Cross-cultural examination of the relationship of service quality, perceived value, customer satisfaction and Loyalty in the Drug Store in Bangkok, Thailand

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Abstract

The cross-cultural customer experience and the service environment were two of the most important aspects of retailing that should be prioritized, particularly in pharmacy shops. This research investigated the retail experience at the pharmacy store from the perspectives of people from a variety of diverse backgrounds and different geographical locations. The interview was planned and performed by the researcher using a semi-structured format. Participants were recruited from a variety of community-based pharmaceutical shop during the pandemic in the Bangkok areas. The researcher applied convenience sample with the assistance of the owner of the pharmaceutical shop. The analysis of the data was transcribed verbatim and analyzed for key themes via manual inductive coding and constant comparison. The research participants shared their personal experiences with purchasing drugs and associated items during the pandemic. They were also exposed to the store's atmosphere and sanitary environment. Misappropriation of retail space might be caused by dissatisfaction with the shopping experience. A variety of behavioral strategies that improved the retail experience, such as creating a dedicated section in the shop for relevant items or updating the in-store environment, may help improve the retail experience for customers. The authors provided suggestions for how retailers might use their newly acquired knowledge about consumer behavior. Each of these themes also offered the possibility of further investigation in the future.

Keyword

Customer experience, Cross-cultural examination Retailing, Pharmacy store, store's atmosphere

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Chapter 1:Introduction

Main issue

Today it is increasingly changing business environment. Cultural concerns are widely

acknowledged as critical components of a successful healthcare and pharmaceutical business.

Recognize the importance of cultural competency in the profession of pharmacists.

Pharmacists facilitate the ways how cultural divides helping pharmacists practhelpster medicine

so that the customer would have been delivered the proper response from the retail

store. The pharmaceutical store's commitmented to providing healthcare to the communities

they serve would be incomplete if they ignore considering the cultural aspects that influence

the lives of patients or customers (Zweber,2002). Bassett-Clarke et al. (2012) mentioned that the

customers said that their healthcare experiences were highly variable, and that the different

local pharmacist did not meet their expectations in terms of health care. The communication

styles of the pharmacists were found to impact severely on health, help-seeking, and

medicines-taking behavior.

According to common thinking, customer experience refers to customers' internal and

subjective reactions to every interaction with a company (Voss,2010). Pine and Gilmore (1998)

explain that experiences are inherently personal, existing only in the consciousness of an

individual who has been involved on an emotional, physical, intellectual, or even spiritual

level. Customers experience whenever they "contact" any component of a product, service,

brand, or organization. Customers have interactions across various channels and at a variety of

points in time (Pantano and Milena,2015). Touchpoints are interactions between businesses and

consumers that occur multiple times along the customer's journey. These moments have a

tremendous impact on both the consumer experience and the brand's impression. Businesses

may take advantage of fair chances to enhance their client journey.

The following is the article's structure, intended to respond to this research topic. A study of the

literature is carried out, with particular emphasis placed on the topic's importance for retailing

and customer experience. *Research question: How do Customer's Culture and Geographical*

differences affect the pharmaceutical shop customer experience in the retailing setting

during the pandemic?

Chapter 2: Literature review

Chapter 2, this part explains how the research constructed from the marketing theories and social psychology in the healthcare setting. This study fills the gap for medical tourism research that ignores the consumer experience of a pharmaceutical shop during the pandemic in the retailing setting

Moreover, this study extends the evaluation of satisfaction and loyalty by investigating the cross-cultural consumer in order to explain the relation of patient traits that associate with satisfaction and loyalty. The following section is the literature review that relates to the overview of the study variables concerning consumer behavior research in a pharmaceutical shop.

2.1 Service Quality

The study of service marketing and service quality attempted by scholars since the mid-1960s(Rathmell, 1966). While service organizations delivery the service quality to the customers, they also differentiate themselves from business rivalries. Service quality is defined as the service's post-consumption comparing expectation and perception of performance by the

customer(Carman, 1990; Cronin Jr & Taylor, 1992; Valarie et al., 1988). Taylor and Baker (1994)

proved that there is an effect of service quality on perceived value, customer satisfaction, and

behavioral intentions; work of mouth, loyalty, personal recommendation and willingness to pay

more. The higher service quality level means customer satisfaction, loyalty, more significant

referral to others, consequently less customer complaint and a higher customer retention

rate(Bitner, 1990; Danaher, 1997; Headley & Miller, 1993; Mägi & Julander, 1996; Zeithaml et al.,

1996), gaining new customers, higher productivity, better financial performance, and

productivity(Julian & Ramaseshan, 1994; Lewis, 1989; Llosa et al., 1998).

The quality of service is abstract and to identify service quality levels relying on

customer perception with well-suited tools for each service industry. In service marketing

literature, scholars focused on how to measure service quality, its conceptualization and

measurement are debatable and controversial topics in service marketing field(Grönroos, 1984;

Jandavath & Byram, 2016; Parasuraman et al., 1985). The concept of the gap in service quality

and expectations and aspects of service quality introduced and strengthened by Parasuraman's

exploratory study (1985).There are an alternate's scholar views on this topic, Grönroos(1984) a

from Nordic described service quality on two dimensions; a functional and technical quality that

affect expected service, perceived service, and service quality.Following Grönroos's concept,

Rust & Oliver (1993) extended to the three components model; service product(technical

quality), service delivery(functional quality), and service development. Service quality can be

simple, compound, uni-dimension(Brady & Cronin Jr, 2001; Dabholkar et al., 1996; Wilkins et al.,

2007) or multi-dimension; depending on the specific setting, cultural, and customer

orientation(Ladhari, 2008). Nevertheless, the authenticity of how service quality

multidimensional construct reviewed in literary, the two-central conceptualization of service

quality have no general agreement on dimension and feature.

   To measure service quality, a widely acceptable and well-recognized measuring

instrument for service quality is SERVQUAL. It was introduced in 1985 by Parasuraman, Zeithaml,

and Berry presented the gap model on the perceived service quality model (Grönroos, 1984).

The instrument is to measure customer's perception of service quality; it is based on the

service quality conceptualization as the difference between customer expectation and

perceived performance.

The previous SERVQUAL model was 10 dimensions model (tangibility, reliability,

assurance, responsiveness, empathy, communication, competence, credibility, courtesy, and

security) with 97 items(Parasuraman et al., 1985) which reformulated and converted to the 5

dimensions of SERVQUAL (reliability, assurance, tangibility, empathy, and responsiveness) with

22 questions(Valarie et al., 1988). Its purpose measures consumer's expectation and perception

of service organization's performance by summing the gap scores (Performance minus

Expectation) for each item. Using a 7-point Likert scale; 7 value is "Strong Agree" to 1 Value is

"Strongly disagree," the gap score of P-E display in a value range from 6(highest quality) to -

6(lowest quality).

Subsequently, there are recognized scientific aspects of measuring service quality; a

multilevel model, and a hierarchical approach. Dabholkar, Thorpe, & Rentz (1996) view

SERVQUAL as a pure service setting and not applicable in every service setting. The initiation of

a three-level model based developed to serve more appropriate and well-suited to other

business industries; notably the retail setting. A multilevel model (Dabholkar et al., 1996), its first

level has related to the service quality and perception of the customer, the second level

concentrates on personal interaction, reliability, physical aspect, policy and problem solving as

five primary dimensions, and the last view has seven subdimensions; do it right, appearance,

convenience, promises, inspiring confidence, helpful and courteous. To systematize service

quality measurement to a standardized attribute with sub-dimension, Brady & Cronin Jr (2001)

introduced a hierarchical approach to identify service quality into three primary dimensions

(interaction quality, physical environment quality, and outcome quality).Based on approach, it

has three secondary sub-dimension; interaction quality(attitude, expertise, and behavior),

physical environment quality(ambient condition, design, and social factors), outcome

quality(waiting time, tangibles, and valence) — additionally, the three tertiary sub-dimensions

under each secondary dimension as reliability, responsiveness, and empathy.

Regarding instrument concerns, there are two main concerns raise related to numbers of

items and the vagueness of expectation(Jain & Gupta, 2004), also the confusion and boredom

while measuring customer's perception and expectation simultaneously (Rust & Oliver, 1993).

However, the development of the model was to be concise in measuring the service quality

within the company, and later the SERVQUAL model becomes an applied instrument widely to

measure service quality.

2.1.1   Service quality in healthcare sector

The topics of service quality improvement and measurement are the primary issues of

all healthcare administrators. Measuring and administering service quality, and customer

satisfaction has become a priority for successful service organizations(Bolton & Drew, 1991;

Cronin Jr et al., 2000; Cronin Jr & Taylor, 1992; Dabholkar, 1995; Taylor & Baker, 1994), and

consequently the behavioral intention(Jandavath & Byram, 2016).The excellent service is a profit

strategy; it results gaining new customers, generating more revenue with existing customers,

fewer numbers of lost customers, a proper response to competitive price, more efficient in-

service performance(Parasuraman et al., 1985).

As the people's standard of living has changed, they shift their interest to health concern

and healthcare service quality. Patients raise the concerns on the improvement of medical care

service to provide a more efficient medical facility, and hospitals perceived the increase of

service quality concerning satisfying and retaining patients(Andaleeb et al., 2007; R. T. Anderson

et al., 2007; Arasli et al., 2008; Duggirala et al., 2008; Padma et al., 2010).

There are two leading roles; consumer and service providers in the service industry

(Johns, 1999). Regarding the nature of healthcare service, patients are customers, and doctors,

medical staff, and nurses are service providers in the hospital and pharmaceutical shop. The

hospital and pharmacy service comprises tangible and intangible products; doctor consultation,

caring medics, medical examination, physicians, hospital care facilities, interpreter, financial

arrangement assistants. Based on the perceived service quality model (Grönroos, 1984), the

healthcare facility is divided into technical, and functional quality.

Recent healthcare service quality researches applied the SERVQUAL instrument, their

focus is to explore the dimension of medical service quality, perceived value, the perception of

patient satisfaction, and behavior(Albori et al., 2010; Andaleeb et al., 2007; Choi et al., 2004;

Manaf et al., 2015a, 2015b; Prajitmutita et al., 2016; Shafiq et al., 2017).

Healthcare studies have scientifically proof showing that there is a significant link

between patient satisfaction and a group of explanatory factors; one of the apparent factors is

service quality(Rao et al., 2006; Zineldin, 2006). This relationship assures the measurement of

patient satisfaction with medical service quality. The hospital and pharmacy's service quality

becomes a key advantage in business sustainability and growth similar to other service

sectors(Chen, 2008; Mechinda et al., 2010; Ara Wilson, 2011). Prior research from

Laohasirichaikul, Chaipoopirutana, and Combs(2011), and Lee, Chen, Chen, & Chen, (2010)

reported that a superior service quality from the healthcare service provider is the essential

factor of customer satisfaction and loyalty which contribute to competitive advantage.

2.2 Customer Satisfaction

The critical term of marketing that measure how the company's products or services

serve or surpass customer expectations called Customer satisfaction. Prior service business

studies, scholars studied service quality, customer satisfaction, and consumer behavior(Cao &

Kim, 2015; Chow et al., 2007; Cronin Jr & Taylor, 1992; Ramseook-Munhurrun, 2012). The

customer satisfaction is a post-purchase state of consumer's attitude that reflects rating of like

and dislike of services and products after experiencing them; it refers to the crucial factor that

drives the service and product performance to exceed the expectation(Woodside et al., 1989).

Therefore, the assessment of patient satisfaction becomes a crucial part of healthcare

organization's strategic process (Reidenbach & McClung, 1999).

Customer satisfaction is an outcome and the result of the comparison of the reward and

cost of purchase concerning the anticipated consequence (Churchill Jr & Surprenant, 1982).

Boulding, Kalra, Staelin, and Zeithaml(1993) defined customer satisfaction using the indication of

the cumulative perspective to evaluate customer satisfaction from recent purchase experiences,

and the overall evaluation excludes any specific purchase experience (Johnson & Fornell, 1991).

However, Parasuraman, Zeithaml, and Berry (1988) claimed that cumulative perspective is more

competent for company 'service performance, and more productive in indicating consumer's

post-purchase behaviors (Wang, Lo, & Yang, 2004).

In the other definition, Woodside et al. (1989) defined the customer satisfaction as two

conceptualization; 1.transaction-specific satisfaction that relates to the single purchase and

usage of product and service, 2. cumulative satisfaction relates to overall satisfaction after

serval purchases and overtime experience that leads to consumer loyalty. Additionally, Tse and

Wilton (1988) defined customer satisfaction as the consumers respond to product or service after the consumption by evaluating the prior expectations and the actual performance.

2.2.1 Patient satisfaction in healthcare

The rate of patient compliance with the physician's advice and requests influenced by customer/patient satisfaction(Calnan, 1988; Pascoe, 1983) which led to the satisfying outcome of medical practices (Choi et al., 2004).Patient satisfaction is defined as "the patient's fulfillment response"(Oliver, 1997), it is recognized as a crucial variable and significant determinant of growth, sustainability, and success(Andaleeb et al., 2007; Britain, 1997; Davies & Ware Jr, 1988; Makoul et al., 1995). The hospitals and pharmaceutical shopfocused on patient satisfaction can gain market share and extend the hospital's productivity(Boscarino, 1992; Gregory, 1986). In a reverse of disregarding the service quality delivery and customer satisfaction, hospitals and pharmacy tend to face the decreasing or loss numbers of the patient. Prior studies emphasized that the greater patient satisfaction, the higher customer retention(Anderson & Sullivan, 1993; Fornell, 1992) and willingness to recommend(Alan Wilson et al., 2017) , and these infer

customer satisfaction as a fundamental determinant in maintaining long-term customer

behavior(Athanassopoulos et al., 2001; Oliver, 1980; Alan Wilson et al., 2017).

3.Perceived value

The challenge in the market is to increase the value of the company product and

services with enhancing the benefit of product and service offers, decreasing production cost

through the productivity or both(Sheth et al., 1991). Service quality is inadequate to predict

customer behavior and aptitudes (Prajitmutita et al., 2016).

Zeithaml et al. (1996) explained a behavioral proxy for value by using the willingness to

pay, exceptionally, a loyal customer. Enrique Bigné, Mattila, and Andreu (2008) stated that loyal

customers are willing to pay for the higher price based on the value from the specific provider

or the preferred company. However, the financial perspective of the customer also indicates

the goods' value generation with less payment (Bishop, 1984). Even though the superior service

performance is a significant element of consumer perceived benefit, consumers may perceive

other determinants as benefits; prestige or reputation(Holbrook & Corfman, 1985). The offer of

company product or service's value that is superior to other companies would significantly

create profitability and customer satisfaction(Naumann, 1995). Kuo, Wu, and Deng (2009)

mentioned from economics perspective that consumers would be perceived value of

products/goods between the highest affordable price and the actual payment that they will

pay.

Zeithaml(1988) claimed that consumers evaluate the utility of perceived benefits and

sacrifices. Consumers combine the perceptions of what they get as benefit and what they have

to pay or give up as sacrifices in using products or services. One example from healthcare

industry, patient's perspectives divided into two types by the sacrifices: the medical service fee

which patients pay, and the nonmonetary costs; experience in medical service, waiting time,

mental and physical stress(Choi et al., 2004). Nevertheless, non-monetary costs, such purchasing

time, negotiation cost, transaction cost, traveling cost also need to be included(Brady et al.,

1997; Cronin Jr et al., 2000; Keeney, 1999; Zeithaml, 1988).

2.3.1 Customer perceived value in healthcare

In the healthcare industry, the customer perceived value topic has been neglected in

strategic consideration by the healthcare service providers. The essential value in healthcare

management is needed to discover the relationships of patient satisfaction and loyalty. The

patient may consider other factors such as hospital and pharmaceutical shop prestige or

reputation as benefits, even though the core of perceived benefits is superior service

performance(Holbrook & Corfman, 1985).This statement considers it for medical service quality;

mainly medical tourists and typical customer who travel to receive medical services. The

patients may not receive services that match their perceived value mindset(Hu et al., 2009; Wu

et al., 2008). Patients perceive value requires the trade-off between benefits and sacrifices and

interprets in different ways and, including superior service quality, reasonable price, good value

for money contrastingly the service quality assessment. Moreover, both outcome and process

domains are benefited mainly from the result of excellent quality service(Choi et al., 2004).

2.4 Loyalty

"A deeply held commitment to rebuy or repatronize a preferred product or service

consistently in the future" is defined as Loyalty(Oliver, 1999). Oliver and Oliver Richard (1997)

mentioned Loyalty as situations where there is a likelihood of a person or customer to engage

in a particular behavior. This definition includes positive word-of-mouth (WOM) intention, revisit,

and a willingness to recommend. There are two groups of behavior intentions(Zeithaml et al., 1996); favorable and unfavorable loyalties; the favorable loyalty comprises of recommending, positive feedback, remaining loyal, and paying more, and the unfavorable loyalty is negative feedback, switching to another company, complaining, and less customer retention. Among behavior and attitude predictors, the most reliable predictor found to be the positive WOM included one-on-one communication, and non-commercial message sender (Buttle, 1998).

In the customer sensory, the first product or service that comes to mind when making a purchase decision (Bellenger et al., 1976; Dwyer et al., 1987; Newman & Werbel, 1973), first choice among all(Ostrowski et al., 1993), price tolerance(E. W. Anderson, 1996; Fornell et al., 1996), is operationalized as customer loyalty. This operationalization of service loyalty considered attitudinal, cognitive and behavioral aspects(de Ruyter et al., 1999).

However, customers who return several times to purchase the service from the same service provider is a loyal customer; this is different from the customer who often comes back because service unavailability and lack of choice referring to customer defection(Meesala & Paul, 2018). Numbers of the defection customers still stay with the same service providers even

their problems have not been solved(Levesque & McDougall, 1992), they stay with a variety of

reasons; location and service, customer's habit with service providers, money and time (Bitner,

1990; Ennew & Binks, 2018). This defection customer or low-quality healthcare services could

lead to the expected failure of patient(Albori et al., 2010; Anbori et al., 2010), although one of

their goals of private healthcare is to increase patient loyalty(Albori et al., 2010).

2.4.1   Loyalty in healthcare

Before healthcare researches, the enhancement of patient loyalty is when patients are

satisfied with the use of a healthcare facility(Oliver, 1999). Medical service quality is a crucial

factor to differentiate from their rivals. The healthcare that fails to meet the patient expectation

will lose in the healthcare market share(Mittal & Baldasare, 1996; Zifko-Baliga & Krampf, 1997).

Meesala and Paul(2018b) stated that the connection between the particular healthcare service

dimension; private or public hospital and pharmacysettings, patient satisfaction, and patient

loyalty should be recognized by the hospital and pharmacist managers to identify and focus on

for the hospital and pharmacy performance.

According to Chahal (2008), the measurement of patient loyalty based on three

components called tri-component model; a) UPAS: using the providers again for the same

treatment, b) UPAD: using the providers again for different treatments, and c) RPO: referring the

provider to others. The result of this research show that service quality predicts patient loyalty

and the measurement of service quality is based on these three components; 1. Physician's

performance, 2. Nurse's performance and 3.Operational quality. Meesala and Paul (2018b)

argued that the tri-component model is more on the individual performance from service

provider; not all service delivery process and SERVQUAL is more appropriate service delivery

assessment. The SERVQUAL scale assists healthcare service providers in identifying the gap,

service problem, between service delivery and customer or patient expectation(Al-Borie &

Sheikh Damanhouri, 2013; Zarei et al., 2015), then the solution to improve healthcare quality

performance would apply for the patient's benefit(Kondasani & Panda, 2015). Moreover, Enrique

Bigné et al.(2008) stated that the customers who are firmly attached to the companies or

institutes are willing to trade with the premium or higher price from the stores or sellers, this

study is consistent with Kondasani and Panda'study (2015b) that the loyalty perspective

explained the private hospital and pharmacy patients'service quality attitude. This result implies

that patient loyalty should not be neglect by healthcare managers or hospitals, as well as

medical service quality.

Cross-culture

In today's economic context, cross-cultural marketing is essential to success. Cross-

cultural marketing offers a new, more complicated, and sophisticated solution to the

considerable challenges that traditional marketing strategies face during a pandemic and the

company's ability to generate profits during the crisis and afterward. Clark (1990) and others

suggest that different behavior characteristics are unique and consistent over time. They also

find that these cross-cultural differences in strategy affect the negotiations' process and

outcomes. These distinct behaviors are a result of common cultural norms, beliefs, and

acquired behaviors across geographic. Because of this, it is an essential resource for researchers

that are investigating cross-cultural consumer differences. Its culture difference from the

marketer uses the direct value inference approach, based on measuring the values of subjects

in a sample to infer cultural characteristics. Thus, although Hofstede's classification of cultures

provides(Soares et al., 2007). Due to regional differences, not all clients would have the same

preferences and levels of satisfaction as one another (Kaynak, E., & Herbig, P.,2014)

Chapter 3: Research Method

Research methods

Understanding the distinctive elements of the various customer experience contact points is required while examining customer experience contact points. A qualitative research technique based on an in-depth knowledge of a scenario and the customer's diverse cultural background or geographical difference through an in-depth examination of recalled consumer experiences from informants while shopping at a pharmacy. The various stores were investigated. This technique permitted data collecting from different pharmaceutical shops, and it also enabled the display of a diverse range of customer experience information.

Sampling Method

Informants were asked to reflect on a recent experience they had with a pharmaceutical store of their choosing at the starting of the interview. The informants were then asked to identify the retailer and provide a brief account of their pharmaceutical store's shopping experience. This was done to give the informants the comfort and flexibility to recount their experiences as accurately as possible (Arksey and Knight,1999). Participants were asked what

they hoped to accomplish during the experience (i.e., make a purchase, search for information,

browse) and how much familiarity they had with the pharmaceutical store to provide additional

context to the experience. Following, the informants were asked to recollect and describe any

incidents they recalled. Experiences need not be tied to significant occurrences and might

include any separate encounters that the client can reflect from their previous interactions.

During the interview, the informants were questioned about the situations they had experienced

at each stage of the consumer decision-making process to get further insights.

Data Collection

The researcher used purposive sampling for the one-month data collection before the

government decided to increase COVID-19 restrictions. Data saturation often determines this

sampling technique (Mack,2005). The researcher applied convenience sample with the

assistance of the owner of the pharmaceutical shop. The entire interview was by 20 customer

experience narratives from different geographical areas. During the interview, several of the

informants mentioned their interactions with various merchants. The study method was

discontinued after the 20th semi-structured interview since the information saturation resulted

from the discussions done thus far (Guest et al.,2006).

The thematic analysis of the 20 customer experience tales highlighted recurrent themes,

which further supported the information saturation decision when themes converged in one

narrative (Eisenhardt, 1989). According to the across-case analysis of the repeating themes, no

new topics emerged after the 11th interview. Nonetheless, it was decided to conduct more

semi-structured interviews to confirm that no other themes were disclosed during the

investigation. The interviews lasted an average of around 45 minutes each, on average.
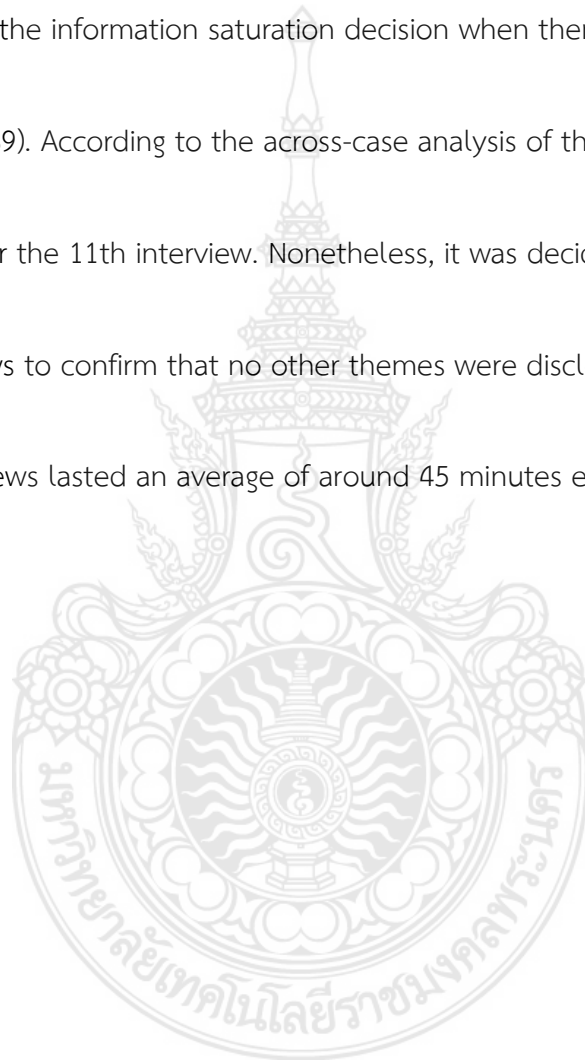
Chapter 4: Data Analysis

The following table depicts the demographic profile of the informants:

Table 1 Profile of the key informants

Participant	Sex	Age	Years of Customer Experience with pharmaceutical shop	Frequency of visiting the pharmaceutical shop during the pandemic	Geographical area
P1	M	30	7	2 times/week	North
P2	M	40	1	2 times/Month	Central
P3	F	45	5	3 times/Month	West
P4	M	27	3	4 times/week	West
P5	F	25	4	2 times/week	South
P6	F	26	3	3 times/Month	East
P7	F	28	15	1 time/week	South
P8	M	33	11	2 times/week	East
P9	F	19	5 months	1 time/Month	Central

P10	M	28	3	2 times/Month	Central
P11	F	20	6	2 times/week	West
P12	F	26	7	2 times/week	South
P13	F	50	3	2 times/Month	East
P14	M	46	16	3 times/Month	South
P15	M	53	7	1 time/week	East
P16	F	27	10	2 times/Month	South
P17	F	26	23	1 time/week	East
P18	M	34	15	3 times/week	North
P19	M	33	12	4 times/Month	Central
P20	M	46	12	3 times/Month	West

Data Analysis

Given that the purpose of this study was to identify the distinct elements of customer experience touchpoints through qualitative data, we used an inductive process to work from the words of each participant's responses to identify and code themes related to the specific elements of customer experience that were being investigated. The themes that developed were subjected to a cross-case analysis (Miles and Huberman, 1994) to determine the frequency with which themes were repeated across Informants.

The researchers recorded and transcribed the participants' responses. The participants' responses were characterized by iterative, reflexive, thematic processing of the data. After reading the customers' comments multiple times, the researcher recorded crucial topics, overall perceptions, and main findings. The two members of the researcher analyzed transcripts team for themes using manual inductive coding using constant comparison. The results were sorted into themes and sub-themes, utilizing constant comparison and reflection approaches. In reviewing the research process, themes, and sub-themes, the team of researchers came up with suggestions for how to better integrate them to facilitate the analysis and reporting process and assure the rigor and reliability of the findings.

Each of the themes has been refined and expanded in breadth because of this process, and definitions and titles for each topic have been developed to correlate to the themes. The titles of the identified themes were affected by the existing literature as well as the data gathered during the research process. This table contains a list of themes and their accompanying codes and examples of extracts from them.

Table 2 Result: Themes and codes from the thematic analysis.

Theme	Code	Example
Payment	• Cash • Transfer	• Our store accepted cash only. • Price was not the same • I was aware of markup cost increase • I did not have internet banking • You could buy the medicine. Please scan the QR code to transfer. • The method of payment was complicated during the covid situation

		• They did not accept credit card
		• I did not have a payment application.
		• I wanted to pay by cash
		• I did not think the transfer is the only way to pay.
Hygiene	• Sanitizer • Sign	• Please use hand gel.
		• The store provided the clean environment
		• Keep distance, and No service was provided if you did not keep distance.
		• There was a sign to remind me of the social distancing
		• The store was cleaner than before
		• I saw the sign, but it seemed nobody paid attention.
		• The sign was too small, but it was more than three

Queue	• People • Waiting time • Waiting Line	• There were so many people. I do not want to wait, but I needed to. • The waiting time was so long. • The waiting line was out of the store to the pathway. • People keep pushing to the line. • The waiting time was almost one hour • So many people was in front of the store • I did not see how I can get it to the store
Product Unavailable	• No more • Next week • Another brand	• The seller said no more medicines. • I could buy only three packages. I could come back next week • It was the same quality, but it was a different brand • I was shocked when the seller told me that the medicine was not available again

		• It was challenging to buy the medication during the pandemic
		• I would come back again

Table 3 Result: Definitions of the touchpoint elements

Touchpoint elements	Definition
Payment	The act or practice of making a payment to someone or something, or of receiving a payment
Hygiene	A set of circumstances or activities that are favorable to preserving health and avoiding disease, mainly via cleanliness
Queue	A line or series of people in line or waiting to be attended to or moved forward inline
Product Unavailable	It is typical for a product that is always on your sale to be unavailable for a period when you are out of stock or awaiting the next delivery.

Chapter 5: Discussion and Conclusion

Discussion

Most of the research has focused on the customer experience, as all evaluations are based on a collection of experiences (Roseetal,2012). Such considerations will always limit our ability to comprehend the critical moments of truth between the customer and the store. Using a retail setting as an example, we looked at cross-culture individual backgrounds by identifying and characterizing the unique parts that make up customer experience in the retail store. The study's findings provide managers with a better knowledge of the many contact point aspects that occur during the customer journey and contribute to a positive customer experience overall. The insights gained from this research will allow managers to do "the importance of customer experience' to acquire a comprehensive picture of the customer experience from beginning to finish. As pharmacists frequently receive, patients express their dissatisfaction with their inability to comprehend what the customer would like to receive. Nevertheless, pharmacists often fall into the same mistake. Paying attention to the "language" we use while communicating with patients is an excellent place to start when overcoming communication difficulties

The mapping of critical customer experience and identifying the specific parts of a

particular touchpoint that are important to other retail channels will provide pharmaceutical

store managers with a more comprehensive understanding of the complete customer

experience. The outcomes of this study demonstrate that retailing setting identification is

essential. Customers' experiences at different touchpoints during pandemics are classified and

defined for the first time in this study, which identifies, categorizes, and characterizes the

diverse aspects that occur throughout these experiences. In-depth investigation of recalled

reports of consumer experiences from informants helped the researcher better understand the

situation.

Payment, hygiene, queueing, and product availability components were identified using

a thematic analysis of the semi-structured in-depth interviews done as part of this study. These

four different elements of cross-cultural customer experience contact points were identified

through this study. The study's findings also indicate that other touchpoints contain various

features depending on the retail environment. Furthermore, the research demonstrates that the

same consumer experiences trigger not all aspects. It may include as few as one of the four

touchpoint elements or as many as all four of them simultaneously.

Conclusion

This study contributes to the marketing literature. It provides the foundation for the

construction of a theoretical model of customer experience that can be tested empirically from

the perspective of a cross-cultural background. According to the study's findings, managers now

have a better grasp of the many contact point aspects that occur along the customer journey

and contribute to a positive customer experience. The results emphasize that touchpoint

identification and measurement should be executed from the customer's perspective. This is in

line with the claim of Payer.,L (1988), and the barrier to effective communication is the use of

nonverbal communication techniques. According to behavioral scientists, nonverbal

communication can account for 55, and 95 percent of a message conveyed (Spector, R.E.,1996;

Tindall et al., 1994). The most frequently cited theme was pharmacists' solutions for

overcoming language challenges with customers from different ethnic backgrounds. Modern,

patient-centered professional practice has identified this as a significant challenge for all types

of health care providers, regardless of specialty. The identified touch point elements and variety

of diverse backgrounds and different geographical locations should be taken into consideration

by managers to gain a more holistic and comprehensive understanding of the customer

experience throughout the shopping and retailing experience.

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