industry can further be divided into three large categories depending on the kinds of products and the rules governing their manufacturing procedure, marketing and usage. The categories are:

The over the counter drugs (OTC) – This requires no elaborate usage instructions or precautions to be taken.

Pharmacy only (P) category – This requires purchaser to take elaborate instructions on the correct usage and precautionary measures.

Prescription only medicine (POM) – These drugs are purchased upon presentation of a duly signed prescription from a qualified doctor. This category is strictly regulated and is one monitored a lot by the pharmacy board. Any infringement may result in litigation.

The buying process of prescription medicine only is as illustrated in the figure below:



Prescription filling (buying) process in the pharmaceutical market.

Adapted from Ronoh (2002) Direct Marketing: The case of pharmaceutical industry in Nairobi, unpublished MBA Project University of Nairobi, pg. 11

Ronoh (2002) highlights the characteristic feature of the pharmaceutical marketing is that one reaches the end consumer (patient) through an intermediate customer (physician/doctor) who advises the end customer through a prescription. There are two potential target groups, the patients (consumers) and doctors (customers) who have different needs. This study focuses on doctors as the target groups since he is the prescriber and the most influencer in the buying process.

1.1.2 The Power of Marketing within the Pharmaceutical Industry

Market power within the pharmaceutical industry as argued by Bennet (1997) is created through the following:

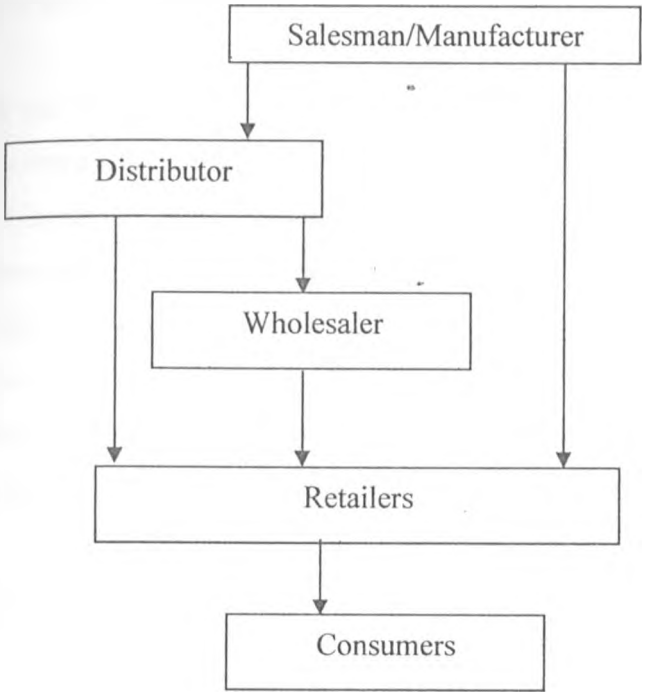
Patent protection, which exists in order to encourage research and development.
Brand loyalty, created through marketing which generates market power even after patents expire.
Market segmentation, especially by therapeutic subclass.
Gaining control over key inputs, thus preventing others from competing effectively.
Implicit collusion between firms through for example price fixing (Bennets 1997).

Bennet (1997) further states that due to the special characteristic of drugs, competition takes undesirable forms. In particular, because of the life saving nature of many drugs and the fact that patients do not pay for them directly in many countries, there is unlikely to be substantial price competition but rather competition in product quality, innovation and brand awareness.

1.1.3 Distribution Network in the Pharmaceutical Industry

Muiva (2001) reported having an effective distribution network was considered most important to compete effectively in the local pharmaceutical industry, followed by a skilled marketing team and an effective product mix. The presence of a good distribution network enables products to penetrate widely into the market. The pharmaceutical marketers face well trained and well informed professional buyers, doctors, pharmacists who are skilled in evaluating competitive offerings. It is therefore very important that marketers through their efforts demonstrate how their brands will help customers to achieve their goals i.e. managing the ailment/diseases in good time, effectively and efficiently.

The figure below defines the distribution chain in the industry.



Distribution chain in the pharmaceutical Industry

Adapted from Ronoh (2002) Direct Marketing: The case of pharmaceutical industry in Nairobi, unpublished MBA Project University of Nairobi.pg 20

1.1.4 Branding in the Pharmaceutical Sector

The ethical drug industry is a persuasive example of an industry where virtually all its products are purchased by well trained specialists supposedly able to ignore the blandishments of advertising, drug company representatives or brand name appeals and make decisions purely on the basis of rational, technical, performance factors (Murphy 1990). Branding often plays an important role. Indeed the appeal of brands can be sufficiently strong that doctors often prefer to prescribe by brand name because of the reassurance afforded to them by name.

1.2 Statement of the Problem

The strength of a brand in the market is dependent on a strong supply of loyal customers (Kapferer, 1999). This gives the brand stability of future sales and ability to withstand competition. A loyal customer is likely to speak well to others about the brand (Aaker 2000).

Brand loyalty is developed when customers know that they will get the same features, benefits and quality each time they buy the brand.

In the pharmaceutical industry a lot of changes have taken place since the 1990's making the environment very turbulent. The configuration of competitive forces such as intensity of competition, new entrants, substitute product, suppliers and buyers have transformed the environment a great deal creating the need for firms to change their competitive positions (Ndiho 2001). These changes have had a significant impact to the marketing practices in the industry. For instance the entrance of new firms due to liberalisation has led to the development of many prescription brand medicine within one line. For example many brands of an antibiotic such as cefadroxil exist and each brand is promoted with an aim of gaining market share.

Doctors are bombarded by many brand names leading to confusion. One therefore expects doctors to switch from one brand to another but still some brands command high market share. This symbolizes a certain degree of brand loyalty by doctors to some of these brands. Aaker (1991) argues that Loyalty is manifested through commitment and it's qualitatively different from other dimension linked to future profits since it translates to future sales. Aaker's arguments therefore make the need to understand determinants of brand loyalty critical and it needs to be an area of interest for marketers to strengthen their positions in the market.

Studies have been conducted within the pharmaceutical industry but non-that the researcher is aware of addresses the issue of brand loyalty by doctors, yet doctors happen to be the target group of prescription brand medicine. Thuo (1999) investigated determinants of pharmacy patronage. In his study he concluded that the three most important patronage factors that influence the selection of the pharmacy that one patronises are (in order of importance): professional and competent services, price and convenience.

Ronoh (2002) carried out a study on direct marketing the case of pharmaceutical industry in Nairobi. Muiva (2002) conducted a study on the use of competitive intelligence systems in the Kenya pharmaceutical industry. These studies address other marketing practices and activities that contribute to brand awareness, promotion, brand associations and not determinants of brand loyalty, yet Aaker (1996) argues that a brand's value to a firm is largely created by the customer loyalty it commands. He also argues that considering loyalty as an asset encourages and

justifies loyalty building programs which help create and enhance brand equity. However, brand loyalty studies have been conducted in other industries in Kenya. The very recent study is that done by Wambugu (2002) in the retailing industry. He concluded that ten important factors existed and the three most important in order of importance were availability of merchandise, location and store operational hours. Wambugu further recommends that supermarkets need to improve on the important factors in order to reap the benefits of customer loyalty.

The above facts indicate the importance of brand loyalty and therefore makes it necessary for marketers in the pharmaceutical industry to understand the determinants of brand loyalty in order to take advantage of Loyalty building. This study therefore, aimed at investigating factors determining brand loyalty for the prescription brand medicine among doctors in Nairobi. The Research therefore sought to answer the following question:

- What are the determinants of brand loyalty of prescription brand medicine among doctors in Nairobi?

1.3 Objectives of the Study

The objectives of this study were;

1. To establish determinants of doctors loyalty on prescription brand medicine.
2. To rank the most important determinants of prescription brand medicine.
3. To determine the significant difference between physicians and general practitioners on their influence towards loyalty.

1.4 Importance of Study

The results of this study may be useful to;

1. Pharmaceutical players interested in increasing their sales through enhancing brand loyalty.

2. Marketers and sales people interested in building brands through the brand loyalty dimension.

3. Academicians who may be interested in pursuing further research in brand loyalty within the pharmaceutical industry and other industry.

2.0 CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter focuses on the review of literature related to this study. Specific concern is on the concept of brand loyalty and its relation to value development.

2.2 What is a brand?

Aaker (1991) defines a brand as a distinguishing name and or symbol such as a logo, trademark or package design intended to identify the goods or services of either one seller or a group of sellers and to differentiate those goods or services from those of competitors. A brand thus signals to the customer the source of the product and protects both the customer and producer from competitors who would attempt to provide products that appear to be identical (Aaker 1991).

A brand is a name, term, sign, symbol or design or a combination of them which is intended to identify the goods or services of one seller or group of sellers and to differentiate them from those of competitors (Kotler, 1988). Further Kotler (1988) elaborates a brand as follows.

Brand name: That part of a brand which can be vocalised.

Brand mark: That part of a brand which can be recognized but is not utterable such as a symbol, design or distinctive coloring or lettering.

Trademark: A brand or part of a brand that is given legal protection because it is capable of exclusive appropriation. It protects the seller's exclusive rights to use the brand name and or brand mark.

Copyright: The exclusive legal right to reproduce publish and sell the matter and form of a literacy, musical or artistic work.

Randall (2000) argues that the definition of a brand would contain words such as 'unique name', 'identity', 'differentiation', 'quality' and 'guarantee'. Within the pharmaceutical industry brands exist and can be categorised as branded drugs, generic drugs and branded generics.

Branded drugs refer to those drugs that are originally produced by a manufacturer and enjoy patent rights for a period. They tend to be backed by the manufacturer quality control and medical information department.

Generic drugs are drugs manufactured after patent expiry by another manufacturer normally at a cheaper price. These are normally at the bottom of the market. Its not developed and manufactured by the original manufacturer and its not backed by the manufacturer's quality control and medical information department.

Branded generics are drugs which offer a small advantage and which are sold at a price above the lowest priced generics.

Kotler (2000) goes further to say that a brand can convey six levels of meaning:

Attributes: A brand brings to mind certain attributes. Mercedes suggests expensive, well built well engineered, durable, high-prestige automobiles.

Benefits: Attributes must be translated into functional and emotional benefits. The attribute "durable" could translate into functional benefit "I won't have to buy another car for several years". The attribute expensive translates into the emotional benefit "The car makes me feel important and admired".

Values: The brand also says something about the producers values. Mercedes stands for high performance, safety and prestige.

Culture: the brand may represent a certain culture. The mercedes represents German culture organised, efficient, high quality

Personality: The brand can project a certain personality. Mercedes may suggest a no-nonsense boss (person), a reigning lion (animal) or an austere palace (object).

User: The brand suggests the kind of consumer who buys or uses the product. We would expect to see a 55 year old top executive behind the wheel of a Mercedes not a 20 year old secretary.

2.2.1 Why do brands matter?

An obvious question is why are brands important? What functions do they perform that make them so valuable to marketers? Keller (1998) classifies the importance of brands to consumer and manufacturers as follows;

Consumers/Customer

Identification of source of product

Assignment of responsibility to product maker

Risk reducer

Search cost reducer

Promise, bond or pact with maker or product

Symbolic device

Signal of quality

Manufacturers/firms

Means of identification to simplify handling or tracing

Means of legally protecting unique features

Signal of quality level to satisfied customers

Means of endowing products with unique association

Source of competitive advantage

Source of financial returns (Keller 1988)

2.3 Brand Loyalty

Aaker (1991) defines brand loyalty as a measure of the attachment that a customer has to a brand. It reflects how likely a customer will be to switch to another brand, especially when that brand makes a change either in price or in product features. Aaker (1991) further argues if customers are indifferent to the brand and in fact buy with respect to features, price and convenience with little concern to the brand name there is likely little equity. If on the other hand they continue to purchase the brand even in the face of competitors with superior features, price and convenience, substantial value exists in the brand and perhaps in its symbol.

Henry Assael (1998) also defines brand loyalty as repeat buying because of commitment to a brand whereas inertia is repeat buying without commitment. Further Aaker (1991) states loyalty is manifested through commitment. He argues that a strong brand has high equity and brand

loyalty is qualitatively different from the other major dimension of brand equity in that it is tied more closely to the use experience. It is also one indicator of brand equity which is demonstratably linked to future profits, since brand loyalty directly translates into future sales. Clearly loyalty is a function of brand name and image rather than any functional brand attributes (Assael 1998).

Evans (1997) has also defined brand loyalty as repeat purchase intention and as behaviour. He further argues that brand loyalty can be conceptualized as a cognitive, attitudinal or behavioural phenomenon. As a cognitive phenomenon brand loyalty is thought of as an internal commitment to purchase and repurchase a particular brand. As an attitudinal phenomenon it is a preference for a brand. As a behavioral phenomenon, brand loyalty is simply repeat purchase behavior. All the three approaches (cognitive, attitudinal and behavioral) have their merits and interact with each other (Evans 1997).

Schiffman (2000) argues that a more favourable attitude towards a brand, service or store compared to potential alternatives together with repeat patronage are seen as the requisite components of customer loyalty. Brand loyalty represents a favourable attitude towards a brand resulting in consistent purchase of the brand overtime. It happens after consumer learn that one brand can satisfy their needs (Assael, 1998). To be truly loyal the consumers must hold a favourable attitude towards the brand in addition to purchasing it repeatedly (Day, 1969).

Randall (2000) argues that for consumers to be loyal to a brand, the brand needs to do the following:

Identity – the brand must identify itself clearly and unambiguously so name, legal protection and design elements are important.

Shorthand summary – the identity should act as summary of all the information the consumer holds about the brand. Memory sums to work by storing packets of information in networks and the brand should provide access to this network, triggering associations.

Security – buying a familiar brand should be reassuring. The brand should guarantee to provide the benefits expected.

Differentiation – the brand must clearly differentiate itself from its competitors, and show buyers how its unique.

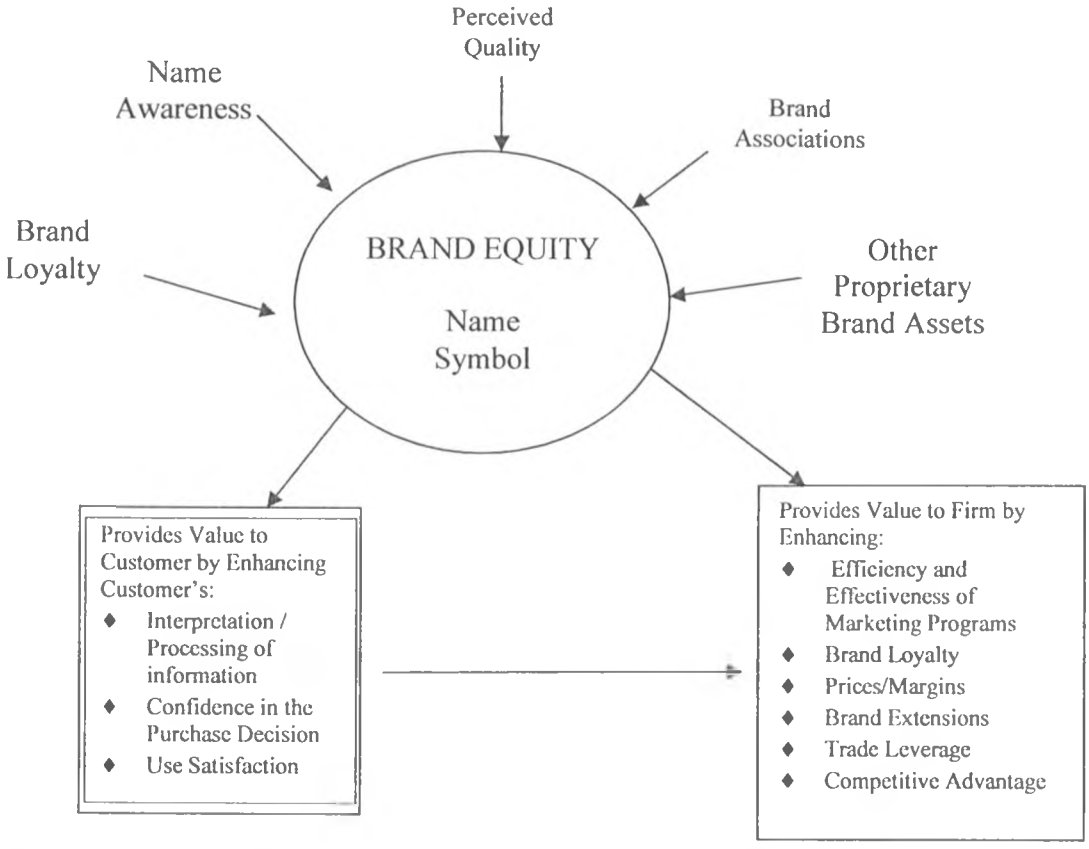
Added Value – the brand must offer more than the generic product.

The preceding definitions from different authors reflect some commonness in what brand loyalty entails. One can conclusively say that for brand loyalty to exist consumers exhibit certain behavior towards the brand. This behavior include some degree of attachment to the brand repeat purchase possible attitude towards the brand and some level of commitment towards the brand.

2.3.1 Brand Loyalty as part of the Brand Equity Concept

Brand equity is a set of brand assets and liabilities linked to a brand, its name and symbol that add to or subtract from the value provided by a product or service to a firm and/or to that firm's customers (Aaker 1991). Aaker further argues for assets or liabilities to underlie brand equity they must be linked to the name and/or symbol of the brand.

If the name or symbol changes some or all of the assets and liabilities could be lost. The relationship and value of brand equity to a name or symbol is illustrated in the figure below.



Adapted from Aaker (1991) Managing Brand Equity: Capitalizing on the value of a Brand name New York, Free Press. Pg 17.

Aaker (1996) argues that the inclusion of brand loyalty as part of brand equity is important for two reasons. First a brand's value to a firm is largely created by the customer loyalty it commands. Second considering loyalty as an asset encourages and justifies loyalty building programs which then help create and enhance brand equity. Brand equity is strategic and an asset that can be the basis of competitive advantage and long-term profitability. This needs to be monitored closely by the top management of an organisation (Aaker 2000).

2.3.2 Brand Loyalty Levels

Several levels of brand loyalty posing different marketing challenges exist. Aaker (1991) classifies them as follows.

Committed Customers:- They have a pride of discovering or being users of a brand. The brand is very important to them either functionally or as an expression of who they are. Their confidence is such that they will recommend the brand to others. The value of committed customers is the impact upon others and upon the market itself.

Those that truly like the brand:- Their preference may be based upon an association such as symbol, a set of use experiences or a high perceived quality. However the liking may not be attributed to something specific.

Satisfied buyer with switching costs:- Customers with switching costs, costs in time, money or performance risk associated with switching. Perhaps there is a risk that another brand may not function as well in a particular use context.

Buyers who are satisfied with the product or at least not dissatisfied:- These buyers might be termed habitual buyer. They are vulnerable to competitors that can create a visible benefit to switching.

Indifferent to the brand: - each brand is perceived to be adequate and the brand name plays little role in the purchase decision. Whatever is on sale or convenient is preferred. This buyer is a switcher or price sensitive.

Evans (1997) distinguishes a number of segments of brand loyalty.

Brand-loyal users – use only one brand and this is called undivided brand loyalty.

Brand Switchers- Consumers who use two or more brands depending on the situation, the price or consumers who are searching and have not yet found their preferred brand.

New Users:- Consumers who are entering the market, for instance young people starting to live on their own or people immigrating into the country.

Non users:- Consumers who decided not to use the product at all for instance non smokers.

Kotler (2000) divides consumers into four groups of loyalty status.

Hard-core loyals: Consumers who buy one brand all the time.

Split loyals: Consumers who are loyal to two or three brands.

Shifting loyals: Consumers who shift from brand to another.

Switchers: Consumers who show no loyalty to any brand.

2.4 The Value of a Brand

Aaker (1991) proposes at least five ways of assessing the value of a brand. One is based on the price premium that the name can support. The second is the impact of the name on customer preference. The third looks at the replacement value of the brand. The fourth is based on the stock price. The fifth focuses on the earning power of a brand. Kapferer (1999) further says that loyal customers are profitable because they spend more with the brand they are loyal to and are less sensitive to price.

2.5 The strategic value of brand loyalty

Brand Loyalty of existing customers represent a strategic asset, if properly managed and exploited has the potential to provide value in several ways (Aaker 1991). Aaker sees brand

loyalty providing value through reduced marketing costs, trade leverage, attracting new customers, time to respond to competitive threats.

2.5.1 Reduced Marketing Costs

It is simply much less costly to retain customers than to get new ones. Potentially new customers usually lack motivation to change from current brands and they will be expensive to contact. Even when they are exposed to alternatives they will often need-substantial reason to risk buying and using another brand (Aaker, 1991).

2.5.2 Trade leverage

Strong loyalty towards brands ensures preferred shelf space because stores know that customers will have such brands in their shopping list. Trade leverage is particular important when introducing new sizes, new varieties, variations or brand extensions (Aaker 1991).

2.5.3 Attracting new customers

A customer base full of satisfaction and others that like the brand provide assurance to prospective customers especially when the purchase is somewhat risky. This applies especially in product areas that are new or otherwise risky. A satisfied customer base provides an image of the brand as accepted and successful (Aaker 1991).

2.5.4 Time to respond to competitive threats

Brand Loyalty provides some breathing room. If a competitor develops a superior product a loyal following will allow the firm time needed for the product improvements to be matched or neutralized.

2.6 Enhancing Loyalty

Keller (1998) describes 'after marketing' as a necessary new mindset that reminds marketers of the importance of building a lasting relationship with customers to extend their life times. He offers examples of specific activities to nurture loyalty and building relationships with customers.

Establishing and maintaining a customer information file.

'Blue printing' customer feedback.

Conducting customer satisfaction survey.

Formulating and managing communications programs as customer retention activities.

Hosting special customer events or programs.

Identification and reclaiming lost customers.

Aaker (1991) supports the argument of enhancing loyalty as follows.

Treat the customer right:- The key to keeping customers is simply to avoid driving them away and treat them with respect.

Stay close to the customer:- Make use of focus groups to see and hear real customers voice concerns. Encourage customer contact to make them feel valued.

Measure/Manage Customer satisfaction:- He advises marketers to conduct regular surveys of customer satisfaction (dissatisfaction) to understand how customers feel towards their products.

Create switching cost: Creation of switching costs can be done by creating a solution for a customer problem that may involve redefining the business.

Provide extras:- provision of a few extra unexpected services changes customer attitude from tolerance to enthusiastic.

Customer loyalty is seen as a two way street (Webster, 1994). Webster argues that customers remain loyal to the company that serves their needs and preferences with a total set of related products and services, while on the other hand companies demonstrate and maintain their loyalty to the customers by becoming knowledgeable about them and responding to them with enhanced product offerings.

To achieve loyalty a brand must go beyond achieving visibility and differentiation (Kotler 2000). The brand should develop deep relationships with the customer group where the brand becomes meaningful part of the customer's life. When this occurs the customer will be highly loyal (Kotler 2000).

2.6.1 Measuring Brand Loyalty

For marketers to more clearly understand brand loyalty and its management it is useful to consider approaches to its measurement (Aaker 1991). Aaker considers measures of loyalty into two. One approach is to consider actual behaviour. Other approaches are based upon the loyalty constructs of switching costs, liking and commitment.

Behavioural measures: This considers actual purchase patterns in terms of repurchase rates, percentage of purchases of certain brands and number of brands purchased.

Switching costs: If switching costs of a customer like changing a customer ordering system is high the more likely to have a high degree of loyalty.

Liking of the brand: Evaluation of the customers liking of the firm or brand. Liking can be scaled in ways such as liking, respect, friendship and trust towards a firm or brand.

Commitment: This is measured through the indication of the amount of interaction and communication that is involved with the product. Does the customer like to talk about the product to others by telling them why they should buy. It also involves evaluation of the extend the brand is important to a person in terms of his activities or personality (Aaker 1991).

2.7 Determinants of Brand Loyalty

To reap the benefits of brand loyalty companies must not only manage loyalty but they must enhance it (Aaker 1991). Sufficient knowledge on the determinants of brand loyalty is therefore necessary for these companies some of the determinants include:

Availability of the brand. Many customers would want to shop in one place for all items. This is due to the scarcity of time. Repeat purchasing will enhance commitment and eventually loyalty (Assael, 1998).

The image of the brand versus the customer self image. If one's image of the brand conforms to his self-image, then the customer's loyalty to the brand will be high (Aaker 1991).

Level of satisfaction and/or dissatisfaction. This involves many issues such as the problems faced by customers, their sources and how they are addressed (Aaker, 1991).

Customer Service – This consists of several services designed to aid in the sale of a product. They may include credit, delivery, gift wrapping, merchandise returns, longer store hours, parking and personal service (Stanton, 1991). Bearden (1995) concurs by saying that customer service refers to the activities that increase the quality and value that customers receive when they shop and purchase merchandise.

Atmospherics of store – According to Bearden (1995), this refers to a retailers combination of architecture, layout, colour, sound, temperature monitoring, special events, prices, displays and other related factors that attract and stimulate customers.

Location – The actual place where the store is located determines whether it is available to the customers or not. The location also has an effect on the store's image (Kotler, 1990).

Technology - Available technology like catalogs or electronic media that allows the customer to shop while at home or at some other non store location (Davidson, 1988).

Thuo (1999) in his study on determinants of pharmacy patronage in Kenya also observed the following factors from various studies on pharmacy patronage done overseas. One of the earliest pharmacy patronage study was carried out by Benson and Benson (1992). They asked pharmacy customers the following questions:

What are your main reasons for shopping most in this drug store? The results were as follows:

Motive	Response Item	%	Rank
Appearance and general appeal	Clean store, uncluttered	1.5	7
Assortment and quality of goods	Good, wide stock	13.5	6
Convenience	Close to home, close to work close to other stores	61.5	1
Price	Reasonable, economical	15	5
Reputation of pharmacist	Reliable, reputable	21	4
Services rendered	Good prompt services, courteous, convenient hours, credit available	25	3
Friendly workers and pharmacist	Friendly with workers and other pharmacy staff	29	2

Thuo (1991) "Determinants of Pharmacy Patronage, A Kenya Study" Health Journal Vol. No. 3 pg. 47

From the study, it would appear that convenience is the single most important reason for patronising a particular pharmacy.

In 1973 Dichter and et al, working for the American Pharmaceutical Association wanted to know the reasons that influence people in deciding where to purchase their prescription. Their results were as follows:

Factor	Score	Rank
Professional service	18.5	2
Lower prices	17.6	2
Personal attention	15.8	3
A pharmacist who knows your doctor	13.3	4
Ready source of drug information	13.1	5
Large variety of merchandise	11.6	6
Advertised drug prices	10.1	7

Thuo (1991) "Determinants of Pharmacy Patronage, A Kenya Study" Health Journal Vol. No. 3 pg. 48

In 1975, Amarinthnukrooth Ponpun working in the Department of Social and Administrative Pharmacy at the University of Minnesota, carried out an extensive study on patronage motives. In the study, he asked Twin Cities residents to indicate the criteria they used in selecting a retail pharmacy. The results were as follows:-

Criterion	**%**	**Rank**
Store location	**92.6**	1
Quality of merchandise	**89.5**	2
Store reputation	**85.2**	3
Prescription prices	**77.2**	4
The pharmacist	**77.1**	5
Type of services	**75.0**	6
Store environment	**69.8**	7
Physical layout	**55.5**	8
Assortment of merchandise	**54.5**	9
Doctors recommendation	**52.5**	10
Sales clerks	**46.6**	11
Special advertisements	**24.8**	12
Store advertising	**20.2**	13

Thuo (1991) "Determinants of Pharmacy Patronage, A Kenya Study" Health Journal Vol. No. 3 pg. 48

Like the Benson and Benson study, store location was ranked as the most important criteria which residents of Twin Cities regarded as critical while selecting their retail pharmacy.

In 1983, Market Facts conducted a survey using telephone interviews to 998 heads of households. The results were reported as follows: First, closeness to work 51%; second, price of medicine 19%; third, being courteous and friendly 90%; and reliability and dependability was ranked fourth with 6%.

Comparing Market Facts to Benson and Benson, the following were observed:

Factor	Market Facts	Benson and Benson	Rank
Convenience	**51.0**	**61.5**	1
Price	**19.0**	**15.0**	2
Service	**15.0**	**15.5**	3

Thuo (1991) "Determinants of Pharmacy Patronage, A Kenya Study" Health Journal Vol. No. 3 pg. 48

From the various studies so far, patronage motives in the order perceived by pharmacy customers, would be ranked as follows:

(i) Convenience – pharmacy's location in relation to work, home, doctor and other stores.

(ii) Reputation and personal rapport.

(iii) Prices

(iv) Services rendered

(v) Confidence in the pharmacist

(vi) Assortment and quality of merchandise

(vii) Appearance and cleanliness.

In a more recent study by Smith and Coon (1991) working in Kentucky (6), had a somewhat different ranking of important patronage factors

Patronage Factor	Ranking	Likert Rating from 1-6
Prompt and helpful service	1	**5.57**
Friendly and reliable pharmacist	2	**5.50**
Convenient location	3	**5.30**
Prescription price	4	**5.07**
Availability of other products	5	**4.18**
Level of satisfaction	6	**3.69**
Availability of credit	7	**2.98**

Thuo (1991) "Determinants of Pharmacy Patronage, A Kenya Study" Health Journal Vol. No. 3 pg. 48

In his study Thuo (1999) came up with the following comparison of ranking between the Kenyan study and the others.

Comparison of ranking in the Kenyan study with those of other studies from abroad

Patronage	Kenya study 1994	Smith and Coon 1991	Market Facts 1983	Ponpu Minnesota 1975	Dichter study 1973	Benson and Benson 1962
Professional and competent services	1	1	3	6	1	-
Price	2	4	2	4	2	5
Convenience/location	3	3	1	1	-	1
Quality of merchandise and assortment	4	-	-	2	6	6
Physical factors	5	-	-	8	-	7
Special services	6	5	-	-	5	3
Personal relationship	7	-	-	-	3	2
Tradition, social factors	8	-	-	-	-	-
Religion	9	-	-	-	-	-
Ethnicity	10	-	-	-	-	-
Pharmacy reputation	-	-	7	-	3	-
The Pharmacist's reputation	-	-	2	4	5	4
Pharmacy atmosphere	-	-	-	7	-	-

Thuo (1991) "Determinants of Pharmacy Patronage, A Kenya Study" Health Journal Vol. No. 3 pg. 48

From the above table, it was observed that:

Professional and competent services, price and convenience are by far the three most important pharmacy patronage factors that people consider choosing from where to buy their drugs. However, it is not enough to conclusively say that these are the only factors that determine why a customer becomes loyal to a particular brand.

Summary:

From the above mentioned studies of pharmacy patronage it can be observed that many factors contribute to loyalty. It has also been observed that there are certain factors that are more important than others. Consequently, doctors have a wide choice of prescription brand medicine and they do also become loyal to some based on certain factors. This study just like those studies highlighted in pharmacy seeks to establish the factors doctors consider in developing their loyalty. The most important factors shall also be establish.

3.0 CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This chapter highlights the methodology that was adopted in order to meet the objectives stated in chapter one of this study. Included in the design is the research design, population of interest, sample frame, sample size, data collection instruments and data analysis techniques.

3.2 Research Design

This was a descriptive research. It involved gathering, processing and interpreting data from doctors who are the prescribers of brand medicine.

3.3 Population

The population of interest for this study comprised all doctors, both the specialist and general practitioners in Nairobi. This is because they are the category of doctors that generate the highest number of prescriptions and therefore the most targeted by the pharmaceutical marketers (Ronoh 2002). Specialists shall refer to only the physician doctors in Nairobi, because they deal with most of the diseases/ailments of which most prescription brands are targeted.

3.4 Sample Frame

The Kenya medical directory 2001 was used as the sample list because it was the most current available. According to the Kenya medical directory (2001) 114 physicians and 345 general practitioners doctors existed in Nairobi making it a total of 459.

3.5 Sample Size

A sample size of 60 was selected proportionally from the total number of 459 doctors. The proportions was computed as follows:

$\frac{114}{459} \times 60 = 14.90$ Physicians

$\frac{345}{459} \times 60 = 45.10$ General Practitioners

The results therefore show a sample size of 15 physicians and 45 general practitioners was selected. The selection of the doctors was also based on their location within Nairobi. Ronoh

(2002) used a sample size of 50 doctors and therefore a sample size of 60 doctors was deemed adequate for the study.

3.6 Data Collection Methods

Primary data was used in the study. Questionnaire comprising both open and close-ended questions were used. The questionnaire was divided into three sections. Section A collected biodata information, Section B information on determinants of loyalty and their degree of importance and finally Section C information on the ranking of the most important determinants of brand loyalty. Respondents opinion on the degree of importance of the determinants of Loyalty was assessed on a likert type scale where 1=not important at all and 5 = very important. Research assistants were fellow medical representative who were used to administer the questionnaires. The questionnaire was administered to the prescribers as the researcher and research assistants visited their clinics or area of practice. The respondents filled the questionnaires as the researcher/research assistant waited. This helped reduce the instances of non response. Where necessary the questionnaires were left and picked later in order to ensure a high proportion of usable responses.

3.7 Data Analysis Techniques

Once data had been collected it was analysed by use of descriptive statistics. These included tables, and percentages to represent the response rate and information on variables that the study considered. Table of frequencies was used to summarize determinants considered important in the choice of prescription brand medicine.

Factor analysis was also used for analysis due to the large numbers of variables or objects being considered. No variable(s) was designed as being predicted by others and the researcher intended to look at the interrelationship among all the possible variables that may impact on loyalty together.

4.0 CHAPTER FOUR: DATA ANALYSIS AND FINDINGS

4.1 Introduction

After they were filled in and returned, the questionnaires were edited and coded. All the questionnaires returned by the respondents were usable for data analysis. The response rate was 54 out of the targeted 60 respondents (90%). The researcher deemed this as adequate and sufficient for the purpose of data analysis. This compares favorably well with previous studies such as Karemu (1993) with 55%, Lagat (1995) with 62% and Ngatia (2000) with 68%.

4.2 Demographic Characteristics of Respondents.

Demographic characteristics of respondents was analysed in order for one to know the bio data of doctors / respondents.

4.2.1 Specialization

Table 4.2 Specilization

Specialization	Frequency	Percentage
General Practitioner	40	74%
Physician	14	26%
Total	54	100%

Source: Research data.

From table 4.2 above, one can observe that general practitioners form the highest percentage (74%) of doctors practicing in Nairobi. On the other hand, physicians only form 26% of doctors practicing in Nairobi. This means that most of the drugs are prescribed by general practitioners.

4.2.2 Number of years in practice.

Analysis of number of years in practice was mainly to provide a picture of the doctors period of experience in the medicine profession.

Table 4.3 Number of Years in Practice

Years in Practice	Frequency	Percentage
Upto 5 years	13	24%
6 – 10 years	10	19%
11 – 15 years	6	11%
15 years and above	25	46%
Total	54	100%

Source: Research data.

The results above indicate that most of the respondents have been practicing as doctors for 15 or more years. This category had 25 (46%) out of 54 respondents. The category of those who have practiced for not more than 5 years was second with a frequency of 13 which is 24% of the respondents.

4.2.3 Age of Respondents

Age of respondents was analyzed inorder to know the range of doctors age active in practice

Table 4.4 Age of Respondents

Age (years)	Frequency	Percentage
20 – 30 years	10	19%
31 – 40 years	17	31%
41 – 50 years	15	28%
50 years and above	12	22%
Total	54	100%

Source: Research data

The results indicate that most of the respondents are between the ages of 31 – 40 years. This category had 17 (31%) of the respondents. Further, the age bracket of 41 – 50 years is second with a frequency of 15 which is 28% of the respondents. This can perhaps be explained by the fact that it takes time for anybody to complete medical studies and set up private practice.

4.2.4 Gender

The researcher was interested in determining the proportion of males to females among doctors.

Table 4.5 Gender

Gender	Frequency	Percentage
Male	45	83%
Female	9	17%
Total	54	100%

Source: Research data

It is evident from the above table that 83% of the respondents were male doctors. This explains the fact that the profession is still dominated by males.

4.3 Extent of Importance of Factors in influencing loyalty

This section was for measuring the extent to which doctors would consider various different factors as being important in their prescription of medicine.

Table 4.6 The relative importance of factors (n=54)

	Minimum	Maximum	Mean	Std. Deviation
Reasonable Price	2	5	4.24	.61
Easy to remember brand names	1	5	3.54	1.18
Medicine availability	3	5	4.56	.54
Experience with medicine (brand) through samples given for patients	1	5	4.04	.91
Source of medicine (e g. Europe,Asia, Local, Middle East, India)	1	5	3.52	1.21
Information from medical representative	2	5	3.93	.82
Patients attitude towards source of medicine	1	5	3.74	.96
Patient compliance	2	5	4.52	64
Education program about the medicine (Continuous medical Education)	1	5	4.13	.93
Patient buying power	3	5	4.56	.60
New innovations or combinations of drugs	1	5	4.00	.75
Your location of practice	1	5	3.04	1.27
Quality of medicine package	1	5	3.57	1.00
Form of delivery of the medicine	1	5	3.89	.92
Constant reminders about the medicine	1	5	3.48	1.04
Extra services rendered to you by the company selling the medicine	1	5	2.74	1.23
Your personal relationship with the company selling the medicine	1	5	2.70	1.27
Knowledgeable medical representative on the medicine presented to you	1	5	3.85	.83
Availability of the medicine(brand) in hospitals	1	5	4.04	.80
Supportive evidence of the efficacy of the medicine	2	5	4.43	.74
Sincere medical representative presentation	1	5	3.78	.95
Sponsorship of medical conference	1	5	2.87	1.24
Sponsorship of free medical camps by the company promoting the medicine	1	5	2.67	1.17
Fellow doctors recommendations	1	5	3.59	.98
Reputation of the source of medicine	1	5	3.80	.88
Medical Literature about the medicine	3	5	4.20	.63
Valid N (listwise)				

Mean Score ranked on a 5 - point scale
Scale with 1 = not at all important and 5 = very important
Source: Research data.

Twenty-two of the twenty-six factors studied were reported as being fairly important to being very important. (They had a mean above 3 in a scale of between 1 and 5). The most important factors were medicine availability and patient buying power each with a mean of 4.56. These are

followed by patient compliance, supportive evidence of the efficacy of the drug and reasonable price with mean scores of 4.52, 4.43 and 4.24 respectively. The four factors reported as being fairly important were sponsorship of free medical camps by the company promoting the medicine (mean of 2.67), the doctors relationship with the company selling the medicine (mean 2.70), extra services rendered to the doctor by the company selling the medicine (2.74), and sponsorship of medical conference (mean 2.87).

4.4 Factor Analysis on Factors considered in prescriptions

Factor analysis was used to reduce and classify the variables that doctors may consider in prescribing brand medicine into key factors. A large number of variables was being considered and it was necessary to group them into related categories under a common name.

4.4.1 Communalities.

Communalities represent the proportion of variance of each particular item that is due to common factors or that is shared with other items.

Table 4.7 Communalities

	Initial	Extraction
Reasonable Price	1.000	.812
Patient buying power	1.000	.612
New innovations or combinations of drugs	1.000	.810
Your location of practice	1.000	.615
Quality of medicine package	1.000	.654
Form of delivery of the medicine	1.000	.675
Constant reminders about the medicine	1.000	.727
Extra services rendered to you by the company selling the medicine	1.000	.784
Your personal relationship with the company selling the medicine	1.000	.716
Knowledgeable medical representative on the medicine presented to you	1.000	.778
Availability of the medicine (brand) in hospitals	1.000	.613
Easy to remember brand names	1.000	.628
Supportive evidence of the efficacy of the medicine	1.000	.525
Sincere medical representative presentation	1.000	.651
Sponsorship of medical conference	1.000	.718
Sponsorship of free medical camps by the company promoting the medicine	1.000	.710
Fellow doctors recommendations	1.000	.761
Reputation of the source of medicine	1.000	.756
Medical literature about the medicine	1.000	.668
Medicine availability	1.000	.602
Experience with medicine (brand) through samples given for patients	1.000	.823
Source of medicine (e.g. Europe, Asia, Local, Middle East, India)	1.000	.705
Information from medical representative	1.000	.602
Patients attitude towards source of medicine	1.000	.739
Patient compliance	1.000	.687
Educational program about the Medicine (Continuous medical Education)	1.000	.763

Extraction Method: Principal Component Analysis

Source: Research findings.

Table 4.7 helps to estimate the communalities for each variance. This is the actual proposition of variance that each item has in common with other factors. For example, the variable experience with medicine (brand) through samples given for patients has 82.3% communality or shared relationship with the other factors. This particular variable has the greatest communality with the others. The variables, 'reasonable price' and 'new' innovations or combinations of drugs' also rank highly with 81.2% and 81% shared relationship with the other factors respectively. The variable supportive evidence of the efficacy of the medicine has the least communality with only 52.5% share relationship with the other variables.

4.4.2 Total Variance Explained.

Table 4.8 Total Variance Explained.

Component	Initial Eigen values			Extraction Sums of Squared Loading			Rotation of Sums of Squared Loading		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	5.044	19.399	19.399	5.044	19.399	19.399	3.272	12.586	12.586
2	3.403	13.089	32.488	3.403	13.089	32.488	2.949	11.344	23.930
3	2.159	8.304	40.792	2.159	8.304	40.792	2.542	9.778	33.708
4	1.968	7.571	48.363	1.968	7.571	48.363	2.089	8.036	41.743
5	1.719	6.610	54.973	1.719	6.610	54.973	1.957	7.528	49.271
6	1.538	5.915	60.887	1.538	5.915	60.887	1.879	7.229	56.500
7	1.241	4.773	65.661	1.241	4.773	65.661	1.841	7.081	63.581
8	1.065	4.097	69.758	1.065	4.097	69.758	1.606	6.177	69.758
9	.979	3.766	73.524						
10	.823	3.165	76.689						
11	.807	3.105	79.794						
12	.715	2.750	82.543						
13	.666	2.561	85.105						
14	.632	2.430	87.535						
15	.524	2.017	89.552						
16	.490	1.885	91.438						
17	441	1.698	93.135						
18	.384	1.475	94.611						
19	.332	1.276	95.887						
20	.282	1.086	96.973						
21	.189	.727	97.700						
22	.180	.693	98.393						
23	.135	.519	98.912						
24	.123	.475	99.387						
25	9.546E-02	.367	99.754						
26	6.398E-02	.246	100.000						

Extraction Method: Principal Component Analysis

Source: Research findings.

The use of Kaiser Normalization criterion in table 4.8 allows for the extraction of components that have Eigen values greater than 1. The Principal Component Analysis was used and eight factors were extracted. As shown on the table, these twelve factors explain 69.75% of the total variation. Factor 1 contributed the highest variation of 19.39%. The percentage contribution decreases as one moves from one factor to the other upto factor 8.

4.4.3 Rotated Component Matrix

Table 4.9 Rotated Component Matrix

	Component							
	1	2	3	4	5	6	7	8
Reasonable Price	-137	.249	-.109	.441	-.166	.494	.247	.439
Patient buying power	-.027	.038	-.045	-.127	-.068	.765	.021	.047
New innovations or combination of drugs	-.205	.131	.198	.067	.120	-.093	.827	.027
Your location of practice	.195	.147	-.351	-.005	.216	.402	.242	.407
Quality of medicine Package	-.217	.280	.194	-.002	-.231	.001	.617	.239
Form of delivery of the medicine	-.036	-.218	.155	.336	.504	.357	-.296	.141
Constant reminders about the medicine	.499	.132	.080	.492	-.005	-.068	.351	.292
Extra services rendered to you by the company selling the medicine	.274	.677	-.329	.297	.119	.042	-.197	-.015
Your personal relationship with the company selling the medicine	.003	.798	-.181	-.106	-.042	.133	.023	-.123
Knowledgeable medical representative on the medicine presented to you	.836	.188	.126	.142	.014	.005	.069	.052
Availability of the medicine (brand) in hospital	.275	.076	-.062	.324	.083	.014	-.196	.0614
Easy to remember brand names	.155	.288	-.205	-.003	.355	.146	.565	.110
Supportive evidence of the efficacy of the medicine	.166	-.179	.658	.031	.076	-.133	-.038	-.077
Sincere medical representative presentation	.769	.006	.170	.069	.099	.081	-.085	-.038
Sponsorship of medical conference	.527	.610	.099	.017	.190	.083	.072	-.098
Sponsorship of free medical camps by the company promoting the medicine	.365	681	-.174	.075	.148	.067	-.165	.152
Fellow Doctors recommendations	-.218	.676	.322	.161	.243	-.134	.195	-.110
Reputation of the source of medicine	.085	-.098	-.060	.178	-.041	.086	-.831	-.067
Medical literature about the medicine	.170	-.067	.564	.053	-.004	-.376	-.344	.235
Medicine availability	.298	-.053	.069	.029	.156	-.046	.257	.642
Experience with medicine (brand) through samples given for patients	.272	.172	.771	-.049	-.206	-.192	.052	.201
Source of medicine (e.g. Europe, Asia, Local, Middle East, India)	.180	.186	-.052	.679	.233	-.007	.061	-.340
Information from medical representative	493	-.233	.396	.280	-.052	.041	.212	.124
Patient attitude towards source of medicine	098	-.021	.133	.832	-.099	.021	.012	-.088
Patient compliance	.069	-.024	.326	-.092	.587	.285	-.140	.349
Education program about the medicine (Continuous medical Education)	.318	.466	.751	-.077	-.149	.072	.148	.214

Extraction Method: Principal Component Analysis
Rotation Method: Varimax with Kaiser Normalization.
a. Rotation converged in 20 iteration.

Source: Research findings

The results in table 4.9 allowed the researcher to identify the variables that fall under the 8 major extracted factors. Each of the 26 studied variables was looked at and placed to one of the 8 factors depending on the percentage of variability it explained in the total variability of each factor. A variable is said to belong to a factor to which it explains more variation than any other factor

From table 4.9, the individual variables constituting the eight factors extracted are summarized and identified below.

Factor 1.

- Constant reminders about medicine.
- Knowledgeable medical representative on the medicine presented to you.
- Sincere medical representative presentation.
- Information from medical representative.

This factor can be named organized personal selling efforts.

Factor 2.

- Extra services rendered to you by the company selling the medicine.
- Your personal relationship with the company selling the medicine.
- Sponsorship of medical conference.
- Sponsorship of free medical camps by the company promoting the medicine.
- Fellow doctors recommendations.

This factor can be named brand public relations.

Factor 3.

- Supportive evidence of the efficacy of the medicine.
- Medical literature about the medicine.
- Educational program about the medicine (continuous medical education).
- Experience with medicine (brand) through samples given for patients.

This factor can be named knowledge about the medicine (brand) performance.

Factor 4.

- Source of medicine (e.g. Europe, Asia, Local, Middle East, India)
- Patients attitude towards source of medicine.
- Reputation of the source of medicine prescription.

This factor can be named image of source of medicine.

Factor 5.

- Patient compliance.
- Form of delivery of the medicine.

This factor can be named level of patient compliance.

Factor 6.

- Reasonable price.
- Patient buying power.

This factor can be named economic circumstances.

Factor 7.

- Easy to remember brand names.
- Quality of medicine package.
- New innovations or combinations of drugs.

This factor can be named medicine package and appearance.

Factor 8.

- Medicine availability.
- Your location of practice.
- Availability of the medicine (brand) in hospital

This factor can be named availability of the medicine.

4.5 Ranking of Factors Determining Medicine Prescription.

Ranking of factors was done in order to establish what most doctors considers as important.

Table 4.10 Factor ranking

Factor.	1	2	3	4	5
1. Reasonable price	15	14	14	4	2
2. Professional service from medical representative	-	1	3	3	2
3. Source of medicine	4	8	7	-	4
4. Original brand or generic brand	3	2	1	4	4
5. Patient buying power	4	11	11	9	3
6. Patient attitude towards source of medicine	-	1	2	3	3
7. Previous experience through sample	7	7	1	2	3
8. Easy to remember medicine/brand names	-	-	2	3	3
9. Reputation of company promoting the medicine	4	3	2	10	4
10. Medicine availability in pharmacies and others	1	1	3	5	12
11. Medical literature about the medicine	6	2	3	5	7
12. Extra services rendered by Co. selling the medicine	-	-	1	-	-
13. Courteous medical representative	-	-	-	1	2
14. Personal relationship with the medical representative	-	-	-	-	-
15. Company's response towards your feedback	-	-	-	1	-
16.Your involvement by the company selling the medicine in its launch or development	-	-	-	-	
17. Efficacy of the medicine	6	-	-	-	-
Total	**50**	**50**	**50**	**50**	**50**

Source: Research findings.

From the 50 respondents 15 (30%) indicated that reasonable price is their most important consideration while previous experience of the medicine through sample was seen as the most important consideration by 7 (14%) respondents. Efficacy of the medicine and medical literature about the medicine were seen as the first considerations by 6 (12%) respondents each.

At the same time, reasonable price was indicated as the second most important factor by 14 (28%) respondents. This was followed by patient buying power with 11 (22%) respondents and source of medicine with 8 (16%) respondents. At 3rd position reasonable price was again

leading with 14 (28%) respondents. It was followed by patient buying power with 11 (22%)) and source of medicine with 7(14%) respondents. At position 4 reputation of company promoting the medicine was leading with 10 (20%) respondents. This was followed by patient buying power with 9 (18%) respondents. 12 (24%) respondents indicated that medicine availability in hospital pharmacies and others was their 5th most important consideration. This was followed by medical literature about the medicine. It can therefore be concluded that the five most important factors to doctors in medicine prescription, as arranged in order of importance are:-

- Reasonable price
- Patient buying power
- Experience through sample given to doctors.
- Source of medicine
- Medical literature about the medicine

Though ranking was considered important its mainly circumstantial. The degree of importance for each factor appeared to be dependent on patient background e.g. affordability and patient interests. Therefore ranking of factors could not be seen to be standard across all the patients.

5.0 CHAPTER FIVE: DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The study intended to establish the determinants of doctors' loyalty on prescription brand medicine. The most important of the identified were also to be determined.

In the literature review, some factors were highlighted as being important determinants of loyalty. This study aimed at confirming whether such factors are important in brand medicine prescription. The study also sought to find out any other factors that doctors consider.

5.2 Discussions

From the results, it was observed that the five most important factors that influence loyalty, in order of importance were reasonable price, patient buying power, experience and medical literature about medicine. Thuo (1999) did a study on determinants of pharmacy patronage in Kenya and brought out professional and competent services, price and convenience in that order as the three most important factors. When these two studies are compared, price / affordability appears to be a dominant determinant. However, the difference in the other factors may have been due to the different targeted respondents by the two researchers. In the earlier study, the researcher focused on the ultimate consumer, while in this study, the focus was on doctors, who are professionals / experts in the field of medicine, and would go beyond price and consider the medical factors much more.

Doctors expressed price and patient buying power as the most important factors determining their prescription brand loyalty. This can perhaps be attributed to the poor economic conditions in Kenya at the moment. The other factors such as experience through sample given to doctors, source of medicine, and medical literature about the medicine may have come out strongly due to many players in the industry. This leads to the existence of so many brands and therefore doctors loyalty to any brand is dependent upon such factors.

The above results to a large extent agree with generally documented determinants of brand loyalty. For example in this study source of medicine compares to the image of the brand and the customer self-image (Aaker, 1991). The source of medicine plays a very important role in the doctors perception and image about the brand. The doctors experience with the medicine

(brand) through samples given for patients compares well with the level of satisfaction and / or dissatisfaction of the customer as a loyalty determining factor (Aaker 1991). The doctors satisfaction is derived by the performance of the sample given to patients. It contributes to the doctors preference or dislike of the brand.

Comparing these results with those of another study from a different industry further shows some similarity. For example, in the study determinants of store loyalty in Nairobi reasonable prices of products and supermarkets employees knowledge about the products were key factors influencing store loyalty (Wambugu 2002). Reasonable price is a common factor in both the store loyalty study and this study, while employees knowledge about the product compares to availability of medical literature about the medicine to the doctors, in this study. It is therefore important to note that reasonable prices and education of customers are key factors in influencing brand loyalty.

Factor analysis was used to reduce and classify the variables into related categories under a common name. This resulted into eight factors which are; organized personal selling brand public relations, knowledge about the medicine (brand) performance, image of source of medicine, patient compliance, economic circumstance, medicine package and appearance and availability of the medicine.

Under organized personal selling, all the variables scored a mean of between 3.48 and 3.93. This means that those variables were seen as important by the doctors. This could possibly be because organized personal selling forms the basis of communication and interaction between doctors and marketers of pharmaceutical prescription products.

Brand public relations had five variables which was the highest. Four of these variables had a mean score of between 2.67 and 2.87 and therefore seen as fairly important while the other variable (fellow doctors recommendation) had a mean score of 3.59 and therefore becoming an important consideration. This score could be attributed to the fact that some doctors have advanced in knowledge, research and experience making them opinion leaders / reference groups in the medical profession. The other four variables had lower scores possibly because they are all marketer-oriented as opposed to doctor-patient relationship oriented.

The variables under the third factor knowledge about the medicine (brand) performance had mean scores ranging between 4.04 to 4.43. This indicates that this factor is of utmost importance to the doctors. Such an observation proves that the doctors preference towards a certain prescription brand medicine is highly dependent on the medical evidence about the drug (brand) performance / functionality. It can also be noted that this agree with the fact that the most visible and common basis for a brand's value proposition is the functional benefit (Aaker, 1996).

The image of source of medicine came out as an important factor with variables scoring a mean range of between 3.52 to 3.80. As noted earlier in the literature review, if the image of the brand manufacturer or source conforms to the doctors self-image, the doctors loyalty to the brand will be high. (Aaker, 1996)

Level of patient compliance was very important to the doctors. This is possibly because the doctor is aware that the patient does not have a chance to appreciate the medicine (brand) performance if there is no compliance. Compliance is determined by the convenience in the drug administration, which then becomes an influential factor in doctor's loyalty.

Economic circumstances had the highest mean score range of between 4.24 and 4.56. Such a high mean score could be attributed to the doctor's intention of matching the prevailing poor economic conditions with the patient's condition and economic status. Most doctors considered this to avoid the risk of the patient failing to undertake the medication.

Medicine package and appearance had variables with mean scores ranging between 3.54 and 4.00. The easy to remember brand names, and quality of medicine package contributes to increasing the probability of the doctor prescribing the drug. However the variable new innovation or combination of drugs was very important due to its possibility of improving patient compliance.

The factor availability of the medicine had an erratic mean score range of between 3.04 and 4.56. The variable medicine availability scored the highest mean. Due to scarcity of time for the patient many doctors would want to prescribe a drug that is easily available. This may enhance repeat prescription habit which in turn leads to development of commitment and eventually loyalty (Assael, 1998). On the other hand the variable your location of practice

though still important had the lowest score under this factor. A possible reason for this could be that the doctor's choice of brand is patient needs dependent. However, different locations have patients with different purchasing power. This influences the doctor to prefer a certain affordable brand in certain location as opposed to others in order to meet patient needs.

There were no statistically significant difference in the factors influencing loyalty between physicians and general practitioners. This can possibly be explained by the nature of training doctors undergo in the medical profession. Almost all doctors had the patients needs being the first priority in determining what they would prescribe.

5.3 Conclusions

From the results discussed above, it is clear that doctors are scientific experts who make decisions about their choice of prescription brand medicine based on rational appeals. It is therefore important for marketers to design their marketing programmes with the aim of influencing the rationality in the doctors decision making process. The reason behind doctors' rationality is due to the nature of their profession which involves saving preservation and extension of human life. Medicine is a profession which is evidence based and not trial and error. For the marketer to succeed in achieving brand loyalty, a greater percentage of the marketing campaign must be rational – oriented.

Although determinants of prescription brand loyalty have been highlighted, they are circumstantial in nature. This means the doctors loyalty, determining factors depend a lot on the patients background i.e. economic power, nature and state of disease and social status; over and above other issues.

Some of the marketing oriented activities such as personal selling efforts and sponsorships of campaigns were out considered by doctors as very important. However, such activities should not be neglected by marketers because they serve as augmenting efforts towards the national appeals.

5.4 Recommendations

According to the results of the study, it is clear that majority of the doctors are led to being loyal to medicine brands by their consideration of some factors. The medicine marketers also need to understand the doctors in terms of age, specialization, duration in practice, gender, and any other relevant basis. This allows the marketers to tailor their offerings in targeting customer loyalty development and eventually lead to long-term mutual and profitable relationships.

The medicine marketers should try and improve on most of the factors that were brought out by the doctors as important in their decisions. Improved cost management is necessary so that the marketers can maintain competitive product prices. The performance of medicine also needs to be monitored carefully because the efficacy was brought out as an important consideration. The medicine manufacturers and sellers should also educate the doctors on most of their products. This should be done through availing as much literature about their products as possible to the doctors. Efforts should be increased on the personal selling of the medicine. This should go together with a lot of brand public relations so that doctors are able to have positive associations with the brands at all times.

In conclusion, the manufacturers and marketers of medicine should keep researching so as to keep themselves abreast with the dynamics of a doctor's loyalty. It is much cheaper for a marketer to serve loyal customers than looking for new ones. It is thus recommended that medicine marketers seriously consider the factors that will turn their customers into loyal ones.

5.5 Limitations of The Study

This study may have been affected by the following possible limitations:-

1. The study was conducted only in Nairobi. The prescription behavior of doctors in Nairobi may differ from that of those in rural areas. As a result of such differences, results may not be generalized.
2. The small size of the sample (60) could have limited confidence in results. This might limit generalizations to other situations.

3. The study was a survey and pre-determined questions were used. This may have limited respondents from bringing out other relevant issues which the researcher may not have mentioned.

5.6 Suggestions for Further Research

The study was broad and dealt with many different factors of medicine prescription loyalty. Future studies could be carried out concentrating on each of the various different factors that doctors consider in prescribing medicine. It may be possible to categorize the factors and study the different categories independently. This may help to give a deeper understanding of individual factor contribution in the determination of medicine prescription loyalty. Research could also be done to determine the level of contribution of each specific factor to brand prescription loyalty.

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6.0 APPENDICES

Appendix 1: Questionnaire

Introduction:
This questionnaire is meant to assist the researcher collect information on the factors considered by doctors in their choice of prescription brand medicine. Please answer by ticking appropriately.

SECTION A

1. What is your name? *(Optional)* _____

2. What is your specialisation?
   (i) General practitioner [ ]
   (ii) Physician [ ]

3. What is the location of your practice? (e.g. Westlands, City Centre)
   _____

4. How long have you been practising medicine?
   (i) < 5 years [ ]
   (ii) 6-10 years [ ]
   (iii) 11-15 years [ ]
   (iv) 15 years and above [ ]

5. Please tick the age bracket in which you fall
   (i) 20 - 30 [ ]
   (ii) 31 - 40 [ ]
   (iii) 41 - 50 [ ]
   (iv) 50 and above [ ]

6. What is your gender *(tick)*
   Male [ ] Female [ ]

SECTION B

1. Please indicate the extent to which these statements are important in your decision of the brand of prescription medicine you prescribe to your patient.

{For example: the molecule cetirizine has been produced by many companies under different brand names and therefore the doctor has the freedom to choose which one to use}

	Very Important	Important	Less Important	Least Important	Not at all Important
	5	4	3	2	1
Reasonable price	[ ]	[ ]	[ ]	[ ]	[ ]
Easy to remember brand names	[ ]	[ ]	[ ]	[ ]	[ ]
Medicine availability	[ ]	[ ]	[ ]	[ ]	[ ]
Experience with the medicine (brand) through samples given for patients.	[ ]	[ ]	[ ]	[ ]	[ ]
Source of medicine (e.g. Europe, Asia, Local, Middle East, India, local)	[ ]	[ ]	[ ]	[ ]	[ ]
Information from Medical Representative	[ ]	[ ]	[ ]	[ ]	[ ]
Patient attitude towards the source of Medicine	[ ]	[ ]	[ ]	[ ]	[ ]
Patient compliance	[ ]	[ ]	[ ]	[ ]	[ ]
Educational programme about the medicine (continuous medical education)	[ ]	[ ]	[ ]	[ ]	[ ]
Patient buying power	[ ]	[ ]	[ ]	[ ]	[ ]
New innovations or combinations of drugs.	[ ]	[ ]	[ ]	[ ]	[ ]
Your location of practice	[ ]	[ ]	[ ]	[ ]	[ ]

Quality of medicine package	[ ]	[ ]	[ ]	[ ]	[ ]
Form of delivery of the medicine	[ ]	[ ]	[ ]	[ ]	[ ]
Constant reminders about the medicine	[ ]	[ ]	[ ]	[ ]	[ ]
Extra Services rendered to you by the Company selling the medicine	[ ]	[ ]	[ ]	[ ]	[ ]
Yours personal relationship with the Company selling the medicine	[ ]	[ ]	[ ]	[ ]	[ ]
Knowledgeable medical representative on the medicine presented to you	[ ]	[ ]	[ ]	[ ]	[ ]
Availability of the medicine (brand) in hospitals.	[ ]	[ ]	[ ]	[ ]	[ ]
Supportive evidence of the efficacy of the medicine	[ ]	[ ]	[ ]	[ ]	[ ]
Sincere Medical representative presentation.	[ ]	[ ]	[ ]	[ ]	[ ]
Sponsorship of medical conference	[ ]	[ ]	[ ]	[ ]	[ ]
Sponsorship for free medical camps by the company promoting the medicine.	[ ]	[ ]	[ ]	[ ]	[ ]
Fellow doctors recommendations	[ ]	[ ]	[ ]	[ ]	[ ]
Reputation of the source of medicine	[ ]	[ ]	[ ]	[ ]	[ ]
Medical literature about the medicine	[ ]	[ ]	[ ]	[ ]	[ ]

SECTION C

1. What are the most important determinants in your choice of prescription brand medicine. Please rank all the determinants below starting from No. 1 as the most important.

(i)	Reasonable price	[ ]
(ii)	Professional service from Medical Representative	[ ]
(iii)	Source of medicine	[ ]
(iv)	Original brand or generic brand	[ ]
(v)	Patient buying power	[ ]
(vi)	Patient attitude towards source of medicine	[ ]
(vii)	Previous experience with the medicine through the sample provided for patients.	[ ]
(viii)	Easy to remember medicine/brand names	[ ]
(ix)	Reputation of company promoting the medicine	[ ]
(x)	Medicine availability in hospital pharmacies and other institutions	[ ]
(xi)	Medical literature about the medicine	[ ]
(xii)	Extra services rendered to you by the company selling the medicine	[ ]
(xiii)	Courteous medical representative	[ ]
(xiv)	Personal relationship with the medical representative	[ ]
(xv)	Company's response towards your feedback on the medicine prescribed by you	[ ]
(xvi)	Your involvement by the company selling the medicine in its launch or development of the medicine	[ ]
(xvii)	Others (Specify)	

_____

_____

_____

Thank you for your cooperation

Appendix 2: Sample List

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