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Navigating the Healthcare Counter: An Empirical Study of Consumer Choice and Loyalty Drivers in Pharmacy Retail

Ms. Trupti Dattadeep Gauns[1] and Mr. Aniket Dhargalkar[2]

[1]Assistant Professor, Department of Commerce, Vikas Parishad's Mandre College of Commerce, Economics & Management, Mandrem, Goa, & Ph.D. Research Scholar, Parul University, Goa, India.
ORCID ID: https://orcid.org/0009-0008-0788-9144

[2] Assistant Professor, Department of Commerce, Vikas Parishad's Mandre College of Commerce, Economics & Management, Mandrem, Goa, India.
ORCID ID: https://orcid.org/0009-0006-7522-5476

Abstract

Purpose. Pharmacies sit in a rather special place, because they are part of healthcare and part of retail at the same time. Still, there is not much pharmaceutical and healthcare marketing literature on why consumers in the smaller markets of India prefer one organised pharmacy chain over another. What we aim to do in this paper is add a little to the understanding of how healthcare services and pharmacy brands work, by looking at the factors that shape consumer choice and satisfaction at Apollo Pharmacy outlets in Goa.

Design/methodology/approach. To find out customer satisfaction levels during the 2024-25 academic year, we gave a structured questionnaire to one hundred (100) respondents chosen by convenience sampling. The questions try to capture satisfaction with nine service attributes, and also overall satisfaction, willingness to recommend and intent to repurchase, all measured on a five-point Likert scale. We report the percentage distributions, the top-two-box scores, and the mean scores with the 95% confidence interval. We also report a weighted-mean ranking of six customer choice criteria.

Findings. Customers were in general satisfied. 76% were satisfied and the overall mean was 4.02 on the 5-point scale. The quality of medicines was the aspect they were most satisfied with (3.80). Staff courtesy and speed of service were the least satisfactory, scoring 3.39 and 3.35 respectively. Price came out as the most important choice factor with a mean of 4.37, followed by brand image, availability, quality, staff service and location, although the differences between them were minimal. Availability and price were also what customers complained about most, with 24% and 23% respectively. It is also worth noting that 65% of the customers intended to buy again from the pharmacy, while only 48% would recommend it to other people.

Practical implications. The Apollo brand image appeals to customers who are looking for reliable medicine, but price and staff service stand between customer satisfaction and their advocacy. In this context the study points to some key factors for pharmacy managers and

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pharmaceutical marketers to consider, such as inventory management, discounts and staff training.

Originality/value. We think the evidence in this paper is valuable because it presents, in a concise way, the results of a study on one organised pharmacy brand in Goa. The results are laid out so that satisfaction, choice factors and complaint factors can be compared together in a single framework.

Keywords: Organised pharmacy retail; Consumer choice; Customer satisfaction; Apollo Pharmacy; Goa; Service quality; Customer loyalty; Pharmaceutical and healthcare marketing

1. Introduction

Not many retail purchases happen in an environment as tense as buying medicine. A customer at a pharmacy counter is rarely just browsing, as they are either ill, or worried about someone at home, or managing a chronic condition, and this makes the pharmacy a rather unusual kind of shop, and from a healthcare marketing view an unusual kind of brand encounter too. People want the right product, but they also want to be sure that it is genuine, that it was stored correctly and that it is handed over by someone who knows what they are talking about. The retail pharmacy landscape in India has been changing around these expectations. For decades there were small independent chemists, easy to reach but with widely varying prices, infrastructure and service, and slowly there has been a shift towards chains that offer standardised processes and trained pharmacists, computerised billing, controlled storage, home delivery and mobile ordering. Organised pharmacies compete on what they stock, but also on how the whole experience feels to the customer, which is where branding and healthcare service quality come in. Apollo Pharmacy, which is part of the Apollo Hospitals Group, is one of the most visible of these chains. It operates in towns such as Panaji, Margao, Mapusa, Vasco da Gama, Ponda and Calangute in Goa, which makes an interesting setting for the study. Apollo's customers include students, salaried workers, business owners, homemakers, senior citizens and also a steady flow of tourists who may need medicines at short notice, so the expectations of reliability, cleanliness and quick service are high and the competitive pressure on any single brand is real.

In spite of this, consumer research on organised pharmacies at the level of a state or a single brand is thin compared with the attention that grocery, apparel and general retail have received. Because of this, managers have to rely on instinct to answer some basic questions. Who is actually walking in, what do they buy and how much do they spend? Which parts of the experience please them and which ones let them down? And when they choose this pharmacy over another one, what tips the decision? The study tries to understand these questions through a customer survey at Apollo Pharmacy outlets in Goa. We examine (RQ1) the demographic profile of customers; (RQ2) their buying habits and purchasing patterns; (RQ3) their satisfaction with the individual service attributes, namely availability, quality, pricing, discounts, staff behaviour, knowledge and guidance, speed, cleanliness and layout, and billing; (RQ4) their overall satisfaction, willingness to recommend and intention to continue buying; and (RQ5) which factors matter the most when choosing Apollo Pharmacy over the alternatives. What we put forth here is deliberately practical. We don't test a single model but lay the picture out from end to end, from who the customers are to what they value and where

they are frustrated, and we point out a few patterns that are easy to miss when each metric is read in isolation. The idea is that this gives something useful both to scholars of pharmaceutical and healthcare marketing and to the managers and marketers who actually run pharmacy brands.

2. Background and Related Literature

2.1 How customers choose a store

When consumer behaviour is analysed in the context of store selection in India, most of the studies seem to agree that convenience and value are the most important things, while the shopping environment and staffing are also significant. In their study of retail outlet choice in Goa, Barreto and Silveira (2023) identified proximity as the key driver, with product quality, diversity, ambience, discounts and staff expertise having a combined influence on the decision, and in this way, they linked buying behaviour with brand loyalty. In a similar way, Paul, Sankaranarayanan and Mekoth (2016) analysed the choices of 225 customers in Indian retail stores and determined that friendliness, the shopping ambience, economy and attractive offers are the key drivers of satisfaction.

2.2 Satisfaction in pharmacy settings

Druică et al. (2021) surveyed 343 Romanian patients and found that pharmacist attitude, minimal waiting time, affordable drug prices and availability predicted satisfaction, whereas trust in the information received was promoted by the attention of the pharmacist and by the provision of precautionary advice. The attitude of the pharmacist was the strongest predictor in their models. In other words, as we can see, the quality of the human interaction in a pharmacy has a very large effect on customer satisfaction, which matters for anyone thinking about healthcare service quality.

2.3 Trust, reputation and loyalty

Since customers are not able to assess a medicine by themselves, trust does much of the work that inspection does elsewhere. Glaveli, Manolitzas and Grigoroudis (2021) surveyed 223 customers of independent pharmacies in Thessaloniki to find out what contributes to the selection of a pharmacy as a “regular” one, which they treat as the most significant element in satisfaction. They concluded that reputation, involvement with the community and the professional expertise and conduct of the pharmacists and staff play the largest role, while speed, errorless dispensing and respecting the confidentiality of the transaction were seen as a way to obtain an advantage against the competition. Castaldo et al. (2016) made similar arguments, as the store itself becomes a factor in customer satisfaction and the resulting loyalty, now that pharmacies face new competitors.

2.4 The gap this study addresses

So the literature suggests that price, availability, service quality, staff behaviour and trust all matter in the choice of a pharmacy. What is less visible is how these factors work together for a single organised chain in an Indian state with a mixed resident and tourist customer base, and

how far high satisfaction translates into the willingness to recommend that drives growth. We try to address both of these in the sections that follow.

3. Methodology

3.1 Design, setting and sample

We adopted a descriptive cross-sectional survey design, and the study was conducted in Apollo Pharmacy outlets in Goa during the academic year 2024-25. What is considered here as the population is the customers who visited the outlet. A convenience sampling technique was used, and with this a sample of 100 customers who met the inclusion criteria was selected.

3.2 Instrument and measures

Primary data were collected with a structured close-ended questionnaire which had five sections, namely: (i) demographics (gender, age, education, occupation and monthly income); (ii) buying behaviour (visit frequency, amount spent per month and the primary category purchased); (iii) satisfaction with nine service attributes; (iv) overall satisfaction, likelihood of recommending and likelihood of continuing to buy; and (v) the importance of six factors when choosing Apollo Pharmacy, together with the main problem that was faced.

The satisfaction items were measured on a five-point Likert scale going from highly dissatisfied (1) to highly satisfied (5), whereas the recommendation and continuation items were measured on a five-point Likert scale going from very unlikely (1) to very likely (5). The six choice factors (price, brand image, product availability, medicines quality, staff services and location convenience) were scored and then ranked according to their weighted mean. Secondary material used in the research included books, journals, company websites and news sources, which gave the background and the literature review.

3.3 Analysis

The raw responses were first tabulated as frequencies, so our analysis begins with these distributions. For each item we report the percentage in each response category; the combined favourable (top-two) and unfavourable (bottom-two) shares; a net score (favourable minus unfavourable); the mean with the standard deviation; and a 95% confidence interval for the mean. The means were compared with the scale midpoint of 3 by using one-sample t-tests, and the choice factors were ranked by their weighted mean score. Since this was a non-probability sample, the inferential statistics are presented only as an indication of the strength of sentiment and not as estimates of population parameters.

4. Results

4.1 Who the customers are

Table 1 gives the profile of the 100 respondents. The sample is young and educated, as 48% were under 25 and a further 28% were aged 25–35, while 70% held a graduate or postgraduate degree. Women made up a slight majority (54%). Students (34%) and salaried employees (32%) together accounted for two-thirds of the respondents. The incomes were modest, with 51% earning below ₹15,000 a month and 83% earning ₹30,000 or less.

Table 1. Demographic profile of respondents (n = 100)

Characteristic	n	%
Gender		
Female	54	54
Male	46	46
Age group		
Below 25	48	48
25–35	28	28
35–45	13	13
Above 45	11	11
Education		
SSC	7	7
HSSC	23	23
Graduation	51	51
Post-graduation	19	19
Occupation		
Student	34	34
Salaried	32	32
Business	17	17
Homemaker	14	14
Retired	3	3
Monthly income		
Below ₹15,000	51	51
₹15,001–30,000	32	32

Characteristic	n	%
₹30,001–50,000	12	12
Above ₹50,000	5	5

Source: Primary survey data.

4.2 How and what they buy

More than half of the respondents (56%) visit the pharmacy frequently or very frequently (32% and 24%), 20% visit occasionally and 24% rarely. The spending is modest, as 41% spend ₹500–1,000 a month and 37% spend less than ₹500, so 78% spend ₹1,000 or less, while only 6% spend more than ₹2,000. When asked about the main category they buy, 31% named prescription medicines, 24% personal care, 18% health supplements, 16% over-the-counter (OTC) medicines and 11% baby care. Medicines of either kind therefore account for 47% of the primary purchases, and the non-medicine categories for the other 53%. This points to a store that customers use for essential healthcare but increasingly for wider wellness and personal-care needs as well.

4.3 Satisfaction with service attributes

Table 2 and Figure 1 summarise the satisfaction. Every attribute scored above the neutral midpoint (all $p < .01$), but the level of enthusiasm was different from one attribute to another. Quality of medicines was the strongest attribute (62% favourable, mean 3.80, net +51), followed by availability (59%, 3.66), cleanliness and store layout (56%, 3.62), pricing (58%, 3.60) and billing and payment (54%, 3.56). Knowledge and guidance came in at a middle level (53%, 3.48).

The weakest scores were clustered around the human and promotional side of the experience, namely discounts and offers (47% favourable, 3.40), staff behaviour and courtesy (49%, 3.39) and speed of service (48%, 3.35). Staff behaviour also got the highest unfavourable share of any attribute (26%), ahead of speed (23%), discounts (21%) and knowledge and guidance (21%). Across the attributes a neutral response was common, between a quarter and a third of the respondents (25–32%), which suggests that many customers are not so much delighted as undisturbed.

Table 2. Satisfaction, recommendation and continuation: distribution and summary statistics (n = 100)

Item	Fav. %	Neut. %	Unfav. %	Net	Mean	SD	95% CI
Quality of medicines	62	27	11	+51	3.80	1.02	3.60–4.00

Item	Fav. %	Neut. %	Unfav. %	Net	Mean	SD	95% CI
Availability of medicines	59	25	16	+43	3.66	1.22	3.42–3.90
Cleanliness and layout	56	25	19	+37	3.62	1.14	3.39–3.85
Pricing	58	25	17	+41	3.60	1.04	3.39–3.81
Billing and payment	54	32	14	+40	3.56	1.05	3.35–3.77
Knowledge and guidance	53	26	21	+32	3.48	1.11	3.26–3.70
Discounts and offers	47	32	21	+26	3.40	1.09	3.18–3.62
Staff behaviour and courtesy	49	25	26	+23	3.39	1.10	3.17–3.61
Speed of service	48	29	23	+25	3.35	1.15	3.12–3.58
Overall satisfaction	76	21	3	+73	4.02	0.83	3.86–4.18
Likelihood to recommend	48	30	22	+26	3.38	1.14	3.15–3.61
Intention to continue	65	28	7	+58	3.74	0.88	3.56–3.92

Notes: Fav. = satisfied/highly satisfied (or likely/very likely); Unfav. = dissatisfied/highly dissatisfied (or unlikely/very unlikely); Net = Fav. minus Unfav. (percentage points). Scale 1–5. Because n = 100, percentages equal counts. All means differ from the midpoint of 3 at $p < .01$ (one-sample t-tests).

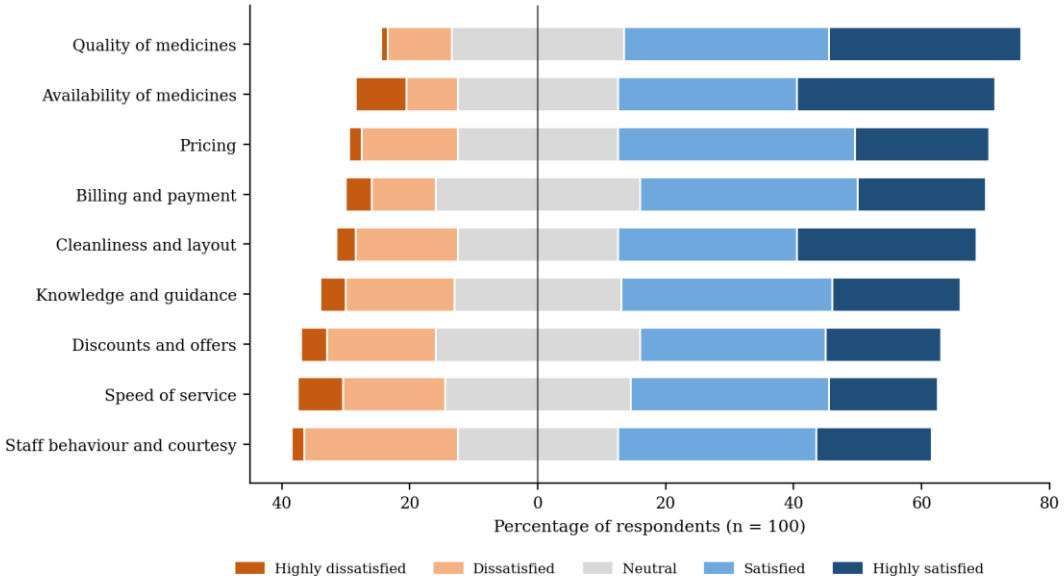


Figure 1. Satisfaction with service attributes, ordered by net favourability. Bars diverge from the neutral midpoint; left = unfavourable, right = favourable.

4.4 Overall satisfaction, advocacy and loyalty

Overall satisfaction was high, as 76% were satisfied or highly satisfied (46% and 30%), 21% were neutral and only 3% were dissatisfied, which gives a mean of 4.02 (95% CI 3.86–4.18). Two-thirds (65%) said they were likely or very likely to keep buying from Apollo Pharmacy, with 28% neutral and 7% unlikely. The willingness to recommend was noticeably lower, since only 48% were likely or very likely to recommend the pharmacy, 30% were neutral and 22% were unlikely (mean 3.38). Figure 2 shows this step-down from satisfaction to continuation and then to advocacy. The confidence intervals for overall satisfaction (67.6–84.4%) and for recommendation (38.2–57.8%) do not overlap, so this 28-point gap is unlikely to be a sampling quirk.

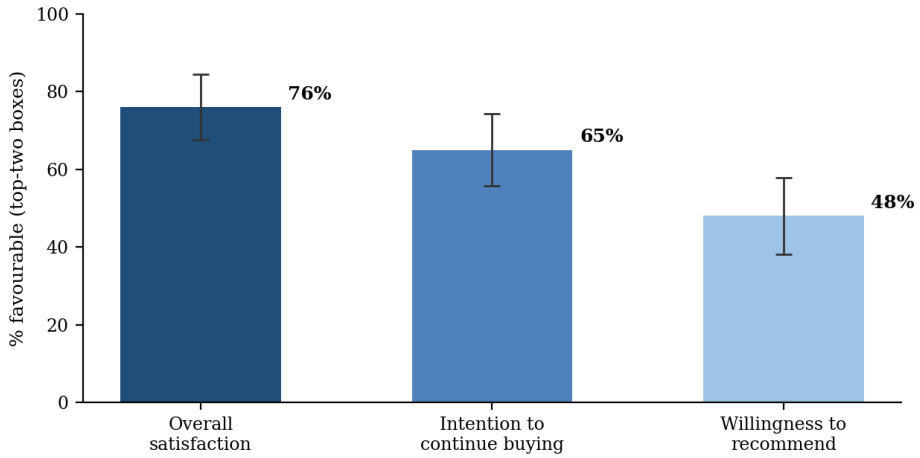


Figure 2. From satisfaction to advocacy: share of respondents giving a favourable (top-two) response. Error bars show 95% confidence intervals.

4.5 What drives the choice of Apollo Pharmacy

Table 3 ranks the six choice factors. Price came first (weighted score 437, mean 4.37), followed by brand image (4.29), product availability (4.27), quality of medicines (4.26), staff services (4.18) and location convenience (4.16). All six factors scored above 4 on a five-point scale, so the respondents regard each of them as important, and what separates them is small. The gap between the first and the last place is only 0.21 points, and without respondent-level data we cannot say whether the adjacent ranks are statistically distinguishable. The safest reading is one of tiers, where the economic and product-related factors (price, brand, availability, quality) sit slightly above the service and convenience factors (staff services, location).

Table 3. Ranking of factors influencing the choice of Apollo Pharmacy (n = 100)

Factor	Total weighted score	Mean score	Rank
Price	437	4.37	1
Brand image	429	4.29	2
Product availability	427	4.27	3
Quality of medicines	426	4.26	4
Staff services	418	4.18	5
Location convenience	416	4.16	6

Source: Primary survey data.

4.6 Problems customers report

Nearly three in ten respondents (29%) reported no problem at all. Among the rest, the most common single problems were non-availability of medicines (24%) and high prices (23%), followed by limited discounts (15%) and long waiting time (9%) (Table 4). Put in a different way, 71% of respondents named at least one pain point, and 62% (of all respondents) named availability, price or discounts, all of which are related to what they pay and whether the medicine is on the shelf.

Table 4. Main problem faced by respondents (n = 100)

Problem	n	%
None reported	29	29
Non-availability of medicines	24	24
High price	23	23

Problem	n	%
Limited discounts	15	15
Long waiting time	9	9

Source: Primary survey data.

5. Discussion

If we read one table at a time, the survey tells a comfortable story, that customers are satisfied, they plan to stay and only a few have complaints. When the tables are read together they tell a more interesting one, and from this we draw out four patterns, which is really what each part of this section does.

5.1 The trust anchor and the human touchpoints

The strongest attributes are the ones that speak of security and dependability, which are the quality of the medicines supplied, their availability, cleanliness and accurate billing, while the weakest are the ones that depend on people and promotional offers, which are staff courtesy, speed and discounts. This fits with the pharmacy research tradition, which highlights that customers come to a pharmacy looking for assurance about the product and evaluate the pharmacy on the interpersonal side (Druică et al., 2021; Glaveli et al., 2021). For an organised chain that aims to build a reputation for providing genuine medicines, the product promise appears to be fulfilled, whereas the promise on the interpersonal level is shown less consistently. In our proposed reading, the 26% unfavourable share for staff behaviour is the single most telling warning sign in the data, and for pharmaceutical marketers it is a sign that the brand promise is not being carried through at the counter.

5.2 A halo of trust

Overall satisfaction (mean 4.02) is higher than every individual attribute score, and the best of those is 3.80. This pattern is common when customers have a general impression of a brand which is warmer than the sum of its parts. It is plausible that the Apollo name, and its association with a hospital group, gives some goodwill that cushions the individual service lapses, although our data cannot test this directly. The practical consequence is that goodwill is an asset which can be spent, so if stock-outs and brusque service continue, the halo may become thinner over time.

5.3 The price and availability paradox

Price was the most important reason for picking Apollo and availability was third, and these are also the things that customers complain about the most, as high prices are cited by 23% and stock-outs by 24%. The profile of the sample explains the first half of this, since half of the respondents earn less than ₹15,000 a month and nearly half are under 25 years old, so price sensitivity is to be expected. Also, the same customers rate the quality of medicines as the best attribute of Apollo and yet rank it only fourth in importance. One reading is that it is treated as a given, a baseline that is presumed rather than compared, with price and availability being the

variables on which customers feel they make their choices. Location ranked last, which contradicts the general store-choice studies in which proximity often leads (Barreto & Silveira, 2023). It may be because the outlets of Apollo are already placed in accessible urban and semi-urban locations, but this is, again, only an interpretation.

5.4 Loyal, but not loud

The biggest drop in our data is the one between satisfaction and advocacy, with 76% satisfied, 65% likely to return and 48% likely to recommend. It seems that customers who have limited choices or convenience options may well continue to return without necessarily feeling strongly enough to recommend the pharmacy. Given that 30% of the respondents were neutral on the topic of recommendation, there is a significant group of passive customers who could be persuaded by a memorable interaction, a visible price benefit or a reason to tell someone. This has commercial significance in a health context where trust passes through families and friends, which makes recommendation one of the most credible forms of marketing available to a pharmacy brand.

6. Implications

6.1 For pharmacy managers, pharmaceutical marketers and policy makers

- **Treat availability as a first-order service metric.** With nearly a quarter of customers naming stock-outs as their main problem, tracking fill-rates for fast-moving and chronic-care medicines, and offering to arrange the unavailable items quickly, would address a problem that is both common and costly.
- **Make value visible rather than just lower.** Price is the top choice factor, and yet only 47% are satisfied with discounts and offers while 32% are neutral. Loyalty schemes that are clearer and better targeted, for example for students and chronic-care customers, may work harder than across-the-board cuts.
- **Invest in the counter conversation.** Short and practical training in courtesy, explanation of dosage and alternatives, and queue management targets the weakest attributes (staff behaviour, speed, knowledge and guidance), and it draws on the trust that customers already place in the brand.
- **Give satisfied customers a reason to speak.** Simple prompts like referral rewards, post-purchase follow-ups or app-based feedback could convert the passive satisfaction into recommendation.

For policy makers, the findings on price and stock-outs also hint that affordability and medicine availability at the retail level deserve attention in access-to-medicines discussions, although our data do not go further than this.

6.2 For research

The finding that satisfaction, loyalty and advocacy decouple in a pharmacy context means that studies should assess all three of them, rather than using satisfaction as a proxy for loyalty. The pattern of a strong product-trust anchor and lower interpersonal scores also suggests that

pharmacy service quality can be thought of as two separate dimensions, which are product assurance and personal interaction, instead of just one.

7. Limitations and Directions for Future Research

Several limitations should be noted here. Firstly, the sample size of 100 respondents does not allow us to generalise the results to all of the pharmacy customers of Apollo. The respondents were recruited by convenience at the outlets of Apollo in Goa, which means that the results represent only the customers of this particular network in this region. Secondly, the sample is biased towards young, educated and lower-income respondents, and this might have affected the results, since these customers may be more price-conscious than others. Thirdly, due to the type of data, it was not possible to establish a connection between the different attributes. For example, the study cannot answer which attribute is the best predictor of satisfaction or whether there are differences in satisfaction between the various groups of respondents. Similarly, the reliability of the measures cannot be evaluated.

Fourthly, as the results show, the range between the positions of the choice factors is very narrow, which suggests that the real difference between them might be smaller than what is presented. Fifthly, since only one problem was allowed to be selected by each respondent, the results represent only the problem that was chosen first. There is a possibility that one customer had several issues, but only one of them was counted in the final choice. Lastly, the study reflects the situation and the preferences of customers at a certain moment, so the data might change over time, and the customers of the competitors also might present different preferences.

To improve the study, future research should use a more substantial sample size, which would allow making conclusions for the whole population. To do that, the respondents should be recruited strategically and not by convenience. It is also essential to analyse the connection between the attributes and customer satisfaction, for example by using regression analysis.

The analysis might also focus on comparing the pharmacies of Apollo with independent chemists and other organised networks. Moreover, it would be interesting to divide the respondents into residents and tourists and to analyse whether there are significant differences between them. Lastly, conducting qualitative research with open-ended questions would give a deeper insight into the experience of the customers and help identify the reason for such a gap between staff behaviour and product attributes.

8. Conclusion

Apollo Pharmacy in Goa has managed to build a valuable asset, which is customers who trust the medicines of the company and its own shops, and who, for the most part, continue to purchase from it for a long time. In this way the brand has been able to occupy a strong position in organised pharmacy retail. However, based on the survey, it is possible to identify some potential problems in satisfying the consumers. Firstly, the respondents highlighted the importance of factors such as the price and the availability of the medicines of the company. Secondly, staff courtesy and speed are the aspects in which the company performs the worst,

and they need improvement. Thirdly, although customer satisfaction with the company is relatively high, people do not seem ready to actively promote the brand.

For a company that sells a product which people cannot evaluate before buying, such survey results may be regarded as rather concerning. Apollo Pharmacy has to work on building relationships with patients, in order to make their experience with the brand as positive as possible, and doing so will probably allow the company to maintain its market share and to turn more of its satisfied customers into ambassadors.

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