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Pharmacy Stores Profitability and Sustainability in Bulawayo, Zimbabwe

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Walden University

College of Management and Technology

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Augustine Khoza

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Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2016

Abstract

Pharmacy Stores Profitability and Sustainability in Bulawayo, Zimbabwe

by

Augustine Khoza

MBA, Zimbabwe Open University, 2010

BSc, Zimbabwe Open University, 2004

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Walden University

December 2016

Abstract

Zimbabwe's catastrophic economic decline resulted in a high unemployment rate (95%), declining socioeconomic indicators, pharmacy stores' unprofitability and lower sustainability. Profitable pharmacy stores play a fundamental role in ensuring public access to medication. Lack of pharmacy profitability leads to poor healthcare delivery, resulting in increased morbidity and mortality. A healthy population is panacea to economic growth and prosperity and enhances human dignity, social cohesion, and the quality of life. In this qualitative, descriptive multicase study design, using Porter's business strategies theory and the Deming process of quality assurance as conceptual frameworks, data from 11 pharmacy stores leaders in Bulawayo, Zimbabwe were collected during interviews with open-ended questions. Participants were assumed to have influence, knowledge, and a personal stake in the pharmacy sector and that their views and experiences could address the research question of lack of pharmacy profitability and sustainability. Data were explored, categorized, and tabulated to assist drawing empirical findings and conclusions that could answer the research question. Using software the data were analyzed and themes such as the centrality of strategy in running profitable pharmacies, customer care, reimbursements by medical insurance firms, the role of the legal and regulatory frameworks on pharmacies, and mergers of single-owner pharmacies emerged. Findings from the results might provide strategies for those in the pharmacy retail sector and individuals who intend to explore the sector. Individuals who read results of the study might be influenced to lobby government on behalf of the sector to relax prohibitive regulations.

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Dedication

This doctoral study is dedicated to my wife, Fredah, who provided me with unconditional support and encouragement at every stage of the doctoral journey. I also dedicate this study to my three children, Adrian, Sharon, and Brendon, who courageously bore my neglect of them as I worked on the study.

Acknowledgments

I am grateful to all who have assisted me in one way or the other since I commenced this program in 2012. These include all my Instructors/Lecturers in all the courses I went through before reaching the Doctoral Completion Stage. I would like to thank all my fellow students who during the entirety of the program have provided me with so much inspiration and encouragement.

I would like to acknowledge with gratitude the work done by my Chair, Dr. Michael Campo in mentoring me in my work all this time. Finally, I would like to acknowledge with pride, the attitude and love exhibited by my wife and children in this long, and lonely journey of trying to complete this program.

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Section 1: Foundation of the Study

Profitability of the pharmacy sector manifests in the availability of pharmacy stores throughout a country. Chibango (2013) reported that pharmacies in Zimbabwe operated in urban areas, and the rest of the country had no easy access to medication, as there are no pharmacies in the countryside. Zanamwe, Bere, Zungura, Nyamakura, and Muchangani (2012), in their study of e-commerce usage in the pharmaceutical sector, also reported the urban distribution of pharmacy stores to the total exclusion of the rural hinterland, which is home to most of the population. Successful identification and implementation of strategies capable of increasing the profitability and sustainability of pharmacies might lead to opening more pharmacy stores in the urban areas and across the country. Profitable and sustainable pharmacy stores play a fundamental role in ensuring public access to medication (Seeberg, 2012).

In this study, I explored optimal strategies pharmacy leaders should use to maximize profitability and sustainability of pharmacy stores in the sub-Saharan country of Zimbabwe. Chapman and Braun (2011) recognized the key role pharmacy stores play in healthcare delivery systems and their contribution to the economic wellbeing of nations through job creation and maintenance of a healthy population. Courtenay, Carey, and Stenner (2012) also emphasized the essential role of pharmacies in the healthcare delivery system. In a comparative analysis of community pharmacies in New York and China, Ge, Kuan-long, Hu, and Wang (2012) described how consumers of healthcare delivery ultimately require medication dispensed through pharmacies. Profitable and

sustainable pharmacies increase access to healthcare and successful healthcare outcomes for the community.

Background of the Problem

Zimbabwe has experienced severe economic challenges since the turn of the new millennium. The decline of the Zimbabwean economy between 2000 and 2014 led to high unemployment (95%), lack of profitability, and sustainability for businesses (Zimbabwe National Statistics Agency, 2013). The economic challenges in Zimbabwe have led to a substantial reduction in health care delivery. In 2013, the country had 800 physicians for a population of 12 million, down from 2,086 in 2006 (Chibango, 2013). The legal framework in Zimbabwe restricts pharmacies to dispensing prescription drugs to members of the public after the issuing of a physician's prescription. In the present scenario, this framework might hinder profitability of pharmacy stores.

The economic challenges have had a negative impact on pharmacy stores' profitability. Pharmacy stores in Zimbabwe operate mainly in urban areas to the exclusion of the rural hinterland, home to most of the people (Zanamwe, Bere, Zungura, Nyamakura & Muchangani, 2012). Despite the economic challenges, a few pharmacies in the city of Bulawayo seem profitable (Zimbabwe National Statistics Agency, 2013).

Pharmacy retailing is a business and a societal health delivery facilitator. Pumtong, Boardman, and Anderson (2011) proposed a profitable and sustainable pharmaceutical sector as essential for healthcare delivery to society. Exploration and identification of strategies for attaining profitability and sustainability of pharmacy stores are essential (Gröber-grätz & Gulich, 2010). Sabde et al. (2011) also called for further

inquiry into all factors influencing profitability of pharmacies. Profitable pharmacy stores might result in more pharmacy stores being operated across the breadth of Zimbabwe. In this study, I explored optimal strategies pharmacy leaders use to increase profitability. Identification of these strategies might inspire other pharmacy leaders to become profitable and sustainable.

Problem Statement

Zimbabwe faces high unemployment, with 95% of the population out of work (Zimbabwe National Statistics Agency, 2013), a liquidity crunch, and a shortage of working capital for businesses such as pharmacy stores (Hungwe, 2013). According to Chibango (2013), pharmacy stores in Zimbabwe experience serious viability challenges, with 90% struggling to stay in business. Pharmacy store leaders tend to experience difficulties with sustaining profitability due to challenges caused by the economic challenges and regulatory restrictions (Chirisa, Dumba, & Mukura, 2012). The general business problem is that unprofitable pharmacies in Zimbabwe have a negative economic impact and decrease access to medicines for society. The specific business problem is some pharmacy leaders lack knowledge regarding optimal strategies to maximize profitability and sustainability of pharmacy stores.

Purpose Statement

The purpose of this qualitative multicase study was to explore optimal strategies, and best practices pharmacy leaders should use to maximize profitability and sustainability. I used a qualitative, descriptive multicase study design for the study. The targeted population were pharmacy leaders in Zimbabwe. I selected a purposeful sample

of 11 pharmacy leaders from the targeted population with experience in running successful pharmacies. I interviewed the participants to the point of data saturation and redundancy (Walker, 2012). I explored secondary archival data from the pharmacy financial statements, sales volume data, customer volumes, promotional materials, and stock levels. I also used my researcher field notes on my observation and experiences during the interview and secondary data collection processes. I used triangulation to assist in the credibility and reliability of the data acquired (Denzim, 2012).

The geographic focus of the study was the city of Bulawayo, the second largest city in Zimbabwe. The implication for positive social change has been the identification of optimal strategies for pharmacy profitability. Such implication might enable pharmacy leaders to grow their businesses, open pharmacy stores in the rural hinterland, and stimulate economic revival of the country through employment of more people in their stores, creation of employment opportunities in other sectors sectors along the pharmaceutical industry supply chain.

Nature of the Study

I selected a qualitative, descriptive multicase study approach for the study of profitability of pharmacy stores in Bulawayo, a city in Zimbabwe. Denzim and Lincoln (2011) proposed qualitative research supports the understanding through exploration and interpretation of meanings assigned by individuals to experiences and realities. Qualitative research allows for understanding human interactions, meanings, and processes in organizations (Denzin & Lincoln, 2011; Stake, 1995). Qualitative research is like burrowing deep into the bowels of the earth as it allows the discovering of new

knowledge or insights into something (Moustakas, 1994). Qualitative researchers engage in naturalistic inquiry, studying real world settings inductively to generate rich narrative descriptions and construct case studies (citation). Inductive analysis of cases yields patterns and themes, the fruit of qualitative research (Patton, 2005). Gephart (2004) posited qualitative research was valuable to scholarship because of focus on describing and explaining the human interactions, meanings, and processes that occur in organizations.

There are many approaches and methodologies to choose from when carrying out qualitative studies. A researcher may use phenomenology, grounded theory, ethnography, and case study (Cunningham, 2014).

The selection of qualitative research from other methods such as quantitative and mixed methods was because the method relies on bottom-up exploratory analysis of participants' experiences (Yin, 2009). Quantitative research is top-down testing of theory with numerical data to test the relationship between variables (Johnson & Christensen, 2010). I explored participants' perceptions and insights regarding optimal strategies to maximize pharmacies' competitiveness (Denzin & Lincoln, 2011). A phenomenological study design centers on data collection efforts from participant interviews (Marshall & Rossman, 2011; Moustakas, 1994) to the exclusion of data from analysis of documents, thereby diminishing the scope of description for the current study. Ethnographic and grounded theory designs that center on extended cultural evaluation and development of a central guiding theory from the collection of field data, respectively, are not suitable for the present study (Goodson & Vassar, 2011). The multicase study method has also been

preferred over other designs like ethnographic research because of time constraints, and over phenomenological research because of the difficulty with bracketing personal experiences from the study (Denzin & Lincoln, 2011).

A multicase study approach provides the opportunity for in-depth exploration and description of perceptions (Denzin & Lincoln, 2011). Multicase study methodology provides a rich and extensive exposition of the phenomenon under study in a real-life context (Yin, 2012). The method is situational and contextual. Multicase study researchers use diverse sources of information such as document reviews and interviews to develop descriptions of phenomena (Yin, 2012). Qualitative research requires conducting research in a real-world setting rather than testing an experimental hypothesis in a quantitative study. The qualitative method involves exploratory inquiry with patterns, meanings, and perceptions continually emerging from the study (Marshall & Rossman, 2011). In this qualitative multicase study, I collected information on how successful pharmacy leaders carry out their tasks. Yin (2009) indicated the principal benefit of the multicase study was the ability given researchers to explore how individuals construct meaning concerning events, programs, or processes, in a time-bound manner in a particular social context. A multicase design was suitable for the current research as it allowed for the exploration and discovery of strategies used by profitable pharmacies in a Zimbabwean and city of Bulawayo context.

In a multicase study design, the researcher focuses on developing an in-depth description and analysis of a case or multiple cases (Yin, 2009). I explored the activities of pharmacists running profitable pharmacies using multiple sources, such as interviews,

observations, and documents. I analyzed data and generated a comprehensive description of optimal strategies pharmacy leaders should use. In a multicase study design, data collection is extensive and purposeful sampling of participants is ideal (Yin, 2012). Yin (2009) recommended six types of information to collect: documents, archival records, interviews, direct observations, participant observation, and physical artifacts. Hertig, Radman, Sisodiya and Dabestani (2013) described pharmacists as professionals and business people who employ different strategies for profitability. I was able to discern the practices pharmacy leaders used to maximize competitiveness by using case study methodology.

Research Question

Yin (2009) proposed the purpose of the research question in a qualitative research as being to explore perceptions or meanings research participants attach to particular events or processes. In the current study, I explored strategies used by profitable pharmacies. I recommend identified strategies for widespread adoption by other pharmacy leaders. The central research question was: What are the optimal strategies to maximize pharmacies' profitability and sustainability?

Interview Questions

To explore and support the central research question, I asked the following interview questions:

1. What are the optimal strategies to maximize pharmacies' profitability?
2. How do pharmacy leaders maintain appropriate levels of cashflow?

3. What are the optimal ways for pharmacy leaders to respond to economic downturns facing the country?
4. How might the regulatory and legal framework be changed to enhance pharmacies' profitability?
5. What are the optimal approaches for pharmacy leaders to manage organizational change?
6. What products or services can pharmacies sell to maximize profitability?
7. How do you manage the pharmacy's product and service quality?
8. What type of marketing strategies do you use to maximize pharmacy's profitability?
9. What are the optimal strategies to maximize pharmacies' competitiveness?
10. What type of customer service strategies do you use to maximize the pharmacy's profitability?
11. How do reimbursement arrangements with medical insurance companies assist in the profitability of the pharmacy?
12. What else can you tell me about optimal strategies to enhance pharmacies' profitability that I did not ask?

Theoretical or Conceptual Framework

I used Porter's business strategies theory (1985) as the theoretical framework for the current study. Porter developed three generic strategies business can use to attain profitability (Porter, 1985). The business can focus on cost leadership, differentiation, and focus as strategies to achieve competitiveness (Wheelen & Hunger, 2011).

The cost leadership strategy involves achieving competitiveness through pursuing the lowest cost of production of a product or service along the value chain (Porter, 1980). In a pharmacy business, costs can decrease along the value chain by ordering direct from manufacturers, increasing efficiencies and by avoiding wastages (Chandra et al., 2013). Zellmer and Walling (2012) proposed reduction of costs along the value chain delivering low prices on pharmacy products and better profits.

The differentiation strategy involves the creation of differentiated products, branded and promoted differently (Porter, 1985). Quality may be used as a tool to provide the differentiation. A pharmacy store leader may use the strategy to maximum effect and increase profitability. Kamath, Klamath, Garg, and Prachi (2013) proposed quality pursuit enhanced profitability of any business. Pharmacies can choose as a strategy, continuous improvement, leadership, teamwork, and training to enhance differentiation and increase profitability and sustainability (Brennan, Bosch, Buchan, & Green, 2013). Add summary to fully conclude the paragraph.

The focus strategy involves focusing on a narrow, defined segment of the market (citation). A pharmacy store leader may use strategies such as selling generic drugs, over the counter medicines, herbal remedies and, cosmetic lines to achieve profitability (Shivakumar, Agrawal, & Gupta, 2013). Such a strategy might involve segmenting the market based on demographic and economic fundamentals and selling drugs and medicines desired by the focused and selected segment of the market.

I also explored Deming's 14-step theory (1992) as a conceptual framework for identification of optimal strategies for profitability of pharmacy stores. The Deming

approach to quality management commonly known as total quality management (TQM) emphasizes 14 points as the basis for success in organizations (Deming, 1992). Pharmacies can choose continuous improvement, leadership, teamwork, and training to increase profitability and sustainability. Deming's 14-point process has had a profound impact on the Japanese and the American economy (Deming, 2003). The Deming process entails eliminating short term goals and instituting quality nurturing leadership (Deming, 2003). Fred, Amaria, and Evelyn (2013) proposed quality pursuit enhanced profitability of the business. The quality of service, products, and ambiance of the pharmacy store may enhance profitability of pharmacy stores (Gorecki, 2011).

I also explored Lewin's (1947) model for change in examining how pharmacies might adapt to changes in legal and policy adaptations to the practice of pharmacy in Zimbabwe. Change has three sequential stages; unfreezing, change, and freezing (Lewin, 1947). Unfreezing involves getting ready to change and accepting change as necessary and inevitable (Lewin, 1947). Pharmacy leaders need to accept changes in the practice of the profession for any change to succeed. Change itself is a process, and pharmacy leaders need to undergo this process of transformation in the practice and delivery of a reformed pharmacy practice landscape (Toh, Chui, & Yap, 2014). Freezing or refreezing is about the stability resulting from the changes in the practice of the profession pharmacists will undergo (Cummings & Worley, 2014). As new changes ushered by envisaged policy framework, pharmacists need to adopt, entrench, internalize and promote such changes to achieve profitability and viability going forward.

Operational Definitions

I defined technical terms, jargon, and special words, and abbreviations in this study. The words/terms defined include:

Business process improvement (BPI). Business process improvement is an approach intended to redesign existing procedures and processes in order to achieve improvement in production or service delivery (Gowen, & Johnson, 2011).

Customer relationship management (CRM). Customer relationship management refers to strategies, practices, and technologies businesses use to manage and analyze customer interactions with the aim of achieving beneficial and profitable business relations (Abdul, Basri, & Shaharuddin, 2013).

Define, Measure, Analyze, Improve and Control (DMAIC). DMAIC is a Six Sigma data-driven improvement cycle used in improving, optimizing and stabilizing businesses processes (Chen, Chang, Lin, Cheng, & Chang, 2013). DMAIC, the acronym for the Six Sigma methodology phases of define, measure, analyze, improve, and control is a well-accepted industry practice among Fortune 500 firms (Pollock, 2014).

Entrepreneurship orientation (EO). Entrepreneurial Orientation is a multidimensional construct, applied by organizations whose main dimensions include autonomy, innovativeness, risk taking, proactiveness, and competitive aggressiveness (Zellweger & Sieger, 2012).

General practitioner (GP). A general practitioner also known as a family physician is a medical doctor whose practice of medicine covers a variety of problems in patients of all ages (Mazumdar, Konings, Butler, & McRae, 2013).

High performing organization (HPO). High performance organization is a conceptual, scientifically validated, framework organizational leaders can use to improve sustainability and top performances (de Waal, 2012). de Waal proposed an HPO as an organization which achieves outstanding results compared to its peer group over a period of 5 years in a disciplined way and premised on five key factors: (a) quality management, (b) openness and action oriented, (c) long-term orientation, (d) continuous improvement, and (e) renewal and quality of employees (de Waal, 2012).

Learning organization (LO). Learning organizations have a culture that encourages and nurtures continuous employee learning, critical thinking and risk taking with novel ideas encouraged and mistakes allowed as learning curves (Franken, le Polain, Cleemput, & Koopmanschap, 2012).

Over the counter drug (OTC). Medicines and drugs that a person may purchase without a doctor/physician's prescription, and mainly include pain relieving agents (Lionis et al. 2014).

PDCA cycles-P for planning, D for doing, C for checking, and A for act, : the Demming Cycle or PDCA Cycle is a continuous learning and quality improvement model consisting of logical and sequential repetitive steps of planning, acting (doing), studying (checking) and implementation (acting) leading to greater efficiency and effectiveness in business processes thereby meeting the needs of customers, enhancing a company's competitiveness, and garnering employees' satisfaction (Mitreva, Taskov, & Metodieva, 2014).

*Total quality managemen*t (*TQM).* A management orientation viewing long term success as premised on customer satisfaction through offering improved processes, improved products, and epitomized by customer-centrism, total employee engagement, process centeredness, integrated systems, continual improvement, and fact-based decision making (Fuzi & Gibson, 2013).

Assumptions, Limitations, and Delimitations

Assumptions

Assumptions are facts considered to be true but are not verified. Assumptions carry risk of which the researcher should not lose sight. Assumptions are intuitive and failure to account for a researcher's assumptions can prohibit the development of effective research questions and misrepresent the research processes and findings (Qu & Dumay, 2011). In order to avoid misrepresentation of research data, researchers must address possible assumptions.

In the present study, I made five assumptions. The first assumption was the belief in a multicase study methodology being the appropriate route of exploring the profitability of pharmacy stores in Bulawayo, Zimbabwe. The second assumption concerned my belief in the knowledge respondents had about making pharmacies profitable. The third assumption was that study participants would provide honest, candid, and comprehensive responses to interview questions. The fourth assumption was that I would create an interview environment that would make participants comfortable in revealing their candid views about pharmacy profitability.

Limitations

Limitations refer to potential weaknesses of the study. As a qualitative researcher, I acknowledged and appreciated the shortcomings of the study I was to undertake, with my goal of defining the truthfulness of my findings. Marshall and Rossman (2011) proposed acknowledgment and discussion of limitations of qualitative research findings as a vital requirement. The number of purposefully selected participants may have been a limitation as the findings may not be readily transferable to the rest of the country.

I live in Bulawayo along with all the prospective participants, and this could have been a limitation as the participants might have given responses they believed were suited to my study (Yin, 2009). Being purposely selected, the pool of participants may have led to the exclusion of other participants who may have had other unique experiences and insights. Another limitation was that some participants were reluctant to disclose information about their business during the interview process because of fear of sensitive business intelligence leaking to competitors.

Delimitations

Delimitations are boundaries or restrictions a researcher imposes to focus the scope of a study (Mitchell & Jolley, 2012). Delimitations are under the control of the researcher and may include the problem selected, research questions, the size of the sample, the population sample, and the geographic location (Bernard, 2013). In this study, the first delimitation was the exploration of the reasons for the lack of profitability and sustainability of pharmacy stores. I did not explore lack of profitability and sustainability in other sectors of the economy. The second delimitation was the location

of the study being in the Bulawayo, a city in Zimbabwe. The third delimitation concerned the participants who comprised 11 purposefully sampled pharmacy leaders with knowledge of running pharmacies.

Significance of the Study

Contribution to Business Practice

In this study, I explored business practices and activities for achieving profitability and sustainability in Zimbabwe's pharmacy stores, with particular emphasis to pharmacy stores in Bulawayo. Deficiency of entrepreneurial and strategic thinking skills in areas like working capital management could cause failures in many small businesses in Africa (Agyei-Mensah, 2012). Few studies have been undertaken to identify the skills deficits. Findings from my study may contribute to other business sectors in Zimbabwe, which suffer profitability challenges.

My findings might provide answers to the central research question. Results of from my study might present answers to challenges of running successful and profitable pharmacies in Zimbabwe. The discernment of such factors and activities might inspire other pharmacy leaders in Bulawayo and Zimbabwe as a whole to adopt the measures conducive to profitability. The findings of the study might also provide insights towards understanding strategies to deploy in pharmacy stores. Issues related to working capital mobilization for the pharmacy sector emerged and these could inform other pharmacy leaders. Effective marketing activities were identified to increase the profitability of pharmacy stores. Total quality management (TQM) issues for profitability emerged from the participants' responses. Change management needed to take the pharmacy sector to

greater profitability was highlighted. Customer care service programs for an enhanced patronage of pharmacies were identified. Reimbursement through medical insurance organizations was identified as key to profitable operations for the pharmacy sector. The regulatory framework and how it affected and aided profitability was explored. Findings and recommendations from the study may benefit pharmacy leaders and other business leaders who read the study by enhancing their knowledge of optimal approaches to maximize pharmacy competitiveness.

Implications for Social Change

Profitable and sustainable businesses create employment opportunities for people. Profitable businesses pay corporate taxes, and their employees pay income tax. Identifying strategies for profitability of the pharmacy sector in Bulawayo might improve the profitability of the city's pharmacies. Profitable pharmacies may have positive social implications for their employees, their families, and society as a whole. Such positive impact on the individuals may cascade to the community of Bulawayo (Sullivan et al., 2011). Pharmacy stores play a pivotal role in meeting the health needs of society. However, only profitable pharmacies can meet this objective. Findings and recommendations from the present study might help pharmacy leaders gain knowledge about profitability strategies for their pharmacies. Profitable pharmacies increase access to medicine for citizens in so doing increasing societal welfare. Profitable pharmacies may spur pharmacy leaders to open more outlets, not only in the urban areas but in the much deprived rural areas where the population has no access to drugs and medication. Profitable pharmacies could increase economic activities along the drugs value chain,

thus increasing economic welfare of workers and contributing to the larger economy through taxes paid.

A Review of the Professional and Academic Literature

The purpose of this literature review was to provide the context and substantiation of the study, in which I addressed the central research question: What are the optimal strategies to maximize pharmacies' profitability and sustainability in the city of Bulawayo in Zimbabwe? I concluded the literature review with a description of general problem of unprofitable pharmacy stores in the city of Bulawayo in Zimbabwe, and the negative economic impact of this scenario in the country.

I began with a review of literature on the theoretical frameworks I selected for my study. I reviewed Porter's generic strategies as they apply to various business entities. I reviewed the literature on Deming's 14-point Process, which centers on quality issues. I reviewed the literature on marketing and sales management in business. I also reviewed literature on Lewin's change model as it applies to organizational change and change management.

Capital is the lifeblood and nerve center for business growth and viability (Kumar, 2014). Strategies and financial expertise are important for pharmacy profitability. I reviewed various literature on capital raising for small to medium enterprises. I reviewed literature on business profitability, profit ratios, and managing expenses. I scoured the literature on diversification as a strategy for business profitability and sustainability with special emphasis on pharmacy profitability. I have cited the work

of researchers on capital and financial management as this relates to SMEs and pharmacy businesses.

For the protection of patients and other drug consumers, the pharmacy industry is regulated and closely monitored. I read different sources on pharmacy regulatory regimes in various countries and Zimbabwe. I cited from literature about best practices and experiences from other countries. As many consumers of pharmacy products are on health insurance schemes, reimbursement issues were considered crucial for pharmacy profitability. I reviewed the literature on drug reimbursement practices in various countries. I scoured the literature on diversification as a strategy for business profitability with special emphasis on pharmacy sustainability and profitability.

I summarized and integrated the selected literature to reveal how it related to the current research topic and research question and the attempt to provide answers to the business problem cited in the problem statement. I related the work of other scholars and contextualized their findings and recommendations to Zimbabwe. I used the following databases to find the relevant literature: EBSCOhost, ProQuest, Walden University library, and Google Scholar. During database searches, I used the following terms to access appropriate peer-reviewed literature; *generic business strategies, pharmacy profitability, marketing strategies, financial ratios, capital raising strategies, reimbursement, change management, business strategies, small to medium businesses (SMEs), regulatory frameworks, total quality management, customer care, diversification, Lewin's change model, Deming process, Six Sigma,* and *Pareto rule.*

The literature review is a result of more than 60 peer- reviewed articles I found and read. Specifically and in aggregate, I referenced 315 peer-reviewed articles and 14 books, as shown in Table 1. Three hundred and nine (309) of the peer-reviewed articles were published within or after the year 2011 and represent 98 % of total articles cited and published within 5 years of my anticipated graduation date.

Table 1

Details of Literature Reviewed by Year of Publication

	Older than 5 years	2011	2012	2013	2014	2015	2016
Books	14	-	-	-	-	-	-
Peer-reviewed articles	6	24	88	115	65	16	1
Other sources	-	2	3	2	1		
Totals	20	26	91	117	66	16	1

Theoretical Frameworks

Porter's Generic Strategies. The first theoretical framework I described in my study was Porter's generic strategies. My focus was on cost leadership, focus strategy, and differentiation strategy. Porter (2008) described three broad strategies for creating and defending performance for the firm in the long run and outperforming competitors. Porter surmised it possible to pursue generic strategies at one time as they were not mutually exclusive. The focus on strategy and competitive advantage came into prominence in the 1980's when Day and Wensley (1988) examined strategies that could sustain competitive advantage. When Porter presented his seminal work on the competitive strategies, an organization could possess–low cost, differentiation, and focus– he set the tone for serious examination of how firms could compete in the

competitive scenario of the 21st century (Vinayan, Jayashree, & Marthandan, 2012). Combining the generic strategies in a pharmacy store might provide a hybrid strategy likely to lead to profitability of pharmacies.

Cost leadership. Cost leadership involves having the lowest per unit cost in the industry relative to rivals (Wu, Gao, & Gu, 2015). Achieving a lowcost position requires large up-front capital investment in new technology, which may lead to losses in the short-term, process innovation, intensive monitoring of labor, and tight control of overhead costs (Ngigi & Njeru, 2014). Cost leadership strategy calls for efficiency in production and service delivery (Hilman & Kaliappen, 2014). Hilman and Kaliappen (2014), in a Malaysian study of hotels using cost leadership as a strategy, also found cost leadership affected process innovation and organizational efficiency, resulting in superior organizational performance and competitive advantage. Efficient use of technology may allow firms pursuing low-cost strategy advantages of economies of scale and experience curve.

Pharmacy stores in Bulawayo may achieve cost leadership through leveraging technology and automating most processes. Efficient and intelligent utilization of the human and material resources of the pharmacy may lower unit cost and allow the pharmacy to achieve profitability through cost leadership. An astute pharmacy leader may achieve cost leadership by sourcing drugs and other sundries sold in the pharmacy through bulk purchases from suppliers by teaming with other pharmacies, and passing over the savings to the pharmacy's customers.

Differentiation. Differentiation entails creating a product or service perceived as being unique (Porter, 2008). Differentiation may involve different design, brand image and loyalty, uniqueness, and exclusivity. Differentiation may earn the firm above average returns through insulating it from competitive rivalry by creating brand loyalty and lowering price elasticity of demand by making customers less sensitive to price changes in a firm's products (Vidic & Vadnjal, 2013). Differentiation through its uniqueness, creates barriers and reduces substitutes, leading to higher returns (Banker, Mashruwala & Tripathy, 2014). Higher returns allow the firm to deal with powerful suppliers, which tends to mitigate bargaining power as buyers will have fewer alternatives (Lo, 2012). Achieving successful strategy of differentiation requires exclusivity, strong marketing skills, product innovation, customer support, and applied research and development (Miles, Miles, & Cannon, 2012). Lo (2012), in a study in China, reported differentiation as the only significant generic strategy that influences customer satisfaction in the Chinese hotel industry. Pharmacy stores using differentiation strategy need to offer customers products and services with unique attributes perceived to be superior to any offered by. The uniqueness of service and products may allow the pharmacy leader to charge a premium price for his/her offerings.

Focus. Focus, or niche strategy, is achieved by focusing on a particular buyer group, product segment, or geographical market (Porter, 2008). Low cost and differentiation aim at achieving set targets industry wide (Wu et al., 2015). Focus, or niche, strategy aims on serving a particular target, customers, product, or location very well (Peters & Zelewski, 2013). In focus strategy, the firm or business targets a selected

and profitable market by tailoring marketing mix better able to meet the needs of this targeted market (Salavou, 2015). Hamlin, Henry, and Cuthbert (2012) pointed out the instability of niche markets due to their predisposition to catastrophic collapse. For this reason, market flexibility using contingency and portfolio planning remains a prerequisite for long-term survival for niche or focus marketing (Salavou, 2015). Finding the right niche is a challenge as heterogeneity of consumers, their lifestyles, and consumption habits are not easy to find (Gültekin, De Juan-Vigaray, & Seguí, 2013). Retailers in niche markets face problems of fewer customers, high prices, and low stock turnover (Schaefers, 2014). Focus should be on effectiveness rather than efficiency of the niche strategy. Bulawayo pharmacies adopting a niche strategy may have to locate to high-end suburban shopping malls used by the city's high earners.

Developing and executing a generic strategy is the main source of competitive advantage for organizations (de Waal, 2011). Failure to develop a strategy in one of the three directions leaves a firm mired. Porter's (1985) view wasthat for an organization to have competitive advantage it must be implementing a value creating strategy that no competitor is simultaneously implementing, or other competitors have a capacity of imitating it. De Waal (2011) reported an important role (47%) of business strategy in achieving high performing organization (HPO) status, indicating other factors were required to achieve business success besides strategy. The remaining 53% of factors accounting for an HPO involve dealing with competitive rivalry issues (He, 2013). A strong, well-defined vision, setting clear, achievable goals, and having a team of good people is more important than just the strategy chosen (Hoque & Chia, 2012). The

strategy is only a hygiene factor and what makes the difference is the unique competitiveness of the organization. The uniqueness of the strategy, not the characteristics of cost leadership, product differentiation and focus strategies, will create and sustain an HPO (Madu, 2013). Appreciating the competitive environment and developing a unique set of competitive strategy creates an HPO.

Deming's (2003) 14-point process. The second theoretical model I used in my study concerns quality issues as espoused in Deming's 14-point process (Deming, 2003). The Deming process involves eliminating short-term goals and nurturing quality. The process is iterative and involves the PDCA cycles of P for planning, D for doing, C for checking, and A for acting (Kumar, 2012). During the planning stage, objectives and steps necessary to deliver quality outcomes are set out. The implementation phase involves executing the planned steps of delivering a quality product (Deming, 1992). The check phase involves examining the results achieved and, the act phase involves taking corrective actions. The Deming process aims for quality improvement through increasing knowledge through training that contrasts with Six Sigma's reliance (Deming, 1992). Achievement of quality is everyone's business and responsibility.

The new millennium's competitive market environment is dominated by knowledgeable consumers (Stanton & Paolo, 2012). Companies must create repeat customers and seek ways to exceed their expectations (Gil-Marques & Moreno-Luzon, 2013). The Six Sigma model seeks to improve the quality of the process, by eliminating defects and errors in business and manufacturing (Jung-Lang, 2013). The six sigma model is data driven approach and methodology to eliminating defects in any process

involving a cycle of define, measure, analyze, improve, and control – DMAIC- (Chakraborty & Tan, 2013). The central concept of Six Sigma lies in determining how many defects are in a process, and systematically eliminating such defects and getting closer to perfection (Sony & Naik, 2012). Musetescu (2013) proposed improving quality in a product or service becomes a competitive advantage as it sets an organization apart from competitors and lures more clients. As a result of globalization, improvements in information exchange and, awareness among consumers, quality of products and services is no longer an abstract construct. The intensification of global competition requires an effort on the part of organizations to promote innovation at the same time improving quality as a means of survival and growth (Moreno-Luzon, Gil-Marques, & Valls-Pasola, 2013). I evaluated and related issues of quality in the pharmacy retail process in order to improve profitability, to the responses of my study participants. Pharmacies need to prioritize service and quality delivery in order to enhance profitability.

Lewin's (1947a) change model. The third theoretical framework I will used in the study was Lewin's (1947a) change model. The process of change entails creating the perception of the necessity for change, moving toward the new desired level of behavior and, finally solidifying the new behavior as the norm (Lewin, 1947a). Lewin viewed change as part of an intergraded and interrelated process from field theory, group dynamics, and action research, which brought about the change at the group, organizational, and societal level. A compelling and motivating need must emerge before successful change occurs.

Successful change, Lewin (1947a) proposed, involves three steps: Step 1: Unfreezing, which suggests human behavior is in a quasi-stationary equilibrium state that requires destabilization (unfrozen) before discarding old behaviors. According to Lewin (1947a), to unfreeze behaviors in an organization, employees must feel safe from loss and humiliation before accepting new information and rejecting old behaviors. Group members need to understand why change must take place before individuals can unfreeze. Step 2: Moving, creates the motivation to learn new behaviors. Inherent in the phase is the need to enable individuals to move from the unacceptable behaviors to the next acceptable behaviors and to reinforce the new behaviors (Lewin, 1947a). Step 3: Refreezing, is the final step where the new behaviors stabilize into new quasi-stationary equilibrium safe from regression to earlier behaviors (Lewin, 1947a). Organizations are like living organisms and risk failing if resist change and stick to old behaviors (Jayashree & Hussain, 2011). Successful change in organizations must include all employees' buy-in because if buy-in is missing, changes desired will not be sustainable.

According to Kotter and Cohen (1997), successful change occurs when the change leaders, usually top management, identify a problem or a solution to a problem and engage organizational members in a compelling manner on the need to change. Change with no consensus from organizational stakeholders is fraught with challenges (Ringim & Bello, 2013). Competitive imperatives and customer demands could convince the organization's members see the need for change. Although championed by middle and top management, the change process succeeds if the rest of the organization's members see and approve the need for change (Kotter, 1996). Kotter's 8-stage change

model comprises eight overlapping steps, and proposes change as coming as a result of some underlying crisis, such as rising costs, low business activity, and the threat of competition (Kotter, 1996). Kotter and Cohen (2002) proposed creating a climate for change was crucial followed by creating an enabling environment for change, and implementing and sustaining change. Pharmacy leaders need to embrace the concept that change is a constant variable and that failure to change in the manner of doing business could stifle profitability.

Generic Business Strategies for Profitability in Businesses

Business organizations operate to make profits in order to grow and remain in business through sustainable operations. To achieve profitability and sustainability requires strategies, which the business leader should pursue. Researchers in finance and strategic management have identified eight factors that influence profitability and growth of small to medium enterprises (SMEs), such as pharmacies (Silva & Santos, 2012). Examples include, among other things, leverage, liquidity, education, industry performance, low cost, differentiation, product focus, and customer needs. Low debt, effective liquidity management, operating in a profitable sector, the avoidance of the low-cost approach, differentiation, and avoidance of customer focus resonate with SMEs profitability (Silva & Santos, 2012).

A firm's chosen business model may have an impact on its profitability and sustainability (Collins, Román & Chan, 2011). The business model a business chooses reflects its method of competing in the marketplace. In their study of the airline industry, Collins et al. (2011) found low-cost focus to be less profitable than differentiated product

offerings. Salavou and Sergaki (2013) in a study in Greece reported on the success of small to medium enterprises (SMEs) which used product differentiation compared with relatively low success of SMEs that used low-cost focus. While in a study in Nigeria, Oyedijo (2012) reported success in SMEs using a mixed strategy of differentiation and low cost than when using a single strategy.

The business orientation a business leader pursues has a bearing on profitability. Some business leaders pursue an entrepreneurial orientation (EO) which represents the character of the leader in terms of risk taking, proactiveness, and innovativeness. Some leaders pursue a learning orientation (LO) as a mantra for profitability and sustainability premised on development and use of knowledge in the quest for achieving profitability. Hakala (2013) proposed a combination of entrepreneurship orientation (EO) and learning orientation (LO) as vital for improving sustainability and profitability for small to medium enterprises (SMEs). More studies on the influence of the two orientations is necessary. Yang and Yang (2011) explored and proposed the Blue Ocean Strategy (BOS) as a model and strategy for creating value and profitability for business. The Blue Ocean Strategy (BOS) proposed by Kim and Mauborgne (2014) suggests that business need to look at exploring new profitable markets.

Pharmacy leaders should focus on satisfying customer needs and preferences in order to achieve profitability and sustainability. Pharmacy-store level strategies should enable the pharmacy leader to determine which customers to focus on, what products and service to offer, and how to satisfy the customers' needs.

Business strategies in economies performing suboptimally. Since Zimbabwe's economy is performing suboptimally, it was vital to explore literature on how small to medium enterprises (SMEs) in similar situations operated. Chirisa et al. (2012) in a study of small businesses in Zimbabwe explored the need for SMEs in the country to use planning, innovation, backward and forward linkages as vital tools for survival. In today's knowledge world, failure to innovate and embrace technological advances leads to businesses operating suboptimally. Marketing innovation as a strategy has been seen to sustain competitive advantages for SMEs. SMEs performance might improve with the adoption of an innovative culture and strategy (Bhakoo & Chan, 2011). Lecerf (2012) proposed innovation through the launch of new product lines and reaching new markets, adopting e-business could bring profitability and sustainability to the SMEs operating in an underperforming economy. Oncioiu and Balamaci (2013) in a study in Romania proposed innovation as the single most important strategy for SME profitability in a depressed economy.

SMEs contribute significantly to economic development and employment creation in many countries. SMEs may pursue different strategies such as cooperation strategy, alliance strategy, lifestyle strategy, and growth strategy. Noor (2013) proposed growth strategy was key to sustainable and profitable growth of SMEs in Malaysia. A growth strategy involves starting small and growing the scope of the business for profitability. A cooperation strategy is an attempt of realizing objectives through cooperation rather than competition with similar organizations. A strategic alliance strategy involves purposive cooperation between independent organizations in order to archive mutual benefits.

Lifestyle strategy typically involves starting a business as a source of income and employment of the owner-manager.

According to Bello and Ivanov (2014), organizations must innovate to grow and improve. Therefore, it is necessary for a company to improve on its business practices as well as take innovative steps towards growing the company. On a general note, small businesses do not necessarily have to become corporations. They could remain small and still perform well by adopting innovative practices and constantly improve (Wang & Tang, 2013). Small to medium enterprises (SMEs) may also achieve viability and profitability through mergers and franchising and licensing. Instead of going solo, the SME business can merge with other similar operations and consolidate their capital base. Pharmacy stores could merge and form a chain of pharmacies thus start to enjoy economies of scale and expertise.

Capital raising for SMEs in Zimbabwe. Pharmacy stores in Zimbabwe are essentially SME businesses. Pharmacists are business people and healthcare professionals who require business skills as demonstrated by Chapman and Braun (2011) and Davies et al. (2013). Most pharmacy stores in Zimbabwe are run using the sole-trader model (Jambawo, 2014). The pharmacist typically uses personal savings, assistance from relatives and friends as source capital to fund the business (Munanga (2013). Personal financing limits the growth of the SME business due limited resources available to the proprietor.

Munanga (2013) proposed use of equity capital as a viable source of growing SMEs. Raising capital through equity listings requires astute financial management that

intending investors scrutinize to assess the profitability and sustainability of the business (Muponda, 2014). The use of financial ratio analysis is a useful way of tracking revenue generation as well as minimizing costs (Innocent et al., 2013). However, equity financing is less risky than a bank loan. Investors in equity financing take a long term view and most do not expect an immediate return on investments (Sikomwe, Mhonde, Katazo, Mavhiki, & Mapetere, 2012). Profits from trading following equity injection do not service loans like bank loans and are for expansion and growth. With equity financing, there is no requirement to pay back investors in the event of failure of the business.

Financial resources availability and strategic leadership are the engines of success for business (Mapetere, Mavhiki, Nyamwanza, Sikomwe, & Mhonde, 2012). Banks are some of the main sources of working capital in Zimbabwe and tend to support businesses with solid financial performance (Chikoko, Mutambanadzo, & Vhimisai, 2012). Debt financing by banks enables the SME to access working capital without the bank controlling daily operations of the business (Klonowski, 2012). Mago (2014) proposed the use of micro-financing as another method of raising capital. Microfinance involves financial institutions offering small loans to borrowers without asking for collateral (Daskalakis, Jarvis, & Schizas, 2013). The funding relationship between the bank and the SME ends when the borrower pays the debt, and the interest extinguished. The interest on the loan is usually tax deductible (Domeher, Frimpong, & Mireku, 2014). On the negative side, borrowed money must be repaid within a fixed time and requires collateral, which may include personal property of the proprietor and thus leaves the business person vulnerable and exposed.

Regulatory Frameworks for Pharmacies in Zimbabwe

The legal and licensing framework of pharmacists in Zimbabwe may require modification to enhance business profitability of pharmacy stores and expansion of healthcare provision. The current legal and regulatory framework in Zimbabwe confines pharmacists to compounding drugs and filling prescriptions (Chibango, 2013). Such a role limits the value of a highly trained professional. Malovecká, Mináriková, Lehocká, and Foltán (2013), in a study in Slovakia, proposed a role for pharmacists that ensured profitability and a beneficial role to society at large. Feletto, Wilson, Roberts, and Benrimoj (2010) described a four model scenario for Australian pharmacies. This model has, the classic pharmacy, the retail pharmacy, the healthcare solution pharmacy, and the networked pharmacy that could provide for sustainability and profitability and required regulatory support. Such a model could be tailored to suit Zimbabwean pharmacy sector as a way of enhancing profitability of pharmacies.

Golodner and Zellmer (2013) proposed more roles pharmacists could perform other than filling prescriptions and counting pills. Yadav and Kaushik (2012) argued for a regulatory policy framework conducive to improving sustainability and profitability through the value chain. In a study in Egypt, Taher et al. (2012) proposed expansion of pharmacists' role in healthcare provision as a way of increasing business and accessibility. Courtenay, Carey, and Stenner (2012) advocated more use of pharmacists' skills repertoire to increase pharmacy stores' profitability. In a similar study in Australia, Barnes (2011), proposed the Australian regulatory framework offered a useful model for

other countries in crafting sustainable policies. Regulatory flexibility may lead to increased accessibility and profitability of the pharmacy sector.

Pharmacists' drugs prescribing to the public is a window of opportunity for increasing the profitability of pharmacy stores. Latif, Pollock, and Boardman (2013) posited the shortage of physicians in most developing countries hindered accessibility to drugs to the public and, ultimately the profitability of pharmacy stores. Wafula, Miriti, and Goodman (2012) proposed regulatory regimes in African countries contributed to the lack of profitability of pharmacy stores that results in poor health outcomes for populations in these counties. MacKinnon III (2013) argued medication was ranked as number one intervention in healthcare yet pharmacists were not fully utilized to bring drugs to the public. Availing drugs to the public requires profitable pharmacies (Taylor, 2011). Freeman, Cottrell, Kyle, Williams, and Nissen (2012) proposed how pharmacists as highly trained yet underutilized professionals could be the answer to profitability of pharmacies. Regulatory reorganization by authorities may be the solution to the puzzle of pharmacy profitability problems in developing countries.

Closer collaboration and working together with physicians and pharmacists is one way of achieving profitability of pharmacies. Such collaboration can come about through regulatory re-alignment. Van, Costa, Abbott, Mitchell, and Krass (2012), proposed such collaboration was vital for ensuring and increasing the profitability and sustainability of pharmacies. Sustained dialogue between all stakeholders such as, the government, physicians, and pharmacists was required to realign regulatory legal frameworks to improve pharmacy stores profitability in Zimbabwe.

In a study in Northern Ireland, McCann et al. (2011) recommended extending prescribing authority to non-physician professionals, including nurses and pharmacists. To achieve such regulatory realignment requires proactive education and reorientation of physicians and pharmacists. Hatah, Braund, Duffull, and Tordoff (2012) posited General Practitioners (GPs) tended to be wary of the perceived threat to their bottom line posed by pharmacists' prescribing of drugs. Their fear of allowing pharmacists to offer more healthcare including prescribing drugs seems not linked to the competence of pharmacists but to fear of losing clients. Such insecurities on the part of GPs may not be rational and could prejudice society (Jaruseviciene et al., 2013).

Zimbabwe has a mobile telephony reach of over 90% (Makwara & Tavuyanago, 2012). With such a high rate of reach, adoption of telemedicine may sound fanciful but may assist in improving access to drugs to the population and require examination of regulatory controls of pharmacy practice. Telemedicine may help eliminate distance and access barriers for rural residents with shortages of physicians and pharmacy services. The sustainability of healthcare systems such as drug delivery to patients is a matter of continuing concern (Agrawal et al., 2013). Telemedicine technologies have been proven to work, and are considered to be a viable option for future healthcare delivery, allowing healthcare organizations to provide care in a more economic and comprehensive way (Zanaboni & Wootton, 2012).

The shortage of trained health care professionals is worldwide and is especially acute in developing countries, and tele-pharmacy may provide a solution (Gordon, Hoeber, & Schneider, 2012). Telepharmacy involves delivery of drugs care for patients in

remote areas via telecommunications means (Bubalo et al., 2014). Such intervention may improve the profitability of the pharmacy sector as it reaches more clients even in the most remote areas in Zimbabwe.

Managing Change in Pharmacy Business. Small and medium enterprises (SMEs), including pharmacies, make a significant contribution to economic activity in Zimbabwe and many developing countries. Not enough studies exist about the effect of change management in this sector (Naji, Foucher, & Said, 2014). Globalization, fueled by the information revolution and advances in technology, requires organizations to change or fail (Rusly, Corner, & Sun, 2012). The pervasive influence of technological advances called for a culture change in which business leaders operated (Elie-Dit-Cosaque, Pallud, & Kalika, 2011).

Pharmacy businesses in Zimbabwe operate as family businesses owned by a pharmacist operator and require to adopt change as a strategy, and embrace new technologies in order to achieve profitability and sustainability (Jambawo, 2014). Cline and Luiz (2013) in a South African study reported a positive contribution of Information Communication Technology (ICT) in improving efficiencies in health-related facilities in developing and underfunded countries. The authors observed and proposed greater use of ICT automation in pharmacies as a way of achieving profitability and sustainability.

Chung, Hsu, Tsai, Huang, and Tsai (2012), also in a South African study, observed that use of ICT in a business was an enhanced strategy, as well as customer relationship management tool (CRM). Haug (2012) highlighted the need for SMEs adoption of enterprise content management (ECM) as a tool for achieving profitability

and sustainability. Gowen and Johnson (2011) proposed deploying innovative business process improvement (BPI) practices. Ringim and Bello (2013) proposed customer satisfaction measures, process mapping, process improvement teams, and employee recognition/rewards improved competitive advantage for firms. To embrace available technologies, businesses require change in culture and orientation of employees (Wee & Chua, 2013). Culture is enduring and extremely difficult to change. Strategies for achieving organizational change abound.

Major forces requiring the adoption of change management practices for business are exogenously derived rather internal to organizations. Resistance to changes in culture and practices of an organization is endemic and needs management (Khan, Cheema, Syed, & Asim, 2013). Rusly, Corner, and Sun (2012) proposed change readiness required a multidimensional construct consisting of psychological and structural facets. Changing the culture in an organization required honesty, consultations, involving stakeholders, and obtaining consensus for change initiatives (Pardo-del-Val, Martínez-Fuentes, & Roig-Dobón, 2012).

New knowledge management (KM) in SMEs requires examination on three fronts, namely knowledge creation, knowledge sharing and knowledge reuse, and impediments of these KM processes make SMEs uncompetitive (Wee & Chua, 2013). The openness to change, leadership style, flexibility and adaptability of the owner of the SME is critical to ensuring change succeeds (Ringim & Bello, 2013). The global village is on a constant change motion and organizations must embrace the changes to remain competitive (Abduli, 2013). Successful organizational change was likely if effective

communication with all stakeholders in the organization took place, highlighting reasons for change, the benefits of successful change, and adverse effects of such change.

Quality Issues in Pharmacy Business. The pharmacy store business is a service sector enterprise. Service quality plays a crucial role in profitability and sustainability in the pharmacy industry (García & Saavedra, 2012). Quality is never an accident; it is always the result of intention, effort, intelligent direction, efficiency and skillful execution (Pina, Torres, & Bachiller, 2014). Buavaraporn and Tannock (2013) proposed higher customer satisfaction required business process improvement aimed at improving efficiency, reducing operating costs and delivery of world-class customer service as mandatory in all service businesses.

The role of quality, be it of service delivery, products sold, staff attitudes, premises, and the esthetic appearance of the pharmacy store, should all contribute to improving profitability and sustainability. In highly competitive environments, organizations must strive to breed a culture of continuous improvement in delivering high-quality products and services to customers. Gowen and Johnson (2011) proposed such organizations stood better chances of achieving profitability and sustainability. Mehra, Joyal, and Rhee (2011) observed the positive impact of adopting quality orientation as a business philosophy enhanced firm's performance. In order to fully implement total quality management (TQM), organization leaders should identify best practice guidelines or tools. Such tools include pie chart and bar graphs, histograms, run charts, Pareto charts, force field analysis, focus groups, brainstorming and affinity diagrams, flow charts and modeling diagrams, scatter diagrams, relation diagrams, as

well as the plan-do-check-act (PDCA) management style (Mehra et al., 2011). Empirical results show that successful and competitive firms used revitalized process management and improved quality of all processes aid competitiveness (Choi, Kim, Byung-hak, Chang-Yeol, & Han-kuk, 2012). Successful firms appreciated the role of quality in business process as a way of being competitive. Building quality into every business process and embedding TQM into fabric of the firm is vital in making it a culture of the business.

Marketing and Customer Care Strategies. Globalization, availability of products and services, and information availability on products and services influence the way customers conduct business. Jaa et al. (2011) proposed marketing efforts, technological resources, governmental support, and the entrepreneurship of business leaders as essential to business success. In today's world of social media and online reviews, marketing and customer services require a symbiotic relationship (Kiron, 2012). Thanisorn and Byaporn (2013) found marketing of pharmacy and related products required use of the 4Ps; product strategy for improving the quality of products, price strategy by using cash discounts to increase consumers' purchase motives, place strategy by opening retail outlets in appropriate places for consumers benefit, and promotion strategy using integrated marketing communication for brand maintenance. Chakrabarty (2014) recommended corporate branding of a business such as a pharmacy as a way of generating a positive halo over its products by creating favorable impressions of all its offerings. Mobach (2013) also called pharmacy leaders to create a shopping ambiance in

the pharmacy that facilitated interaction with the shopping environment, improved customer satisfaction, and raised customers' expenditure within the pharmacy.

In Zimbabwe marketing and advertising of healthcare services and drugs is frowned upon, and prohibited by legislation. The legislative restrictions, however, do not preclude pharmacy leaders from taking measures of attracting customers to their stores through creative corporate strategies other than just selling drugs (Chea, 2012). Pharmacy stores can attract new and more customers to achieve profitability and sustainability through adopting strategies of diversification (Perucic & Raguz, 2012). Pharmacy leaders may offer discounts on items such as over-the-counter (OTC) drugs, sunscreen lotions, and reusable shopping bags given with purchases (Chakrabarty, 2014). Another marketing idea to bring in new customers is to offer health care promotions where people can receive free health care screenings for blood pressure, diabetic screening and cholesterol.

Outstanding customer service is an effective marketing technique. Good customer care is at the heart of all successful companies (Srivastava & Bhatnagar, 2013). Nelson (2012) proposed customer orientation, communication, and competence as influential factors in achieving customer satisfaction and enhancing positive relation quality. Leone, Walker, Curry, and Agee (2012) suggested profitability of a business was dependent on customer satisfaction and loyalty. Loyal customers return for repeat purchases and promote the business through word-of-mouth referrals to prospective customers (Nadeem, 2012). Effective customer care is a product of internal marketing, external

marketing, and interactive marketing assisted by technological innovations such as information technology (IT) systems (Venkatesh, 2012).

Friend (2012) proposed good customer service involved building a brand and giving customers a positive experience of doing business with an organization. Staff attitudes and product and service quality all play an important role in managing and engendering customer loyalty (Gallan, Jarvis, Brown & Bitner, 2013). Leaders of pharmacies should plan and control customer relations through customer relationship management (CRM) because customers may not complain of shoddy service, but move on to competitors (Nelson, 2012). Customer feedback through the use of set customer complaints procedures like the use of suggestion boxes is essential (Torres & Kline, 2013). Leaders in the service sector need to carry out customer satisfaction surveys regularly and focus on long-term customer relations rather than short-term profits.

Reimbursement Arrangements with Medical Aid Societies. Retail pharmacies in Zimbabwe achieve their profits and sustainability through sale of drugs and sundries direct to members of the public (Magadzire, Budden, Ward, Jeffery, & Sanders, 2014). Some pharmacies offer credit facilities to customers to boost revenue. Offering of credit to the public, however, has inherent risks of customer defaults on repayments (Ir, Jacobs, Meessen & Van Damme, 2012). Purchase and consumption of some drugs are dependent on a physician's prescription, which has implications for the viability of a situation where shortages of physicians occur (Fronstin, Sepúlveda & Roebuck, 2013).

Drug reimbursements by healthcare insurance funds may be a solution to increasing access to drugs and sustaining profitability of pharmacy stores (Benjamin,

Buthion, Vidal-Trécan, & Briot, 2014). Drugs consumers on health care insurance, known Medical Aid Societies in Zimbabwe, enjoy direct reimbursement by medical aid societies for drug purchases (Magadzire al., 2014). Medical aid societies covering only 1.2 million employed people in Zimbabwe, a country that has high unemployment levels of 95% of the population are a rich revenue source for pharmacies (Zimbabwe National Statistics Agency, 2013). Reimbursement for drugs dispensed to medical aid members direct to dispensing retail pharmacies offers a very secure avenue for profitability and sustainability of retail pharmacies.

Attaining contracts with Medical Aid Societies for reimbursement for drugs is a prerequisite for this attractive revenue avenue for pharmacy profitability. Bending, Hutton, and McGrath (2012) proposed reimbursement of drugs by insurance companies in Scotland and France improved health outcomes and profitability of retail pharmacies. In another study in Ireland, Usher, Tilson, Bennett, and Barry (2012), investigated reimbursement of drugs expenses by insurance over a period of six years. These researchers noted reduced unit costs of drugs to consumers concurrent with increased sales throughput through pharmacies. Franken, le Polain, Cleemput, and Koopmanschap (2012) noted reimbursement by healthcare insurance schemes while ensuring value for money for drug purchases also ensured profitability and sustainability of pharmacy stores. Morgan, Daw, and Thomson (2013) reported health insurance schemes were able to negotiate lower drug costs direct with manufacturers enabling pharmacy stores to source cheaper drugs that may increase sales through a cost leadership strategy.

Increasing the use of medical aid schemes' reimbursement for drugs dispensed might aid profitability of pharmacy stores in Zimbabwe. Since not all pharmacies enjoy this reimbursement option, pharmacy leaders in Bulawayo need to enter into contracts with Medical Aid Societies in order to enjoy access to reimbursement.

Cashflow Importance and Managemnt in a Pharmacy. Cash is the lifeblood of a business, the fuel that keeps the engine running. Cashflow is the movement of funds within a business as transactions occur (Dreyer, Erasmus, Morrison, & Hamman, 2013). Cash flow is one of the most critical components of success for a small or mid-sized business such as a pharmacy store (Yazdanfar & Öhman, 2014). Profit does not equal cash flow (Muscettola, 2015). Without cash, profits are meaningless. Many a profitable business on paper has ended up in bankruptcy because the amount of cash coming in doesn't compare with the amount of cash going out. A company that does not exercise good cash management may not be able to make the investments needed to compete, or they may have to pay more to borrow money to make payments (Tumwine, Akisimire, Kamukama, & Mutaremwa, 2015).

A positive cashflow takes place when cash resources from sales, accounts receivable is more than the amount of cash that is paid out through account payables, expenses paid, salaries, and so on (Bojórquez Zapata, Pérez Brito, & Basulto Triay, 2014). A negative cashflow occurs when the outflow of cash is greater than the cash coming in. Cash flow problems can be one of the leading causes of failure for businesses.

To achieve a positive cashflow a business leader needs to effectively control the inflow and outflow of cash from the business. The astute pharmacy leader needs to

ensure there is enough cash each month to cover obligations in the coming month. A cashflow statement should always be accurately maintained tracing payments, debtors, creditors, and costs management.

Improving collection of receivables is one way of improving cashflow. Tightening credit requirements is an important way of managing cash flows. Pharmacy leaders should scrutinize and vet people they offer credit to for capacity to pay. Increasing sales in the pharmacy will also improve cashflow, especially if the sales are cash sales. One option to increasing cash flow is to offer customers discounts if they pay early. Short-term cash flow problems may sometimes necessitate the pharmacy leader taking out a bank loan from a financial institution.

Diversification in Pharmacy Operations. Diversification of business operations presupposes a portfolio of different products will on average yield higher returns and pose a lower risk than a single line of operation (Eukeria & Favourate, 2014). Diversification through activities and products on offer in a pharmacy offers an additional window of profitability (Jenkinson, 2012). Modern healthcare consumers are more informed about their illnesses. Such consumers read about available on-line remedies and ways to self-treat, and therefore, innovative pharmacy leaders should take advantage of this to market non-prescription remedies (Towns, Eyi, & Andel, 2014). Retail pharmacists' position as a physician ''extender'' and first ports of call by the healthcare seekers offers pharmacists opportunities to market more products in pharmacies to enhance the viability (Magadzire et al., 2014). Buykx et al. (2012) advocated an increased role for pharmacists through offering more services in pharmacy stores. Such

an increased role is desirable, especially in remote areas of scarcity of physicians. The increasing role of pharmacists as members of the primary healthcare teams well documented and offers greater options for profitability in pharmacies (Makowsky, Guirguis, Hughes, Sadowski, & Yuksel, 2013). Hutchison and Castleberry (2012) reported this increased role of pharmacists in improving access to medicines by the public favorably.

Informed consumers of healthcare are demanding new transparency on treatment protocols and see pharmacists as worthy providers of healthcare services, a development conducive to increased profitability of pharmacy stores (Chauhan & Coffin, 2014). Today's healthcare recipients including pharmacy customers want empowerment in making choices about drug consumption patterns (Orentlicher, 2012). Enlightened healthcare consumers demand to pay for value rather than volumes and business-minded pharmacy leaders need to leverage ICT technologies to achieve greater profitability without having to passively await physicians' prescriptions (Cetina, Dumitrescu, & Pentescu, 2014).

The increased use of generic drugs, which are cheaper, increases throughput in the pharmacy store and such volumes increase profitability and sustainability (Decollogny, Eggli, Halfon, & Lufkin, 2011). Arkinstall, Childs, Menghaney, Ford, and von Schoen-Angerer (2011) observed and recommended increased use of generics in developing countries which could increase access to healthcare and improve the profitability of the pharmaceutical sector. Worou-Houndekon and Pesqueux (2013) in a study in Togo, reported the high uptake of non-affordable drugs through what is termed ‘’social

entrepreneurship'' by patients ordering prescribed drugs direct from wholesalers at lower prices than what pharmacies would offer. Introduction of cheap generic drugs in pharmacies would thus offer safer and controlled access to medicines than what is reported by these workers. Thanh, Chuck, Ohinmaa and Jacobs (2012) concurred and proposed society at large would benefit from more volumes of generic medicines sold to consumers. In a study in Kenya, Wafula, Abuya, Amin and Goodman (2014) called for liberalization and use of specialized drugs stores (SDR) to increase access to medicine. Pharmacy leaders should collaborate with regulatory authorities to align restrictive regulations with today's needs and realities.

The retailing of non-medical items in pharmacies is another avenue for growing profitability and sustainability. Uscher-Pines, Mehrotra and Chari (2013) found an increasing number of shopping malls now include pharmacies trading in drugs and other merchandise thus boosting revenues. Keshavarz et al. (2012) reported increased profitability in pharmacy stores in Iran which sold convenience items such as perfumes, baby foods, toothpaste and, similar products in pharmacies. Moschis and Bovell (2013) found the sale of cosmetics and other health related products particularly attracted more elderly customers to a pharmacy store. Kohler, Pavignani, Michael, Ovtcharenko, Murru and Hill (2012) observed and recommended more diversification of products ranges in pharmacies in underdeveloped countries to increase accessibility. However, in a study in Los Angeles, Corelli, Aschebrook-kilfoy, Kim, Ambrose and Hudmon (2012) found that most pharmacists were reluctant to merchandise goods not considered healthy such as tobacco and alcohol.

With increasing deregulation of prescription-only medicines and the drive for self-care, pharmacists now have greater opportunities to manage more conditions, and make more profits (Hanna & Hughes, 2012). The retailing of over the counter (OTC) products provides an avenue for profitability in pharmacy stores. Over-the-counter medicine, also known as OTC or nonprescription medicine, refers to medicine bought without a physician's prescription (Suleiman, 2013). OTC medication is safe and effective when used according to directions on the label and as directed health care professionals although abuse is a concern amongst regulatory authorizes (Pomeranz, Taylor, & Austin, 2013). Votova, Blais, Penning and Maclure (2013) also reported an increase in non-prescription drugs usage, as well as an upsurge in us of natural health products (NHP). Coupled with an increasing use of OTC products, intelligent stocking of such products in a pharmacy store offers further profitability (Nielsen et al., 2013). Shivakumar, Agrawal, and Gupta (2013) in a study in India noted increased use of safe and popular herbal remedies improved profits and viability of pharmacy stores. Liu et al. (2013) found that OTC drugs resulted in 36% sales in pharmacies and suggested their study offered a direction for pharmacy leaders to market OTC preparations aggressively to enhance sales and viability. Bárzaga Arencibia and Choonara (2012) also found OTC medicines increased profits but called for more education of society to minimize adverse drug reactions.

Since a significant percentage of pharmacy business is as a result of regulated prescription products, innovative pharmacy leaders and health and beauty suppliers

should work together in diversifying and increasing the profitability from other revenue sources not requiring regulation.

Pharmacy Profitability. Profitability is not a term commonly associated with healthcare delivery. Vaijayanthimala and Vijayakumar (2014) proposed profitability was a highly sensitive economic variable affected by a host of factors operating through a variety of ways. Some of the factors affecting profitability include a company's policies and analysis of determinants of profitability (Barine, 2012). Vaijayanthimala and Vijayakumar (2014) proposed an analysis of financial ratios such as assets turnover ratio, size, inventory turnover ratio, leverage, past profitability, operating expenses to sales, the growth rate of assets and vertical integration. Profitability is the primary goal of all business ventures (Qin & Pastory, 2012). Profitability or lack of it, appears in an income statement through examining income and expenses. A business is profitable if its income exceeds its expenses (Ting, Kweh, & Chan, 2014). A business that is not profitable will not survive while a profitable business is likely to offer more to its promoters and society (Yazdanfar, 2013). Francis (2013) proposed profitability in any company required company level improvement as well as macroeconomic factors. In a study of bank profitability in Tanzania, Qin and Pastory (2012) found asset quality and liquidity had a positive impact on profitability. Asset quality in a pharmacy may contribute to profitability and sustainability together with factors cited in this literature review.

Pharmacies are healthcare related businesses that should make profits and be sustainable to be valuable to society. Pharmacies obtain most drug inventory from pharmaceutical firms. Pharmaceutical firms provide employment and pay taxes to boost

economic activity (Kamble, 2013). Accordingly, pharmacy leaders have significant responsibilities to operate sustainable and profitable pharmacies. Shabaninejad, Mehralian, Rashidian, Baratimarnani, and Rasekh (2014) suggested given the complexity of the pharmaceutical industry in relation to research, regulatory and healthcare systems, strategy and operational effectiveness, innovation, and organizational practices are crucial for profitability.

Non-profitable pharmacies as business entities are an economic burden and disservice to society (Kamble, 2013). Profitable and sustainable pharmacies require astute leadership and entrepreneurship (Shetach, 2013). The ability to track the following; Profit Margins, Pareto Principle, Measuring the Rate of Return (ROI), expense vigilance, turning staff into a sales force, is crucial for profitability and sustainability tracking by the pharmacy leader.

Profit Margins. Profit margin is the percentage of the selling price that the business accrues as profit (Ricci, 2012). A low-profit margin is indicative of a low margin of safety, meaning low sales will result in lower profits. Profits alone do not indicate if a business is successful. Profit margin is thus a good barometer of a business's overall performance (Hattingh, 2012). Successful business organizations align revenue earnings to a number of their employees and endeavor to have lower administrative costs leading to higher profit margins (Agee & Gates, 2013). Having a high-profit margin requires the generation of substantial revenue per employee, paying competitive rates for labor, and efficiently managing fixed costs (Singh, Wheeler, & Roden, 2012). Business firm's achieving high margins charge market rates for their services and products. Such

firms market their offerings effectively and efficiently and, have a good reputation. Mohammadzadeh, Aarabi, and Salamzadeh (2013) in a study of Iranian pharmacy sector found a positive relationship between strategic alignment, efficient financial management, and marketing strategies had a significant impact on profitability. Profit margin is thus a useful metric every pharmacy leader must understand and implement.

Use of labor-intensive practices in a pharmacy is likely to result in low-profit margins as pharmacy staff command high staff costs. A pharmacy may not make profits by paying highly trained staff to spend the day counting pills but through the adoption of a variety of effective strategies (Gershengorn, Kocher, & Factor, 2014). Adoption of ICT interventions in the sector such as the use of robots may low labor costs and improve accuracy leading to higher profit margins (Banchuk, 2014). Global references indicate information technology can assist in this regard through the automation of processes, thus reducing the inefficiencies of manually driven processes and lowering transaction costs (Cline & Luiz, 2013). Yaghoubi and Sargazi (2014) found and reported the use of automation improved organizational excellence and produced better excellence in people, process, products, and services. Lodha and Vyas, (2012) also found the automation through the use of ICT had the greatest effect on key performance results. People results and strategy were in the second and third rank respectively. Singh, Wheeler and Roden (2012) proposed revenue generated by each employee through intelligent deployment of staff is an important measure of improving profit margin.

The proper management of the pharmacy's inventory and cost management system also aid profitability (Singh, Wheeler & Roden, 2012). Skilled pharmacy staff and

judicious use of technology, as well as strategy, could thus be used to maximize margins and offer society better healthcare.

Measuring the Rate of Return on Investment (ROI). Analysis of financial performance of a business and evaluating the results of its performance is crucial for survival (Venkatesh & Ganesh, 2013). Reddy (2013) described how financial analysis through careful evaluation of financial ratios reduces risk and uncertainty in a business. Return on Investment (ROI) is one such ratio whose analysis and evaluation might point to the future performance of the business. Developed by Donaldson Brown in 1914, ROI (Return on Investment) metric or the so-called DuPont Formula has contributed to financial management through control systems and reporting of large multi-divisional firms (Flesher & Previts, 2013). Donaldson Brown used ROI successfully at General Motors where he was a senior executive for the decades. High-profit margins result from operating efficiency, high asset turnover, and financial leverage results in equity multiplier (Stancu & Stancu, 2013).

Return on investment (ROI) is a profitability ratio obtained by dividing net profit by total assets. Alrafadi and Md-Yusuf (2013) pointed out ROI was a vital financial ratio commonly used to evaluate overall performance of a business. For every dollar used in an enterprise, the return on investment (ROI) is how much profit is realized, or cost saved (Muscettola, 2014). Return on investment (ROI) is a popular metric because of its versatility and simplicity (Meng & Berger, 2012). A negative ROI indicates the business venture may not be profitable (Venkatesh & Ganesh, 2013). ROI can be used in

pharmacy to measure the performance and effectiveness of its pricing policies, inventory investment, and capital equipment investment.

Applying the Pareto Principle. The Pareto Principle or the 20/80 Rule proposes that 20% of something is always responsible for 80% of the results (Kucerová, Pinkava & Zemanová, 2014). The rule bases on the assumption that 80% of the impact is a result of 20% of the cause. It has been used in many economic and social studies and in streamlining sales and effort (Goerlich, 2013).

As a general rule of Pareto's Principle, 20% of an entity's customers represent 80% of all sales (Colak, Cetin, Yilmaz, Yildiz, & Korkmaz, 2013). Thus according to Cato (2013), 20% of physicians in the vicinity of a pharmacy would probably yield 80% of prescriptions dispensed, and 20% of the pharmacy's clients would provide 80% of its revenue. The Pareto Principle, or 80/20 Rule, is a tool for growing a firm's sales volume. Gürel (2014) proposed the rule means a company acquires 80% of its profits from 20% of customers. Instead of trying to chase elusive goals, organizations using the Pareto rule can become better and more focused (Galloway, 2014). The pharmacy leader must maximize efforts towards the 20% areas, in a focus-like strategy, be they prescription drugs or over the counter (OTC), herbal preparations, or cosmetics and convenience goods.

The Pareto Principle calls on the pharmacy leaders to astutely analyze revenue streams and put greater effort into marketing and selling the profitable 20% products (Galloway, 2014). To achieve such insights requires pharmacy leaders to identify and focus their efforts on the critical 20 % to achieve profitability and viability. By using the

ABC Pareto based analysis technique, pharmacy leaders can identify similar customers and offer desirable products to achieve greater sales (Ravinder & Misra, 2014). The key to benefiting most from the Pareto Principle is knowing how and when to apply it and leveraging its exponential properties (Gershengorn, Kocher, & Factor, 2014). A pharmacy leader can within the 20% find the top 20% who make up 4% of the entire body and account for 64% of sales (Yang & Fong, 2013). Using Pareto principles of cooperative competition pharmacy leaders seeking profitability and sustainability should not just put more effort; rather they should exert more focused effort to achieve positive results (Pascual, Martínez & Giesen, 2013). As part of social responsibility, astute pharmacists as health care providers must provide service to all society, and not just the 20% viable segment.

Managing Expenses. Effective managing of expenses may be the difference between profitability and sustainability, and bankruptcy for every business (Samir, 2014). Leaders of small to medium enterprises (SMEs) and family owned businesses like pharmacies require such efficient management. In a study of South African banks, Samir (2014) found total factor productivity efficiency and capital adequacy lead to higher profitability while cost inefficiency and a large workforce lead to lower profitability. Business expenses include costs associated with running the business (Panning, 2013). Running a business and operating costs of business fall into fixed and variable costs. Braga, Souza, Kronbauer, and Braga (2012) in a study in Brazil found issues related to management of inventory, working capital, the pricing process and operating cost all mattered most in managing expenses. Businesses incur fixed costs all the time (Heikal,

Khaddafi, & Ummah, 2014). Examples include office rentals, and utility bills, like electricity, phones, broadband internet connections, interest on loans, trade association fees, banking services, insurance and security for premises (Cugini, Michelon, & Pilonato, 2013). Variable costs change according to the amount of business done and include marketing costs, raw materials, fuel, and telephone call bills.

Pharmacy leaders should manage expenses in a disciplined manner for sustainability and profitability of their businesses. Pharmacy leaders can also implement a variety of measures to track and manage expenses. Business and personal expenses require separation, and personal credit cards and cash should not pay for business operations (Orobia, Byabashaija, Munene, Sejjaaka, & Musinguzi, 2013). Small to Medium Enterprises (SMEs) such as pharmacies, need to make accurate and detailed records of all purchases and expenses from printer ink to office rentals (Turvey, Bogan, & Cao, 2012). Only when accurate records of expenses exist can a pharmacy leader know which expenses to curtail (Venkatesh & Ganesh, 2013). An astute business leader shops around for banking services and other service providers to obtain savings (Jain & Jain, 2012). Automation and use of accounting software is a useful way of tracking expenses (Schiff & Szendi, 2014). Tax compliance is an important business practice as default can be costly to the business. Keeping accurate records of expenses allows the business leader to trim unnecessary expenses.

Intelligent use of Pharmacy Staff. The daily encounter with pharmacy staff and clients provides ample and valuable opportunities for marketing pharmacy products and services not requiring physicians' prescriptions. Da Sousa, Pereira, Hekis, Queiróz, and

Furukava (2013) proposed the drug industry was one of the most promising markets in the world, competitive, complex, and requiring empowerment of sales staff in promoting profitability (Attarabeen, & Alkhateeb, 2013). Innovative pharmacy staff members may take advantage of the opportunities of relation marketing to boost sales of pharmacy products (Wasuja, Sagar, & Sushil, 2012). A variety of pharmacy products and pharmaceutical care services exist to offer clinical services and disease management programs to help clients archive better health outcomes and improve profitability (Chang, Chen, & Lan, 2013). Moschis and Bovell (2013) proposed stocking of items other than just drugs, for older patients. Through knowing psychographic characteristics of older and younder clients, pharmacy leaders can introduce, stock, and market items which would suit various medicinal needs of these demographic groups more efficiently (Thorell, Skoog, Zielinski, Borgquist, & Halling, 2012). These services may range from blood lipid management and diabetes education to smoking cessation programs and cancer risk assessment.

Creating and sustaining beneficial relationships with clients, patients, physicians, and other stakeholders is vital for marketing pharmacy-based services. Personal selling involves effective interpersonal communication between the pharmacist or staff and the clients (Olumoko, Abass, & Dansu, 2012). Pharmacy staff can achieve positive results by using effective questioning and listening skills to identify customers' or patients' unmet health needs, and persuasively presenting a service that meets explicitly stated and mutually agreed-upon goals (Chang et al., 2013). Mardanov and Ricks (2013) found pharmacy customers consider the professional background of the pharmacist, including

education and years of experience, when asking for advice on both over-the-counter and prescription drugs. Additionally, customers' willingness in seeking help is positively related to pharmacists' motivation to help customers (Chang et al., 2013). Customers satisfied with the assistance provided by the pharmacist are likely to become loyal to the pharmacy, which can lead to increase in sales and enhance pharmacy competitiveness (Daniel & Rabach, 2013). Chingarande and Matipano (2013) in a study of the Zimbabwean pharmacy sector proposed relational marketing (RM) was emerging as a critical factor in enhancing pharmacies' profitability and sustainability. Through effective use of personal selling skills, pharmacists can become more adept at uncovering patients' unmet health needs, and identify ways to improve product and service offerings and quality (Mardanov & Ricks, 2013). As a result, profitability of the pharmacy might be enhanced in tandem with societal gain.

The Problem of Unprofitable Pharmacy Stores in Bulawayo, Zimbabwe.

Lack of profitability and sustainability of business entities is prevalent in Zimbabwe, and is due to a myriad of problems. I focused on unprofitable pharmacy stores in the city of Bulawayo. By analyzing literature on various issues concerning profitability of businesses in general, and small to medium enterprises (SMEs) in particular, I have deduced and recommended strategies and knowldegde regarding optimal stratergies which pharmacy leaders could adopt to increase profitability and sustainability of pharmacy stores in Bulawayo. Such findings and recommendations might have positive societal benefits as profitable pharmacies might promote a healthy

populace, and a economic welfare of the country as a whole. Indeed Mkoka, Goicolea, Kiwara, Mwangu, and Hurtig (2014) in a study in Tanzania, reported that the unreliability of accessing drugs and medicines compromised health care delivery and societal welfare. Hammett et al. (2014) proposed that national regulatory policies sometimes undermine access to drugs and medicines and societal welfare. Findings in this study might offer better ways of achieving drug accessibility by the public, without hurting the same public through drugs abuse.

Transition

In Section 1 I identified the background of the problem under study as having its genesis in the economic meltdown experienced in Zimbabwe since the turn of the new millennium. The negative economic performance has manifested itself in the poor performance of all businesses, including pharmacies that are unprofitable and unsustainable. I enunciated the general and specific business problems of unprofitable and unsustainable pharmacies and the need to identify optimal strategies to achieve profitability and sustainability in the pharmacy stores in Bulawayo.

The nature of this study, which was a qualitative, descriptive multi-case study approach was discussed, and the research question and interview questions formulated. The theoretical frameworks for the study were identified and discussed. I defined unfamiliar terms, and words. Assumptions, limitations, and delimitations of the study, and the significance of the study to the people of Bulawayo and Zimbabwe were explained. I also explained how results of the study could contribute to the literature on improving business practice.

I reviewed the professional and academic literature regarding sustainability and profitability of small to medium enterprises (SMEs), to which category pharmacies belong. I explored relevant and current theories and frameworks of achieving business profitability in diverse countries and business settings. I explored generic strategies for profitability of businesses. I also explored capital raising for businesses especially SMEs. I examined pharmacy regulatory frameworks in other jurisdictions and Zimbabwe. I explored change management and quality issues for SMEs. I further examined marketing and customer care issues for competitiveness. I explored and compared reimbursement issues by Medical Aid Societies, in other countries and Zimbabwe. I examined diversification within pharmacy practice.

In Section 2, I covered the methodological aspects of the research project. I described my role as the researcher in relation to data collection and managing ethical issues and bias. Areas covered included research participants, data collection, and the role of the researcher, reliability, and validity. I described my approach for participant selection and methods to gain access to participants. I elaborated on the Research Method, Research Design, and described the achievement of sampling the population. In this section I described data collection and organization issues as well as data analysis issues. I also addressed my approach to achieve validity with the current study.

In Section 3, I presented results of the study emerging from the data analysis. Themes, patterns, and concepts found as a result of analysis were examined and interpreted. The implications for social change were presented. Recommendations for action and further study have been suggested.

Section 2: The Project

Section 2 contains more discussions and descriptions of the doctoral study project. In this study, I intended to gain knowledge about optimal strategies pharmacy leaders can use to maximize, and achieve profitability and sustainability of pharmacy stores. A review of academic literature on profitability and sustainability of small to medium enterprises enabled exploration and exposition of strategies that enabled me to gain knowledge about optimal strategies pharmacy leaders could use to achieve profitability of pharmacy stores. Conceptual frameworks cited in the literature review pointed to the solutions required for profitability and sustainability. Findings from the study might assist pharmacy leaders in achieving profitability and sustainability.

In this section, I also described the research design used in the study, role of the researcher, selection of participants, population and sampling methods, data collection, organization, and analysis. I described ways and strategies to enhance study dependability, credibility, and transferability.

Purpose Statement

The purpose of this descriptive qualitative multicase study was to explore optimal strategies and best practices pharmacy leaders should use to maximize profitability and sustainability. The targeted population of participants was pharmacy leaders in Bulawayo, Zimbabwe. I selected a purposeful sample of 11 pharmacy leaders with experience in running successful pharmacies. Successfully businesses make sustainable profits and survive for long terms (Taneja, & Toombs, 2014). By examining financial results of the targeted pharmacies, I was able to select leaders of these pharmacies for

interviewing. I interviewed the participants to the point of data saturation and redundancy (Walker, 2012). I explored secondary archival data from the pharmacy financial statements, sales volume data, customer volumes, promotional materials, and stock levels. I also used my researcher field notes on my observation and experiences during the interview and secondary data collection processes. I used data triangulation to assist in the credibility and reliability of the data acquired (Denzim, 2012).

The geographic focus of the study was the city of Bulawayo, the second largest city in Zimbabwe. The implication for positive social change might be the identification of optimal strategies for pharmacy profitability and sustainability. The importance of academic research to society is the demonstrable contribution that excellent social and economic research makes to scientific advances, across and within disciplines, including significant advances in understanding, method, theory and application (Bornmann, 2012). Economic and societal impact is the demonstrable contribution that excellent social and economic research makes to society and the economy, of benefit to individuals, organizations and nations. Social scientists, scholars, and business people who read results of my study may be able recommend policies and training that can increase knowledge about optimal strategies for pharmacy profitability. As a result of my findings, pharmacy leaders might be able to grow their businesses, open pharmacy stores in the rural hinterland, and stimulate economic revival of the country.

Role of the Researcher

In qualitative research, the researcher is the main instrument of obtaining information. The role of the researcher in a qualitative inquiry is to gain a holistic

perspective of issues under investigation through the use of open-ended questions, interviews, focus groups, observations, and analyzing documents (Hunt, 2014). The researcher fulfills this role through stages of: designing, interviewing, observing, transcribing, determining themes, analyzing, verifying, and reporting (Houghton, Casey, Shaw, & Murphy, 2013). Throughout the process, the researcher must ensure credibility, dependability, confirmability, and transferability of the entire study (Yin, 2009).

I interviewed 11 pharmacy leaders to seek their views and opinions, which can help in the identification of strategies for operating profitable and sustainable pharmacies. I recorded the interviews with the participants' acceptance, using a digital recorder. I engaged a third party, who signed a confidentiality letter, to transcribe each of the recorded interviews into a Microsoft Word document. I then uploaded the transcriptions into NVivo 11 software to code the data into themes.

NVivo 11 is a qualitative data analysis (QDA) computer software package produced by QSR International (Castleberry, 2014). It has been designed for qualitative researchers working with very rich text-based and/or multimedia information, where deep levels of analysis on small or large volumes of data are required. Researchers using NVivo can interchange data with applications like Microsoft Excel, Microsoft Word, IBM SPSS Statistics, EndNote, Microsoft OneNote, SurveyMonkey (Franzosi, Doyle, Mcclelland, Putnam Rankin, & Vicari, 2013). In addition to the interviews, I collected field data found in documents from the pharmacy stores, from newspapers and any other information related to pharmacy stores.

Having worked in the health care sector in a developing country for the past 38 years, I have been inspired to seek understanding of optimal strategies to make the retail pharmacy sector profitable and sustainable as a way of improving societal welfare. The need for seeking to gain knowledge of optimal strategies to the business problem of unprofitable pharmacies underlined the need for my doctoral study. Such passion reposing in me may have implications for researcher bias in the study. To restrain and refrain from introducing researcher bias, I endeavored to describe phenomena according to the respondents' point-of-view as gleaned from interviews and observation in their natural environments (Kvale, 1996).

In order to remain ethical in my study, I adhered to the protocols of the Belmont Report. The Belmont Report of 1979 outlined three fundamental ethical principles for human subject research: *justice* which ensures there be equitable distribution of benefits and burdens of research, *respect for persons* ensuring that research participants should be able to make autonomous decisions and those with limited autonomy are protected, and *beneficence* which is the obligation to not only "do no harm" but to actively maximize benefits and minimize harms to subjects (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979).

In terms of the Belmont report, I met the three core principles by obtaining *informed consent* from selected participants, *balancing risk and benefit* to them, and selected the 11 participants *appropriately and fairly* (Brakewood & Poldrack, 2013). I ensured participants received the benefit of participation by availing them the results of the study to improve their business operations. I endeavored to ensure participants

received no harm through protecting their identities and keeping all data under safe custody. I endeavored to meet the justice criteria of the Belmont Report protocol by choosing participants fairly in order to assure findings from my research would be useful to the rest of business people in Bulawayo and Zimbabwe as a whole (Amon, Baral, Beyrer, & Kass, 2012).

Participants

Through the use of a purposive sampling approach, I interviewed 11 pharmacy owners/proprietors and managers in charge of pharmacies in the city of Bulawayo, a city in the Southern African country of Zimbabwe. In a qualitative study, the researcher needs a purposive sample of participants who have influence, knowledge, and stake in field under study and use their views and experiences to address the research question (Ibegbunam & McGill, 2012). Newington and Metcalfe (2014) asserted that recruiting the right participants is vital to the success of a research study. Purposive sampling involves a careful selection of subjects based on the study purpose with the expectation that each participant will provide unique and rich information of value to the study (Suen, Huang, & Lee, 2014). Purposive sampling allows a researcher to target "data rich'' respondents especially when the sample size is small (Ibegbunam & McGill, 2012, p. 165). Convenience sampling involves selecting subjects readily accessible to the researcher. Convenience sampling technique is based on the calculated personal judgment of the researcher based on the researcher's perceptions and knowledge to determine the sample size (Bhuiyan, Siwar, & Ismail, 2013).

Participation by respondents was voluntary. I selected owners/proprietors of family or individually owned pharmacies. I selected to interview pharmacy managers at pharmacies owned by organizations or companies. I hand-delivered the consent/invitation letter to prospective participants and solicited their participating in interview sessions. The consent/invitation letter had sufficient information to allow prospective participants make informed decisions on whether to participate in the study. After 72 hours, I returned to each participant to find out if they wished to take part in the study. Some participants were ready with their signed consent forms, others took longer to sign up (see Appendix E – Research Participants' Log). Participants had to sign Informed Consent forms as required by the Walden University' Institutional Review Board (IRB) which addresses ethical protection of research participants. Informed consent was intended to inform research subjects about the purpose, risks, and potential benefits thus enabling participants to make a decision about whether to participate or not to participate (National Institute of Health [NIH], 2011). Participants were notified that information obtained through the interviews would be treated as strictly confidential, and their identities would not be revealed. The participants were advised that they were able to withdraw from the study, if desired, at any time without any repercussions.

Being sensitive to any early opportunities for positive social interaction may pave the way for more fluid dialogue (Ing et al., 2014). Interviewees are sometimes uncertain of their role and utility to a research project (Hayman, Wilkes, Jackson, & Halcomb, 2012). They are sometimes uncertain of their role and utility to a research project. It is vital to win the interviewees' trust and eliminate mistrust (Bhar et al. 2013). I endeavored

to gain interviewees' interest at an early stage of our interaction in order develop and enhance early and beneficial rapport.

Spending time establishing credibility can help create initial bonds of identity (Smith & Braunack-Mayer, 2014). Interviewees are, at times, suspicious of the researchers' motives, which maybe an inconvenience or intrusion to their normal work activities (Comi, Bischof, & Eppler, 2014). I developed an understanding of the participants by obtaining background information about their organizations, business conditions, and any recent events which could have sparked general nonagenda discourse. I established a good and conducive rapport with the participants. The establishment of rapport between the respondent and the interviewer, or lack thereof, could be a key element in gaining the respondent's cooperation to complete the interview (Comi, Bischof, & Eppler, 2014). If a good rapport is not established, the likelihood of the interviewer completing an interview decreases (Park & Lunt, 2015). I clarified and sold the research project, explained the participants' roles and why their knowledge was important. I piqued their interest in the project by suggesting ways the research outcomes could be useful to their businesses. I endeavored to define a common ground with the participants.

To underscore Walden University's IRB' seriousness on ethical protection of research participants, I undertook an online course hosted by the NIH, and the Department of Extramural Research of Walden University and obtained an NIH certificate number: 1177028 as shown as Appendix A. The value of protecting participants' confidentiality should never be sacrificed for clinical or scientific accuracy

(Patterson, McDaid, & Hilton, 2015). I applied and received Walden's IRB approval number 07-25-16-0342445.

The identity of the participants will remain confidential and will not be disclosed to anyone. I used coded identities for the research subjects. In citing data from the study I protected identities of research participants, as provided and guaranteed in the signed consent/invitation form (Adinoff, Conley, Taylor, & Chezem, 2013). In practical terms, this means neither the pharmacy leaders nor pharmacy stores are identifiable from the information presented. I used numbers to identify each participant and refer to them as Participant 1 (P1), Participant 2 (P2) to Participant 10 (P10), and their stores as Pharmacy A, (PhA) Pharmacy B (PhB) to Pharmacy J (PhJ). I am storing all research data in secure password-protected electronic media and keep hard copy data in a locked box. I will only destroy all data after 5 years of collection.

Research Method and Design

Exploring complex social phenomena is best done using a qualitative research approach, which allows researchers to enter the world of respondents and holistically explore the issues being studied (Hyett, Kenny, & Dickson-Swift, 2014). In the following section, I provide reviews of qualitative, quantitative, and mixed methodologies, including the rationale for choosing to utilize qualitative case study for this study.

Research Method

I selected an interview-driven qualitative, descriptive multicase study approach for the study of profitability and sustainability of pharmacy stores in Bulawayo, a city in Zimbabwe. The purpose of the study was to explore optimal strategies used by pharmacy

leaders in achieving profitability and sustainability. Qualitative, multicase study research allows for thorough exploration and examination of the determinants of the research problem from respondents in order to arrive at the heart of the matter (Tesch, 1990). By using qualitative multicase study, a researcher is able to explore a phenomenon within its context using a variety of data sources (Slife & Melling, 2012). By doing so, the issue is not explored through one lens but rather a variety of lenses, which allow for multiple facets of the phenomenon to be revealed and understood (Houghton, Casey, Shaw, & Murphy, 2013). A multicase study offers richness and depth of information through the capturing of as many variables as possible through the gathering of information, from interviews and observations from many cases and participants, in order to explore the phenomenon being investigated.

As a result of multicase study method being exploratory, I considered it most appropriate for this study, in comparison with other methods, such as quantitative, or mixed method. Qualitative research method is a contemporary method of investigating and exploring meanings and themes underlying a phenomenon, context, idea, or situation. Through qualitative research, which involves the use of in-depth interviews, a researcher may achieve abstraction of meanings and themes from a set of word-based data, an approach different from a scientific, deterministic method such like quantitative method. In-depth interview provides meaningful opportunity for researchers to study and theorize about the social world. Information about the social world is best obtained through in-depth interviewing. Garcia and Gluesing (2013) proposed that qualitative research has been found to be helpful in answering appropriate questions, such as those that deal with

process, uncovering new phenomena, and testing empirically proposed relationships between constructs and variables.

I selected the qualitative multicase study method over quantitative and mixed methods as the most suitable for exploring the research question. Unlike quantitative methods which use scientific procedures for data analysis, data analysis in a qualitative multicase study involves data coding, abstraction of meanings and themes, detailed descriptions, classifications, comparisons of patterns with propositions, and interpretations (Yin, 2009). Multicase data collection techniques facilitate triangulation of evidence to compensate for the absence of scientific rigor and objectivity found in quantitative analysis.

A salient strength of qualitative multicase research is its focus on the contexts and meaning of human lives and experiences for the purpose of inductive or theory-development driven research (Kipo, 2013). Quantitative research on the other hand, is a useful in deductive research, when the goal is to test theories or hypotheses, gather descriptive information, or examine relationships among variables rather than to explore phenomena as in the present study (Martínez, 2014). Mixed methods research, on the other hand involves the intentional collection of both quantitative and qualitative data and the combination of the strengths of each in order to answer research questions. Key to its central premise is the use of quantitative and qualitative approaches in combination to provide a better understanding of research problems than either approach alone (Cameron & Molina-Azorin, 2014). I considered the method inappropriate for the present study.

Research Design

Within the qualitative research methodology, I selected a multi-case study research design. A multi-case study provides an in-depth analysis of people, events, and relationships, bounded by some unifying factor (Cooper & Glaesser, 2012). There are many approaches and methodologies to choose from when carrying out qualitative studies. A researcher may use phenomenology, grounded theory, ethnography, and case study. The selection of qualitative research from other methods such as quantitative and mixed methods was because the method relies on bottom-up exploratory analysis of participants' experiences as espoused by Yin, (2009).

Qualitative multi-case research is very labor intensive, analyzing a large sample can be time-consuming, and often simply impractical (Dutra, 2013). I preferred the multi-case study method over other designs like ethnographic research because of time constraints, and over phenomenological research because of the difficulty with bracketing personal experiences from the study. A phenomenological study design centers on data collection efforts from participant interviews (Marshall & Rossman, 2011; Moustakas, 1994) to the exclusion of data from analysis of documents, thereby diminishing the scope of description for the current study. Quantitative research in turn, is top-down testing of theory with numerical data to test the relationship between variables usually in a controlled environment like a laboratory (Lupia & Alter, 2014). Ethnographic and grounded theory design that center on extended cultural evaluation and development of a central guiding theory from the collection of field data respectively (Face, 2014), are not suitable for the present study.

I selected a sample size of 11 pharmacy leaders in Bulawayo, the second largest city in Zimbabwe. Ensuring that there is enough data is a precursor to credible analysis and reporting (Marshall, Cardon, Poddar & Fontenot, 2013). Unlike quantitative research which has well-established and accepted quality criteria such as validity, reliability, replicability and generalizability, qualitative multicase research is concerned with meaning and not making generalized hypothesis statements (Carman, Clark, Wolf, & Moon, 2015). Qualitative multicase samples must be large enough to assure that most or all of the perceptions that might be important are uncovered, but at the same time if the sample is too large data becomes repetitive and, eventually, superfluous (Suen, Huang & Lee, 2014).

In order to remain faithful to the principles of qualitative research, sample size in the majority of qualitative multi-case studies should generally follow the concept of saturation. Saturation is the point in data collection when no new or relevant information emerges (Carman et al., 2015). Saturation of data collected is a commonly used criterion for when sampling should cease in qualitative research studies (Guzys, Dickson-Swift, Kenny, & Threlkeld, 2015). The premise of descriptive saturation is that the researcher finds that no new descriptive codes, categories or themes are emerging from the analysis of data. The point of saturation is thus reached when similar themes are emerging from data.

Population and Sampling

In this subsection I provided a description of the population, the sampling method, and the size of the sample. I described and showed how data saturation would be

achieved. I explored the criteria for selecting participants and the interview settings appropriate for the study. The intent for the subsection was to justify the number of participants, justify sampling method, and explore data saturation as a concept in qualitative study method.

Qualitative research requires researchers to immerse themselves in the real world of selected participants. Researchers engage in naturalistic inquiry, studying real-world settings inductively to arrive at rich narrative descriptions and construct case studies, which yield patterns and themes (Marshall, Cardon, Poddar, & Fontenot, 2013). Choosing the correct sample and size is an important step in any study as it is not practical to study whole populations (Marshall et al., 2013). In this qualitative multicase research, only a subset of the population was selected. Key to the sample selection was the research objective and the characteristics of the study population in size and diversity, which informed on the quantity of participants to select for the study.

I selected for this study 11 pharmacy leaders who are either owners/proprietors or managers in charge of company-owned pharmacies in the city of Bulawayo, the second largest city in Zimbabwe. I used purposeful and convenience sampling methods to select the participants. Sampling is a way of acquiring information about a whole population from subset of the whole population. I visited the premises of the potential participants and formally invited them to participate in the study, giving each a combined Informed Consent cum Invitational letter of invitation to participate in the study (Appendix B). I requested the prospective participants to read the combined Informed

Consent/Invitational letter and asked each participant to indicate acceptance for enrollment in the study by signing the Consent Form.

For the information to be authentic and representative a proper sampling method is requisite (Goffin, Raja, Claes, Szwejczewski, & Martinez, 2012). Bulawayo with a population of 653,337 people is a relatively small city by world standards, yet it is a large city by Zimbabwean standards (Zimbabwe National Statistics Agency, 2013). Bulawayo has about 20 pharmacy stores and I considered a sample size of 11 pharmacy stores to be representative of the pharmacy sector in Bulawayo and the country as a whole (Zimbabwe National Statistics Agency, 2013). The optimal size of the sample in a qualitative study is one that adequately answers the research question (Chikweche & Fletcher, 2012). The final determination of the sample size was based on achieving data saturation. Yin (2009) stated that knowledgeable participants in a qualitative study validate the researchers' data collection. Yin also posited that findings from the study could be applied to organizations in similar situations.

I selected purposeful and convenience sampling for various reasons such as economical, adequacy, fit for purpose, and time constraints. Sampling methods must ensure validity of generalizations of research findings (Marshall et al., 2013). Purposive sampling involves selecting participants according to preselected criteria relevant to a particular research question (Patton, 2005; Khan, 2014). Purposive sample sizes are often determined on the basis of data saturation, which is point in data collection when new data no longer bring additional insights to the research questions (Khan, 2014). Purposive sampling is a deliberate selection of individuals who are deemed to possess the

information that might address the problem under study (Cibangu, 2013). The convenience sampling of Bulawayo-based pharmacy leaders was informed by the economies of interviewing participants within the precincts of Bulawayo as opposed to selecting participants from the rest of the country.

To avoid the risk of missing something important during the study, I relied on the concept of *data saturation*, which is the point at which no new information or themes are observed in the data. Frels and Onwuegbuzie (2013) proposed that in qualitative research it was necessary to reach a point of data saturation in order to establish reliability and validity of a study. Saturation is reached either when no new categories or very few additional ones emerge from interviews and other data sources (Marshall et al., 2013). Recognizing the saturation point presents a challenge to qualitative researchers (Goffin et al., 2012). Saturation in data collection is achieved when no new or relevant information emerges with respect to responses obtained from the participants (Fusch & Ness, 2015). I established that saturation had been reached when no new information arose from further interviews from the participants, and from other secondary sources I reviewed. I felt satisfied that I had achieved data saturation when no more new data was emerging from interview with my 11th participant.

Ethical Research

When conducting research involving human participants, it is important to minimize harm and risk to participants, and to maximize benefits to society and the participants as a result of the study findings (Siriwardhana, Adikari, Jayaweera, & Sumathipala, 2013). It is vital to show respect for human dignity, privacy, and autonomy,

and to take special precautions with vulnerable populations and strive to distribute the benefits and burdens of research fairly (De Luca, 2012). Researchers are required to show honesty, trustworthiness, and, credibility (Meslin, Were, & Ayuku, 2013). I maintained utmost honesty and integrity during my study. I did not fabricate, falsify, or misrepresent data. I endeavoured to avoid bias in data analysis, data interpretation.

The first basic issue I complied with was the issue of informed consent by the study participants. The concept of informed consent and the process associated with it are deeply embedded in research ethics (Lad & Dahl, 2014). The Belmont report describes the principle of respect for persons, which includes the features of autonomy and voluntary consent (Suter, 2013). Similarly the Declaration of Helsinki emphasizes the necessity of informed consent, the need to inform participants of the consent of the research and its risk and benefits, and warns of possible undue influence during the informed consent process (Agu, Obi, Eze, & Okenwa, 2014). The informed consent process includes two components. The first concerns the total unambiguous understanding by the prospective participant of the content of the whole study. The second is the informed consent agreement, signed as having been understood by the participant.

I gave each prospective participant a combined letter of invitation and informed consent form to participate in the study. After reading and as a way of showing agreement to participate in the study, each participant was asked to sign the informed consent form. The signed consent form is actually a proxy and reference of the agreement between the researcher and the participant, based upon the key elements of the study

objectives, procedures, duration, risks, benefits, alternative options, confidentiality of records, contact information for any participant questions, compensation if applicable, additional costs and compensation for research injury if applicable (Smith-Merry, & Walton, 2014). In terms of the Protection of Human Participants in Research, section (45 CFR 46.116(a) (8), participants have the right to withdraw from the study at any time without any penalty or loss of benefits. This right to withdraw from the study was included in the Consent Form.

There were no payments, gifts, or compensation in exchange of participation. There was no perceived risk expected as a consequence of the study. Participants were advised that their participation as pharmacy leaders in Bulawayo, would allow the sharing of their knowledge and experience in running profitable and sustainable pharmacy stores. They were also advised that the perceived benefits of the study could include contribution to literature and improved business practice of running profitable and sustainable pharmacies, which may benefit residents of Bulawayo in particular, and all Zimbabwe citizens in general. The importance of perceived benefits of my study was included in the consent form.

I will keep all electronic data secure and password-protected in a laptop computer I own and use exclusively. Section 45 CFR 46.111(a)(6) of the Protection of Human Participants in Research states, inter alia, the following requirement for IRB approval of human subjects research: "When appropriate, the research plan makes adequate provision for monitoring the data collected to ensure the safety of subjects." All hard copy documents will be secured and stored in a locked box kept locked in a safe at the home of

the researcher. I will keep data from the study for at least 5 years as required by Walden University. I did not include participants' names, organizations' names, or any information that may reveal identities of participants. Participants and their pharmacies identified by code names such Participant 1 (P1), Participant 2 (P2) to Participant 11 (P11), and their stores as Pharmacy A, (PhA) Pharmacy B (PhB) to Pharmacy J (PhJ).

Data Collection Instruments

Qualitative study is a naturalistic inquiry (Doody & Noonan 2013). Data collection instruments facilitate the gathering of data of empirical evidence with which to answer a study research question (Lawrence & Tar, 2013). The most common data collection instruments in a qualitative study are interviews, observations, and review of documents (Marshall & Rossman, 2011). Data collection in qualitative studies is time intensive and collecting good data takes time (Yin, 2009). Yin (2009) proposed data collection in a qualitative study to be more arduous than in quantitative studies as data collection procedures are not routinized. Qualitative studies produce large amounts of data not readily amenable to mechanical manipulation, analysis and reduction (Yin, 2012).

I was the primary data collection instrument. Interviews were the primary method for collecting data. Interviews are one of the most common methods of data collection in qualitative research (Glaser & Strauss, 1967). I fielded in-depth open ended and semistructured questions to the selected pharmacy leaders (See Appendix B). Open-ended questions are particularly useful in uncovering the story behind a participant's experiences (Lawrence & Tar, 2013). Open ended questions allow the researcher to probe

the *how* and *what* behind questions, perceptions, and experiences (Yin, 2012). Anyan (2013) opined open-ended questions provided opportunities for immediate follow-up questions to help clarify issues.

I used a similar line of questioning to gain information about the research question, and further explored responses to gain deeper understanding of the issues arising. I observed, documented, and noted the participants' responses in order to ensure validity, reliability, and eliminate bias in the study. I sought feedback from the participants before interpreting their responses as a way of enhancing reliability and validity. I used a Sony digital MP3 192K recorder to capture participants' responses to interview questions. On completion of the interviews, I got a third party to transcribe the audio recordings onto Microsoft Word documents and uploaded the transcribed documents to NVivo 11 software for analysis and results.

I sought reliability and validity of my study through a number of techniques I describe in this section. Reliability in a qualitative study requires a data collection method or instrument which yields the same results on repeated occasions (Mangioni & McKerchar, 2013). Marshall and Rossman (2011) posited that whilst credibility, transferability, dependability, and confirmability are not measurable, qualitative researchers must establish such qualities through qualitative methods.

In this study as proposed by Zohrabi (2013), I used open-ended interview questions to elicit first-hand information about profitability activities and knowledge of pharmacy leaders. Validity is the best available approximation to the truth of a given proposition, inference of conclusion (Khan, 2014). To be valid for decision-making, data

must answer research questions about outcomes and include a sufficient number of participants to be representative of the target population and its various subgroups (Khan, 2014). A measurement method or instrument is considered valid if it measures what it intends to measure (Zohrabi, 2013). In order to enhance validity and generalizability of this study I used interview transcript review (ITR), field testing, and member checking to ensure reliability, generalizability, and validity of the data collection instruments in this study.

I approached a sample of the 11 participants and verified with them the veracity of the transcripts of their interviews to ensure nothing had been missed or misunderstood. This process is known as interview transcript review (ITR). Interview transcript review (ITR) is a technique for improving the rigor of interview-based, qualitative research (Chiu, Mitchell, & Fitch, 2013). ITR involves providing interviewees with verbatim transcripts of their interviews for the purposes of verifying accuracy, correcting errors or inaccuracies and providing clarifications (Kelly et al., 2014).

I also used member checking as a way of improving accuracy, credibility, and validity of data I collected in this study. Member checking is sometimes termed, participant verification (Killawi et al., 2014), informant feedback, respondent validation, applicability, external validity, and fittingness (Lakshmi & Mohideen, 2013). In order to establish veracity, qualitative researchers frequently rely on member checking to ensure credibility by giving participants opportunities to correct errors, challenge interpretations and assess results (Reilly, 2013). In member checking, the researcher restates or summarizes information and then questions the participant to determine accuracy

(Houghton, Casey, Shaw, & Murphy, 2013). If the participant corroborates the summary as reflecting their views, feelings, and experiences, and if accuracy and completeness are affirmed, then the study is said to have credibility (Lincoln & Guba, 1999). Lincoln and Guba believed another kind of member checking occurs near the end of the research project when the analyzed data and report are given to the participants to review for authenticity of the work. The participant checks to see whether a true or authentic representation was made of what he or she conveyed during the interview. Member checking may also involve sharing all of the findings with the participants, and allowing them to critically analyze the findings and comment on them (Moustakas, 1994). The greatest benefit of conducting member checking lies in giving a researcher an opportunity of verifying accuracy and completeness of findings thus improving validity of the study (Kayama et al. 2013). As a qualitative researcher, I needed to ensure my study was credible. I needed to also ensure that my findings were transferrable to the rest of the business community. I also needed to ensure dependability of the results and confirmability of such findings hence my carrying out ITR and member checking tests.

Data Collection Technique

Data collection technique is the method for gathering data which will constitute empirical evidence for a research (Lawrence & Tar, 2013). Data collection is an important aspect of research study (Atkinson et al., 2013). Inaccurate data collection can impact the results of a study and ultimately lead to invalid results (Cocco & Tuzzi, 2013). In the following section I describe techniques I used for collecting data for the current study.

Qualitative researchers may use a number of data collection techniques to obtain sufficient information to enable researchers understand the processes being studied (Partington, Papakroni, & Menzies, 2014). Researchers may use in-depth interviews, observation methods, document reviews, and focus group discussions (Udtha, Nomie, Yu, & Sanner, 2015). Face-to-face interviews have an advantage of allowing the researcher to build and maintain rapport with participants, and clarify ambiguous answers, and allow for follow-up questions for further clarity. Face-to-face interviews yield the highest response rate in any survey research (Kvale, 1996). Kvale proposed that focus group discussions, on the other hand, suffer from observer and participant bias. Disadvantages of interviews exist, and include expense and time constraints as large samples of data need to collection. Interviewees also tend to say what they think the interviewer wants to hear (Rowley, 2012). The interviewer also can hear what they wish to hear from the responses of the participant (Partington, Papakroni, & Menzies, 2014). Open-ended interviews also have a disadvantage of having respondents digressing from the issues under investigation.

For this study I used mainly interviews. I recorded the interviews using a Sony digital MP3 192K recorder to capture participants' responses to interview questions. I also used observations, document reviews and, where I could find them, financial and reports of the pharmacy stores. Qualitative researchers tend to collect large amounts of data in order to be able to pick themes on which to deduce findings (Schatz, Angotti, Madhavan, & Sennott, 2015). Because data collection in a qualitative study is long and

tedious, I recorded all potentially useful data ethically, meticulously, accurately, and systematically.

In addition, before the interview proper, I field-tested the interview process with selected pharmacy leaders who were not be participants. A field test also called a feasibility study is a mini version of a full-scale study (Shader, 2015). The field test is an important aspect of interview which increases the likelihood of success through identification of flaws, limitations, or other weaknesses within the interview design allowing a researcher to make necessary revisions and refinement of research questions prior to the implementation of the study (Kvale, 1996). A field test should be conducted with participants who have similar interests as those who will participate in the main study (Hobart, Cano, Warner, & Thompson, 2012). I did not include the results of the field-test in my analysis and findings.

Recorded interviews formed the basis of this study. I personally fielded 12 similar open-ended questions to the 11 selected participants. The duration of each interview was between 30 and 60 minutes long. I did not emphasize time to participants, but was cognizant of the fact that these were busy people offering free of charge, their scare time resource. During the interview process I observed and noted verbal cues, gestures, pauses, and other visual nuances displayed by participants which the audio recording could not capture. I tried to be a good listener and avoided unnecessary interruptions as a participant gave their response. I recorded observations and comments of each participant in a notebook properly labeled so as to correlate with the audio recorded data from each

participant. To enhance reliability and validity I member checked the answers obtained with participants as the discussion went on.

Data Organization Technique

Yin (2009) proposed that data collected for case studies consisted of two separate collections: (a) the data or evidentiary base and (b), the report of the investigator, in report, or book form, and that this data must be organized and documented well to enhance reliability and allow other researchers to inspect the data. I obtained data for the current study through in-depth interviews of 11 purposely selected pharmacy leaders. In a qualitative research study, the interviewee is the expert and the researcher is the student seeking and exploring knowledge about the research topic (Margarian, 2014). Documenting the interviews in my case study involved making digital audio recordings, writing field notes, and later transcribing and typing into Microsoft word the digital recordings and expanding the field notes as described by Wibbenmeyer (2015). Case study notes and case study documents, and tabular materials relating to the case study are stored in a locked safe in a manner that allows other researchers, including myself, easy access as espoused by Yin (2009).

I organized the data around the unit of analysis, themes, constructs, patterns, models, meanings, systems, codes, and time frames. Organization began with analysis or breaking down into component parts, by categorizing, coding, and then synthesizing, relative constructs, and interpretation. I triangulated my data by examining other data such as, observations and, financial statements of participants' pharmacies. I kept track of

data and emerging understandings through the use of research logs, reflective journals, cataloging systems.

Qualitative research creates large quantities of documents elicited primarily from interviews, direct observations, archival records, documents, physical artifacts, and documents (Yin, 2009). Various contacts, interviews, and written documents were preserved and saved, and listed in a manner that made it easy for retrieval and analysis. Yin (2012) described how documentation was critical to qualitative research for several reasons as it was essential for keeping track of what could be a rapidly growing volume of notes, audios, and documents, and provided a way of developing and outlining the analytic process as the researcher conceptualized and strategized about the entire research project

I created a data management system with backup in which I stored all information related to my study. I arranged my field notes and labeled them in chronological order, and created a system for labeling and storing interviews. This involved creating a unique name or case identifier for each file. I cataloged all documents and artifacts, and provided a secure and safe storage of all research materials. I developed a system for storing the recorded audio interviews in my password-protected laptop and in the transcribed Microsoft Word transcripts. Yin (2012) proposed that lack of a formal database for most case studies is a major weakness and needs rectification. As proposed by Yin, I maintained a research log, a reflective journal for all my data collection activities, as well as an annotated bibliography of all documentation related to the study as an aide to facilitate storage and retrieval of the documents for later inspection.

Before the interviews I tested the recording equipment to ensure it worked. I labeled all field notes in the same convention. I expanded the field notes soon after the interview, and type the notes into Microsoft Word files as proposed by Corradi et al. (2012). I used the following naming convention: File name: PF01.doc and File name PRT01.doc

PF = Participant Field Notes
P1 = Participant 1
PRT = Participant Recording Transcript
P1 = Participant 1

I labeled the field notes for first participant; PF1, and second participant; PF2 through to PF11. I saved the soft copies of the field notes in my password-protected laptop computer and will keep the hard copies for 5 years in a secure locked container as alluded to by van Bussel and van Smit (2015). I engaged a third party to transcribe the digital recordings into Microsoft Word files and label the files as Participant 1, Participant 2, through to Participant 11. I have maintained a backup of the recordings of the interviews in my laptop computer.

Data Analysis

Qualitative multicase study inquiry yields different data variables from different sources requiring the researcher to analyze the data from diverse perspectives. Yin (2009) proposed that multi-case study research produced vast amounts of data whose analysis was complex and required flexibility, experience, and skill. The researcher must glean and find meaning in the data from the different sources (Thaler et al., 2013). The desire to use multiple sources of data is known as methodological triangulation (Fanning, 2014).

Triangulation refers to the application of multiple methods in one study, and data analysis in order to strengthen the depth and breadth of the study findings (Carter et al., 2014). Meaning is thus found from analysis of information on a subject from different sources, cross-checking one result against another, thus increasing reliability of the findings (Bekhet & Zauszniewski, 2012). Triangulation is a powerful technique facilitating validation of data through cross verification from two or more sources (Kapoulas & Mitic, 2012). Through the use of triangulation researchers can overcome bias which comes from single-observer research (Leuffen, Shikano, & Walter, 2013). Triangulation involves using multiple data sources in an investigation to produce understanding. Triangulation as a method helps in corroborating findings and as a test for validity. This assumes that a weakness in one method will be compensated for by another method, and that it is always possible to make sense between different accounts. Qualitative researchers use triangulation to ensure that the research results are rich, robust, comprehensive and well-developed, as a single method may not adequately shed light on a phenomenon. Denzin (1978) and Patton (1999) identified four types of triangulation:

- methods triangulation - checking out the consistency of findings generated by different data collection methods.
- triangulation of sources - examining the consistency of different data sources from within the same method.
- analyst triangulation - using multiple analyst to review findings or using multiple observers and analysts.

- theory/perspective triangulation - using multiple theoretical perspectives to examine and interpret the data.

Unlike quantitative research, qualitative research has no prescribed way of analyzing data (Yin, 2012). Yin (2012) posited that data analysis consisted of examining, categorizing, tabulating, testing, or recombining evidence, to draw empirically based conclusions. Proper analyses of transcribed interview recordings, together with supplementary documentation, notes, reports, and data may provide answers to the research question.

Yin (2009) proposed four general strategies for analyzing case study evidence viz: (a) reliance on theoretical propositions, (b) developing a case description, (c) examining rival explanations, and (d) using both qualitative and quantitative data. A researcher can implement these strategies using any of the five tactics proposed by Yin (2009): pattern matching, explanation building, time-series, logic models, and cross-case synthesis.

I explored the following conceptual frameworks as I sought meanings from the responses to the interview questions:

1. Porter's Business Strategies theory
2. Deming's 14-step Theory
3. Lewin's model for change

Yin (2009) proposed that theoretical propositions stemming from ''how'' and ''why'' questions can guide case study analysis. I used data triangulation and conceptual

framework triangulation to understand the central research question: ‘’ *What are the optimal strategies to maximize pharmacies’ profitability and sustainability’’*?

To facilitate thematic coding and categorization of data collected, I purchased NVivo 11 license and installed it in my laptop computer. NVivo 11 is a robust and comprehensive computer-assisted qualitative data analysis software (CAQDAS) which can organize and analyze interviews, field notes, text, images, audio, and Microsoft Word files (Castleberry, 2014). The software enables the user to upload and organize transcripts, reveal themes and trends, search for exact query, organize data in categories, and display data using visualization tools like graphs, charts, and maps (Castleberry, 2014). Using NVivo software allows a researcher to collect, organize, and analyze varied data types (Castleberry, 2014). A researcher can choose to use word clouds and words trees to display frequently appearing words in text and provide surrounding context to the data, or use of bar, column, and pie charts can employed to highlight emerging themes and patterns in participants’ responses (Franzosi et al., 2013). NVivo 11 software allows the researcher to query texts, word frequencies allowing sifting through the data collected (Yin, 2012). By using NVivo 11, I was able to create themes and graphs and tables from which I was able to write up my findings.

I began the analysis process after interviews were completed by performing multiple reviews of the audio recordings and my case notes. Upon receiving the transcripts from the transcriber, I cleaned the transcripts documents into a style that NVivo could auto code. I began with reading closely the transcripts of each participant’s responses and gained insight of the perspectives of the pharmacy leaders. The transcribed

interviews review process allowed for my in-depth probing of the data and gave me a detailed understanding of the responses from the participants (Dincer & Dincer, 2013).

To assure anonymity, I assigned a code to each participant's transcripts. The process of analyzing the common terms, emerging patterns, and overall themes allowed for a more detailed understanding of the decision process by pharmacy leaders as it related to profitability and sustainability (Carter & Baghurst, 2014). The qualitative method involves exploratory inquiry with patterns, meanings, and perceptions continually emerging from the study (Marshall & Rossman, 2011, Denzin & Lincoln, 2011). I uploaded the cleaned transcripts into NVivo 11 software for autocoding the responses according to questions and replies for each question from the 11 participants. I then proceeded to code data into themes, ideas, and categories, which were similar throughout responses of each participant. I grouped the similar codes together for identification of emerging themes at later stages of analysis (Yin, 2012). Similar themes based on participants' responses and alignment to any of the three conceptual frameworks were picked and grouped. I canvassed literature in order to identify any studies that linked to the emerging themes covering profitability and sustainability of businesses in general and pharmacies in particular.

After uploading the cleaned interview transcripts into NVivo 11 I created nodes in which I coded responses into emerging themes. The themes grouped similar responses to interview questions such as:

1. What are the optimal strategies to maximize pharmacies' profitability and sustainability?

2. How do pharmacy leaders maintain appropriate levels of cashflow?
3. What are the optimal ways for pharmacy leaders to respond to economic downturns facing the country?
4. How might the regulatory and legal framework be changed to enhance pharmacies' profitability?

The emerging themes and the exploration I carried allowed me to form opinions on how the 11 participants viewed the overarching research question as amplified in Section 3.

Reliability and Validity

I sought reliability and validity of my study through a number of techniques. Validity and reliability have been the traditional standards used in quantitative research studies to judge quality (Khan, 2014). It is important for researchers in qualitative studies to emulate the scientific method in striving for empirical groundedness, generalizability, and minimization of bias (Zohrabi, 2013). Reliability, as a quantitative criteria, refers to the ability of research results to be replicated or repeated and is based upon the assumption of the existence of a single reality (Mangioni & McKerchar, 2013). In qualitative studies, Guba and Lincoln (1985) propose the terms *dependability*, as analogous to *reliability*, *credibility* as analogous to *internal validity*, *transferability* as analogous to *external validity*, and *confirmability* as analogous to *objectivity*.

Reliability

Reliability is thus the extent to which results are consistent over time and an accurate representation of the total population under study (Lakshmi & Mohideen, 2013).

A qualitative study is considered to be reliable if the results can be reproduced under a similar methodology (Lincoln & Guba, 1999).

Validity

Validity determines whether the research truly measures what was intended to measure or how truthful the research results are (Lakshmi & Mohideen, 2013). In the current study I addressed the issue of dependability, credibility, transferability, and confirmability as a way of ensuring reliability and validity of my study.

Dependability. In the traditional quantitative view, dependability relies on the assumption of replicability (Fujiura, 2015). The aim in a qualitative study thus becomes ensuring concurrence by other researchers that study results are sensible and consistent with the collected data (Houghton, Casey, Shaw & Murphy, 2013). In order to ensure dependability of the study findings I used similar questions and questioning style when interviewing all participants. In this study I used open-ended interview questions to elicit firsthand information about the activities and knowledge of pharmacy leaders (Zohrabi, 2013). Yin (2009) posited that when a study's findings are generalizable beyond the immediate case study, replicability exists. Replication logic is analogous to the use of experiments in quantitative research where scientists cumulate knowledge across experiments (Yin, 2009). Reliability in a qualitative study requires a data collection method or instrument which yields the same results on repeated occasions (Mangioni & McKerchar, 2013).

Credibility. Establishing that the results are believable or credible from the perspective of the participants establishes credibility of a qualitative study (Houghton,

Casey, Shaw & Murphy, 2013). Credibility is analogous to *internal validity* and refers to establishing results that are credible or believable from a participant's perspective (Guba & Lincoln, 1985). To ensure credibility of my study, I endeavored to richly describe the information I collected from the participants so that readers of my study might make meaningful assumptions of the responses. Credibility addresses issues of research findings matching reality. I used triangulation by collecting and comparing data from multiple sources, which included interviews, reflective journals, and documents. I also used member checking or respondent validation to enhance reliability.

Transferability. Transferability refers to the degree to which the results of the qualitative study can be generalized or transferred to other contexts or settings (MacNaughton, Chreim & Bourgeault, 2013). The responsibility of transferability lies with the one doing the generalizing (Houghton, Casey, Shaw & Murphy, 2013). I endeavored to enunciate clearly the research context and assumptions central to the research as clearly and lucidly as possible. I have safely and securely ensured that all data will be available to those who may wish to verify my study results in the future.

Confirmability. Confirmability refers to the extent to which the results could be confirmed or corroborated by other researchers (Houghton, Casey, Shaw & Murphy, 2013). Confirmability, the qualitative equivalent of objectivity, is similar to dependability, in that it refers to the ability of results being confirmed or substantiated by others. Credibility, transferability, and dependability for qualitative research can be established using “triangulation,” “member checking”, and “rich, thick description.”

Methodological triangulation refers to the use of multiple sources and methods for collecting data. Sources of data for triangulation can include interviews, documents, surveys, videos, and observations (Carter et al., 2014). Triangulation sheds light upon common themes found in different sources and strengthens dependability and credibility (Yin, 2012), and strengthens dependability and credibility (Chiu, Mitchell, & Fitch, 2013). Member checking involves sharing the researcher's interpretations of data obtained from various sources with the participants and determine if the participants believe the results are credible (Killawi et al., 2014). Rich, thick description involves writing out detailed descriptions of the participants and setting under study, with the aim being addressing transferability and allowing readers of the research determine if findings can be transferred to other contexts.

In qualitative research it is necessary to reach a point of data saturation (Frels & Onwuegbuzie, 2013), which is the point in data collection when no new or relevant information emerges with respect to responses obtained from the participants (Fusch & Ness, 2015). Explicit guidelines for determining theoretical saturation are lacking and therefore researchers should support their claims of saturation by describing how data saturation is attained (Marshall, Cardon, Poddar, & Fontenot, 2013). I achieved data saturation when no more new data were emerging from participants' responses and no additional data could be found to develop new properties of categories, themes, and the relationships between the categories were disentangled as found Fusch and Ness (2015).

As a qualitative researcher, I felt that presented rich description of my findings and that my study was credible, transferable, dependable, and confirmable.

Transition and Summary

The objective of Section 2 was to explain the plan for conducting my qualitative multicase study. Using a purposeful sample of 11 pharmacy leaders with experience in managing successful pharmacies, I explored optimal strategies and best practices pharmacy leaders should use to maximize profitability and sustainability. I described the research method, research design, and the population sampling methods chosen for the study. I described ethical considerations, including requirement for participants to authorize by signing informed consent documentation, which indicates opportunity for participants to withdraw from the interview process at any time. I indicated that participant interview results and study data would be kept in safe secure storage for the next 5 years. I also described my data collection procedures, including collection and organization techniques. I discussed data analysis procedures and the use of computer software NVivo 11 in the organization of data. I highlighted the necessity and ways of ensuring study reliability and validity through member checks, triangulation and data saturation.

Section 3: Application for Professional Practice and Implications for Social Change was the next stage of my study. In Section 3 I described: (a) an overview or purpose of the study, (b) presentation of findings, (c) application to professional practice, (d) implications for social change, (e) recommendations for action, (f) recommendations for further research, (g) reflections, and (h) summary and study conclusions.

Section 3: Application to Professional Practice and Implications for Change

In this section I provide an overview description of my study. I summarize the key findings and themes, and describe how my study might impact and influence professional practice. I propose my study's implications for social change, and present recommendations for action and further study. I reflect on my experiences and provide a summary of my investigation.

Introduction

The purpose of this descriptive qualitative multicase study was to explore optimal strategies, and best practices pharmacy leaders should use to maximize profitability and sustainability. I used a descriptive multicase study design for the study. I obtained the data from 11 pharmacy leaders in Bulawayo, Zimbabwe, through semistructured open ended interviews carried out at their business premises. I initially intended to interview 10 participants but felt the need to add one more in order to increase diversity of views and achieve data saturation. Data saturation is reached either when no new categories or very few additional ones emerge from interviews and other data sources (Marshall et al., 2013). I achieved data saturation when I could not elicit new or relevant information from the 11 participants.

I also approached a sample of six of the 11 participants to verify with them the veracity of the transcripts of their interviews to ensure I had not missed anything and they were satisfied that nothing had been missed. This process is known as interview transcript review (ITR) (Chiu, Mitchell, & Fitch, 2013). During the interview process I also used member checking as a way of improving accuracy, credibility, and validity of data I

collected in this study. I took copious notes to record some of the salient points raised and repeated the participants' responses to ensure that what they said was accurately captured.

I used semistructured, open-ended questions to explore and capture in-depth experiences of the pharmacy leaders as they described optimal strategies, and best practices used to maximize profitability and sustainability. I audio-recorded the interviews after receiving permission from all participants. After receiving the Microsoft Word files of the interview transcripts, and reviewing my field notes, I data-cleaned the transcripts to enable me to perform autocoding in NVivo 11 software. After data-cleaning, I uploaded the interview transcripts into NVivo 11 software. The NVivo 11 software assisted me to come up with themes from the participants' responses. After a careful analysis of the coded data, I identified the following emergent themes, which included: (a) the centrality of strategy in running profitable pharmacies, (b) customer care, (c) reimbursements by medical insurance firms (known as medical aid societies in Zimbabwe), and (d) the positive and negative effects of legal and regulatory frameworks on pharmacies, and (e) mergers of single-owned pharmacies.

The findings of my research were that due to a myriad of challenges in the country, mainly economic, the pharmacy sector in Bulawayo was performing poorly. The major causes of the poor performance of the sector were: (a) high unemployment of citizens, 95% are unemployed according to the Zimbabwe National Statistics Agency (2013), (b) proliferation of single-trader pharmacies to share a diminishing market, (c) suffocating regulatory framework, and (d) poor reimbursements by medical insurance

companies. The majority of participants highlighted the major roles played by strategic planning and, good customer services in attracting and retaining the few economic and available clients.

Presentation of the Findings

The central research question, or the overarching research question was: What are the optimal strategies to maximize pharmacies' profitability and sustainability? Three theoretical concepts underpinned the study: Porter's business strategies theory, Deming's 14-step theory as a conceptual framework as it relates to issues of quality, and Lewin's model for change in examining how pharmacies might adapt to changes in legal and policy adaptation. All 12 interview questions and follow up clarifications sought to unravel what a pharmacy leader could do to achieve profitability. I present discussion on the emergent themes.

Emergent Theme 1: Strategy

Without an exception, all 11 participants pointed to the centrality of having an effective strategy in order to run a profitable pharmacy store. This resonates well with findings by Porter (1985) in highlighting the need to have an effective strategic plan to run a successful enterprise. Porter proposed that organizations achieved competitive advantage if they implemented a value creating strategy that no competitor was simultaneously implementing, or which competitors had a capacity of imitating. Issues of location of the pharmacy store to pricing models, and products to sale in the pharmacy are all a result of strategic planning. Table 2 and Figure 1 illustrate this finding succinctly.

The participants' averments on the need to plan, and deal with issues of quality of products and service delivery (Kamath, Klamath, Garg, and Prachi, 2013), as well as the need to manage change in the pharmacy (Cummings & Worley, 2014), all relate to the conceptual frameworks selected. The responses alluding to the theme answer specifically to interview Questions 1 and 9 which seeks views on how to achieve profitability in the pharmacy business. Participant 5 described achieving profitability saying, '' it takes strategic and operational planning''. Indeed Armstrong (2013) proposed that small businesses require survival, growth and competence strategies to prosper.

Table 2

Strategy Influence on Profitability

Theme	Number of participants Commenting on theme	Total % of participants' comments on the theme
Strategy	11	73.1%

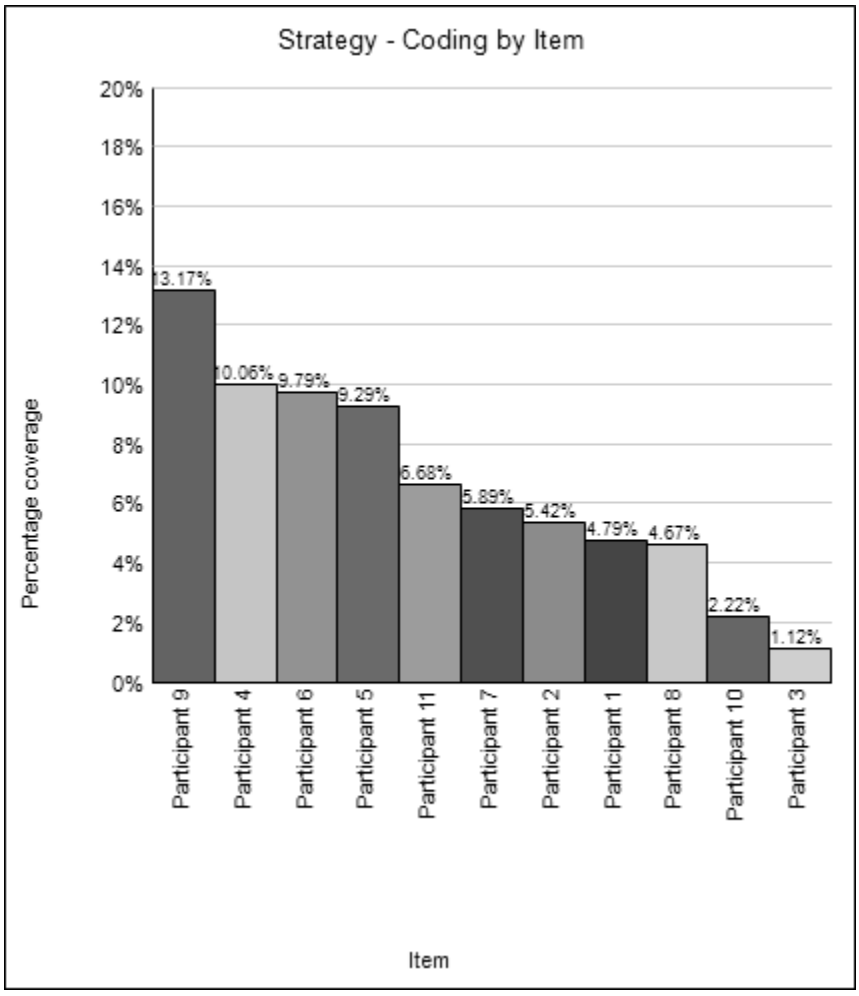

Figure 1. Strategy influence on profitability.

Emergent Theme 2: Customer Care

All 11 participants strongly indicated that with the depressed economic situation prevailing in the country, even a good strategy must be hinged on good customer care. Participant 6, as indicated in Figure 2, was most vocal on the importance of good customer care in the pharmacy. This observation ties in with my theoretical concept underpinned by the Deming Process. It also ties in with differentiation strategy espoused by Porter (2008), wherein pharmacy stores using differentiation strategy need to offer

customers products and services with unique attributes perceived to be superior to any offered by competitors. Yet again, Mobach (2013) also called pharmacy leaders to create a shopping ambiance in the pharmacy that facilitated interaction with the shopping environment, improved customer satisfaction, and raised customers' expenditure within the pharmacy. Srivastava and Bhatnagar (2013) concurred and proposed that good customer care was at the heart of all successful companies.

Knowledgeable consumers dominate the new millennium's competitive market environment (Stanton & Paolo, 2012). Companies must create repeat customers and seek ways to exceed the customers' expectations (Gil-Marques & Moreno-Luzon, 2013). Osakwe (2016) agrees and proposes that creating repeat customers through brand positioning is necessary to capture a dwindling market share such as that being experienced by pharmacy operators in Bulawayo. Indeed many businesses fail because of poor customer service (Srivastava & Bhatnagar, 2013). A pharmacy store is a service business and for that reason good customer care is not just important, it is absolutely vital (Jenefa & Kaliyamoorthy, 2014). When a firm has good customer service, customers assume that its products are of good quality (Osarenkhoe & Komunda, 2013). Participant 6 reiterated the adage that "the customer is king'' in a service business such as a pharmacy and indicated that staff must show courtesy and empathy when dealing with customers. Table 3 and Figure 3 illustrate the importance of customer care in the pharmacy store.

Table 3

Customer Care

Theme	Number of participants commenting on theme	Average % of participants' comments on the theme
Customer Care	11	14.84%

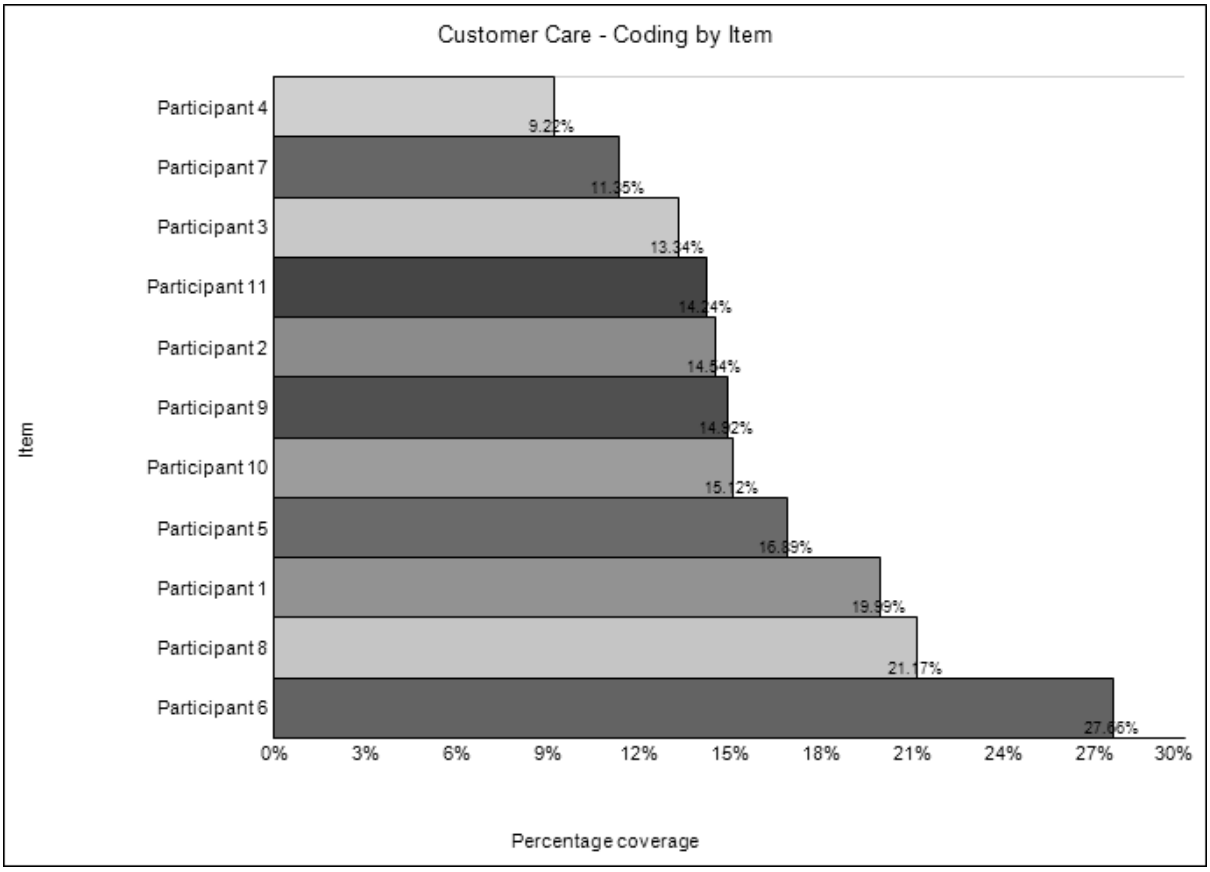

Figure 2. Customer care.

Emergent Theme 3: Reimbursements by medical insurance firms

All the 11 participants acknowledged the central role medical insurance firms play or could play in boosting profitability of pharmacies. In a country with only 5% of the population is employed (Chirisa, Dumba, & Mukura, 2012), this seems a very

obvious reality until one looks at the dynamics. Mainly those in gainful employment enjoy coverage by these medical insurance firms. Such a demographic segment of the population is thus a very lucrative revenue stream for pharmacies.

Zimbabwe has around 30 medical aid societies which are benefit funds to which members of the public contribute premiums on a monthly basis according to the size of the family (Mhere, 2013). The employers pay an equal contribution to that paid by the employee (Mhere, 2013). Benefits paid out follow a set basis of tariffs for each type of service, including prescription drugs (McPake et al., 2013). McPake et al. (2013) noted the schemes paid benefits at the level of prescribed rates. Because of the number of the medical aid schemes against few subscribing members, not all pharmacies can or are able to tap from this source (Mhere, 2013).

Attaining contracts with medical aid firms for reimbursement for drugs is a prerequisite for this attractive revenue stream for pharmacy profitability. Only those pharmacies that have contracts with the medical aid firms enjoy reimbursements and boost their profits and sustainability through sale of drugs and sundries direct to members of the public (Magadzire, Budden, Ward, Jeffery, & Sanders, 2014). Reimbursement for drugs dispensed to medical aid members direct to dispensing retail pharmacies offers a very secure avenue for profitability and sustainability of retail pharmacies (McPake et al. (2013). All participants acknowledged that getting the contracts was an important strategic issue for pharmacy profitability. On the negative side though, participants highlighted that in sync with the depressed economy, medical aid societies were

defaulting on refunds or taking inordinately long to effect reimbursements, thus eroding profitability. Table 4 and Figure 3 illustrate this finding.

Table 4

Reimbursements by Medical Insurance Firms

Theme	Number of participants commenting on theme	Average % of participants' comments on the theme
Reimbursements By Medical Insurance Companies	11	6.8%

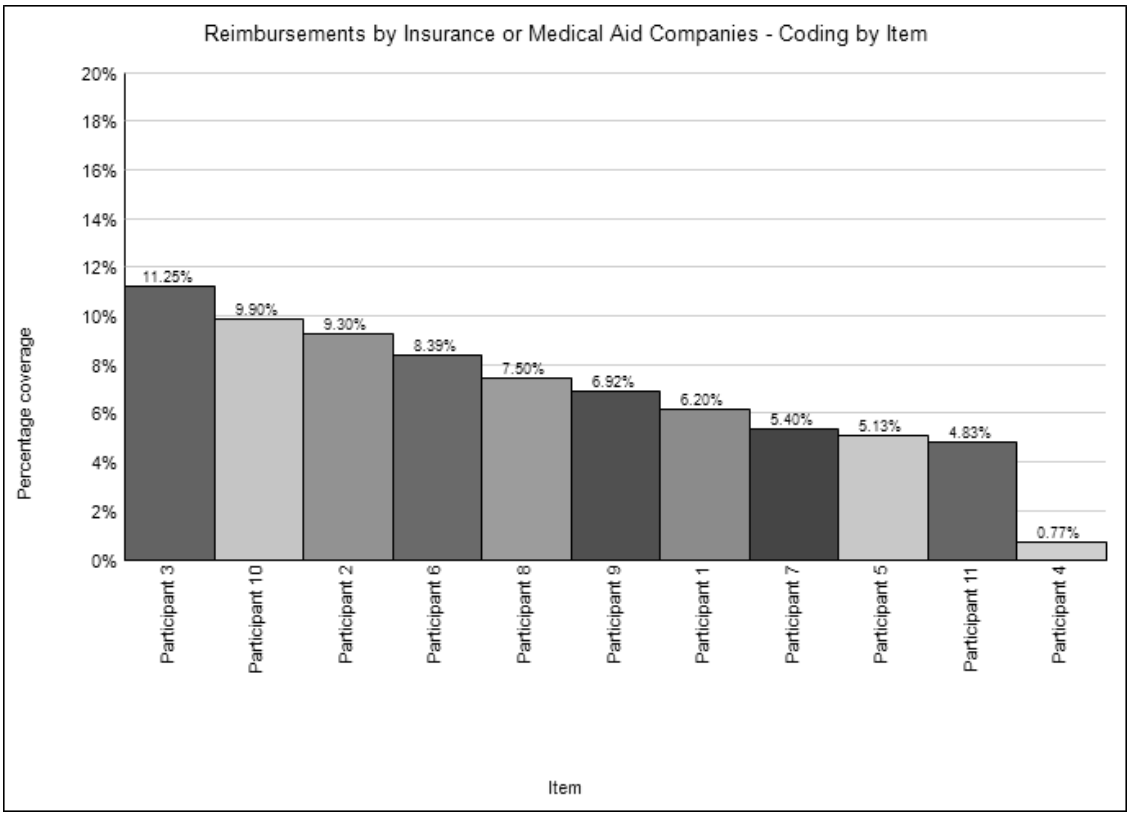

Figure 3. Reimbursements by Medical Insurance Firms.

Emergent Theme 4: The positive and negative effects of legal and regulatory frameworks on profitability of pharmacies

The responses to interview question number 4 which asked how the regulatory and legal framework affected pharmacy profitability, brought opposing views leading to my developing two themes; positive effect, and negative effect of the regulatory framework.

In order to contextualize the responses, I will briefly outline this regulatory and legal framework. At the apex of control of all healthcare workers in Zimbabwe is the Health Professions Authority (HPA) of Zimbabwe established by an Act of Parliament. The HPA's major responsibilities are the registration and control of health institutions and the regulation of services provided therein or there from; and the conducting of inspections in all health institutions throughout Zimbabwe (http://www.hpa.co.zw/). Subordinate to the HPA are the following; (a) Medicines Control Authority of Zimbabwe (MCAZ) which approves all medicines entering and *being* sold to the public, (b) Pharmaceutical Society of Zimbabwe, (c) the Pharmacists Council of Zimbabwe (PCZ). Besides these regulatory bodies, a person intending to open a pharmacy must; be a registered pharmacist and own 51% of the pharmacy's shares, must apply for a shop license from the respective municipal authority in which they desire to set shop. Table 5 and Figure 4 illustrate this finding.

Table 5

Positive effects of legal and regulatory frameworks on profitability of pharmacies

Theme	Number of participants Commenting on theme	Average % of participants' comments on the theme
Positive effects of legal and regulatory frameworks on profitability of pharmacies	11	4.43%

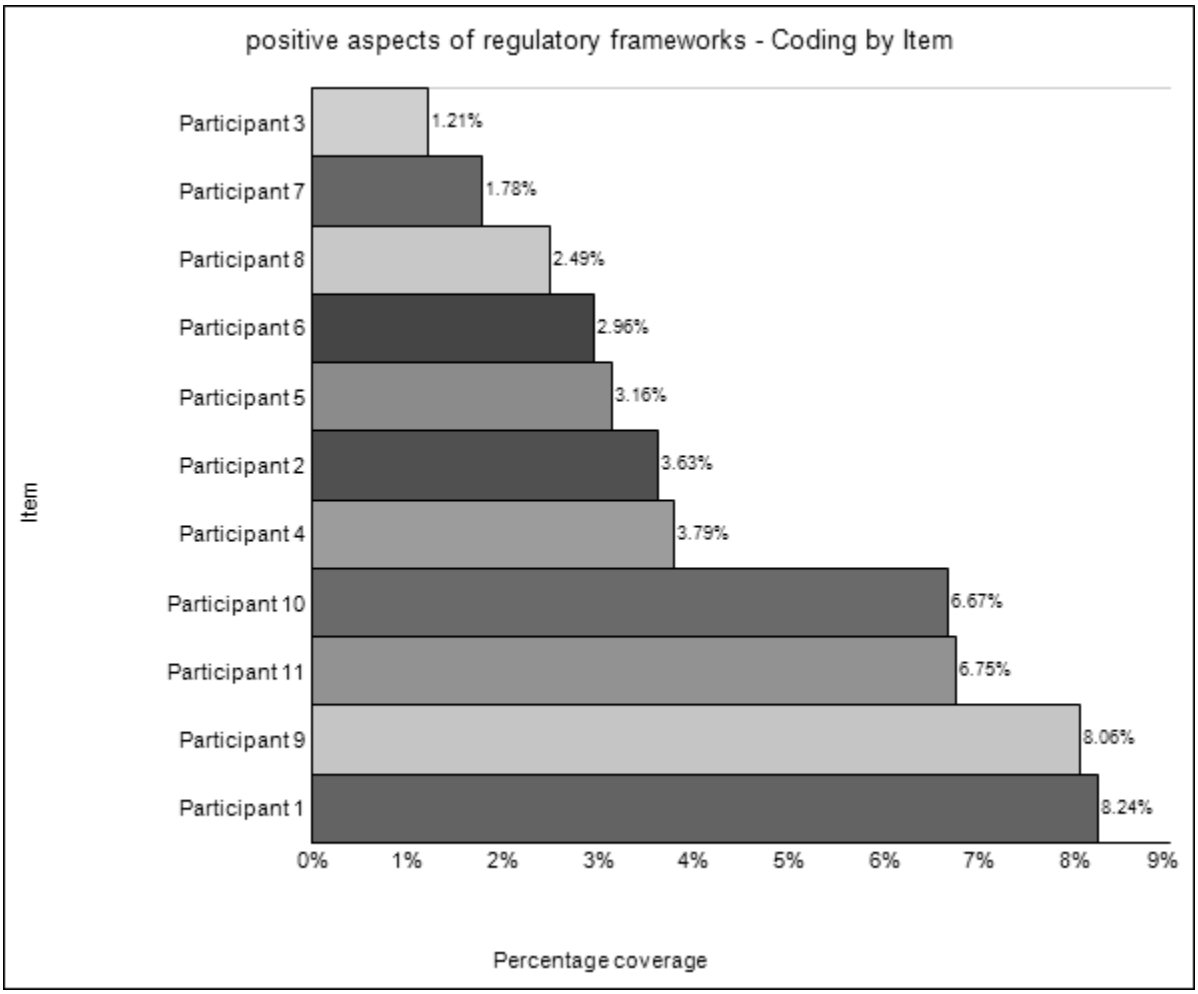

Figure 4. *Positive effects of legal and regulatory frameworks on profitability of pharmacies.*

All participants had positive comments to make about the role of the regulatory framework. They averred that the regulations ensued that they sold safe products thereby guaranteeing quality as espoused by the Deming Process (Deming, 2003). They also stated that the strict regimen of laws governing entry into the pharmacy sector protected the existing pharmacy owners against entry by new entrants. An investor into a pharmacy store can only own 49% of its shares. Table 6 and Figure 5 represent the negatives effect of the legal and regulatory frameworks on pharmacy stores.

Table 6

Negative effects of legal and regulatory frameworks on profitability of pharmacies

Theme	Number of participants commenting on theme	Average % of participants' comments on the theme
Negative effects of legal and regulatory frameworks on profitability of pharmacies	7	3.5%

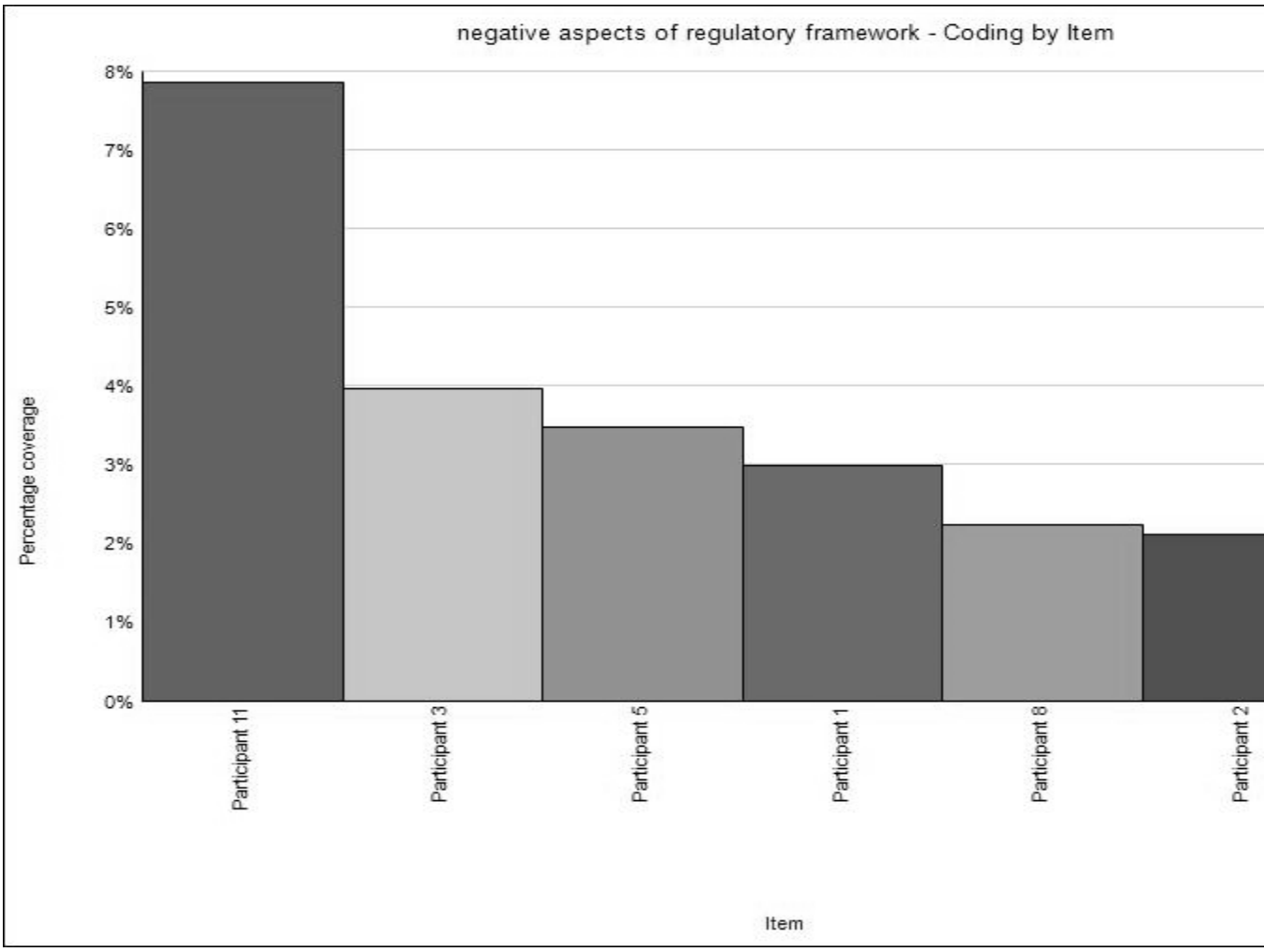

Figure 5. *Negative effects of legal and regulatory frameworks on profitability of pharmacies.*

In contrast to the positive comments on the role of the regulatory frameworks, 70% of the participants voiced some concern about the negative effects of the regulatory frameworks, and stated that some needed reviewing. This ties in with the Lewin model of change which espouses the need to recognize the need for change and act on the need. Participants voiced concern over the many bodies they have to pay license to, such as HPA, MCAZ, PCZ, and the Municipalities. They argued strongly that this duplication

cost them money. Participants in this category also called for relaxation of the strict code that does not permit pharmacists to prescribe drugs to the members of the public. They argued that in some jurisdictions this is now permitted.

Emergent Theme 5: Mergers of single owner pharmacies

In response to the last interview question in which I asked if the participant responding had anything to say that I had not specifically asked, came an emergent theme about the difficulty of being a single proprietor owner of a pharmacy. Four participants highlighted the difficulties of raising capital by a single operator and called for mergers of single owned pharmacies into some partnership which could leverage capital harnessing efforts. Whilst being a sole owner of a pharmacy has few legal requirements, its potential is inferior to incorporation when it comes to obtaining the necessary resources required for firm growth (Baik & Lee, 2015).

The participants felt that instead of a proliferation of small non-profitable and non-sustainable single-owned pharmacy stores, pharmacy owners could merge their operations and form large partnership which then could buy in bulk, enjoy economies of scale,, enrich managerial expertise through shared ideas of other partners, and generally run better resourced pharmacy stores than happens now. Indeed Nithman (2015) proposed that many factors, including complexity, expenses, projected expansion, transferability of ownership, financing, taxation, liability, number of owners, division of profits and losses, and ethics should be considered when selecting the type of ownership a small business like pharmacy store. This finding ties in with what Noor (2013) termed cooperation strategy and strategic alliance strategy. Cooperation strategy is

an attempt of realizing objectives through cooperation rather than competition with similar organizations. A strategic alliance strategy involves purposive cooperation between independent organizations in order to archive mutual benefits. Table 6 and Figure 6 provide some graphical and visual views of the participants.

Participant 5 proposed that merged pharmacies could venture into backward integration along the value chain and run pharmaceutical wholesale entities that could bulk-order drugs and sundries from overseas markets such as India, and then pass these to pharmacy stores at low unit costs. Merged pharmacy stores could also have a bigger voice when negotiating with authorities for favorable regulatory and legal frameworks.

Table 7

Mergers of single owner pharmacies

Theme	Number of participants Commenting on theme	Total % of participants' comments on the theme
Mergers	11	21.48%

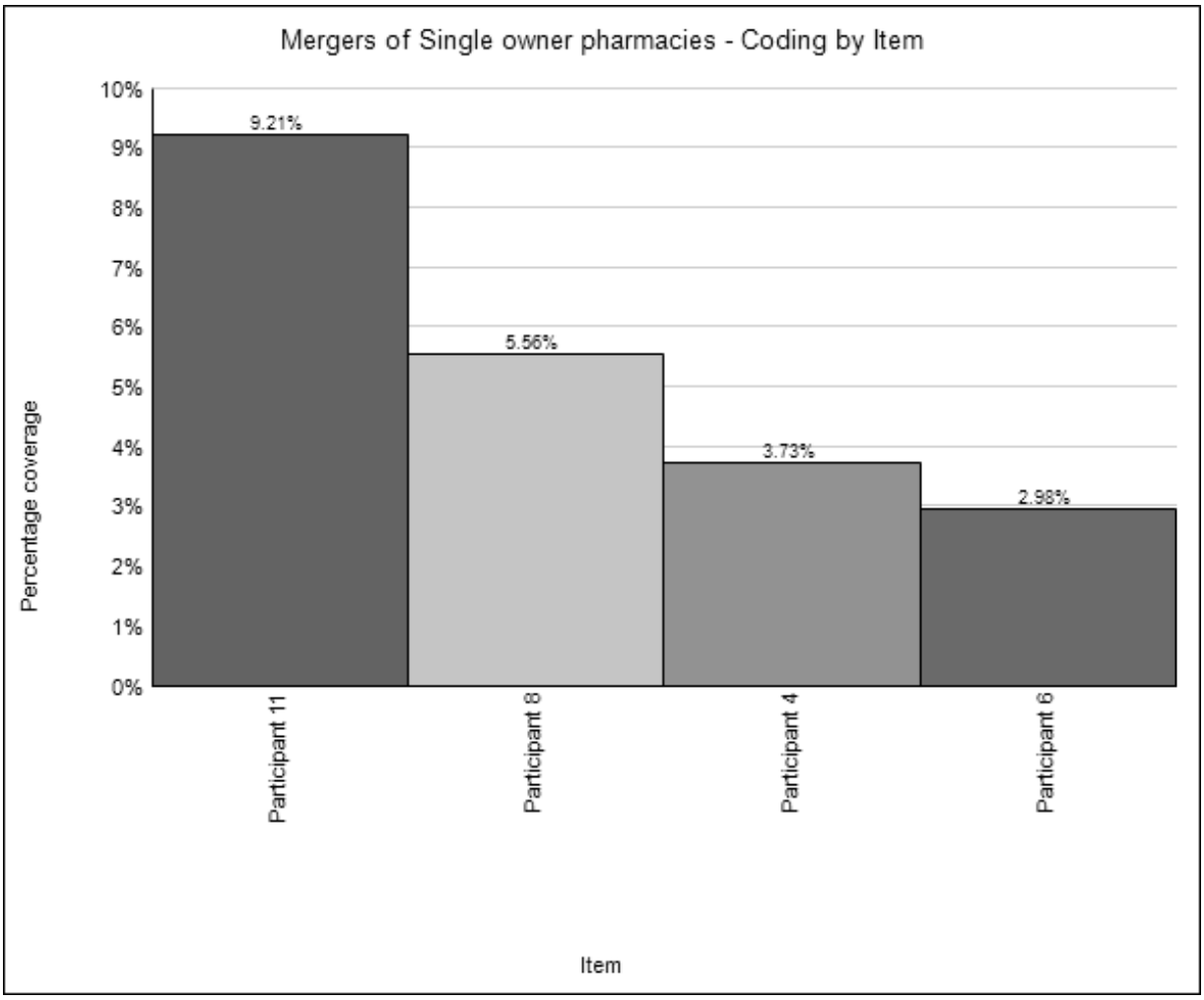

Figure 6. *Mergers of single owner pharmacies.*

List the overarching research question. Identifies each theme, and analyzes and discuss findings in relation to the themes. Describe in what ways findings confirm, disconfirm, or extend knowledge in the discipline by comparing the findings with other peer-reviewed studies from the literature review; includes literature added since writing the proposal. Tie findings to the conceptual framework, and tie findings or dispute findings to the existing literature on effective business practice.

Applications to Professional Practice

The implication for positive social change from my study was the identification of optimal strategies for pharmacy store profitability. Profitable pharmacy stores might increase access to medication by Bulawayo residents in particular, and other Zimbabweans in general, offer greater opportunities for pharmacy leaders to grow their businesses, open pharmacy stores in the rural hinterland, and stimulate economic revival of the country through employment of more people in their stores, creation of employment opportunities in other sectors sectors along the pharmaceutical industry supply chain.

Pharmacy profitability has not been investigated, locally and regionally. My study results might contribute and arouse interest into the nascent body of knowledge and literature concerning pharmacy store profitability. The findings and recommendations might provide meaningful and insightful strategies for those in the industry and those intending to investigate it. Pharmacies play a pivotal role in people's lives through the provision of healthcare products. A healthy population is a prerequisite for economic growth and prosperity, and an enhancement of human dignity and qualitative life style.

Implications for Social Change

The purpose of my qualitative multi-case study was to explore optimal strategies, and best practices pharmacy leaders should use to maximize profitability and sustainability. The results show that successful pharmacy leaders must have the right strategies from the very beginning, they must ensure that they practice excellent customer care, they must engage and contract with medical insurance companies for

reimbursements, and they must lobby for beneficial regulatory policies, and must consider merging or forming group practices, as opposed to going solo.

The findings are consistent with my theoretical frameworks on strategy, quality, and change management. I will provide all the participants with the findings of my study after I get Walden University approval of the study. As alluded to in my IRB Application, I will write a 1- 2 page summary of the findings and recommendations emanating from the study and distribute these to all the participants and other stakeholders in Bulawayo. These stakeholders include; the City Health Department, the Government Health Department, and the Pharmacy Society of Zimbabwe (PSZ). If possible, I will also publicize my findings through lectures, academic and business journals, seminars and public whenever I get the chance to speak or deliver a lecture.

Recommendations for Action

The focus of this qualitative multi-case study was to explore optimal strategies, and best practices pharmacy leaders should use to maximize profitability and sustainability. The population consisted of 11 pharmacy leaders running their own single proprietorship pharmacies in Bulawayo.

One limitation of the study I identified in Section 1 was the number of participants. I initially intended to interview 10 pharmacy leaders, but ended interviewing 11 participants. The findings from 11 participants may not truly reflect the views of all pharmacy store leaders in Bulawayo and Zimbabwe. I recommend that future studies must involve a selection of pharmacy leaders from a wide geographical range, such as four or more cities. I do appreciate that this may be costly for the researcher.

Another limitation was the reluctance by pharmacy leaders to release confidential financial data due to fear of this leaking to competitors. Since the pharmacies were single proprietorships, they are not obliged to release confidential financial documents. In order to go around this limitation, more participants from varied geographical areas could provide more and differing data.

Recommendations for Further Research

The focus of this qualitative multi-case study was to explore optimal strategies, and best practices pharmacy leaders should use to maximize profitability and sustainability. The population consisted of 11 pharmacy leaders running their own single proprietorship pharmacies in Bulawayo.

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Reflections

My doctoral study has truly been a journey in every sense. Starting in 2012, it has involved me in course-work and two Residencies in Istanbul and Paris. I have had the opportunity over these years to interact with Walden Faculty and fellow students from across the globe. Conducting the study has broadened my horizon and made me realize that I exist in a world far wider than Zimbabwe.

I have had serious challenges along the way, most of which have to do with parlous state of our national economy. Despite these challenges I have enjoyed working on my Doctoral Research Project, which focused on the profitability of the pharmacy sector. I had preconceived ideas about how the pharmacy business should be run to be profitable, but the data collection and analysis process further opened my perceptions about challenges facing business people in Bulawayo, and in particular, pharmacy owners. The findings and recommendations might improve the pharmacy business leaders way of doing business, and in so doing improve the human situation and position.

Conclusion

Profitability is critical to a company's long-term survival. No business entity can survive for a significant amount of time without making a profit. There exists a myth that business people only want to make money. This may to some degree be true but, real business people go into business to make a contribution to societal welfare. A medical doctor’s mission is to heal the sick and yet he/she makes money. Every business person must become profitable and grow in order to fulfil his/her altruism. Profits enable the business to grow in order to provide the societal welfare the business person craves.

The success of any business, therefore depends on its ability to continually earn profits. Profit equals a business's revenues minus expenses. Similarly a pharmacy whilst trading in life saving products such as drugs and medicine, is essentially a business that must make a profit in order to grow and continue to offer the service humanity requires. The pharmacy store owner must understand the importance of profitability in the pharmacy store management and, develop strategies that give the pharmacy store the best chance at remaining profitable. My research study was aimed at finding strategies of how pharmacy leaders might operate profitable pharmacy stores in Bulawayo. Discovery of such optimal strategies might ultimately beneficiate society through provision of quality products and quality service.

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Appendix A: Certificate of Completion (Protection of Human Subject Research Participants)

Certificate of Completion

The National Institutes of Health (NIH) Office of Extramural Research certifies that **Augustine Khoza** successfully completed the NIH Web-based training course "Protecting Human Research Participants".

Date of completion: 05/11/2013

Certification Number: 1177028

Appendix B: Questions for the interviews:

1. What are the optimal strategies to maximize pharmacies' profitability?
2. How do pharmacy leaders maintain appropriate levels of cashflow?
3. What are the optimal ways for pharmacy leaders to respond to economic downturns facing the country?
4. How might the regulatory and legal framework be changed to enhance pharmacies' profitability?
5. What are the optimal approaches for pharmacy leaders to manage organizational change?
6. What products or services can pharmacies sell to maximize profitability?
7. How do you manage the pharmacy's product and service quality?
8. What type of marketing strategies do you use to maximize pharmacy's profitability?
9. What are the optimal strategies to maximize pharmacies' competitiveness?
10. What type of customer service strategies do you use to maximize the pharmacy's profitability?
11. How do reimbursement arrangements with Medical Insurance companies assist in the profitability of the pharmacy?
12. What else can you tell me about optimal strategies to enhance pharmacies' profitability that I did not ask?

Appendix C: Confidentiality Agreement with Transcriber

Name of Signer:

During the course of my activity in transcribing collected data for this research: ‘’Pharmacy Stores Profitability and Sustainability in Bulawayo, Zimbabwe by Augustine Khoza’’ I will have access to information, which is confidential and should not be disclosed. I acknowledge that the information must remain confidential, and that improper disclosure of confidential information can be damaging to the participant. By signing this Confidentiality Agreement I acknowledge and agree that:

1. I will not disclose or discuss any confidential information with others, including friends or family.
2. I will not in any way divulge, copy, release, sell, loan, alter or destroy any confidential information except as properly authorized.
3. I will not discuss confidential information where others can overhear the conversation. I understand that it is not acceptable to discuss confidential information even if the participant’s name is not used.
4. I will not make any unauthorized transmissions, inquiries, modification or purging of confidential information.
5. I agree that my obligations under this agreement will continue after termination of the job that I will perform.
6. I understand that violation of this agreement will have legal implications.
7. I will only access or use systems or devices I’m officially authorized to access and I will not demonstrate the operation or function of systems or devices to unauthorized individuals.

Signing this document, I acknowledge that I have read the agreement and I agree to comply with all the terms and conditions stated above.

Signature: Date:

Appendix D: Research Participants' Log

Participant Code	Date of delivery of Invite/Consent Form	Date of Collection of Consent Form	Date of Interview	Date of sending audio file to transcriber	Receipt of word file
01	16 August 2016	5/9/16	5/9/16	5/9/16	12/9/16
02	12 August 2016	23/8/16	29/8/16	29/8/16	12/9/16
03	12 August 2016	22/8/16	29/8/16	29/8/16	17/9/16
04	12 August 2016	2/9/16	2/9/16	2/9/16	17/9/16
05	12 August 2016	14/9/16	14/9/16	14/9/16	17/9/16
06	12 August 2016	24/8/16	3/9/16	3/9/16	12/9/16
07	12 August 2016	22/8/16	23/8/16	23/8/16	12/9/16
08	12 August 2016	1/9/16	1/9/16	1/9/16	17/9/16
09	12 August 2016	1/9/16	1/9/16	1/9/16	12/9/16
10	12 August 2016	6/9/16	6/9/16	6/9/16	12/9/16
11	16 August 2016	26/8/16	13/9/16	13/9/16	20/9/16