

L'OREAL

**PHARMACEUTICAL CRISIS;
AN OPPORTUNITY?**

The effect and differences in the pharmacist business culture
on their service climate, products and performance

A research of the entrepreneurial- and
market orientation of Dutch pharmacist
distributing products of La Roche-Posay in
beholding the current environmental
changes

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MANAGEMENT SUMMARY

La Roche-Posay is one of the two brands of the Active Cosmetics division of L'Oréal Netherlands. Those dermo-cosmetics products are distinguished by their dermatological vision and are distributed through pharmacies and specialist sections of drugstores. Because of a changing environment of healthcare regulation this distribution channel could be an opportunity or threat to the exploitation of products of Cosmetique Active. Through those changes in regulation of the health care market, the pharmacist is doubtful in their proactive reaction or willingness to change. To learn more about the visions of the pharmacist this research gains information about the entrepreneurship styles of the pharmacist. Therefore the research exploits the possibilities to stimulate the products more functionally to enhance the service stimulation in the pharmacy. This orientation led to the following research question for the thesis;

How does the environmental change affect the business culture of the pharmacist and how does this create opportunities to develop their service climate through their products and services quality to improve their performance?

First a theoretical framework is developed how opportunities can arise out of change to the development of services. How an entrepreneur perceives changes and reacts on their changing environment is essential in staying competitive in the market position. Because environmental change is often seen as a driving force as the entrepreneur adapts, the role of creation value to improve their competitive posture is investigated. The scope of this research is to explore the orientation of entrepreneurship and market as the business culture of pharmacist in their ability to adapt to changes. The first qualitative study starts with a document study with the purpose to explore the current changes and role of the services and products through the value creation in the business model of the pharmacist. In this first study those changes and values are explored in five in-depth interviews. These interviews were accomplished within the independent pharmacist as through the chain pharmacist. The purpose of these interviews was to explore the relation between the different constructs of the values in the business model and changes of the market to perform a point of view for further research. The second study concerned a literature research to operationalize constructs within a theoretical evident. This framework is tested in a quantitative research with a survey of 104 pharmacists. The relations between the finding of study one are investigated and the hypothesis formed in the theoretical framework provided useful insight in the role of entrepreneurship. The purpose of these surveys was to examine the influence of the business culture (i.e. market- and entrepreneurial orientation) with influence of the stimulation of products on the service climate of the pharmacist to investigate the relation to their performance on the market with empirical data. This study develops a conceptual model to examine the service climate through their services and products in the relationship between business culture and firm performance.

Consistent with both the strategic management and marketing literature the findings confirm that market orientation and entrepreneurship are two key elements of the business culture. It is of influence on their service climate success and that therefore is optimal for a business culture to enhance performance and service. While previous researches indicate the relationship with a high performance this research indicates the importance of the service climate and offering of their products to succeed in a service provider in the pharmaceutical market. Second it presents the differences in the business culture in how they respond on market environmental changes through their entrepreneurship. The existence of non-entrepreneurs, create a significant lower effort in their pro-activity and takes challenges to market risks. With a more orientated culture on the market, who focus on their consumer and competitor and dares to take risk in their business the services proves to be increased which demonstrated to be positive related to a the increase of their performance. Overall, these findings contribute to a better understanding of entrepreneurial orientation and difference in business of the pharmacist. Through its impact on their quality of service to their firm performance a few conclusions could be drawn. While the characteristic of an entrepreneur could enhance change better, the key findings illustrates that it is not in their perception of change. It was found that an alignment between market and entrepreneurship orientation is important for performance in services and products, suggests that pharmacist should stimulate entrepreneurial activities within an appropriate combination of these two orientations with the market. From a practical point of view, this study suggests that pharmacist should be aware of the importance of process in the link of entrepreneurial and market orientation to their service climate and firm performance. They have to facilitate dynamics and pro-activity by taking a leading role in managing changes on the market. For a pharmacist to improve their service climate they have to orientate on the customer and their competitor to achieve the information necessary to adapt or recognize opportunities. On the question how can La Roche-Posay deliver support to this change, is to stimulate the pharmacist motivation to recommend the products on skin problems. There are differences between the medical forces scoring lower than marketing of social forces and a focus on their motivation can contribute to the performance in their stimulation of products. An important emphasis here is also the differences in entrepreneurship, suggesting a focus on the exploitation of the opportunities rising in the awareness on the importance in the consumers place.

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Preface

This master thesis presents the result of my master graduation project and with this thesis my master Business Administration at the University of Twente has come to an end. First of all I would like to show my appreciation to Marlene van den Berge and Josien Kox for their guidance and support during my internship at La Roche-Posay. It made the research much easier and more fun to perform. Also for Casper Theunissen and Marieke Meassen who put a lot of effort in helping to set up the questionnaire and contact of the pharmacist. In addition, I would like to express my appreciation to all the pharmacist for completing the questionnaire and cooperating during the interviews. I would like to thank them for the coffee breaks, the good advices and pleasant work atmosphere. Third, I want to thank Michel Ehrenhard and Joris Heuven for their cooperation and advice while working on my graduation project. Finally I am very thankful for all the guidance my family and friends who gave me a lot of support but also distraction where necessary.

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1. INTRODUCTION

The government regulation in the Netherlands and her cost management policy is a controlled market within the pharmaceutical industry. The government is struggling to liberate the pharmaceutical market for more competition and market forces to influence the price and quantity of the medicines and services offered.

A movement in the last few years is noticed in the pharmaceutical industry. Changes in regulation also known as the preference policy are reducing the prices of medicine with more than 50%. Disappearing bonuses results in a falling income for the pharmacist and the liberalising market is controlling the tariff of medicines prescriptions. While the competition increases and is encouraged through the government the pharmacist changes from a supplier of medicines to a supplier of information and service. The consumer is changing and so does the health care market (van der Kruijs & den Engelsen, 2007). The *changes* on the market of the pharmacist are the cause of the research and formulate the first orientation to this thesis. Changes are giving the pharmacist opportunities as well treats for their future business development. Innovation and development in the services and products offering, differentiating in patients/medicines, increase of sales, over-the-counter products (OTC) or the use of the internet, are applicable on different aspects of the reaction of the pharmacist. To which extent the pharmacist can recognize those opportunities lies within their business culture of entrepreneurship and market orientation. For La Roche-Posay the changing market can also open up opportunities for deliver their products in the pharmacies. OTC products have a dual function in the pharmacy because while it generates extra revenue besides it results in customer relations and service experience it also is seen as a treat of being too commercial instead of supply advice and care. Those opportunities are to the extent of the reaction of the pharmacist, and how the pharmacist *creates their value to distinguish themselves* is the second orientation. The way a pharmacist operates as an entrepreneur on the market could give them opportunities to recognize market changes and optimize their performance.

The third subject of attention is how the services of the pharmacists' *best way* create a distinction from their colleagues. Some pharmacist are be unsure in their development and it looks like they are doubtful what to do, while others wants to take advantage of the situation and adapting their ways to deliver and working methods. It is not clear if they even want to change and adapt to their way of delivering their business to achieve their social or economic goals. The majority of pharmacists' income consisted of the compensation of the medicines prescriptions, but through regulation changes the pharmacist is forced to find ways for competitive advantages which could be interesting if they want to ensure that their business can apply to the income and value generated by other mean. For their care to patients to continue and distinguishes them from others they should adapt to the new environment to shape a competitive advantage that will leads to a unique performance. Pharmacists need to search for new or distinguished ways to deliver care and advice in reaction to the changes but with an income distribution and performances on customer services that is rewarding their work. This paper will therefore focus on (1) the change in the healthcare market, (2) the adaptability or reaction of the pharmacist to (3) create value to their market position in the services and products and to (3) shape a competitive advantage to deliver a better performance and the differences among them.

2. RESEARCH DESIGN

2.1.Cause

The environment of the pharmacist is still changing, and the future developments are sometimes uncertain. Competition between pharmacist and the insurance parties is encouraged through the government, and the negotiation in health care should increase the quality and decreases the prices. The subsidization of the medicines prescription is not enough to cover the cost of the pharmacy. Through the liberalization of the market prices and the changes in budgeting from the health care environment in a new tariff system a pharmacist is stimulated to create extra service and value to survive. A critical debate is occurring between the different parties involved. Most pharmacists are waiting what to do and how to adapt their business.

L'Oréal expects for the brands of VICHY and La Roche-Posay (LRP) to arise new opportunities for a pharmacist to extend their business in new commercial ways in their service delivery to the patient. But in the field of entrepreneurship there is not much scientific knowledge or previous research about the pharmaceutical market and their role as entrepreneur striving to both the patient delivery and revenue maximisation. This lack of knowledge about the relationship is the cause of the research. Analysing and exploring those changes will contribute to a development of a framework within the business culture of the pharmacist on important points of attentions in their orientation where opportunities can arise to react on changes to the environment. This research focus on how pharmacists improve their performance in adapting future changes. The role of service in the pharmaceutical market is important. Advice to customers, OTC, care and service to the patient and shopper can be developed to generate more revenue or expand the competitive advantage in comparison of other pharmacists. An exploration on how the relations of change interferes with the orientation of the pharmacist might be interesting for discovering the business culture of the pharmacist and the effect this has on their service delivery and products to their performance. Understanding the differences of pharmacists and relations of service could lead to opportunities for LRP for pushing their product into the OTC-sales in the pharmacy. Results can lead to a understanding of the difference in business culture which pharmacists have in relation to his or her entrepreneurship to exploit the change. The role of OTC products in the pharmacist can be an addition to the pharmacist in care as well service and revenue, owing the product closeness and need for advice, what is largely determined by customer demand. There might be opportunities for products to offer an added value for customer and pharmacist and generate revenue and this research can develop serious recommendations for La Roche-Posay and the pharmacist to explore their business and continue a financial healthy business.

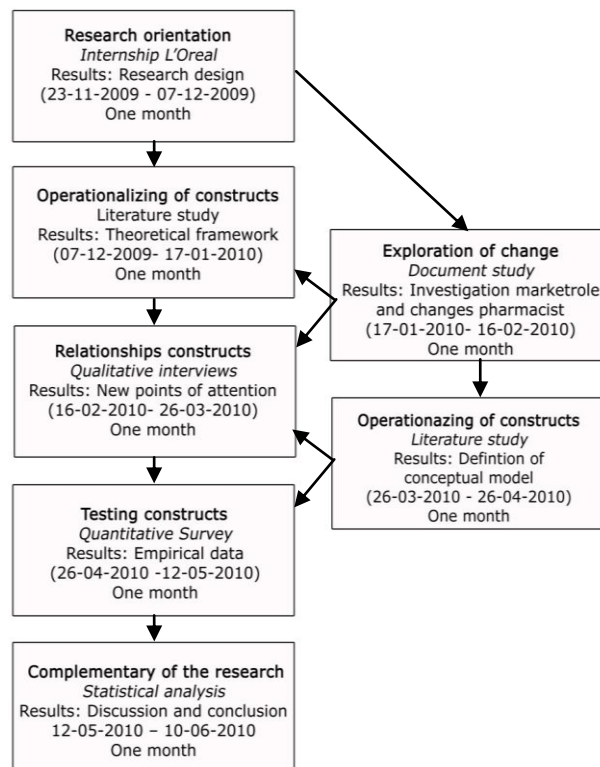


Figure 1. Flowchart of the research phases

2.2. Research problem

2.2.1. Objective

The environment of the pharmacist is changing, and the future developments are uncertain and unsure. The pharmacists seem to be waiting what to do and how to adapt their business. Analysing and exploring those changes will contribute to;

1. Gain insight into the perception and attitudes of pharmacist and their market regarding the changing regulation and consumer in the Netherlands, by using the business model as a lens to discover how a pharmacist creates value to deliver a unique advantage, which could improve their market position.
2. Gain insight in the relation between a pharmacist business culture in the reaction to the change to obtain their entrepreneurial and market orientation and how this affects their services and create competitive advantage to perform better among the differences that exist.
3. An exploration of role of products in the service delivery of the pharmacist, to the recommendation of a pharmacist through their social, marketing and medical forces. To gain information about the entrepreneurship style of the pharmacist to exploit their products more functionally to enhance the service stimulation in the pharmacy.

2.2.2. Research questions

Trough those changes in regulation of the health care market and in their environment, the pharmacists can be doubtful in their proactive reaction or willingness to change. Therefore the next questions can be formulated to discover the way the market is growing, and the reaction the pharmacist have for creating new opportunities. The start of the research was built on the question from La Roche-Posay which opportunities could be developed for the Dutch Pharmacist in responding on the changes in the environment and how La Roche-Posay could deliver support to this change. The research focuses on the differences in entrepreneurial and market orientation, and the effects on their services and performance. This orientation led to the following research question for the thesis;

How does the environmental change affect the business culture of the pharmacist and how does this create opportunities to develop their service climate through their products and services quality to improve their performance?

In order to maintain an answer on this main question the subsequent four questions are formulated;

1. Which changes in the pharmacist environment do occur are of influence of the culture of the pharmacist?
2. What distinguishes the entrepreneurship of the pharmacist business culture to their market adaptability among their differences?
3. What is the role of advice and service of products in increasing the value of the pharmacists' service climate?
4. How does the pharmacist orientation lead to a better service climate to improve their performance?

The pharmacy market is different than a regular market, because their service offers a payment handled by a separated third party (van Montfort, 1997). The pharmaceutical market exists of (1) care provision market, (2) insurance party and (3) financial market. The scope of this research is the Dutch pharmaceutical market in the care provision market existing out of the community (chain-) pharmacist and the independent pharmacist. This research will focus on the different groups of the community pharmacist as they represent 93% of the market.

2.2.3. Research design

To answer the main research question, a research design is organized. In this research different methods are used to answer the sub-research questions and to finally answer the main question. To make a strategic document for the investigation of the pharmacist change and values, the next phases are being managed;

- (1) Formulation of a theoretical framework
- (2) Exploration of the changes in the market and value delivery of the pharmacist
- (3) Investigation of the relationship and attitude of the pharmacist in their services and products
- (4) Estimation of the results and recommendation for opportunities in service climate to perform better

The orientation of the research started during the internship at L'Oreal in reconsideration with the management of La Roche-Posay and Cosmetique active (see the flowchart of the research is described in figure one). The research design of this thesis is proceeded in a specific manner, and the flow of each research phase

in the flow chart depended on the completion of the previous items. In a literature study the construct are formalized to serve as theoretical framework for the research to investigate the relationship amongst them. To orientate the market of the pharmacist the focus began with the business model where through the pharmacist delivers their value. All the information is organized through an extensive search of all the recent documents of the Stichting Farmaceutische Kerngetallen (SFK), KNMP (Koninklijke Nederlandse Maatschappij ter bevordering der Pharmacie) and the Nederlandse Zorgautoriteit (NZA), This served as lens for interviews to operationalize the theoretical constructs for empirical research applicable for the pharmacist. Those constructs are tested in different interviews to investigate which relations and causalities were visible and where there could exist differences and difficulties. The results showed some points of attention to focus the empirical research for study two, existing out of a literature research on the constructs formulated into a conceptual model to investigate. Those results are tested in a web survey among the pharmacist to gain empirical data for testing the conceptual model.

The report is structured in different research phases constructed in distinguished chapters (see figure 2). The first chapter is a short introduction to the research to start introducing the subject. The second chapter establishes the aim of the research with the research questions to investigate. To answer the questions a theoretical framework is created as basis for the research in chapter three. To answer the question of the research two studies are performed. The first study answers the first two sub-questions in chapter four through an investigation of the market changes and entrepreneurial orientation and differences existing. The first sub-research question is answered through a document study that is conducted to explore the changes. Through a qualitative study of interviews the role of the pharmacist during current changes is explored to answer the second sub-question. The qualitative interviews managed to quantify the way a pharmacist adopt and react on changes and plans for further research. Chapter five gives an overview of the second study where a literature study operationalize the constructs formulated in chapter three, and are answered through an quantitative web survey of a sample of the La Roche-Posay pharmacists. After enumeration of the results from those the measurements tested their adaptive skills in their orientation to change and the market and see how a pharmacist sees and react on change. The results of this research will be described in chapter six, presenting the key findings with the limitations and discussion.

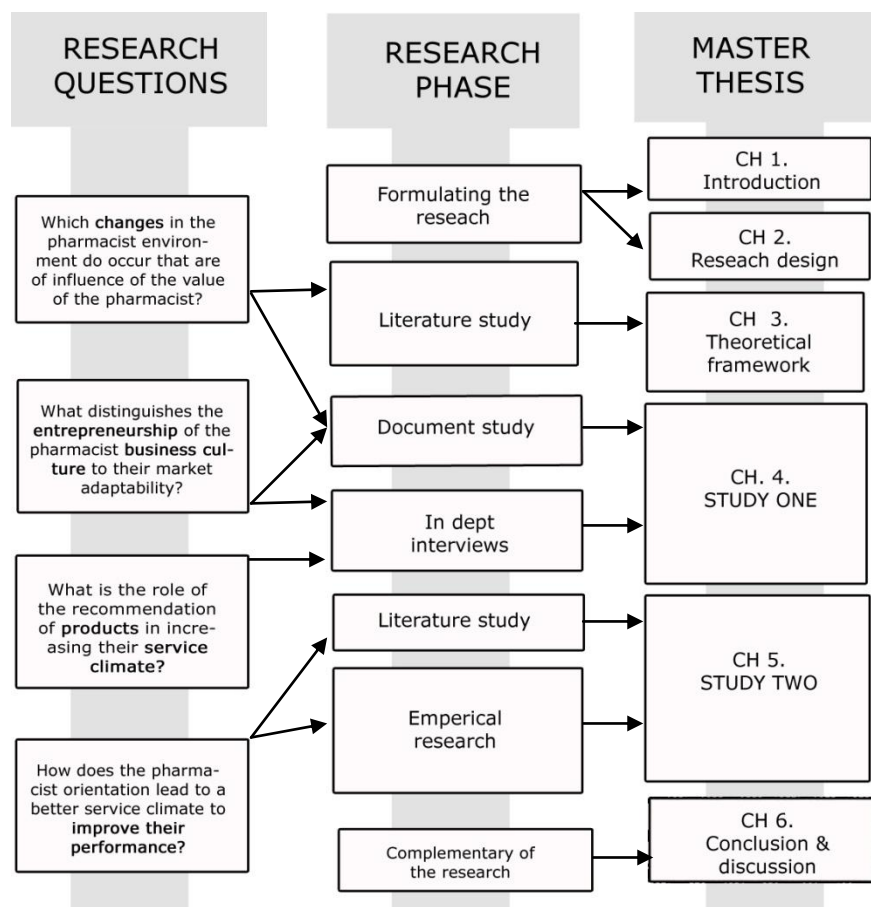


Figure 2. Research design

2.3.The organisation

La Roche-Posay is one of the two brands of the Active Cosmetic Division of L'Oréal with dermo-cosmetic products sold in pharmacies. Its products offer consumers medical care, backed up by pharmaceutical advice and dermatological prescription and La Roche-Posay always looks for new opportunities to develop and complement the brand. At this moment the division of Active Cosmetic of the Netherlands is merging with the Benelux divisions for an improvement of scale and better supply. Because the changing environment of healthcare is effective on those brands that distribute through pharmacist channels, the adjustments of government regulation can be an opportunity or threat to the products of Cosmetique Active. The research could gain information about the entrepreneurship style of the pharmacist to exploit their products more functionally to enhance the service stimulation in the pharmacy.

2.3.1.L'Oréal

The L'Oréal Group is the world's largest cosmetics and beauty company. It is headquartered in the Paris suburb and has developed activities in the field of cosmetics, hair (colour), skin care, make-up, and perfumes. In 1909, Eugène Schueller, a chemist and entrepreneur, created the Société des Teintures Inoffensives pour Cheveux, which took the name of L'Oréal in 1939. He considered hair a case for scientific study, and invented the first colorants that were to revolutionise the beauty industry. This was the start of an innovative and research based company who extended their products to cosmetic related branches through science and advanced and applied research. Nowadays, L'Oréal has a solid position as market leader in cosmetic industry all over the world with more than 67,500 employees working together to grow and innovate. Present in 130 countries, and 23 international brands, L'Oréal is well established on all five continents. In the space of a century, the small French firm has gone from internationalization to globalisation. This grow is a result of acquisitions and developments. In 2006 the Body Shop is taken over which result in a total of 17.5 billion Euros of sales in 2008 and a operating profit of 2,7 million.

L'Oréal is active in the dermatological and pharmaceutical field, and is categorised by their targeted markets, such as the mass-, luxury-, professional-, and active cosmetics markets. The mission of L'Oréal's divisions, to which they devote their expertise, is to offer the widest choice to every customer. Each one operates in a specific channel, in close partnership with distributors, and cultivates a particular aspect of beauty: the creativity of hairdressers, luxury in selective distribution, accessibility in the mass-market, and health in pharmacies. The four markets can be distinguished, within; Cosmetique Active (DCA), Produits de Luxe (DPL), Produits Professionels (DPP) en Grand Public (DPGP).

- **The Professional Products Division** distributes its products in hair salons all over the world and had a diverse range of brand. With progressive and technological products it focused on hair products brands as Redken 5th avenue NYC, Matrix, and Kérastase Paris. The professional colourings are exclusive for the hair salon and are for styling in the salon as for sales. Worldwide is DPP since 1997 market-leader in the professional hair care sector.
- **The Consumer Products Division** distributes its products in all mass-market channels (hypermarkets, supermarkets, drugstores) across the world. The diversified portfolio of brands—L'Oréal Paris, Garnier, MayBelline, New York—offers consumers products with accessible prices.
- **The Luxury Products Division** is a key player in selective distribution. It develops and markets across the world a unique brand portfolio covering the three major luxury cosmetics businesses: skincare, make-up and fragrances. Next to the well-known perfumes as Giorgio Armani, Ralph Lauren en Cacharel, DPL has brands for skin care and make-up such as Biotherm en Lâncome. In the Netherlands DPL is market leader in heir selective segment of distribution.
- World number 1 in pharmacy sales of dermo-cosmetic products, **the Active Cosmetics Division** has a portfolio of five unique and complementary brands to meet consumers' growing health and skincare needs where two brands are sold in the Netherlands. All over the world, the division offers effective and safe products, specifically suited to pharmacists' advice and dermatologists' recommendations, primarily sold in pharmacies and some web-shops. DCA develops the brands of Vichy and La Roche-Posay, and focuses on a sensitive skin. In the next few paragraphs this division will be explored through the scope of the research on the pharmacist distribution channel.
- The last counterpart of L'Oréal is the **Bodyshop**, founded in 1976 in the United Kingdom by Dame Anita Roddick, the brand is well known for its strong ethical commitment and its products based on natural ingredients. 65% of them contain community trade ingredients, sourced primarily from suppliers in disadvantaged communities, a unique approach in the cosmetics industry.

2.3.2. Cosmétique Active

The Active Cosmetics Division designs and markets dermo-cosmetics products sold in pharmacies and specialist sections of drugstores. Its products claim to offer consumers proven medical safety and efficacy, backed up by pharmaceutical advice and dermatological prescription. The Active Cosmetics Division is the worldwide leader in the dermo-cosmetics market. It is leader in face care, sun-care, deodorants, make-up, anti-hairloss and men cosmetics. The Growth of the Active Cosmetics Division is through to favourable market conditions and a very distinctive model based on a unique portfolio of 5 diversified and complementary brands serving 5 specific market segments: Vichy, La Roche-Posay, Innéov, Skinceuticals and Sanoflore.

Created in 1975, La Roche-Posay Pharmaceutical Laboratories joined the L'Oréal Group in 1989, it was then merged with the make-up brand Phas in 1999 and the US professional products brand Biomedic in 2001. With their expertise acquired throughout the years, the brands of the Active Cosmetics Division have developed products that are completely adapted to the medical and pharmaceutical distribution channels. In the Netherlands only the two segments of La-Posay and Vichy implemented the Dutch market. Through those brands, the division offers very specific products completely adapted to the medical and pharmaceutical distribution channels. The Active Cosmetics brands are distinguished by their dermatological vision. Their products must go through very specific protocols adapted to the medical and pharmaceutical sectors. At this moment the division of Active Cosmetic of the Netherlands is merging with the Benelux divisions for an improvement of scale and better supply. Officially this merger is captured in January 2010, but for practical reasons the official movement will be completed respectively in May or June. This will mean for the brand La Roche-Posay that will move their marketing activities to the team in Belgium (Brussel) while Vichy continues with its marketing activities in the Netherlands (Hoofddorp) with merging the team of Belgium. Because the Active Cosmetic division implemented their sales team and their category management for both two brands, those activities will stay in the Netherlands for the specific Dutch market. Because it is a young brand there is a need of information about the role of the pharmacist on the market and their value proposition through products of dermo-cosmetic as OTC. Reasons for a pharmacist to recommend products are from important to push products into the pharmacist. The difference between VICHY and La Roche-Posay lies in the medical recommendation, LRP does not promote themselves in magazines or television what market is dependent on the recommendation of the pharmacist.

2.3.3. La Roche-Posay

La Roche-Posay is a young brand, introduced in the Netherlands in January 2005. It was already launched in 35 countries, and as explained above it is the brand of the dermatologists advised in the pharmacy and specialist. It is therefore only to obtain in the pharmacist, based on pharmaceutical safety, expertise, ethics and rigour. La Roche-Posay offers a complete range of daily skincare, make-up and professional products suitable for every skin type, focused on even the most sensitive. Formulated, made and tested according to the rigorous criteria of the pharmaceutical industry and sold now in 38 countries, La Roche-Posay products accompany patients throughout the world for a better management of their skin disorders. With their focus on adjunctive therapy, La Roche-Posay enhanced their medical relations with the pharmacist. The brand captures different products especially for the treatment and therapy of diseases and medication to skin disorders. Through certain medication or treatments (e.g. chemo) the skin can be abnormally dry or sensitive wherefore the patient needs extra protection and care. For example in the treatment with hormone ointment for skin problems such as eczema, or acne can be enlightened with the products of La Roche-Posay. Products of La Roche-Posay are for the protection of UVA (sun) damages, oily skin or acne prone skin, an ageing skin, (abnormal) sensitive skin, reactive skin or redness prone skin or a dry to extreme severely dry skin or pigmentation problems.

La Roche-Posay, located in France, is a Thermal Centre, the first European centre of thermal dermatology, located in La Roche-Posay France. It is a spa for treating recurrent dermatological diseases that do not respond to traditional treatments. Hydrotherapy is used to treat dermatological conditions, curing its patients through use of this unique and powerful water. The French Medical Academy awarded its state approval in 1865, recognising its efficacy on the skin. Highly regarded for the quality of its treatments from the beginning, the Thermal Centre is able to treat over 7,500 adults and children suffering from skin conditions such as burns, rosacea or eczema each year, thanks to its waters attributes and its dermatologist's cutting-edge knowledge.

The products of La Roche-Posay are useful for adjunctive treatment for skin disorder such as rosacea, atopic skin to beauty corrections. All the products contain La Roche-Posay Thermal Spring Water, the only thermal water to contain selenium with anti-free radical properties. They benefit from the latest technological innovations and, in particular, patented active ingredients developed from cutting-edge fundamental scientific research.

2.3.4. Pharmacy

Because La Roche Posay is only carried by part of the pharmacists, the brand is a perfect match with the pharmacists' range. It appeals less to the imagination because its medical appealing in the colours white and blue and the in perception limited target group. Most pharmacists consider the brand as a more medically oriented part of Vichy. Proven through clinical studies, the effectiveness of La Roche-Posay skin care products has been proven, and thanks to a purified formulation the products ensure maximum tolerance, tested on skins with disorders. La Roche-Posay has different franchises focusing on the protection of UVA (sun) damages, oily skin or acne prone skin, an ageing skin, (abnormal) sensitive skin, reactive skin or redness prone skin or a dry to extreme severely dry skin or pigmentation problems.

Pharmacists and dermatologists play a key role in a consumer's decision to buy a product, whether it is through a dermatologist's prescription or on a pharmacist's advice. Regarded by women, as the expert on skin, dermatologists and pharmacists are important vehicles for advice, reassurance and image of La Roche-Posay. L'Oréal Active Cosmetics brings dermatologists and pharmacists the tools necessary to the success and growth of their business. In contrast with the brand Vichy, La Roche-Posay does not advertise or promote in any commercial way so ever. This commitment translates into a two-fold approach. The Active Cosmetics brands are geared toward advice and personalised diagnoses, thus providing pharmacists and dermatologists with tools and programs, that enable them to reach out to consumers and that maximise their sale opportunities. Contributing to the training of pharmacists and dermatologists with specific programs and a commitment to medical communication, La Roche-Posay has developed a unique merchandising destined to boost sales in pharmacies. This merchandising, which relies on the active participation of the dermo-cosmetics advisor, allows and facilitates personalised skin diagnoses. This process has the advantage of securing the consumers' loyalty. dermo-cosmetics in the pharmacist. These products offer consumers proven medical safety and efficacy, backed up by pharmaceutical advice and dermatological prescription.

Because La Roche-Posay is dependent on the recommendations of dermatologist and pharmacist, this research aims to gain knowledge about the entrepreneurship of the pharmacist in creating opportunities for the pharmacy to exploit themselves to the Dutch market and consumer in the future.

3. THEORY

Starting from the premise that environmental change is a strong driver for organisational service improvements and opportunity recognition-this paper intends to develop a model of the relationship between environmental change and the organisational adaptability to react on change.

3.1.Change

Changes in a market are important for a business to deal with because a company needs to adapt to change in order to survive. The successful management of change is accepted as a necessity in order to survive and succeed in a competitive and continuously evolving environment (By, 2005). Different scholars investigated the role of change to an organisation, such as the resource dependency and the neo-institutional perspectives sharing the two basic assumptions, that organisational choice and action are limited by various external pressures and demands, and the organisations must be responsive in order to survive (By, 2005). There is believed that changes in organisational beliefs come about in response to experience and are usually difficult to achieve. The 'old' belief needs first to be questioned and disproved as a result of experience before a new belief is built (Linder and Cantrell, 2000).

In the last 30 years, a number of developments have resulted in an increased focus on the care community pharmacists provide (van Mil, 1991). Pharmacists have to deal with changes as the demographic changes (e.g. ageing population), socio-technical (e.g. market-readiness for new technology) and socioeconomic (e.g. income-level, attention to environment and sustainability). This trends to influence the needs and priorities of consumers. Numbers of specific consumer trends such as the individualisation and self-feminization affect the need for new service concepts such as self-service or community based servicing (Idenburg, 2005). People have sought the Internet for information tends to check this information with their general practitioner (Eysenback, Kohler, 2002). The changes in the pharmacist environment are changes partly consciously, such as the government regulation, but are also unconsciously such as a changing customer or cultural aspects. Those are changes a pharmacist do not see directly but are of (in)direct influence on their business. Because pharmaceutical policy is not an isolated field, to be effective it must keep up with new and changing developments in science and technology. The global movement toward privatisation and marketization has also profoundly influenced not-for-profit organisations pressuring them to address the gaps left in the provision of social services (Zahra et al., 2009). It is directly and indirectly affected by national and international politics, as well as intertwined with financial and industrial policy. New diseases and new medicines challenge existing organisational and economic structures. Since the overall goal is to achieve rational drug use, this makes the issues and focus in policy analysis dynamic, and therefore constantly changing (Traulsen, 2005). This has prompted some not-for-profits to apply entrepreneurial strategies and business models (Zahra et al., 2009). Today, pharmacists practice in a field of development, where it is difficult for health professionals to keep up with all the latest knowledge, where patients themselves increasingly go to their doctor armed with information gleaned from the Internet, and where the consequences of error are increasingly great. The competition is increasing of the more liberalising market, and the customer is changing (van der Kruijs & den Engelsens, 2007). The role of pharmacists is stated largely by the economic, regulatory and organisational frameworks in which they operate (Anderson, 2002). Pharmacists have long occupied an indeterminate terrain in health and welfare, falling somewhere between business and professionalism, and between professional care and lay care (Anderson & Berridge, 2000), and this tension between business and profession continues today.

3.2.Adaptability

Adaptability is the ability to consciously or unconsciously change to fit different circumstances, for instance, changes in the environment (Busquets et al., 2009). The idea of adaptability is central in economics, biology, sociology, psychology, cognitive sciences, learning theory, as well as managerial and organisational sciences (Poole et al., 2000). Businesses face a strategic balance between adaptability of strategic types and market adaptation. It requires that businesses accommodate information from diverse market sources to remain responsive to changes in the competitive environment. Drucker (1985) summarises the optimistic view of entrepreneurialism's proponents by defining an entrepreneur as someone who 'searches for change, responds to it, and exploits it as an opportunity'. There must be something quite unique about the entrepreneurial individual that gives him or her, the propensities to gain economically in the midst of the change, chaos and confusion that tend to foster the emergence of entrepreneurs (Schumpeter, 1976; Stevenson. 1983). To adapt to future changes, entrepreneurs need to anticipate in a pro-active approach (Venkatraman, 1989). Discontinuous change in the environment requires reconsideration of organisational routines or services to ensure that the organisation keep pace with the changing business environment. Improving the controllability

of the organisation and its environment the degree to which an organisation possesses a variety of actual and potential procedures is their organisational flexibility (Phillips and Wright, 2008). This issue poses increasing challenge as “best services” of yesterday—turn into “worst practices” and core competencies turn into core inflexibility (Malhotra, 2000). Changes in beliefs and perceptions at the decision-making level of an organisation set the stage for changes in its strategy, and constitute the basis for organisational adaptation and change (Linder and Cantrell, 2000).

At the same time, adaptation necessitates an emphasis on specific sources in order to better respond to competitive pressures (Lucas, 1999). A firm's ability to adjust its business practices and competitive tactics in response to an environment is useful for entrepreneurial firms to navigate in a market. If the company therefore wants to improve their market position, they need to have a close eye on their competitors. A company needs to have a propensity to directly and intensely challenge its competitors to improve market position (Lumpkin and Dess, 1996). Adaptation can be defined as the action of the entrepreneur in process in the environment and making adjustments, to involve changes for improving their competitive posture (Morris and Schindhutte, 2003). The notion of adjustments is especially relevant for small firms; the entrepreneur is dealing with unknown, which implies both uncertainty and risk (Morris and Schindhutte, 2003). The environment is recognized as one of the important contextual factors that influence innovation, and environmental change is often seen as a driving force for organisational innovation (Damanpour and Gopalakrishnan, 1998). The logic is that their willingness to take risks will contribute to an organisation's desire to develop and deploy new ideas to deliver the service. It reflects an important way in which organisations address new opportunities, and innovate in their services or products. Not only a company has to adapt to changes in their environment, it could be an opportunity to improve their market position.

3.3.Value Delivery

For a firm to improve their market position the services to customer and producers are from great value. The role of an entrepreneur is to take advantage of a broad opportunity for structural that can push a national economy forward to new levels of efficiency and performance (Schumpeter 1911). The value of the pharmacist lies at the ground of their services and products in delivery to their customers. Pharmacists are a service provider to the patient and customer and an important mediator between the doctors and right use of their medicine. Services, like information and offering of their brands, are easy to copy, while they have the highest impact on value creation when they are successful. Generally speaking, services tend to be intangible, heterogeneous, simultaneously produced and consumed, and perishable (e.g. Levitt, 1981; Zeithaml, 1981). Services are often non-technical in nature, although technology might act as the vehicle that activates and/or enhances the process (Chapman et al., 2002). This makes the pharmacist act as social entrepreneurs within a market aiming to create social value through the improvement of goods and services offered to the community. Their main aim is to help offer a better service improving the community as a whole and is predominately run as non-profit schemes. They make significant and diverse contributions to their communities and societies, adopting business models to offer creative solutions to complex and persistent social problems (Zahra et al. 2009).

To keep evolve your value creation through the services and products changes are necessary to survive. The pharmacist could evolve their value through their service for a better position on the market. A pharmacy could be changing their services in concepts, the client interface, the delivery system and technological options. In contrast to the product industry, these non-technical improvements in services might not necessarily involve or require formal research and development (Pilat, 2000). Service organisations could through experimentation, and a creative process in change, book result in new services (Lumpkin and Dess, 1996). But service innovation is also associated with incremental changes, like stores staying open longer; service quality based on a personal approach, or loyalty programs. Services have thus become the recognized value assessment variable for predicting a firm's success in the marketplace (Chapman et al., 2002). Researchers argue that efficiency can include improvements in: cost-efficiency, productivity, quality of service (both production and delivery), inventory management, process improvement, value (creation and flexibility), price, information (on service and comparison), and so on (Chapman et al. 2002). These improvements have become the primary factors in market competition in the services sector (Hauknes, 1999).

To create value through a successful service, the quality of this service is crucial. To the extent that employees perceive that they are rewarded for delivering quality service, their organisation's service climate will be stronger. Climate for service refers to the employee perceptions of the practices, procedures, and behaviours that get rewarded, supported, and expected with regard to customer service and customer service quality (Schneider, 1998). Yi (1990) stated that service quality is an essential determinant of customer satisfaction. In order to achieve customer satisfaction an organisation has to focus on their service climate, it is built in the light of organisational practices focused on customer service (Schneider, 1998). High-quality services offered by a firm would lead to customer satisfaction. This rationale is perceived as a common phenomenon in the service industry. In the empirical study of Voss et al. (2005), service quality was shown to be positively related to

customer satisfaction in service organisations regardless of their being private or not-for-profit organisations. The way employees with whom customers physically interact perceive their organisations' service climates are related to the service quality perceived by those organisations' customers (Schneider & Bowen, 1995). The effect of employee loyalty on firm profitability through service quality, customer satisfaction and customer loyalty is robust under different scenarios of employee– customer contact level, market competitiveness, and switching cost in service firms (Yee, 2009).

3.4. Competitive advantage

In competitive environment, firms face the need to be increasingly adaptive. Effective entrepreneurship helps a firm position itself such that it is capable of properly responding to the types of significant environmental changes. While often able to establish a certain level of performance based upon existing resources, (strategic) entrepreneurship can serve as the means through which firms simultaneously exploit their current competitive advantages while exploring for future opportunities (Ireland & Webb, 2007). A unique value in services is believed to deliver competitive advantage to economies as a whole as well as to individual companies. But how do you create this value as a competitive advantage? Previous research addresses how organisations adapt to their environments and develop competitive advantage. According to Porter (2001), competitive advantage is the way of creating value for customers. This value is the price that customers are willing to pay and the competitive advantage grows fundamentally when this value exceeds the manufacturing costs. Superior value, and thus advantage, originates when a company offers lower prices than its competitors for equivalent benefits or when it provides unique benefits that more than offset a higher price. These aspects are also known as cost leadership and differentiation respectively and they form the basic principles of Porter's theoretical framework. The cornerstones of creating value are making right choices and committing resources in such a way that competitive advantage is obtained in the marketplace (Narayanan, 2001). The principles underlying these choices are: objectives (competitive advantage) as input for the drivers (as well (1) the market as (2) technology dimension (between the environment and firm) what will finally lead to the decision criteria and focus of the firm, finally leading to form the strategy of a firm. Better service design provides the key to market success, and more important, growth (Shostack, 1984). Drejer (2003) notice in their research, that the understanding of innovation in services has suffered from the popular notion that since many services are performed with a particular customer in mind, and sometimes in a close interplay with the customer, every service delivery is unique. The notion of standardized services (Tether et al., 2001) has relieved at least part of the services from this uniqueness-characterization, but even customer-fitted services consist of combinations of well-defined elements which can remain unchanged or which can be subject to development and thus innovation (Drejer, 2003). The results of a consumer survey in lend support to the above-mentioned argument that different types of pharmacies (independents, mass merchandise, food and drug chains) use different competitive priorities: service level, information, and speed (Consumer reports, 1999). Since a competitive advantage is hard to sustain unless it is based on resources that are valuable, rare, imperfectly imitable, and not easily substituted (Barney, 1991), retail pharmacies need to have a strategic, long-term focus on the development and delivery of new and innovative services to stay competitive in the long run. Innovation in general, and in service industries in particular, leads to better company performance in terms of revenue growth. In the case of more mature and established services, sales growth does not simply come from being able to offer low prices but also from a variety of non-price factors, such as design and quality (Baden-Fuller and Pitt, 1996). Apart from financial benefits, the literature above described above reveals some other benefits for service firms, like creating customer value (e.g. Narver and Slater, 1990) and increasing strategic success (Kay, 1993). Service firms can embrace changes to their services to improve their market performance and efficiency and, ultimately, to benefit both producers and consumer (Bakos, 1998; Wymbs, 2000; Garicano and Kaplan, 2001; Hackbarth and Kettinger, 2000). In line with this phenomenon, Yee (2010) finds that service quality has a positive influence on customer satisfaction, and therefore leads to a higher profitability because customer satisfaction has a positive impact on firm through to a number of reasons. First, customer satisfaction enhances customer loyalty and influences customers' future repurchases intentions and behaviours (e.g., Stank et al., 1999; Verhoef, 2003). When this happens, the profitability of a firm would increase (Anderson et al., 1994; Mittal and Kamakura, 2001). Second, highly satisfied customers are willing to pay premium prices and less price-sensitive (Anderson et al., 1994). This implies customers tend to pay for the benefits they receive and be tolerant of increases in price, ultimately increasing the economic performance of the firm (Yee 2010).

3.5.Conclusion

3.5.1.Combining the constructs

How an entrepreneur perceives changes and reacts on their changing environment is essential in staying competitive in the market position. A pharmacist therefor needs to know what is happening on the market to be able to react on changes. Environmental change is often seen as a driving force for organisational innovation; the entrepreneur adapts to the environment and makes adjustments to involve changes for the creation value what eventually can improve their competitive posture. Changes in services are essentially a value-creating activity that drives market orientation and performance (Slater and Narver, 1995). The market perceived value through adaptions in services, in terms of the specific advantage offered to the customer, is, indeed, the firm's competitive market advantage (Chapman et al., 2002). **Based on this framework, there can be concluded that an entrepreneur can react on the change in their environment to adapt their business in the delivery of a unique value for the creation of their competitive advantage to the market (see figure 3).**

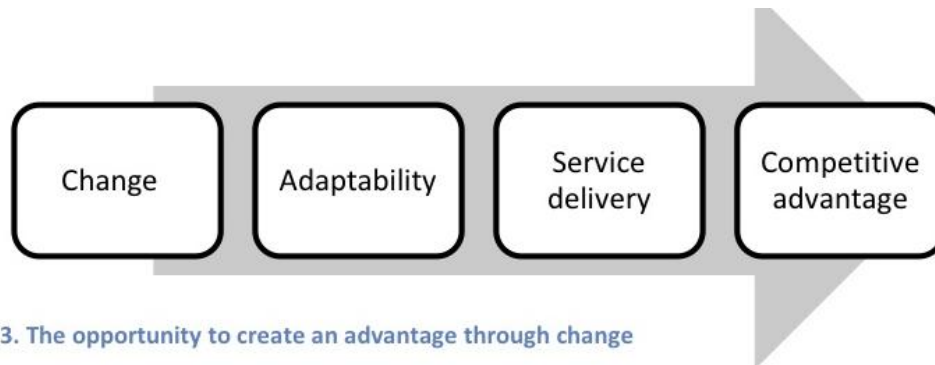


Figure 3. The opportunity to create an advantage through change

Applying those theories to the pharmacist few remarks are relevant. Different definitions from the entrepreneurship field exist but they show both the complexity and lack of cohesion between academic researches (Gartner, 2001). There can be focused on the traits of the entrepreneur, as the entrepreneurs behaviour dynamic and influenced by environmental factors, or on the type of entrepreneur (Cope ,2001; Ucbasaran et al, 2001). There are many different types of entrepreneurship dependent on their business and personal circumstances. But an entrepreneur often can be seen as an innovator, one that introduces new technologies into the workplace or market, increasing efficiency, productivity or generating new products or services. The entrepreneur is a highly creative individual that imagines new solutions providing new opportunities for reward (Deakins and Freel, 2009). To Drucker, entrepreneurs are managers who perform their roles in an entrepreneurial way, their primary focus being change rather than maintaining the status quo. The pharmacist as a person is an entrepreneur in the possession of a own business, assuming significant accountability for their own risks and outcomes. But the pharmaceutical market is an institutionalised field what makes it harder to innovate (Greenwood and Hinings, 1996). Therefore it could be that a pharmacist is not exploiting their creativity as other entrepreneurs do. From the general opinion in newspapers and attitude of different employee organisation, the pharmaceutical market is an different market then the general businesses. Out of the discussions in media those pharmacies often have resistance to change and are not willing to participate. Pharmacists operate in a market of health care, which mostly have formed a consensus of their primary role in society; the purpose being the supply of medicine to the population. But the pharmacist can be seen as a 'social' entrepreneur in health market, having their own business and responsibility for culture and organisation in the delivery of medicines to the patient. Men would expect that in a way through the changes of the market, the pharmacist is looking for those opportunities to adapt and exploit. For example this would indicate for the pharmacist that because of the current changes such as increasing competition and more demanding customers, they could create or adapt their services or invest in products for an extra value for customers. In this way they can gain advantage on the market, to outclass their competitors in order to survive the changes through a better market positions. Simple adjustments in service such as longer opening hours or special promotions in prices, products or specialized care for patients can distinct a pharmacist from others. There are pharmacist organisations that reward the most innovative pharmacist of the years, so it does live up to that expectation (KNMP, 4th march 2010). In another way a pharmacist can be seen as care delivery maintaining their traditional medicine prescription. It is heard that therefore some pharmacists do not want to exploit their business and do not have an entrepreneurial mind-set (l'Oreal, 2009). In conclusion how a pharmacist reacts on the change is debatable. There are opportunities to adapt and create value in services or products and there are certain seen to be more and more pharmacist who exploits those opportunities. This

could lead to their competitive advantage on the market through an increased consumer satisfaction. Especially now some pharmacist getting behind because they are more traditional in their business approach, research can clarify the motives and the pharmacist could evolve their value to the customer through their service and a broader assortment for a better position on the market by improving their service climate. In which ways the pharmacist improve their services to create more value for their customers to improve their market position in order to survive is questionable. It starts with the question of every pharmacist is open to those changes and could create this environment of change and opportunities. The success of the adaptability from the pharmacist can be dependent on their reaction on those changes. The challenges can vary based upon social entrepreneurs' motives, the resources needed to pursue their ambitions, as well as the governance and control mechanisms employed to regulate their behaviours (Zahra et al, 2009). Therefore the scope of this research is to explore the orientation of entrepreneurship of pharmacist in their ability to adapt to market changes. To answer those questions there is a (1) need to categorize the changes in governance and control mechanism into points of attention, and (2) investigate how the pharmacist entrepreneurial motives are affected through those changes and (3) how this relationship accounts to the pharmacist market. Through examine the role the pharmacist plays in the market, the customer and network of the pharmacist give a picture of where the value of the pharmacist is created and what their resources and capabilities are in relation to each other.

3.5.2. Research design

In this paper we focus on the ability of the pharmacist to conduct a competitive advantage for surviving changes in a more liberalizing market and demographic changes. **To answer the question how a pharmacist react on the change in their environment to adapt their business in the delivery of a unique value in their services and products for the creation of their competitive advantage to the market, this paper distinguishes two studies.**

The first study answers the first essential part of the research, to explore the changes of the market environment and the description for exploring the market through a document study and motives of the pharmacist itself to discover the differences in their entrepreneurial and market orientation through interviews (see figure 3). The aim of this study is to (1) explore the changes in the market and value creation of the pharmacist and (2) investigate which changes in the pharmacist environment occur that are of influence of the value of the pharmacist. To categorize the changes into points of attention the direction of the research can be determined.

To investigate the current market and their value, this exploration focuses on the current changes, and the organisation of the services of the pharmacist through the lens of the business model. It gives insight in the network and resources of the pharmacist to shape a clear picture of the market position and value delivery of the pharmacist capabilities and motives based on information from different professional pharmacist organisations. Those results are tested in interviews of the pharmacist themselves to explore qualitative the relations and influences between the different constructs for stage three (3) the investigation of the relationship and attitude pharmacist in services and products. In analysing the results the most important points of attention are discussed. The qualitative study resulted in further specification of this research question to make it suitable for the quantitative research in study two to test those with empirical data.

To make general conclusions about the relationship between the constructs, quantitative research can provide empirical evidence to support the finding of the first study. Study two focuses is based on the constructs operationalized in the first study to test if the relation between the constructs of their orientation to react on the change to improve their climate in order to create unique quality service and the role of *the pharmacist products* to the customer to improve their market position in terms of performance is applicable on the whole market. This is the second part of stage three (3) to gain empirical results for the relationship and attitude pharmacist in services and products and (4) results of the service quality the performance under change. It answers the second part of the research, and deepens in the way the business culture of the pharmacist results in surviving the changes (see figure 4). Their business culture (i.e. the entrepreneurial and market orientation) can perceive changes on a conscious and unconscious level, depending on the ability or perhaps characteristics of the entrepreneur to adapt for improving their financial and other benefits.

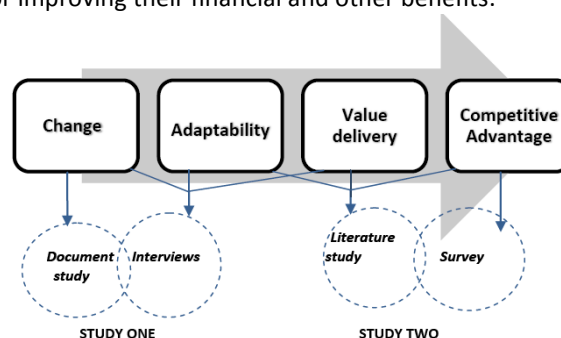


Figure 4. Research model among relations of constructs

STUDY ONE

Document study
and interviews

4. STUDY ONE

The theoretical framework showed a relation how environmental changes can be an opportunity for entrepreneurs to create extra value in adapting themselves to the market. To see how those relations are applicable on the pharmaceutical market in a practical and theoretical way, this relationship is investigated before testing the results for empirical research. The reaction to change could be an opportunity for the future for the health care market but it is debatable how the pharmacist reacts on the changes and which way they want to go. An investigation of the current changes can answer how a pharmacist sees those changes and what the differences are if they are able to adapt themselves or refuses to react. In order to create value this exploration focus on the current changes, and the organisation of the services of the pharmacist through an analysis of the business model to operationalize the constructs of change, adaptability, and value delivery of the pharmacist. Therefore the next step is to explore how they open they are to the change, and if they want to adapt their business to react to those changes. Those results are tested in interviews to explore the relations and influences between the different subjects to formulate the role of the pharmacist as an entrepreneur and apply the theoretical framework to see if the relationship is applicable in the pharmaceutical market and wherever the constructs and relationships needs to be adjusted.

4.1.Document study

The pharmaceutical market is an institutionalized field what makes it harder to innovate (Greenwood and Hinings, 1996) and out of the discussions in media those pharmacies often even have resistance to change¹. In this chapter those changes are discussed, and the role of the pharmacist to respond on changes is explored. A construction of the business model (Osterwalder, 2005) operates as a point of view to describe the value creation and delivery in the market of the pharmacist. It is answering the questions for whom and how the pharmacist creates value, and how their positions exist on the marketplace as lens for the interviews. The changes are then orientated into four constructs of environment-, technology-, legal- and social changes. This document study conducts the facts and figures about the market changes, and how a pharmacist creates value in their market, network and customers, serving as framework for further research and the structuring of their market position. Changes in the market are described through an extensive search in recent documents of the NZa (Nederlandse Zorgautoriteit), KNMP (Koninklijke Nederlandse Maatschappij ter bevordering der Pharmacie) and SFK (Stichting Farmaceutische Kerngetallen) between 2008 and 2010 available through L'Oréal.

4.1.1.Results orientation business model

Business is fundamentally concerned with creating value and capturing returns from that value, and a model is simply a representation of reality (Schaffer, Smit and Linder, 2007). Therefore the business model is used in this thesis as a representation of a firm's underlying core logic and strategic choices for creating and capturing value within a value network to explore how the pharmacist creates their value in to their market. The conceptual tool of Osterwalder (2005) is used to investigate *"the set of elements and their relationships and allows expressing the business logic of a specific firm"*. The creation of value and the capturing of a portion of that value occur by mediating between customer needs, organisational resources and capabilities, financial arrangements, and technological possibilities (Chesbrough & Rosenbloom, 2002). The business model of the pharmacist is evaluated to see how the value is delivered through their products and services, and there is investigated how the pharmacist uses their resources and capabilities in order to develop their services which can lead to adjustment for a better competitive advantage on the market. Six points of attentions arise adapted from Morris et al. (2005) to focus on the six questions of components concerning the value proposition, the customer, internal processes and competencies, and how the firm makes money. Osterwalder's model (2005) of a business model is a *"description of the value a company offers to one or several segments of customers and of the architecture of the firm and its network of partners for creating"*, and therefore is useful to illustrate how the value is created and investigate the pharmacist resources and capabilities.

CREATION OF VALUE

(1) For whom will the firm create value?

Target customers

In some countries in Europe, the rise of consumerism is regarded as one of the fundamental developments shaping health service delivery. The sociological literature outlines some of the conceptual distinctions, which can be made between the respective roles of the 'patient' and the

¹ Headlines newspapers such as Noorhollands dagblad (*Apothekers zijn boos, maar ze houden het wel graag netjes bij actie, gepubliceerd op 10 juni 2008*), de (*het apothekersclubje is boos; 16 januari 2009*), Binnenland nieuws (*KNMP vreest voor voortbestaan apotheken; 1 juni 2008*) or Trouw (*Apothekers moeten veranderen, voor de patiënt; 19 mei 2008*)

'consumer' of health care. This can be the customers/patients from medicine as well the occasional shopper for dermo-cosmetics or OTC-products. Still, the target customers of the pharmacist are those people who need advice or service on medical grounds. Through a growth in the population, followed by the increased aging of the population, market share is growing on medicines and the number of customers is increasing. Where the patient often comes in the pharmacy through prescriptions of a doctor of hospital, the manufacturer often is contracted with the health insurances.

a. Delivery of products and services

Pharmacists deliver their products mostly in their pharmacist over the counter after helping with the prescription. Home delivery is an essential way of the delivery of products for returning medicines or for senior citizens who are more fragile or weak. An important movement is prospect of the internet pharmacies. The National Pharmacist started cooperation with the TNT post in 2008 with a home delivery. But also large regular pharmacists are covering those services through the internet (SFK, 2008). Pharmacists are prepared to provide care and recognize OTC as political necessity, but they still see many barriers in practice because OTC products do not fit the picture of the original pharmaceutical care. Nevertheless pharmacists have some autonomy when making decisions about 'over-the-counter' (OTC) sales, while it has no of less autonomy over prescribing. Within the broad limits of its purpose, each organisation chooses a mission that can be described in terms of products and markets, services and customers. Over the last fifty years the pharmacy, for example, has redefined its mission, shifting the emphasis of its operations away from the production of medicine to the support of pharmacotherapy and the provision of information, in order to improve drug use. The purpose of an organisation is its primary role in society; the mission of an organisation is the unique reason for its existence. It is well known that missions can be translated into various objectives that an organisation must reach in order to achieve its goals. For example, individual pharmacists can assert their own interpretation on the mission by stressing one or more objectives. The objectives may be described by the productivity of the pharmacy, the quality of the services given to the customer, or a variety of other ways; care, service, advice, quality, revenue or a focus on customers. Pharmacies can conduct their own prices on OTC products. Through a new preference policy after 2008 for individual health insurances, pharmacist can only charge the cost for the medicine and not as it used to be the after tax-buying price. The health insurance compensates *only one producer* for multi-source medicines produced by more than one, because there were too much bonuses, discounts and agreements between the pharmacist and health insurance companies for choosing their products

b. Customer relationships

A person can choose their own pharmacist, but Dutch patient or consumers of pharmacist are in general loyal to one pharmacy, leading to rather complete patient medication records, patients are historically closely linked to one pharmacist but nevertheless it is allowed to move around to seek medical treatment, especially outside office hours. Most shoppers visited in this research only one other pharmacy. This 'light' shopping behaviour is probably at least partly related to required pharmaceutical (and medical) treatment outside office hours. Pharmacists' professional roles have matured to include provision of information, education, and pharmaceutical care services. These changes have resulted in a focus on collaborative pharmacist-patient professional relationships, in which pharmacists and patients both have roles and responsibilities. Information sharing reflects the idea that pharmacists have an obligation to provide information to patients as they interact in the relationship. Responsible behaviour captures the idea that the pharmacist has duties and responsibilities in the pharmacist-patient relationship.

(2) *How will the firm create value?*

c. Business

The business of the pharmacies lies in the health care sector; pharmacies, as well as other organisations, mostly have formed a consensus of their primary role in society; the purpose being, for example, the supply of medicine to the population. The economic framework of health care is a key determinant of the nature of pharmacy practice. Pharmacists have a public and private provision of health care, and this is reflected in the provision of pharmacy services. There are fundamental differences in how medicines are paid for, and especially whether patients pay for their medicines in full, in part, or not at all.

1. Value proposition

One of the challenges expressed in many contemporary pharmacy practice environments is demonstrating the "value" that pharmacists provide beyond pharmaceutical product procurement, preparation, distribution, and fulfilment responsibilities to patients. This value proposition is about care and service, good quality of the provision and use of medicines. Pharmaceutical care is seen as the control that *the patients get the right advice, service care and medicines at the right time.*

2. Products

The goods of the pharmacist depend out of the delivery of medicines with service and advice. Next to medicines, OTC pharmaceutical products are an important product category in the pharmacy. While it seems to have a dual function in the pharmacy it is generating extra revenue for the pharmacist, and result in customer relations and enhanced service experience. It can be an addition to the pharmacist, owing to the product closeness and the possible need for advice and the offer of supplementary. Only because of the fear of becoming a supermarket and being too commercial as a pharmacist, the pharmacist is critical in selling products who are available outside the pharmacy and prefers care and health related products, because care and service is the most important aspect that they strive to achieve in their profession. In a focus group research of L'Oréal Cosmétique Active Division in December 2009, pharmacists generally from a care perspective and it forms a key condition for a pharmacy. The assortment distinct three categories; products of the basic-, related- and a supplementary- assortment. The first category includes products only sold in the pharmacist. These are often UA- (unieke apothekers) products, only for sale in the pharmacist. Second and third categories are related and supplementary products, focused more on the role of advice instead of care and are less relevant to a pharmacy. Besides their frequently appealing margin, supplementary articles are sold especially from a service perspective. Nevertheless, OTC products appear to be common and indispensable in today's pharmacy and are perceived to offer an added value for both the customer and the pharmacist. Offering OTC products is primarily perceived as a service for the customer, and more and more expect the offer of additional articles at the pharmacy. Sales of OTC medicines like painkillers through the pharmacy are relevant; the pharmacy can offer guidance in the form of advice, certainly when the products are used in combination with other medicines. Dermo-cosmetics products are an important part of the OTC products. They are successful at the pharmacies and, for most of them, are responsible for the highest revenue within the total OTC range. In the past few years dermo-cosmetics have increased in importance and trigger higher revenues. Moreover, the sales of OTC articles can trigger extra revenues for the pharmacy but the pharmacist are satisfied that this is a small part of the total revenue. The products of La Roche-Posay and Vichy are both part of the assortment of many pharmacists, but are perceived as products in the related and supplementary assortment. La Roche-Posay is focus on skin diseases and serves as adjunctive therapy for certain use of medicines. The products can serve as therapy for skin diseases such as roseac, acne, and eczema. Because LRP push their products to the consumer through advice from dermatologist and pharmacist, the medical relation is relevant to the pharmacist. Vichy focuses more on the healthy skin, and therefore is less relevant for the pharmacist. Those products are especially as a service to the customer, and focus more on beauty of the skin and being healthy.

Vichy is responsible for most of the earnings in a pharmacist having around the 90% market share in pharmacist sell-out of dermo-cosmetics products (L'Oréal, 2009). La Roche-Posay has the second place almost together with a few percent with Eucerin (both around the 4/5 percent). Eucerin is the biggest competitor of La Roche-Posay claiming as on the dermatologist-recommend skin care brand. Other smaller brands vary from Avene, ROC, Bodyosok, Louis Widmer, Netrogena and in-house pharmacist brands (L'Oréal, 2009).

MARKET PLACE

(3) How will the firm positions itself in the marketplace?

1. Efficiency

Also in the national government of the Netherlands is influenced by European regulation in the pharmaceutical industry. Regulations are adapted through neighbour countries and European guidelines. The government regulation in the Netherlands and her cost management policy within the pharmaceutical market is heavily controlled. The government is struggling to liberate the pharmaceutical market for more competition and the management of the cost of medicine is a central theme in healthcare regulation.

2. Partners

The pharmaceutical sector exists of different parties involved. Doctors, specialist, nurses, assistants, pharmacist and of course the patient make existents in the field of pharmacy. The pharmacist with the apothecary and his or her assistants are important for the whole pharmaceutical sector. Pharmacists finish the chain as mentioned in the first paragraph with their advice to the customer, for individual use of the products and medicines. A pharmacist is seen as an extramural provider of pharmaceutical care. The patient receives their prescription from their doctor of specialist that can be delivered out of the pharmacist. The pharmacist can get their medicine from the manufacturers receive the medicines on their turn of the industry. Health care is delivered to the consumer of health who is paying a certain amount of money to the health Insurances. Most of them are contracted with pharmacists;

they do not have to pay at the counter and to decrease the cost of medicine declare to their insurance. In those contracts agreements between the payments of cost of the insurance company are established.

3. Network enterprise

The network of the pharmacist exists of a care provision market, an insurance market and a financial market. This network exists out of care providers, care insurances and care askers involved. They are not necessary direct involved with each other and are not active on the same markets. The care provision market is an individual market existing for individuals who needs health care from a care provider. Care providers are pharmacist, hospitals, dermatologist, etc. The pharmaceutical sector has original been characterised by an almost pure managerial way of thinking, convincing specialists to work as team players (either managers or subordinates) without the independence, deference and power usually granted to professionals.

The actors in pharmaceutical policy represent numerous interests and include representatives from government, the pharmaceutical industry, professionals (such as pharmacists, physicians, nurses, pharmacy technicians), and the public (for example, political- and patient organisations). The pharmaceutical industry makes the field quite specialised compared to health care, because of quite a different relationship to management.

(4) *How will the firm make money?*

1. Revenue model

The turnover of the pharmacist in the Netherlands lies around the 2.470.00 euro. Those prices are decreased compared with 2007 of course through the decrease of prices of generic medicine in the preferred convene. From this part 19% (€ 477.000) is as a compensation for the pharmacist as it has been in the past. Another component is the cost of material which lies around the € 1.993.000. Concluded is the most important part of income the compensation for the medicine (average of € 460.000) as a fixed income in 2008. The pharmacist can contribute income from products and medicine outside the WMG. These are product sometimes available in groceries and supermarkets. In 2008 the number was a 3600 times for a amount of € 61.000. This is €17.000 variable. The turnover is hard to predict only on numbers of the prescriptions because the one medicine can be a lot more expensive than the other.

2. Cost structure

The management of the cost of medicine is a central theme in healthcare regulation. The tariffs from pharmacist are changed a few times and from the 1st of July 2008 adapted to a uniform tariff structure, with a different reimbursement for service and subscriptions. The cost of the pharmacist from practice and income is compensated trough the income reimbursed by medicine prescriptions. Before 2009 this compensation of cost therefore was bases on a research on the cost made by the pharmacist. This norm of income was established on the social burden, insurance and pension compensation. In 2009 the NZa decided that the norm income is € 108.064,- which is corresponding with a €63.000 each month. As concluded in paragraph 2.1 the tariff is changed in 2009 in a flexible rate. Variety from € 7,28 to € 7,29. While the SFK (Stichting Farmaceutische Kerngetallen) finds this an unrealistic compensation, the NZa finds this a realistic compensation to stimulate the pharmacist for a minus 8% under the cost. This to stimulate the pharmacist to enlarge the flexible tariff they can earn in negation with insurance parties. The last year this ratio is increased to € 7,91 for the year 2010.

In conclusion in answering the question there can be acknowledge that a pharmacist creates value through their services in their medicines preparation and supply and in their advice and role in recommending extra additive products to help patient with medical problems. Services in their pharmacy to the patient on recommendation of the doctors as well for occasional shoppers and through consumer of special pharmacy products achieve their value propositions. There can be concluded that a pharmacist delivers their value to the customer through their positioning in (1) services as well (2) products (see figure 9). They position themselves as a specialised network in the health care with and close bonding with their network. There income is dependent of the government subscription rule, and through new policies their model appears to be changing. Bonuses and preferred agreements with insurances companies and suppliers have history and the prices dropped their income significant. Previous year(s) that been a lot of change in the pharmaceutical market. The preparation of medicines by pharmacies is becoming less important. Medication-control has improved significantly through to the use of computers in the pharmacy. In many countries cooperation with prescribers and patient guidance have also become important aspects (Muijrs, 2003). Netherlands aims a lot of change in

de government regulation of healthcare and technology is evolved in the pharmaceutical care. To explore those changes the next paragraph explores the influences on the business of the pharmacist.

4.1.2. Exploring the pharmaceutical change

Changes in the market are described through an extensive search in recent documents of the NZa (Nederlandse Zorgautoriteit), KNMP (Koninklijke Nederlandse Maatschappij ter bevordering der Pharmacie) and SKF (Stichting Farmaceutische Kerngetallen) between 2008 and 2010. The SKF published yearly the most important fluctuations of the market and noticed some of the most important changes as being developed for 2009 through; a shifting to more expensive medicines, a shifting from hospital healthcare to patients homes, the access of new medicines, the population who's getting older, the growth of the population, higher market share of community pharmacist. Those changes are part of the social, technological and market environment of the pharmacist (see figure 5).

Social changes

- > The composition of the population is changing and the prediction is that 2020 the amount of people over 65 is increased to 20%, and in 2010 with 15% (SKF, 2009). With this older population, the cost for each person rises and the role of care is changing of the differentiation between older and young people.
- > Internationalization; the national government of the Netherlands is influenced by European regulation in the pharmaceutical industry. Regulations are adapted through neighbour countries and European guidelines. The government regulation in the Netherlands and her cost management policy within the pharmaceutical market is heavily controlled (NZa, 2009).
- > Individualisation of people results in more differentiation in care specific to persons and less in a collective way. There is more individualisation, more to choices between the individual people and wishes and more independency. A patient wants more specified care for their problems and though they information on the internet, people are more informed and aware of the possibilities. Therefore are self-evaluation test on the internet very popular, and not only non medical products but also online pharmacist are increasing (NZa, 2008).
- > Immigration of consuming habitants increases the use of medicines and changes the medicines. Cultures have different use of medicines and need for care.
- > Increase mobility. It is getting more easily for consumers to switch between pharmacist, hospitals etc. Competitive forces therefore rises. Besides there is a increased competition, the patient can easily compare different care provider or pharmacies services
- > Information and Internet. More and more people inform their health on the internet to know more and for preparation to doctor visits. A lot of information is available on diseases, medicines and experiences of patients with health providers,. Because of this, the relation between patient and physicians will be more equal and patients will be more assertive (Pharmaceutical weekblad, 200). Also it makes the comparison easier between competitors of healthcare providers.

Technological changes

- > Also technological changes play an important role. In pharmacies there is an expansion of robots in the logistic process and in the development in with other stakeholders and customers. No pharmacist has all the technology at themselves, and in Japan robots even replace human assistants! Technological developments and innovation in the healthcare sectors are continuing. Those medical technologic can improve the healthcare position but can also bring more cost and budget.
- > Improving technology can by adapting medicine therapy to individual need, but the use of systems like electronic patients file can contribute to medication loyalty. A pharmacy uses technology to improve the supply, adapt to individual need etc.
- > The internet developments short discussed above has a significant influence. The number of internet pharmacies is rising and creates more competitors for the regular pharmacies. Not only doe consumers apply for OTC medicines and products but also with medicine with a need for a prescription. The internet is a important channel for patients to inform about medicines and diseases, for advice on disorders and for checking insurances and prices. But from research of the Dutch Consumers Association, customer prefers the regular pharmacy over internet pharmacies (Pharmaceutical Weekblad, 2007).
- > Supply of medicines. Trough different developments in robots and arm, the preparation part and supply of medicine is also changing. Other trends like technological innovation in electronic patient's dossiers, expert systems are rising and the value of the pharmacist is threatened.

Legal changes

- > The government is encouraging the liberalization of the pharmaceutical market, and is decreasing the regulation of healthcare. From an original orientated health market there is a mix between public and private care, with a authority of private hospitals and insurances. There is a large scale of dependency between the government, market, care providers, pharmacist and consumers.
- > In 1999 the pharmacy market is liberalized by the government which resulted in a free entrance of the market (KNMP, 2008). It is often heard that pharmacist are too passive and need to react on the changes now (Pharmaceutisch Weekblad, 2006). Because this competition is increasing it can be expected that the consumer will be more freely visit other pharmacists. The consumer is becoming more assertive and will demand more on service and counselling (information on the internet).
- > Trust increases the Dutch health care. The population was six years ago pleased with the health care, while now it is only 74% is satisfied (SKF, 2006). Reasons conducted are the waiting lists, high working pressure, and complaints about the bureaucracy. Nevertheless while the government regulation is reducing, the request for the government opinion tends to be growing.

Economical changes

- > The cost of health care and medicines and increasing. With every year medicines expenses are increasing with 9%-10%. The shift of the use to more expensive medicines has to do with demographic factors (population getting older), the new medicines in insurance, increase of care from home instead of hospital, and the increase of chronically use of medicine (SKF, 2008). For 2009 a small decrease in growth is showed, through the preference policy and economizing through minister Klink on sleep pills.
- > Through the increase of more expensive medicine use with 20,7%, pharmacist will have a lower income profit. This growth will pass the regular pharmacist (SKF, 2009)
- > Through government regulation, prices of medicines subscriptions are dropped from 1996 with 45%. In 2008 a decrease of 10% is expected. Through the preference policy from insurance Menzis, UVIT, CZ and Agis, the prices of generic medicines are in 2008 decreased with 90%. Therefore the purchase preferences of a pharmacist disappeared and are some in financial discontinuity.
- > NZa expanded the subscription substitution for 2009, but this is not for a full compensation of the cost. The maximum is not applied on most pharmacies.

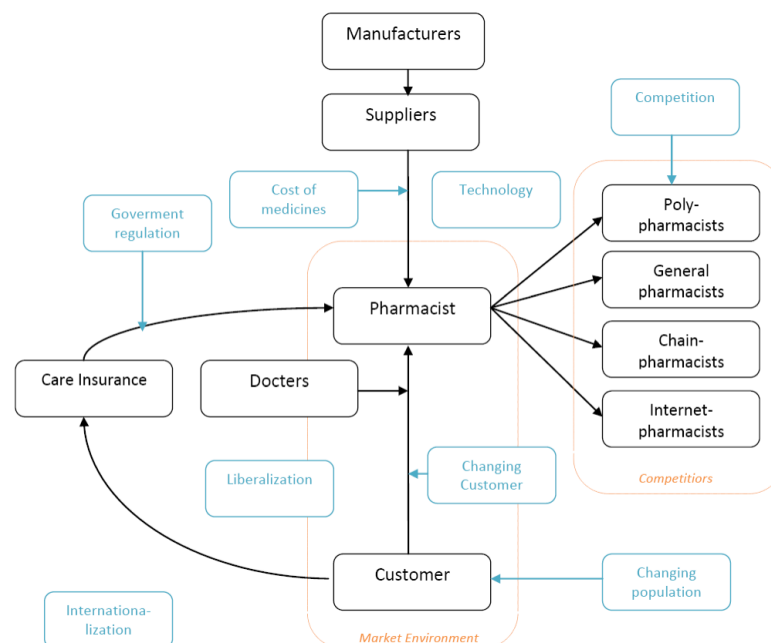


Figure 5. Overview of changes of influence to the pharmaceutical market

4.1.3. Conclusion

In conclusion of the document study, the external pressures as categorised in the (1) legal forces, (2) social change, (3) technological change, and (4) economical changes showed the influence who are (in)direct or indirect of influence on the business of the pharmacist (see figure 6). These findings implicate that the pharmacist could adapt to those changes in developing their market position through services or products. The document study explored the changes and the model, showing that the pharmaceutical market is regulated through government control what could decrease the entrepreneurial mindset of the pharmacist or challenge new opportunities. Those changes could have influenced the role of the pharmacist to the patient or impacted their work experience. Also the business model configuration illustrated an abstract picture of the value delivery of the pharmacist. It demonstrates the value proposition, focused on the health care of the patient and delivers their value creation in their (1) service and (2) products of the consumer (see figure 6). This value is delivered to different segments of target customers, the patient and the 'shopping' consumer of the medicines but also in their services as products assortment, recommendations or advice. Through the contact with the patient, the customer relationships are important and their role is focused on the satisfaction of the patient in their experience of noticing changes in the customer needs. To deliver value in their products and services to the market and customers, the business model showed some conflict in commercial with care and service. Further research needs to be achieved to see how the pharmacist set-up their pharmacies and which types of services and products do they offer and their willingness to even wants to change. Does the pharmacist have a clear vision or mission to create value or a competitive advantage and do they identify their market segments? The can investigate how entrepreneurial the pharmacist is oriented through their commercial and business aspects of their care and entrepreneurship to discover some clear differences. In the marketplace, the pharmacist has to deal with different actors, most important the government and the insurance companies. The sketch of the business model serves as lens in through the changes can be illustrated and as representation of the pharmacist underlying core logic and strategic choices for creating and capturing value within a value network. Also their colleague pharmacist plays an important role. The pharmacist could develop those changes in the future, but how do the pharmacist think about the changes in regulation and climate. Do they reckon a change in their business and the types of services and products they could be offer, are they afraid of more competition or do they see the use of expanding their over-the-counter products? Concluding, by using the business model to fill in the different components two questions of the six (Morris, 2003) still remain unanswered, how creates the firm sources of advantage and what are the entrepreneur's ambitions? To answer those question the following constructs and there relations are being explored in the perception of change, their adaptability, the way of value creation through their services and products and the idea of competitive advantage (see figure 6). The challenges can vary based upon social entrepreneurs' motives, the resources needed to pursue their ambitions. Because the goals of social organisations are deeply rooted in the values of their founders, balancing the motives to create social wealth with the need for profits and economic efficiency can be tricky (Zahra et al., 2009). An exploration on how the pharmacist tries to react on the changes though with sources to create an advantage and how the pharmacist ambitions are in relation to take changes and risks to their business. The interviews aim to see how the pharmacist experienced internal change in their value proposition changes the previous years, how the pharmacist adapt their offer to the market, and if they innovated their infrastructure or their customer interface to the patients. It gives information about the reasoning of the pharmacist, and the points of attention of the feelings and background of the market changes.

The framework from previous chapter would suggest that if pharmacists notice the changes they could adapt to their market to deliver value to their market in their services to the customers in giving medicines and offer help to the patient in giving advice about products. Because the role of the entrepreneurship is debatable of the pharmacist, the role of their orientation is investigated to see if those differences exist and how this could relate to their services and products. The next interviews are performed to see how a pharmacist uses their services and products as sources to a competitive advantage. It investigates how the pharmacist entrepreneurial motives are affected through the changes in the value delivery to the consumer. To what extend is it possible for a pharmacist to react to the changes mentioned in adapting themselves, and how does this affect their delivery of value is central in the interviews.

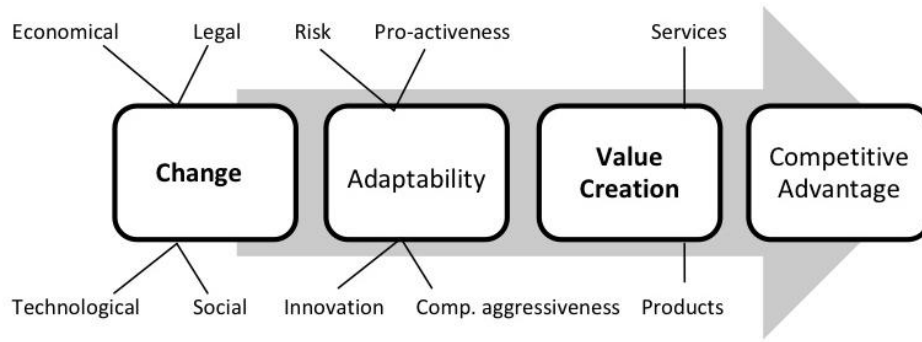


Figure 6. Elements influencing the process of the creation of an advantage through the reaction on changes

4.2. Methodology

4.2.1. Sample Interviews

To explore the results a sample is used for in-depth interviews to describe and conceptualize the variety of the pharmacists, and investigate the relation between the formulated constructs in the framework. A small sample (N=5) of pharmacists in community and independent service were interviewed to see which relations and differences in business culture existed in their adaptability of change. The choices for the interviewed pharmacist were based on their characteristics to create a representative sample; they are each other's opposites when it comes to work organisation, neighbourhood and size. Three pharmacist were established in Utrecht, one in Amsterdam and the last interview is performed in the head office of one of the larger chain pharmacies in Baarn. This chain pharmacy of LLOYD's pharmacists is located all over the Netherlands with more than 60 pharmacists. The pharmacist in Amsterdam and one in Utrecht were located in the middle of the centre of the city, while the other two were located in a residential area in a variety in size.

4.2.2. Measurements

For further research of the perspective of the pharmacist, semi-structured interviews are conducted to investigate the above practical knowledge of the framework from the document study how the pharmacist sees the change, how they are trying to adapt to those change, and through which services they create value to sustain competitive (see appendix 8 for all of the results). In this way, the interviews gained more in-depth information about perceptions, insights, attitudes, experiences, or beliefs of the pharmacists to explore the relationships and relevance between the constructs. Four constructs are formulated from this research based on the theoretical framework and information from the document study for empirical testing of the relation. Those constructs are orientated on the interviewed respondent's perception of the (1) changes in pharmaceutical market, (2) creation of value in their pharmaceutical services and (dermo-cosmetic) products, (3) their willingness to react on change and how this results in (4) their business strategy.

The perception of change is analysed through the role of the pharmacist and their view on their commercial and business aspect on the business. Based on the theoretical framework the adaptability is measured through the way a pharmacist is willing to take chances in innovations and risk in their pro-active attitude to the market and competitors. The value creation is investigated in separated aspects also used out of the business model of Osterwalder (2003). For the results of value creation leading to their competitive advantage the services and products are investigated in a separate analysis to conduct more information about the brands and role of OTC in the pharmacist as well about their services. Because the outline of the interview was semi-structured, not all the questions are latterly asked, but functioned as a main line during the questions (see table 1). The framework of themes could be explored in a flexible composition, allowing new questions to be brought up during the interview as a result of what the interviewee says. For the compositions of those constructs of questions in interview form see appendix two.

4.2.3. Data collection

For the interviews a semi-structured approach was set up to collect data on most interesting point for attention. All of the pharmacist of Utrecht and Amsterdam were called to inform them about the research and if they would contribute in the interviews. Five of them responded positive and were willing to participate. The semi-structured interviews included an outline of the topics to be covered described above, but the wording and order of the questions varied in the interviews dependent on how the conversation went. The outline of the interview is shortly tested on the sales and category manager of L'Oréal (Mrs. Marieke Meassen and Dhr. Casper Theunissen), to see if the pharmacists could not get confused or misinterpret the questions based on business terms.

The objective is to understand the pharmacist's point of view about the subjects to see the relations between them than make generalizations about behaviour. The interviews use open-ended questions to gain as much information as possible and some raised naturally during the interview ("you said a moment ago...can you tell me more?" or "can you give me an example of that?"). The overview of collected data is attached in the appendix 8. During the interviews the conversations is recorded to be able to evaluate individual differences between the respondents' experiences and outcomes. For every interview the respondent's confidentiality was ensured, guarantee that information is accessible only to those authorized to have access of the university and L'Oréal. Before every interview there was clarified that the interview was recorded for analysing the results. If the pharmacist wanted, the possibility was given to check the results before using it, but none of the pharmacist demanded this.

4.2.4. Data analysis

A comparison between the results out of the literature and documents study of the pharmacists and the results of interviews gave more insight in the pharmacist opinion about their reaction on change. Analysing qualitative data is done in an inductive way, because it is important to understand the individual cases and be able to compare them. By using this method, in different stages the interviews are categorized into the constructs and codified for describing and working out of the results. The data is analysed through first transcribing the individual interviews in detail; writing down a summary of every interview. After those summaries an analysis was structured by making the categories in a schema in Excel to analyse the (1) perception of change, (2) their perception of their market position and creation of value through the business model in services and (3) OTC and (4) their adjustments to the change. Quotes are organized for every subject, for the purpose of supporting the statement of the summary. By making an inventory of characteristics of each category it is possible to interpret the same theme and compare fragments from different interviews. For the overall summary of the interviews see appendix eight.

Table 1 Overview of question formulated in theoretical constructs

CHANGE	ADAPTABILITY	VALUE CREATION	COMPETITIVE ADVANTAGE
Does the role of the pharmacist changed? What impact has this had on the way you work?	Do you think a change in your business and the types of services you could be offering, as a pharmacist is necessary?	What is your value proposition (vision or mission?) How do you create value (Difference in commercial goals and care)?	Do you feel that commercial choices are in conflict with care and service?
How do you view your role in the total health system? How would you describe this?	How do you think that your business would look like? Take chances (Risk taking in initiatives)?	Which types of services and products do you offer?	How do you think your role will continue to develop and change in the future?
Has your job changed in recent years, (through to preference policy)? How?	Innovate (Do you have a competitive advantage? Use of internet or extra services?)	Do you feel that commercial choices are in conflict with care and service?	What is your revenue mechanism? Does the pharmacy have more revenue streams or a single revenue stream?
Have you noticed any changes in your clients' needs? How? Which needs specifically?	Take action in anticipation of changes (Pro-activeness in business initiatives in?)	How do you identify your market segment and how will you position yourself in the marketplace?	Do you have a competitive strategy? What is your internal or external source of advantage
Have you noticed any changes in your clients' needs? How? Which needs specifically?	Encourage independent activity by employees (Autonomy in OTC products or medicines)? Motivate employees to work hard and face challenges Respond to manoeuvres of rivals (Competitive aggressiveness or cooperation's)?	How is your network organized? What kind of partner do you work with?	

4.3. Results interviews

A pharmacist operates in a market of health care, which mostly have formed a consensus of their primary role in society; the purpose being the supply of medicine to the population. The traits of the pharmacist, and orientation of the entrepreneur behaviour are investigated through the influence of environmental factors. The results show that the challenges a pharmacist take vary based upon social entrepreneurs' motives to pursue their ambitions, as well as the governance and control mechanisms employed to regulate their behaviours. While the government regulation is changing, so does the behaviour of the pharmacist in certain cases. The attitude and behaviours are presented in the following paragraphs with the important aspects of change and their reaction to discover.

4.3.1. Changes

The changes recalled in the interview to be most effective on the pharmacist business are the environmental and consumer changes. The changes are being acknowledged but they way this control mechanism is of influence differ among their perception (for an overview see table 2).

- > **Environment:** From the interviews there can be stated that the pharmacist is unsure of the way to go; most have adapted a negative attitude about the change. The pharmacists are insecure about the future and have adopted a passive or negative attitude towards the changing environment. The implications of the changes in legislation and regulations are often not clear yet, but most are convinced that is like a train that just started. Nevertheless there are some contradictions in perceptions among the future.
 - Pharmacists about change; from *"the change is a lot of fuzz about nothing"* to *"it is hard to find a good way to go"* to *"now you cannot avoid the changes anymore"*.
 - Pharmacist about future changes; *"every pharmacist has their own way of doing their business" and "people think that they changes are almost finished but it is a train who just got started"*. Just like *"in previous years we were to awaiting, we had to get used to the new situation"* instead of *"the pharmacists are not putting their foot down"*.
- > **Consumer:** The customer is also interpreted differently. Change in consumer or patients are not often acknowledging as important through the pharmacists. Some think they shop easily around, and other are convinced that patients stick where they are. Most pharmacists do think that the service to the consumer changed, they emphasise on being the key role in the doctors and their advice on the use of medicines. But the perception of change, and challenges distinct for each pharmacist.
 - Pharmacists about consumer role; *"there is definitely some change, giving information is much more important" and that "while patients have more information or question through the internet, it is sometimes difficult to see if this is the right information. It is not always true"*.
 - Pharmacists about pharmacist role; *patients are leaving just that easy, the barrier to leave is not that big"*.
- > **Competitor:** The competition is experienced differently among the respondents. One pharmacist experienced the competition as heavy, while another pharmacist is confined in the participation with their colleagues, he does not feel competition at all.
 - Pharmacist; *"my network is gotten much closer since the changes started a few years ago; I am now working closely together with four other pharmacies to strive our goals"*. _
 - Pharmacist; *"In the city there it is all competition! To distinguish yourself you have to compete in a different way then you rivals"*.
- > **Technology:** The internet is sometimes resembled as a source of technology of influence. One pharmacist upgraded their name so their name pops up more quickly in search machines. Others do not see this technology change as affecting their business.
 - Pharmacist; *"Dutch pharmacist have a good quality, if people used the internet the pharmacist online where more successful, but patients go for personal contact and quality" and "I do not want to open 6 or 7 days a week, because I do not get more recipes from patients, a doctor is not working neither. [...] Employees are too expensive to open the store only for 'shoppers"*.
 - Pharmacist; *"The internet is important; the customer is better informed and read a lot of information"*.

- > **Differences:** The perception of change tends to be dependent on the how the pharmacist sees the environment. A pharmacist who is seeing the change as continuous is reformulating their role and shows another picture than a pharmacist who is negative about the quality of care. Not every pharmacist takes the changes serious all the same. The results exposed that some pharmacists perceives the changes differently than others. Those pharmacist declines to adapt, and are convinced that putting the put down is the best way to stop change. Other pharmacists who believe this is structural therefore focus more on advice on the preference policy and implications the system has with the power of insurance organisations then on healthcare problems or information. They achieve a more commercial orientated to enhance the customer and their market position.
 - Pharmacist who is positive: *"I see it as a challenge, I just keep trying!"* instead of *"the pharmacist does not change, because it is a much institutionalised business"*.
 - Pharmacist denying consumer change: *"patient in this area are not moving, if the pharmacist discourage them to move to another pharmacy they don't do this" instead of "customer chooses for a pharmacist where they have a good feeling and customer's service."*

4.3.2. Adaptability to the change

- > **Risk taking:** In general pharmacists agree that the pharmaceutical care is institutionalised business, without many opportunities to take risks in to adapt themselves. But through the changes some pharmacists distinguish themselves in take risk in gaining new ways to deliver value to the customer or making more profit. Some pharmacists take risk in distinguish themselves from competitors in extra services or promotional actions, other do not agree and emphasise that they need to adapt and want to stick to the core of the business they studied for.
 - Pharmacist: *"our business in the core of the pharmacy not much change" or "I do not see the use of paid services for the patient, why should the customer pay for care?"*
 - Pharmacist: *"I see that my incomes from generic medicines are dropping no matter what, so I of course I have to search for other ways; maybe a podo-therapist". Or "we need to work more efficient, train assistant better, and give them more responsibility"*.
- > **Pro-activeness:** Most pharmacists focuses on survival within the existing regulations and not so much a pro-active attitude. Only one pharmacist did prepare some future plans for negotiating with insurance companies, and another tried to extend their market potential, but most are trying to stay financially healthy by keeping it simple.
 - Pharmacist: *"I try to anticipate on the developments but there is no sudden change to put over the helm", and "it is not a change in the essence of the role but in the perception" resulting in "I believe that if I focus on the core, I stay financial healthy without the participation in extra services or initiatives, because this cost me money"*.
 - Pharmacist: *"I'm already making projects, because if the insurance companies go want to reward certain achievement, I want to be prepared by making my one framework with activities"*.
- > **Competitive aggressiveness.** The pharmacist who sees their colleagues as partners do not compete hard with each other, they are convinced their patients stick to their pharmacist because they perform well. Pharmacist who see their colleagues as competitors acknowledge the fact they open a new store because of fear a competitor will steal the good spot, and feel the need to stay open longer and compete in service and advice. Those pharmacies are focused more on the consumer and patient.
 - Pharmacist: *"I do not want to take risk by open 6 or 7 days a week, because I do not get more recipes from patients, a doctor is neither working. Or "we are willing to chat with our colleagues to share the ideas, [...] but there is also a lot of mistrust along each other"*.
 - Pharmacist: *"we do not need to compete with other care parties in the network, we complement each other"*.
- > **Innovativeness.** Results from the interviews indicate the problems a pharmacist see if it comes to creativeness of value. There view against the future differs among each pharmacist, and especially if it comes to innovations in the services. The pharmacist who are willing to take risk and feel more competitive stress changes more in their service, or have an more open mind. Those pharmacists open their store also at Saturday or in evenings and think about paid services.
 - Pharmacist: *"because we not have a significant influence on the recipes, we focus more on this part we can influence; the OTC products in the pharmacist with a higher margin" instead of "employees are too expensive to open the store only for 'shoppers'"*.

- Pharmacist: “my delivery and focus is on those parts of the pharmacist where there are opportunities to gain more profit and quality” instead of “we don’t want to push products to the customer or even stimulate the use of it”
- > **Encouraging employees.** Pharmacists see the assistant as the one with the most contact with the customer. But because assistants are expensive they are often a source to economising. They are well trained but often not willing to have much responsibility. Therefore rewards are often implemented to stimulate their happiness at work, because this will affect their positivity at the customer, which is the important of the whole pharmacy.
 - Pharmacist: “we try to train the assistant and motivate what can and cannot do.”
 - Pharmacist: “we have to train the assist more, but often they are not willing to have more responsibility, so we have to look what they prefer”.
- > **Differences.** Pharmacists differ in the way they see their potential on the market. It differs how a pharmacist utilise their environment to use the change as an opportunity. While some pharmacist do not focus on the wishes of the consumer and try to be an unique advantage in a response related to current and future customer needs some focus more on their role as reliable medicine for the ‘patient’ then their orientation on the ‘consumer’. For an overview of the constructs and differences see table one,
 - Pharmacist: “I did research to a grey area with potential, and did a action with flyers in cooperation with a marketing consult” and “if I’m not open on Saturday, I will miss some of my income. Not for regular customers, but for the shoppers”.
 - Pharmacist: “customer chooses for a pharmacist where they have a good feeling and customer’s service” but “I believe in professionalism, not by pushing product to the customer. [...]it sells only because it proven it function”.

Table 2. Overview of result interviews

	Reaction on change	Adaptability	Value delivery	Competitive advantage
1	<u>Very negative.</u> Emphasize on the quality and differentiation in experience of role of healthcare	Declines to adapt his business to new demands insurance companies. Invest in network and opening hours	Invest in care of patient but not in commercial service to the customer. Non-use of displays.	Optimal in healthcare projects and cooperation with parties in the network
2	<u>Positive/negative.</u> Back to core business but it taken too far. Sees a non-customer focus at their colleagues.	Difficulties in adaptation because they feel they are dependent of the whole branch. Resistance paid service and longer opening	Refuses to become a drugstore. Uses displays but no extra services if not worth the money. Works together with network	Focus on the core of business to distinguish yourself in quality, show what your value is to customer
3	<u>Negative.</u> Positive about price, negative about quality and liberalizing of market	No changes, back to all-round pharmacy they ever been. Afraid to take risk	What you do, must do it good. Service is quality and attracts customers. Do not see the use of paid services	Staying financial healthy and differ services from your competitor in achieving quality
4	<u>Positive.</u> Sees the future optimistic full opportunities as they focus on the part of business they can influence	Focus strongly on commercial aspects which can be influenced, paid services, marketing etc.	Creates unique value trough own style and extra services in health and promotions. Focus on OTC sales.	Keep customers in the pharmacy instead of delivery. Distinguish form other chains in quality
5	<u>Positive/negative</u> Sees opportunities for market growth but feels pressure through less income	Pro-activeness in role to network, takes risk in attracting new customers and longer opening hours	Exploit marketing opportunities, customer friendly, and extra services in open shopping environment.	Better exposure also for new potential for increased market, more brands of OTC-products

4.3.3. Value on the marketplace

- > **Value in Services.** The value of the pharmacist lies in the communication to the patient and consumer, creating an environment where they got the right information and advice on any aspect of health. There are one two pharmacist who tries to shape extra value, through a more customer focused approach on service that gives them a strong competitive advantage in compared with others. This in contradiction of another pharmacist who emphasises that advising products is forcing products into a customer, they offer products but they would not recommend it. They do give advice on medicine but don’t want to do anything with commercial goals.

- Pharmacist; *“people go where there is comfort. They have choices but they are not making it” and “customer chooses for a pharmacist where they have a good feeling and customer’s service.”*
 - Pharmacist; *“the changes give me the opportunity to bond with the patients by giving them the information necessary” and; “it is maybe not what I prefer but I see it as an opportunity to serve the patient so they prefer our pharmacy along others.”*
- > **Value creation in products.** The role of OTC and especially dermo-cosmetic is disputable in different ways. OTC products are usual in today’s pharmacy and are perceived to offer an added value for both the customer and the pharmacist. The pharmacist all agree offering dermo-cosmetic products is a service for the customer and the convenience of the products contributes to the attractiveness of the pharmacist as a sales channel. The difference here is that some pharmacists rebuild their store to conduct a more open and customer friendly environment for the consumer, but there are certain pharmacists who have a strong resistance on commercial visibility of displays in the shop, what appears conflicting.
- Pharmacist; *“I noticed already two year ago, when I rebuild my pharmacist, the number of sold products expanded with 75%!” and “enlarging the role of OTC for service and consumer friendly approach it stimulates the profit and has a positive effect on customer and employee”.*
 - Pharmacist; *“I refuse to become a drugstore” and “I focus on the turnover rate, those products sell from their selves, so I do not need to put efforts in them”.*
- > **Role of dermo-cosmetic.** La Roche-Posay is seen as a reliable brand because of the medical relation to the pharmacist. They see service of the patient is their main achievement, with the aim of helping and giving advice on health problems, which have non-commercial goals, where through the products are a good addition.
- Pharmacist; *“Commercial choices do not have to conflict with the professional aspects. Self-care such as La Roche-Posay is an extra value to us” or “there is no conflict o business and profession. This is only through politics.*
 - Pharmacist; *“La Roche-Posay is part of our service, consumer choose their own help and pharmacist” or “commercial choices do not have to conflict with the professional aspects. Self-care such as La Roche-Posay is an extra value to us.*
- > **Value delivery on marketplace.** There are pharmacists who have a more commercial organisation focused on their market position and customer demands. They are willing to focus on extra service and advice customer instead of the delivery and production of their consumer’s prescriptions they tends to focus on selling OTC and delivery of services what they can control more. Through a focus more visibility in the shop and OTC services they conduct more market share and customers. Those pharmacists hope to have less negotiation in the future with insurance company and work with a presentation compensation for their role of advice, and projects of healthcare they started already with diabetes etc.
- Pharmacist; *“the changes give me the opportunity to bond with the patients by giving them the information necessary. [...] It is maybe not what I prefer but I see it as an opportunity to serve the patient so they prefer our pharmacy along others.”*
 - Pharmacist; *“Our strategy focus on market potential and the merger of potential pharmacist” and “after five years the market would be more liberalised, this mean we have to take chances”*

4.3.4. Performance in their competitive advantage

Unique value

- > **Healthcare projects.** By being active in the optimisation of the pharmaceutical part of health care; health projects and health initiatives they are trying to achieve and stimulate care for the future. Some agree that financial boosts are necessary for survival because they have to deal with a lot of responsibility as a pharmacist. Their competitive advantage lies in their cooperation within their network such as doctors.
- > **Extra services.** Because more information supplies to the customer, one or two pharmacist expanded their use of internet, and decided to focus more on the OTC. For extra income and an extra service to

the customer. Their competitive advantage lies in being less dependent of medicine prescription but more extra services and OTC sales which can be influenced

- > **Good advice** and friendly employees is the main strategy for competitive advantage. Only a few want to stay all-round in their role of preparation and delivery and do not want to give up the medication preparation.

Results

- > **Differences in income ratios.** While the compensation of generic medicine compensation is the main ratio of profit, most pharmacist do try to economise their cost where possible, but with keeping their business healthy. The profit distribution is practically for all pharmacists about 90% and is generated by recipes and the total sales of OTC products are responsible for 5-10% of the total revenue. Only two pharmacists emphasise the important of OTC because the margin is bigger than on prescriptions. With the existence of the use of internet, home delivery, email and exploring new opportunities of medicines prescriptions some still see their profit is increasing. Another pharmacist thinks that nevertheless while their pharmacy is healthy business, their profit is decreasing.
- > **Economising.** Therefore some reimbursements in unnecessary cost are crucial and some logistic changes make the business more effective and efficiency. They stop for example with home delivery for students and keep to the essence of the business and by helping the customer where necessary with extra appearance.

Market place

- > **Growth.** One pharmacist is taking over other pharmacist; another strategy is based on a increase of market share, by seeking potential new customers in. There is a contradiction to the pharmacist who is implementing an increase of health projects, more paid services for the customer and a better localisation of supply and preparation. His promotion trough flyers and communication to the customer creates a broader focus on marketing. This is different than the pharmacist who goes in to a chain organisation, or stays solo and wants to keep it small.
- > **Efficiency** and other workforce is a reason to survive in more competition. Some do not see everything positive in those changes, with the exception of the downfall of the prices. Other sees the changes as a challenge to use the changes in environment and regulation to conduct new initiatives to strengthen their business. For example to bond with the patients by giving them the information necessary”.

4.4. Conclusion & discussion

The research showed some remarkable differences between the opinions of the pharmacist to relation of their values and orientation (see table 3). It gives interesting new information of the attitude and market experience of the pharmacist and is useful for operationalize the constructs on a further level. The discussion about evolving to more commercial innovations focused on the market but some pharmacist still refuses to adapt revealing those differences. Where the theoretical framework focused on the relationship between how the entrepreneur can adapt to deliver value and develop their competitive advantage, the results of the interview emphasise the differences in entrepreneurship and which effect this has on their value delivery in services and products to perform better is through their *market adaptability*. In the culture of the pharmacist attitudes and orientation towards their competitors, consumers on the market appears to be of important in their direction to develop the services and products. The relations between the constructs of the original framework are debatable and the model is operationalized (see figure 6). It reveals the influence of the culture of the pharmacist of influence of their adaptability. Therefore this paragraphs sketches the conclusion on the results that lead to four points of attention for the new direction for further research to investigate their legitimise influence; (1) the change, (2) influence of the market, (3) value delivery in their services and products and (4) their effect on their performance.

Change

The perception of change tends to differ on some aspects in the interviews among the pharmacists. Although they acknowledge the fact of the existence of change, especially of the regulation from the government what is leading to cause problems in their work and more competition, there is a difference in emphasis. The interviews where focused on the change in their profession, in their clients and the way this influenced their job. The pharmacists acknowledging the changing customer, but as one pharmacist takes this change as affecting their pharmacy another pharmacist sets it aside without take a notice of it. For example do some pharmacists make effort for a more commercial approach to the customer with a new marketing concept or new services, while others withdraw themselves back to the counter to pull back where they were started as health provider not gaining any entrepreneurial actions. As for the competitions in the market, there are

pharmacists also who create more efforts in distinction themselves with services as longer opening hours and competitive aggressiveness. They are learning of the changes they see in the consumers and competitors and carry this through their services with experimentation; as one pharmacist tried to expand their shopping environment another tried to promote his pharmacist in an unknown sub-residential area. But another pharmacist aims the value in working together instead of increasing the competition. The results showed that the pharmacist perceived in general four kinds of change who affected or changed their work. Those changes were in (a) the consumer and patients, through the market which increased their dependency and information knowledge or in (b) competition to or with their colleagues, (c) in the change of technology and process, and general (d) changes in the environment such as the regulations and service climate. They experienced this change in their daily work; there arise difficulties in the delivery of efficient service to their patients' trough an increase of more administrative tasks. They acknowledged the important of quality, but often do not agree that the liberalisation of the market helps. The way the pharmacist acknowledged the important of the change would associate with the way of adaptability in their services. Therefore based on those results there can be stated/indicated that the way a pharmacist acknowledges a change in their environment influences their culture of efforts in a more commercial market approach.

Table 3. Overview of the interpretations in categorising the relations of the pharmacist business culture/ orientation

	Reaction on change	Adaptability	Value creation	Competitive advantage
1	Consumer: - Technology: - Competition: +/- Environment: -/+	Risk-taking: +/- Innovations: - Pro-activeness: +/- Competitive aggres: -	Services: +/- Market place; - OTC: +/- Ambitions: +/-	Superior value: - Better performance: +/- Improved market position: ?
2	Consumer: + Technology: - Competition: + Environment: -/+	Risk-taking: - Innovations: - Pro-activeness; +/- Competitive aggres: +	Services; +/- Market place; +/- OTC: +/- Ambitions: +/-	Superior value Better performance Improved market position
3	Consumer: +/- Technology: -- Competition: +/- Environment: -	Risk-taking: - Innovations: -- Pro-activeness: +/- Competitive aggres.	Services: - Market place: - OTC: - Ambitions: -	Superior value: +/- Better performance: + Improved market position: ?
4	Consumer: ++ Technology: + Competition: ++ Environment: +	Risk-taking; ++ Innovations; ++ Pro-activeness; ++ Competitive aggres; +++	Services: + Market place: ++ OTC; ++ Ambitions: ++	Superior value: + Better performance Improved market position; ++
5	Consumer: + Technology: - Competition: ++ Environment: +	Risk-taking; ++ Innovations: + Pro-activeness: ++ Competitive aggres: ++.	Services: ++ Market place: ++ OTC: + Ambitions: ++	Superior value: + Better performance: ? Improved market position; ++

- = negative emphasis
+ = positive emphasis

Influence of commercial aspects of the market (e.g. competitors and consumers)

The results of the interviews showed that if the changes in environment and market are acknowledged they are often an stimuli for the pharmacist to focus more on (1) the market such as customer and competitor and (2) experimental on changes in their entrepreneurial skills such as a pro-activity way to take chances and outperform their competitors are imbedded in their business culture. The results revealed that not all the pharmacists take the changes even serious. During the interviews some pharmacist perceived the changes higher than others, developed also a more entrepreneurial mindset. There can be agreed that are a few pharmacist who are passionate about the change and are very clear in their strategy and their competitive aggressiveness is strong, for example if they do not deliver on Saturday, they feel somebody else does. Those pharmacists feel like they have to deliver more value to the customer than the competitors for keeping them. Also they agree that with the liberalisation the competition got more intense, their competitive advantage gained more important. They are comparing each other in terms of services and growth, and keep an eye on the moves colleagues make and focus more on their marketing activities. It appears that while in the past they are used to pace in the market, the dynamics of the environment now forces some pharmacist to think of opportunities to create their competitive advantage. Those pharmacists are also trying to anticipate to changes and see opportunities to expand their business on those points. They utilise a variety of strategies to stay competitive over time, what appeared to have an effect on their daily workforce in their delivery of value to the customer, the use for example in the means of their distribution channels, the extension of opening hours and the use of OTC-products to create an extra value for the patient. The delivery of value to the customer is acknowledged through all the pharmacists as really important. Therefore some pharmacists tends to focus

more on the service aspects of the pharmacy. Nevertheless, while those pharmacists see their value as distinctive to other pharmacist, others are seeing only encouragement in working together and focuses for example in care groups with other care providers. In contrast those pharmacists do not acknowledge the market changes in way the other pharmacist do, and refuse to adapt themselves. They also do not see their colleagues as rivals. Those pharmacists look scared to move or react on the changes, in a negative sometimes passive way of improvements. Because the market is achieved as a institutionalised field, those other pharmacists are scared to take any risk to jump out of their segment to change, and do not respond in the way the other pharmacists do in anticipating on their market, consumers and competitors.

In conclusion some pharmacist who have more orientation toward market changes, new challenges and opportunities are more open to the encouraging to customers to paid services or to learn from the changes and perform more of the service themselves to keep an eye on their competitor. The pharmacists who are more entrepreneurial minded and are competitive, create a more pro-active attitude and have more courage to incremental changes or innovations in their services such as their opening hours and internet exploitation, what would be expected to be more effective than the pharmacist who decreases their core business without expanding themselves or experiment in the market. Therefore based on those results there can be stated/indicated that the way a pharmacist acknowledge a change in their environment is in relation to their orientation imbedded in their business culture of efforts in learning of-, and testing in- the market.

Influence on value delivery in the services

From the interviews there can be acknowledged that all of the pharmacists have a high priority in achieving customer satisfaction. Their value lies in their help and advice on the use of medicines and products to increase care whereby quality is the highest priority. The changes in the regulation where through the bonuses stopped, and change in the consumer and competition forced some pharmacist to stimulate customer satisfaction, out of fear of their decrease of income and out of fear losing customers. So the responsiveness of the pharmacist seems to be positive affecting their efforts in creation of their customer relationship if they acknowledge the changes more through their focus on the market. Some pharmacists have a more intense focus on the market than others. This difference is dependent of the entrepreneurial mindset pharmacist who is or is not orientated on the consumer wishes. Those who are not do no acknowledge that pharmacist has a 'commercial side' of the business and a patient easily can change of pharmacist do not adapt their services because they 'just' do their job in delivery of medicines instead of creating extra services to distinguish themselves. They strongly believe in a non-market approach of care and have a strong resistance on commercial visibility in the pharmacist. Nevertheless while service of the patient is their main achievement, with the aim of helping and giving advice on health problems, they strive non-commercial goals what seem to miss their goal service. It is contradicting because those pharmacists do not initiate extra services as opening hours, internet services etc. Some do not exploit extra services at all, and refuse to take any risk in changes to conduct more market, which indicate their minimal effort in entrepreneurial actions. Pharmacists experience the change on their own way, and do not all have the ambition of increasing their business if they do not focus on the market. They tend to miss this focus, and refuse to 'push' something into the hands of the customer. So while they claim to enhance service to the customer, they do not focus on market opportunities and are not willing to adjust because they think this will increase their reliability as a care provider. Their social goals as an entrepreneur are sometimes conflicting with their economic goals. They miss the focus to the customer, because they think healthcare is something a patients' needs, and therefore do not need any push or stimulants such as extra's services, promotions or others. But others think the customer experience is relevant to some degree for all market-creating innovations if, they claim it is critical to the success of inseparable services of the pharmacists. Those pharmacist often are the one seeing difficulties in adaptation and are negative about change because they feel they are dependent of the whole branch and have a resistance to paid service for example. This can be contradicting for an entrepreneur, but those few pharmacists are appearing to balancing between social wealth with the desire to make profits and maintain economic efficiency.

So when the one pharmacist claims they are the helpless through market changes, others see opportunities to develop their competitive value. Those pharmacists who do orientate on the market stated that the customers' perceptions of the delivering service have a stronger impact on customer satisfaction and switching behaviour. They focus more on social activities with regard to customer service and customer service quality then pharmacist who less orientated on the market. Customers are the one visiting the pharmacist and directly experience what occurs there. For example the pharmacist whose business focuses more their competitive advantage are more willing to learn from the changes in the customer in the market, through the fact that they have to expend there services more. This would expect to increase the service to the customer, they emphasise on the customer because this is the one they have to satisfy to come back. Some do this with new services, and want to create opportunities to have success more in creating a patient-centred relationship about and are more responsive to the concerns and needs of patients. Because in this relationship they are the ones are trying out new services, dependent on the customer interaction while some do not experiment at all. Those

pharmacists emphasis in the interviews that they are not really entrepreneurial minded in terms like the creations of innovation for an extension of financial opportunities like profit, rate of return etc., but is focusing on how they could deliver the help on the best way possible without any commercial aspects. But it looks like this increases the customer satisfaction, because they are not reaction on changes of the wishes of the consumer. Not staying open longer and non-services through the internet would not increase customers to stay. An important observations is that those pharmacist do not acknowledge the important of market forces as some other pharmacist do, or experimentation to strive economic goals of opportunities.

– Influences of products

The pharmacists agree that services have to be reliably and connected with customers. Especially when it becomes on medicines they acknowledge their efforts they have to make to satisfy the patients. For the preparation and supply of medicines the value in the services is obvious. Pharmacist emphasis they create services around them such as a delivery service, repeated subscriptions services through the internet etc. But the interviews showed that the assortment of products and recommendations in the pharmacist plays a part of important for the service to enhance customer relationships. All pharmacists increased their shopping environment in the pharmacy as a service to the customer and recognise the fact they are forced to do this out of fear to lose customers. They agree on the fact if they do not give them the assortment of OTC products as well dermo-cosmetic, patients will prefer other pharmacist because it shows their quality as a pharmacy and gives them extra value for the consumer. Overall it is a value creation to the customer as the important reason that OTC product sales are so essential to pharmacies and some pharmacists are trying to have their competitive advantage in their assortment of products. The reason to exploit OTC products, and especially the products such as dermo-cosmetic where the profit ration is large, is because it also triggers extra revenues for the pharmacies. It has become evident that for pharmacies to survive and prosper today, they experience that they must begin to establish new sources of revenue and react on the customer demand out of fear of otherwise losing their customers. But most important they focus more on the wishes of the customer by make the pharmacist more appealing, and increase their specialty in care.

The reason pharmacists choose for dermo-cosmetic products are because of the appealing function but also the 'pharmaceutical' essence of care. They all acknowledge in the interviews the fact they choose for those products because it is unique for pharmacist and not for drugstores. But a main difference occurs in how they offer the products. As one pharmacist only can 'accept' the products, because of their relevance described above to the pharmacy, they would not like to have it as a great margin of the business, and therefore does not put efforts in the promotion of stimulation of the products. This pharmacist with resistance to market forces is not willing to let any commercial aspect in their pharmacist as discusses earlier; a pharmacist offering products but refuse to promote or even recommend it to a patient. Those pharmacists do not focus on service, have a less entrepreneurial mindset and are not willing to stimulate sales among their pharmacist. They are less influenced through what a consumer wants and need and miss a orientation to their customer, as they perceive the value in the pharmacy. Another pharmacist feels like it was ballast because his beliefs in 'free' health care. They believe more in the value a product that sells itself without recommendation instead an *unnecessary* push of product. This in contrast to pharmacist who respond on the changes in changing their value proposition in to a focus on their influence on the products more which they can influence. Within their profession they see it in their service to recommend products for consumers, even if they have to pay for it, because it leads to a more satisfied customer. This instead of a focus of the subscription rule of medicine where they can gain no influence on. They are glad they have products they could work with because it makes their pharmacy interesting and an extra value to satisfy a shopping patient. Also they have an influence on the income and stimulation what makes it a basic income with a high margin. This difference is remarkable; a pharmacist with a more entrepreneurial mind, could be more open to the commercial side of the pharmacy. Perhaps because an orientation of the market and their willingness to experiment they are more open to the stimulation of products patients have to pay for.

– Effect on service climate

Some pharmacist recognised their willingness to expand the products because their colleagues and rivals are offering it too, and because it is worth to offer because of the high margin. But the interviews show that most agree that the OTC and dermo-cosmetic in the pharmacy is an added value and the convenience and quality of the articles contribute to the appeal of the pharmacist. The pharmacist described above is more focused on improvement of their service to the customer, are not only having a broader assortment but are the ones also participating with the products and trying to enhance the advice on products. It appears to be logic that pharmacists who put more effort in recommendations and information of the products to customers will enhance the customer satisfaction in the pharmacy. Some pharmacist do acknowledge to have the products of dermo-cosmetic in their pharmacy as service to the customer and for their qualitative perception, but do not recommended any of those products. Other pharmacist claiming that those products are the service to the

customer and therefore will stimulate the products could improve the climate of their services in the pharmacy. So the assortment of OTC contributes to a value creation to the customer, but the way to work differs which could be a significant factor in their way to delivering service to the customer. From the interview it became clear that the important situational factor influencing pharmacists' willingness to stimulate products is their attitude to the commercial aspects. Pharmacists recall the medical approach as being persuasive and the customer satisfaction as a stimulating factor to expend the products. Customers being left alone with products and an assortment of OTC without advice could have another difference opinion about the service customer in a pharmacist where service is stimulated to recommend the products with a more pro-active attitude. In conclusion there can be stated that those pharmacist agree in an assortment of OTC could influencing positive the quality of the pharmacist and those products are an extra value to the service climate in the pharmacy. Concluding, the pharmacists who are more market orientated, focusing more on the consumers and competitors weight the role of products more than those who did not. They are more open on commercial aspects to 'serve' the customer, and are willing to put efforts to selling the products to patients. This will improve the service climate of the patients, because they have more attention and service to the consumer then pharmacist who refuse to do this.

Result of performances

The results show that the main concern for those pharmacists is creating extra value for social and economic goals. A competitive value can be accomplished in a variety of ways, and all the results of the pharmacist indicates the important of service to the creation of value to the consumer lies in the quality of the service what leads the competitive value. As a service provider, the service of the pharmacist in their performance should be difficult for rivals to catch up with. Some pharmacies do approach their intangible resources as a means to deliver long-term or sustainable competitive advantage. For example by being active in the optimisation of the pharmaceutical part of health care. Others focus more information supplies to the customer; one or two pharmacist expanded their use of internet, and decided to focus more on the OTC. Their competitive advantage lies in being less dependent of medicine prescription but more extra services and OTC sales which can be influenced. Customers are the one visiting the pharmacist and directly experience what occurs there. Pharmacist emphasise on the customer because this is the one they have to satisfy to come back could results in better performance. Eventually every pharmacist was convinced their way of business was the best manner to perform in terms of efficiency and profit. The more entrepreneurial minded pharmacist who focus more on the market and new services, challenge new opportunities to perform better in creating benefits. Others are convinced that their non-entrepreneurial behaviour is their saviour is surviving the change through their best performances. Unless every pharmacist believed strongly in their value proposition, -more entrepreneurial minded or not, they acknowledge their responsibility in running their business, and eventually their margin of profit and growth is what matters. Therefore it is important to investigate if those business cultures indeed leading to a service climate what offers them a advantage resulting in better performance. Overall pharmacist focusing more on market demand, put more focus on their services to the market, and therefore create satisfied customers also would lead to a better performance.

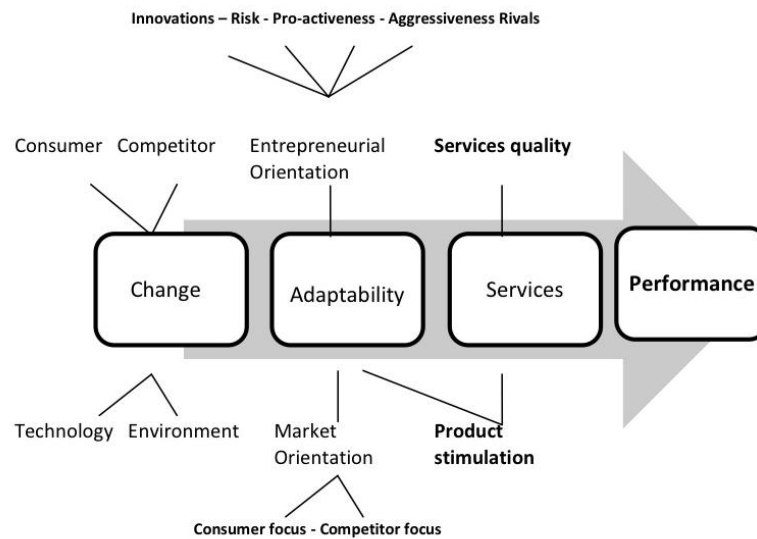
Conclusion

Based on the result of the interviews this thesis emphasis the need to discover the orientation of the pharmacist imbedded in their culture and develop a framework where of this orientation is in the influence on their competitive advantage, and finally reveals if this results in performance of their service climate. While a pharmacist is not or in a more extent an entrepreneur responsible for their distribution of dividend, would be crucial their attitude of curiosity to the market to exploit opportunities if arising through a changing environment. The results showed that some pharmacists as a health care provider often have social desire and are resistance against commercial aspects while others want expand those opportunities. It could be that one pharmacist does not have an entrepreneurial mindset as another, perhaps they does not see the need to change because there focus is not on the market to serve the customer or compete with rivals. Research can conduct how those differences influence a pharmacist practice and make decisions to act entrepreneurially, and if they are willing to adapt to new market opportunities to satisfy new and current customers to expand their competitive value. The pharmacists focus on their service goals, where the competition and consumer knowledge is evident to perform as a service organisation, such as the over-the-counter-products from dermo-cosmetics. The influence of the stimulation of products appears to indicate their willingness in their services to the customer. Concluding they tends to differ in their entrepreneurial culture in their willingness to innovate, take risk and their proactive way of creating competitive value in their focus of market in the consumer and rivals. To investigate those differences four points of attention rise, and theoretical evidence would enhance the relationships, to form hypothesis to test for empirical research.

- (1) The extend an pharmacist recognise the change in their environment in relation to their orientation to the market and entrepreneurship
- (2) The differences in relationship between an non-entrepreneurial pharmacist & more - entrepreneurial pharmacist
- (3) The relationship of an entrepreneurial mindset and their orientation on the market imbedded the business culture of the pharmacist
- (4) The influence of the orientation of the pharmacist through their services and products on the performance of the pharmacist

Study two focuses theoretical evidence of the relationships based on from the qualitative interviews is applicable on the whole market. The exploration of the results described the attitudes and behaviours for the understanding of the role of the pharmacist as a 'social' entrepreneur in healthcare. It now became clear that as suggested the pharmacist differs in their goals of patient delivery and profit maximisation, and that this could lead to different cultures of doing business. Now market changes are framed and the differences in position of the role of the entrepreneurship is established, further research is necessary to see if the relation of their orientation to improve their unique value through their quality service to the customer is legitimate to the pharmaceutical market. This could relate to their competitive position in terms of performance and the role of OTC such as the previous framework suggested. Effect of the orientation pharmacist could have an impact on the performance in the pharmacists' service climate and attitude against OTC. Even within a category of a service industry such as the pharmacist's differences have to take into account, especially because the orientation of most services requires close contact to customers and can be seen as a success factor for service companies. The study therefore is necessary to investigate not only the pharmacist orientation but also their service climate in order to perform better than their competitors (see figure 7). The first construct is their business culture in (1) orientation toward their adaptability in competitors and consumers on the market during change through (2) their adaptability to innovate, take risk and pro-activeness in the market and competitors, (3) their influence of the service climate and role of products to succeed in their (4) performance.

Figure 7. Results of the explored relationships between the existing constructs of the research



STUDY TWO

QUANTITATIVE SURVEY

5. STUDY TWO

In a document study the constructs of (1) change and (2) value delivery through services and role of products are formalised and explored to the attitude and values of the pharmacist. The results of the interview clarified the attitudes and entrepreneurial behaviour of the pharmacist who differs among their orientation to the market. To establish the relationships between the constructs for the pharmaceutical market their orientation is tested through quantitative research to generalise the conclusions in their demands of service and product delivery. The business culture (i.e. the orientation to the market and entrepreneurship) of the pharmacist and the effect of the service climate and products are explored through a measurement of performance in comparison with other pharmacists in a quantitative survey.

5.1.Literature study

In this chapter the constructs are investigated through a literature study to operationalize the constructs further with the information created through the first study and create a framework among the relationships suggested. The adaptability of the pharmacist is dependent on the entrepreneurship and market orientation imbedded in the business culture of the pharmacist. How this relates to the value delivery through their services and products has it effect on their achieved benefits and performance

5.1.1. Adaptability in the business culture of an organisation

The theoretical framework of study one acknowledged already that the changes in a market are important for a business to deal with and that a company needs to adapt to change in order to survive. The number of changes investigated in the document study showed the changes in the pharmacist environment makes it is difficult for health professionals to keep up with. The interviews showed that the pharmacists indeterminate between the health and welfare, falling somewhere between business and professionalism, what can create a different orientation of their pharmacy. From the results of the interviews the important of the orientation of not only entrepreneurship but also market orientation seemed to be significant in the way the pharmacist conducted their business in terms of products and services. The combination of market and entrepreneurial orientation is seen in previous research as the business culture of an organisation. To discover the role and influence of the orientation of the pharmacist in terms of market- and entrepreneurial orientations is formulated out of previous research of the business culture.

Business Culture

Market orientation and entrepreneurial orientation both can be seen as important factors as an organisation business culture (Narver & Slater, 2000). A market orientation can be understood as an organisation's culture and not merely a set of processes and activities separate from the organisation's culture. It is a business culture in which all employees are committed to the continuous creation of superior value for customers (Slater & Narver, 1998). And it manifests itself as a set of cross-functional processes and activities directed at creating and satisfying customers through continuous needs assessment. Unless the desired customer-value commitments and behaviours emanate from the organisation's culture, the commitments and behaviours will not endure, not to mention command the attention and allegiance of all functions in the organisation (Slater & Narver, 1998).

Nevertheless a market orientation is not the only factor important as culture aspect, where market orientations is primarily concerned with learning from various forms of contact with customers and competitors in the market, **entrepreneurship complements this primarily concerned with learning from experimentation**. It encompasses such values and behaviours as innovation, risk taking and competitive aggressiveness, which are not explicit in a market orientation (Slater & Narver, 1998). In addition entrepreneurial values may enhance the prospect for developing a breakthrough predict or identifying an unserved market segment both of which are fertile ground from developing competitive advantage. Managers can create an overwhelming predisposition toward entrepreneurial and innovative responsiveness to a change in market. In conclusion a market orientation and entrepreneurial values should in practice complement each other **as the business culture of organisation (Slater & Narver, 2000)**. Scholars suggest that an appropriate balance between market and entrepreneurship orientation is a primary factor in an organisation's performance, survival, and prosperity (Gima and Ko, 2001). For some time, management and marketing scholars have been investigating the nature of the relationship between market orientation and entrepreneurship (Bhuan, 2003). The resource-advantage theory views entrepreneurial orientation as resource that facilitates a firm to outperform other rivals and yield marketplace positions of competitive advantage (Hunt & Morgan, 1997). The internal measures concern with the interests of stakeholders inside the firm. The external measures hinge on customers, suppliers, competitors, and other market-related indicators (Aggarwal & Gupta, 2006; Haber & Reichel, 2005). The management literature focuses on entrepreneurship orientation (e.g., Burgelman 1983, Covin and Slevin 1998), while the marketing literature focuses on market

orientation Narver and Slater 1990). The delivery of new innovative services would depend upon a pharmacist ability to utilise information about its environment to enhance the success of strategic decision of new services. With a primary objective of innovation being the development of new or modified products/processes aimed at improving organisational performance and with superior performance inherently dependent on understanding and satisfying customer needs better than one's competitors, market orientation and innovation are intrinsically linked constructs (Naidoo, 2010).

The entrepreneurial culture is an expression of an attitude toward commerce at business level and can be described as in which a positive social attitude toward personal enterprise is prevalence enabling and supporting entrepreneurial activity. Those who assume a more macro view of entrepreneurship have challenged that entrepreneurial success depends on traits or behaviours of individual entrepreneurs. Although not completely discounting the role of the individual, under the environmental approach, entrepreneurship is viewed as a response to certain environmental conditions that can help or hinder entrepreneurship success by the nature of the climate they establish (Mlinguzzi & Passaro, 2001). Entrepreneurialism can in practice be a powerful lever to induce institutional restructuring in the health sector, but the entrepreneurial behaviour has long been recognised as the central element in stimulating industrial innovation, defined as the process of identifying, developing, introducing and commercialising a new product or service (Saltman et al. 2002). If people are aware that the survival is considered desirable of the change, it is not difficult change the business culture (Joyun and Warner, 1996). The business culture can be broadly described as 'entrepreneurial is attuned to the needs of a changing market economy and receptive to change demands, innovations, products opportunities and technologies (Morrison, 2000).

1. Market Orientations

The responsiveness to market intelligence to serve customer needs is described by a business culture of a firm their market orientation (Kohli and Jaworski 1990). To discover new opportunities, or respond to challenges, the reaction of an entrepreneur to change is crucial to create an advantage to their competitors to perform well in their market position. The rationale for this was that by searching for product-market prospects, entrepreneurial firms tend to concentrate on customer needs and thereby become market oriented (e.g., Miles and Arnold, 1991; Morris and Paul, 1987). Early research considered entrepreneurship as an antecedent to **market orientation**. Such an orientation is needed to counter the tyranny of the market and to lead, rather than to be led by, customers. This market opportunity is important for the functioning if this new knowledge has to be implemented in new services of the pharmacist. Market orientation is defined as the organisation wide information generation and dissemination and appropriate response related to current and future customer needs and preferences (Kohli and Jaworski, 1990). Generally, market orientation is defined as understanding and satisfying customers and other relevant stakeholders (Narver & Slater, 1990). It is, in other words, "the implementation of the marketing concept" (Kohli & Jaworski, 1990).

Narver and Slater (1998) indicate that when market orientation is measured through certain specific activities and manifestations, the underlying belief system is being measured. Market orientation consists of three behaviour components of the pharmacist: (1) customer orientation, (2) competitor orientation, and (3) inter-functional coordination.

1. In other words, the belief that **customer satisfaction** is the best way to achieve a longterm positional advantage enhances the implementation of activities and processes for reaching this objective. Another argument in this respect is the fact that the top management emphasis constitutes a determinant of operational market orientation. A customer- oriented pharmacist needs to develop the right services to fulfil the need of its customers (Narver and Slater, 1990). Customer needs and preferences will change over time, and so the firm can ensure that its innovation efforts are successful (Joshi and Sharma, 2004).
2. **Competitor orientation** can enhance a pharmacist's ability to identify, analyse, and respond to competitors' strengths and weaknesses, thus allowing it to offer services that differ from those of its competitors (Day and Wensley, 1988). Monitoring a competitor's strategy either to follow or create differentiation is another source of innovation (Han et al., 1998).
3. To facilitate novelty to within a firm, **cross- functional integration** can be achieved at the level of interaction and communication, the level of information sharing and coordination, and according to the degree of joint involvement in conducting specific tasks that are involved in the development and launch of new services (Song and Parry, 1997). Rapidly disseminating of customer and competitor feedback information to functional and coordinating the unit's synergistic response to that information is required in order to be responsive or remain strategically flexible (Yi et al. 2010).

In sum, those three components of a market orientation comprehend the activities of market information acquisition and dissemination and the coordinated creation of customer value. A pharmacist with a high marketing orientation level should stimulate innovation behaviours that focus on understanding the articulated needs of customers. It therefore leads to the exploitation of innovation opportunities that are associated with the current domain of the firm and that take advantage of its currently available learning and experience (Slater and Narver 1995). In other words, market orientation encourages and supports the refinement and adaptations of current innovations to meet current needs rather than the development of new products targeted at emerging new needs. Information is a powerful knowledge resource that can enhance competitive advantage. In particular, information pertaining to a firm's customers and competitors are crucial towards the development of market orientation (Narver and Slater, 1990). For example, it can reveal that customers favour certain brands or pay more attention to price and quality than to variety and novelty (Miller and Friesen, 1982), increase awareness on customer purchase trends and buying power (Xu and Kaye, 1995), and alert entrepreneurs to the disadvantages of their product lines and the superiority of the product lines of competitors (Miller and Friesen, 1982).

Given that service organisations have more customer interactions than manufacturing firms, service companies will leverage more on their market orientation strategies than manufacturing organisations. The relationship between market orientation and business performance will be stronger for service organisations compared to manufacturing organisations (Rodriguez Cano et al., 2004). Market orientation, therefore, focuses the organisation's ability to be responsive to customers and other relevant stakeholders (e.g. competitors and employees) in order to be profitable (Butler et al., 2000).

2. Entrepreneurial orientation

Research showed that firms with **entrepreneurial orientation** have the capabilities to discover and exploit new market opportunities (Wiklund & Shepherd, 2003), and they can respond to challenges to prosper and flourish in the competitive and uncertain environment (Lumpkin & Dess, 1996). Accordingly, entrepreneurial orientation is essential for firms to discover entrepreneurial opportunities and compete with other firms. As the field of strategic management developed, the emphasis shifted to entrepreneurial processes. Those are the methods, practices, and decision-making styles managers use to act entrepreneurially. These include such processes as experimenting with promising new technologies, being willing to seize new product-market opportunities, and having a predisposition to undertake risky ventures (Lumpkin and Dess, 1996). Miller (1983) has provided a useful starting point. He suggested that an entrepreneurial firm is one that "engages in market innovation, undertakes somewhat risky ventures, and is first to come up with 'proactive' innovations, beating competitors to the punch" (1983). Accordingly, he used the dimensions of (1) "innovativeness," (2) "risk taking," and (3) "pro-activeness" to characterize and test entrepreneurship. Firms with high levels of entrepreneurial orientation tend to constantly scan and monitor their operating environment in order to find new opportunities and strengthen their competitive positions (Covin and Miles, 1999). The trend has been to use concepts from the strategy-making process literature to model firm level entrepreneurship (Covin & Slevin, 1989). The key dimensions that characterize an EO include a propensity to act *pro-aggressive* to marketplace opportunities, have a willingness to *innovate* and *take risks* to react on opportunities (Covin & Slevin, 1989). Drawing upon previous studies (e.g. Lumpkin & Dess, 1996, 2001), entrepreneurial orientation was measured with three dimensions: innovativeness, risk-taking, pro-activeness, competitive aggressiveness, but some researchers have used Miller's definition to test a fourth dimension of EO: competitive aggressiveness (Lumpkin and Dess, 1996).

1. Innovativeness refers to a willingness to support creativity and experimentation in introducing new products/services, and novelty, technological leadership and R&D in developing new processes. Schumpeter (1942) outlined an economic process of "creative destruction," by which wealth was created when existing market structures were disrupted by the introduction of new goods or services that shifted resources away from existing firms and caused new firms to grow. The key to this cycle of activity was entrepreneurship: the competitive entry of innovative "new combinations" that propelled the dynamic evolution of the economy (Schumpeter, 1934). Innovativeness became an important factor used to characterize entrepreneurship. Innovativeness reflects a pharmacist tendency to engage in and support new ideas for their services or customers, the novelty of those actions and experimentation, and their capability through this creative process. Innovativeness refers to a willingness to support creativity and experimentation in introducing new products or services, and novelty, technological leadership and R&D in developing new processes. For pharmacist this is an important aspect in their delivery of service and use of resources. If a pharmacist has an entrepreneurial orientation, the willingness to promote new innovative services to customer demand would be there. A pharmacy with great willingness should provide leadership developing new services and constant experiment with it (Jambulingam et al, 2005). From the interviews not every pharmacist

showed an innovative attitude, some are passive regarding improvements, while others finding new ways to generate income for example paid services.

2. Risk-taking means a tendency to take bold actions such as venturing into unknown new markets, committing a large portion of resources to ventures with uncertain outcomes, and/ or borrowing heavily. To shape their business environment to enhance they can presence their market trough seeks out new opportunities (Jambulingam et al, 2005). This measures the adaptability of the pharmacist to take action on changes in the future market conditions. If a pharmacist includes risk in their business strategy their entrepreneurial orientation includes their willingness and capability to take chances. There are pharmacist who do not take risk and rely on the experience and realization of their business. They take the change to go back to the core they started with when they graduated as a pharmacist. Others focus on the customer demand and take risk in being the first to open at Sunday or use the internet as distribution channel.
3. Pro-activeness refers to how firms relate to market opportunities by seizing initiative in the marketplace. An opportunity-seeking, forward-looking perspective involving introducing new products or services ahead of the competition and acting in anticipation of future demand to create change and shape the environment (Lumpkin and Dess, 1996). The market conditions therefore are important for a pharmacy to take action in anticipation of future market conditions. Some pharmacists are trying to anticipate to changes and competitors, by cooperating and offering specialized care they create a competitive advantages to another drugstore.
4. Competitive aggressiveness refers to how firms react to competitive trends and demands that already exist in the marketplace. Competitive aggressiveness, captures the distinct idea of "beating competitors to the punch," suggested by Miller's (1983) definition of an entrepreneurial firm. It refers to the type of intensity and head-to-head posturing that new entrants often need to compete with existing rivals. Competitive aggressiveness reflects the intensity of a pharmacist effort to outperform industry rivals, characterised by a combative posture and a forceful response to competitor's actions (Lumkin and Dess, 1996). Some pharmacist expects that service will increase the competitive value of small pharmacist to the larger chain pharmacist, others are convinced that competitors with growth have more scales advantages. The pharmacists who respond on manoeuvres of rivals take showed in the interview that they take over 'best' spots in the healthcare centres of good locations. Their willingness to directly challenge their competitors and capability to respond to manoeuvres and actions of rivals is a key element of EO (Jambulingam et al, 2005).

3. Change

In conclusion a business faces a strategic balance between adaptability of strategic types and market adaptation. It requires that businesses accommodate information from diverse market sources to remain responsive to changes in the competitive environment. To adapt to future changes, entrepreneurs need to anticipate in a pro-active approach (Venkatraman, 1989). Changes in beliefs and perceptions at the decision-making level of an organisation set the stage for changes in its strategy, and constitute the basis for organisational adaptation and change (Linder and Cantrell, 2000). The business culture necessitates adaption as an emphasis on specific sources in order to better respond to competitive pressures (Lucas, 1999). A firm's ability to adjust its business practices and competitive tactics in response to an environment is useful for entrepreneurial firms to navigate in a market. If the company therefore wants to improve their market position, they need to have a close eye on their competitors. A company needs to have a propensity to directly and intensely challenge its competitors to improve market position (Lumpkin and Dess, 1996). Adaption can be defined as the action of the entrepreneur in process in the environment and making adjustments, to involve changes for improving their competitive posture (Morris and Schindhutte, 2003). The notion of adjustments is especially relevant for small firms; the entrepreneur is dealing with unknown, which implies both uncertainty and risk (Morris and Schindhutte, 2003). The environment is recognised as one of the important contextual factors that influence innovation, and environmental change is often seen as a driving force for organisational innovation (Damanpour and Gopalakrishnan, 1998).

A pharmacy in a changing environment may have difficulty predicting the actions of competitors, the influence of managed care on demand for it services or the preferences of consumers (Jambulingam et al, 2005). If the pharmacy has a large market orientation he or she could create an environment more aware of the customer and competitors demands where through the chance of success increases. Entrepreneurial attitudes and behaviours are critical for organisations to facilitate the utilisation of new and existing knowledge to discover market opportunities (Wiklund & Shepherd, 2003). It has been argued that a linkage between the two orientations is beneficial and that firms with combined high market and entrepreneurship orientations will outperform other firms (Hamel and Prahalad 1994, Slater and Narver 1995). Many scholars now agree that market orientation is necessary to facilitate the type of entrepreneurial orientation like innovation that breeds

long-term competitive advantage. In both streams of entrepreneurship and marketing literature, it has been noted that information on customers and competitors has significant effect on marketing decisionmaking (Yee, 2010). Scholars argue that market-oriented firms focus on responding to articulated customer needs and hence are likely to miss opportunities for developing new products that customers cannot describe (Hamel and Prahalad, 1994). It is therefore argued that these firms need to build an entrepreneurship orientation to ensure a proactive and aggressive focus on innovations that meet emerging and unarticulated customer needs (Covin 1991, Martin 1995, Slater and Narver 1995, Zahra 1993). This framework indicates that an pharmacist entrepreneurial an market orientation contribute to an organisation's learning development of market opportunities and their desire to develop and deploy new ideas to deliver the service on the market. The pharmacist could adapt to changes in their environment, for an opportunities to improve their market position. Because the pharmacist never been in such as change of regulations, is could be possible that if the pharmacist is more sensitive for perceiving knowledge about changes or takes it seriously is his of her environment, he or she would adapt more easily in terms of their competitors, pro-active attitude or in risk taking. This would expect that;

H1: The way a pharmacist business culture in terms of market and entrepreneurial orientation relates positive with the way they acknowledge change

5.1.2. Value delivery through customer satisfaction in organisation service climate

The changes in a market could stimulate a company needs to prognoses the market developments and increase their willingness to react in order to survive. The interviews showed the differences in business culture of the pharmacies, which could lead to their own performance in creating a service climate of quality to satisfy the customer. Through an orientation more focused on the customer needs the company can shape a more consumer friendly environment and better service. As described a market orientation manifests important behaviours related to the creation of superior value for customers. It gives clarity on its value discipline and its value proposition on its market targeting, positioning and business definition. Through leading its customers, not merely following them the business is seen as a service business by managing in terms of key customers and employees for life (Narver et al, 1998). In a market orientation approach business can use organisational changes to attempt to create superior value for customers. It can learn from efforts to create and maintain superior value for customers and thereby continuously develops and adapts its customer-value skills, resources, and procedures through their entrepreneurship. A market orientation induces superior marketing where employees are committed to, and participating in, the creation of superior value for customers, so that nothing short of implanting the appropriate culture will suffice (Narver et al, 1998).

Given that service organisations have many customer interactions the organisation's ability to be responsive to customers it is important to understand and satisfy customer needs better than one's competitors. To create a unique value trough a competitive advantage, the satisfaction of the customer is crucial for service provider. Service providers, by the nature of their business, maintain a close relationship with their customer (Kotler, 2000) making the marketing concept a dominant element of success. As a pharmacist it is important to enhance the satisfaction of the customer, through and the expectation of the services and products. Results of the interview showed that the satisfaction of the customer is important to gain a unique value to keep the patient happy and satisfied because in this way they could compete with other rivals. To improve the level of customer happiness, customer service is designed to enhance the level of customer satisfaction (Scott, 2002). To serve the customer needs the environment where in the service find place for a service provider such as a pharmacist is crucial. Because service delivery is a process between the customer and a company's employee, it represents a moment of thought, where the underlying assumption is that the customer perception of a service encounters an important element of the satisfaction and quality perception (Sncheider, White and Paul, 1998). Service providers can pay more attention to their customer wishes and through their orientation can shape a better service climate. Service climate is built in the light of organisational practices focused on customer service (Sncheider, White and Paul, 1998). The assistant in the pharmacies with whom customers physically interact in the course of doing business perceive their organisations' service climates and are related to the service quality perceived by those organisations' customers. Empirical research of Parasuraman et al, (1990) found that the service performance is directly correlated to the service quality. To perform the service the employee has to meet certain specifications (Chenet et al, 2000). Research showed that de service climate perceived through employees is from influence on the customer perception of quality, internal organisation functioning targeted on service quality is related to customer perception of service quality (Sncheider, White and Paul, 1998). Loyalty is a direct result of customer satisfaction. Satisfaction is largely influenced by the value of services provided to customers. Satisfied, loyal and productive employees create value. Employee satisfaction, in turn, results primarily from high-quality support services and policies that enable employees to deliver results to customers. In the examination of customer perception of service quality research (e.g.

Schneider and Bowen, 1995) found the relation with those of the employee service climate. Internal organisation functioning targeted on service quality is related to customer perceptions of service quality (Schneider, White, Paul; 1998). Ultimately, service quality is a function of the gap between perceptions of the actual service experienced and what a customer expected before receiving that service (Heskett, 2008) which lead us to the following hypothesis;

H2: The business culture of the pharmacist influences the service climate positive through their active attitude in opportunity recognition in consumers and competitors

Influence of OTC

In recent research the role of the pharmacist specific is not much investigated. But a research of Kotecki illustrates that one of the motives of pharmacist to survive and prosper today is that they must begin to establish new sources of revenue. To avoid losing money, are pharmacists who dispense prescriptions in community pharmacies forced to increase their productivity and efficiency (Kotecki, 2002). The role of the pharmacist is described as consumer-orientated, and lies between the customary product-oriented functions of dispensing and distributing prescription medications to a consumer-oriented role with an emphasis on the provision of consumer services (Kotecki, 2002). The consumer service of pharmaceutical care is considered a revolutionary philosophy of pharmacy practice that embraces, among other things, “an emotional commitment to the welfare of patients as individuals who require and deserve pharmacist’s compassion, concern, and trust” (Kotecki, 2002).

The role of OTC-products plays a significant role in those services to enhance the quality of their customer service. Their products are a way to interfaces with consumers requesting health information, advice, or counselling. The research of Kotecki (2002) showed that the awareness on the importance consumers place on pharmacists’ recommendations to OTC product contribute to the purchases in the marketplace but it has not lived up to its potential. The self-care consulting related to OTCs product recommendations and sales has often been neglected, undervalued, and/or under appreciated by many pharmacy practitioners. The importance of recommendations based on the products active ingredients and scientific studies suggested that recommendation decisions are formed in agreement with consumer needs. In a business culture in which all employees are committed to the continuous creation of superior value for customers (i.e. market orientation) it would be likewise that the awareness of the consumer place contributes to the way the pharmacist approach the customer with recommendations.

Likewise, the influence of the consumer feedback suggests that communication with customers may be influential in stimulating OTC recommendations. The rationale for this was that by searching for product-market prospects, entrepreneurial firms tend to concentrate on customer needs and thereby become market oriented are likewise to increase their communication with customers. Pharmacist having a business culture more focused on the market creates a climate expected with regard to customer service and customer service quality. The way employees with whom customers physically interact perceive their organisations' service climates are related to the service quality perceived by those organisations' customers (Schneider & Bowen, 1995). Therefore the importance of recommending products in the pharmacist can enhance the communication to the customer what positively increases the quality of the service. A pharmacist having a greater interest in their recommendation role, would stimulate the climate of services in the pharmacist to enhance the customer satisfaction of quality because their products are a way to interfaces with consumers requesting health information, advice, or counselling,

H3: The pharmacist business culture will positive influence the stimulation and advice of products what increases the service climate in the pharmacy

5.1.3. Service climate and the effect on performance

Because public sectors as health care adopt a different focus on the objectives of entrepreneurial behaviour then profit ones this study operationalize the concepts of the business culture to investigate their orientation among the market and entrepreneurship. In the literature entrepreneurship in health care is defined through improved volume and quality of service to clients, as well as generating a financial surplus and, in some sub-sectors, enhanced market share. Increased efficiency is also seen as essential to preserving the range and scope of current benefits offered by the public sector to the citizenry (Saltman et al. 2002).

Especially the orientation of most services requires close contact to customers and can be seen as a success factor for service companies. The values they want to create are for beating their competitors in the market.

Likewise would there be a positive relation between the service climates in where the pharmacy enhances the service quality to increase the customer satisfaction with the results of performance of the pharmacist. For an organisation to achieve consistently above-normal market performance, it must create a sustainable competitive advantage (Aaker 1989; Porter 1985,). That is, it must create sustainable superior value for its customers. Heskett et al. (1994) proposed that profit and growth are stimulated primarily by customer loyalty. Performances of service firms exist through economic performance- for example, profit or sales or operational success factors- as customer satisfaction, quality, market share or new product development. Prior research has employed a variety of financial measures such as revenue, cash flow, return on assets, return on equity, and so forth to assess service firm performance (Haber & Reichel, 2005). Such objective financial measures are necessary but not sufficient to capture overall firm performance (Aggarwal & Gupta, 2006; Clark, 1999; Murphy, Trailer, & Hill, 1996). Non- financial measurement are for example operational measures who refer to the operational success factors that might lead to financial performance— for example, customer satisfaction, quality, market share or new product development. An additional interesting classification distinguishes between objective and subjective measures. The former refer to performance indicators impartially quantified.

They are generally financial indicators obtained directly from organisations or through secondary sources (Venkatraman and Ramanujam, 1986). Objective measures of performance are difficult to obtain or insufficiently reliable (). Moreover, the subjective approach facilitates the measurement of complex dimensions of performance, such as brand equity or customer satisfaction. Subjective measurement also facilitates cross-sectional analysis through sectors and markets because performance can be quantified in comparison to objectives or competitors (Hooley et al., 1999a,b). Subjective non-financial measures include indicators such as perceived market share, perceived sale growth, customer satisfaction, loyalty, and brand equity etc. in comparison with competitors (Clark, 1999; Haber & Reichel, 2005).

Another way to measure the performance of an organisation is through effectiveness or efficiency of the firm. The former refer to the consolidation of a strong market position, for example, customer satisfaction, image and reputation, sales, market share, or new product success (Baker and Sinkula (1999a,b). The latter refer to optimal resource allocation; for example, benefit, profitability or ROI. A distinction between situation measure, related to current performance and trend measures, related to the change in performance, can also be made (Yee, 2010). Often a combination of dimension is used to study the performance of a firm. It is stated that to only considers one single dimension or a narrow range of a performance construct such as indicators of profitability may result in misleading results (Lumpkin and Dess, 1996). Multiple performance measures, such as sales growth, market share, and profitability as the "overall performance" would be useful in incorporating the firm's goals, objectives, and aspiration levels (Kirchhoff, 1978) as well as other elements of broader stakeholder satisfaction. In this line, there can be distinguished between the effectiveness dimensions of performance, related to success in comparison to competitors and adaptability measures related to the success in responding over time to changing conditions and opportunities in the environment. Judgmental assessments also make it easier to take into account lagged effects and the particular strategy of the organisation (Jaworski & Kohli, 1993). This indicates that subjective performance is more adequate for capturing the consequences of market orientation than objective performance.

H4: The service climate of the pharmacist has a positive influence of the overall performance of the pharmacist

5.1.4.Conclusions

While a numbers of specific consumer trends affect the need for new service concepts, changes are forcing companies to adapt and survive. But changes in organisational beliefs have to be affected through the change and be questioned or disproved before a new belief can be built. A movement toward privatisation and marketization has already influenced not-for-profit organisations pressuring them to address the gaps left in the provision of social services. It has prompted some not-for-profits to apply entrepreneurial strategies and business models. A difference between business and professionalism and between professional care and lay care can create tension in the perception of the pharmacist, and they have to face a strategic balance between adaptability of strategic types and market adaptation. It requires their ability to adjust its business practices and competitive tactics in response to an environment is useful for entrepreneurial firms to navigate in a market to improve market position. The environment is recognised as one of the important contextual factors that influence change as a driving force. The success of the adaptability from the pharmacist can be dependent on their reaction on those changes and the challenges can vary based upon social entrepreneurs' motives, to pursue their ambitions imbedded in the business culture. The result of the interviews indicated that those motives and attitudes differ among the pharmacist. This framework indicates that an pharmacist entrepreneurial an market orientation contribute to an organisation's learning development of market

opportunities and their desire to develop and deploy new ideas to deliver the service on the market as the business culture of organisation. If the pharmacist is willing to adapt to changes in their environment, it relates to opportunities to improve their market position in terms of performance and customer satisfaction. The action of the entrepreneur in process in the environment and making adjustments, to involve changes for improving their competitive posture is especially relevant for small firms dealing with unknown implies both uncertainty and risk. Therefore they need to be influenced through the change before creation a business culture which is entrepreneurial is attuned to the needs of a changing market economy and receptive to change demands, innovations, products opportunities and technologies. A successful business culture of the pharmacist would represent a understanding and satisfying of their customers and other relevant stakeholders. Pharmacist's market orientation is valuable because it focuses the organisation on (1) continuously collecting information about target-customers' needs and competitors' capabilities and (2) using this information to create continuously superior customer value. Market orientation is the organisation culture that most effectively and efficiently creates the necessary behaviours for the creation of superior value for buyers and, thus, continuous their service quality to the consumer. Pharmacist with a market orientation can create a competitive advantage on how to create superior customer value in their performances. A market oriented culture can achieve maximum effectiveness only if it is complemented by a spirit of entrepreneurship and an appropriate organisational climate, namely, structures, processes, and incentives for operationalise the cultural values (Deshpande and Webster 1989). Entrepreneurship is important next to a firm's market orientation in an effort to explain inconsistencies in the relationship between the two (Jaworski and Kohli, 1993). The evidence presented in the research of (Atuahene-Gima and Ko, 2001) of shows that the interaction between market and entrepreneurship orientations plays an important role in fostering product innovation and its outcomes. There can be suggested that entrepreneurship provides a filter for the pharmacist through whom he or she view and direct the market. The entrepreneurial orientation includes the willingness and capability of the pharmacist to innovate and adapt to the business environment, but market orientation lies in the responsiveness of the market activities of EO.

Likewise the entrepreneurship of the pharmacist will likewise influence the way in which the market orientation processes are performed into their service climate to enhance customer satisfaction. Service providers, by the nature of their business, maintain a close relationship with their customer making it a success. The critical challenge for any business is to create the combination of culture and climate that maximises organisational because the ability to learn faster than competitors may be the only source of sustainable competitive advantage, (Narver & Slater, 1995). Through leading its customers, not merely following them the business is seen as a service business by managing in terms of key customers and employees for life and continuously develops and adapts its customer-value skills, resources, and procedures through there entrepreneurship. A market orientation induces superior marketing where employees are committed to, and participating in, the creation of superior value for customers, so that nothing short of implanting the appropriate culture will suffice (Narver et al, 1998). The service climate perceived through employees is from influence on the customer perception of quality, internal organisation functioning targeted on service quality is related to customer perception of service quality (Sncheider, White and Paul, 1998). As a pharmacist it is important to enhance the satisfaction of the customer, through and the expectation of the services and products. To improve the level of customer happiness, customer service is designed to enhance the level of customer satisfaction (Scott, 2002). Internal organisation functioning targeted on service quality is related to customer perceptions of service quality and ultimately, service quality is a function of the gap between perceptions of the actual service experienced and what a customer expected before receiving that service.

The role of OTC-products are playing a significant role in those services to enhance the quality of their customer service. Their products are a way to interfaces with consumers requesting health information, advice, or counselling and are formed in agreement with consumer needs. In a business culture in which all employees are committed to the continuous creation of superior value for customers (i.e. market orientation) it would be likewise that the awareness of the consumer place contributes to the way the pharmacist approach the customer with recommendations. Pharmacist having a business culture more focused on the market creates a climate expected with regard to customer service and customer service quality. Therefore the importance of recommending products in the pharmacist can enhance the communication to the customer what positively increases the quality of the service. Competitive advantage is hard to sustain unless it is based on resources that are valuable, rare, imperfectly imitable, and not easily substituted (Barney, 1991), retail pharmacies need to have a strategic, long-term focus on the development and delivery of new and innovative services to stay competitive in the long run. Innovation in general, and in service industries in particular, in line with previous research this should leads to better company performance in terms of revenue growth. In the case of more mature and established services, sales growth does not simply come from being able to offer low prices but also from a variety of non-price factors, such as design and quality (Baden-Fuller and Pitt, 1996). Apart from financial benefits, the literature above described above reveals some other benefits for service firms, like

creating customer value (e.g. Narver and Slater, 1990) and increasing strategic success (Kay, 1993). Service firms could therefore embrace changes to their services. In theory this should improve their market performance and efficiency and, ultimately, to benefit both producers and consumer (Bakos, 1998; Wymbs, 2000; Garicano and Kaplan, 2001; Hackbarth and Kettinger, 2000). In line with this phenomenon, Yee (2010) finds that service quality has a positive influence on customer satisfaction, and therefore leads to a higher profitability because customer satisfaction has a positive impact on firm through a number of reasons. First, customer satisfaction enhances customer loyalty and influences customers' future repurchases intentions and behaviours (e.g., Stank et al., 1999; Verhoef, 2003). When this happens, the profitability of a firm would increase (Anderson et al., 1994; Mittal and Kamakura, 2001). Second, highly satisfied customers are willing to pay premium prices and less price-sensitive (Anderson et al., 1994). This implies customers tend to pay for the benefits they receive and be tolerant of increases in price, ultimately increasing the economic performance of the firm (Yee 2010). Better service design provides the key to market success, and more important, growth (Shostack, 1984). In the private sector, the surrogate symbols for efficiency are, typically, increased profits as well as expanded market share and, in some industries, improved quality of product and service to customers. In the public sector, the surrogate symbols are improved volume and quality of service to clients, as well as generating a financial surplus and, in some sub-sectors, enhanced market share. Increased efficiency is also seen as essential to preserving the range and scope of current benefits offered by the public sector to the citizenry. To test those theoretical propositions on the field of pharmaceutical care, an empirical research is performed to investigate the effect of those implications in practice.

5.2. Methodology

5.2.1. Sample

Online questionnaires are spread among the La Roche-Posay pharmacists (N=446) to conduct research to their business and their creation of competitive value. A number of 133 pharmacists started to fill in the questionnaire, where a number of 104 respondents could be used for data collection. The questionnaire is attached in appendix two.

5.2.2. Measurement

The questionnaire consisted of the developed constructs of (1) change, (2) entrepreneurial orientation, (3) market orientation, (4) service climate (5) OTC recommendations and (6) the performance. Those constructs are operationalized into the variables that will be measured to test their theoretical implications. For the complete conceptual model see figure 6. The questionnaire items are translated from English to a Dutch. To adapt those questions to the business of the pharmacy, the two sales managers of L'Oréal did a small evaluation in translation those constructs in way the pharmacist would understand. This version is shortly tested on two pharmacists from the previous in-dept interviews. For an overview of the questions and translations to Dutch see appendix seven.

The influence of the business culture (i.e market and entrepreneurial orientation) is scaled through two different constructs. Entrepreneurial orientation was measured by four semantic differential constructs with each four items adapted from Lumpkin and Dess (1989). The scale reflects the organisations degree of risk-taking propensity, pro-activeness, and aggressiveness to competitors with respect to innovation. This scale has a long tradition in the strategic management literature and has been used by several researchers (e.g., Covin 1991; Covin and Slevin 1988, 1989; Miller 1983). The questions are adapted to the orientation of the pharmacist in earlier research of Jambulingam et al. (2005) and are used in this research on a five-point Likert-scale to indicate the number that the pharmacist thought it showed the best with the agreement with that statement. (1- strongly disagree, 2- disagree to 4- agree 5-strongly agree). Those questions are for example; *"our pharmacy is known as an innovator among pharmacies in our area"* or *"pharmacy usually takes action in anticipation of future market conditions"*. To measure the orientation of pharmacist to the customer and competitor the market orientation scale of Covin and Slevin (1991) is used. There market orientation consists of three behaviour components of the pharmacist: (1) customer orientation, (2) competitor orientation, and (3) inter-functional coordination. The customer orientation scale measures the level of customer focus aimed at creating value for customers. Through six items and the competitor items exist out of three. Because the pharmacist is a one-person company with no departments the third inter-functional coordination is let out. Those questions are formulated such as; *"our commitment to serving customer needs is closely monitored"* and *"our objectives and strategies are driven by the creation of customer satisfaction"*.

The perception of change is measured through a general four-item construct based on the result of the first study of environmental, technological, consumer and competitor related change. The pharmacist can relate to the change on a five-point Likert-scale to indicate in which way they agree with the existence of the change on 5- strongly disagree, 4- disagree to 2- agree 1-strongly agree.

To link the service climate a 7-item scale is used from Schneider et al. (1998) to measure their perceptions of service quality through the service climate of the pharmacist. This global service climate scale provides a summary measure of the organisation's climate for service. The 7 items of the 'global service climate' sub-scale were rated on a 5-point scale that ranged from poor to excellent. For example; *"how would you rate the job knowledge and skills of employees in your business to deliver superior quality work and service?"*.

A pharmacist's service motivation for making favourable recommendations for products is measured as the importance of each when making a favourable product recommendation lies in the eight self-care areas. The items were randomly placed on the instrument to avoid order effects in a 5- point Likert whether pharmacists believed that products and health behaviour choices play a major role in promoting health as service in their pharmacy in medical (3), social (7) and marketing forces (9) in a total of 19 items. One item was adapted through the evaluation of L'Oréal and added to the scale to conduct the role of marketing in advertisements.

Respondents were asked in an extra question to rate their perceived level of agreement of each item by indicating, on a 5-point Likert scale which brand they would recommend at which problem. The 12 areas were selected of a list of 27 problems conducted through a research of Wokenstein et al. (2003) about the most common skin diseases in French. Those included; any skin problems or diseases, acne, eczema, dry skin, chronic itching, contact dermatitis, greasy skin, psoriasis, miscellaneous, red spots and flaking skin on the face, brown spots on the face, skin cancer and vitiligo.

This study was based on the work of Murphy et al. (1996) to measure firm 'overall' performance variable with three dimensions: efficiency, growth, and profit. A fourth aspect of the score of OTC is added. The respondents

rated the firm performance on a five-point scale in relation to their competitors. Three items measured efficiency: return on investment, return on equity, and return on assets in the past three years. Similarly, three items measured growth: sale growth, employee growth, and market share growth. Three items measured profit: return on sales, net profit margin, and gross profit margin (Murphy et al., 1996). And three items related the OTC were measured in terms of overall performance of dermo-cosmetics in comparison other pharmacist, satisfaction with the sales dermo-cosmetics and rate of profit of OTC. Two of these items sought to measure ROCE and sales growth of the respondent's firm, in the last five years, relative to other companies in the industry; while the third item asked respondents for their impression of their firm's overall performance, in the last five years, relative to others in their industry.

Control variables are added to measure differences in age, gender, size of the pharmacy (employees and pharmacies), and profession to check if the respondent indeed was pharmacist, and demographic variables such as name and pharmacist to get feedback if they prefer to see the results of the research. The questionnaire is attached in appendix three.

5.2.3. Data collection

The questionnaire is spread through email during a period of 3 weeks and conducted a short explanation of goal the survey, their trust of confidentiality of the research and the link to the questionnaire. Every email was personalised by using the personal name in the beginning of the email and their pharmacy name (see appendix six). The list of the names of the LRP pharmacist was been available through L'Oréal; the email addresses are searched through the internet and listed down for every name. Through an announcement on the pharmaceutical website, a letter of the communication manager of LLOYDS pharmacist, and a email for the encouragement of the rayon managers of LRP there is tried to stimulate the pharmacist to fill in the questionnaire and achieve at much respondents as possible (see appendix five). A few principles of Dillman (1999) are also implemented to decrease the error on non-response. The web questionnaire had a welcome screen with the ease of responding, instructions and how to proceed. The first question was visible without to scroll down, so the respondents could easily answer the questions with short questions as possible (Dillman, 1999). After sending the (personal) emails two reminders are send to the pharmacists to follow up the questionnaire email, each time with very positive results of extra 30 until 50 respondents.

5.2.4. Data analysis

To analyse the data of our conceptual model (see figure 7) all the values of the questionnaire can be transported in SPSS. To explore the respondents who completed the survey a scheme is made to describe the pharmacist answering the question to see if the sample is representative. To define what there is tried to measure indeed is been measured, a factor analysis and reliability scale is performed to validate the scaling of the accomplished constructs. First factor analysis attempts to identify underlying variables, or factors, that explain the pattern of correlations within a set of observed variables. The aim is to detect structure in the relationships between variables and to classify the variables. To find a rotation that maximises the variance on the factors to obtain a pattern of loadings on each factor that is as diverse as possible, a *principal component analysis* is conducted. Using the varimax rotation with Kaiser Normalization, this factor analysis is used to identify the number of factors that explain most of the variance of the orientation of the pharmacist observed in a much larger number of manifest variables that maximises the variance.

Second to measure the internal consistency or reliability of the score of the construct, for the sample of pharmacist, the Cronbach's α (alpha) explores the internal consistency estimate of reliability of our test scores. The Cronbach's Alpha has a value between the 0,0 and 1,0. Reliability of the multi-item scale for each dimension was measured using Cronbach alphas and composite reliabilities measures. The deletion of items can increase the value. Items that better can be deleted could be agreed to let out of the research if the validation is not right. The first step of the data analyses is to run a correlation matrix of all variables and then examine it for expected (and unexpected) significant relations because the research involves more than a very few variables. The level of inter-correlations between de constructs of the research show if the scales show a relationship which each other. The Pearson's chi-square (χ^2) test if the constructs observed in a sample are consistent with the theoretical distribution of the outcomes who are equally likely to occur. The next step is to learn more about the relationship between the several independent (or predictor) variables and the dependent or criterion variable through of multiple regressions. In this equation, the regression coefficients (or B coefficients) represent the independent contributions of each independent variable of the orientation of the pharmacist, to the prediction of the dependent variable of the service climate and performance of the pharmacist. There can be controlled if the orientation fo the pharmacist (variable X1) is correlated with the Y variable (service climate). To interpret the direction of the relationship between variables, there can be looked at the signs (plus or minus) of the regression or B coefficients. If a B coefficient is positive, then the relationship of this variable with the dependent variable is positive (e.g., the greater the orientation the better the service climate); if the B coefficient is negative then the relationship is negative (e.g., the lower the orientation, the

better the average test scores). Of course, if the B coefficient is equal to 0 then there is no relationship between the variables. The smaller the variability of the residual values (R-value) around the regression line relative to the overall variability, the better is the prediction. If there is no relationship between the X and Y variables, then the ratio is equal to 1.0, if there is a perfect relation then the variance would be 0.0.

To investigate the differences into the groups, the influences of the perception of changes is measured on the effect of the orientation of the pharmacist to attain if their perception of change influences their orientation. Next to this the role of OTC is explored to see if pharmacist recommending OTC more than other this has a significant influence on the service climate of the pharmacist. On those differences a regression analysis is performed to investigate the prediction of those variables.

5.3. Results survey

5.3.1. Descriptive respondents

The questionnaire is filled in by 132 people (29% of the population), meaning a reasonable representation. Some pharmacists did not complete the whole questionnaire, so 104 of the respondents who completed the questions are used for the statistical measurements. As Babbie (2004) stated, at least 50% should fill in the questionnaire; this amount is adequate. Evidently, higher is always better, with 60% being good, 70% very good and 80% excellent (Babbie, 2004). The response on the demographic information was somewhat little. Those questions where not comprehensive to fill in, and many pharmacist rejected. In the table the result of those who did fill in those questions are visible. Most of the respondents where owner of their pharmacy (65%), and more were men then woman (53%) as shown in table 5. The larger amount was a relative big pharmacy (25%) with more than 10 employees.

Table 5. Descriptive of Respondents

(N, %)	SAMPLE OF N=104		
	Frequency	Percent	
FUNCTION¹			
Managing/own pharmacist	69	65,7	
Second pharmacist	16	15,2	
Assistant	3	2,9	
Gender²			
Men	53	60%	
Woman	35	40%	
AGE³			
25-30	11	10,5	
30-35	9	8,6	
35-40	15	14,3	
40-45	10	9,5	
45-50	10	9,5	
50-60	23	21,9	
> 60	2	1,9	
Patients₄			
< 20000	3	2,9	
2000-4000	2	1,9	
4000-6000	5	4,8	
6000-8000	17	16,2	
8000-10000	22	21,0	
> 10000	25	23,8	
EMPLOYEES⁵			
2 – 4	5	4,8	
4 – 6	8	7,6	
6 – 8	5	4,8	
8 – 10	17	16,2	
> 10	43	41,0	
BRANDS			
VICHY	104	Louis Widmer	6
La Roche-Posay	96	Netrogena	1
Avene	5	Biodermal	34
ROC	7	Apothekersmerk	38
		Others	53

1. missing 17 (16%) 3 missing 24 (23%) 5. missing 27 (26%)
 2 missing 17 (16%) 4 missing 31 (30%)

5.3.2. Scaling of constructs

Factor analyse

The goal is to reveal the items to be tapping into a one-dimensional construct, and so, for further analysis, these items were summed to form one overall measure of orientation. They factors merely loading on their own constructs, nevertheless there is some overlap (see table 6). The factor innovation loads entirely on the right factors. The factor risks also with an exception of factors loading also on innovation and one risk factor

who loads more on the innovative factor. This question is *'taking gambles is part of our strategy for success'*. For the pro-active factors there is a negative loading. In the reliability analysis there can be investigated to delete this 'wrong' factor. This is the question *'our pharmacy usually takes action in anticipation of future market conditions'*.

The competitive aggressiveness factor has also one exception of an item that loads also on the innovation factor, but it also loads on their own factor. *This factor is "our strategy can be characterised by a strong tendency to take risks"* probably because the factor innovation is seen as a strategic factor.

The market orientation loads on different factors than the entrepreneurial orientation, with the exception of one competitive item. But the factor between MO of consumer and consumer load on two factors based on another difference than the consumer/competitor aspect. Questions loading on the first factor are the questions with their strategy and measurements, factor two are questions related to customer needs and values. For an overview of the questions and translations to Dutch see appendix seven.

Table 6. Results Factor analysis

	FACTORS					
	1	2	3	4	5	6
PROAC3	0,46					0,61
PROAC4						0,74
PROAC2						0,78
COMP1	0,52					
COMP2			0,86			
COMP3			0,79			
COMP4			0,81			
INNOV1		0,59				
INNOV2		0,72				
INNOV3		0,57				
INNOV4		0,69				
RISK1	0,69	0,42				
RISK2	0,79					
RISK3	0,49	0,44				
RISK4	0,44	0,65				
COMPOR1			0,81			
COMPOR2			0,41	0,42		
CUSTOR1					0,82	
CUSTOR2					0,75	
CUSTOR3					0,81	
CUSTOR4				0,8		
CUSTOR5				0,87		
CUSTOR6				0,67		

Extraction Method: Principal Component Analysis. (Rotation Method: Varimax with Kaiser Normalization)

a. Loads of factors < 0,40 are not described

b* Deleted items

Reliability

To measure the internal consistency or reliability of the score of the construct, the Cronbach's α (alpha) explores the internal consistency estimate of reliability of the test scores. With a score higher than $\alpha > 0,6$ there can be assumed that the items that constitute the test are a random sample from a larger universe of items of all pharmacists (Babbi, 2004). The deletion of items can increase the value as done with the factor of pro-activity. From the factor analysis different items loaded from different factors, therefore this internal consistency measures the different items separately and together. Simple correlation is examined among the two behavioural core market orientation components and four entrepreneurial components, and their relationships with the two other variables that are conceptually linked to with each other. Those are the service climate, the role of OTC and the overall performance. The items in these scales, and the reliability values and item-to-total correlations for these scales, are reported in Table 7. The customer orientation for the market is included because it only exists of two factors, and the whole item does have a reliable factor. For this research the items of pro-activity one is not included in the research. The items for growth are nevertheless included for the research; we need to reckon with this factor in concluding the results. The results of the measures of reliability were above the recommended minimum standard of 0.60 (Parasuraman, Grewal, & Voss, 2002). Research indicates that values between 0,7/0,8 are respectable, and 0,8/0,9 very good (DeVellis, 2003), so overall the scores show a satisfied picture.

A strong correlation among the sub-components or the variables indicates that they are converging on a common construct, thereby providing evidence of convergent validity (See Table 4). Evidence of the convergent validity of a measure is provided by the extent to which it correlates highly with other methods designed to measure the same construct (Churchill, 1979). All of the correlations exceed .67 and are all significant at $p < .001$ (Table7). Convergent validity is suggested also by the high Cronbach alpha's attained when the scores on scales are combined into one scale.

Table 7. Reliability and correlation between items

SAMPLE (N=104)			
CONSTRUCT SCALE	Items per construct	Cronbach's Alpha (α)	Item-to-Total Correlation
Entrepreneurial Orientation	15	0,79	
Innovativeness	4	0,73	0,89**
Risk	4	0,70	0,86**
Competitive aggressiveness	3	0,75	0,78**
Pro-activeness	4	0,76	0,73**
Market Orientation	8	0,74	
Competitor	5	0,75	0,93**
Customer a	3	0,57	0,63*
Service Climate	7	0,86	
Recommendation OTC	17	0,90	
Brands OTC	13	0,83	
Performance	12	0,84	
Growth	3	0,93	0,76**
Effectively	3	0,93	0,80**
Profit	3	0,88	0,81**
OTC	3	0,79	0,72**
Perception of change	4	0,74	
Consumer	1		0,70**
Competitor	1		0,73**
Environment	1		0,75**
Technology	1		0,75**

a. Factors loading beneath the line of 0,7

** Correlation is significant at the 0.01 level

5.3.3. Correlations

Pearson Chi-Square (χ^2). Beneath are the inter-correlation between the scales of the research. This table visualise the level of association between the constructs. Correlation coefficients can range from -1.00 to +1.00. The value of -1.00 represents a perfect negative correlation while a value of +1.00 represents a perfect positive correlation. A value of 0.00 represents a lack of correlation. The positive correlations between the concepts of business culture with their service climate, and the service climate with performance is such as predicted are significant (see table 8). Also the stimulation of the OTC has a positive correlation with the service climate as predicted, which gives confidence that there is a genuine relationship between those constructs. Only the correlation of the change on the business culture is very small, which indicate that this correlation is not that strong. To see if there is positive linear connection what indicates if the independent variable rises, the measured dependent variable rises to, the next paragraphs carry out the regression analysis.

Tabel 8. Correlation between constructs (N=104)

	CH	BC	SC	P	OTC
Change	1				
Business Culture	0,03	1			
Service Climate	0,08	0,40**	1		
Performance	-0,07	0,22*	0,21*	1	
OTC Forces	0,19*	0,22*	0,29**	0,16	1

5.3.4. Descriptive Statistics

To see if there are irregularities or special effects, the items are measured on their mean (and standard deviation). The mean is the average score on the item with the 104 respondents, and shows the first results of

the scores in table 9. The standard deviation is defined as the average amount by which scores in a distribution differ from the mean, ignoring the sign of the difference. Sometimes, the standard deviation is defined as the average distance between any score in a distribution and the mean of the distribution. The most important and diverse ones we will discuss, in the appendix all the questions are investigated.

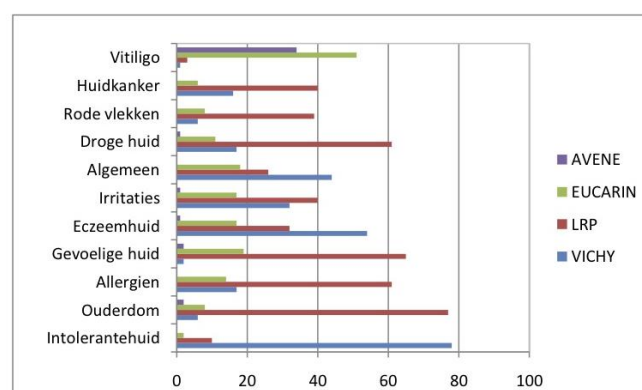
Table 9. Mean and standard deviation of all separate constructs and items

SAMPLE (N=104)		
	Mean	Std. Deviation
Entrepreneurial Orientation	3,34	0,53
Innovativeness	3,47	0,60
Risk	3,17	0,81
Competitive aggressiveness	2,93	0,69
Pro-activeness	3,79	0,57
Market Orientation	3,88	0,46
Service Climate	3,34	0,50
Performance	3,16	0,56
Efficiency	3,20	0,77
Growth	3,22	0,65
Profit	2,88	0,82
OTC	3,34	0,64
Change	1,94	0,70
Consumer Change	1,96	0,88
Competitor Change	2,01	1,01
Environmental Change	1,97	0,97
Technological Change	1,80	0,93
OTC forces of recommendation	3,19	0,69
Social forces	3,29	0,79
Medical forces	3,02	1,34
Market forces	3,14	0,66

** p < 0,01

* p ≤ 0,05

The results of the main scores illustrate a global picture of the general answers the respondents gave. It shows that from EO the pharmacists scores the lowest on their ability to adapt to their competitors in the competitive aggressiveness scores. The scores in their willingness to respond on the changes in the items of pro-active are rated overall somewhat higher then the other scores. For the performance, the general score indicate that most pharmacist evaluate their profit as lower than other pharmacist. The perceived change scores had to be scaled over, as 1 was scaled as positive (agree) and 5 negative (do not agree) and are recomputed in order for the comparison with the other constructs. Overall tends the score to the left, indicating that in general, the scores are more to the agreement in change then ignorance of change. In the agreement on why a pharmacist sells OTC it seems that the forces who are in general indicated the highest to recommending to their customers are the social forces, and the least are the medical forces. Graph one shows a picture of to which product a pharmacist recommend to a skin problem. Those results show that every skin problem differs which products they would recommend (see graph one). There are some big differences on which products ‘brand’ matches the skin problems.



Graph 1. Distribution of top 4 products recommended through a pharmacist for skin problems

5.3.5. Differences between groups

Change

To measure if there is a difference in how the one pharmacist perceives changes then another, an ANOVA (Analysis of variance) is executed to see if there is one group significant different in how they acknowledge the changes. The groups are split on the result of 1 until 3 on the Likert-schale as the group one who does not see changes as important, and the one resulting in an average of 3 until 5 as the group two who did see it as important. Only 7% saw the changes as little, while 93% saw it as above average. This makes it difficult to compare, nevertheless, the T-test was run and showed a significant difference (F-value = 75,34 and $p < 0,01$) between the two groups.

The result on separate factors of changes are showed below in the table.

Factor	Frequencies (N) in different groups			
	Change in environment	Change in technology	Change in competition	Change in consumer
Group 1	21	20	15	16
Group 2	83	84	89	88
ANOVA (F-value)	221,88**	243,54**	145,21**	167,31**

** $p < 0,00$

Adaptability

To see if there are significant differences between the group of a non-entrepreneur (score of culture below the 3) and the entrepreneur (above the score of 3) an ANOVA is executed between both groups. The business culture of the pharmacist has a median score of 3,61 in the sample of 104 respondents. The scores vary from 2,56 until 4,48 on the 5-points scales of the entrepreneurial- and market orientation. Group one with a non-orientated business culture exist out of 50 (48%) respondents while the second groups with an above average score exist out of 54 (52%) respondents what makes it possible to compare those groups. The test showed that there is a significant difference between both groups with a F-value of 80,46 ($p < 0,00$).

BC compared with service climate

To investigate the difference between those groups a split file is carried out to explore if those groups significant differ in their performance of their service climate. To see if the differences in business orientation have significant differences between each other, an ANOVA is conducted to investigate the relation within the groups. The scores of the service climate are compared based of the two groups of the non-entrepreneurs and the entrepreneurs of the previous scores of the BC. The ANOVA test shows that the difference of those groups have a significant difference in their results on the service climate $F = 1,01$ with a SE of 0,01 on a $p < 0,05$ level.

Change compared with BC

To see if the different groups significant differ in their perception of change an ANOVA confirm the findings that the differences would occur. The differences are not significant different if the both groups are compared ($F=0,07$, $p > 0,10$). Nevertheless by splitting the different changes in the four items differences are visible in the next table. The change is technology and competition do have a significant higher effect on the one group then another while the environment and consumer does not influence one group more then another.

Table 11. F-values of ANOVA between the two groups of BC

Independent Variables	Dependent Variables
	Business Culture
Change perceived in consumer	0,12
Change perceived in environment	3,86**
Change perceived in technology	2,88*
Change perceived in competition	1,38

** $P < 0,05$

* $P < 0,10$

5.3.6. Important predictions of pharmacist

Ordinary least squares regression analysis was used to test the hypothesis the variables from the conceptual model are associated positively. The regression coefficients measured the independent variables in the hypothesis for expecting them to predict the outcome of the depend variable. Table 4 presents the regression results between the concepts controlled with the factors of gender, age, size and function.

Predictor Change

The result of the regression (see table 10) shows that the perception of change has no significant effect on how the business culture of the pharmacist is. Change is positive correlated with the ($R = 0,28$) business culture but is only for less than one percent explained ($R^2 = 0,08$) and has a non-significant regression coefficient ($B = 0,14$). Therefore the first hypothesis is not supported ($T = 0,88$; $p > 0,10$).

Influences of the different changes perceived in the environment, technology, consumer & competition show a picture of diffuse results. While if the pharmacist does perceive a higher amount of change in the competition, they score higher in their market orientation and entrepreneurship. If they see more technological change, they score lower in their business culture.

Table 9. Separate regression coefficients as influences of items of change as predictor of the pharmacist business culture

Independent Variables	Dependent Variables
	Business Culture
Change perceived in consumer	0,01 (0,10)
Change perceived in environment	0,05 (0,09)
Change perceived in technology	-0,20 (0,09)*
Change perceived in competition	0,21 (0,10)*

* $p < 0,05$

Business culture

The coefficient of business culture is significant for the market and entrepreneurial orientation ($p < 0,01$), supporting the hypothesised two of monotonically increasing relationship between business culture and service climate. Influence of the orientation of the pharmacist predicts with a R of 0,49 more than 24% ($R^2 = 0,24$) of the scores of the service climate with a significant regression coefficient ($B = 0,51$). R squared (R^2) is the proportion of variation in the dependent variable explained by the regression model. The sign of R indicates the direction of the relationship (positive or negative). The absolute value of R indicates the strength, with larger absolute values indicating stronger relationships. The strength of $R = 0,51$ indicates that there is a positive linear influence of the orientation of the pharmacist on their service climate. The values of R^2 range from 0 to 1. R is the correlation between the observed and predicted values of the dependent variable. The values of R range from -1 to 1. But the R^2 indicates that this number is not that strong, indicating there are other factors influencing the service climate also. Besides R -squared the ANOVA is used to check how well the model fits the data. The significance value (with a sig. level of $p < 0,00$) indicates that the orientation of the pharmacist is doing a good job explaining the variation on a significant level on the service climate.

Service Climate

Also hypothesis five is supported in the relation between the service climate and performance is significant positive ($p < .0,05$). The influence of service climate predicts with a R of 0,58 more than a 30% of ($R^2 = 0,33$) of the scores of the performance with a significant regression coefficient ($B = 0,23$). The strength of $R = 0,50$ indicates that there is a positive linear influence of the orientation of the pharmacist on their performance. But the R^2 indicates that this number is not that strong, indicating there are other factors influencing the service climate also. The significance value of the F statistic is small (F value = 4,96 with a sig. level of $p = 0,05$) indicating that the orientation of the pharmacist is doing a good job explaining the variation on a significant level on the performance.

Products

The third and fourth hypothesis about the mediate role of the OTC stimulation between the business culture and service climate is of influence. For all the separate regression models see appendix seven. The business culture has a significant linear effect ($F = 2,02$ and $p = 0,05$) as a predictor on the scores of their positivity of the stimulation of OTC products what proves our prediction of hypothesis three. Also the regression of the prediction value of the scores on why the pharmacist recommends OTC products has a significant influence on

their service climate. But remarkable by controlling it for both factors the business culture did not effect of the business culture on the service climate (see for all the results in appendix 7). Instead of the scores who must be less in with the control factor of OTC stimulation the scores of orientation increased. The mediation did not hold because the independent variable had more effect when the mediator was controlled, while a mediator had to catch up this effect increasing the effect of the independent variable (Baron & Kenny, 1986).

Table 20. Hypothesised linear relations with their regressions coefficients B (+ standard estimation) controlled on gender, pharmacy employees and size of patients

Independent Variables	Dependent Variables				
	Business Culture	Service Climate	Stimulation OTC	Performance	
Change Business Culture	0,14 (0,20)				
Stimulation OTC		0,51 (0,18)**		0,42 (0,21) *	
Service Climate			0,31 (0,08) **		0,23 (0,12)*
Gender	-0,05 (0,14)	-0,11 (0,11)	-0,15 (0,08)	0,09 (0,17)	0,27 (0,15)
Size (employees)	0,01 (0,05)	0,01 (0,05)	0,01 (0,05)	0,00 (0,08)	-0,14 (0,07)
Patients	-0,00 (0,05)	-0,00 (0,05)	0,04 (0,05)	-0,12 (0,07)	0,04 (0,06)
Function	-0,04 (0,10)	0,01 (0,10)	-0,10 (0,10)	0,29 (0,16)	-0,11 (0,12)
Age	-5,53 (0,00)*	-1,6 (0,00)	-3,12 (0,00)	-9,82 (0,00)	0,00 (0,00)**
R	0,28	0,49	0,50	0,42	0,58
R ²	0,08	0,24	0,25	0,18	0,33
F	0,88	3,01	3,35	2,20	4,96
T	0,99	3,81	4,00	2,03	1,98
P	0,33	0,00	0,00	0,05	0,05

** p < 0,01
* p ≤ 0,05

5.3.7. Results overview

Model linking foundation to climate for service in to performance based on orientation of the pharmacist. These are unstandardised regression coefficients; only significant ones are presented in blue (p < .05). Standard errors are in parentheses.

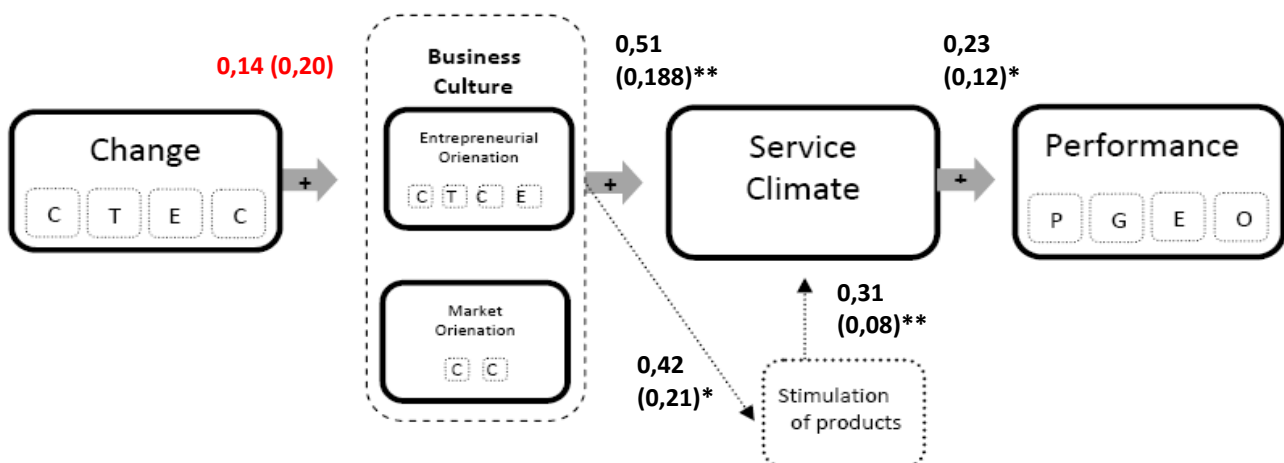


Figure 7. Conceptual model of the research

6. CONCLUSION AND DISCUSSION

The findings of both studies developed a conceptual model to examine the service climate through their services and products in the relationship between business culture and firm performance. In answering the main question, which opportunities can be developed for the Dutch Pharmacist in responding to the changes in the environment and how can La Roche-Posay deliver support to this change, the key finding of both studies are presented with a discussion of the limitations and implications. Consistent with both the strategic management and marketing literature (e.g., Christensen and Bower, 1996; Slater and Narver, 1995; Atuahene-Gima and Ko, 2001), the findings confirm that market orientation and entrepreneurship are two key elements of service climate success and that a high-market/high-entrepreneurship orientation therefore is optimal for a business culture to enhance performance. While previous researches indicate the relationship with a high performance this research indicates the importance of the service climate and offering of their products to succeed in a service provider in the pharmaceutical market.

6.1. Key findings

The main question to this research was **“how does the environmental change affect the business culture of the pharmacist, and how does this create opportunities to develop their service climate through their products and services quality to improve their performance?”** The findings provide some important aspects in the business culture of a pharmacist. First, while the importance of entrepreneurial orientation and marketing orientation on firm performance has been recognised, the link between service providers was unclear. This study reveals that the business culture for pharmacist during change is critical to enhance a quality of service climate and has positive impact on their firm performance. This gives additional grounding for statements for their positive relationship. Second it presents the differences in the existence of the pharmacist’s business culture in their response to market environmental changes through their entrepreneurship. The existence of non-entrepreneurs, create a significant lower effort in their pro-activity to respond to changes and takes challenges to market risks. And there are the more entrepreneurial minded pharmacist, with a more orientated culture on the market, which focus on their consumer and competitor and dares to take risk in their business. Both groups differ significantly in their results on the service climate they perceive, what the research illustrates to be related to their performance. Overall, these findings contribute to a better understanding of entrepreneurial orientation of the pharmacist and its impact on their quality of service to their firm performance. The role of products into their service of the pharmacy climate is discussed into practical and theoretical implications. The key findings are presented further in the subjects below.

6.1.1. Change

Different changes in the pharmacist environment occur proved to be of influence of the value of the pharmacist. In the light of the market position of the pharmacist different changes are explored of situation the pharmacist had to adapt to. The results of the first study show the external pressures can be categorized in competitive forces, social change, technological change, customer opinion and legal environment, found to be of influence on the business of the pharmacist. In this exploration not only those changes are found on the healthcare market and the influencing on the pharmaceutical market but the different attitudes of the pharmacist are visible, demonstrated that those changes have a different influence on the attitude of the pharmacist. Illustrating the regulation change the interviews did partly confirmed the resistance of the pharmacist in the interviews. Moreover it proved to be sometimes accepted and exploit as an opportunity, but mostly it forced the pharmacist to rethink their value proposition. The study revealed likewise the differences in the interviews among the pharmacists. Through an examination of the business model their role as service providers is established and sustained the services and products evident in their customer satisfaction. The main problems were confirmed in the interviews; it delivered problems in their work pressure, in their service to the customer and to more competition what leads to four focus points of change; technology, consumer, competition and environmental. They experienced this change in their daily work, which arise difficulties in the delivery of efficient service to their patients. Through an increase of more administrative tasks and their role of service provider came in difficulties through a new preference policy of the government. The first study illustrated the changes in environment and market were perceived especially in the view of the market such as customer and competitor, and the emphasis gave present in the relation with the quality of their service delivery to the patient. In the second study the pharmacist acknowledged a change above average which indicate. Those results are compared between the group of pharmacists indicating the change as agree or strongly agree with the change, and the other pharmacist who did not agree with the change. Those results revealed that the pharmacist environment is indeed perceived differently between those two groups. Their

difference in reaction was shown in the interviews to differ. The constructs of change represented the cause why pharmacists differ in adapting to the change happening.

7.1.2. Adaptability

The results of study two confirmed the relationship and differences in types of pharmacists of adaptability imbedded in their business culture, which was revealed in the first study between their differences in entrepreneurship and market orientation. The entrepreneurship of the pharmacist business culture distinguishes pharmacist who significant orientated themselves on innovation, risk-taking, and their pro-active attitude on the market orientation and competitors. The results of the first study showed that if the focus more on the market such as customer and competitor and their experimental ability to react on changes in their entrepreneurial skills such as a pro-activity way to take chances and outperform their competitors are imbedded in their business culture differ. Pharmacist with orientation toward market changes, new challenges and opportunities appeared to have a more entrepreneurial minded and are competitive, create a more pro-active attitude and have more courage to incremental changes or innovations in their services such as their opening hours and internet exploitation. The second study compared the results of the scores in their business culture and showed a differentiation of almost 50%/50% separation of pharmacist groups (1) who score above average in their business culture of entrepreneurial and market orientation and (2) the ones who score below this average. The difference in their business culture differed significant with each other.

Incomparable with the interviews the results of the first study the answers showed some remarks on how the pharmacist reacts on change trough their business culture; the differences in their perception of change showed relevant relationships either positive of negative influencing the orientation of the pharmacist, and the perceived change appeared to have a different effect on the orientation of the pharmacist. The groups of the non- and entrepreneurial group did not differ in their scores on the change. In conclusion the one group did not perceived the change *overall* more or less then the other group. But the relation between the perception of the different kinds of change and their culture showed in the second study positive but also negative influences to the orientation and could influence the orientation on different levels then predicted. The change is technology and competition do have a significant different score on the one group then another while the environment and consumer does not differ by the one group more then another.

The interviews showed that pharmacist sometimes shows a scared impression or passive. Through an increase of changes this feeling could be stimulated and therefore have negative impact on their orientation. There was not a distinction between groups of pharmacist who perceived the change higher and their business culture. It illustrated the perceived changed with a (small) positive correlation to the business culture what demonstrate the relation but not the influence of each other. In conclusion the first study revealed the suggestion that the pharmacist did not take the changes serious all the same. The results exposed during the interviews implicated that a pharmacist who perceives the changes higher than other, developed also a more entrepreneurial culture with a higher learning and experimental capability to the market. Likewise the second study proved that in general the perception of the pharmacist change scored high, but did not illustrate that the perception of the entrepreneur or non-entrepreneur on the change was directly predicting their business culture. While if the pharmacist does perceive a higher amount of change in the competition, they score higher in their market orientation and entrepreneurship. This through their high influence of orientation on their competitor through their pro-active attitude on responding on rivals in their entrepreneurial- and market orientation.

The construct showed an existence of a positive and negative correlation among the four items. Remarkable if they see more technological change, they score lower in their business culture. This indicates that the influence is not purely causal or as a predictor. Perhaps do the pharmacist with a higher level of entrepreneurship see the change in technology, but do not acknowledge this because of their higher capability to react on changes. The pharmacist scoring low in their business culture could be more resistant to the change and therefore anxious where trough their perception is higher.

Nevertheless, the mean of those results of items did scores high in the changes in consumer and competitor. Earlier research concludes that there must be something quite unique about the entrepreneurial individual that gives him or the propensities to gain economically in the midst of the change, chaos and confusion that tend to foster the emergence of entrepreneurs (Schumpeter, 1976; Stevenson. 1983). While the characteristic of an entrepreneur could enhance change better, this key finding illustrates that is not in their perception of change but likely to be in their characteristics of opportunity recognition. Those findings are in line with the research of Winter (2000) who investigated this issue of entrepreneurial uniqueness and the frequently presumed tendency of the entrepreneur to recognise opportunities (i.e., "entrepreneurial opportunity recognition") in his or her relevant environment. In earlier research the "cultural rate" of the entrepreneur represents the behavioural characteristics of the entrepreneur in terms of his openness to broadening his personal knowledge and his capacity to criticise and recognise the limits of his own knowledge. This previous

research has shown that being open to the change enables the entrepreneur to explore developments in the environment and learn from unfamiliar cultures (McCline et al, 2000). While this research did not prove the prediction through the way a pharmacist perceives the environment, the openness of this change could have an important role in orientate in the market such as revealed in the first study. But the results demonstrate that the change are taken serious through the entire group of pharmacists and is not a direct predictor in their willingness to respond or take challenges. The changes are not on influence directly on the characteristics of the attitude and behaviours in their business culture.

6.1.2.Value creation (i.e. services and products)

The relation of their orientation in the pharmacist business culture to the service climate was certainly significant of an influence on each other. The fist study showed a relationship between pharmacists with a more entrepreneurial approach to exploit commercial ideas on the market, more open to new business initiatives put more efforts in services to enhance their customer satisfaction. They showed more interest to be more market orientated and therefore willing to take more risk and take challenges to satisfy the customer for beating their competition and increasing their quality. The research focused on the value creation through the services of the pharmacist and there was expected that the pharmacists who were scared or show resistant to move of react on the changes had a less orientation on the market through their negative and sometimes passive way of improvements that would negatively affect their service performance. In line with previous research it showed that apart from financial benefits, other benefits for service firms, like creating customer value and increasing strategic success can improve their market performance and efficiency and, ultimately, to benefit both producers and consumer. Research showed that to retain customers and stay competitive, many organisations are making customer perceptions of service quality a priority (Berry, 1995; Zeithaml & Bitner, 1996). Results of the survey in the second study confirmed that the strength of the orientation of the pharmacist had a positive linear influence on their service climate. This indicates that the orientation of the pharmacist is doing a good job explaining the variation on a significant level on the service climate having a positive relationship as expected. An explanations is that while scared or passive pharmacist creates a less service friendly environment because out of frighten to take any risk to jump out of their segment, and because they do not respond in the way the other pharmacists do in anticipating on their market, consumers and competitors. This is also predicted in the interviews where the results demonstrated that some pharmacist who have more orientation toward new challenges and opportunities appears to be more open to the encouraging to customers to paid services or perform more of the service themselves. Another reason shown is that the pharmacist who are more competitive, create a more pro-active attitude and have more courage to incremental changes or innovations in their services such as their opening hours and internet exploitation, what would be expected to be more effective than the solid pharmacist who go back to their core business without expanding themselves. The second study illustrate that the pharmacist improved their climate significant in order to create unique quality service to the customer if they score higher on the level or orientation of the market and entrepreneurship. The results demonstrated that the way a pharmacist is orientated on the market, and in addition to their entrepreneurial mindset, is indeed of influence of how the pharmacist perceives there service climate and scores on their performance. The results showed that while the scores of the business culture of the pharmacist increased, the level of service climate improved. In the distinction of the more entrepreneurs and non-entrepreneurs, the groups of entrepreneurs scored significant higher in their service climate. This research concludes that the focus on improvements of the service aspects of the pharmacy, and the delivery of value to the customer emphasised in the interviews are an important factor the service climate. There theoretical evidence showed that therefore of satisfaction of the patient also could increase because customer satisfaction is the result of a customer's perception of the value received and can be achieved in a service climate (Schneider et al. 1986).

Another aspect demonstrated in the interviews is the important of the products in the pharmacy. The role of products are playing a important role in those services to enhance the quality of their customer service. Their products are a way to interfaces with consumers requesting health information, advice, or counselling. Results of the first study remarked an interesting difference. It did appear that a pharmacist more entrepreneurial minded, was more open to the commercial side of the pharmacy. Because of an orientation of the market and their willingness to experiment they were more open to the stimulation of products patients have to pay for. They believe more in the value a product can be for the customer instead a unnecessary push of product. But their services did suffer under these propositions, leaving the customer 'shop' alone in their pharmacy without advice or help. In line with the research of Kotecki (2002) it showed that the awareness on the importance consumers place on pharmacists' recommendations to dermo-cosmetic product contribute to their services in the marketplace. The results of the study two showed that the forces of recommendation of OTC are indeed influenced positivity through the orientation of the pharmacist. The business culture of the pharmacist is

important in the role of the recommendation of dermo-cosmetic products in increasing their service climate. Pharmacist who are more orientated on the market and reaction to the future have a positive influence on the level they are recommending products on social, market of medicine forces. The first study predicted the climate of the services to satisfy the customers where in high quality products could create a unique advantage. The study showed that indeed pharmacist scores of recommending products on social, market of medicine forces are significant positive related with their service climate. A reason is given in the interview where there is shown that the reason to dispend products, and especially the products such as dermo-cosmetic where the profit ration is large, is because it triggers extra revenues for the pharmacies. A value creation to the customer is one reason that OTC product sales are so important to pharmacies because of the convenience and quality of the articles contribute to the appeal of the pharmacist as a sales channel for the dermo-cosmetic products. While it is not proved that the effect is mediating between the business culture and the service climate, it is demonstrated that the entrepreneurial and market orientation has a significant influence on how sensitive the pharmacist is in their stimulation of products and likewise this has a significant relation with the value of the service climate. The study implied that in a business culture in which all employees are committed to the continuous creation of superior value for customers (i.e. market orientation) it would be likewise that the awareness of the consumer place contributes to the way the pharmacist approach the customer with recommendations. Pharmacist having a business culture more focused on the market creates a climate expected with regard to customer service and customer service quality. Therefore the importance of recommending products in the pharmacist can enhance the communication to the customer what positively increases the quality of the service. The results showed that it did not function to the extent that it accounts for the relation between the two but does proved to be of influence. This could have different reasons, or the relationship between the business culture and service climate includes the role of the stimulations already, or while it is of influence it does not increase the relation because it does not capture the effect. The relation between the business culture and service orientation is therefore stronger than the influence of the products. It could be investigated if the product stimulation effects the relation between the service climate and business culture, because when the forces of recommendation are taken separately, social forces are the one of significant influence (sig. level < 0,10). This could make differences if the forces of recommendation are discusses separately.

6.1.3. Competitive advantage

The first study revealed that the willingness to keep the customer happy revealed to be a pharmacist unique value to compete with their rivals. Their delivery of value in products offering and service climate is a distinguishing factor on the market. As the theory framework predicted moderates the service climate strength of the pharmacist the relationship between employees' service climate perceptions and customer experiences what explains the influences on their overall performance. Earlier research acknowledges that services variety of non-price factors, such as design and quality could stimulate sales (Baden-Fuller and Pitt, 1996). Service quality has been proven to be a positive influence on customer satisfaction, and therefore leads to a higher profitability because customer satisfaction has a positive impact on firm through to a number of reasons (Yi, 2010). The second study illustrated that this proposition also conducts on the pharmacist and that their service climate and profitability are indeed related to one another suggesting that a service climate could influence the customer and profitability in a positive way, because customer satisfaction influences customer loyalty, which in turn affects profitability. There can be assumed that while customer satisfaction enhances customer loyalty and influences customers' future repurchases intentions and behaviours therefore the profitability of a firm increases.

The research concludes that it proven the important of the utilisation of the environmental change. While it has not predicting value to the business culture it has shown it theoretical important to an entrepreneur to enhance change in the pharmaceutical field. The business of the pharmacist had shown differences between the entrepreneurs and the non-entrepreneurs and the important of the activity to react on change in a pro-active way to the role of the pharmacist. The business culture of the pharmacist differs in among their entrepreneurial and market orientation and significant predicts the quality of the service climate. The research reveals the difference in the entrepreneur and non-entrepreneur in effect of their quality of the service climate. The more open a pharmacist is in their adaptability to the market, and the more innovative the pharmacist works in their pro-activity to the consumer and competitor, the most opportunities to would create to develop their service climate through their products and services. The research shown that the business culture is an predictor of how a pharmacist activities in dermo-cosmetic products is achieved, and more important, how this positively influenced the service climate of the pharmacy. It is shown that their service quality improve their performance in comparison with their other colleagues which could leave them more competitive advantage in the market.

6.2.Limitations

There are some limitations that suggest caution and discussion in assessing the findings. The first question that must be addressed relates to the development of change to predict firms with different market and entrepreneurship orientation combinations, and the influences of the different performance combinations.

Different constructs of change and business culture

As the framework illustrates the interaction between the constructs, the orientation is perceived as a culture of the pharmacist. The construct originally came from the marketing aspect (i.e. marketing orientation) and the management aspect of resources (i.e. entrepreneurial orientation) as the cultural framework. The framework illustrates that entrepreneurship was considered the means by which market orientation was translated into business culture. But the diversity of approaches in the literature indicates that the combinative effects of market orientation and entrepreneurship on firm performance are undoubtedly complex. The result demonstrated the relation between the more entrepreneurial-minded pharmacists who indeed appeared to have more market approach. Nevertheless the complex relation between the two constructs has to be acknowledged.

If a pharmacist perceives the change higher than others, it does not immediately increase the scores on the entrepreneurial and market orientation in the business culture. Nevertheless, if the construct is split up in the four changes differences exist. With the control of age, gender, size and function, there arise two factors who are significant. The change in technology and competitor ($p < 0,05$). The technology influence has a negative influence on the BC while the competitor change perception indicates a direct increase in the BC of the pharmacist in terms of the entrepreneurship and market orientation. The limitations arise that this construct is not clear in their influence, and that a deeper operationalization is necessary to clarify their influence. It could be possible that it is not a simple causal direction, but that the perception of change is a part of, or an influence of the business culture itself. While the regression showed that it is not a direct relation, it needs further research to conclude their relationship because the different regression analyses of a separate influence of MO and EO did not make a difference in the case of change perception. It was to be expected to be more effective than the pharmacist who decreases their core business without expanding themselves or experiment in the market. But can indicate that the way a pharmacist acknowledges a change in their environment is in relation to their orientation imbedded in their business culture of efforts in learning of-, and testing in- the market.

Difference constructs of orientation and service climate

But for example research results raise the question of whether entrepreneurial orientation is always an appropriate strategic orientation or if its relationship with service climate or performance is more complex. Therefore the perceived change in the consumer emerged to have a different influence on the constructs is difficult to explain. The theoretical framework suggested that the market and entrepreneurial orientation complement each other in their influence on the service climate. Based on the theoretical framework this premise is confirmed. Nevertheless other research of (Lumpkin and Dess, 2000) suggests the independent influence of some of the aspects of EO on performance or learning ability. When taking a closer look on the independency of the constructs in their regression to the service climate, the market and entrepreneurial orientation are both of significant influence (sign. level $< 0,01$) on the service climate (see for all the results in appendix 3). This indicates that while the two constructs are comprehensive to each other in the existence of the business culture of the pharmacist, a remark can be made on the independent influence of MO and EO as both are significant of influence.

Following this reasoning, one level further on the items-layer, the influence of the way a pharmacist innovates, takes risk, be proactive or enhance their competitors can be comprehended differently with the items of the consumer orientation or rivals on their market. The regression coefficients on the separate items of EO and MO together show that the pro-activity of the pharmacist to respond and the orientation to the consumer both exceed themselves as significant influence compared with the other items of innovation, risk-taking, and competitor focus (sign. level $< 0,05$). This would indicate that in the combination of factors the items are of influence, but further research could enhance more information about the difference between the items. For example could the pro-activity of the pharmacist and the consumer orientation differentiate a pharmacist from another, while the risk taking could decrease the service climate. While in combined constructs of EO and MO had a positive (but not significant $> 0,10$) effect, if EO is measured as the only influence of service climate, the risk taking showed a negative effect! In their pure form without influence of other orientation of the market, risk could decrease the service climate.

Different constructs of performance

Taking a closer look at the results of the performance men could wonder if in spite of the theoretical arguing in the framework, there could be logical reasoning that one effect has another meaning to the construct than another in terms of the service climate as influence of growth, efficacy, profit and OTC-results. For example

does the service climate influences the separate forces of performances differently. While it has a significant effect on the growth of the pharmacist ($p < 0,01$) and on their results of OTC ($p < 0,05$), the profit and efficiency are not directly significant influenced on their own. The direct and indirect influences could be discussed further though. While service climate can create an environment leaving more satisfied customers in the store, this could have a delayed effect on profit, or could decrease the efficacy out of more quality but less quantity of work. Taking the construct away out the context of culture, the influence of climate, performance could even be more complex then previously thought. Splitting the constructs another results came to the surface concerning the influence of MO and EO on the differences in service and performance. While as above stated the influence of the culture separated in EO and MO, both confirmed also their separate effect. But the effect of the service climate is complicated. Taking the orientation with the service climate in one regression of the influence of performance, it indicates that there is an influence between EO directly on the performance. While the service climate is of influence on the performance and difference is visible between the constructs of EO and MO. While the theoretical framework indicated that EO and MO are direct of influence of service climate, and therefore of indirect influence of performance, further research could investigate the difference between the orientation of entrepreneurship which in this case is significant of influence on the performance while market orientation does not influence performance directly.

The second question has to address to the subjective measurements such as the perceptual measure is the service climate of the pharmacist. In this way an organisation promote the delivery of quality service as the means of retaining customers holds on the premise that a customer who embraces positive perceptions of an organisation's service quality is likely to remain a customer of that organisation. Therefore service management literature argues that customer satisfaction is the result of a customer's perception of the value received and can be achieved in a service climate. Further research could investigate this relation to achieve evidence on these premises to the customer satisfaction. For improvements in the measurements it could be necessary to take it to the next step in how the value is created in a service climate through the innovations in services, and that a next step probably have to be made to explain the results applicable on the pharmacist for recommendations who are practical in use. A first starting point is made through the confirmation of the findings to the relation of the constructs, but the role of the innovation in services could lead to interesting ways of the creation of value itself. Because increasing competitiveness and customer needs are important drivers for service and a higher level of innovativeness in the firms culture are associated with greater capacity for adaption and innovation (Hurt and Hurley). Developing of innovativeness scales could measure the degree to which the pharmacist tend to adopt innovations sooner than others, once innovations have appeared in a specific domain of interest to classify individuals, according to their speed of adoption in comparison with other members of the pharmaceutical markets.

Because of the lack of objective financial performance data, which limited the research to use perceptual firm performance measures. This is because studying pharmacist, there was no chance to publicise or get insight in their objective financial results in relation to their privacy and willingness to share this information. However, the use of perceptual measures is a common issue in organisational research, and as reflected in other studies, objective and subjective measures are highly correlated, even though they are separate constructs (Murphy and Callaway, 2004; Murphy et al., 1996).

6.3 Theoretical and practical implications

Contributions to theories on entrepreneurship in service organisations

Consistent with both the strategic management and marketing literature (e.g., Christensen and Bower, 1996; Slater and Narver, 1995, Atuahene-Gima and Ko, 2001), the findings confirm that market orientation and entrepreneurship are two key elements of service climate success and that a high-market/high-entrepreneurship orientation therefore is optimal for a business culture to enhance performance. The pharmacist can be seen as a 'social' entrepreneur in health market, having their own business and responsibility for culture and organisation in the delivery of medicines to the patient. While previous researches indicate the relationship with a high performance this research indicates the important of the service climate and offering of their products to succeed in a service provider in the pharmaceutical market. In the literature there has not been much research to the entrepreneurial character of service organisations in the health care market. For a long time national innovation policies have focused exclusively on supporting technological innovation in manufacturing firms, to a large extent ignoring innovation that took place in the services industry (Drejer, 2003). But services focus on service-delivery process, directed related at the quality of the service delivery process and at optimising customer satisfaction (Hallowell, 1996). On the whole, most existing definitions imply that social entrepreneurship relates to exploiting opportunities for social change and

improvement (Zahra et al, 2009). This research confirmed the theories of entrepreneurship related to the service delivery process what did enhance more performance in terms of e.g. growth and profit.

Characteristics of entrepreneurship are influenced in a very definite manner by the nature of the relations that firm does establish with the external environment (Minguzzi, 2000). The results presented in this first study is that those influence of the change where stated considerable different on influence to the opportunities and business and service culture. The relation between the differences between entrepreneurial pharmacist and non-entrepreneurial one and their influence on the creation of new opportunities in products and services was illustrated. Those findings are in line with the research of Winter (2000) who investigated this issue of entrepreneurial uniqueness and the frequently presumed tendency of the entrepreneur to recognise opportunities (i.e., "entrepreneurial opportunity recognition") in his or her relevant environment. This showed the important of the attitude to risk, innovation and opportunities in the distinctions of the classification of entrepreneurs and non-entrepreneurs.

In line with previous research it showed that apart from financial benefits, other benefits for service firms, like creating customer value and increasing strategic success can improve their market performance and efficiency and, ultimately, to benefit both producers and consumer. To retain customers and stay competitive, many organisations are making customer perceptions of service quality a priority (Berry, 1995; Zeithaml & Bitner, 1996). The service management literature argues that customer satisfaction is the result of a customer's perception of the value received and can be achieved in a service climate. The interest in customer perceptions of service quality rests on the premise that a customer who holds positive perceptions of an organisation's service quality is likely to remain a customer of that organisation. Pharmacist thus must create a climate for service, what has internal structures, processes, goals, and rewards yield those behaviours that encourage customers to perceive the service quality they receive as superior. In this way they could deliver quality service as the means of retaining customers. Therefore service firms can embrace changes into their services, the results of the survey recommend that the strength of the orientation of the pharmacist the positive influence on their service climate..

New insights for pharmaceutical industry research

Our findings provide some important aspects in the business culture of a pharmacist. In their possession of the pharmacy with their own vision or idea to healthcare and this research showed their accountability for the inherent risks and the outcome of their business. Because of the current changes such as increasing competition and more demanding customers, they can create or adapt their services or invest in products for an extra value for customers. In this way they can gain advantage on the market, to outclass their competitors in order to survive the changes through a better market positions. Simple adjustments in service such as longer opening hours or special promotions in prices, products or specialised care for patients can distinct a pharmacist from others. This study reveals that the business culture for pharmacist during change is critical to enhance a quality of service climate and has positive impact on their firm performance. This gives additional grounding for statements for their positive relationship. Second it presents the differences in the business culture in how they respond on market environmental changes through their entrepreneurship. The existence of non-entrepreneurs, create a significant lower effort in their pro-activity to respond on changes and takes challenges to market risks. And there are the more entrepreneurial minded the pharmacist, with a more orientated culture on the market, who focus on their consumer and competitor and dares to take risk in their business. Both groups differ significantly in their results on the service climate they perceive, what the research illustrates to be related to their performance. Overall, these findings contribute to a better understanding of entrepreneurial orientation of the pharmacist and its impact on their quality of service to their firm performance. The business culture of the pharmacist is important in the role of the recommendation of OTC-products in increasing their service climate. Pharmacist who are more orientated on the market and reaction to the future have a positive influence on the level they are recommending products on social, market of medicine forces. The fist study predicted the climate of the services to satisfy the customers where in OTC could create a unique advantage. The study showed that indeed pharmacist scores of recommending products on social, market of medicine forces are significant positive related with their service climate. In line with the research of Kotecki (2002) it showed that the awareness on the importance consumers place on pharmacists' recommendations to OTC product contribute to their services in the marketplace. The results of the study two showed that the forces of recommendation of OTC are indeed influenced positivity through the orientation of the pharmacist. The findings presented here indicate promising support for an expanded view of the entrepreneurial process for pharmacist that utilises the marketing and management approach adapted from the healthcare field. Earlier research had demonstrated that entrepreneurialism can, in practice, be a powerful lever to induce institutional restructuring in the health sector (Saltman, et al 2002). This research enhances the idea that stimulating industrial innovation, defined as the process of identifying, developing, introducing and commercialising a new product or service in their pro-activity of the market could enhance their performance on the pharmaceutical market.

Practical implications

The results of this study have some useful practical implications. It was found that an alignment between market and entrepreneurship orientation is important for performance in services and products. **Because La Roche-Posay** is dependent on the recommendations of dermatologist and pharmacist, this research aims to gain knowledge about the entrepreneurship of the pharmacist in creating opportunities for the pharmacy to exploit themselves to the Dutch market and consumer in the future. This finding suggests that pharmacist should stimulate entrepreneurial activities within an appropriate combination of these two orientations with the market. From a practical point of view, this study suggests that pharmacist should be aware of the importance of process in the link of entrepreneurial and market orientation to their service climate and firm performance. They have to facilitate dynamics and pro-activity by taking a leading role in managing changes on the market. For a pharmacist to improve their service climate they have to orientate on the customer and their competitor to achieve the information necessary to adapt. Pharmacists with a higher orientation on the market in comparing with their competitors score higher in terms of services, profit, efficiency and growth. A reason given in the interview is that pharmacist keep an eye on the moves colleagues make and while a pharmacist orientation increased, the performances do; while the competitive aggressiveness is strong, a pharmacist can suffer on incremental changes in services as longer opening hours, because otherwise on somebody other expenses. There can be concluded that pharmacists who are trying to anticipate to changes and see opportunities to expand their business on those points of orientation and market significant scored better on their performance. To react a pharmacist can gain advantage in their performance react pro-active on changes, see opportunities and dare to take risk in new innovation and aggressiveness to their rivals. The pharmacists differ in their willingness to innovate, takes risk and their proactive way of creating competitive value and the ones focusing on their service goals, the competition and consumer orientation is evident to perform as a service organisation, such as the over-the-counter-products from dermo-cosmetic. The effect of the orientation pharmacist had an impact on the performance in the pharmacists' service climate and there could lead to a better performance than their competitors. On the question how can La Roche-Posay deliver support to this change, the role of dermo-cosmetic had an positive influence on the service climate through it was confirmed significant. Not only the quality of the service is perceived important to the pharmacist, when the pharmacist recommendation skills increase with a significant influence of their social motivations, so does the service climate of the pharmacist. LRP is the brand of the dermatologists advised in the pharmacy and specialist. It is therefore only to obtain in the pharmacist, based on pharmaceutical safety, expertise, ethics and rigor. What is interesting is that the pharmacist motivation to recommend the products on skin problems, medical forces scored lower than marketing of social forces. Nevertheless while the scores of the products did not control as mediator factor their relationship is not unambiguous and might have an indirect effect with other reasons such as their motives and stronger influence of business orientation. Pharmacists need to nurture an enabling environment that allows employees to share and exchange information about the customer and competitor to create new knowledge for a better service design. Thus, they should carefully choose and design appropriate methods according to facilitate their business culture in the market and entrepreneurial orientation. Furthermore they should enhance employees' involvement in their business culture and participation increasing their service climate to provide and support to reinforce the desired behaviours.

For the non-entrepreneurs, those results are debatable. In the delivery of care, the results of the interviews would suggest that the pharmacist having a 'old' belief of health care, does not always want to improve their performance. While this is perhaps a small amount of the population, other pharmacist in the interviews acknowledge their existence, and agreed that they would like to stick to their core business and simply deliver the medicines when they are asked to. One pharmacist only disagreed saying that those 'non-entrepreneurs' would not survive in this market. This research indicates that perhaps not every pharmacist is willing to adapt to changes. Their social goals are above their economical goals, and in the differences between the creative and pro-active characteristics of people also leads in differences between the reactions of the pharmacist. Characteristics are dependent as some will always be more risk averse than others and some people will have better innovation skills than others, but it does not mean that it is not possible for every person to be creative. For La Roche-Posay if the adaptability and creativity of the service to the customer is lacking, some aspects of creativity can be learned, for example the creativity skills or their pro-active skill towards their consumers. There are enough techniques to stimulate and teach entrepreneurs to be creative, and through factors of motivation or rewards the pharmacist could be pushed or stimulated, because it eventually will lead also in a increase of their performance. Nevertheless are individual variables such as locus of control, positive affective, openness to experience and tolerance important in a work attitude and coping with change (Vakola et al, 2004). Individual difference can play a role in resistance to change through previous bad experiences responsible for a negative attitude (King and Anderson, 1995). Some individual characteristics that are related to consumers' innovativeness are for example their creative style, and their ability to solve problems

(Goldsmith, 1987). Pharmacist with an entrepreneurial orientation are perhaps more aware of being more innovative than other pharmacist. They could count upon their innovativeness to face competition and should reorganize to improve flexibility in their pharmacist for adopting innovations or changes. This could be important to creating a proactive organisation that is capable not only of overcoming difficulties, by proposing innovative solutions, but also of preventing them before their occurrences, thanks to qualities such as mind-openness, long-term vision, and intuition.

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APPENDIX 1. QUANTITATIVE INTERVIEW STRUCTURE

Interviews regarding the business models of Dutch pharmacist concerning the behaviour and attitude to the current changes in the pharmacy.

RESEARCH OVERVIEW

Research objective;

- > Gain Insight into the perception and attitudes of pharmacist regarding the changing market in the Netherlands. Including the impact of recent changes in legislation.
- > Gain insight in the business model used in the pharmacy, future plans regarding the changing regulations and adaption of the business model.

Design;

4-6 pharmacists with semi structured interviews.

INTERVIEW STRUCTURE

Introduction (5 minutes)

Explanation of general topic of the research. Discussion of the role of the pharmacy now, the innovation of the business model, and changes in the future. Explanation of the goal of the interview and the rules of note taking and recording of the session.

- Name, pharmacy size, number of employees (and positions) Nature of your clients and type of pharmacy.

Change in the role of the pharmacist (30 minutes)

Perception of the pharmacists' role and challenges.

- How do you view your role in the total health system? How would you describe this?
- Has your job changed in recent years, (through to preference policy)? How?
- What impact has this had on the way you work?
- Have you noticed any changes in your clients' needs? How? Which needs specifically?
- How does this affect your role as a pharmacist? And your commercial choices?
- Do you feel that commercial choices are in conflict with care and service?
- How do you think your role will continue to develop and change in the future?

Knowledge and perception current business model (30 minutes)

Can you tell me about your current business model? Do you use such a model?

- How is it set-up? Which types of services and products do you offer?
- What is your value proposition (vision or mission?) or how do you create value or a competitive advantage? (Difference in commercial goals and care)? How is the value configuration integrated with the business model?
- Do you have a competitive strategy? What is your internal or external source of advantage?
- How do you identify your market segment and how will you position yourself in the marketplace?
- How is your network organized? What kind of partner do you work with? How many partners do you have to work with to execute the business model?
- What kind of distribution channels do you use? Are the distributions of the channel single channelled, standing alone or with a range of complex and interrelated channels?
- What is your revenue mechanism? Does the pharmacy have more revenue streams or a single revenue stream?
- How would you describe your turnover, when divided over various types of services in %? (OTC – handverkoop & hulpmiddelen-, recipes, others)? What about the margins on each of the parts? Are you aware of this?
- So how are your profits composed? Out of which components for which %?
- Do you have a cost structure or profit potential? Is the pharmacy a cost leader?
- Are you happy with this model/division? If not, what would you like to see different?
- Did you change your model?

Business innovation (35 minutes)

Do you think through the changes in regulation and climate, a change in your business and the types of services you could be offering as a pharmacist is necessary?

How do you think that your business would look like?

For example how do you;

- Innovate (Do you have a competitive advantage? Use of internet or extra services?)
- Take action in anticipation of changes (Pro-activeness in business initiatives in?)
- Encourage independent activity by employees (Autonomy in OTC products or medicines)?
- Respond to manoeuvres of rivals (Competitive aggressiveness or cooperation's)?
- Take chances (Risk taking in initiatives)?
- Motivate employees to work hard and face challenges (Motivation or incentives)?

Wrap up and closure (10 min)

Additional messages

Room for questions from viewers

Closure

APPENDIX 2. QUESTIONNAIRE

VRAGENLIJST APOTHEKERS

ONDERNEMERSCHAP VAN DE NEDERLANDSE APOTHEKER

DE VRAGENLIJST

Allereerst hartelijk dank voor de tijd die u neemt voor deelname aan mijn onderzoek.

De komende 10 minuten zullen u algemene vragen worden gesteld met betrekking tot uw ondernemerschap-stijl. Lees de vraag goed voordat u antwoord. Foute antwoorden bestaan niet, vult u daarom alstublieft altijd een antwoord in. Het zou kunnen zijn dat bij sommige vragen geen van de antwoordopties op u van toepassing is. Vult u dan het antwoord in dat het meeste in de buurt komt van uw situatie. Bovenaan de pagina kunt u zien waar u zich bevindt in de vragenlijst.

Deelname aan dit onderzoek is volledig anoniem. Uw gegevens zullen dan ook niet voor andere doeleinden worden gebruikt. Indien u geïnteresseerd bent in uitkomsten van dit onderzoek, kunt u dit na afloop van de vragenlijst aangeven. U zult een rapport ontvangen met de belangrijkste uitkomsten en indien gewenst een evaluatie van uw apotheek.

Marie-Paulien Otten

MSc Student Universiteit Twente

- START DE VRAGENLIJST DOOR OP DE **VOLGENDE PAGINA** TE KLIKKEN -

1) ONDERDEEL 1. ONDERNEMERSCHAPSTIJLEN

De volgende drie vragen gaan over de bedrijfsstrategie en markt oriëntatie van uw apotheek. Door middel van onderstaande stellingen kunt u reageert op veranderingen in de markt zoals de patiënt, technologie, omgeving of door regulatie van de overheid.

Het zou hierbij kunnen zijn dat bij sommige vragen geen van de antwoordopties op u van toepassing is, vult u dan het antwoord in dat het u het meest aanspreekt.

1. DIENSTVERLENING

Kunt u aangeven in hoeverre u het eens bent met de onderstaande beweringen over uw apotheek?

(1 = volledig oneens, 2= oneens, 3 = neutraal, 4 = eens, 5= volledig eens)

	1 Volledig oneens	2 Oneens	3 Neutraal
We zoeken meteen naar nieuwe kansen als de markt veranderd			
We dagen concurrerende collega_s in onze markt uit			
Ons apotheekbeleid bestaat uit het nemen van risico_s			
Kansen nemen is een element van ons apotheekbeleid			
Klanttevredenheid ligt ten grondslag aan onze bedrijfsdoelen			
We zouden door collega_s als een apotheek met agressieve bedrijfsvoering kunnen worden omschreven			
Onze apotheek staat vooraan in de ontwikkeling van nieuwe diensten op de markt			
Ons apotheekbeleid baseert zich op het begrijpen van de pati_nt			
Ons apotheekbeleid wordt gedreven door de extra waarde die we voor de pati_nt kunnen betekenen			

2) 2. MARKTBEWEGING

Kunt u aangeven in hoeverre u het eens bent met de onderstaande beweringen over uw apotheek?

(1 = volledig oneens, 2= oneens, 3 = neutraal, 4 = eens, 5= volledig eens)

	1 Volledig oneens	2 Oneens	3 Neutraal
Wij reageren altijd meteen op acties van onze collega's			

Wij bevorderen nieuwe en innovatieve diensten in onze apotheek				
Onze klantvriendelijke inzet wordt continu in de gaten gehouden om aan de behoefte van de klant te kunnen voldoen				
In vergelijking tot andere collega's nemen wij boven gemiddeld risico in onze business				
Risico nemen is onderdeel van onze succes strategie				
Gedurende veranderingen proberen wij ons zo aan te passen dat onze aanwezigheid in de markt wordt verbeterd				
Wij proberen ons steeds zo te positioneren dat we altijd voldoen aan nieuwe eisen				
Wij reageren op manoeuvres van onze collega's				

3) 3. BEDRIJFSVOERING

Kunt u aangeven in hoeverre u het eens bent met de onderstaande beweringen over uw apotheek?

(1 = volledig oneens, 2= oneens, 3 = neutraal, 4 = eens, 5= volledig eens)

	1 Volledig oneens	2 Oneens	3 Neutraal
We meten onze klantenservice regelmatig			
We proberen voortdurend nieuwe diensten uit op de patiënt			
We reageren snel op acties van collega's			
We staan bij onze collega's bekend als een vernieuwer			
We wachten eerst af hoe de markt zich ontwikkeld voordat we actie ondernemen			
We meten de klantentevredenheid systematisch en vaak			
We bespreken onze concurrerende collega's regelmatig in onze apotheek			

4) ONDERDEEL 2. HANDVERKOOP IN DE APOTHEEK

Er zijn verschillende redenen te bedenken waarom u als apotheker kiest voor een ondersteunend merk in de dermo-cosmetica. Bij de belangrijkste redenen zijn om een product of merk aan te bevelen.

Het zou hierbij kunnen zijn dat bij sommige vragen geen van de antwoordopties op u van toepassing is, vult u dan het antwoord in dat het r

4. AANBEVELINGEN HANDVERKOOP

In onze apotheek beveel ik dermo-cosmetica producten aan omdat...

(1= slecht, 2= matig, 3= goed, 4= zeer goed, 5= uitstekend)

	1 Slecht	2 Matig	3 Goed	4 Zeer goe
... deze producten zijn aanbevolen door artsen				
... er goede afspraken zijn gemaakt met de vertegenwoordiger(s) van het merk				
... de producten alleen te koop zijn in apotheken				
... deze een aanvulling zijn op zorgprogramma's				
... de reclame en de productclaim me aanspreekt				
... de consumentenprijs van het product erg goed is				
... de fabrikant een goede reputatie heeft				
... er geen grote hoeveelheid voorraad nodig is				
... de vertegenwoordiger van het merk me heeft overtuigd				
... het uiterlijk van het product en verpakking me heeft overtuigd				
... het product er kwalitatief goed uit ziet				
... het voorheen een product was dat alleen op recept verkrijgbaar was				
... klanten positieve feedback geven over het product				

... het producten zijn die andere apothekers ook aanbevelen					
... het producten zijn die ik zelf met succes heb gebruikt					
... ik referenties heb gekregen van andere apothekers					
... naar het product wordt verwezen in artikelen met wetenschappelijke/klinische studies					
... er vraag naar deze producten is d.m.v. landelijke advertentiecampaagnes in bladen/TV					

5) 5. HANDVERKOOP IN DE APOTHEEK BIJ HUIDPROBLEMEN

U kunt bij onderstaande huidproblemen aangeven welk(e) merk(en) uw voorkeur heeft/hebben;

	VICHY	La Roche-Posay	Eucerin	Avene	N.v.t.
Intolerante huid					
Ouderdom					
Allergie_n					
Gevoelige huid					
Eczeemhuid					
Acne					
Irritaties					
Algemene huidproblemen					
Droge huid					
Psoriasis					
Rode vlekken					
Huidkanker					
Vitiligo					

6) ONDERDEEL 3. RESULTATEN DIENSTEN EN SERVICES

Apotheken werken dagelijks aan kwaliteit in de diensten naar de patiënt. Onder kwaliteit wordt de kwaliteit van de medicijnverstrekking, v en de kwaliteit met elkaar en met andere zorgspelers verstaan. Onderstaande stellingen hebben betrekking op hoe u uw resultaten en ser

Het zou hierbij kunnen zijn dat bij sommige vragen geen van de antwoordopties op u van toepassing is, vult u dan het antwoord in dat het r

6. SERVICE KWALITEIT

Hoe beoordeelt u in uw apotheek...

	1 Slecht	2 Matig	3 Goed	4 Zeer goe
_ de kennis en vaardigheden van uzelf om de best mogelijke kwaliteit te leveren ?				
_ de inspanningen van het personeel om de beste kwaliteit service te leveren?				
_ de snelheid van het werk in uw apotheek?				
_ de algehele kwaliteit van uw diensten in de apotheek				
_ uw ondersteuning aan de apotheekassistentes in de kwaliteit van de diensten?				
_ de effectiviteit in de communicatie van uw personeel naar de pati_nt				
_ de hulpprogramma's, technologie en andere middelen ter ondersteuning van uw werk?				

7) 7. RESULTATEN

Kunt u aangeven hoe uw apotheek de laatste 3 jaar in vergelijking tot andere apotheken in Nederland resultaat heeft geboekt?

(1 = volledig oneens, 2= oneens, 3 = neutraal, 4 = eens, 5= volledig eens)

	1 Volledig oneens	2 Oneens	3 Neutraal	4 Eens
Mijn apotheek is meestal tevreden over het rendement van investeringen				
Mijn apotheek is meestal tevreden over het rendement op eigen vermogen				
Mijn apotheek is meestal tevreden over rendement op activa				
Mijn apotheek is meestal tevreden over de groei in de verkoop				
Mijn apotheek is meestal tevreden met de groei van het aantal werknemers				
Mijn apotheek is meestal tevreden met de groei van het marktaandeel				
Mijn apotheek is meestal tevreden met de opbrengst van de verkoop				
Mijn apotheek is meestal tevreden met de nettowinst marge				
Mijn apotheek is meestal tevreden met de bruto winst marge				
Mijn apotheek is meestal tevreden over de algehele prestaties van dermo-cosmetica				
Mijn apotheek is meestal tevreden met de verkoop dermo-cosmetica				
Mijn apotheek is meestal tevreden over de winstverdeling tussen OTC en medicijn vergoeding				

- EINDE -

Hartelijk dank voor uw deelname aan mijn onderzoek!

Ter afsluiting zou ik u nog willen vragen onderstaande te beantwoorden. Mocht u geïnteresseerd zijn in een persoonlijk profiel, dan is het r

8) **Wat is uw functie?**

(U kunt naar beneden scrollen voor de overige antwoorden)

Beherend apotheker

Tweede apotheker

Apotheek assistente

Overig

9) **Wat is uw geslacht?**

Man

Vrouw

10) **Wat is uw leeftijd?**

11) **Heeft uw apotheek meerdere vestigingen?**

Ja

Nee

Aantal vestigingen;

12)

	Heel erg	Een beetje	Weet ik ni
Vindt u de consument veranderd?			
Vindt u de omgeving veranderd?			

Vindt u de technologie veranderd?				
Vindt u de competitie toegenomen?				

13) Hoeveel patiënten heeft uw apotheek?

< 20000

2000-4000

4000-6000

6000-8000

8000-10000

> 10000

14) Hoeveel medewerkers heeft u in de apotheek in dienst?

< 2

2 - 4

4 - 6

6 - 8

8 - 10

> 10

15) Welke merken heeft u in de apotheek van dermo-cosmetica?

VICHY

La Roche-Posay

Avene

ROC

Louis Widmer

Netrogena

Biodermal

Apothekersmerk

Andere merken zoals;

16) Ik ben geïnteresseerd in een persoonlijke terugkoppeling via email:

Ja

Nee

17) Uw naam + apotheek:

18) U kunt mij mailen op het volgende email-adres:

19) Als u opmerkingen of vragen heeft kunt u deze hier stellen:

APPENDIX 3. WEBSURVEY

vragen 4 van 7

ONDERNEMERSCHAP VAN DE NEDERLANDSE APOTHEKER

DE VRAGENLIJST
Allereerst hartelijk dank voor de tijd die u neemt voor deelname aan mijn onderzoek.

De komende 10 minuten zullen u algemene vragen worden gesteld met betrekking tot uw ondernemerschap-stijl. Lees de vraag goed voordat u antwoordt. Foutte antwoorden bestaan niet, vult u daarom alstublieft altijd een antwoord in. Het zou kunnen zijn dat bij sommige vragen geen van de antwoordopties op u van toepassing is. Vult u dan het antwoord in dat het meeste in de buurt komt van uw situatie. Bovenaan de pagina kunt u zien waar u zich bevindt in de vragenlijst.

Deelnamen aan dit onderzoek is volledig anonim. Uw gegevens zullen dan ook niet voor andere doeleinden worden gebruikt. Indien u geïnteresseerd bent in uitkomsten van dit onderzoek, kunt u dit na afloop van de vragenlijst aangeven. U zult een rapport ontvangen met de belangrijkste uitkomsten en indien gewenst een evaluatie van uw apotheek.

Marie-Paulien Otten
MSc Student Universiteit Twente

UNIVERSITEIT TWENTE.

- START DE VRAGENLIJST DOOR OP DE VOLGENDE PAGINA TE KLIJKEN -

[>>>](#)

Page 2 of 3

UNIVERSITEIT TWENTE.

ONDERDEEL 1. ONDERNEMERSCHAPSTIJLEN

De volgende drie vragen gaan over de bedrijfsstrategie en marktorientatie van uw apotheek. Door middel van onderstaande stellingen kunt u aangeven hoe u met uw bedrijfsvoering reageert op veranderingen in de markt zoals de patiënt, technologie, omgeving of door regulatie van de overheid.

Het zou hierbij kunnen zijn dat bij sommige vragen geen van de antwoordopties op u van toepassing is, vult u dan het antwoord in dat het meeste in de buurt komt van uw situatie.

1. DIENTVERLENING
Kunt u aangeven in hoeverre u het eens bent met de onderstaande beweringen over uw apotheek?
(1 = volledig oneens, 2= oneens, 3 = neutraal, 4 = eens, 5= volledig eens)

	1 Volledig oneens	2 Oneens	3 Neutraal	4 Eens	5 Volledig eens
We zoeken metten naar nieuwe kansen als de markt verandert	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We dagen concurrerende collega's in onze markt uit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ons apotheekbeleid bestaat uit het nemen van risico's	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kansen nemen is een element van ons apotheekbeleid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Klanttevredenheid ligt ten grondslag aan onze bedrijfsdoelen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We zouden door collega's als een apotheek met agressieve bedrijfsvoering kunnen worden omschreven	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Onze apotheek staat vooraan in de ontwikkeling van nieuwe diensten op de markt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ons apotheekbeleid baseert zich op het begrijpen van de patiënt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ons apotheekbeleid wordt gedreven door de extra waarde die we voor de patiënt kunnen betekenen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

APPENDIX 4. ADVERTISEMENT WEBSITE

Published on the Pharmaceutical Weekblad on 27th april 2010:

><http://www.medischondernemen.nl/Nieuws/onderzoek-naar-ondernemerschap-apotheker.html?Itemid=53>

> <http://www.pw.nl/news/onderzoek-naar-ondernemerschap-apotheker>

[home](#) > [PW](#) > [Nieuws Archief](#) > [Onderzoek naar ondernemerschap apotheker](#)

Onderzoek naar ondernemerschap apotheker

Het ondernemerschap van de apotheker en de rol van handverkoop hierin staan centraal in de afstudeerscriptie van Marie-Paulien Otten, student van de Universiteit Twente.

Door de veranderingen die de overheid heeft ingevoerd, is de farmaceutische markt in Nederland in beweging gebracht. Met dit onderzoek hoopt Otten een beeld te krijgen van wat apothekers van deze marktverandering vinden.

Otten heeft een korte vragenlijst samengesteld die deze week (week 17) verstuurd wordt naar sommige apothekers. Het duurt ongeveer tien minuten de vragenlijst in te vullen. De gegevens worden, indien gewenst, anoniem behandeld. Het onderzoek wordt gedaan in samenwerking met de firma La Roche Posay. Deelnemers ontvangen naar wens een rapport met de belangrijkste uitkomsten en hun positie in vergelijking met die van de overige deelnemers.

—Verzenden — Afsluiten —

APPENDIX 5. TRANSLATIONS ITEMS AND CONSTRUCTS

NEDERLANDSE VERTALING	CONSTRUCT	ENGELS CONSTRUCT
We zoeken meteen naar nieuwe kansen als de markt veranderd	PROAC3	PROACT3: Because market conditions are changing, we continually seek out new opportunities.
We dagen concurrerende collega's in onze markt uit	COMP1	COMPAG1: We directly challenge our competitors.
Ons apotheekbeleid bestaat uit het nemen van risico's	RISK4	RISK4: Our strategy can be characterized by a strong tendency to take risks.
Kansen nemen is een element van ons apotheekbeleid	RISK3	RISK3: Taking chances is an element of our business strategy.
Klanttevredenheid ligt ten grondslag aan onze bedrijfsdoelen	CUSTOR1	Objectives are driven by customer satisfaction
We zouden door collega's als een apotheek met agressieve bedrijfsvoering kunnen worden omschreven	COMP3	COMPAG3: Our actions toward competitors can be termed aggressive.
Onze apotheek staat vooraan in de ontwikkeling van nieuwe diensten op de markt	INNOV3	INNOV3: Our pharmacy provides leadership in developing new services.
Ons apotheekbeleid baseert zich op het begrijpen van de patiënt	CUSTOR3	Competitive advantage strategy is based on customer needs
Ons apotheekbeleid wordt gedreven door de extra waarde die we voor de patiënt kunnen betekenen	CURSTOR4	Strategies are driven by beliefs about creating customer value
Wij reageren altijd meteen op acties van onze collega's	COMPOR ²	Rapid response to competitors' actions
Wij bevorderen nieuwe en innovatieve diensten in onze apotheek	INNOV2	INNOV2: We promote new, innovative services in our pharmacy.
Onze klantvriendelijke inzet wordt continu in de gaten gehouden om aan de behoefte van de klant te kunnen voldoen	CUSTOR6	Close attention is given to after-sales service
In vergelijking tot andere collega's nemen wij boven gemiddeld risico in onze business	RISK2	RISK2: We take above average risks in our business.
Risico nemen is onderdeel van onze succes strategie	RISK1	RISK1: Taking gambles is part of our strategy for success.
Gedurende veranderingen proberen wij ons zo aan te passen dat onze aanwezigheid in de markt wordt verbeterd	PROAC2	PROACT2: We try to shape our business environment to enhance our presence in the market.
Wij proberen ons steeds zo te positioneren dat we altijd voldoen aan nieuwe eisen	PROAC4	PROACT4: We consistently try to position ourselves to meet emerging demands.
Wij reageren op manoeuvres van onze collega's	COMP4	COMPAG4: We always respond to actions of our competitors.
We meten onze klantenservice regelmatig	CUSTOR ²	Commitment to serving customer needs is monitored
We proberen voortdurend nieuwe diensten uit op de patiënt	INNOV4	INNOV4: Our pharmacy constantly experiments with new services.
We reageren snel op acties van collega's	COMP2	COMPAG2: We are responsive to maneuvers of our rivals.
We staan bij onze collega's bekend als een vernieuwer	INNOV1	INNOV1: Our pharmacy is known as an innovator among pharmacies in our area.
We wachten eerst af hoe de markt zich ontwikkeld voordat we actie ondernemen	PROAC1	PROACT1: Our pharmacy usually takes action in anticipation of future market conditions.
We meten de klanttevredenheid systematisch en vaak	CURSTOR5	Customer satisfaction is frequently and systematically measured
We bespreken onze concurrerende collega's regelmatig in onze apotheek	COMPOR ²	Top managers regularly discuss competitors' strengths
... deze producten zijn aanbevolen door artsen	SOFO3	6. Physicians' recommendation of the product.
... er goede afspraken zijn gemaakt met de vertegenwoordiger(s) van het merk	MARKFO5	15. The sales representative's influence.
... de producten alleen te koop zijn in apotheken	MARKFO1	9. If it was formerly a prescription product.
... deze een aanvulling zijn op zorgprogramma's	SOFO5	8. If it complements a behaviour modification program.
... de reclame en de productclaim me aanspreekt	MARKFO4	14. General advertisements/product claims.
... de consumentenprijs van het product erg goed is	SOFO4	7. Cost of product to consumers.
... de fabrikant een goede reputatie heeft	MARKFO2	10. The manufacturer's reputation.

... er geen grote hoeveelheid voorraad nodig is	MARKFO9	19. Stock pressure/inventory.
... de vertegenwoordiger van het merk me heeft overtuigd	MARKFO8	18. Deals obtained from sales representative.
... het uiterlijk van het product en verpakking me heeft overtuigd	MARKFO6	16. The display materials.
... het product er kwalitatief goed uit ziet	MARKFO7	17. The markup of product.
... het voorheen een product was dat alleen op recept verkrijgbaar was	MARKFO3	13. Available only through a pharmacy outlet.
... klanten positieve feedback geven over het product	SOFO2	4. Positive feedback from consumers.
... het producten zijn die andere apothekers ook aanbevelen	SOFO7	12. What other pharmacists recommend.
... het producten zijn die ik zelf met succes heb gebruikt	SOFO1	2. One(s) which I have successfully used myself.
... ik referenties heb gekregen van andere apothekers	MEDFO3	5. Information from general pharmacy references.
... naar het product wordt verwezen in artikelen met wetenschappelijke/klinische studies	MEDFO2	3. Scientific evidence/clinical studies.
... er vraag naar deze producten is d.m.v. landelijke advertentiecampaagnes in bladen/TV	SOFO6	11. Trade journal articles.
	MEDFO1	1. The formulation/active ingredients of the products.
... de kennis en vaardigheden van uzelf om de best mogelijke kwaliteit te leveren ?	SERVCL1	How would you rate the job knowledge and skills of employees in your business to deliver superior quality work and service?
... de inspanningen van het personeel om de beste kwaliteit service te leveren?	SERVCL2	How would you rate efforts to measure and track the quality of the work and service in your business?
... de snelheid van het werk in uw apotheek?	SERVCL3	How would you rate the recognition and rewards employees receive for the delivery of superior work and service?
... de algehele kwaliteit van uw diensten in de apotheek	SERVCL4	How would you rate the overall quality of service provided by your business?
... uw ondersteuning aan de apotheekassistenten in de kwaliteit van de diensten?	SERVCL5	How would you rate the leadership shown by management in your business in supporting the service quality effort?
... de effectiviteit in de communicatie van uw personeel naar de patiënt	SERVCL6	How would you rate the effectiveness of our communications efforts to both employees and customers?
... de hulpprogramma's, technologie en andere middelen ter ondersteuning van uw werk?	SERVCL7	How would you rate the tools, technology, and other resources provided to employees to support the delivery of superior quality work and service?
Mijn apotheek is meestal tevreden over het rendement van investeringen	EFF1	My firm is usually satisfied with return on investment (a = 0.80)
Mijn apotheek is meestal tevreden over het rendement op eigen vermogen	EFF2	My firm is usually satisfied with return on equity
Mijn apotheek is meestal tevreden over rendement op activa	EFF3	My firm is usually satisfied with return on assets
Mijn apotheek is meestal tevreden over de groei in de verkoop	GROW1	My firm is usually satisfied with sale growth (a =0 .86)
Mijn apotheek is meestal tevreden met de groei van het aantal werknemers	GROW2	My firm is usually satisfied with employee growth
Mijn apotheek is meestal tevreden met de groei van het marktaandeel	GROW3	My firm is usually satisfied with market share growth
Mijn apotheek is meestal tevreden met de opbrengst van de verkoop	PROFIT1	My firm is usually satisfied with return on sales (a= 0.80)
Mijn apotheek is meestal tevreden met de nettowinst marge	PROFIT2	My firm is usually satisfied with net profit margin
Mijn apotheek is meestal tevreden met de bruto winst marge	PROFIT3	My firm is usually satisfied with gross profit margin
Mijn apotheek is meestal tevreden over de algehele prestaties van dermo-cosmetic	OTC1	
Mijn apotheek is meestal tevreden met de verkoop dermo-cosmetic	OTC2	
Mijn apotheek is meestal tevreden over de winstverdeling tussen OTC en medicijn vergoeding	OTC3	

APPENDIX 6. Results Survey

Multiple Regression Analysis

Influence of change on the business culture

	B	Std. Error	T	Sig.
(Constant)	3,682	,136	27,127	,000
CHANGE PERCEPTION	-,027	,066	-,412	,682

a. Dependent Variable: ORIENTATION

R = 0,44

R2 = 0,002

Influence of the business culture on service climate

	B	Std. Error	Beta	t	Sig.
(Constant)	1,402	,393		3,565	,001
ORIENTATION	,529	,108	,462	4,916	,000

a. Dependent Variable: SERVICE CLIMATE

R = 0,462

R2 = 0,214

Influence of the business culture on OTC

	B	Std. Error	Beta	t	Sig.
(Constant)	3,262	,197		16,5	,00
OTC FORCES	,12	,06	,194	1,9	,05

a. Dependent Variable: ORIENTATION

R = 0,194

R2 = 0,038

Influence of the OTC on service climate

	B	Std. Error	Beta	t	Sig.
(Constant)	2,1	,46		4,5	,00
SERVICE CLIMATE	,31	,14	,238	2,3	,02

a. Dependent Variable: OTC FORCES

R = 0,194

R2 = 0,038

Influence of service climate on performance

	B	Std. Error	Beta	t	Sig.
(Constant)	2,3	,41		5,7	,00
SERVICE CLIMATE	,24	,12	,202	1,9	,05

a. Dependent Variable: PERFORMANCE

R = 0,202

R2 = 0,041

TESTING FOR MEDIATING EFFECT

To test for mediation, one should estimate the three following regression equations:

- first, regressing the mediator on the independent variable;
- second, regressing the dependent variable on the independent variable; and
- regressing the dependent variable on both the independent variable and on the mediator.

Separate coefficients for each equation should be estimated and tested. There is no need for hierarchical or stepwise regression or the computation of any partial or semipartial correlations. These three regression equations provide the tests of the linkages of the mediational model. To establish mediation, the following conditions must hold:

- First, the independent variable must affect the mediator in the first equation;
- second, the independent variable must be shown to affect the dependent variable in the second equation;
- Third, the mediator must affect the dependent variable in the third equation.

If these conditions all hold in the predicted direction, then the effect of the independent variable on the dependent variable must be less in the third equation than in the second. Perfect mediation holds if the independent variable has no effect when the mediator is controlled.

FIRST STEP. Independent variable of the business culture as influence on the forces of OTC

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	Change Statistics			
						F Change	df1	df2	Sig. F Change
1	,194a	,038	,027	,68071	,038	3,672	1	94	,058

a. Predictors: (Constant), ORIENTATION
b. Dependent Variable: OTCFORCES

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	2,009	,621		3,234	,002
	ORIENTATION	,326	,170	,194	1,916	,058

a. Dependent Variable: OTCFORCES

Scnd STEP. Independent variable of the business culture affecting the Service Climate

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	Change Statistics			
						F Change	df1	df2	Sig. F Change
1	,462a	,214	,205	,42091	,214	24,169	1	89	,000

a. Predictors: (Constant), ORIENTATION
b. Dependent Variable: SERVICECLIMATE

Coefficientsa

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	1,402	,393		3,565	,001
	ORIENTATION	,529	,108	,462	4,916	,000

Coefficientsa

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	1,402	,393		3,565	,001
	ORIENTATION	,529	,108	,462	4,916	,000

a. Dependent Variable: SERVICECLIMATE

THIRD STEP. Independent variable of the OTC and BC on influence on Service Climate

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	F Change	df1	df2	Sig. F Change
1	,489a	,239	,222	,41630	,239	13,845	2	88	,000

a. Predictors: (Constant), SOCFORCES, ORIENTATION
b. Dependent Variable SERVICECLIMATE

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	1,196	,407		2,940	,004
	ORIENTATION	,493	,108	,430	4,541	,000
	SOCFORCES	,103	,060	,164	1,727	,088

a. Dependent Variable: SERVICECLIMATE

Testing independency of constructs

1. Effect of EO and MO on the Service Climate

Coefficients

Model		Unstandardized Coefficients		Standardized	t	Sig.
		B	Std. Error	Coefficients		
1	(Constant)	1,492	,360		4,147	,000
	EO	,281	,093	,310	3,016	,003
	MO	,274	,100	,282	2,744	,007

a. Dependent Variable: SERVICECLIMATE

2. Effect of separate items of EO and MO on the Service Climate

Model		Coefficients ^a				
		Unstandardized Coefficients		Standardized	t	Sig.
		B	Std. Error	Coefficients		
1	(Constant)	,907	,442		2,053	,043
	CUSTOR	,251	,098	,265	2,575	,012
	COMPOR	,090	,080	,135	1,126	,263
	INN	,050	,101	,060	,490	,625
	RISK	,011	,073	,020	,152	,880
	PROACT	,216	,093	,259	2,337	,022
	COMP	,051	,092	,075	,555	,581

a. Dependent Variable: SC

Model		Coefficients ^a				
		Unstandardized Coefficients		Standardized	t	Sig.
		B	Std. Error	Coefficients		
1	(Constant)	1,766	,355		4,973	,000
	INN	,152	,099	,184	1,533	,129
	RISK	-,020	,076	-,036	-,269	,789
	PROACT	,208	,095	,250	2,192	,031
	COMP	,131	,079	,193	1,668	,099

a. Dependent Variable: SC

APPENDIX 7. SUMMERY OF THE RESULTS INTERVIEWS

	Oog in al	Boswijk apotheek	Kanaleiland apotheek	LLOYDS apotheken	Staring apotheek
Role pharmacist	Ik heb mijn eigen business strategie en missie op papier gezet	Belevenis is hetzelfde, financiering wordt anders. Van de oude generatie. Hele verandering meegemaakt. Opleiding is anders dan de aansluiting van realiteit. Verkeerde type mens trek dit aan.	De apotheek zelf is niet heel anders geworden, het is een heel solide business. Missie gezondheidscentra. Voor iedereen.	Lloyds apotheken heeft als missie op betrokken wijze klanten en partners te voorzien van geneesmiddelen, gezondheidsproducten, informatie en ondersteuning op een manier die het beste bij hen past.	Helpen met begeleiden van keus en juist gebruiken van het medicijn. Dingen die ik vroeger makkelijk afkreeg, kan nu moeilijker
Change of role	Ik probeer me aan te passen, we worden doorkruist in ons werken, moeten andere hulp geven dan waar we voor zijn	Informatie voorziening is meer geworden door preferentiebeleid. Laagdrempelige geworden, in de loop van de tijd geworden. Door preferentie beleid wordt service meer verwacht. Maar is meer uitleg van systeem dan service over gezondheid.	Grootste verandering van overheid naar zorgverzekering. Verandering is vooral in de extra administratieve bezigheden. Kanalen-eiland beruchte wijk. Apotheek bestaat 42 jaar. Recentelijk verhuist 15 jaar geleden. Betere locatie.	Doordat de machtbij de zorgverzekeraar is gelegd (het preferentiebeleid) zijn de prijzen voor de apotheker omhoog gegaan waardoor er op receptgeneesmiddelen amper winst wordt gemaakt.	Wel iets veranderd, informatie voorziening is belangrijker geworden! Positieve verandering. zelf achter de balie gaan staan. vroeger makkelijk dingen afkreeg, nu stuk drukker.
Change clients	Wij raden patiënten af naar andere apotheken te gaan, concurrentie is dus niet zo groot.	Verandering is in de loop der jaren gegaan het is laagdrempeliger geworden. Andere belevenisfd van de rol.	Waar mensen de huisarts hebben gaan ze naar de apotheek. Je kunt nu niet meer om de veranderingen heen. Rol verandert veel, aanpak wel. Minder klantvriendelijk. Tegenwoordig niks meer voor niets. Verandering niet zozeer bij klanten. Mensen accepteren switch eigenlijk wel van zorgverzekeraars. Slechte maatregelen, teveel geswitch van doosje, 3 a 4 keer per jaar.	Er zijn verschillende veranderingen gaande, aller eerst training van de mensen wordt belangrijker, hiernaast is de kwaliteit altijd belangrijk geweest. Prestaties van service en advies gaan een grotere rol spelen, zo is er speciale diabetes projecten en services waardoor er door de zorgverzekeraar een hogere receptvergoeding of prestatievergoeding gegeven kan worden.	Door internet hebben mensen wel meer informatie, maar klopt niet altijd
Change Role	Ik zou geen dingen anders aanpassen!	We zijn afgelopen jaren te afwachten geweest, we moesten wennen. Apotheker niet klantgericht. Misplaatste arrogantie, opleiding geeft geen garantie. Geen plots moment geweest van verandering	Ieder doet zijn eigen ding, enige wat positief is, dat de prijsstelling is veranderd. Verandering veel gedoe om niks. Vooral om geld. Enige positieve is dat prijzen gedaald zijn. Met prijs van doosje .99 cent haal je kosten er niet uit! Worden oude medicijnen ook verkocht.	De rol van de apotheek is veranderd doordat der extra op service en advies wordt gefocust omdat hier de winst uit gehaald moet worden. Enerzijds door de vergoeding van de zorgverzekeraars, anderzijds door de vergoeding van de patiënt. Er treedt een differentiatie op van de receptvergoeding, prestatie is een begin stap, en maar het bespreekbaarder.	Mensen gaan zo weg, de drempel is niet groot! Veranderingen, het moet goed zijn, maar informatievoorziening is belangrijker, internet is belangrijk geworden, klant wordt mondiger, veel gelezen.
Future ideas	Ik maak me zorgen over de toekomst. Mensen willen wel waar voor hun geld, als het werkt is het zo mooi	Marktwerking in zorg is een slecht zet, zorg. Ik geloof in professionaliteit, dat moet je uitstralen. Ik wil niet iets opdringen. Wel kans om je te profileren. Handverkoop is vergroot, geen drogist maar wel voor uitstraling van de apotheek. Liberalisering niet goed voor de marktwerking. Overheid heeft altijd budgettaire kader. Zorgverzekering heeft alle controle.	Veel gedoe om niets, Ik zie geen positieve toekomst. We reageren niet maar vangen alleen de schokken op. Marktwerking, staan niet op onze strepen, vinden alles best. Veel apotheken moeten gaan omvallen, efficiënter werken. Zelfde niveau komt nooit meer terug. Heel veel denken dit wel. Nu nog steeds goed inkomsten, alleen jonge apotheker hebben het moeilijk omdat ze zaak hebben om schulden af te lossen.	De toekomst van rol van de apotheker staat sterk ter discussie. Opkomst van zorggroepen lijkt erop dat de apotheek moet vechten om niet overbodig te worden. De rol van de apotheek is het bewaken van de veiligheid, het is de enige met kennis, en die een persoonlijk advies kan geven aan de klant, en met direct contact een totaal plaatje kan geven.	Ik vind het lastig om een weg te vinden. Veranderingen, het moet goed zijn, maar informatievoorziening is belangrijker, internet is belangrijk geworden, klant wordt mondiger, veel gelezen.

	Oog in al	Boswijk apotheek	Kanaleiland apotheek	LLOYDS apotheken	Staring apotheek
Innovate	Website wordt wel gebruikt voor herhalingsmedicijnen, niet voor verkoop.	Innovatie kan niet alleen, branche is te klein en te ingewikkeld. Je staat niet op jezelf maar je bent afhankelijk van software, huisartsen etc. Moeilijk om te adverteren want mag niet. Extra inkomsten is dus bijna onmogelijk.	Ik zie betaalde diensten niet zitten, vind ik zo'n onzin, waarom moet de patiënt dit betalen? Consument wil dat je 7 dagen in de week open bent, 24u per dag. Maar dit is bijna onmogelijk. 5 dagen in de week over. Geen recept meer dus niet nodig. Je bent geen winkel. Voor handverkoop is het wat te duur. Komen nu meer ondernemende apothekers. Zorgprojecten waar je niets aan verdient heb je heel weinig aan.	Door te innoveren in een herkenbare huisstijl en de inrichting de apotheek wordt er door een andere aanpak van marketing en communicatie geprobeerd te anticiperen op de veranderingen. Extra services worden aangeboden zoals het diabetes project en promotionele acties om een competitief voordeel te kunnen verkrijgen wat betreft overige apotheken. Door het meer uitwerken van de marketing wordt er meer aandacht besteedt aan de nieuwsbrief, de wensen van de klant en naamsbekendheid. Sinds een paar jaar is er meer marktwerking in getreden, en door de afwachting houding van de apothekers, zal er tijd overheen gaan voordat verscheidende fasen doorlopen zijn tot er een succesvol eindpunt wordt bereikt.	Als ik dat niet doe, loop ik inkomsten mis (zaterdagopen); Niet voor vaste klanten, maar voor extra consumenten
Anticipation of changes	Geen aanpassingen, overheidsbeleid is goed in bezuinigen dat wel. Hier wordt ingespeeld door andere zorg verzekeringscontracten af te spreken waar geen preferentie beleid hebben.	Geen moment geweest van verandering, het is een proces geweest. Naast apotheker kolomgerelateerde activiteiten om tweede apotheker aan te nemen.	Men denkt nog steeds dat veranderingen stoppen maar dit is nog maar het begin. Ni apotheken hebben goede kwaliteit, daar hamert de zorgverzekeraar op. Daar gaat het niet om. Anders gingen mensen wel naar internet apotheek. Medicijnen worden minder vergoed, maar wij geven het advies. Ik ga geen advies geven voor dingen die in de drogist worden verkocht. Personeel is belangrijkste	Veranderingen liggen bij de apotheker, hoe producten worden aangeboden en de verandering in de beloning van prestaties. De zorg is nog steeds en zal in de toekomst overheidsgedreven blijven.	Open benadering. Ik ben al bezig met projecten bezig naar bekostiging toe, met raamwerk aan het maken. Weinig onderhandel ruimte, Alvast raam werk aan het doen om stapje voor te zijn
Encourage independent activity by employees	Contracten afgesloten met zorgverzekeraars, om extra services te kunnen bieden.	Voortrekker in samenwerking met therapeuten, dermatologen etc. Zitten minder lang in het vak dus lopen mee met apothekers branche. Bezuiniging in kosten door personeel ontslagen.	Een financieel gezonde apotheek zal overleven, bieden extra services. Mensen die geen ondernemer zijn kopen geen apotheek. Als je nu in stap weet je waar je aanbegint. Financieel kan dit niet meer. Apotheek niet heel anders geworden. Omdat het een solide business is. Geen foldertjes etc, geen commercieel inzicht.	Er wordt getracht de medewerkers ook te trainen, de apotheken meer te laten ondernemen en te samenwerken met de klanten en concurrentie. De beloningstructuur wordt aangepast op wat wel en niet mag, wat verweven is met elkaar.	We moeten assistentes beter trainen en verantwoordelijkheid geven! Klanten moeten goed beoordeeld worden. Personeel moet basis goed kennen, signalering kunnen maken op juiste moment. Niveau van assistente moet hoger worden

Respond to manoeuvres of rivals	Punt van zorg voor toekomst, overleg met concurrentie. Toekomst zou de zorgfunctie gemeten worden en beloofd. Huisartsen hebben dit wel al, (plus) zorgmodules NZa, etc.	Ik verdom het om een drogist te worden. Gecertificeerde apotheker. Bedrijfsplannen etc. Samenwerking met verschillende apotheken. Zorg verlenen kost geld. Geen concurrentie voordeel, juist samenwerken. Zorggroepen goed initiatief. Je moet onderhandelen van de wet, maar kan in praktijk niet, dus samenwerking is nodig.	Onderscheiden is belangrijk, anders doen dan je concurrenten! Veel concurrentie in grote stad. Enerzijds concurrenten, anderzijds samenwerking nodig. Te onbetrouwbaar naar elkaar toe. Nog een apotheek in kanaleneiland. Daar waar huisarts zit gaan ze naar apotheek. Gemak dient de mens. Weinig besef van consument of je keten of onafhankelijk zijn. Daar waar ze wonen en goed geholpen worden is belangrijk. Internet apotheek werkt niet, toch voor service. Klanten binding. Klanten vinden alles prima, pad is geëffend. Veel ballast kwijt qua verkeerde figuren, Internet apotheek zal niet komen,	De strategie van Lloyd richt zich op de te winnen marktgebieden, en het overnemen van vestigingen waar nog potentie ligt. Lloyds maakt gebruik van het internet en thuislevering, maar dit wordt tegenwoordig verplicht gesteld door de zorgverzekeraars.	Openingstijden verbreedt, concurrentie aangaan. Zoekmachine optimalisatie, voor nieuwe klanten .De ene verzekering doet dit, de andere verzekering doet dat, ik vind dat niet betrouwbaar zijn, ik verwacht helemaal niets
Take chances	veer samenwerking met collega's, geen concurrentie. Wel samenwerking met huisartsen en zorgverzekeraars.	Zorggroepen zijn goede ontwikkeling, je moet samen dingen doen om iets te bereiken	Veel beslissingen worden genomen op angst, apothekers durven weinig risico te nemen. We hebben geen inkoopkracht om veel otc in te kopen. Een paar jaar geleden wel financieel de ruimte om projecten te doen, nu niet.	Over vijf jaar zal de markt meer zijn geliberaliseerd wat kansen kan betekenen. De macht van de overheid is bewust gegaan naar de zorgverzekeraars, en dit zal ook blijven in de toekomst. De zorgverzekeraar heeft 5 jaar geleden haar rol moeten veranderen, en de verzekeringen onder kostprijs aan moeten bieden. Ook hierbij is pas later de professionalisering door de fasen heen ingetreden. Volgens Lloyds is de zorg positief veranderend.	Centrale apotheek, robot apotheek samenwerking, wij zijn dan niet meer in de picture, samenwerking verstoort
face challenges	Zorg wat niet aflever-gebonden is wordt niet vergoed, dit zou wel goed zijn.	We kunnen ons nu profileren, stukje klantenbinding. Aanvullende contracten gaan niet over aanvullende zorg. Achmea prestatie indicatoren niet gebaseerd op SFK maar op eigen cijfers, dus heel moeilijk op in te spelen.	Je moet uitgaan van je kracht. Veelzijdigheid is de kracht! Folders zijn kostbaar, levert misschien weinig op. Kansen moet zoeken in contact klant en service. Personeel kun je wel splitsen, voor in apotheek en achterin apotheek. Zijn apotheken die handverkoop verdubbelen door verbouwing.	In het verleden heeft de apothekersmarkt in geen enkele manier bewogen. Hierop is de markt momenteel hard op afgerekend. Maar in plaats van hiervan te leren, weigeren sommige apotheken iets te doen. De winst van de apotheken was buiten proportie, maar in plaats van om te gaan met het preferentie beleid, en hier lering uit te halen, willen sommige apotheken zich niet aanpassen	Ik heb een folderactie gedaan, in samenwerking met marketingconsulent. Bekostiging naar extra zorg zou goed zijn

	Oog in al	Boswijk apotheek	Kanaleneiland apotheek	LLOYDS apotheken	Staring apotheek
Services/products	Wij hebben de klant wat te bieden, we hebben ze niet nodig, het gaat om je eigen verhaal dan waar de klant behoefte aan heeft	Ik verdom het een drogist te worden! Natuurlijk gebruik ik displays af en toe maar het moet wel functioneren.	Service laat mensen komen. Kiezen wel voor waar ze goed geholpen worden, klantvriendelijk, tijd in personeel stoppen, advies. Er wordt hier zorg geleverd, mensen lopen niet te shoppen in de apotheek. Ga er wel in mee, maar heb niet de wijk waar het heel hard loopt.	De apotheek is geen drogistrij en heeft een aparte functie in Nederland als specialist en ondernemer.	Ik zou niet weten wat ik heel anders zou moeten doen. Ik ben op zoek gegaan naar een grijs gebied om meer klanten te krijgen
Brands	6 jaar geleden verbouwd, en we zitten nu op onze maximale capaciteit. Als het werkt hebben we ook wat te bieden	Bezuinigen moet andere rol, is het nodig dat het gebeurt? Altijd afweging wat geld kost en wat geboden kan worden aan de klant.	Ik ben geen winkel, mensen komen niet om te shoppen. Nadeel van handverkoop is omloopsnelheid. Ik focus me op de omloopsnelheid, zorg dat ik exclusieve merken en producten heb.		LRP actief op zaterdag zou komen verkopen, loopt als een speer hier. Er komen nu meer ondernemende apothekers die overleven
Role dermo-cosmetics	Wil je ene bakje staan op de balie met korting? Nee dat willen we niet doen	Ik denk niet dat er veel veranderd hoe patiënt denk en hoe wij denken.	Voor handverkoop is exclusiviteit van apotheek kanaal is heel belangrijk. Producten verkopen zich uit zichzelf,	Ook promotie gaat een grotere rol spelen, dit is door middel van de inrichting van de apotheek mogelijk, maar ook door de uitgifte van folders etc.	Toen zag ik al het erbij hebben al een grote plus was!
Changes	wij generen geen vraag, we bieden het maar willen het niet stimuleren	Extra services doe je niet, want dat kost geld. Ieder bedrijf bepaald zelf waaraan je geld uit geeft en afwegingen maken.	Klanten vinden alles best, je speelt wel in op de ontwikkelingen, maar is niet het op basis van angst zorgverzekeraars, uitgaan van je eigen kracht! Dingen invullen omdat je bang bent, neven vestiging openen omdat je bang bent dat iemand anders ook vestiging opent.	Lloyds heeft vooral de OTC de laatste jaren uitgebreid, waarbij vooral de huidverzorging meer omzet oplevert. Ze proberen te anticiperen op de markt door minder afhankelijk te zijn van medicijnen en door de mensen zelf te sturen welke richting de apotheek op gaat.	Ik het als een uitdaging! Ik blijf het gewoon proberen. Aanwas van nieuwe klanten, meer handverkoop, meer mensen voor recepten langs
Future view	Spreken een hogere receptregel vergoeding af met verzekeraar. Geen 50% korting op toonbank (geen reclame)	Het is in essentie net veranderen maar wordt anders beleefd	Je moet zorgen dat mensen in de apotheek komen, niet uitbesteden via andere kanalen, anders gaan ze zelf over naar een ander kanaal. Apotheken staan niet op hun strepen. Geen beeld over wat 5 jaar is. Waarschijnlijk stabilisatie, top komt niet meer terug. Mensen blijven medicijnen kopen. Apotheken gaan omvallen.	In de toekomst lijkt de medicijn steeds minder vergoed te gaan worden, zoals nu al bij de pil gebeurt en andere medicatie. Door niet afhankelijk te zijn van andere partijen is het belangrijk om niet kwetsbaar te zijn in de verdeling van medicatie vergoeding maar door meer winst te genereren uit OTC.	Niet altijd hetzelfde maar toch iets anders uitproberen. Wat doet een apotheek, en wat willen we aanbieden? (kosten bekostiging) Efficiënten moeten gaan werken

	Oog in al	Boswijk apotheek	Kanaleniland apotheek	LLOYDS apotheken	Staring apotheek
Competitive strategy	Ik sluit contracten af bij verzekeraars waar ik me niet hoeft aan te passen, of ik weiger dit gewoon. Geen onderhandeling mogelijk met zorgverzekeraars mogelijk. Bieden contract aan, en het is nemen of niet, uitzondering met ketens. Weinig tot geen onderhandeling. (evt. zorgmakelaars)	je moet zijn voor de mensen die je nodig hebben	We lossen de problemen op voor de klant, in de gezondheidszorg is meer dan de prijs. Ik verkoop het puur uit service. Afhankelijk van de locatie, ligging etc. Veelzijdig blijven, ook blijven bereiden. Niet heel veel maar wel genoeg. Pad is langzaam ingezet, trein rijdt al lang. Je ziet dat er maatregelen genomen worden, maar niemand realiseert het niet. Mensen hopen dat het stop in plaats in te grijpen of te reageren	Lloyd maakt gebruik van bestaande apotheken en heeft geen eigen groothandel. Het maakt gebruik van bestaande organisatie en wordt hier 100% eigenaar van. De zorgverzekeraars stellen de eisen en hebben ruimte om te onderhandelen met de ketens.	Het is geen vrije markt! Maar ik zie veel uitdagingen, blijf het gewoon proberen! Bv samenwerking met poli om klanten te krijgen op zaterdag
Network	Werken graag samen met huisartsen, weten elkaars expertise en vullen elkaar aan. Netwerk bestaat uit dagelijks contact met huisartsen. Ook kringbijeenkomsten partner apotheken. Concrete afspraken met huisartsen bij veelvuldig medicijngebruik bijvoorbeeld.	We hoeven niet te concurreren, we vullen elkaar aan. Kortingen en bonussen op generiek zijn er eigenlijk helemaal uit. Deze zijn gedaald. Receptvergoeding wordt echter achteraf pas bekeken of dit hoog genoeg is. Dit is natuurlijk het geval. Bedrijfsvoering is afgelopen.	In de grote stad is allemaal concurrentie! Maar door met collega's te kletsen leer je veel. Betere zorg dan keten apotheek. Grootste verandering is overheid naar zorgverzekeraars (preferentie beleid).	Het netwerk bestaat uit klanten en partners; voorschrijvers, industrie, verzekeraars en haar eigen medewerkers. De medewerkers vormen het hart van het bedrijf en de verbindende schakel met de markt. Lloyds apotheken investeert de kwaliteit van de apotheken en in de opleiding en ontwikkeling van de medewerkers	We zijn zichter geworden, close samenwerking met vier apotheken. Zorgverzekeraars niet betrouwbaar. Vorig jaar dramatisch jaar, iets meer naar samenwerking nu
Distribution	Ik weiger mensen producten aan te smeren, mijn geloofwaardigheid gaat hierdoor naar beneden	Geld is geld, als ik het kan verantwoorden is het prima. We kunnen voor elkaar een meerwaarde bekeken	Je zorgt alleen dat je het goed doet. Wel bezuinigingen waar het kan. Je let heel goed op je uitgaven. Net zoals bij tandarts mensen laten betalen en later declareren. Door bezuinigingen, mensen ontslaan wordt werkdruk hoger dus minder zorg. Door dit te doen moet je én nog harder lopen en service moet minder. Eet dan wel een boterham minder dan nog harder te moeten werken. Eigen bereiding erg belangrijk voor service. Levert nu ook meer op dan een doosje schuiven. Ook stukje motivatie voor dames, afwisselendheid is belangrijk. Central filling, moeilijke dingen de deur uit te doen is niet belonend.	In de toekomst lijkt dit een steeds belangrijkere rol te gaan spelen. Door noodzaak van het veranderende beleid levert dit ook meer op, het wordt zwaarder voor de onafhankelijke apotheker, de marktwerking gaat een grotere rol spelen, en in de toekomst lijkt dit te gaan groeien.	We willen niet wijzende vinger uitsteken, maar samenwerking
Profit/ cost	Zorgen over toekomst, financiering. Winst van OTC is maar 5-8%. Is alleen voor erbij. Visite kaartje van de apotheek. Paar jaar geleden uitgebreid, maar zit maximum aan. Willen niet naar retail kant. Bieden het wel als apotheek, maar promoten het niet.	Zorg leveren kostgeld, binnen je bedrijf eigen afwegingen maken. Inkomsten zijn veranderd van bonussysteem naar medicijnvergoeding. Discussie is gekomen doordat apothekers teveel verdienen. Tarief is echter ook niet omhoog gegaan laatste jaren. Dit is wel doorgeschoten.	Financiële prikkel is nodig, heb maar de verantwoordelijkheid. Logistieke aanpassingen. Receptregel blijft de grootste inkomsten. Miss wel meer betaalde services, maar realiseren niet dat zorgverzekeraar dit gaat plussen. Moeilijke om betaalde services van (UA- uitsluitend apotheken) klanten te vragen. Je moet check doen. Zie niet zitten op klanten te laten betalen. Over de rug van de patiënt die al meer betalen en meer premie nodig hebben. Liever dat we niet meer declareren bij zorgverzekeraar. Onderaan de streep wordt het minder, maar groeit wel.	De winst van de apotheek wordt gehaald uit drie kanalen (1) receptvergoeding, (2) hulpmiddelen/materialen en (3) OTC. De verdeling is achtereenvolgens relatief 80%, 15% en 5%. Ook Lloyds gebruikt steeds meer bezuinigingen op bijvoorbeeld bereidingen, dit wordt niet meer bij elke apotheek gedaan, en door de krachten te bundelen.	In de gewone kosten heb ik tegen het licht gehouden, Inkomsten bonussen zijn weg, Inkomsten generieke vervallen, verschillende verpakkingen inkopen, niet te veel voorraad. bezuinigd op 1 assistente (drie mensen)
Commercial ideas	Ik bots met niet aflever gebonden zorgen, en commerciële wensen. Geen keuze te maken tussen deze twee aspecten. Kosten vooral loon, - afschrijvingen huur. Zie je niets in tarieven van terug in zorgverzekeraars. Kosten van apotheken ligt ook bij medicijnpreparatie, stukje service en plezier van de apothekers.	Ik verdorm het een drogiste te worden! Geen conflict van business en professionaliteit. Is in het leven geleid door politiek! Gaat alleen nog maar over bezuinigingen..	Je moet nooit op personeel besparen, of op eigen bereiding. Waar gemak is dient de mens. ik krijg niet meer recepten als ik een dag langer open ben. Focusen op wat hard loopt qua verkoop met omloop snelheid. Geen spentjes, slabbertjes etc. Inkoop is vrij klein dus is dan erg hoog. Geloofwaardigheid gaan naar beneden bij verkoop slabbertje en wenskaart. Het houd op gegeven moment op qua verkoop mogelijkheden.	Commerciële keuzes hoeven niet te botsen met de bedrijfskundige aspecten. De reden dat dit soms wel gebeurd is doordat de opleiding van medicatie en begeleiding naar een onderneming gering is. Zelfzorg apotheker weinig commerciële of bedrijfskundige aspecten bekend zijn.	Ik zie dat inkomsten daling van recept geneesmiddelen onvermijdelijk is, een podotherapeut mischien. Commerciële keuzes ter ondersteuning. je moet het wel breder zien om draagkracht te hebben
Business ideas	we gaan met onze naburige apotheken steeds meer samenwerken, ideeën horen, veel overleg. Hogere receptvergoeding met zorgverzekeraar is mogelijk. Maar hiervoor worden dan vaak weer mysteryguest van ingehuurd wat weer veel geld kost	Ik vind dat opleiding niet goed aansluit, trekt het verkeerde type mens aan. Bereiden nog een klein deel van de medicijnen (+ na bereiding). Veranderd wil ik het verkopen. in de loop van de jaren.	Onderscheid keuzen zorg en commercieel, je laat dingen weg doordat het teveel kost. Je let heel goed uitgaven, je komt tot meer tot de kern. Onbetrouwbaarheid naar concurrentie toe. Ik moet achter het product staan	Ook bij Lloyds apotheken is er een tweedeling binnen het bedrijf (geweest). Specialisten zoals apothekers zijn geen managers, maar ze worden gedwongen om ondernemer te zijn. De opleiding is wel aan het veranderen, maar het is geen bedrijfskunde. Na een minimale opleiding van 6 jaar is de kennis die daadwerkelijk gebruikt wordt slechts 5%.	Er moet meer stroomlijn inkomen, we moeten efficiënter werken
Change of businessvalue	Wijzigingen van verpakking, klanten overstuur, slechte service	Ik bezuinig door personeel te ontslaan, dat is lastig	Mensen hebben wel een keuze, maar ze maken heb niet. Voor mensen de problemen oplossen, naar mensen communiceren wat ze oplossen, verpakkingen wisselen, wat er gaande is. Poster pil van de maand. Veelzijdigheid belangrijk. Meer naar handverkoop is niet optie. Is mooie service, maar omloop is wisselend. Zit niet veel winst op. Zitten drie drogisten omheen, dus leg er niet teveel op in. Vichy en LRP is niet voor deze wijk. Omdat ze het zelf goed doen, komen mensen het wel hal	De klant weet momenteel amper dat er keuzes liggen tussen apotheken, er is weinig sprake van concurrentie. Mediq is één van de grootste concurrenten met 250 apotheken, deze ontwikkelen sms services en ontwikkelen tools om zich te onderscheiden. Lloyds onderscheid zich met Escura (ruim 100 apotheken) door meer kwaliteit. In vergelijking met Kring apotheken heeft Lloyd een meer klantgerichte aanpak in plaats van op de achterkant van de apotheek	Gunstig mogelijk inkopen, generieke inkomsten zijn vervallen. Werk nog niet mee naar prestatie vergoeding,