

## Using Narrative to Explore Consumer Confusion with Generic Medicines

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### **Abstract**

The experiences of consumers and pharmacists regarding generic medicine substitution in Australia, Italy and Finland are explored using narrative and metaphor. Consumer confusion; suspicion; annoyance; and exasperation are identified, along with pharmacists' experiences of professional challenge and frustration in offering consumers generic substitutes. The study evidences that doctors, pharmacists, and consumers are co-creators in a service network, but that co-operative behaviour is often absent, resulting in confusion and potential disadvantage to the end user. It suggests that to reduce consumer confusion and increase the acceptance of generic substitution, co-operation and open dialogue involving all the participants of this service network is critical, along with specific strategies to address the confusion.

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### Introduction

Information overload, product imitation and product complexity have been found to contribute to consumer confusion (Mitchell et al., 2005). Consumer confusion is depicted as an increasing challenge for numerous markets, for example, wine (Casini et al., 2008), electronics (Leek & Kun, 2006) and health (Mitchell et al., 2005); and a literature review of pharmacist views on generic medicine identified a number of studies raising patient confusion as a key issue (Hassali et al., 2009). Consumers are frequently confronted with an option that requires them to consider the possibility of purchasing alternative drug products to those with which they are familiar, such as the offering, by a community pharmacist, of a substitute generic medicine. Walsh (1994) identified confusion as an uncomfortable state of mind that largely arises in the pre-purchase phase, affecting consumers' information processing and decision-making abilities, and leading to consumers making sub-optimal choices. Mitchell and Papavassiliou (1999) highlighted that increases in the amount of decision-relevant information in the consumer's purchasing environment creates the potential for consumer confusion. They proposed that the consumer response to purchase confusion can be one of six types: take no action; delay or stop the purchase; define buying goals; search for additional information; reduce the choice set; or involve a third party. Mitchell and Papavassiliou (1999) also argued that consumer brand loyalty is affected by confusion, and that confused consumers are less likely to make rational buying decisions and fail to choose products offering the best quality or value for money. The health sector, and in particular medicines, is for many a potentially significant source of confusion due to its complexity, and Mitchell et al. (2005) reported that in this sector, professional sources can undermine the accuracy of a retailer's claims, so that loyalty can therefore be viewed as a strategic reaction to confusion. They suggested that, to reduce confusion, consumers may involve others in their purchase decision or delegate it. Further, Walsh and Mitchell (2005) found that the less educated, elderly female consumer was more likely to experience marketplace decision difficulty, and Beecroft (2007) highlighted that the elderly were the largest and the fastest growing group of prescription medicine users. Moreover, Cohen (1999) pointed out that product complexity can result in consumer confusion, as the consumer cannot discriminate between the alternatives, and Lau and Lee (1999) argued that consumer trust was likely to be reduced where the consumer was confused, as they would not know which was the best alternative nor which manufacturer to trust. Walsh et al. (2007) established that a consumer's susceptibility to becoming confused negatively affected their information processing and ability to make decisions. Additionally, Vargo and Lusch (2008) argued that each service beneficiary experiences a service in an individual way and as a co-created service phenomenon. Prahalad and Ramaswamy (2004) contend that service value is individually experienced, and co-created by the service beneficiaries; with the building blocks of co-creation being dialogue, information access, risk assessment, and transparency.

An Australian study by Hassali et al. (2006) of the perceptions of GPs found that the main reason for GP opposition to generics was consumer confusion. Heikkilä et al. (2007) investigated the attitudes, experiences and opinions of Finnish consumers regarding generic substitution and found that consumer refusal to substitute was

related to their positive experiences with a medicine they had used previously and their knowledge of the effectiveness of the generic. Despite the use of generic medicines being supported by governments in most westernised countries and community pharmacists practising generic substitution, a review of the 1970 to 2008 literature on consumer views of generic medicines found that only 20 studies, all using a largely quantitative approach, had been conducted: 11 were American; four were European: two were from Canadian: and one each from Australia, Brazil and Malaysia (Hassali et al., 2009). No cross-country comparative study has been conducted and little is known about how consumers and pharmacists experience the service phenomenon of generic medicine substitution, as past studies have not taken an experiential, phenomenological, holistic perspective of the substitution process. The phenomenological approach can reveal new insight into how drug substitution is perceived by consumers and pharmacists as it is grounded in the lived experience. Due to the global nature of the generic medicine phenomenon, we listen to the voices of fifteen pharmacists and thirty consumers from three continents and three countries: Australia, Finland and Italy. In 1994, Australia introduced changes to permit pharmacists to substitute generic products if they were listed on the Schedule of Pharmaceutical Benefits, yet by 2001 generics accounted for only 20 percent of all prescriptions filled, and by 2004/05 it had grown to only 25 percent (Beecroft, 2007). Generic drug substitution was formally introduced into Finland in 2003 (Aalto-Setälä, 2008). According to the Association of Finnish Pharmacies, only one out of ten consumers refuses to substitute prescribed brand medicine for a generic medicine. In April 2009, Finland withdrew the subsidy for brand medicine where a generic medicine alternative is available, unless specified by the doctor. This is expected to further increase the uptake of generic medicine. Italy launched generics in 1996 with Decreto Legislativo 323 requiring the price of generics to be 20 percent lower than patented drugs; and in 2001, pharmacists were given the right to substitute. Yet despite structural reforms to increase competition between equivalent products; the generic share of public pharmaceutical expenditure has remained small (Ghislandi et al., 2005). 2008 statistics published by Agenzia Italiana del Farmaco show that the substitution of generics has grown to 49 percent from 33 percent in 2002, and no consumer focused Italian study has been identified. In general, studies have found that consumer resistance to generic substitution arises due to poor consumer understanding of the main concepts behind generic medication, especially when consumers, used to particular drugs, are presented with an equivalent drug that has a different name and appearance (Al-Gedadi & Hassali, 2008).

### **Study Methodology**

This study applied a phenomenological method using the narrative inquiry technique combined with critical incident analysis, to understand the generic purchase experience perceived by consumers and pharmacists as key stakeholders. Metaphors were also used as a projective technique to generate service ideas based on the needs and wants of consumers and pharmacists (Helkkula & Pihlström, 2008). Bissell et al. (2006) argued that the use of narrative in pharmacy practice research can provide a greater understanding of the consumer's motivations to their medicines and insights into the pharmacist's role with people's medication. Five pharmacists and ten consumers were interviewed in each of the cities of Sydney, Helsinki and Verona. Consumers were aged between 30 and 90 years old; sixty percent were female; and represented a range of occupations and retired people. Pharmacists were aged

between 20 and 70 years. In Australia, slightly more were female; in Italy slightly more were male; and in Finland all were female. Participants were asked to recall an experience they had had with offering (pharmacist) or being offered (consumer) a generic medicine, and to relate that experience describing what was critical, positive or negative about it. Participants were then asked to explain how that experience would look if a magic wand made it a perfect experience for them. Each interview was recorded and transcribed and the data were sequentially analysed using a deductive manual content approach (Miles & Huberman, 1994; Spencer et al., 2004). Notes about each participant and the interview process were used to assist with interpretation. Significant transcript was highlighted, coded and then categorised into responses reflecting the key themes for the two groups of participants.

## Results

The consumer experiences were categorised based on how people expressed sense making with generic medicines as opposed to branded medicine. Three aspects of sense making were identified as illustrative of consumer confusion with generic medicine substitution, with each aspect presenting as a range: Confusion to Confidence; Suspicion to Trust; and Unawareness to Familiarity. *Confusion to Confidence* was the key theme identified for the Australian, Finnish and Italian consumer experience. Consumers spoke about being surprised, unsure or perplexed; to some, once their apprehension was appeased, confidently accepting the generic substitute. This theme specifically related to why the consumer was being offered something that appeared different to what their doctor had prescribed. Even knowledgeable consumers described how initially they were uncertain and had asked about the quality and efficacy of the generic. In Australia, some consumers pointed out that they did not know why they were offered a generic substitute for only some of their medications. In Finland and Italy, consumers who had agreed to generic substitution, still indicated that they had wanted to check the suitability of the generic with their doctor afterwards. Some indicated that they had still sought other additional sources of information. *Suspicion to Trust* was linked to the key theme in all three countries. Consumers reported becoming suspicious as to the motivation for the pharmacist offering a generic alternative. They told how they asked questions about the generic's comparative quality and effectiveness, and related being either wary, sceptical or feeling disbelief, which for some was not eased by the pharmacist's explanation. Consumer acceptance of the generic was based on trust in their pharmacist, yet even then some continued to have misgivings until they had experienced a positive result with using the generic. In Finland and Italy, consumers told how they trusted their doctor and wondered why the pharmacist was pushing generic substitution; most had concluded that the reason for the pharmacist behaviour was associated with a resultant economic benefit. In Australia, most felt that the motivation for the doctor and pharmacist behaviour was related to the economic benefit that resulted. *Unawareness to Familiarity* was also linked to the key theme and was evidenced by most consumers indicating that they did not know why a substitute was being offered to them. Consumer descriptions ranged from being ignorant, uninformed, to aware or understanding. The literature identifies the knowledgeable consumer as "savvy", and Macdonald and Uncles (2007) claim that such consumers are demanding, active and empowered, yet in this study even the savvy participants described how initially they were uncertain and had asked about the quality and efficacy of the generic. In Australia and Italy, most consumers

outlined a need for information and education so they could make an informed decision. Consumers told how they wondered why the pharmacist was pushing generic substitution; and they speculated why the doctor was writing a script for a particular brand and not a generic. Further, the data reveals that comparatively the promotion and support of generic substitution by government has not been as effective in Australia. In Finland and Italy, consumers clearly held a wish for better service co-creation between doctors and pharmacists, so that they would not experience anxiety associated with opting for the generic substitute.

In all three countries, the pharmacists' experiences mirrored the consumers' experiences, with the key theme identified for the pharmacist experience being the *professional challenge required to educate consumers*. Pharmacists spoke of the time it took to instruct a resistant consumer, and the complexity involved with the consumer using multiple medications or consumers suffering a mental illness or dementia. Pharmacists also acknowledged the mistrust that consumers experienced towards them, which challenged their professionalism, and highlighted a lack of support from both doctors and government to making consumers knowledgeable. Pharmacists in Finland identified busy middle-aged men as displaying annoyance due to the extra time involved; and in Australia and Italy, pharmacists experienced frustration when a consumer would not accept that the generic was equivalent to the branded medicine. Pharmacists also perceived doctors as a significant barrier to the uptake of generic medicines, explaining how they did not work co-operatively pharmacists. They described the solution as a change in doctor behaviour, with doctors working with pharmacists to educate patients about generic medicines, and how consumers could be informed about generic substitution by both the doctor and the pharmacist.

## **Discussion and Conclusion**

This study explored the experiences that consumers and pharmacists confront with generic medicine substitution. The voices of consumers and pharmacists from different countries clearly indicate consumer confusion with generic medicines when dealing with sense making of the phenomenon of generic medicine and their respective roles. The study found that consumer confusion is to varying degrees related to annoyance, suspicion, mistrust, indecision and a lack of knowledge. Consumers can be divided into two distinct groups, those who are distinctly confused, and those who are knowledgeable about the overall concept of generics but are still experiencing reluctance when exposed to a new type of medicine or disease in their own experiential realm. Consumer confusion is particularly evident through their uncertainty about the quality and efficacy of the generic substitute, in particular a belief that a generic medicine is an inferior product to a branded medicine. It seems that the government regulations that ensure the quality, safety and efficacy of a substitutable generic pharmacological medicine are not well known, as the pharmaceutical consumer is reporting frustration with being unable to confidently assess the risk associated with using a generic substitute. Consumers have, until recently, played a largely passive role as recipients of pharmaceutical medicine, but now potentially they have become decision makers in the purchase of their medicines. The success of this change has therefore been compromised by the inadequacy of information, resultant uncertainty and frustration consumers are experiencing. Furthermore, the findings indicate that most consumers do not fully understand the

motivation behind a doctor prescribing a branded medicine nor a pharmacist offering a generic, though some consumers interviewed talked about the potential economic incentives influencing doctors, pharmacists and government. Moreover, pharmacist contracts with generic suppliers are hidden from consumers.

Additionally, the findings clearly identify that the phenomenon of generic medicine is a service taking place in a network environment. In addition to customers and pharmacists, doctors and government are participants, but co-operative behaviour is frequently absent between the different actors of this network, potentially resulting in disadvantage to the end user. Further, looking at the service phenomenon from the process perspective, supporting systems such as ICT solutions are needed, if the objectives of generic substitution are to be realised. According to Prahalad and Ramaswamy (2004), the key building blocks in co-creating a service experience are dialogue, access to information, risk assessment, and transparency. This paper seeks to encourage open and transparent dialogue between the different beneficiaries of the service network, and to support and encourage consumers to become motivated, active service participants. However, it is recognised that not all consumers will wish to take an active role in their medication management, and therefore, a standard solution will not satisfy the needs of all consumers. Pharmacists in Australia, Finland and Italy have described how they would like to see consumers well informed about generic medicines; but critically consumers are not being empowered with the knowledge that is the primary prerequisite for service co-creation. If consumer confusion is to be addressed, and an increase in the uptake of generic medicine is to be achieved, specific consideration must also be given to the development of readily available government sponsored promotional materials for consumers that specifically address the issues identified in this study, along with active promotion and support of improved co-operation between all of the service network participants.

### **Limitations**

The results of this study should be interpreted in light of its limitations. Firstly, the research did not include doctors who are an integral part of this service chain, nor did it include other health professionals who have the authority to prescribe restricted medications. Secondly, as the research was an explorative study, the sample is small and is not representative of the whole Australian, Italian and Finish populations. Additionally, research is recommended in a wider range of countries, and quantitative investigation would also provide a further contribution to this field of study.

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