FINDINGS, CONCLUSIONS and SUGGESTIONS

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FINDINGS, CONCLUSIONS and SUGGESTIONS

5 Introduction:
This chapter gives caption wise findings, conclusions and suggestions drawn from the research.

5.1 Role of pharmacists in patient’s healthcare:

Findings:
The study indicates the best factor used for the role of pharmacists in Mumbai should be Counseling by pharmacists. The best factor used for the role of pharmacists in Nashik should be Counseling and Knowledge of Pharmacists.

14 parameters on pharmacists’ perception were studied and factor Analysis for both Mumbai and Nashik was done, researcher had used a 5 Point Likert scale, where 1 = Strongly agree and there are 5 marks associated with this point. 2 = Agree has 4 marks associated with this point. 3 = Neither agree nor disagree has 3 marks associated with this point. 4 = Disagree has 2 marks associated with this point. 5 = Strongly disagree has 1 mark associated with it.

5.1.1 Pharmacist is knowledgeable about Rx medicines: Test on this parameter suggest that p value (0.000) < 0.05, so null hypothesis is rejected, indicates there is a difference between knowledge of pharmacists in Mumbai and Nashik about prescription medicines. Based on the mean values we conclude that pharmacists of Nashik {mean (m=1.32)} are more knowledgeable than pharmacists of Mumbai {mean (m=1.83)} about prescription medicines.

5.1.2 Pharmacist is knowledgeable about OTC medicines: Test on this parameter suggest that p value (0.000) < 0.05, so null hypothesis is rejected, indicates there is a difference between knowledge of pharmacists in Mumbai and Nashik about OTC medicines. Based on the mean values we conclude that pharmacists of
Nashik {mean (m=1.27)} are more knowledgeable than pharmacists of Mumbai {mean (m=1.58)} about OTC medicines.

5.1.3 Pharmacist tells patients purpose of their prescription medications: Test on this parameter suggest that p value (0.180) > 0.05, so null hypothesis is accepted, indicates there is no difference between pharmacist in Mumbai and Nashik telling patients purpose of their prescription medications. Based on the mean values we conclude that pharmacists of Nashik {mean (m=2.09)} tell patients purpose of their prescription medications more often than pharmacists of Mumbai {mean (m=2.35)}.

5.1.4 Pharmacist talking helps change behaviour related to health: Test on this parameter suggest that p value (0.120) > 0.05, so null hypothesis is accepted, indicates there is no difference between pharmacist talking helps change behaviour related to health in Mumbai and Nashik. Based on the mean values we conclude that pharmacists of Mumbai {mean (m=2.78)} talking helps change behaviour related to health more often than pharmacists of Nashik {mean (m=2.97)}.

5.1.5 Patients with allopathy use herbal and dietary supplements: Test on this parameter suggest that p value (0.059) > 0.05, so null hypothesis is accepted, indicates there is no difference between pharmacist talking their patients with allopathy use herbal and dietary supplements in Mumbai and Nashik. Based on the mean values we conclude that pharmacists of Nashik {mean (m=2.03)} say patients with allopathy use herbal and dietary supplements more often than pharmacists of Mumbai {mean (m=2.25)}.

5.1.6 Pharmacist talks about possible side effect of their medication: Test on this parameter suggest that p value (0.252) > 0.05, so null hypothesis is accepted, indicates there is no difference between pharmacist talking about possible side effect of their medication in Mumbai and Nashik. Based on the mean values we conclude that pharmacists of Nashik {mean (m=2.44)} talking helps change
behaviour related to healthcare more often than pharmacists of Mumbai \{mean (m=2.56)\}.

5.1.7 Patients ask questions about Rx or OTC medicines: Test on this parameter suggest that p value (0.186) > 0.05, so null hypothesis is accepted, indicates there is no difference between pharmacist talking to their patients when patients ask questions about Rx or OTC medicines in Mumbai and Nashik. Based on the mean values we conclude that pharmacists of Nashik \{mean (m=2.41)\} say patients with allopathy use herbal and dietary supplements more often than pharmacists of Mumbai \{mean (m=2.55)\}.

5.1.8 Patients feel comfortable talking to pharmacist about health problems: Test on this parameter suggest that p value (0.828) > 0.05, so null hypothesis is accepted, indicates there is no difference between patients feel comfortable talking to pharmacist about health problems in Mumbai and Nashik. Based on the mean values we conclude that pharmacists of Mumbai \{mean (m=2.16)\} say patients feel comfortable talking to pharmacist about health problems more often than pharmacists of Nashik \{mean (m=2.19)\}.

5.1.9 Patients expect counselling from pharmacist every time they visit pharmacy: Test on this parameter suggest that p value (0.000) < 0.05, so null hypothesis is rejected, indicates there is differences between patients expect counselling from pharmacist every time they visit pharmacy in Mumbai and Nashik. Based on the mean values we conclude that pharmacists of Nashik \{mean (m=1.59)\} are more knowledgeable than pharmacists of Mumbai \{mean (m=2.76)\}.

5.1.10 Pharmacist provides accurate information about possible drug interactions: Test on this parameter suggest that p value (0.796) > 0.05, so null hypothesis is accepted, indicates there is no difference between pharmacist provide accurate information about possible drug interactions in Mumbai and Nashik. Based on the mean values we conclude that pharmacists of Nashik \{mean (m=2.25)\} provides
accurate information about possible drug interactions more often than pharmacists of Mumbai \( \text{mean (m=2.27)} \).

5.1.11 Pharmacists understand patient’s individual health problems: Test on this parameter suggests that \( p \text{ value (0.188)} > 0.05 \), so null hypothesis is accepted, indicates there is no difference between pharmacists understanding patient’s individual health problems in Mumbai and Nashik. Based on the mean values we conclude that pharmacists of Nashik \( \text{mean (m=2.16)} \) understand patient’s individual health problems more often than pharmacists of Mumbai \( \text{mean (m=2.29)} \).

5.1.12 Patients are satisfied with pharmacist as one of their healthcare provider: Test on this parameter suggests that \( p \text{ value (0.003)} < 0.05 \), so null hypothesis is rejected, indicates there patients are satisfied with pharmacist as one of their healthcare provider in Mumbai and Nashik. Based on the mean values we conclude that pharmacists of Nashik \( \text{mean (m=1.84)} \) are more knowledgeable than pharmacists of Mumbai \( \text{mean (m=2.53)} \).

5.1.13 Patient coming to the pharmacy are regular they visit same pharmacy: Test on this parameter suggest that \( p \text{ value (0.000)} < 0.05 \), so null hypothesis is rejected, indicates there patient coming to the pharmacy are regular they visit same pharmacy in Mumbai and Nashik. Based on the mean values we conclude that pharmacists of Nashik \( \text{mean (m=1.61)} \) are more knowledgeable than pharmacists of Mumbai \( \text{mean (m=2.05)} \).

5.1.14 Patient talk with pharmacist and not with any other person every time: Test on this parameter suggest that \( p \text{ value (0.000)} < 0.05 \), so null hypothesis is rejected, indicates there patient talk with pharmacist and not with any other person every time in Mumbai and Nashik. Based on the mean values we conclude that pharmacists of Nashik \( \text{mean (m=1.85)} \) say patient’s talk with pharmacist and not with any other person every time pharmacists of Mumbai \( \text{mean (m=2.75)} \).
Conclusions:
Findings suggest that, the role of pharmacist should be focused on acquiring more and more knowledge about medicines and offering counseling to patients visiting pharmacy. Patient counseling by pharmacist and pharmacist knowledge about medicines are the important for the pharmacist. These factors, if used appropriately by pharmacists in the medical stores would help them to enhance their businesses.

Pharmacists in Mumbai are more proficient or almost same with their Nashik counterparts on the parameters like talking to patients to change their behaviours (Mumbai mean=2.78, Nashik mean=2.97), about possible side effects of their medications (Mumbai mean=2.44, Nashik mean=2.56) and about providing information about possible drug interactions (Mumbai mean=2.27, Nashik mean=2.25).

Pharmacists in Nashik are more proficient than their Mumbai counterparts on the parameters like they feel they are more knowledgeable about prescription medicines (Nashik mean=1.27, Mumbai mean=1.58) and they feel they are more knowledgeable about OTC medicines (Nashik mean=1.32, Mumbai mean=1.83), they tell patients purpose of their prescription medicines (Nashik mean=2.09, Mumbai mean=2.35).

According to pharmacists in Mumbai, patients in Mumbai ask questions on their medications and patients in Mumbai feel comfortable talking to pharmacists about health related problems. According to pharmacists in Nashik, patients in Nashik expect counseling from pharmacists, they go to the same pharmacy to buy medications and they talk with pharmacists and not with any other person in pharmacy.

Suggestions:
Findings suggest that the major respondents (patients) are well educated (either graduate or post graduate) in both cities, but the major problem is literacy about medications. Often the patients would hesitate to ask questions regarding medications on their own to the pharmacists. Patients should be educated to get their problems solved by pharmacists regarding accurate information regarding medications.
There is also a need to educate pharmacists at regular intervals. As newer and newer medicines are introduced in this world, therefore pharmacists should update their knowledge while practicing in their pharmacies.

Government of India should make Good Pharmacy Practice and start implementing it through the pharmacists working in the pharmacies. Standard Operating Procedures need to be followed by pharmacists, like counseling to all patients and providing information related to prescribed medications. This is in line with the Good Pharmacy Practice (GPP) as per WHO guidelines (mentioned in section 1.4.8 at refer page no. 23- 24) and the Good Pharmacy Practice (GPP) as per IPA guidelines (mentioned in section 1.4.8 at refer page no. 23- 24).

As the government of India expects pharmacists to practice as per the oath (mentioned in section 1.6 at refer page no. 31) taken by pharmacists to become registered pharmacists, Government of India should start educating pharmacists on the basic role of providing services to the patients. This can be done once in a month, at the pharmacy council office, when pharmacists come to renew their license.

5.2 **Value Added Services offered by pharmacists for patient’s healthcare:**

**Findings:**

**Value Added Services offered by pharmacists (Mumbai):**

5.2.1 Only 12% of pharmacists in Mumbai give such sort of health services like B.P. screening, Cholesterol test, Diabetes test etc. Services offered by pharmacists like health services like B.P. screening, Cholesterol test, Diabetes test etc. are independent of education of pharmacists, experience of pharmacists, location of pharmacy and the category of pharmacy at Mumbai.
5.2.2 Only 10% of pharmacists in Mumbai keep fact sheets like prescription information and herbal information. Services offered by pharmacists like keeping fact sheet regarding prescription information and herbal information are independent of education of pharmacists, experience of pharmacists, location of pharmacy and the category of pharmacy at Mumbai.

5.2.3 39% of pharmacists in Mumbai do rapid refill over phone. Services offered by pharmacists like rapid refill over phone are independent of education of pharmacists and experience of pharmacists but, services offered by pharmacists like rapid refill over phone are dependent of location of pharmacy and the category of pharmacy at Mumbai.

5.2.4 35% of pharmacists display information about medical camps organized in the surroundings. Services offered by pharmacy like about medical camps organized in the surroundings are independent of education of pharmacists and category of pharmacies but, services offered by pharmacy like about medical camps organized in the surroundings are dependent of experience of pharmacists and location of pharmacy at Mumbai.

5.2.5 67% of pharmacists in Mumbai make medicine available if not in the pharmacy. Services offered by pharmacy like making medicine available if not in pharmacy are independent of education of pharmacists and category of pharmacies but, services offered by pharmacy like about medical camps organized in the surroundings are dependent of experience of pharmacists and location of pharmacy at Mumbai.

5.2.6 59% of pharmacists in Mumbai substitute brands after asking the doctor. Services offered by pharmacy like making medicine available if not in pharmacy are independent of education of pharmacists and category of pharmacies but, services offered by pharmacy like about medical camps organized in the surroundings are dependent of experience of pharmacists and location of pharmacy at Mumbai.
**Value Added Services offered by pharmacists (Nashik):**

5.2.7 Only 11% of pharmacists give any sort of health services like B.P. screening, Cholesterol test, Diabetes test etc. Services offered by pharmacists like health services like B.P. screening, Cholesterol test, Diabetes test etc. are dependent of education of pharmacists, experience of pharmacists, location of pharmacy and the category of pharmacy at Nashik.

5.2.8 Only 9% of pharmacists keeping fact sheets like prescription information and herbal information etc. Services offered by pharmacists like keeping fact sheet regarding prescription information and herbal information are independent of education of pharmacists, location of pharmacy and the category of pharmacy at Nashik. But, services offered by pharmacists like keeping fact sheet regarding prescription information and herbal information are dependent on experience of pharmacists at Nashik.

5.2.9 Only 20% of pharmacists do rapid refill over phone. Services offered by pharmacists like rapid refill over phone are independent of education of pharmacists, experience of pharmacist, location of pharmacy and the category of pharmacy at Nashik.

5.2.10 Only 26% of pharmacists display information about medical camps organized in the surroundings. Services offered by pharmacy like about medical camps organized in the surroundings are independent of education of pharmacists, experience of pharmacists, location of pharmacy and category of pharmacies.

5.2.11 89% of pharmacists in Nashik made medicine available if not in the pharmacy. Services offered by pharmacy like making medicine available if not in pharmacy are independent of experience of pharmacists but, services offered by pharmacy like making medicine available if not in pharmacy are dependent of education of pharmacists and category of pharmacies and location of pharmacy at Nashik.
5.2.12 86% of pharmacists in Nashik substitute brands after asking the doctor. Services offered by pharmacy like making medicine available if not in pharmacy are independent of education of pharmacists, experience of pharmacists, and location of pharmacy and category of pharmacies at Nashik.

From the cross tabulation (refer Appendix page nos. 217 - 287) the following table can be drawn:

<table>
<thead>
<tr>
<th>Services</th>
<th>% of pharmacists in Mumbai providing services</th>
<th>% of pharmacists in Nashik providing services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health services like screening</td>
<td>12%</td>
<td>11%</td>
</tr>
<tr>
<td>Keep fact sheets like prescription information</td>
<td>10%</td>
<td>9%</td>
</tr>
<tr>
<td>Rapid refill over phone</td>
<td>39%</td>
<td>20%</td>
</tr>
<tr>
<td>Display information about medical camps</td>
<td>35%</td>
<td>26%</td>
</tr>
<tr>
<td>Make medicine available if not in the pharmacy</td>
<td>67%</td>
<td>89%</td>
</tr>
<tr>
<td>Substitute brands after asking the doctor</td>
<td>59%</td>
<td>86%</td>
</tr>
</tbody>
</table>

Table 5 (a): Percentage of pharmacists providing services in Mumbai and Nashik

Source: Primary data

**Conclusions:**

The findings reveal that, it is evident that pharmacists’ role in providing services in both the cities is negligible. Pharmacists in both cities are not providing services to the patients on health services, filling fact sheets, displaying information on medical camps. Also, pharmacists should play an active role in rapid refill over phone, substituting brand after asking doctors and making brands available if not in the pharmacy.
Findings suggests that, for Mumbai pharmacists,

- There is no correlation between the services provided and education of pharmacists.
- More experience the pharmacists is, more he/she provides services to patients.
- Better the location of the pharmacy, better are the services provided by the pharmacy.
- More the staff of the pharmacy better is the services.

Findings suggests that, for Nashik pharmacists,

- There is no correlation between the services provided and education of pharmacists.
- There is no correlation between the services provided and experience of pharmacists.
- Better the location of the pharmacy, better are the services provided by the pharmacy.
- There is no correlation between the services provided and category of pharmacy.

**Suggestions:**

It has been observed that pharmacists in Mumbai are ignoring secondary services like health services e.g. B.P check, blood sugar check and filling fact sheets like prescription information. These services are important to provide value to the patient since customers would appreciate medicines prescribed on the basis of real time and recent information. The need for pharmacists in Mumbai is to start offering health services like B.P check, blood sugar check. Pharmacists in Mumbai should start filling fact sheets like prescription information; this will help the pharmacy in delivering faster and accurate medication to patients.

It has been observed that pharmacists in Nashik are ignoring all services. These services are important to provide value to the patient since customers would appreciate medicines prescribed on the basis of real time and recent information. The need for pharmacists in
Nashik is to start offering primary services like rapid refill of prescriptions by phone to patients, should display information about medical camps, and should start substitution of brands after asking doctors. Once they start primary services they should think of providing secondary services like health services e.g. B.P check, blood sugar check, to patients. These services would bring patients closer to pharmacies and benefit pharmacies.

5.3 **Health issues and pharmacies approached:**

**Findings:**

**Visit of patient to pharmacy for medication on various indications in Mumbai:**

Considering the level of significance as 5%, below table indicates the relationship between two variables. Independent indicates the p value > 0.05 (level of significance) and Dependent indicates the p value < 0.05 (level of significance). (Please refer Appendix 5 page nos. 288 – 312)

<table>
<thead>
<tr>
<th>Indication</th>
<th>Patient visiting Pharmacy first</th>
<th>Age of Patient</th>
<th>Education of Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>89%</td>
<td>Independent</td>
<td>Independent</td>
</tr>
<tr>
<td>Cough / Cold</td>
<td>75%</td>
<td>Independent</td>
<td>Independent</td>
</tr>
<tr>
<td>Backache / Body ache</td>
<td>60%</td>
<td>Independent</td>
<td>Independent</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>2%</td>
<td>Independent</td>
<td>Independent</td>
</tr>
<tr>
<td>Diahorrea/ Dysentery</td>
<td>22%</td>
<td>Dependent</td>
<td>Independent</td>
</tr>
<tr>
<td>Low Grade Fever</td>
<td>51%</td>
<td>Dependent</td>
<td>Independent</td>
</tr>
<tr>
<td>High Grade Fever</td>
<td>3%</td>
<td>Independent</td>
<td>Independent</td>
</tr>
<tr>
<td>Indication</td>
<td>Patient visiting Pharmacy first</td>
<td>Age of Patient</td>
<td>Education of Patient</td>
</tr>
<tr>
<td>------------</td>
<td>--------------------------------</td>
<td>----------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Indigestion / Flatulence</td>
<td>40%</td>
<td>Dependent</td>
<td>Independent</td>
</tr>
<tr>
<td>Vomiting</td>
<td>28%</td>
<td>Dependent</td>
<td>Dependent</td>
</tr>
<tr>
<td>Diabetes</td>
<td>4%</td>
<td>Independent</td>
<td>Independent</td>
</tr>
</tbody>
</table>

Table no: 5 [b]  Patients in Mumbai visiting pharmacy for medication on various indications in Mumbai is depending on the age of patients and education of patients.

Source: Primary data

5.3.1 Headache was the most common indication for patient visit to pharmacy first to get medicines, apart from headache, cough/cold, body ache/backache, low grade fever were other most common indications for patients visit to pharmacy first to get medicines.

5.3.2 There is no relationship between the age of patient and patients visit to pharmacy first to get medicines for indications like headache, cough/cold and body ache/backache. There is no relationship between the education of patient and patients visit to pharmacy first to get medicines for indications like headache, cough/cold, body ache/backache and low grade fever.

5.3.3 There is no relationship between the age of patients and patient visit to pharmacy first to get medicines for high involvement diseases like blood pressure, diabetes and high grade fever. There is no relationship between the education of patient and patients visit to pharmacy first to get medicines for high involvement diseases like blood pressure, diabetes and high grade fever.

5.3.4 From the cross tabulation (please refer Appendix 5 page nos. 288 – 312) it can be seen that youngsters (age group 18 to 27 years) and more educated (degree and
post graduates) patients in Mumbai prefer visiting pharmacy first for indications such as headache, cough/cold, backache/body ache, diaporrea/dysentery, low grade fever, Indigestion/flatulence, vomiting. High involvement diseases like Blood Pressure, Diabetes, High grade fever, patients do not visit pharmacy first and visit doctor for consultation.

**Visit of patient to pharmacy for medication on various indications in Nashik:**
Considering the level of significance as 5%, below table indicates the relationship between two variables. Independent indicates the p value > 0.05 (level of significance) and Dependent indicates the p value < 0.05 (level of significance). For details (please refer Appendix 6 page nos. 312 – 334)

<table>
<thead>
<tr>
<th>Indication</th>
<th>Patient visiting Pharmacy first</th>
<th>Age of Patient</th>
<th>Education of Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>93%</td>
<td>Independent</td>
<td>Dependent</td>
</tr>
<tr>
<td>Cough / Cold</td>
<td>75%</td>
<td>Dependent</td>
<td>Independent</td>
</tr>
<tr>
<td>Backache / Body ache</td>
<td>63%</td>
<td>Dependent</td>
<td>Independent</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>2%</td>
<td>Independent</td>
<td>Independent</td>
</tr>
<tr>
<td>Diaporrea/ Dysentery</td>
<td>24%</td>
<td>Dependent</td>
<td>Independent</td>
</tr>
<tr>
<td>Low Grade Fever</td>
<td>45%</td>
<td>Dependent</td>
<td>Independent</td>
</tr>
<tr>
<td>High Grade Fever</td>
<td>7%</td>
<td>Dependent</td>
<td>Independent</td>
</tr>
<tr>
<td>Indigestion / Flatulence</td>
<td>31%</td>
<td>Dependent</td>
<td>Independent</td>
</tr>
<tr>
<td>Vomiting</td>
<td>28%</td>
<td>Dependent</td>
<td>Dependent</td>
</tr>
<tr>
<td>Diabetes</td>
<td>2%</td>
<td>Independent</td>
<td>Independent</td>
</tr>
</tbody>
</table>
Table no: 5 [c]  Patients in Nashik visiting pharmacy for medication on various indications in Nashik is depending on the age of patients and education of patients. 
Source:Primary data

5.3.5 Headache was the most common indication for patients in Nashik to visit to pharmacy first to get medicines, apart from headache, cough/cold, body ache/backache, low grade fever were other most common indications for patients visit to pharmacy first to get medicines.

5.3.6 There is no relationship between the age of patient and patients visit to pharmacy first to get medicines for headache indication. There is a strong relationship between the age of patient and patients visit to pharmacy first to get medicines for indication like, cough/cold, body ache/backache, low grade fever, high grade fever, indigestion/flatulence, vomiting.

5.3.7 There is no relationship between the education of patient and patients visit to pharmacy first to get medicines for indications like cough/cold, body ache/backache, blood pressure, diarhorea/dysentery, low grade fever, high grade fever, indigestion/flatulence and diabetes. There is a strong relationship between the education of patient and patients visit to pharmacy first to get medicines for indication like headache and vomiting.

5.3.8 From the cross tabulation, (please refer Appendix 6 page nos. 312 – 334) it can be seen that there is no specific age group but more educated (degree and post graduates) patients in Nashik prefer visiting pharmacy first for indications such as headache, cough/cold, backache/body ache, diarrhoea/dysentery, low grade fever, Indigestion/flatulence, vomiting. High involvement diseases like Blood Pressure, Diabetes, High grade fever, patients do not visit pharmacy first and visit doctor for consultation.
Conclusions:
Findings reveal that in Mumbai youngsters (age group 18 to 27 years) preference of visiting pharmacy first for indications such as headache, cough/cold, backache/bodyache, diahorrea/dysentery, low grade fever, Indigestion/flatulence, vomiting could be because youngsters (age group 18 to 27 years) are less matured and are less serious about health issues. Further, for high involvement diseases like Blood Pressure, Diabetes, High grade fever, patients rightly do not visit pharmacy first and visit doctor for consultation.

Findings reveal, in Mumbai educated (degree and post graduates) patients prefer visiting pharmacy first for indications such as headache, cough/cold, backache/body ache, diahorrea/dysentery, low grade fever, Indigestion/flatulence, vomiting. This indicates educated people visit pharmacy first for minor indications. Further, for high involvement diseases like Blood Pressure, Diabetes, High grade fever, irrespective of education of patients, they rightly do not visit pharmacy first and visit doctor for consultation.

Findings reveal, in Nashik there is no particular age group preference of visiting pharmacy first for indications such as headache, cough/cold, backache/body ache, diahorrea/dysentery, low grade fever, Indigestion/flatulence, vomiting. This could be because youngsters may be consulting their parents. Further, for high involvement diseases like Blood Pressure, Diabetes, High grade fever, patients rightly do not visit pharmacy first and visit doctor for consultation.

Findings reveal, in Nashik educated (degree and post graduates) patients prefer visiting pharmacy first for indications such as headache, cough/cold, backache/body ache, diahorrea/dysentery, low grade fever, Indigestion/flatulence, vomiting. This indicates educated people visit pharmacy first for minor indications. Further, for high involvement diseases like Blood Pressure, Diabetes, High grade fever, irrespective of education of patients, they rightly do not visit pharmacy first and visit doctor for consultation.
Suggestions:
Media plays an important role in the awareness of the patients towards a particular disease/disorder. Patients in both cities should get themselves literate by reading information about minor disease/disorder through Internet, Television, Books and other reading material.

Patients approaching pharmacies for medication on various indications should be comforted by the pharmacists and should give information regarding medicines with the medicines. The role of caregiver should emerge first than the role of dispenser.

5.4 Patients perception, experiences and expectations from pharmacists and pharmacies:

Findings:
5.4.1 The study suggests patients perceive doctor as the most resourceful person patients use to get accurate information regarding medications.

5.4.2 There is a specific preference amongst patients on services offered by different pharmacies in Mumbai. Home delivery of medicines is most preferred amongst all other services in Mumbai. Apart from home delivery of medicines; pharmacists in Mumbai should also provide accurate information on medicines.

5.4.3 There is a specific preference amongst patients on services offered by different pharmacies in Nashik. Accurate information on medicines is most preferred amongst all other services in Nashik. Therefore apart from providing accurate information on medicines pharmacists in Nashik should also start home delivery of medicines.
5.4.4 Patients in Mumbai expect home delivery of medicines is the most preferred service amongst patients when it comes to services offered by different pharmacies in Mumbai.

5.4.5 Patients in Nashik expect accurate information on medicines is the most preferred service and also answering all doubts related to medicines offered by different pharmacies in Nashik.

**Conclusions:**
Patients from cities, Mumbai and Nashik feel the most important parameter to take care of is hygiene for the pharmacists and pharmacies. After hygiene pharmacists and pharmacies should work on reducing the waiting time of the patients. Instead of expecting pharmacy to be hygienic, patients should expect counseling to be most important, but unfortunately patients are giving importance to hygiene and less waiting time in the pharmacy.

Patients expectations from pharmacists are minimal, in such circumstances if pharmacist offer value added services they will stand apart from those pharmacists who do not offer such services.

**Suggestions:**
The need is to make the patients aware about pharmacists. Patients should consider pharmacists as their friend and should discuss all health related issues. This would make patients more comfortable and enhance their quality of life. As customers do lot of probing before purchasing any product, similarly they should start probing pharmacists for their medication. Patients have to understand that product may not have any impact on health but any medication would have a direct impact on their health.

Pharmacists perceive themselves knowledgeable; however they do not transmit their knowledge to patients while dispensing medicines. If done it would help them to enhance the business.
5.5 **Contribution to Pharma Retail:**

- Retail services mentioned in the research could be adopted by pharmacists in Mumbai and Nashik.
- This research will give healthy inputs to businessmen who wish to open new pharmacy stores in Mumbai and Nashik.
- Those already in the business of pharmacy can enhance businesses of existing pharmacies.

Taking all points into account, pharmacists in Mumbai and Nashik or persons who want to start business can edge out the competition or can do better than their counterparts.
5.6 **Limitations of Research:**

1) The present study is confined to the geographical limits of Mumbai and Nashik corporation limits and the respective pharmacies in the selected areas. Same is the case for patients. Research was conducted in only two cities and these results cannot be projected throughout India.

2) Indian “Psyche” of ‘knowing all’ attitude may be one of the limitations of getting frank responses from respondents.

3) The research was undertaken in retail pharmacies which form a major chunk of pharmacies, but hospital pharmacy angle is not explored.

4) In addition, research has only services angle is explored in detail.
5.7 **Future Scope of Research:**

- In the near future, researchers can extend this study to other metropolitan cities, mini metro cities as well as other towns of India.

- This study is related to community pharmacy only; further study can be done on hospital pharmacies. Also further study can be done on comparing the role of pharmacists in community versus hospital pharmacy.

- Apart from the services angle, other angles like human resources, distribution as well as strategies related to pharmaceutical retail can be explored.

- Remuneration of pharmacists as compared to the services provided by pharmacists is also an area of exposure to be considered.