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THE EFFECT OF SERVICE JOURNEY QUALITY (SJQ) ON CUSTOMER LOYALTY IN PHARMACEUTICAL RETAIL WITH OMNICHANNEL STRATEGY

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Abstract. The purpose of this research is to explain how service journey quality (SJQ) affects customer loyalty on pharmaceutical retail with omnichannel strategy. This research focused on SJQ and service quality in pharmaceutical retail and how both affect customer loyalty. The mediating role service quality is assesed between SJQ and customer loyalty. 283 respondents participated in an online questionnaire that distributed using social media and data were analysed through descriptive analysis, validity and reliability test, outer model test, inner model test, and hypothesis test. Inner model and hypothesis test are done by using second order form of SJQ and service quality. All of these test are done for analyze how SJQ affect customer loyalty on pharmaceutical retail.This study found that SJQ cannot directly influence customer loyalty on pharmaceutical retail;s customers, but mediation is needed from good service quality so that SJQ has a positive effect on customer loyalty. The findings from this research can be used as a basis or direction for pharmacists and owners of pharmaceutical facilities on how to manage their pharmaceutical retail business if they have implemented an omnichannel strategy or can also be considered before implementing an omnichannel strategy in their pharmaceutical retail business, both in the form of drugstores and pharmacies

Keywords: customer loyalty; customer satisfaction; omnichannel; pharmaceutical retail; service journey quality

I. INTRODUCTION

Pharmaceutical industry has the potential for significant growth globally, as evidenced by the increasing global trade in pharmaceutical products during the period 2016-2019. The pharmaceutical industry in Indonesia itself has a huge potential for growth, as indicated by the increasing number of pharmaceutical industries during the period 2015-2019 and the domestic gross domestic product (GDP) of the pharmaceutical industry in Indonesia has been increasing **[1]**, with a growth rate of 8.48% in 2019 and 9.39% in 2020 **[1]**. Indonesia also has the largest pharmaceutical market share in the ASEAN region, accounting for 27.8% of the market share, with 73% of the market share dominated by local companies and in Indonesia, **[2]** pharmaceutical retail is largely dominated by pharmacies, with approximately 24,874 pharmacy units spread across the country in 2018, with West Java having the highest number of pharmacies, around 4,298 **[2]**Covid-19 has prompted pharmaceutical companies to transform their business models, particularly in adopting **[5]**digital transformation **[2]** Several factors, including the significant increase in digital communication channels, the influx of new drugs in the market making it challenging for pharmacists to determine the best medication for their customers, and the difficulty in data-driven marketing strategies in the pharmaceutical industry, have driven the need for adaptation to the digital world **[5]**. Due to these challenges, omnichannel strategy is considered suitable for the pharmaceutical industry, especially pharmacy **[2]** retail, as it offers benefits such as better data collection and analysis, more effective sales, highly personalized touchpoints, memorable brand experiences, and increased return on investment **[3]**

Pharmacy retail in Indonesia has also begun adopting omnichannel strategies, evident from the increasing number of pharmacies in Indonesia obtaining Pharmaceutical Electronic System Provider (PSEF) certification, ensuring their legality, permits, and verification **[4]** The implementation of omnichannel strategy aligns with the global trend where many retailers invest their resources in developing online distribution channels and integrating omnichannel activitie **[4]**. The implementation of an omnichannel strategy itself poses its own challenges, especially in pharmacy retail. Apart from the need for consistent quality of service across all distribution channels owned by a pharmacy retailer, they also need to comply with regulations for drugs marketed through channels other than physical stores. Pharmacy retailers implementing this strategy also need to understand the customer experience during their shopping journey in each distribution channel. In their research **[8]**, Jaakkola & Terho **[11]** attempted to measure customer perceptions when interacting with various combinations of distribution channels and touchpoints by assessing the quality of the service journey or service journey

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quality (SJQ). SJQ itself consists of three dimensions: journey seamlessness, journey coherence, and journey personalization **[10]**. Pharmacy retailers that have implemented an omnichannel strategy must pay attention to these three dimensions in their business operations.

Service quality, or Servqual, can also be considered as a factor influencing satisfaction and loyalty towards a brand, in addition to the previously mentioned SJQ. According to the findings of Slack & Singh **[19]**, service quality has a significant impact on customer satisfaction and loyalty. Their research also indicates that low service quality leading to decreased customer satisfaction will result in reduced customer loyalty. Service quality itself consists of five dimensions: assurance, empathy, reliability, responsiveness, and tangibles **[10]**. So because both of SJQ and service uality dimension can be found on pharmaceutical retail, this study focused on the importance of paying attention to the dimensions of SJQ and service quality in carrying out an omnichannel strategy in its pharmaceutical retail, as well as a consideration if pharmacists or pharmaceutical retail owners want to use an omnichannel strategyt **[11]**.

II. RESEARCH METHODS

The population used in this study consists of all customers who have made purchases at pharmacy retailers, including drugstores and pharmacies, with the following criteria: minimum age of 17 years, residing in Indonesia, living in a city with omnichannel pharmacy retailers, having a history of shopping at omnichannel pharmacy retailers in Indonesia, and having made purchases at both physical stores and online channels of the pharmacy retailer within the last year. The minimum required sample size is 240 respondents, which is obtained by multiplying the number of indicators (n) by five. Since there are 48 questions in total, the minimum number of respondents required is 240. The Measurement on questioner is using seven points Likert scale, after that, the validity and reliability checked using SmartPLS 3.0 application. The validity and reliability of data gathered will be tested by measuring the result of outer model test (convergent validity and discriminant validity), inner model test, and hypothesis test with criteria as mentioned below:

1. Outer model test
   a. Convergent validity **[7]**
      1) Individual item reliability: loading factor ≥ 0.7
      2) Internal consistency reliability: conbach's alpha and composite reliability ≥ 0.7
      3) Average variance validity: AVE value ≥ 0.5
   b. Discriminant validity **[7]**
      1) Cross loading: value correlation between the indicator and the construct is higher than its correlation with other blocks
      2) Fornell larcker criterion: the root value of AVE must be higher than the square of the correlation between other constructs
2. Inner model test **[7]**
   a. Collinearity test: The VIF Value <10, indicate that no multicollinearity between constructs
   b. Coefficient of determinant (R2) value. R2 criterion is divided into three types, namely substantial (0.67), moderate (0.33), and weak (0.19).
   c. f2 effect size test: f2 value will be considered small if it is in the range 0.15-0.35, considered moderate if it is in the range 0.15-0.35, and large if the value is > 0.35
   d. Stone-Geisser test (Q2): Q2 > 0 indicate a model can make good and relevant predictions
3. Hypothesis test
   a. A hypothesis is accepted if P-value is below 0.05 and T-Value exceed 1.96 [7]

This research using second order modeling because SJQ and Servqual better modelled as composite constructs, specifically as first-order reflective, second-order formative (Type II) constructs (Jaakkola & Terho **[11]**). According to Jaakkola & Terho **[11]** there are four criteria that determine whether a construct is best measured by a reflective or formative approach: (1) the causality between the construct and its dimensions, (2) the dimensions' interchangeability, (3) the covariation among the dimensions, and (4) whether all dimensions have the same antecedents and consequences. According to the qualitative study, the three SJQ dimensions contribute to the overall level of the construct, and dropping one dimension would change SJQ's conceptualization. Although the dimensions may be correlated, a service firm can score high in one dimension, such as seamlessness, but fail to provide personalized service encounters (Jaakkola & Terho **[10]**).

III. RESULTS AND DISCUSSION

Outer Model Test

The Outer Model testing in this study was conducted using Smart-PLS 3.0 software and was performed on the independent variables, which are the first-order constructs of SJQ and Servqual, as well as the dependent variable. The measurement in this study was carried out in three stages: internal consistency, reliability convergent validity, and discriminant validity. from the result of internal consistency reliability test in Table 2 it can be seen that the Cronbach's alpha and composite reliability values for each indicator are ≥ 0.7, indicating that all indicators of each variable used can be considered reliable.

Convergent validity testing is performed by examining the values of average variance extracted (AVE) and outer loadings. The results of the convergent validity test show that the AVE values for each variable are > 0.5, indicating that each variable meets the minimum requirement for AVE. The results of the convergent validity test also indicate that almost all outer loading values for the indicators of each variable are ≥ 0.7, except for indicators JS1 and JC1. Therefore, it can be said that almost all indicators of the variables in this study validly represent their respective constructs. Indicators with values <0.7 are not included in the subsequent testing as they have weak correlations with their constructs, the outer loading and AVE value.

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The next test conducted is the discriminant validity test, which consists of two types of testing: cross-loading test and Fornell-Larcker criterion test. The cross-loading test is performed by examining the values of cross-loadings and the square root of AVE to determine if they are higher than the squared correlation between constructs. This helps determine if a construct significantly differs from other constructs. The results cross-loading test. indicate that the cross-loadings of each indicator have the highest values when they are aligned with their respective construct, suggesting that each indicator effectively predicts its own construct. The second test of discriminant validity conducted was the Fornell-Larcker Criterion test, with the result show in Table 3 indicate that the square root of the AVE values for each variable is higher than their correlations with other variables, suggesting that the test results meet the criteria of the Fornell-Larcker Criterion. The test continues by extracting the latent variable values from each dimension of SJQ and Servqual and using them as indicators of variables in the second-order model. The factor loading values for each dimension on the higher construct are shown in Table 4 and tt can be observed that each dimension of SJQ and Servqual has values ≥ 0.7, indicating their ability to validly represent the variables in the second-order model.

Inner Model Test (Structural Model)

The inner model test in this study was conducted on the second-order model. The tests conducted include collinearity test, assessment of coefficients of determinations (R^2), f^2 effect size, and Stone-Geisser test (Q^2). The collinearity test is conducted by examining the values of the inner variance inflation factor (VIF). If the VIF value is greater than 10, it indicates high correlation and does not meet the requirement. The collinearity test in this study is performed on the second-order model, and the results can be seen in Appendix (Table A4). The test results indicate that the VIF values for each indicator in the second-order model are all below 10, indicating that they meet the requirement and there is no high collinearity in the model. The coefficients of determination (R^2) test is conducted by examining the values of R^2 for the variables in the model that already include the second-order constructs from SJQ and Servqual. The results of the coefficients of determination (R^2) test are shown in Table 1.

Table 1. Coefficients of Determinations (R^2) Test Result

Variabel	R Square	R Square Adjusted
CL	0.723	0.719
CS	0.806	0.805
Servqual	0.692	0.691

From the test results in Table 5 above, it can be observed that the endogenous variables in this study, namely CL (customer loyalty), CS (customer satisfaction), and Servqual (service quality), can be well explained by their exogenous variables. The value of 0.723 indicates that 72.3% of CL Variable can be explained by its exogenous variables. Similarly, the value of 0.806 indicates that 80.6% of the CS variable can be explained by its exogenous variables, and the value of 0.692 signifies that 69.2% of the Servqual variable can be explained by its exogenous variables. Since all three variables have values above 0.67, they can be considered substantial according to the criteria. The f^2 test is conducted to determine how much the R^2 changes when a variable that has an impact on the endogenous variable is removed. The f^2 value itself ranges from 0.002 to 0.15, categorized as small; 0.15 to 0.35, categorized as medium; and >0.35, categorized as large. The results of the f^2 test can be seen in Table. 6. The results indicate that the variable CS has a large contribution to CL with a value of 0.152, which can be categorized as small. Furthermore, the variable Servqual has a contribution of 0.081 to CL, also categorized as small, and a contribution of 0.159 to CS, which falls into the large category. The variable SJQ has a significant contribution to Servqual with a value of 2.245, which can be categorized as large

Table 2. f^2 Effect Sizes Test Result

	CL	CS	Servqual	SJQ
CL				
CS	0.152			
Servqual	0.081	4.159		
SJQ	0.000		2.245	

The Stone-Geisser test was conducted to assess the predictive ability of the model. The results of the Stone-Geisser test result in Table 3 indicates that all endogenous variables have values greater than 0, indicating that the model's predictive ability in this study is good.

Table 3. Stone-Geiseer (Q^2) Test Result

	SSO	SSE	Q^2 (=1-SSE/SSO)
CL	972.000	384.578	0.604
CS	1215.000	474.854	0.609
Servqual	1215.000	505.961	0.584
SJQ	729.000	729.000	

Hypothesis test

The hypothesis testing is divided into two analyses: direct effect analysis to examine direct relationships, and mediation effect analysis to examine the influence of mediating variables. The testing is conducted on the model with the second order of SJQ and Servqual, or higher constructs. The analysis is performed using the SmartPLS 3.0 software, considering the values of T-Value and P-Value generated. The results of the direct effect analysis can be seen in Table 8. The test result show that only one path is found to be non-significant, which is the path from SJQ to CL, indicated by a T-Value of 0.005 and a P-Value of 0.498. Table 4.15 also shows that for the other paths, namely CS -> CL, Servqual -> CL, Servqual -> CS, and SJQ -> Servqual, all the T-Values are ≥1.645 and the P-Values are ≤0.005, indicating a positive influence.

Table 4. Direct Effect Test Result

Path	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (|O/STDEV|)	P Values
CS -> CL	0.467	0.444	0.100	4.688	**0.000**
SERVQUAL -> CL	0.406	0.432	0.116	3.502	**0.000**
SERVQUAL -> CS	0.898	0.901	0.014	66.162	**0.000**
SJQ -> CL	0.000	-0.001	0.068	0.005	**0.498**
SJQ -> SERVQUAL	0.832	0.834	0.026	32.011	**0.000**

The results of the mediation effects test in Table 5. show that all specific indirect effects in this study are valid and have a positive influence, as evidenced by the T-Value and P-Value of the specific indirect effect paths being above ≥1.645 and ≤0.005, respectively.

Table 5. Mediation Effect Test

Path	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (|O/STDEV|)	P Values
SERVQUAL -> CS -> CL	0.419	0.400	0.089	4.723	**0.000**
SJQ -> SERVQUAL -> CS -> CL	0.349	0.333	0.075	4.668	**0.000**
SJQ -> SERVQUAL -> CL	0.338	0.360	0.097	3.473	**0.000**
SJQ -> SERVQUAL -> CS	0.747	0.751	0.028	26.913	**0.000**

Table 6. Hypothesis result Analysis

Hypothesis		Path	T Statistics (|O/STDEV|)	P Values	Note
There is a positive influence of SJQ on customer loyalty	H 1	**SJQ -> CL**	0.005	**0.498**	**Hypothesis rejected**
There is a positive influence from SJQ on service quality	H 2	**SJQ -> Servqual**	32.011	**0.000**	**Hypothesis accepted**
There is a positive influence of service quality on customer satisfaction	H 3	**Servqual -> CS**	66.162	**0.000**	**Hypothesis accepted**
There is a positive influence of service quality on customer loyalty.	H 4	**Servual -> CL**	3.502	**0.000**	**Hypothesis accepted**
Customer satisfaction mediates the influence of service quality on customer loyalty	H 5	**Servqual -> CS -> CL**	4.723	**0.000**	**Hypothesis accepted**
Service Quality mediates the influence of SJQ on customer loyalty	H 6	**SJQ -> Servqual -> CL**	3.473	**0.000**	**Hypothesis accepted**

The results of the first hypothesis test indicate that the T-Value is only 0.005, which does not meet the criteria. Therefore, it can be concluded that SJQ does not have a significant effect on customer loyalty, and hypothesis H1 is rejected. These findings contradict the results of the study by Jaakkola & Terho **[11]**, where their research found that SJQ has a direct influence on customer loyalty. They mentioned that superior service quality provided by SJQ can foster customer loyalty. But SJQ can afdect the loyalty if the brad also have good service quality. The results of the second hypothesis indicate that SJQ has a positive impact on service quality, as supported by a P-value of 0.000 and a T-value of 32.011. This finding aligns with previous studies suggesting that SJQ plays a role in driving and enhancing service quality. Moreover, SJQ is shown to positively influence customer perceptions of service quality in the pharmaceutical retail sector. This is attributed to the ability of high-quality SJQ to mitigate negative impressions and meet customer expectations (Jaakkola & Terho **[11]**). In an omnichannel company, customer perceptions and experiences of service quality are greatly influenced by the timely and consistent provision of services across channels and touchpoints. Any discrepancies between touchpoints can have a detrimental effect on the customer experience (Halvorsrud et al. **[8]**; Rawson & Duncan **[17]**). Retail pharmacies, in particular, are expected to deliver exceptional service quality, especially through the integration of their various channels, given the urgent nature of the products they offer. Mismatches in information can lead to negative customer experiences.

The results of the third hypothesis test reveal that service quality have a positive impact on customer satisfaction, as evidenced by a T-value of 66.162 and a P-value of 0.000. Therefore, hypothesis H3 is supported. This finding aligns with previous research, which has shown that the service quality delivered by employees, both in physical stores and online platforms, has a significant influence on customer satisfaction (Alam & Islam **[2]**). Additionally, the accessibility and appearance of physical stores and online platforms also contribute to customer satisfaction (Yilmaz et al. **[13]**). In the context of pharmacy retail, especially those implementing omnichannel strategies, the service quality provided by employees across all channels has a substantial impact on customer satisfaction (Rahman et al. **[15]**). This is because employee service involves delivering consistent and clear information about medications, ensuring customers are not confused. Furthermore, accessibility plays a vital role in customer satisfaction within the pharmacy retail industry. Since pharmaceutical products are often urgently needed, the location of the retail pharmacy and product availability are critical factors. Moreover, the speed at which the retail pharmacy serves its customers also significantly influences customer satisfaction.

The results of the fourth hypothesis test reveal that service quality has a positive impact on customer loyalty. This is supported by a T-value of 3.502 and a P-value of 0.000, indicating that hypothesis H4 is accepted. This finding aligns with previous research, suggesting that customers are more likely to switch to other brands when the service quality is low (Slack & Singh **[19]**). Additionally, a study conducted by Fatima et al., (2018) demonstrates that customer loyalty in the healthcare facility industry is heavily influenced by the quality of service provided at each touchpoint. Customer

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loyalty is also affected by different dimensions of service quality, such as empathy, as observed in the retail fashion industry where empathy plays a significant role in driving customer loyalty to a specific retail brand (Sum & Hui **[22]**). In the context of pharmacy retail, customers attach great importance to these dimensions of service quality as they are directly related to obtaining the right medication and accurate information. Hence, any inconsistencies or deficiencies in the information or service provided may fail to meet customer expectations, making it easier for them to switch to other pharmacy retail brands.

The results of the mediation test reveal that the T-value and P-value for the specific indirect effect path are 4.723 and 0.000, respectively, indicating that hypothesis H5 is supported. This finding aligns with previous research conducted by Fatima et al. **[5]**, which discovered that customer satisfaction mediates the impact of service quality on customer loyalty in the healthcare facility industry. Additionally, the study by Slack & Singh **[19]** demonstrates that low customer satisfaction also serves as a mediator for low customer loyalty due to inadequate service quality. Thus, it can be concluded that customer satisfaction acts as a mediator in the relationship between service quality and customer loyalty (Keshavarz & Jamshidi **[13]**). This finding is relevant to the behavior of customers in the pharmacy retail industry, as customers are more likely to return to the same pharmacy retail brand if they are satisfied with the quality of service provided.

The results of the mediation test for the specific indirect effect path yield a T-value of 3.473 and a P-value of 0.000, meeting the criteria for accepting hypothesis H6. This finding is consistent with prior research, such as the study conducted by Jaakkola & Terho **[11]**, which reveals that service quality acts as a mediator between SJQ and customer loyalty. Additionally, the research by Rawson & Duncan **[17]** highlights that uneven service quality across channels and mismatched touchpoints can diminish customer loyalty, even if the overall service journey is satisfactory. Moreover, the study by Al Owad et al., **[1]** asserts that in healthcare services, the quality of the service journey is significantly influenced by the quality of service at each touchpoint and channel. This finding corresponds to the behavior of customers in the pharmacy retail industry, as their satisfaction may not be guaranteed even if the service journey is of high quality if the service provided is subpar or if they encounter difficulties in accessing the desired products.

IV. CONCLUSION

Based on the results of the hypothesis testing carried out in this study, we can conclude that sjq has no direct effect on customer loyalty in pharmaceutical retail customers who have implemented an omnichannel strategy in indonesia. to influence loyalty, sjq must be balanced with quality services in order to customer loyalty, and we also conclude that service quality is proven to have an influence on customer loyalty and mediates the effect of sjq on customer loyalty in pharmaceutical retail that has implemented an omnichannel strategy. beside that, service quality also has influence on customer loyalty and mediated by customer satisfaction, so we can conclude that satisfaction from good service quality can rise the customer loyalty in pharmaceutical retail

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