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Qualitative Analysis of Strengths, Weaknesses, Opportunities and Threats of Professional Services by Community Pharmacies in Nigeria

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Abstract

Background: Professional services hold important promises for community pharmacy which remain under-exploited. Objective: To analyse strengths, weaknesses, opportunities and threats of professional services and propose strategic options for their management in community pharmacies in Nigeria. Method: A mixed method was used. Two focus groups were conducted with nine pharmacists who own retail outlets and seven superintendent pharmacists respectively. Validated, semi-structured questionnaires were administered on 321 randomly-selected community pharmacists and 642 pharmacy clients. Data collected were subjected to appropriate descriptive and inferential analysis at $p<0.05$. Results: The strongest strengths of the community pharmacists were easy accessibility (MWA 3.69) and good managerial skills (3.63). Inability to quantify services and get paid for them (3.39); and time constraints (3.36) were the most prominent weaknesses identified. The Pharm.D programme with attendant improvements in clinical skills (3.52); and digital technologies (3.51) presented the greatest opportunities; while unhealthy competition (3.50) and increasing recognition for patent and proprietary medicines vendors (3.50) were the greatest threats. Higher educational qualifications and location of practice did not improve service management scores but length of practice experience did ($p = 0.00$). Exploiting opportunities had strongest relationship with service quality ($r = 0.129$, $p = 0.02$) while weaknesses influenced opportunities the most ($r2 = 0.35$, $t = 12.98$, $p = 0.001$). Conclusion: Strategic planning for professional services was inadequate. The community pharmacists exhibited marginal capacity to exploit opportunities and mitigate threats. Weaknesses and threats were major factors limiting service outcomes. There is need to strengthen strategic planning to optimize professional pharmacy services.

Keywords: Community Pharmacy, Professional Services, SWOT Analysis, Strategic Planning, Nigeria

1. INTRODUCTION

Community pharmacy has always been a service market and the medicines and other health commodities offered by community pharmacists have always been accompanied by professional services meant to maximize therapeutic outcomes (Marcrom, Hoton & Shephard, 1992). Professional pharmacy services (PPS) comprise the set of traditional and emerging services delivered by pharmacists or those under their supervision. In doing this, they deploy specialized skills, directed at clients, members of the community, or other health professionals, with the goal of improving quality of care and overall health delivery outcomes (Moulin, Sabater-Hernandez, Fernandez-Llimos & Benrimoi, 2013). There seems to be an increasing demand for these services given the rising incidence of chronic non-communicable diseases (NCDs), increasing comorbidities with attendant polypharmacy and higher risks of adverse drug reactions, increasing antimicrobial resistance, disparities in health literacy, inequities in access to quality health care; unpredictable outbreaks of epidemics, among other demand-side factors (Mcintosh et al, 2018; Zgarrick, Moczygemba, Alston & Desselle, 2016). Community pharmacists' response may be seen in the evolution of an array of value-added services ranging from advocacy for vaccine uptake and actual vaccine administration, pharmacy-based disease parameter screening, medication therapy management (MTM), smoking cessation counselling, healthy living and well-being services, among other supply-side initiatives (Smalls, Broughton, Hylick 2015; Queeno, 2017; Alsabbagh et al., 2018; APhA, 2019).

To explore new service ideas and evaluate risks and likelihood of success before actually investing organisational resources, certain questions must be addressed. Some of these questions are:

Should the pharmacy be in the "prescriptions business" or "professional services business"?
What professional services should be offered?
Which customer groups should be targeted?
How much money and other organizational resources should be invested?
How can the services be managed to ensure their profitability and sustainability (Feletto, Wilson, Roberts & Benrimoj, 2010)?

Providing answers to these and similar questions in a fast-changing practice ecosystem requires strategic planning and appropriate management action (Desselle, Moczygemba, Coe, Hess & Zgarrick, 2019). Strategic planning adopts a long-term view encompassing the organization's vision, mission, and values; analyzes internal capabilities and external developments; and throws up strategic options for management to identify priority services (George, Walker & Monster, 2019). In Nigeria, literature on strategic planning in community pharmacy is under-developed and reporting is uncommon.

SWOT-analysis is a popular tool that may be deployed to evaluate the interplay of internal capabilities (strengths(S) and weaknesses (W)) with external variables (opportunities (O) and threats (T)) and to formulate strategic plans for effective management of professional pharmacy services (Gebremariam & Mekuria, 2019). It is a realistic, fact-based, data-driven approach to planning based on real-life contexts. Strength factors refer to beneficial variables, internal to the pharmacy organisation, which facilitate the success of the service programmes and confer competitive advantage on the pharmacy. Weaknesses are features of the pharmacy or team which hinder progress towards service goals and place the organisation at a disadvantage in the competitive arena. Opportunities include features/developments in the external environment that provide incentives for success of the service programme, and offer competitive edge to the pharmacy. Threats are uncontrollable variables/developments in the external practice environment that have the capacity to complicate the weaknesses of the pharmacy organisation and stop progress towards service goals (Harrison, 2005; Zgarrick et al., 2016). An understanding of the SWOT factors associated with each PPS is necessary to convince stakeholders (payers, business owners, investors, administrators etc.) of the prospects of the service and demonstrate how it advances the strategic priorities of the organisation. However, evolution of professional pharmacy services in Nigeria is still nascent, and there is significant lack of objective evidence of the SWOT elements associated with the services.

Extant literature does not offer a consensus on how to carry out SWOT analysis. However, most authors identified factors in the external environment that present opportunities and threats; as well as factors in the internal environment that represent strengths and weaknesses; and then confronted the strengths and weaknesses with the

opportunities and threats in order to generate strategic options for management (van Wijngaarden, Scholten & van Wijk, 2012; Zgarrick et al, 2016; Wang & Wang, 2020). Hence the present study adopted this same approach in relation to professional pharmacy services with particular emphasis on the unique contexts of Nigeria community pharmacy.

METHODS

A mixed-method design was used in this study. An initial exploratory phase employed an ethnographic approach using focus group discussions (FGDs) - with two homogenous groups of community pharmacists in Southwestern Nigeria. The first group comprised nine (9) pharmacy owners who were leaders in the Association of Community Pharmacists of Nigeria. The second group had seven (7) superintendent pharmacists drawn from Fellows of West African postgraduate college of pharmacists. Information from the FGDs were combined with those from in-depth review of literature to prepare semi-structured questionnaires which were administered on 321 community pharmacists. A separate questionnaire was designed and administered on 642 clients of the pharmacies.

The study was carried out in community pharmacies across the six Southwestern States of Nigeria, namely Lagos, Ogun, Oyo, Osun, Ondo and Ekiti between June and August 2019. About 60% of all registered pharmacists in Nigeria are in community practice, and about half of all the community pharmacists in Nigeria are located in the Southwest. Moreover, above 60% of the drug manufacturing and importation outfits from where community pharmacists source their products are also located in the Southwest (Oseni, 2017; PCN, 2019).

Only retail pharmacies were included in this study. Although pharmaceutical wholesalers are classified as community pharmacists in Nigeria, they were excluded from the study because the range of their environment does not include the provision of professional pharmacy services. Community pharmacists with less than one year of practice experience were excluded as they were deemed to possess inadequate experience to assess PPSs.

The size of participants in focus group discussions were in line with conventional practice (usually 6-12) (Bernard, 2000). Cochran (1977) formula at 5% error rate was used to calculate sample size for the questionnaire-driven surveys from the population of 1941 community pharmacists in the register of Pharmacists Council of Nigeria as at 31st December, 2018 (Cochran, 1977). Two clients were sampled from each selected community pharmacy.

Purposive sampling technique was used to select participants in the focus group discussions. Discussants were pharmacist owners of retail pharmacies and superintendents who worked in the pharmacies. Simple random sampling technique was used to select pharmacist respondents to the questionnaires while accidental sampling technique was used to select clients based on whoever was available and consenting at the time data collectors were present at the pharmacy.

A strategy of triangulation of data source/collection was used. First a detailed review of relevant literature was undertaken to identify general SWOT factors of importance (Harrison, 2005; Mcintosh et al, 2018; Gebremariam & Mekuria, 2019).Then two FGDs were conducted using an interview guide. From the brainstorming sessions, each of which lasted about 90 minutes, key issues in the Nigeria practice environment were identified. Findings from these activities were used to develop a draft questionnaire, which was subjected to the informed scrutiny of four senior faculty members who are experts in different sub-specialties in pharmacy administration. Corrections and suggestions from faculty members were applied to refine questionnaire items and ensure face and construct validity. Items in the questionnaire for clients were adapted from the standard SERVQUAL instrument (Butt & Cyril de Run, 2010), and was named Client Assessment of Service Quality (CASQUAL). The CASQUAL instrument was translated to the local language (Yoruba), for the benefit of clients who could not communicate effectively in English.

Forty (40) community pharmacists from outside the study area were randomly selected for a pilot survey. The CASQUAL instrument was administered on two clients per pharmacy, selected by accidental sampling technique. Data from the pilot study was used to determine the reliability coefficient of the instruments. The sample size of 40 was considered appropriate being more than 10% of sample size for the main study.[23] The Cronbach's alpha coefficients showed internal consistency above the minimum cut off ≥ 0.7 for all sections of the questionnaires

(Israel, 2013; Ararat, 2016). Pharmacists and clients spent an average of 15 and 10 minutes respectively in filling the questionnaires.

Ethical approval (HREC No: IPHOAU/12/1437) was obtained from the Health Research Ethic Committee (HREC) of the Institute of Public Health, Obafemi Awolowo University, Ile-Ife Nigeria for the study.

Ten (10) research assistants who were proficient in oral and written English and Yoruba language were recruited and trained to collect data. Dual moderator focus group strategy was adopted with the two researchers moderating both sessions held August 2nd and 9th 2019 respectively, following established guidelines (Krueger & Casey, 2014). While one moderator ensured the sessions progressed smoothly, the other ensured all relevant topics were covered. The sessions were tape-recorded and transcribed verbatim, alongside handwritten notes taken by a research assistant. Questionnaires were administered on respondents from 16th to 31st August 2019 across the six states. Online versions of the questionnaires were sent as google forms via emails and WhatsApp addresses of selected pharmacists to complement the efforts of research assistants. All respondents gave their informed consents in writing.

Transcripts of the focus groups were analysed based on the grounded theory approach. In-vivo coding, using actual phrases from discussants, were used to identify emerging themes and analytical categories applying inductive reasoning. Notice was taken of how many times each phrase was repeated by discussants across the two focus groups and the possible relationships among emerging themes. This information was synthesized to construct SWOT items for the questionnaires subject to scrutiny by senior faculty members.

Data from the questionnaires were sorted, coded, and cross-checked for data management using Excel spreadsheet. It was then exported to Statistical Package for Social Sciences (SPSS) version 21 for Windows software for analysis at $p<0.05$. Demographic data of respondents were summarized and presented as frequency, percentages and median scores. Weighted Mean ± SD (standard deviation) were used to analyze the SWOT items. Analysis of variance and t-test were applied to test relationships of SWOT domains with demographic variables of respondents. Pearson correlation coefficient was used to examine impacts of SWOT domains on professional pharmacy service quality. The interplay of internal capabilities of the community pharmacies (SW) with external developments (OT) was evaluated using linear regression analysis.

RESULTS

Response rate for the two focus groups was 100%. The first group had 6 males (66.7%) and 3 females (33.3%), median age 44.25 years, and drawn from the six States as follows: Lagos-3, Ogun-2, Oyo/Osun/Ondo/Ekiti-1 each. The second focus group had 2 males (28.6%) and 5 females (71.4%), median age 40.18 years, and drawn from the six States as follows: Lagos-2, Ogun/Oyo/Osun/Ondo/Ekiti- 1 each. For the questionnaire surveys (Table 1), response rates for pharmacists and clients were 74.7% and 100%; their mean ages 39.41 and 51.20 years respectively. For client responses, 605 (94.2%) were in English while 37 (5.8%) were in Yoruba language. Male to female ratio for community pharmacists was 210:111 or 2:1. Possession of higher academic degrees was used as proxy measure of specialization; and only 27% of the pharmacists had higher degrees in addition to the basic Bachelor of Pharmacy degree. Hence specialization may be said to be yet in infancy.

About 50% of Nigerians live in rural communities (World Bank, 2018), but the study found only 18% of the community pharmacists located in rural areas while 82% were in urban centres.. This finding reinforces previous evidence (Alenoghena, Aigbiremolen, Abejegah & Eboreime, 2014), and presents significant challenges for universal health coverage in Nigeria.

Among the community pharmacies, 84% had no company handbooks; 68% had no vision statements; 72% without mission statements; and 73% had no organisational structures. This shows there was no formal approach to organisational management, as is common among small and medium scale enterprises in Nigeria (Fatai, 2011). There were significant associations between age and practice experience ($r = 0.714$, $p = .001$); age and marital status ($\chi2= 0.624$, $p = .002$), and location and average daily customer count ($\chi2 = 1.146$, $p = 0.002$).

Table 1: Demographic Data of Respondents (N=321)

Variables	Freq.	(%)
Gender		
Male	210	65.4
Female	111	34.6
Level of Education		
B.Pharm./B.Sc.(Pharm.) only	235	73.2
M.B.A./M.Sc. and Other Higher Degrees	86	26.8
Marital Status		
Married	228	71.0
Single	73	22.7
Others	20	6.3
Age (Years)		
20-40	178	55.4
41-Above	143	44.6
Years of Community Pharmacy Practice Experience		
1-10	198	61.7
11-20	89	27.7
Above 20	34	10.6
Location of Practice		
Rural	57	17.8
Urban	264	82.2
Average Daily Customer Count		
1-50	86	26.8
51-100	149	46.4
Above 100	86	26.8
Do you have		
a. **Company Handbook?**		
Yes	51	15.9
No	270	84.1
b. **Vision Statement?**	103	32.1
Yes	218	67.9
No		
	91	28.4
c. **Mission Statement?**	230	71.6
Yes		
No		
	87	27.1
d. **Organisational Structure?**	234	72.9
Yes		
No		

Table 2: Item Performance of SWOT Factors

S/N	SWOT Factors	Mean	SD
	Strengths		
1	Easy accessibility of Community Pharmacist	3.69	.50
2	Possess clinical skills to provide care and support for patients	3.51	.54
3	Possess Managerial skills	3.63	.52
4	Provide Expert Advice	3.48	.54
5	Positive reputation in the community	3.59	.51
6	Strong relationships with Family Physicians in the community	3.46	.55
	Total	**3.44**	**.43**
	Weaknesses		
7	Poor documentation skills	3.32	.71
8	Inadequate time for service delivery	3.36	.72
9	Unsure how to quantify and get patients pay for non-drug services	3.39	.76
10	My pharmacy looks like a shop and not a health care facility	3.04	.84
11	Inadequate clinical skills to offer quality patient care services	3.19	.89

12	High attrition rate in workforce (staff turnover)	3.28	.79
	Total	**3.03**	**.73**
	Opportunities		
13	Community with large population of patients with chronic health conditions	3.38	.60
14	Shift to Pharm.D programme with emphasis on clinical skills	3.52	.57
15	Shift to need-based MCPD Programme so pharmacists can choose relevant skills	3.43	.57
16	Freedom to commission professional services in-pharmacy	3.50	.53
17	Technologies enabling innovative service modules and communication	3.51	.55
	Total	**3.31**	**.54**
	Threats		
18	Technologies taking away traditional medicines supply functions	3.15	.73
19	Resistance by Family Physicians to in-pharmacy clinical services	3.35	.63
20	Patients' apathy to pharmacy-based clinical services	3.31	.74
21	Regulatory restrictions on pharmacy-based clinical services	3.44	.66
22	Ineffective payment systems with poor health insurance penetration	3.45	.68
23	Unhealthy competition by non-pharmacists in medicines supply and services	3.50	.63
24	Increasing government recognition of patent medicine vendors	3.50	.67
	Total	**3.08**	**.63**

Table 3: Association of Demographic Variables with SWOT Factors

Demographic Characteristics	SWOT Factors							
	Strengths				**Weaknesses**			
	Mean	SD	t/f	P value	Mean	SD	t/f	P value
Educational Qualifications								
B.Pharm. only	3.33	.56	-1.69	0.09	2.71	.96	0.10	0.92
Higher Degrees	3.44	.39			2.70	.85		
Location of Practice								
Rural	3.34	.52	-0.36	0.72	2.83	.90	1.15	0.25
Urban	3.36	.52			2.68	.94		
Length of active CP Practice								
1-5yrs	3.28	.64	3.06	0.02*	2.57	.95	8.72	0.00*
6-10yrs	3.29	.55			2.51	1.01		
11-15yrs	3.53	.29			2.92	.89		
16-20yrs	3.47	.33			3.54	.28		
20yrs+	3.40	.40			2.58	.65		
Age of Comm. Pharmacy								
1-5yrs	3.27	.58	4.70	0.01*	2.79	.86	1.06	0.35
6-10yrs	3.34	.58			2.62	1.04		
11yrs+	3.48	.35			2.67	.92		

	Opportunities				Threats			
	Mean	SD	t/f	P value	Mean	SD	t/f	P value
Educational Qualifications								
B.Pharm. only	3.04	.86	-3.20	0.00*	2.83	.82	-1.56	0.12
Higher Degrees	3.34	.27			2.98	.60		
Location of Practice								
Rural	3.02	.83	-1.11	0.27	2.94	.65	0.74	0.46
Urban	3.14	.75			2.86	.79		
Length of active CP Practice								
1-5yrs	3.07	.77	4.84	0.00*	2.68	.82	7.36	0.00*
6-10yrs	2.90	.96			2.78	.80		
11-15yrs	3.40	.35			3.04	.64		

16-20yrs	3.33	.34			3.45	.41		
20yrs+	3.18	.72			2.96	.62		
Age of Comm. Pharmacy								
1-5yrs	3.07	.67	4.96	0.01*	2.91	.76	2.12	0.12
6-10yrs	2.98	1.03			2.73	.83		
11yrs+	3.31	.54			2.95	.71		

CP- Community Pharmacy; Independent t-test for Educational Qualification and Location of Practice; ANOVA for Length of active community pharmacy experience and Age of the community pharmacy organisation; Significance at $p < 0.05$

Table 4: Relationship of SWOT Domains with Service Quality (CASQUAL)

SWOT Domains	Pearson Correlation (r)	P value	rank
Opportunities	0.129	0.021	1
Threats	0.099	0.078	2
Weaknesses	-0.01	0.86	3
Strengths	-0.019	0.74	4

Table 5: Regression of Internal Capabilities against External Developments

	r	r^2	F	F_p	β	t	t_p
Strengths against Opportunities "SO"	0.409	0.168	64.25	0.001*	0.581[a]	8.016	0.001*
Strength against Threats "ST"	0.275	0.076	26.18	0.001*	0.424[a]	12.981	0.001*
Weaknesses against Opportunities"WO"	0.588	0.346	168.52	0.001*	0.466[b]	12.981	0.001*
Weaknesses against Threats " WT"	0.440	0.194	76.68	0.194	0.379[b]	8.757	0.001*

* Significant at 0.01 level; a - strength is the predictor; b- weakness is the predictor

DISCUSSION

Focus groups was considered appropriate method for the initial exploratory phase of data collection because of its ability to generate rich, complex, nuanced and even contradictory accounts of how a homogenous group of people ascribe meaning to and interpret their experiences (FIP, 2015; Goundrey-Smith, 2018). The gender mix and ages of discussants in focus groups were not reflective of those of the population of community pharmacists in Southwestern Nigeria. However effort was made to have representatives from all the States. The 100% response rate of clients was reported because only those pharmacist responses with corresponding two (2) useable client responses available were considered for data analysis.

Strength Analysis

Easy accessibility (3.69) was shown to be a major strength of the community pharmacists in line with global trends (Table 2).[29] Clients do not generally need prior appointments to see their community pharmacists, neither do they pay consultation fees. Leveraging the positive reputation within their communities (3.59), strong relationships with family physicians (3.46), as well as their wide geographical spread, there are significant prospects for community pharmacists to deploy their clinical (3.51) and managerial skills (3.63) to bridge the gaps in access to

quality care both in terms of accessibility, availability, acceptability, and affordability in order to attain universal health coverage (WHO, 2017; Goundrey-Smith, 2018).

Weakness Analysis

To explore a new professional service idea, community pharmacists must justify its profit potential (Feletto, Wilson, Roberts & Benrimoj, 2010). The study found that a major weakness was lack of capacity to quantify a PPS and get customers to pay for it (3.39). This is understandable given that health insurance penetration in Nigeria stands below 7% and majority of clients have to pay out of pocket for medicines and professional services (Aregbesola, 2016; Chizoba, Okekeze, Asiegbu & Nwanna-Nzewunwa, 2018) while the pricing of medicines remains unregulated (Onoka, Onwujekwe, Uzochukwu & Ezumah, 2013). Most community pharmacies in Nigeria are independent retailers with sizes of small and medium-scale enterprises (Fatai, 2011). With obvious capacity constraints, community pharmacists are saddled with human resource management, inventory management, financial management, relating with sales representatives, among others. This leaves them insufficient time to implement quality professional services (3.36) even though a recent study in South-South Nigeria found that time constraint was actually of insignificant consequence (Agbo, Esienumoh, Inah, Eko, & Nwachukwu, 2019). There is also the important challenge of attracting and retaining skilled workforce leading to high staff attrition rates (3.28) as already highlighted by previous evidence (Ekpenyong, Udoh, Kpokiri, & Bates, 2018). Lack of integration with the primary health care architecture and absence of interoperable health information system may be blamed, at least in part, for the failure of community pharmacists to evolve a robust, uniform documentation framework for their services (3.32) (Awaisu, Mohammed &, Yakubu, 2016). While possession of clinical skills is an important strength factor, lack of it remains a significant weakness (3.19). Given the poor regulatory environment, many community pharmacists seem compelled by competitive forces to lean more on business practices (as shops) than on professional services (as health care facilities), and this shows in the physical evidence of their premises (3.04) (Page, 2015).

Opportunities Analysis

Recently, there was a nation-wide review in pharmacy education curriculum making the Doctor of Pharmacy (Pharm.D) the minimum entry point to practice (Mohammed, 2020). This paradigm shift placed a major emphasis on clinical skills and presents an important opportunity for community pharmacists to evolve relevant professional services (3.52). The expected capacity enhancement will be made more sustainable by the current unbundling of the mandatory continuing professional development (MCPD) framework which gives every pharmacist the freedom to access additional educational materials relevant to their needs via online content (3.43) (PCN, 2013). With increasing penetration of digital technologies (3.51) and absence of red-tape as in the public sector (3.50), community pharmacists are free to host services relevant to the needs of their communities. Digital technologies also present underutilized opportunities for pharmacy-based disease parameter screening services, particularly in the management of chronic non-communicable diseases (3.38).

Threat Analysis

WHO data show that Nigeria has less than 5 pharmacists per 10,000 population (WHO, 2019). This shortage in workforce, coupled with poor regulatory environment creates room for many poorly-trained non-professionals to enter the medicines supply value chain. A local study estimated that for every community pharmacist, there were over thirteen patent and proprietary medicine vendors (Durowade, Bolarinwa, Fenenga, & Akande, 2018). With increasing pressure on government to achieve universal health coverage, there is increasing recognition and engagement of these medicine sellers. This has engendered unhealthy competition with many people unsure of the roles of pharmacists and showing apathy to value-added services offered by community pharmacists. This scenario becomes worse in communities where there is inadequate collaboration between community pharmacists and family physicians leaving community pharmacists to operate as isolated "silos", outnumbered by competitors. Moreover, easy access to specialized medicines information via modern technologies continues to erode the asymmetry of information between the pharmacist and lay clients. Hence, advancements in digital and health care technologies present existential threat to community pharmacists as they now have to evolve professional services of such finesse as to earn the right to be patronized as professionals.

Association of Demographic variables with SWOT Factors

The internal capabilities of the pharmacies (strength and weakness SW) were not significantly influenced by additional educational qualifications and location of practice (Table 3). However, length of practice experience had significant positive influence on both (strength, p =0.002; weakness, p = 0.00), while age of the pharmacy firm significantly improved their strength (p = 0.01). Higher educational qualification had significant negative influence on opportunities (p = 0.00). This runs contrary to existing evidence as higher education (specialization) was expected to impart higher knowledge and better capacity to maximize opportunities (Adeyeye, 2009). Length of practice experience had significant positive influence on opportunities (p = 0.00) and threats (p=0.00). Moreover, the longer the community pharmacy were in practice, the better they seemed capable of maximizing service opportunities (p = 0.01).

Clientele Perspectives of Professional Pharmacy Services

Professional pharmacy services (PPS) have both technical and functional components (Moulin et al., 2013). The average client may not have the expertise to assess the technical aspects of a PPS (such as accuracy of interpretation of prescriptions and medicines information) but they make judgements about the functional components such as facility layout, stock levels, and responsiveness of staff, among others. The correlation of SWOT domains with service quality (Table 4) showed that developments in external environment (OT) ranked higher (1 and 2) than internal capabilities (WS, ranked 3 and 4) in shaping customer perceptions of service quality. The implication of this finding is that community pharmacists need the break out of the "silos" effect and pay more attention to variables in the external environment if their professional services are to make the right impact on society.

Interplay of Internal Capabilities with External Factors (SW vs OT)

SO: From the β values (Table 5), there was a 0.581 or 58% chance for the community pharmacists to leverage their strengths in order to identify and maximize opportunities for professional services. The strengths had a significantly positive impact on the opportunities ($r^2 = 0.168$, p = 0.001)

WO: The weaknesses have the capacity to limit the capacity of community pharmacists to identify and maximize opportunities in professional services by as much as 0.466 or 47%. Compared to strengths, the weaknesses had an even greater impact on opportunities ($r^2 = 0.346$, p = 0.001). With F= 168.52 and associated p = 0.001, it can be affirmed that the weaknesses most reliably predict the behavior of opportunities.

The difference between 58% success rate and 47% failure rate is 11% and this is considered marginal particularly in view of the unfair competitive and regulatory environments.

ST: The β values show **t**here was a 0.424 or 42% chance for the community pharmacists to leverage their strengths in order to identify and mitigate threats to professional services. The strengths had a relatively smaller impact on the threats ($r^2 = 0.076$, p = 0.001).

WT: There was a 0.379 or 38% chance that the weaknesses will worsen the impact of threats to professional pharmacy services. The difference between 42% success rate and 38% failure rate being 4% is considered marginal.

Implications of the Findings

For community pharmacists to make the desired impact in professional pharmacy services, there is need for policy development and practice shift with priority given to addressing identified weaknesses in the internal environment while closer attention should be given to threats in the external environment.

Limitations of the Study

The study was limited to Southwestern Nigeria. Findings may not represent the true state of affairs for the whole country. Time frame for the study is considered insufficient, being a cross-sectional study. Cross sectional studies tend to be froth with bias.

CONCLUSION

There is inadequate strategic planning for professional services by community pharmacists in Nigeria. The community pharmacists exhibited marginal capacity to exploit opportunities and mitigate threats. Weaknesses and threat factors are most prominent in limiting service outcomes and must be given priority attention.

Suggestions for Further Studies

A longitudinal implementation study covering the entire country is recommended with a goal to address identified weaknesses and test how this will impact professional practice outcomes.

Acknowledgement

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