

Reasons why mystery shopping is a useful and justifiable research method

Pauline Norris thinks mystery shopper studies can provide useful data on service quality in a range of settings. In this article she explains why

In a recent article in *The Pharmaceutical Journal*, Jill Jesson clearly described mystery shopping's bad reputation in pharmacy practice research in the UK.¹ She noted that such methods are widely used in business. Two other areas where mystery shopping has made an important contribution are assessments of the quality of health services in developing countries² and research on discrimination in the US. The key advantage of mystery shopping is that it is able to measure the quality of services provided (according to pre-set criteria), rather than the knowledge or attitudes of providers, or their self-reported behaviour. There may be no consistent relationship between providers' knowledge and their behaviour described by mystery shoppers.³

There are several examples of mystery shopper studies on pharmacy and drug sellers in developing countries. Kafle *et al* sent mystery shoppers to 112 drug sellers in Nepal and found significant deficiencies in how they responded to requests for advice and treatment of three common health problems.⁴ Wolfers found widespread over-the-counter availability of tetracycline from pharmacies in Sri Lanka.⁵ Mystery shoppers in this study asked for two capsules of tetracycline, which they found was often stored inappropriately in the pharmacy.

In the US, researchers have used mystery shopper methods to study discrimination in the provision of a range of products and services, including mortgages, rental housing and cars. These studies usually use pairs or teams of people of different genders and ethnicities who are matched in other respects.^{6,7} For example, shoppers of different races and genders were sent into 90 car dealerships in Chicago. In spite of testers using a uniform negotiating strategy, white men were offered the best prices. Black home buyers have been found to be told about fewer houses and black prospective renters to hear about fewer apartments. Similar studies have found that minority ethnic groups are also discriminated against in employment.⁸

These studies show some of the advantages of the mystery shopping methodology over asking ordinary service users to describe or evaluate the services they receive. Jesson made the important point that ordinary consumers may be naive about evaluating service quality.



Mystery shopper studies can be ethically acceptable

Williams *et al* suggest that when asked about satisfaction with services, health care consumers interpret their experiences in terms of ideas about their entitlement, and the obligations and culpability of staff.⁹ It is therefore possible that vulnerable consumers or those who are regularly discriminated against may not know this, or may not regard the level of service they receive as inappropriate. Mystery shoppers can be trained to be systematic observers and to attend to important aspects of service quality that regular customers do not notice, and a large study can compare levels of service provided to different kinds of consumers.

Methodology

Jesson suggests the design of mystery shopper studies is straightforward.¹ Although this might be true of the concept behind mystery shopping, the practicalities of designing a robust study are difficult. Scenarios have to be designed to test exactly what you want to

test. Shoppers have to be trained so that they can answer any question a pharmacist might ask (chatty pharmacists will not necessarily stick to health-related questions). Many of the logistical difficulties results from the need to preserve secrecy around the study, such as ensuring shopper anonymity etc. Madden *et al* provide useful advice on how to design and carry out mystery shopper studies.²

Jesson raises the question of whether shoppers who are prepared to lie in the execution of their mystery role, can be trusted to report their experiences accurately.¹ I suspect this is more of a problem in market research, where shoppers may not be particularly committed to the aim of the study. Part of mystery shopper training in pharmacy practice and other health research should be to discuss the background and purposes of the study. In my experience non-academic people understand the point of mystery shopper studies more easily than many of the other research projects academics and researchers do. Like the researchers, they also want to know what sort of service is provided, and become committed to finding out.

Generalisability

What can one visit tell you about the performance of a pharmacy? Not much. One mystery shopper visit is like seeing someone drive at 120km/h on one occasion and inferring from this that they are usually a fast driver. One observation certainly cannot be used for comparing this pharmacy (or driver) with another. To compare pharmacies (or drivers) one needs an adequate sample of services provided (or travelling speeds).

Taking one or a small number samples can be useful for providing feedback to enhance training.¹⁰ For research purposes one or a small number of samples only shows that the service provided on that day lies somewhere between (or is) the worst and the best service given in that pharmacy. However when a large number of samples are collected, either from one pharmacy over time or from lots of pharmacies, one can be more confident that overall conclusions about service quality and comparisons between pharmacies can be made. A statistician's advice is important in the design of mystery shopper studies.

The comparison with driving is useful for thinking about whether some kind of mystery shopping should ever be used for disciplinary purposes. Speeding tickets can be issued on the basis on one sample of speeding. There is no obligation to prove that people drive too fast on average, or that they are

Pauline Norris is senior lecturer at the School of Pharmacy, University of Otago, Dunedin, New Zealand (e-mail Pauline.norris@stonebow.otago.ac.nz)

worse than anyone else, just that the measurement of speed is accurate.

Ethics

In the application for ethical approval for my mystery shopper study,^{11–13} I argued that although informed consent is an extremely important principle, it should not be the only consideration in determining whether a study is acceptable. I argued that pharmacists are given the exclusive right to sell some medicines in order to protect the public, and that the public therefore have a right to know about the quality of the protection provided. During the study we made every attempt to protect the interests of individual pharmacists (no information was or will ever be released about which pharmacies participated, or how staff in individual pharmacies treated shoppers). Pharmacists were informed in a pharmacy newsletter that the study would occur later in the year, but no advice was given about which part(s) of the country would be involved, or which pharmacies would be visited. The application was sent to a number of regional ethics committees and they all approved it.

I think that the need to protect the interests of research participants has to be weighed up alongside the wider public interest in having adequate health services. I do not suggest that the consciences of individual researchers should be their guides but it seems to me that

an ethics committee is an appropriate body to make this judgement. In my experience, in New Zealand at least, ethics committees do not insist on informed consent in absolutely all studies if there is a clear argument against this.

In summary, I think that well-designed mystery shopper studies can provide useful data on service quality in a range of settings, and, subject to appropriate review, be ethically acceptable.

References

1. Jesson J. Mystery shopping demystified: is it a justifiable research method? *The Pharmaceutical Journal* 2004;272:615–7.
2. Madden J, Quick JD, Ross-Degnan D, Kafle K. Undercover careseekers: simulated clients in the study of health provider behavior in developing countries. *Social Science and Medicine* 1997;45:1465–82.
3. Goel P, Ross-Degnan D, McLaughlin TJ, Soumerai SB. Influence of location and staff knowledge on quality of retail pharmacy prescribing for childhood diarrhea in Kenya. *International Journal for Quality in Health Care* 1996;8:519–62.
4. Kafle K, Madden JM, Shrestha AD, Karkee SB, Das PL, Pradhan YM et al. Can licensed drug sellers contribute to safe motherhood? A survey of the treatment of pregnancy-related anaemia in Nepal. *Social Science and Medicine* 1996;42:1577–88.
5. Wolffers I. Drug information and sale practices in some pharmacies of Colombo, Sri Lanka. *Social Science and Medicine* 1987;25:319–21.
6. Yinger J. Evidence on discrimination in consumer markets. *Journal of Economic Perspectives* 1998;12:23–40.

7. Ayres I. Fair driving: gender and race discrimination in retail car negotiations. *Harvard Law Review* 1991;104:818–72.
8. Darity W, Mason P. Evidence on discrimination in employment: codes of color, codes of gender. *Journal of Economic Perspectives* 1998;12:63–90.
9. Williams B, Coyle J, Healy D. The meaning of patient satisfaction: an explanation of high reported levels. *Social Science and Medicine* 1998;47:1351–9.
10. de Almeida Neto A, Benrimoj SI, Kavanagh DJ, Boakes RA. Novel educational training program for community pharmacists. *American Journal of Pharmaceutical Education* 2000;64:302–7.
11. Norris P. Purchasing restricted medicines in New Zealand pharmacies: results from a “mystery shopper” study. *Pharmacy World and Science* 2002;24:149–53.
12. Norris P. Which sorts of pharmacies provide more patient counselling? *Journal of Health Services Research and Policy* 2002;7(Suppl 1):23–28.
13. Norris P, Rowsell B. Interactional issues in the provision of counselling to pharmacy customers. *International Journal of Pharmacy Practice* 2003;11:135–42.

The Diary

Announcements of branch and regional meetings for the Diary column should reach *The Journal* by 1pm on the Tuesday before publication. Branch programme cards are welcome at the beginning of the season, provided that branches subsequently notify *The Journal* in good time about any programme changes and any essential meeting information that was not available when the card was printed.

Advertisement