Promotional Challenges of Medical Representatives inObtaining Doctors Support

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ABSTRACT

Medical representatives are the pillars of the pharmaceutical industry. The job of medical representative is knitted with medical practitioners, chemists and stockists. While dividing his time amongst the above three within his work hours and meeting the sales targets fixed by the company, he faces multiple challenges. The present study highlights that there are a few important parameters such as regular visitation to the doctors with free samples, where possible, conducting conferences and medical camps and regularly attending sales meetings. There are also a few mutually contradicting requirements such as confining doctors visitations during the day time of eight hours only as per union norms, where as doctors may give appointments at any time till night. Frequent visits from medical personnel are essential for producing ongoing prescriptions, which provide pharmaceutical firms with commercial value and facilitate sales growth. This in turn helps medical representatives to achieve monthly sales targets without facing lot of physical and mental stress and strain. A suitablemechanism should ultimately evolve out to ensure the maximizing of interaction amongst medical representatives, medical practitioners, chemists and stockists. 411 medical representative respondents were selected at random using stratified random sampling from the top five medical representative cities in the Andhra Pradesh state. This study examines the numerous marketing difficulties that medical reps have when trying to keep patients coming in and get them to fill prescriptions.

Keywords: Pharmaceutical companies, Medical Representatives, Prescription generation

I. INTRODUCTION

Personal Selling

Personal selling¹ is the art of successfully persuading prospects or customersto purchase products or services from which they can derive appropriate benefits, thereby increasing their total satisfaction (Richard R Still, Cundiff Edward, and Gavoni A P Norman, Sales Management, Decisions, Strategies and Cases 5th, (New Delhi: Pearson Education, 2009, 16).

Sales Promotion

A direct inducement that provides additional value or incentive for the product to the sales force, distributors, or final consumer with the primary goal of generating an immediate sale4 (George E Belch, Michael A Belach, and keynoor Purani, Advertising and promotion: An Integrated Marketing Communication Perspective, (New Delhi: Tata MC Graw-Hill, 2010, 16; 64).

All marketing and promotion efforts, excluding advertising, personal selling, and publicity, that entice customers to make a purchase by offering incentives like discounts, coupons, premiums, advertising specialties, samples, coupons for price cuts, sweepstakes, competitions, games, trading stamps, refunds, rebates, exhibits, displays, and demonstrations fall under the category of sales promotion. By employing incentives like rewards or prizes, direct payments and allowances, joint advertising, and trade exhibitions, it is utilised to encourage retailers, wholes alers, manufacturers, and sales staff to make sales.

II. REVIEW OF LITERATURE

There are several studies have attempted about job induced stress, which is one of the promotional challenges faced by Medical Representatives in their work life. Stamps and Piedmonte (1986) and Dilruba (2016) explored the significance of the relationship between work stress and job satisfaction. Cooper et al. (1989) discovered four job stressors that predicted job dissatisfaction. Raizada H and Bhagwandas M (2012) have identified that pharmaceutical sale representatives are under job induced stress. Sandip B Patil and Jeewan Singh Meena (2013) examined that medical representatives under work related pressure. Anirudh Kotlo et al (2015) identified that work related stress; driving, mobile use issues may lead to more burnout. S.M.Yasir Arafat et al. (2015) identified that lack of welfare approaches, poorleave policy and job insecurity got dissatisfaction. Swapnil Undale and Dr.Milind Pande (2016) have shown that there is no connection between organisational commitment and performance or satisfaction. According to M.J. Santhil Kumar and P. Sundara Pandian (2015), workloads are unevenly interrupted, stress eventually turns intoburnout, which affects performance and happiness. Priya Kalyanasundaram(2017) examined that stress affects the employee's performance that indirectly affects the organizational survival. Fawaz Jaffar et al. (2017) have identified that lack of job promotion as factor leading to dissatisfaction among medical representatives. Dr.R.Umamaheswari and R.Sindhuja (2018) revealed that medical representatives are exposed to work-life imbalance and pharmaceutical companies need to provide training sessions. This study isconsidering job induced stress as one of the factor and also focusing on other promotional challenges of medical representatives indealing with doctors like meeting ten to thirteen doctors on daily basis, maintaining regular interval of visits to doctors and most crucial job of medical representatives are togenerate prescriptions that are commercially valuable to pharmaceutical companies.

III. OBJECTIVES OF THE STUDY

- **1.** To assess the views of the medical representatives towards the doctors.
- **2.** To find out the marketing challenges faced by the medical representatives in the pharmaceutical products promotion to doctors.

IV. METHODOLOGY

Research Design

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Questionnaire Design: By using stratified random sampling and a standardised questionnaire, the survey of 411 respondents from Andhra Pradesh's first five most medically representative cities was carried out. Statistical technique used: Chi-square tests for a five-point Likert scale questionnaire, i.e., strongly agree (SA) to strongly disagree (SDA).

SPSS version 22 is a statistical tool used for analysis.

Primary Data: A structured questionnaire is used to collect primary data from Andhra Pradesh's first five highest medical representatives' available cities.

Secondary Data: Secondary data is acquired from books, journals, and articles found online and in business news media.

V. ANALYSIS OF THE DATA

Views of Medical Representatives' towards the Doctors ResponsesTable No 1. Doctors avoiding Calls

			Me	dical Repre	esentatives	Working	Cities	Total
			Vijayawada	Guntur	Vizag	Kurnool	Rajahmundry	Total
		Count	38	29	33	30	15	145
	SA	Expected Count	38.8	31.8	30.0	27.5	16.9	145.0
		% Of Total	34.5%	32.2%	38.8%	38.5%	31.3%	35.3%
Doctors avoids		Count	40	37	27	32	10	146
calls to MRs	A	Expected Count	39.1	32.0	30.2	27.7	17.1	146.0
when many		% Of Total	36.4%	41.1%	31.8%	41.0%	20.8%	35.5%
patients wait for		Count	9	6	12	7	9	43
check-up	Ν	Expected Count	11.5	9.4	8.9	8.2	5.0	43.0
		% Of Total	8.2%	6.7%	14.1%	9.0%	18.8%	10.5%
		Count	10	10	3	5	5	33
	DA	Expected Count	8.8	7.2	6.8	6.3	3.9	33.0
		% Of Total	9.1%	11.1%	3.5%	6.4%	10.4%	8.0%
	SDA	Count	13	8	10	4	9	44

to MRs

	Expected Count	11.8	9.6	9.1	8.4	5.1	44.0
	% Of Total	11.8%	8.9%	11.8%	5.1%	18.8%	10.7%
	Count	110	90	85	78	48	411
Total	Expected Count	110.0	90.0	85.0	78.0	48.0	411.0
	% Of Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

			Medical Representatives Working Cities					
			Vijayawad a	Guntur	Vizag	Kurnoo 1	Rajahmundr y	Total
	SA	Count	23	18	19	16	29	105
		Expected Count	28.1	23.0	21.7	19.9	12.3	105.0
		% Of Total	20.9%	20.0%	22.4%	20.5%	60.4%	25.5%
Doctors do not	А	Count	43	48	34	31	6	162
prescribe drugs even after		Expected Count	43.4	35.5	33.5	30.7	18.9	162.0
regularintervals		% Of Total	39.1%	53.3%	40.0%	39.7%	12.5%	39.4%
of my visits	N	Count	16	10	7	6	5	44
		Expected Count	11.8	9.6	9.1	8.4	5.1	44.0
		% Of Total	14.5%	11.1%	8.2%	7.7%	10.4%	10.7%
	DA	Count	22	6	16	13	0	57
		Expected Count	15.3	12.5	11.8	10.8	6.7	57.0
		% Of Total	20.0%	6.7%	18.8%	16.7%	0.0%	13.9%
	SDA	Count	6	8	9	12	8	43
		Expected Count	11.5	9.4	8.9	8.2	5.0	43.0
		% Of Total	5.5%	8.9%	10.6%	15.4%	16.7%	10.5%
Total	-	Count	110	90	85	78	48	411
		Expected Count	110.0	90.0	85.0	78.0	48.0	411.0
		% Of Total	100.0%	100.0 %	100.0 %	100.0%	100.0%	100.0 %

Table No 1 shows the responses of medical representatives to the statement "doctors avoid calls/visitappointments when many patients wait for check up". Out of the total respondents, a majority (70.8%) ofISSN No: 2250-3676www.ijesat.comPage | 78

medical representatives across the five cities have agreed with the statement. While 18.7% of medical representatives did not agree with the statement, 10.5% of medical representatives chose to be neutral.

It is clear that out of total 110 respondents from Vijayawada, 38(34.5 %) respondents strongly agreed with the statement. While 40(36.4 %) respondents agreed with the statement, and 9 (8.2 %) remained neutral, 10 (9.1 %) respondents disagreed and 13(11.8 %) respondents strongly disagreed.

Out of total 90 respondents of Guntur, 29 (32.2%) respondents strongly agreed with the statement. While 37 (41.1%) respondents agreed with the statement, and6(6.7%) remained neutral, 10(11.1%) respondents disagreed, and8(8.9%) strongly disagreed.

Out of total 85 respondents from Vishakhapatnam, 33 (38.8 %) respondents strongly agreed with the statement. While 27(31.8 %) respondents agreed with the statement and 12 (14.1%) remained neutral, 3(3.5 %) respondents disagreed, and 10 (11.8%) respondents strongly disagreed.

Out of total 78 respondents from Kurnool, 30(38.5 %) respondents strongly agreed with the statement. While 32(41 %) respondents agreed with the statement, 7(9%) remained neutral, 5 (6.4 %) respondents disagreed, and 4(5.1%) respondents strongly disagreed.

Out of total 48 respondents from Rajahmundry, 15(31.3%) respondentsstrongly agreed with the statement. While 10(20.8%) respondents agreed with the statement, 9(18.8%) remained neutral, 5(10.4%) respondents disagreed and 9(18.8%) respondents strongly disagreed.

Table No 2 shows the responses of medical representatives to the statement posed "doctors don't prescribe drugs even after regular visits".Out of the total representatives, 64.9% of medical representatives across the five cities have agreed with the statement. While 24.4% of medical representatives didnot agree with the statement, 10.7% of medical representatives chose to be neutral.

Out of the total 110 respondents of Vijayawada, 23 (20.9 %) respondentsstrongly agreed with the statement. While 43(39.1 %) respondents agreed with the statement, 16 (14.5 %) remained neutral, 22 (20 %) respondents disagreed and 6 (5.5 %) respondents strongly disagreed with the statement. Out of total 90 respondents in Guntur, 18(20 %) respondents strongly agreed with the statement. While 48 (53.3%) respondents agreed with thestatement, 10 (11.1 %) remained neutral, 6 (6.7%) respondents disagreed and 8 (8.9%) respondents strongly disagreed.

Out of total 85 respondents from Vishakhapatnam, 19(22.4 %) respondents strongly agreed with the statement. While 34 (40 %) respondents agreed with the statement, 7 (8.2%) remained neutral, 16 (18.8 %) respondents disagreed and 9 (10.6 %) strongly disagreed.

Out of total 78 respondents from Kurnool, 16(20.5 %) respondents strongly agreed with the statement. While 31(39.7 %) respondents agreed, 6 (7.7 %) remained neutral, 13(16.7 %) disagreed and 12 (15.4%) strongly disagreed with the statement.

Out of total 48 respondents from Rajahmundry, 29 (60.4%) respondents strongly agreed with the statement. While 6 (12.5 %) respondents agreed with the statement, 5 (10.4 %) remained neutral, no respondents disagreed

			Med	ical Repro	esentative	s Working	Cities	
			Vijayawad	Guntur	Vizag	Kurnool	Rajahmundr	Total
	SA	Count	41	30	34	32	17	154
		Expected Count	41.2	33.7	31.8	29.2	18.0	154.0
Waiting period is high		% Of Total	37.3%	33.3%	40.0%	41.0%	35.4%	37.5%
for high potential listed	Α	Count	42	36	25	26	16	145
doctors		Expected Count	38.8	31.8	30.0	27.5	16.9	145.0
		% Of Total	38.2%	40.0%	29.4%	33.3%	33.3%	35.3%
	N	Count	12	7	8	11	9	47
		Expected Count	12.6	10.3	9.7	8.9	5.5	47.0
		% Of Total	10.9%	7.8%	9.4%	14.1%	18.8%	11.4%
	DA	Count	6	9	2	5	4	26
		Expected Count	7.0	5.7	5.4	4.9	3.0	26.0
		% Of Total	5.5%	10.0%	2.4%	6.4%	8.3%	6.3%
	SDA	Count	9	8	16	4	2	39
		Expected Count	10.4	8.5	8.1	7.4	4.6	39.0
		% Of Total	8.2%	8.9%	18.8%	5.1%	4.2%	9.5%
	<u> </u>	Count	110	90	85	78	48	411
Total		Expected Count	110.0	90.0	85.0	78.0	48.0	411.0
		% Of Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

and 8 (16.7 %) strongly disagreed with the statement.Null Hypothesis

H₀: There is no significant association among cities in case of doctors don'tprescribe drugs even after visits. Alternative Hypothesis

H₁: There is a significant association among cities in case of doctors don'tprescribe drugs even after visits. Significance Level: 0.05

The chi square test results show that p<0.05.Therefore,

 H_0 is rejected and H_1 is accepted.

Thus, there is a significant association among cities in case of doctors don'tprescribe drugs even after visits.

Table No 3. Waiting period is high at high potential doctors

Table No 3 shows the responses of medical representatives to the statement "waiting period high at high potential listed doctors". Out of the total representatives, a majority (72.8%) of medical representatives across the five cities have agreed with the statement. While 15.8% of medical representatives did not agree with the statement, 11.4% of medical representatives chose to be neutral.

It is clear that out of total 110respondents from Vijayawada, 41(37.3 %) respondents strongly agreed with the statement. While 42 (38.2 %) respondents agreed with the statement, 12 (10.9 %) remained neutral, 6 (5.5

%) respondents disagreed and 9 (8.2 %) respondents strongly disagreed with the statement.

Out of total 90 respondents from Guntur, 30(33.3 %) respondents strongly agreed with the statement. While 36 (40 %) respondents agreed with thestatement, 7 (7.8 %) remained neutral, 9 (10 %) respondents disagreed and 8(8.9 %) respondents strongly disagreed with the statement.

Out of total 85 respondents from Vishakhapatnam, 34 (40 %) respondents strongly agreed with the statement. While 25 (29.4 %) respondents agreed with the statement, 8 (9.4 %) remained neutral, 2(2.4 %) respondents disagreed and 16 (18.8 %) strongly disagreed with the statement.

			Medical Representatives Working Cities					
			Vijayawa	Guntur	Vizag Kurnoo Rajahmund			Total
	SA	Count	84	69	65	51	35	304
		Expected	81.4	66.6	62.9	57.7	35.5	304.0
		% Of Total	76.4%	76.7%	76.5%	65.4%	72.9%	74.0%
Doctors sometimes do	А	Count	18	9	13	18	2	60
not give		Expected	16.1	13.1	12.4	11.4	7.0	60.0
annointmonto to		% Of Total	16.4%	10.0%	15.3%	23.1%	4.2%	14.6%
appointments to make calls	N	Count	4	6	2	4	6	22

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		Expected	5.9	4.8	4.5	4.2	2.6	22.0
		% Of Total	3.6%	6.7%	2.4%	5.1%	12.5%	5.4%
	DA	Count	2	2	3	0	0	7
		Expected	1.9	1.5	1.4	1.3	.8	7.0
		% Of Total	1.8%	2.2%	3.5%	0.0%	0.0%	1.7%
	SDA	Count	2	4	2	5	5	18
		Expected	4.8	3.9	3.7	3.4	2.1	18.0
		% Of Total	1.8%	4.4%	2.4%	6.4%	10.4%	4.4%
Total	•	Count	110	90	85	78	48	411
Total		Expected	110.0	90.0	85.0	78.0	48.0	411.0
		% Of Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0

Out of total 78 respondents from Kurnool, 32(41 %) respondents stronglyagreed with the statement. While 26(33.3 %) respondents agreed with the and 4 (5.1 %) respondents strongly disagreed with the statement.

Out of total 48 respondents from Rajahmundry, 17(35.4%) respondents strongly agreed with the statement. While 16 (33.3 %) respondents agreed with the statement, 9 (18.8 %) remained neutral, 4(8.3 %) respondents disagreed and 2 (4.2 %) strongly disagreed with the statement.

Table No 4. Doctors' sometimes do not give appointments to make calls

Table No 4 shows the responses of medical representatives to the statement "doctors sometimes do not give appointments to make calls". Out of the total representatives, a high majority (88.6%) of medical representatives across the five cities have agreed with the statement. While 6.1% of medical representatives did not agree with the statement, 5.4% of medical representatives chose to be neutral.

It is clear that out of total 110 respondents from Vijayawada, 84 (76.4 %) respondents strongly agreed with the statement. While 18 (16.4 %) respondents agreed with the statement, 4 (3.6 %) remained neutral, 2 (1.8)

%) respondents disagreed and 2 (1.8 %) respondents strongly disagreed.

Out of total 90 respondents from Guntur, 69(76.7 %) respondents strongly agreed with the statement. While 9 (10%) respondents agreed with the statement, 6 (6.7 %) remained neutral, 2 (2.2 %) respondents disagreed and 4(4.4 %) respondents strongly disagreed with the statement.

Out of total 85 respondents from Vishakhapatnam, 65(76.5%) stronglyagreed with the statement. While 13 (15.3%) respondents agreed with the statement, 2 (2.4%) remained neutral, 3 (3.5%) respondents disagreed and 2(2.4%) respondents strongly disagreed with the statement.

Out of total 78 respondents from Kurnool, 51(65.4 %) respondents strongly

agreed with the statement. While 18(23.1 %) respondents agreed with the statement, 4 (5.1 %) remained neutral, no respondents disagreed and 5 (6.4%) respondents strongly disagreed with the statement.

Out of total 48 respondents from Rajahmundry, 35(72.9%) respondents strongly agreed with the statement. While 2 (4.2%) respondents agreed, 6 (12.5%) remained neutral, no respondents disagreed and 5 (10.4%) respondents strongly disagreed with the statement.

			Medic	al Repres	entatives	Working	Cities	T (1
			Vijayawa	Guntur	Vizag	Kurnoo	Rajahmund	Total
	SA	Count	39	28	36	25	19	147
		Expected	39.3	32.2	30.4	27.9	17.2	147.0
		% Of Total	35.5%	31.1%	42.4%	32.1%	39.6%	35.8%
Doctors give	А	Count	42	33	24	38	11	148
appointments		Expected	39.6	32.4	30.6	28.1	17.3	148.0
only limited		% Of Total	38.2%	36.7%	28.2%	48.7%	22.9%	36.0%
time one day	N	Count	12	11	10	7	11	51
-		Expected	13.6	11.2	10.5	9.7	6.0	51.0
in a week		% Of Total	10.9%	12.2%	11.8%	9.0%	22.9%	12.4%
	DA	Count	9	11	6	6	5	37
		Expected	9.9	8.1	7.7	7.0	4.3	37.0
		% Of Total	8.2%	12.2%	7.1%	7.7%	10.4%	9.0%
	SDA	Count	8	7	9	2	2	28
		Expected	7.5	6.1	5.8	5.3	3.3	28.0
		% Of Total	7.3%	7.8%	10.6%	2.6%	4.2%	6.8%
m . 1	•	Count	110	90	85	78	48	411
Total		Expected	110.0	90.0	85.0	78.0	48.0	411.0
		% Of Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0

Table No 5. Doctors give appointments limited time

Table No 5 shows the responses of medical representatives to the statement "doctors give calls only limited time one day in a week". Out of the total respondents, a majority (71.8%) of medical representatives across the five cities have agreed with the While 15.8% of statement. medical representatives did 12.4% agree with the statement, of not medical representatives chose to be neutral.

It is clear that out of total 110respondents from Vijayawada, 39(35.5%) respondents strongly agreed with the statement. While 42 (38.2%) respondents agreed with the statement, 12 (10.9%) remained neutral, 9 (8.2%) respondents disagreed and 8 (7.3%) strongly disagreed. Out of total 90 respondents from Guntur, 28 (31.1%) respondents strongly agreed with the statement. While 33 (36.7%) respondents agreed with the statement, 11 (12.2%) remained neutral, 11 (12.2%) respondents disagreed and 7 (7.8%) respondents

strongly disagreed with the statement.

Out of total 85 respondents from Vishakhapatnam, 36(42.4 %) respondents strongly agreed with the statement. While 24 (28.2 %) respondents agreed with the statement, 10 (11.8%) remained neutral, 6 (7.1 %) respondents disagreed and 9 (10.6 %) respondents strongly disagreed.

Out of total 78 respondents from Kurnool, 25(32.1 %) respondents strongly agreed with the statement. While 38(48.7 %) respondents agreed with the statement, 7 (9 %) remained neutral, 6 (7.7%) respondents disagreed and 2 (2.6 %) respondents strongly disagreed.

Out of total 48 respondents from Rajahmundry, 19(39.6 %) respondents strongly agreed with the statement. While 11 (22.9%) respondents agreed with the statement, 11 (22.9%) remained neutral, 5 (10.4%) disagreed, and

2 (4.2%) strongly disagreed.

VI. LIMITATIONS OF THE STUDY

Although the study was well planned it suffered from some unavoidable limitations.

- The first and second lock downs imposed by COVID-19 have restricted the free movement from place to place in conducting the survey. Hence the study has been confined only to five major cities of Andhra Pradesh.
- The data collection from the respondents posed a major limitation. Some of the respondents were reluctant to answer the questionnaire nor had they time to answer them fully.

VII. CONCLUSION AND SUGGESTIONS

The pharmaceutical companies should fix reasonable targets based on groundstudy and realities and ensure the quality of work life of the medical representatives. The doctors need to follow their professional ethics while prescribing the right drug for the patients. There should be provision for extending the time slot of visitation to doctors without confining only to morning to evening timings. This may help the medical representatives to maintain companies expected call average as well as to increase sales in right challenge. The unions, which work for the welfare of medical representatives as per the labour laws, need to understand and cooperate with positive spirit and negotiate with the company management for suitable compensation to the extra hours put in by the medical representatives without confining to eight hours work. The chemists should strictly adhere to the doctors' prescription and the stockists promptly honour the chemists' requirements. Such a streamlining will avoid anyunethical practices from creeping in and will help reduce the challenges faced by the medical representatives in executing their prescribed duties.

VIII. REFERENCES

1.Ahmed, R. R., Streimikiene, D., Abrhám, J., Streimikis, J., & Vveinhardt,
(2020).J.(2020).Social
and
behavioraltheoriesand

physician's prescription behavior. Sustainability, 12(8), 3379.

- 2. Ahmed, R. R. (2014). Pharmaceutical marketing mix strategy and physician's prescription behavior. *The Pharma Innovation*, *3*(7, Part A), 8.
- **3.** Al-Areefi, M. A., Hassali, M. A., & Ibrahim, M. I. B. M. (2012). A qualitative study exploring medical representatives' views on current drug promotion techniques in Yemen. *Journal of Medical Marketing*, *12*(3), 143-149.
- **4.** Alshurideh, M., Al Kurdi, B., Abumari, A., & Salloum, S. (2018). Pharmaceutical promotion tools effect on physician's adoption of medicine prescribing: evidence from Jordan. *Modern Applied Science*, *12*(11), 210-222.
- 5. Ajay Gidwani (2018), Assessment of doctor's perception towards medical representat ives'. *Paripex - Indian Journal of Research*, *Volume-7, Issue-11*
- 6. Ankush, C., Ligade, V. S., Kiranshanker, K., Sreedhar, D., Manthan, J., Muragundi, P. M., & Udupa, N. (2015). A survey on doctor's expectation from medical representative in Karnataka state. *International Journal of Current Research and Review*, 7(8),75-82.
- 7. Ankush ., Deepak Kapur (2017). Influence of Medical Representativeon Knowledge, Attitude and Practice of Physicians. IJMRBS
- **8.** Arora, U., & Taneja, G. (2006). An analytical study of physicians behavior towards marketing of pharmaceutical products. *Indian Journal of Marketing*, *36*(11).
- 9. Arafat, S. Y., Rahman, F. H. S. A. I., & Al Asad, S. H. (2015). Job satisfaction among the medical representatives in Bangladesh. *Australian journal of business and management research*, 5(1), 22.
- **10.** BiswasK,Ferdousy UK(2016), Influence of pharmaceutical marketing on prescription behavior of physicians : a cross- sectional study, Bangladesh, Journal of Accounting & Marketing,DOI: 10.4172/2168-9601.1000160
- **11.** Budak, O. Tanses Gulsoy. (2018). The role of the pharmaceutical sales representative in the physician-customer's firm loyalt y :implications for managing a strategic business relationship inemerging market context
- **12.** Caudill, T. S., Johnson, M. S., Rich, E. C., & McKinney, W. P. (1996). Physicians, pharmaceutical sales representatives, and thecost of prescribing. *Archives of family medicine*, *5*(4), 201-206.
- **13.** Cooper, C. L., Rout, U., & Faragher, B. (1989). Mental health, job satisfaction, and job stress among general practitioners. *British Medical Journal*, 298(6670), 366-370.
- 14. Dar, T. M. (2020). Effectiveness of promotional tools used by medical representatives to generate product prescriptions from doctors with respect to Pakistan's Pharmaceutical Industry. *Electronic Research Journal of Social Sciences and Humanities*, 2, 37-63.
- **15.** Dilruba, S. S. (2016). Job satisfaction and job stress among bank employees in Rajshahi City: A Field Study. *The International Journal of Indian Psychology*, *3*(5), 19-25.
- **16.** Ehab Mudher Mikh ael (2014). Evaluating the effect of medical representative on physician prescribing pattern in I raq. *Asian J Pharm Clin Res*, 7(1), 222-223.
- 17. Girish Taneja (2008). Impact of pharmaceutical industry promotionmix on doctor's prescribing i. behavior. *Asia Pacific Business Review*, 4(4), 82-95.
- **18.** Gonul, F. F., Carter, F., Petrova, E., & Srinivasan, K. (2001). Promotion of prescription drugs and its impact on physicians'choice behavior. *Journal of Marketing*, 65(3), 79-90.
- **19.** Gupta, S. K., Nayak, R. P., & Sivaranjani, R. (2016). A study on the interactions of doctors with medical representatives of pharmaceutical companies in a Tertiary Care Teaching Hospitalof South India. *Journal of pharmacy & bioallied sciences*, 8(1), 47.
- **20.** Ijoma, U., Onwuekwe, I., Onodugo, O., Aguwa, E., Ejim, E., Onyedum, C.,...& Ugwuonah, G. (2010). Effect of Promotional Strategies of Pharmaceutical Companies on Doctors' Prescription Pattern in South East Nigeria. *TAF Preventive Medicine Bulletin*, *9*(1).
- **21.** Jandhyala, R.(2014).Personal selling and its effectiveness in generating sales: an assessment of: 'promotional', 'non- promotional' personal selling and 'non-personal' selling as part of the Promotional Mix in the Pharmaceutical Industry.
- 22. Jaffar, F., Iqbal, Q., & Randhawa, T. A. (2017). Assessment of job satisfaction among
ISSN No: 2250-3676Www.ijesat.comPage | 85

medical sales representatives working in karachi city, pakistan. Indo American Journal of Pharmaceutical

Sciences, 4(6), 1717-1722.

- 23. Kalyanasundaram, P. (2017). An effect of stress among medical representatives working in Coimbatore city, Tamilnadu, India.*European Journal of social sciences*, 55(4), 452-461.
- 24. Kiran Bala, KavitaSh arma.(2020).Role of medical representatives in influencing medicine prescription behavior of doctors. *Journal of Business Thought*, 10, 39-52.
- 25. Kotlo, A., Maram, A., Muragundi, P. M., Janodia, M., & Ligade, V. (2015). Health related quality of life among medical representatives. *Journal of Young Pharmacists*, 8(1), 18.
- 26. Kumar, M. S., & Pandian, P. S. (2015). An investigation into burnoutof medical representatives–a study with special reference to jobdemands. *Journal On Management Studies*, 1(4), 198-204.
- 27. Kumar Mishra, S., & Bhatnagar, D. (2010). Linking emotional dissonance and organizational identification to turnover intentionand emotional well-being: A study of medical representatives in India. *Human Resource Management: Published in Cooperationwith the School of Business Administration, The University of Michigan and in alliance with the Society of Human ResourcesManagement, 49*(3),401-419.
- **28.** Mohammed, R., & Kheder, S. I. (2017). The impact of pharmaceutical promotion on rational prescribing and drug usein Sudan.
- **29.** Murshid, M. A., & Mohaidin, Z. (2018). The influence of information, brand, medical representatives and sales promotion on physician prescribing decision. *Journal of Pharmaceutical Health Services Research*, 9(3), 259-269.
- Muragundi, P. M., Kotlo, A., Maram, A., Krovvidi, S. A., Srikanth,
 M. V., Udupa, N., & Naik, A. N. (2014). What is the Status of Health Related Quality of Life Among Medical Representatives inIndia?. *Value in Health*, 17(7), A798-A799.
- **31.** Ovais, M., Wazir, M. I., & Mufti, O. (2010). Pharmaceutical Personal Selling: Problems Prospects and Importance Of Strategic Relationship Marketing. *Business & Economic Review*, 3(2), 1-23.
- **32.** Patil, S. B., & Singh, J. M. (2013). Work induced stress among medical representatives in Aurangabad city, Maharashtra. *National Journal of Community Medicine*, 4(02), 277-281.

- **33.** Raizada, H. (2012). A study on Job Induced stress among pharmaceutical sales representatives in Jaipur City of Rajasthan. *International Journal of Collaborative Research on Internal Medicine & Public Health*, 4(5), 0-0.
- **34.** Schramm, J., Andersen, M., Vach, K., Kragstrup, J., Peter Kampmann, J., & Søndergaard, J. (2007). Promotional methods usedby representatives of drug companies: A prospective survey in general practice. *Scandinavian Journal of Primary Health Care*, *25*(2), 93-97.
- **35.** Scharitzer, D., & Kollarits, H. C. (2000). Satisfied customers: Profitable customer relationships: Pharmaceutical marketing: How pharmaceutical sales representatives can achieve economic success through relationship management with settled general practitioners— An empirical study. *Total Quality Management*, *11*(7), 955-965.
- 36. Spiller, L. D., & Wymer, W. W. (2002). Physicians' responses to marketing strategies of pharmaceutical companies. Journal of Pharmaceutical Marketing & Management, 15(1), 15-30.
- 37. Stamps, P. L., & Piedmonte, E. B. (1997). Nurses and work satisfaction: An index for measurement.
- **38.** Umamaheswari R and Sindhuja R (2018). Work-life balance among medical representatives and the strategies to attain a balanced work- life. International Journal for Research in Engineering application andmanagement. 4(7), 2454-9150
- **39.** Undale, S., & Pande, M. (2016). Effect of organizational and occupational commitment on satisfaction and performance of medical representatives. SM's International E-Journal on Ongoing Research inManagement & IT.
- 40. Vasan, M. (2018). Impact of job stress on job satisfaction among the pharmaceutical sales representatives. Research Journal of Pharmacy and Technology, 11(9), 3759-3764.
 - **41.** Zahrani, H. S. A. (2014). The impact of pharmaceutical promotions on primary health care physician's prescribing behaviour in KAMC in central region.