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# Consumer trust and physician prescription of branded medicines: an exploratory study

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## Abstract

**Purpose** – The purpose of this paper is to explore the extent of consumer trust of physicians' prescription of branded medications.

**Design/methodology/approach** – This paper adopts a qualitative research approach to study consumers' self-reported experiences with respect to their trust in physicians' prescription of branded medications. An open-interview approach and a focus group discussion were adopted in collecting research evidence from a sample of middle-level executives from various Ghanaian industries who have experienced physicians' prescription of branded medications.

**Findings** – Consumers have mix reactions toward physicians' prescriptions of branded medicines. Whereas some trust, others are uncertain, while some do not trust physicians at all. The last group believes the physicians are serving the interest of third parties in prescribing branded medications.

**Research limitations/implications** – This study focuses only on patients' perspectives. This research could be widened to include other important stakeholders of healthcare delivery such as physicians, pharmacists and management of health institutions.

**Practical implications** – The study provides a platform for physicians to appreciate the trust their clients repose in them as they prescribe medication to them.

**Social implications** – It is envisaged that the research will assist consumers of branded medications to probe into why branded medications are insisted on to be purchased instead of alternatives.

**Originality/value** – This study provides further perspectives on consumer reactions to physicians' prescription of branded medications.

**Keywords** Trust, Consumer, Physicians, Branded medications, Prescription

**Paper type** Research paper

## Introduction

Healthcare delivery success, particularly in the physician-to-patient relationship, is determined in part by whether patients trust or mistrust their physicians and the medicines they cannot understand accurately. This is compounded when patients have no previous experience with the medications in question. Physicians prescribe branded medicines to clients for several reasons. It could be because of the physicians' experience over the years; the brand could be because of physicians' consideration of the customers' financial situation. Conversely, it could also be as a result of unethical means such as the physician having a personal relationship with producers of a particular brand of medicine to distribute it (Mishori, 2011). As a result of these numerous reasons, it is often difficult for the customer to know exactly why physicians will insist they buy particular branded medicines. This creates uncertainty, risk, mistrust and frustration for the



customer in such situations. This often leads to either the customer trust or mistrust in the physician prescription.

Trust is central to medical relationships, resulting in an increasing effort in recent years to measure patients' trust in their physicians and other care providers (Pearson and Raeke, 2000; Hall *et al.*, 2002a, 2002b). Equally, patient (consumer) trust is a key component of the patient–physician relationship (Thom *et al.*, 2002). There are several potential benefits to patient trust, including increased satisfaction, adherence to treatment and continuity of care. Patients base trust in their physicians on a belief that their physician is honest and competent, will act in their best interest and preserve their confidentiality (Hall *et al.*, 2002a, 2002b).

A branded medication has a greater influence, relative to generic medicines, on physicians in prescribing drugs to clients. Meanwhile, generic medicines have been found to be very effective. Generic medicines are pharmaceuticals that can be manufactured by any drug manufacturing firm and not just the ones that invented them because they are no longer covered by patents (Mishori, 2011). For instance, when physicians are prescribing drugs or a customer is buying medicine over the counter, the branded medicines have a greater influence over generic medicines, although they may be less effective in treating some illnesses. Pharmaceutical companies would be interested in recouping their investments. These usually result in the influencing of physicians to prescribe their brand of medications. In some extreme cases, physicians are given commissions or gifts for the sale of the branded medications. Marketers are increasingly adopting aggressive marketing strategies aimed at boosting revenues and the bottom line (Donohue *et al.*, 2007). This is illustrated by increasing amounts of expenditure on physicians by pharmaceutical companies (Donohue *et al.*, 2007; Singh and Smith, 2005). Despite the importance of consumer trust in consumer-based healthcare, there has been very little guided empirical research on the nature of trust between consumers on physicians' prescription of branded medicines in the specific context of healthcare delivery. This research attempts to fill the gap by exploring consumer trust and physicians' prescriptions of branded medicines.

With this background, the remainder of the paper is organized as follows: the literature review on consumer trust and physicians' prescriptions of branded medications is presented next. This review includes physicians' prescriptions of medicines in Ghana. The research methodology is presented in the section that follows, whereas the results, discussions and implications follow in that order. The penultimate section of this paper is the conclusion with limitations and directions for future research ending it.

### Literature review

Consumer trust studies are not new in the marketing literature (Moorman *et al.*, 1993; Harrison and Chervany, 2002). A willingness to rely on an exchange partner in whom one has confidence is referred to as trust (Moorman *et al.*, 1992). According to Moorman *et al.* (1993), this definition spans the two general approaches to trust in extant literature. First, they postulate that considerable literature in marketing view trust as a belief, confidence or expectation about an exchange partner's trustworthiness that result from the partner's expertise, reliability or intentions (Moorman *et al.*, 1993). Second, they suggest trust has been viewed as a behavioural intention or a behaviour that reflects a reliance on a partner and involves vulnerability and uncertainty on the part of the

trustor (Moorman *et al.*, 1993). This view implies that without vulnerability, trust is unnecessary because results or outcomes are inconsequential for the trustor. Deutsch (1962) defined trust as actions that increase one's vulnerability to another. Trust is also viewed as the voluntary placing of resources at the disposal of another. Alternatively, transferring control of resources to another is a form of trust (Deutsch, 1962). These views point to the fact that trust is not relevant if the trustor can control an exchange partner's actions or has complete knowledge about those actions (Coleman, 1990; Deutsch, 1958; Moorman *et al.*, 1993). Moorman *et al.* (1993) argued that both belief and behavioural intention components must be present for trust to exist. They argue further that a person who believes that a partner is trustworthy and yet is not willing to rely on that partner has only limited trust (Moorman *et al.*, 1993).

In addition, scholars often argue that trust is important to people's safety and to the long-standing stability of marketing relationships (Grönroos, 1990; Grundlach *et al.*, 1995). In patient–physician relationships, trust encourages patients to cooperate with their physicians (Leisen and Hyman, 2001). Such efforts include accepting treatments (Johns, 1996) and disclosing personal information relevant to treatment (Mechanic and Schlesinger, 1996). Trust is a multi-dimensional construct with two inter-related components: trusting beliefs (i.e. perceptions of competence, benevolence and integrity) and trusting intentions (i.e. willingness to depend, a decision to make oneself vulnerable to another person). Trust can be situational and context-specific (Lewicki and Bunker, 1995). Trust can be: person-to-person trust; organization-to-organization trust; and people-to-computing systems trust. Rousseau *et al.* (1998) defined trust as “psychological state comprising the intention to accept vulnerability based upon positive expectations of the intentions or behavior of another under conditions of risk and interdependence”. According to Chen and Dhillon (2003), trust is a psychological state that can be interpreted in terms of beliefs, confidence, positive expectations or perceived probabilities; again trust is not a behavior or a choice, but an underlying psychological condition that can cause or result from such actions; trust has positive outcomes; again trust is developed under risk and interdependence conditions. Consequently, trust under conditions of risk suggests that a person who trusts assesses the vulnerability and uncertainty of whether the other party intends to and will act appropriately.

Trust would not be needed if actions could be undertaken with complete certainty and no risk, and the one who trusts is not in a vulnerable position. Trust under interdependence, interests of one party cannot be achieved without reliance upon another. The variations in risk and interdependence over the course of a relationship between parties can change both the level and potentially the form that trust takes (Rousseau *et al.*, 1998). Trust is an especially important factor under conditions of uncertainty and risk (Lee and Turban, 2001). Three attributes arguably constitute the main elements of trustworthiness: ability, benevolence and integrity (Mayer *et al.*, 1995; Lee and Turban, 2001).

According to Butler (1991), availability, competence, consistency, discreetness, fairness, integrity, loyalty, openness, promise fulfilment and receptivity are the attributes of trust. Whiles Cook and Wall (1980) noted ability and trustworthy intentions as the constituents of trust. Deutsch (1960) also identified ability and intention to deliver. To Doney and Cannon (1997), trust includes reputation, size and willingness to customize. Similarly, Good (1988) mentioned ability, intention and trustee's promises.

Whereas [Kee and Knox \(1970\)](#) view trust to include competence and motives. [Lieberman \(1981\)](#) stated competence and integrity as part of trust. [Ring and Van de Ven \(1992\)](#) identified moral integrity and goodwill.

Considering physicians and patient relationships, vulnerability and uncertainty arise for several reasons. First, consumers are unable to evaluate the quality of physician services. This means they must rely on physicians to give them credible diagnosis. Second, consumers are unable to interpret physicians' prescriptions or assess their implications. The implication is that consumers of health services must rely on physicians to perform such interpretive functions or roles. Also, consumers' vulnerability increases to a large extent because of the fact that they rely on the physicians' efficiency. Additionally, consumers are vulnerable to physicians because physicians often provide information that is used by consumers to evaluate their decision ([Moorman et al., 1993](#)). Finally, in relationships between physicians and consumers, the latter must share proprietary information about their health condition, placing themselves at the mercy of the physicians' prudence in maintaining confidentiality ([Moorman et al., 1993](#)). Trust is situational and context-specific and should be investigated under specific context and parameters ([Lee and Turban, 2001](#)). In the context of healthcare delivery, risk is a relevant situational parameter, in that patients entrust their lives to physicians.

According to [Johns \(1996\)](#), trust is critical from a clinical and an organizational perspective. Clinically, patients trust that physicians prescribed treatments to cure ailments and provide comfort ([Roth, 1994](#)). Consequently, patients are more likely to accept treatments ([Johns, 1996](#)). Organizationally, trust fosters various positive outcomes, such as patient retention and positive word-of-mouth, which increase revenues. The advent and morphing of managed care plans, the increasing specialization of physician training, the growing use of cutting-edge medical technology and the expanded delivery of medical services on an outpatient basis, are examples of changes that have altered patient–physician relationships ([Leisen and Hyman, 2001](#)). Additionally, many patients are better informed about their conditions and view their physician differently than they did a decade ago. Such changes are likely to alter patients' trust in their physician.

Meanwhile, extant literature cites managed care as a trust-reduction factor ([Leisen and Hyman, 2001](#)). According to [Mechanic \(1998\)](#), any clue that physicians' intentions include more than loyalty to patients can lead to mistrust. It is also argued that managed care plans can lead to a reduction in patients' trust by shifting treatment decisions from physicians to cost-conscious administrators, particularly through insurer review of physicians' decisions and restrictive referral policies ([Gorman, 1998](#)). [Caldwell \(1997\)](#) also argues that managed care companies degrade physicians' medical decisions via economic incentives to provide lower-cost care.

On the other hand, mistrust is referred to as the cognitive habit of interpreting the intentions and behaviour of other as unsupportive, self-seeking and dishonest ([Mirowsky and Ross, 1983](#)). They further assert that mistrust is an absence of faith in other people based on a belief that others are out for their own good and will exploit or victimize you in pursuit of their goals. [Mirowsky and Ross \(1983\)](#) also believe that mistrusting individuals seem to create and maintain distance from the people they do not trust. [Kramer \(1999\)](#) also describes mistrust as the suspicion of others. According to him, suspicion is the central cognitive component of mistrust. People generally appear to

be selfish and willing to exploit others for personal gain. In relation to patient–physician relationships, it is believed that some physicians could prescribe branded medicines for their personal gains, and this could lead to mistrust when patients find out. In this instance, mistrust implies judgement about the probable risks posed by the interaction in the patient–physician relationship.

Knobloch and Solomon (1999) defined uncertainty as the degree of confidence people have in their ability to predict, describe or explain behaviours within an interpersonal relationship. Knobloch and Satterlee (2009) later identified basic propositions of relational uncertainty expected to be salient across relationship types. In general, these propositions postulate that relational uncertainty is associated with a variety of negative outcomes, including avoidance of direct communication about sensitive issues, a lack of confidence in one's ability to communicate with another and the propensity to view a partner or relationship more negatively. These authors further suggested that relational uncertainty prompts individuals to view their partner/relationship more negatively. Relational uncertainty has been found to lead to the experience of negative emotions in relationships (Knobloch *et al.*, 2007), regarding patient–physician relationships, patients experiencing relational uncertainty will report less satisfaction with their medical care from their physicians.

The review of literature indicates that there is insufficient theory and understanding of consumer trust within the context of healthcare delivery in general (Thom and Campbell, 1997), especially within a developing country context like that of Ghana. In Ghana, a study conducted by Basic Needs International, a non-governmental organization, and published by Pharmacy Council in 2012, indicated a widespread prescription and use of notable foreign brands in top hospitals and major pharmaceutical outlets to the detriment of local producers (Kubi, 2012). Kubi (2012) also discovered that even though consumers pay for prescription drugs, health professionals control the access to these drugs. Therefore, health professionals, including physicians in Ghana, are primary targets for the promotional schemes of drug companies. In Ghana, prescriptions of physicians in top private hospitals are mainly composed of foreign brand medications for the affluent clientele of these facilities. Over that period, questions have been raised about the ethical nature of these actions. Also in Ghana, because of the large influx of foreign pharmaceutical companies, mostly from India and China, there has been a sharp increase in marketing activities and efforts from the various pharmaceutical firms to compete for some share of the market. As a result of the weakening nature of the National Health Insurance Scheme (NHIS), most healthcare facilities and institutions have gone back and adopted the “cash-and-carry” system (Nkrumah, 2010; Aryeetey *et al.*, 2013; Amporfu, 2013). This has put a lot strain on pharmaceutical companies to market their drugs directly to consumers or their agents. It could be argued that this development has contributed to the subsequent aggressive marketing efforts such as incessant advertising, promotions and direct sales that have been adopted by pharmaceutical marketing companies in Ghana (Nkrumah, 2010; Aryeetey *et al.*, 2013; Amporfu, 2013).

Trust has long been a foundation of relationships (Ball *et al.*, 2016). A prolonged wave of corporate scandals in the past has threatened the development and maintenance of consumer trust. This has led to marketers' interest in promoting consumer brand relationships to ward off increasing competitive pressure (Pawle and Cooper, 2006) and engender greater focus on trust. Pharmaceutical manufacturing firms among other

industries face the issue of trust (Ball *et al.*, 2016). While trust is often thought to be an important factor of consumer response, prescribing a branded medicine presents a unique perspective to study trust. Mechanic and Schlesinger posit that there is a widespread concern that patients' trust is declining under various doctor-patient relationships. However, other scholars remark on how high trust remains (Davies and Rundall, 2000). It can also be argued that in circumstances where patients' trust in the physicians is lost, quality of care could deteriorate, as patients would be less likely to seek a second opinion or question inappropriate medical advices (Thom *et al.*, 2004).

### Methodology

#### *Sample characteristics*

In terms of the age of the respondents, most of them were in their early- to mid-thirties and they had tertiary education, at least a first degree. They had also made some visits to the health centre occasionally, which means they had their individual experiences to share so far as their interactions with a physician were concerned. The interviewees also made visits to health centres at least twice within the year. Majority of the interviewees were married, indicating that they are decision-makers in their various family units. The interviewees also indicated that they visit both private and public hospitals; however, the majority of the interviewees responded that they preferred private hospitals. This shows that, relatively, the interviewees were in the middle class. The occupations of the interviewee include banking, marketing, journalism, insurance, and sales.

#### *Research design*

The research method used in this study is the exploratory design. Qualitative methods were adopted to elicit data from working class executives in individual interviews and focus group discussions. Participants of the individual interviews were asked to narrate their experiences, both good and bad, with physicians. The narrative exploratory approach is one of several ways that a research is conducted in the area of social science (Hair *et al.*, 2003). A narrative exploratory strategy was preferred in this instance because there was a focus on a contemporary phenomenon within some real-life context. Scholars are of the view that exploratory narrative approach is particularly well-suited where existing theory appears inadequate (Hair *et al.*, 2003). The interviewees who had time and were willing to participate in focus group discussions were granted the opportunity to do so, and additional data were collected. The responses received in the focus group discussion were transcribed, and useful comments in relation to consumer trust, uncertainty and mistrust of physicians' prescriptions of branded medications were analysed. The anonymity of the respondents was promised during the data collection stage. The interviewees were assured that they will not be identified in any part of the research. To ensure that the respondents were not identified, their responses were coded into 1:1, 1:2, 1:3 [...] 1:34. This coding was not based on any order. Thus, tracing to actual respondents was not possible.

#### *The sample*

Non-probability sampling technique, specifically convenience sampling, was adopted in recruiting the sample for this study. Convenience sampling was appropriate in this particular research considering the fact the participants were easily accessible and they were willing to participate. The respondents were executives from various industries in Ghana's private and public institutions. The source brings together experienced

professionals. The respondents were contacted at a seminar at the University of Ghana Business School, and were asked for their participation in an interview. Those who agreed to be interviewed were recruited and interviewed. To qualify the interviewees for data collection, they were asked how often they visited their physicians and the last time they made a visit. This strategy was used to help screen and qualify the respondents' participation in the research. To examine the quality and accuracy of the information provided by the respondents, the respondents were subjected to multiple methods of eliciting data, that is, the interviews and focus group. The aim was to cross check the information provided by the participants.

Participants were briefed on the subject matter, prior to collection of responses, to gain an understanding of the information requested, thereby promoting validity and reliability (Saunders *et al.*, 2000). Moreover, the results of the study were sent back to the respondents to confirm their responses. In all, 34 respondents participated in this research. This number is comparable to similar studies in the scientific literature (Thom and Campbell, 1997). For instance, Thom and Campbell (1997) employed 29 patients in their investigation of the patient–physician trust relationship.

## Results

Consumers' trust in physicians' prescription of branded medicines based on their personal experiences or encounter with physicians is explored. Even though the focus of this study is to investigate consumer trust and physicians' prescriptions, it appears from the results of the study that there are other dimensions of the relationship that emerged. This is in line with the consumer trust literature which indicates that there are other trust dimensions apart from the customer and physician in this case (Moorman *et al.*, 1993). For instance, some dimensions in the extant literature include: consumer trust and medicines; consumer trust, medicines and physicians; consumer trust, medicines, physicians and institutions; and others. To conceptualize and analyse the results of this current study, the responses are categorized into trust, mistrust and uncertainty.

### *Trust*

Some consumers believe that physicians are knowledgeable and well trained. According to the interviewees, they are highly experienced in their profession, as such they (consumers) trust whatever drugs the physicians prescribe for them. This means that some patients trust physicians because they believe that these physicians are professionals and as such they will not prescribe wrong drugs for patients. The consumer in this instance trusts the physician and will respond to the prescription of the physician without any resistance. The following responses capture the trust some of the consumers have for their physicians. "I believe my physicians prescribe drugs based on their knowledge but not necessarily to push certain brands. I trust their judgment" – [1:20]. This particular respondent has confidence in physicians' knowledge to differentiate what is good from bad. This finding resonates with Chen and Dhillon's (2003) understanding of trust as a psychological state that can be interpreted in terms of beliefs, confidence, positive expectations or perceived probabilities:

I trust them because they are in a position to tell what is best for the situation at hand. Since they have always not given me any cause to doubt them – [1:31].

The respondent in this case relies on previous experiences to bestow trust on the physicians. Trust is not a behavior or a choice, but an underlying psychological

condition that can cause or result from such actions. This discovery is in line with [Chen and Dhillon's \(2003\)](#) observation that trust has positive outcomes. This will ensure repeat client visit to physician if trust is established with less effort from the physician. Also, the findings point to the fact the respondent in this case has risk his/her life for the physician and equally depends on the physician to do the right thing.

"I believe the physician when I am given drugs to take because they are professionals" – [1:25]. Professionalism is what is relying on by this particular respondent to trust the physician. This signifies the importance of professional competence in the medical field, in that trust can be gained through professional knowledge exhibited by physicians. "I trust my physicians because they are well experienced with well qualified certifications and successful track records" – [1:29]. The respondent trusts the physician from three main variable perspectives, namely, experience, certification and track record of the physician. This demonstrates that combinations of factors are sometimes required for trust to be established. "Yes, I do trust my physician's medication because my illness got cured when prescribed for me" – [1:27]. It can be inferred from the respondent's view point above that trust in the physician resides on the ability of the physician to prescribe drugs or medicines accurately. "I believe physicians know branded and alternative medications for ailments they specialize in treating. Therefore, I trust the branded medications prescribed by physicians" – [1:31]. Trusting beliefs have occurred in this instance in that the respondent relies on the competence of the physician. Competence of the physician is the key reason the respondent trusts the physician. Also, this kind of finding suggests that the customer is not in doubt with the physician and likely to be fanatic with the relation. This implies that no matter how competing brands are offered, the consumer is not likely to change the physician.

"I trust my physician. He knows what is best for me" – [1:30]. Trusting intentions is evident in this particular respondent. The respondent's willingness to depend, a decision to make oneself vulnerable to another person is what is inferred from this study. Patients base trust in their physicians on a belief that their physician is honest and competent, will act in their best interest and preserve their confidentiality ([Hall et al., 2002a, 2002b](#)). "I do trust my physician most of the time [...] [...]" – [1:34]. The study also reveals that some consumers do trust their physicians based on specific prescriptions they have given before. According to this segment of consumers, they trust their physicians because certain branded medicines the latter prescribed worked for them. This finding suggests that some consumers believe in the prescriptions from physicians to an extent:

[...][...] due to how effective this brand worked for me, anytime I am diagnosed with malaria I would insist on Coartem rather than any other brand [...]. Per my experience, I believe Coartem does the job better than other brands – [1:1].

"Yes, I do trust the medications. For the most times I've taken the medication my illness has been cured or treated" – [1:24]. Patients base trust in their physicians on a belief that their physician is honest and competent, will act in their best interest and preserve their confidentiality ([Hall et al., 2002a, 2002b](#)). "I believe the prescriptions written out are usually to facilitate the process of recovery from an ailment" – [1:26]. These responses are in confirmation of the findings in the works of [Roth \(1994\)](#) and [Chen and Dhillon \(2003\)](#), who found that trust is a psychological state that can be interpreted in terms of beliefs, confidence, positive expectations or perceived probabilities. Meanwhile, another

group of respondents mention that they trust prescribed branded medicines from their physicians but they would still ask relevant questions related to the medicines. “[...][...] since then I would ask questions about every drug I’m prescribed” – [1:19].

### *Uncertainty*

Customer suspicion can cause uncertainty in their health purchasing behaviour. Respondent 1:5 saw promotional materials from a particular pharmaceutical firm has resulted in uncertainty in terms of trusting his/her physician. “I visited our family doctor intermittently and observed that there were varieties of calendars and posters from one particular pharmaceutical company which superseded the other pharmaceutical companies” – [1:5]. “[...][...] his (physician) wife was the marketing manager for that pharmaceutical company and he also added that their drugs were very good and affordable” – [1:5]. This means the consumer did not absolutely trust the physician, but then he/she had no choice. This is compounded by the issue of information asymmetry. Physicians must therefore guard against these practices regardless of the pharmaceutical firms’ intentions. This finding is equally expressed in prior scholarly by works [Mechanic \(1998\)](#), and any clue that physicians’ intentions include more than loyalty to patients can lead to mistrust:

I am not sure whether my physician is in collusion with a pharmaceutical company. If he is, then it is not observable – [1:28].

“[...] [...] the doctor requested I took some injections, which if I had my own way I wouldn’t have, but for the sake of my health, I had to” – [1:16]. The findings imply that some consumers of medicines believe that physicians sometimes prescribe expensive branded medicines for minor illness. Consequently, they are uncertain about the trust they have for physicians in prescribing branded medicines. These findings are in harmony with previous study by [Morgan \(2003\)](#) who found that there are also conflicting demands placed on doctors in terms of their requirement to act in the best interests of their patients and their duty to serve the interests of the state. Respondents mention that some physicians prescribe drugs based on laboratory results and so the consumers do not know whether the prescription problems are from the physicians or the laboratory officials. This results in consumer uncertainty:

[...][...] my trust for them (physicians) is graded 50 per cent because they sometimes give wrong medications [...] [...] [1:33].

[...][...] well, depending on how bad my illness is, I would have no option than trust what I am being given. When I have time, I can check out the drug with another physician I know personally – [1:17].

A patient walked into a hospital with a skin disease infected by insect bite. The physician prescribed an expensive penicillin, which is a drug for minor infections – [1:2].

### *Mistrust*

Consumer awareness is very essential at all times particularly, between consumer of health services and physicians. Concealed information, when discovered, can result in mistrust. “[...][...] trust me, after these revelations I found it a bit difficult trusting my physician fully on the kind of drugs he prescribed thereon” – [1:5]. For some undisclosed

reasons, some patients do not trust physicians and as a result do not visit unknown physicians. Unless they have known the physician for some time they would not visit him/her when they are sick:

[...][...] I totally lost the trust I had for these physicians and rather prefer to only see this doctor friend for any advice if I am unwell but not to visit any clinic I don't know a doctor there – [1:6].

Some patients believe that physicians are sometimes bribed by pharmaceutical firms to prescribe their branded medicines for patients. For this reason, these patients are very vigilant of drugs their physicians prescribe for them. This suggests that some patients do not trust physicians as a result of branded medicines. The excerpts from interview session with respondents regarding physicians' prescriptions are presented below:

I will say that everyone must be vigilant when taking a drug prescribed by a physician. No one must assume that because the drug is coming from a physician he/she will not read before administering it – [1:13].

This respondent does not trust physicians and he/she is advocating for more scrutiny on physicians' prescriptions. It can be inferred from the response that a negative word-of-mouth testimony about physicians and prescription of branded medications is expressed by the respondent. This signifies that lack of trust on physicians' prescriptions of medications will go beyond the individual to other stakeholders, as these affected individuals are likely to inform and encourage other consumers to be mindful with the dealings.

“[...] [...] bribing medical doctors is an old practice and still active, and even getting worse than before” – [1:13]. This respondent sees this to be an old practice which still goes on even in contemporary times. This calls for circumspection from the stakeholders involved to this issue. It is not a particular group alone but a holistic approach. This finding is in line with scholars' arguments that investigations into this phenomenon are not new in the extant literature (Moorman *et al.*, 1993; Harrison and Chervany, 2002). “Medical doctors have always been solicited by professional assistants to generate publicity for certain imported drugs [...] [...]” – [1:28]. It can be deduced from this specific respondent assertion that medical doctors are conduit for promoting medicines. This cannot be viewed completely wrong based on the fact some level of assistance is required from these medical professionals to generate awareness of best innovative practices in the scientific community. It becomes a concern when the interests of professionals are paramount in the relationship to the disadvantage of the general society:

My view is that I do not really trust physicians. I have an opinion that they are just marketing products they have commissions on. They don't even follow-up to find out how the prescribed drugs perform – [1:32].

The inference from this appears to be a direct accusation of physicians. Unlike respondent 1:28's assertion, respondent 1:32's submission is a vivid accusation of physicians for marketing medical products for commission. In addition, it can be induced from the submission that because of the unprofessional conduct of the medical practitioners, less attention is given to follow-up after prescriptions are made according to the respondent. “Doctors prescribed medicines due to influence from pharmaceutical

sales representatives for them to sell their product to enable them get profit” – [1:18]. It can be deduced from the respondent submission that profitability is the motive in this sense for prescription of medications by physicians. Sales representatives usually prospect these physicians to influence them to prescribe their medications. Because these physicians are knowledgeable in their area and their opinions are respected by numerous stakeholders, they are in a position to determine the kind of medications that are patronized:

Generally I agree that a lot of branded medications are prescribed by physicians because they have an interest. That is, they receive some reward for promoting the use of the branded medications – [1:34].

These responses are in line with similar results in [Iizuka's \(2007\)](#) study, which indicated that physicians' prescription choices are influenced by mark-up that physicians obtain through dispensing the drugs. “[...] [...] in terms of trust, medical practitioners need not be trusted” – [1:21]. In much the same way, some consumers mistrust physicians because of wrong prescription of drugs given to them:

A cousin of mine was diagnosed with mild cholesterol and was put on medication by his physician outside of Ghana. A brand was recommended by this physician plus two other alternatives in case the first brand was not available. Upon his return to Ghana, he contacted another physician who insisted that he takes a particular brand different from the ones the first doctor prescribed. So he obeyed his Ghanaian physician and kept taking that particular brand religiously. Eventually, he developed some kidney problems and through diagnosis by a different doctor linked the kidney disease to the cholesterol medication prescribed by his Ghanaian physician – [1:12].

The respondent in this case trusts the medicine and not the physician:

[...] [...] I objected and was told to go back to the physician if I still wanted a change. I therefore enquired from the pharmacist if he knew the medicine I was requesting for was of a higher quality than what was being offered. He informed me that, even though he knew that, he could not do anything about it because the orders were coming from the doctor who had a higher position in the hierarchy. I therefore had to go back and convince the doctor why I needed that brand before I had it changed – [1:11].

This is in line with previous arguments in the consumer trust literature that there are several relationships in which trust can occur. It could be between the consumer and the service institution, the consumer and the physician or the consumer and the product. According to some respondents, specific pharmacy shops are recommended by some physicians for patients to purchase their prescribed branded medicines. This leads to consumers' mistrust of the physicians:

I took my little girl to one of the well-known hospitals and they prescribed an antibiotic called Zithromax for her. I walked to the hospital pharmacy only to be told they do not have it, but I should go specifically to a particular pharmacy shop to purchase it, since that is the only place I can get one – [1:4].

This particular respondent doubts the creditability of the professionals saying that the hospital pharmacy lacks the medicines based on the fact that the professionals are recommending a specific pharmacy shop. It raises suspicion and potentially demonstrates conflict of interest:

[...][...] all colleagues of the medical doctor who prescribed the first medication condemned his action and wondered why such a medication was not common and can only be found in his wife's pharmacy – [1:15]. Personally I do not trust physicians – [1:23].

### Discussions

The interviewees in this case trust, mistrust or are uncertain of their physicians' prescriptions. Highly trusted physicians can preserve customer commitment during difficult times created by management policies that appear contrary to the consumers' best interests (Moorman *et al.*, 1993; Pearson and Raeke, 2000). For example, a patient visited the doctor and was prescribed a branded de-wormer. However, symptoms persisted. On the next review visit, the doctor prescribed the same brand of de-wormer, but the patient protested and the doctor changed the drug. After this, the patient began to show signs of improvement. In this case, the doctor appeared to push the first brand of de-wormer. There was another patient that a doctor prescribed an expensive branded medicine, whereas there was a similar medicine which could cure the ailment but cheaper in cost. The doctor convinced the patient to buy the branded prescribed medicine. In many cases in Ghana, physicians preferred to prescribe branded drugs for patients as compared to the generic options. It has however been observed that most private hospitals tend to prescribe branded drugs, whereas public hospitals prescribe generic drugs. For this reason, many patients prefer visiting public hospitals or chemical shops instead of private hospitals. These revelations are inconsistent with previous works (Pearson and Raeke, 2000; Hall *et al.*, 2002a, 2002b) which concluded that trust is central to medical relationships, resulting in an increase in efforts in recent years to measure patients' trust in their physicians and other care providers. Equally, patient (consumer) trust is a key component of the patient–physician relationship (Thom *et al.*, 2002).

According to the respondents, some hospitals in Ghana are insensitive to the rights of patients, and particularly some popular private hospitals prefer prescribing only branded drugs. When patients complain about the high-priced branded drugs, these hospitals would decline to give out the prescriptions and patient would have to look elsewhere for medical attention. It can be argued that when one visits the hospital and the doctor prescribes a particular brand of medicine, the person may try as much as possible to get that brand based on the trust of the relationship between the patient and the physician, even though other alternatives may be available. This implies that, based on that trust, a patient cannot choose any other alternative until the doctor himself changes the prescription. The doctor, usually, prescribes the branded medicine and also shows the particular pharmacy where it could be bought. In such a situation, it can be concluded that the physician is promoting the brand. Alternatively, it can be said that the physicians would want a particular drug to get out of stock by asking patients to get it from a particular pharmacy shop. In other instances, too, we can infer that the physicians believe that only the selected shops sell genuine drugs.

The respondents also iterated that, some companies pay physicians to promote their medicines. In other instances, physicians prescribe branded medicines from their own or family pharmaceutical shops. In the focus group discussions, it was concluded that the branded medicines are more expensive than the generic ones, and sometimes the branded medicines rather have side effects and are too strong for the treatment of some

diseases. As a result of personal trust in the physician prescribing it, one tries as much as possible to get that drug.

In some circumstances, when physicians prescribe drugs, they explain exactly what the drugs are supposed to do. Some respondents however indicated that, this is not the case in Ghanaian hospitals; physicians only prescribe drugs and do not expect patients to question the use of these drugs. Because of this, most patients do not trust medicine prescribed by physicians, but they are forced to take them to get well. While some physicians cannot be trusted by patients, others could be trusted. According to the respondents, most people trust private hospitals more than government hospitals, although it is the same doctors who normally operate in both the private and public hospitals. These findings are in contrast with previous study by [Parsons \(1951\)](#) who recognized that doctors have an obligation to act in the best interests of individual patients.

In some cases, patients rely on word-of-mouth or a recommendation from friends, and relatives in making decisions on which physicians or hospitals to visit. Once a patient trusts a hospital, it is easy to recommend it to others. When a close relation recommends a hospital or physician, you are more likely to trust the hospital or physician in question. However, the same cannot be said for the less privileged in the society who only rely on health insurance to get access to healthcare from some public hospitals and few private ones. People are loyal to health facilities for various reasons, amongst them are experienced physicians and long-term relationship with the facilities. Generally, a patient may trust a physician because of the latter's specialized knowledge. The patients may also trust the specialist because of their long-term relationship, and because the physician may know the medical history of the patient.

The focused group participants also claimed that pharmaceutical companies induce physicians and other medical staff, by way of commissions, holiday trips and training, to promote and procure their branded medicines. These findings concur with the results of numerous conceptual and empirical studies on patients' trust and physicians' relationship ([Thom and Campbell, 1997](#); [Anderson and Dedrick, 1990](#); [Kao \*et al.\*, 1998](#)).

#### *Practical and managerial implications*

There are quite a number of practical and managerial issues to be gleaned from the study. It is important for physicians to clarify their motives for prescribing certain branded medicines to prevent their patients from becoming uncertain or mistrustful of them. Furthermore, most ensure that they deftly handle arrangement with pharmaceutical companies so that prescribing these companies' medicines does not result in consumers' mistrust.

Physicians must also be vigilant and cautious about the drugs they prescribe for their clients because this can affect the trust of their clients as patients now have a wide access to information regarding prescriptions of physicians and often pay closer attention to word-of-mouth recommendations from friends and families. They should also allow patients to ask questions regarding prescribed medications and desist from imposing drugs on patients and allow alternatives, as this will likely help increase trust in the physician–patient relationship.

Additionally, physicians must take note of cues that influence the trust clients have in them and their prescriptions. Conspicuous items from known pharmaceutical companies in the offices of physicians transmit the signal of mistrust, or at best,

uncertainty, especially when the physicians prescribe medications produced by those companies.

### Conclusions

The results of this research indicate that Ghanaian healthcare consumers' have mixed feelings with respect to trust in the physician–patient relationship. Some consumers trust their physicians because of the physicians' knowledge and experience and the patients past experience with these physicians. Other patients are uncertain about their physicians' prescriptions, often because they have inadequate knowledge on the subject matter. The third category of consumers does not trust the physicians. These patients cite numerous reasons for this including: receiving tangible gifts from pharmaceutical firms which are capable of influencing physicians to prescribe their drugs at the expense of more effective alternatives; past experience with physicians; and a host of other reasons. Summarily, this study has revealed three behavioural positions of healthcare consumers that can help healthcare providers in providing services and potential consumer of health services.

### *Limitations and directions for future studies*

This study focuses only on patients, known as consumers' level of trust on physicians. This research could be widened to include other important stakeholders of healthcare delivery such as physicians, pharmacists and management of health institutions. This is not intended to be generalized for the Ghanaian working class, but to provide an insight into a section of the population's feelings on physicians' prescription of branded medicines. Furthermore, hypotheses can be developed to provide directions for further empirical testing.

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