

CRITICAL EVALUATION OF CUSTOMER SATISFACTION/DISSATISFACTION LEVEL OF PROVIDING AGENTS AND PHYSICIANS IN THE UAE PHARMACEUTICAL INDUSTRY

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Abstract

The main aim of the research was to critically evaluate the customer satisfaction/dissatisfaction level of providing agents and physicians. There are certain discrepancies currently evident in the industry, such as high price, inadequate promotion & distribution activities and lack of proper regulation. This research work provided an opportunity to the researchers to discover them and put them into right perspective. Deductive Research methodology was used for the current study based on positivistic philosophy. Both quantitative and qualitative research approaches were used with the help of survey questionnaire. Non-probability sampling method was selected for the study and convenience sampling technique was adopted. Thirty seven respondents were used to analyze the study. Among the respondents 40 percent were providing agents, and 60 percent were physicians.

The key findings were that overall both players were dissatisfied and there was statistically significant difference between the expected and experienced satisfaction level among these two key players. The two hypotheses were rejected. Recommendations based on the findings have been provided. The future scope for research and main business implications identified during the research.

Key Words: Customer satisfaction / Dissatisfaction, Satisfaction-mobility model, Haye's Customer Satisfaction Model.

Introduction

The present study was conducted to evaluate customer satisfaction / dissatisfaction level (CS/ D) of providing agents and physicians, two key players in the UAE pharmaceutical industry. To achieve this aim, first, the theory about customer satisfaction level has been analyzed from contemporary literature. Secondly, Hayes Customer Satisfaction Model (1997) has been adapted for testing in current research study and applied on the two players while Satisfaction-Mobility Model (Rockbridge: 2002, cited by Kolby, C.2002) has been applied for the physicians only. The physicians act as leads to the sales. The paper has come up with recommendations to improve customer satisfaction amongst the two key players particularly as well as the other key players.

The pharmaceutical industry in UAE

The pharmaceutical industry in the UAE is a young industry, which has developed simultaneously with the improvements in life and health standards in the country. Pharmaceutical industry unlike other industries must abide by different regulations. A simple brief about the industry is as follows:

- Import for year 2005 (CIF Prices in US\$):
 - Public Sector = \$ 109,000,000
 - Private Sector = \$ 182,000,000
- Local Manufacturing for year 2005 (Ex-Factory Prices in US\$):
 - Sold in UAE = \$ 33,000,000
 - Export = \$ 54,300,000
- Prescription drugs dominate the UAE pharmaceutical market, accounting for around 90% of expenditure, with high demand for modern, hi-tech treatments. Sector value shall continue to increase strongly reaching almost US\$586mn in 2009 at consumer prices. The OTC market is accounting for around 10% of expenditure. Also predicted to grow notably, from US\$50mn in 2005 to US\$72mn in 2009. The Generics market is expected to grow beyond its current 5% share of overall sales. (Pharma Search & BMI Research, 2005)

Regulatory environment: UAE – an overview

The main regulatory authority in the UAE is the Ministry of Health. All products must be registered with the health ministry. The Pharmaceutical & Medicine Control Department is the main pharmaceutical regulatory division within the health ministry. The supply of drugs to the public sector hospitals is regulated by the health ministry. The level of patent protection afforded to foreign products remains an area of concern. Products with US, EU or Japanese approval experience almost no difficulty in gaining access to the

drug market. Compliance with international standards is also recommended. Laws are becoming stricter day by day and patents are being tightened by the UAE government.

Registration

The UAE introduced a system of re-registration of companies and products in the late eighties. As a result of re-registration many companies have been eliminated because either they failed to submit documents on time or did not meet the requirements of the registration process. There are two aspects of the registration process that cause concern. The first is the requirement that any new drug to the UAE must first be registered in its country of origin plus three other drawn from a list comprising: United Kingdom – Norway – France – Japan – Belgium – U.S.A – Germany – Canada – Switzerland – New Zealand – Denmark – Kuwait – Sweden – Saudi Arabia.

The impact of this has been to make it difficult for smaller companies to gain product registration in the UAE, or to delay it until registrations are completed in the required number of countries.

The other aspect that causes concern is the strict registration of product source or supply points. The authorities when registering a product also register its supply point and, in the case of companies with various alternative supply points, will tend to accept Switzerland rather than, for example, Portugal. As the market becomes more competitive the multinational supplier is eventually excluded from getting institutional business, which could be supplied, more cheaply from a Portuguese supply point, rather than a Swiss supply point. In the same way, in the private market a company is unable to make up for an erosion margins because of the price freeze, by supplying the same product from the cheaper supply point.

Price & Mark-up Controls

Despite the several price reductions, still the UAE's distributive margins are considerably higher than in other GCC countries apart from Kuwait. The system in the UAE can be illustrated as follows:

C.I.F. Price (Cost + Insurance + Freight)	=	100.00
In-store landed cost	=	103.00
Importers mark-up (16.50%)	=	17.00
Price to Pharmacy	=	120.00
Pharmacy mark-up (20.00%)	=	24.00
Price to Public	=	144.00

Source: Ministry of Health, UAE 2005

The people perception, that multinational pharmaceutical companies are exploiting the UAE by charging higher prices. In some discussions with the various MOH authorities, there was a perception that the f.o.b. prices needed to be looked at rather than the distributive margins.

Regarding pricing control:

(1) The agent price for any medicine to pharmacies would be calculated as per the following equation:

$CIF \text{ (in foreign currency)} \times \text{Exchange Rate} \times 1.20$

(2) The pharmacies price for any medicine to patients would be calculated as follows:

The agent price to pharmacy (1) $\times 1.20$

Foreign Exchange Adjustments

At the time of the price controls and the re-registration program there was an assumption that prices would be reviewed from time to time. There was however a definite expectation that price would be reviewed annually to adjust for foreign exchange changes. In reality there have been very few adjustments for foreign exchange. The MOH has assured that from 1995 they will introduce regular foreign exchange adjustments

Customer satisfaction/dissatisfaction among Providing Agents & Physicians

Customer satisfaction survey and studies are becoming very important nowadays due to the great influence that customers have over the different aspects of the industry. The four different areas where marketing has clearly defined its operations are product, price, promotion and place. The customer satisfaction level with particular focus on all these four areas has not been surveyed so far for the pharmaceutical industry in UAE. UAE is a unique place when compared with other pharmaceutical markets in the world. In this part of the world there are citizens of about 200 nationalities and each has their own perception regarding buying medicines.

The UAE's pharmaceutical industry being highly regulated by the government, adversely affects the end-user or patients. Medicines' prices in the UAE are much higher than that of even close neighbours such as Saudi Arabia. This study made an attempt to identify the main problems faced mainly the providing agents and physicians in UAE market.

Other reasons for choosing the current topic are as follows. Today's marketing is customer-oriented evolving with identifying customer needs and revolving around serving the customer to attain maximum customer satisfaction. The industry has been chosen because; pharmaceutical industry is a business involving intense competition. It is a form of service industry, which deals with the health aspect, which is considered as a main factor in enhancing the quality of life. As such the products of this industry hold a relatively high value and importance among those who use it as it reflects on their lives. With the intense competition companies in the industry vie for achieving maximum customer satisfaction to retain loyal customers. It is the customer who decides the success or failure of the industry.

Pharmaceutical industry unlike other industries must abide by different regulations in different countries of the world. However the intensity of competition is higher in the industry. Unlike any consumer durable products, the pharmaceutical products reach the end user after being scrutinized by the lead provider who happens to be physicians and pharmacists. It becomes the double responsibility of the industry to first convince both the physician and pharmacist about the product and then the end user (patient). Customer satisfaction of physician, pharmacist and patient thus becomes an important aspect in the marketing activities of the industry, which has to be monitored from time to time. These unique characteris-

tics also prompted the researchers to choose this topic for in-depth investigation.

Hypotheses

Following key hypotheses have been selected in this study:

1. There is no statistically significant difference in the customer satisfaction/dissatisfaction level of providing agents in the UAE pharmaceutical industry.
2. There is no statistically significant difference in the customer satisfaction/dissatisfaction level of physicians in the UAE pharmaceutical industry.

Literature review in brief

Parker et al (2001) and Hayes (1997) explained the term satisfaction as a very important concept in marketing and is central to many definitions. They explored various definitions of satisfaction within the literature. The authors evaluated the definition of the term satisfaction through empirical studies and found that most people cited several definitions of satisfaction, illustrating that it is a multifaceted concept. Hannanet et al (1989) says that the most common interpretations reflect the notion that satisfaction is a feeling which results from a process of evaluating what was received against what was expected, the purchase decision itself and/or the fulfilment of needs/wants. It also finds that contextual issues, such as whether it is a product or service under consideration, affect the particular interpretation. The authors discuss implications of customer satisfaction measurement and interpretations.

Several researchers reported the difficulties faced by pharmaceutical wholesalers for ensuring growth in sales and profit by satisfying their customers. Dev (1998:99) did a research in India to suggest recommendations for pharmaceutical marketers to balance and satisfy three groups of buyers, namely the end users, resellers and health care institutions. The study explains about the background of the buyer and buyer's behaviour. The author said that the buyer behaviour is quite similar to the one experienced in case of fast moving consumer goods. The current study intends to collect variables related to customer satisfaction in the pharmaceutical industry and hence a few of them have been adapted from the above work. However, Davies (1981) points out that pharmaceutical products marketing is more challenging by giving an example that government regulations for advertising and price fixing makes this sector different from the consumer goods sector.

Kolowsky (1998) conducted a research for Ministry of Health, UAE and gave recommendations to the government about the hardships faced by end users due to the high price and lack of availability of medicines during the early hours of the day. The government issued circulars to make sure that at least one pharmacy is kept open 24 hours and the name and details of the pharmacy are published in the daily newspaper. The method used in the above study for collecting data have been modified and used for the current study.

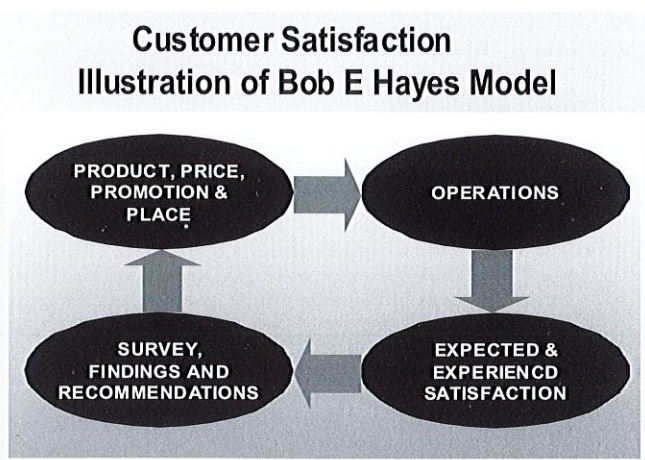
The variables pertaining to the customer satisfaction were obtained from the above studies, also the current study benefited from the methods used in carrying out customer satisfaction survey used by the above authors.

Hayes model (1997) has been tested for the current study for comparing the perceived and expected satisfaction level of providing agents and physicians. Customer satisfaction attributes, variables and measurement methods have been chosen from the views of the same author.

The second model (satisfaction-mobility model) introduced by Rockbridge (2002) has also been tested in this study. This model

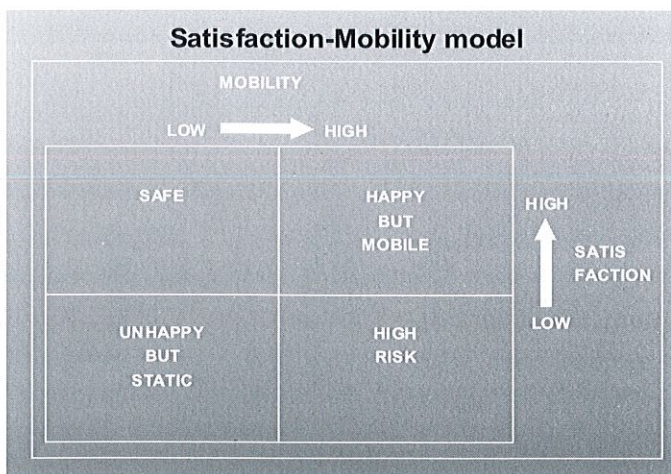
has been examined in depth by Colby, C. (2002). This model has been used only for physicians (or those who influence and recommend buying pharmaceutical products for patients). Reason for only testing the satisfaction-mobility model on this group is because the satisfaction of this player could be the main issue that might affect the well being and survival of other key players such as principals, and providing agents. To help clients more intelligently manage their customer satisfaction, Rockbridge provides a matrix model and classifies the satisfied customers according to their intention to remain or switch to another competitor. The satisfaction and mobility scales have a great deal of independence, meaning that a person who is 'highly satisfied' can be either 'highly mobile' (willing to switch to a competitor) or 'static' (unlikely to change the company). The growth and decline in sales of any company depends on the number of customers who are repeatedly buying from the company. Hence to relate satisfaction of the physicians or those who influence buying pharmaceutical products for the patients and intention of the physicians to stay or move to a competitor should be measured. Figure 1.1 & Figure 1.2 illustrate these two models:

Figure 1.1 Hayes Model



Source: Hayes (1997)

Figure 1.2 Satisfaction –Mobility Model



Source: Colby C. (2002)

Methodology adopted

Deductive methodology and descriptive research design (Zikmund, 2000) have been adopted for this research study. These methods and techniques have been chosen as they aptly fit the research models, which focus on accurately researching and analyzing the customer satisfaction level amongst providing agents and physicians within the UAE's pharmaceutical industry.

Target population included providing agents and physicians in the UAE market. Subjects were selected on a convenience sampling

basis (non probability sampling) from the list obtained from relevant sources.

Sample size was fifteen for providing agent and twenty two for physicians, taking the overall sample size to thirty seven. Interviewer administered questionnaire was the research instrument used for the current study. Statements with five points Likert Scale (1= Strongly Dissatisfied and 5= Strongly Satisfied) attached to the questions was the measurement tools used. Student-'t' test has been used to compare the mean perceived and experienced satisfaction level of the respondents.

The survey helped to find out the expected and experienced satisfaction level of providing agents and physicians players and the gap between the two was identified. Then by using statistical tools it was found out whether this gap is due to sampling error or is it same for the population as well.

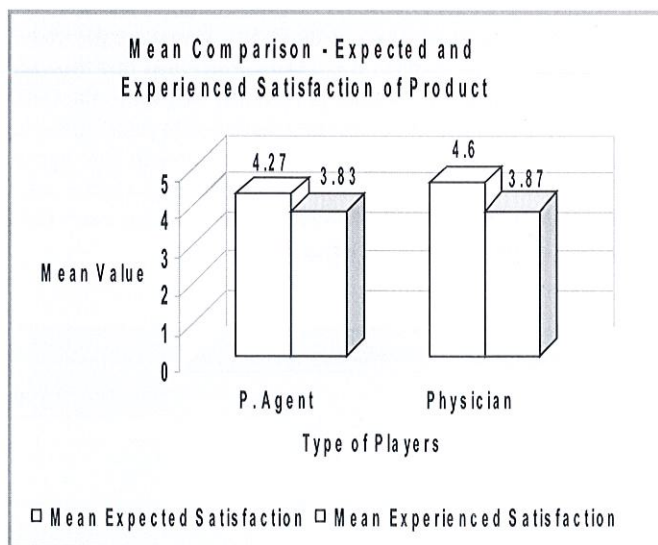
Structured questionnaires were used in this study for collecting required information from respondents. The questionnaire was divided into two parts. The first part is concerned with question related to respondents profile and classification. The second part is to gather information related with the models. The hypothesis was tested using student-'t' test.

Research findings

Findings related with Marketing 4Ps:

Table 1. Mean comparison - expected and experienced satisfaction level for Product related features of Providing Agents & Physicians.

PRODUCT		P. AGENT			PHYSICIAN		
NO.	Mean comparison – Expected and Experienced satisfaction level for product related features	Quality	Source & Make	Packaging	Quality	Source & Make	Packaging
1-	Expected satisfaction - mean	4.5	4.2	4.1	4.7	4.3	4.8
2-	Experienced satisfaction - mean	4.0	3.8	3.7	3.9	3.7	4.0
3-	Mean satisfaction – Overall mean product	4.27			4.60		
4-	Experienced satisfaction – Overall mean product	3.83			3.87		



A. Related to Product

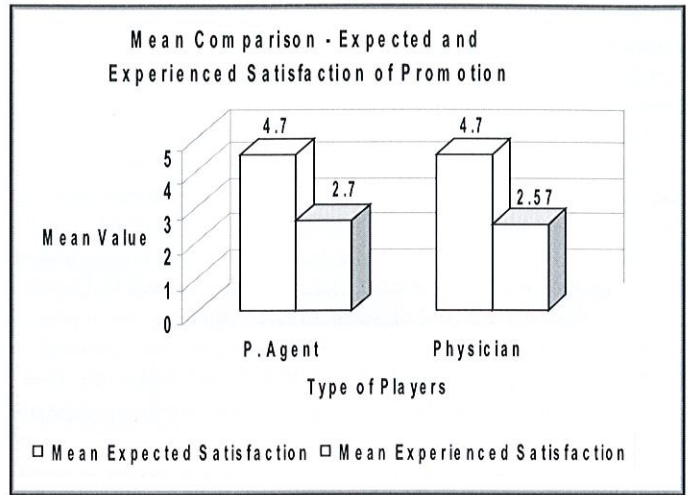
From the above table and graph, it can be seen that for product related features both expected (4.27) and experienced (3.83) overall satisfaction level among providing agents were seen to be low due

to the lack of marketing commitment from principals companies. Also, it could be concluded that expected overall satisfaction level among physicians (4.6) with respect to product was reasonably high than the overall experienced satisfaction level (3.87) for physicians for the medicines and medical products available in the UAE.

B. Related to Price

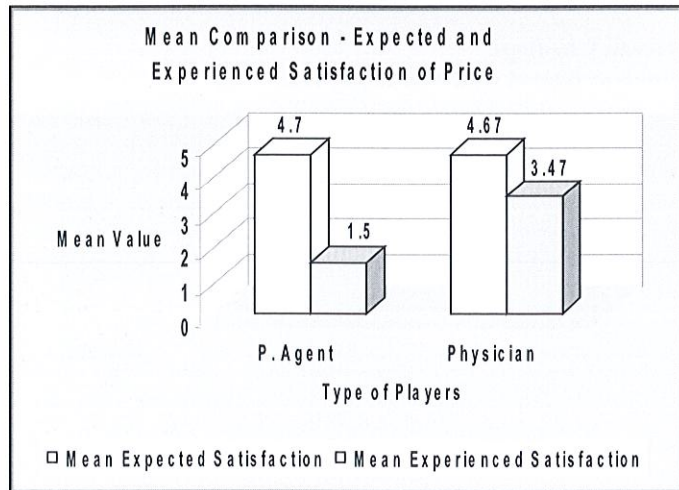
Table 2. Mean comparison - expected and experienced satisfaction level for Price related features of Providing Agents & Physicians.

PRICE		P. AGENT			PHYSICIAN		
NO.	Mean comparison - Expected and Experienced satisfaction level for price related features	Government Regulate Price	M.O.H Pricing Criteria	Price Level	Government Regulate Price	M.O.H Pricing Criteria	Price Level
1-	Expected satisfaction - mean	4.6	4.8	4.7	4.5	4.7	4.8
2-	Experienced satisfaction - mean	1.8	1.5	1.2	3.2	3.9	3.3
3-	Mean satisfaction - Overall mean price	4.70			4.67		
4-	Experienced satisfaction - Overall mean price	1.50			3.47		



For promotion related features the expected overall satisfaction level for both providing agents and physicians was high (4.70). Also both providing agents and physicians expected better promotional activities to support their activities and were unhappy with the current level of promotional support offered by the principals in the UAE pharmaceutical industry with experienced overall satisfaction level (2.70) and (2.57) respectively.

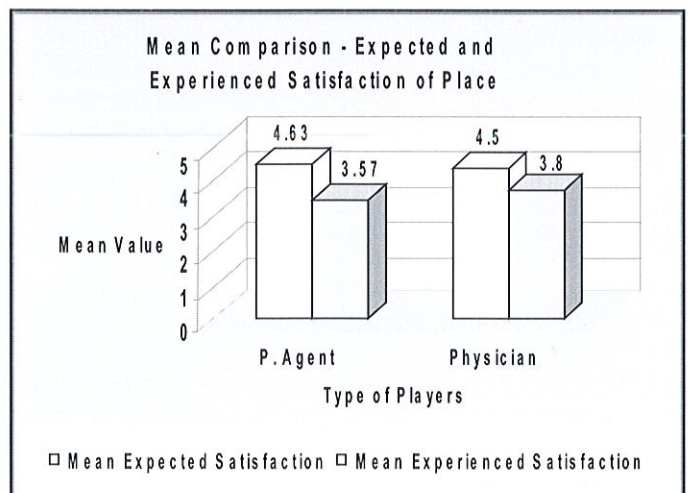
Place (Distribution) Related



It was seen that both the two players of respondents had high expected overall satisfaction level, in terms of the price level of medical products in the UAE (providing agents 4.70 & physicians 4.67), while experienced overall satisfaction in physicians was (3.47) more than in providing agents (1.50). Based on the above analysis about the two players it could be concluded that they are expecting a better price than what is currently offered in the UAE market. The providing agents were dissatisfied with price factor, as product pricing directly impacts their profitability with high operational costs. In brief, providing agents were expecting a better price than what is now prevailing in the market and thus they carry high expectations about having a fair price.

Table 4. Mean comparison - expected and experienced satisfaction level for Place related features of Providing Agents & Physicians.

PLACE		P. AGENT			PHYSICIAN		
NO.	Mean comparison - Expected and Experienced satisfaction level for place related features	Distribution Channel Effect	Availability of Products	Speed of Delivery	Distribution Channel Effect	Availability of Products	Speed of Delivery
1-	Expected satisfaction - mean	4.5	4.8	4.6	4.4	4.6	4.5
2-	Experienced satisfaction - mean	3.4	3.6	3.7	3.8	3.7	3.9
3-	Mean satisfaction - Overall mean place	4.63			4.50		
4-	Experienced satisfaction - Overall mean place	3.57			3.80		



C. Related to Promotion

Table 3. Mean comparison - expected and experienced satisfaction level for Promotion related features of Providing Agents & Physicians.

PROMOTION		P. AGENT			PHYSICIAN		
NO.	Mean comparison - Expected and Experienced satisfaction level for promotion related features	Promotion Efficiency	Promotion Effectiveness	Promotion Budget	Promotion Efficiency	Promotion Effectiveness	Promotion Budget
1-	Expected satisfaction - mean	4.8	4.6	4.7	4.6	4.8	4.7
2-	Experienced satisfaction - mean	2.8	2.4	2.9	2.8	2.4	2.5
3-	Mean satisfaction - Overall mean promotion	4.70			4.70		
4-	Experienced satisfaction - Overall mean promotion	2.70			2.57		

From the above table, it can be seen that for place related features the expected overall satisfaction level is high for Providing agents (4.63), followed by physicians (4.50). Based on the above analysis about two players it could be concluded that both expect high level of place related service.

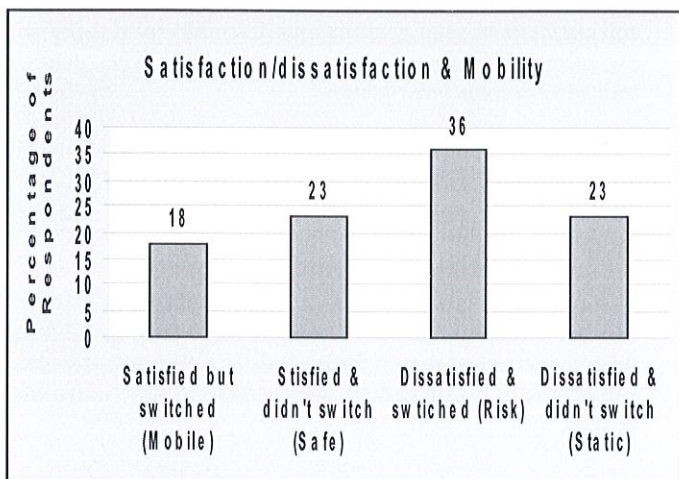
It could be concluded that for place related features the experienced overall satisfaction level was reasonable for both physicians (3.80) and providing agents (3.57). Based on the above analysis, it could

be inferred that physicians did not have major issues with the location or access to medicines.

Findings related with Satisfaction/dissatisfaction and mobility:

Table 5 give the respondents (physicians) action/inaction taken against competitors :

Respondent	Satisfied But still Switched to Competitor products	Satisfied & didn't Switch to Competitor products	Unsatisfied & switched To Competitor products	Unsatisfied & didn't switch to Competitor Products
Percentage	18	23	36	23
Frequency	4	5	8	5



Among the respondents 41 percent (eighteen-mobile plus twenty three-safe) were satisfied. However the eighteen percent switched to competitors even though they were satisfied. Marketing efforts directed at this group might not be productive. The twenty three percent were satisfied and they decided to remain with the company (safe and loyal). Marketing efforts directed at them could result in productive results. The most sensitive group appears to be those who are unsatisfied and still buying the product (23 percent). They cannot be taken for granted and might be seeking other products if the situation is not changed. And among those in the risk group (36 percent) aggressive promotion and other marketing efforts must be needed to bring them back as satisfied and loyal customers.

Testing of hypothesis

Hypothesis is a proposition formulated for empirical testing. The variables assigned in the research are expected and experienced satisfaction level of the two players; providing agents and physicians as respondents of the UAE pharmaceutical industry (case). The importance of hypothesis in the current study was to provide a framework for reaching conclusion and helped to avoid deviating from the problem under study.

Sum of mean squares and 't'-test

Sum of mean squares and 't' formulae have been used for testing the hypothesis in the present study.

Following (Equation 1) is the equation for calculating sum of squares (SS1 & SS2)

$$SS1 \text{ or } SS2 = \sum X_i^2 - (\sum X_i)^2 / n$$

Hayes (1997:223) gave the following (Equation 2) for calculating 't value':

$$t(n-2) = \frac{X_1 - X_2}{\sqrt{\left(\frac{SS1 + SS2}{n_1 + n_2 - 2} \right) \left(\frac{1}{n_1} + \frac{1}{n_2} \right)}}$$

X1 = Mean value of expected customers, SS1 and SS2 are the sum of squares about the mean of both group of respondents n1 and n2 are the sample size for each category 'n' is the sum of n1 and n2.

The t-test was chosen for comparison because the mean value for expected and experienced satisfaction level for the two players was to be compared.

Based on the research results, the two hypotheses were rejected.

Discussion

4Ps of Marketing

The study analyzed the pharmaceutical industry from the view of the 4Ps of marketing. This was seen from the providing agent, and physician's perspective.

Product

Amongst the providing agents in the respondent population, the expected satisfaction levels (4.27) were higher than the experienced levels (3.83), representing reasonable acceptable outlook on product related features. Among the physicians the expected (4.60) and experienced satisfaction (3.87) for medicines and pharmaceutical products in the UAE showed remarkable similarity. The study found that physicians have higher expected and experienced satisfaction level than providing agents because of highly regulated quality of medical products in the UAE.

Price

It was seen that both categories of respondents had a higher expected satisfaction level than experienced in terms of the price level of medical products in the UAE. The providing agents were the most dissatisfied with the pricing factor, as product pricing directly impacts adversely their profitability with expected (4.70) and experienced satisfaction level (1.50). The physicians were reasonably happy with the pricing with expected (4.67) and experienced satisfaction levels (3.47). The main cause of the dissatisfaction in the pricing strategy is due to the mark-up and currency rates in place from the Government of UAE. This is mainly affecting the providing agents, and to a minor extent the physicians.

Promotion

It was seen that the both providing agents and physicians were dissatisfied with the effort from principals to encourage product and service promotion in the UAE with expected (4.70) and experienced satisfaction level (2.70) and (2.57) respectively.

Place

Both providing agents and physicians were reasonably satisfied with the access to pharmaceutical products in the UAE with expected (4.63), (4.50) respectively and experienced satisfaction level (3.57) & (3.80). However, physicians are not directly affected by lack distribution facilities on the part of providing agents.

Satisfaction/Dissatisfaction mobility model

Customer satisfaction is a key aspect of business, including the pharmaceutical industry. The UAE's pharmaceutical industry involves a number of key players who comprise service providers and customers. The end-customer is clearly the patient, but the roles of the other players also take different forms based on the relationship between the players. For example, providing agents are customers to the sales activity of the principals. Customer satisfaction is definitely a key aspect to introducing new customers, and more importantly, retaining existing customers. The satisfaction/dissatisfaction mobility model looks to study the impact of customer satisfaction amongst the physicians who act as lead to buy the said products to patients in the current study.

It was seen that around one third of the respondent population (41 percent) were satisfied according to the model. A low percentage (18 percent) still switched to competitive products and they were immune to marketing efforts, while the remaining 23 percent remained loyal. The model showed that it is most important to target the unsatisfied customers to convert them to the satisfied category (59 percent) with particular emphasis on risk category (36 percent) which unsatisfied & switched to competitor products. This could be done through improving different aspects of the service or product. This should also be accompanied by strong marketing efforts to retain customers. Through doing this, the UAE pharmaceutical industry could see an improvement in satisfaction amongst the two players through improved service and revenues across the industry.

Scope for future research

There is a tremendous scope of research and analyze and different aspects of the pharmaceutical industry in UAE in particular and GCC as a whole. Researchers can use separate questionnaires to measure satisfaction based on different questions amongst the two players. Different models could also be used for two types of respondents; i.e., providing agents and physicians, to obtain clear understanding of their individual perceptions. A future study conducted on these lines would be more informative and precise to examine and analyze the perceptions and responses of various groups involved in the study.

Recommendations

The following section gives the recommendations based on the conclusion and discussion given below.

Main role of providing agent is selling and distribution activities. The study found that agents must improve their distribution performance by enhancing the speed of delivery, accuracy and speed of order processing as follows:

1. Providing agents should recognise that responsive competitive marketing action depends upon continually updated information, therefore to be successful organization must develop marketing information system. Marketing information system has been defined as: "the framework for the day-to-day management and structuring of information gathered regularly from sources both inside and outside an organisation." (Dibb et al 2001: 169).
2. Providing agents business process should be reviewed continuously and reengineered to meet the others player's satisfaction (BPR). BPR has been defined as: 'the fundamental rethinking and radical redesign of business processes to achieve dramatic improvements in critical, contemporary measures of performance, such as cost, quality, service and speed' (Slack et al 2001:615).
3. The availability of product is key aspect in satisfying customers. Hence the agents must forecast properly the requirement of the market, for example, the demand. Providing agents must also keep adequate stock of products to balance the demand and supply. Out of stock situation must be avoided, by following economic order quantity (EOQ). EOQ is defined as 'the order size that minimises the total cost of ordering and carrying inventory.' (Dibb et al 2001: 402). Inventory management and forecasting are the main issues to be dealt with. Promotion might lead to high demand, but there must be enough stock when the demand is high.
4. Providing agents should develop PMDS (performance management and development system). Performance management can be defined as 'a strategic and integrated approach to increasing the effectiveness of organisations by improving the performance of the people who work in them and by developing the capabilities of teams and individual contributors', and also can be seen as a 'continuous process involving reviews that focus on the future rather than the past, ...' (Baron and Armstrong, 1998: 38-39) in order to monitor and control the clear selling objectives of each salesman and must develop plans for salespeople training and development by this way providing agent can improve and enhance the performance of the sales people. For example, the selling steps have to be improved with special emphasis on sales presentations. Currently most of providing agents' salespeople are just order collectors. They must be trained to become order getters.
5. Sales calls must be analysed and actual time spent with customers should be calculated which could be used as lead indicator about customer satisfaction as well as future sales achievements expected.
6. Providing agent must initiate customer complaints cell (CCC), in order to receive customer's complaints, register and address them to concerned person for immediate action, and customer complaints to be studied by management to have corrective actions.
7. Providing agent must develop customer database, which must be updated continuously for better understanding of customer's need. Both sales and marketing managers must communicate with salespeople in order to have their feedback.
8. Providing agents should request their principals to improve both the efficiency and effectiveness of their promotional activities directed to physicians.
9. Providing agents should draw their principal's attention to the importance of proper marketing activities through conducting market research and marketing intelligence to identify need of market. For example what products are missing and need to be available to fill the gap and meet those needs?
10. Providing agents should convince Ministry of Health to ask the principals to reduce their CIF prices offered to them.
11. Providing agents should discuss currency fluctuation with Ministry of Health and request M.O.H to negotiate with principals to sell them in US dollars rather than in other currencies in order to avoid currency fluctuation (AED is pegged against USD).
12. Price need to be restructured in terms of all players' interest. M.O.H pricing criteria needs to be studied with special emphasis on all key players.

13. Last but not least providing agents must conduct surveys on regular bases to assess satisfaction level of others player.

References

- Colby, C. (2002) 'A New Paradigm for Understanding Customer satisfaction'<http://www.rockresearch.com/Articles/csr02/csr02.html>.
- Dev, A. (1998) Health Services Marketing New Delhi: South Asia Publications
- Davies, A.R.; and Ware, J.E. Jr. (1981) Measuring patient satisfaction with dental care. Social Science and Medicine 15(A)
- Hayes, B.E. (1997) Measuring Customer Satisfaction: Development and Use of Questionnaires Milwaukee: ASQC Quality Press
- Hayes, B (1997) Measuring Customer Satisfaction, and Wisconsin: ASQ Quality Press
- Kolowsky, M Bailit, H and Vallugo, P. (1974) Satisfaction of patient and the provider; Evaluation by questionnaire. Journal of Public Health (34).
- Ministry of Health, UAE, 2005
- Parker, C and Mathews, P.B (2001) Customer satisfaction: contrasting academic and consumers' interpretation, Marketing Intelligence & Planning. MCB University Press.
- Pharma Search & BMI Research, 2005
- PR Newswire 10 Feb 2003 Jeeves solutions selected by Novartis Pharmaceuticals Corporation to improve effectiveness of direct-to-consumer marketing and enhance user satisfaction. Available at: <http://elibrary.bigchalk.com/libweb/elib/do/results>;
- Rosemary (2005) Overview of the Medical Industry, Available: <http://strategis.ic.gc.ca/epic/internet/inimr-ri.nsf/en/gr-80238e.html>, Accessed: 25 January 2005
- Sung Joon Yoon, Joo Ho Kim (2000) An empirical validation of a loyalty model based on expectation disconfirmation, Journal of Consumer Marketing MCB University Press.

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