Available online www.ijpras.com

International Journal of Pharmaceutical Research & Allied Sciences, 2021, 10(3):50-63 https://doi.org/10.51847/1QPrHa1tUn



Review Article

ISSN: 2277-3657 CODEN(USA): IJPRPM

General Theory of Marketing Ethics and Unethical Behavior in the Pharmaceutical Industry Field

Aseel Bin Sawad¹*, Kate Andrews²

¹Department of Clinical Pharmacy, College of Pharmacy, Umm Al-Qura University, Makkah, Saudi Arabia. ²DBA Programs, College of Management & Technology, Walden University, United States.

*Email: aseel post@hotmail.com

ABSTRACT

Most theoretical efforts in marketing ethics focus on the normative approach, not the positive approach. Theories emphasize formulating guidelines and rules that can assist marketers in their efforts to behave ethically; however, the general theory of marketing ethics is descriptive; the theory tries to explain the decision-making process for the condition having ethical content. The discussion and valuation process involves normative ethical notions based on moral philosophy. On the other hand, the theory indicates that a personal moral norms concept based on an understanding of the society moral values levels enables an individual to make ethical decisions. The societal level of moral norms promotes social trust, based on deontological ethics. Resulting in social trust, promoting businesses' productivity and economic growth. However, the broad understanding of marketing ethics needs a holistic understanding of the existing knowledge. This will help to identify and explore ethical issues involved in the marketing industry. The primary purpose of this paper was to provide critical analysis and synthesis of the literature related to the general theory of marketing ethics and the strategies that sales managers in the pharmaceutical industry use to improve ethical marketing training to reduce unethical sales representative behavior. The review is organized so it includes six primary sections: a general theory of marketing ethics, causes and effects of unethical behavior, benefits of addressing unethical behavior, challenges faced in addressing unethical behavior, relationship building as the appropriate strategy for addressing unethical behavior, and training strategies to reduce unethical behavior.

Key words: Pharmaceutical, Utilitarian, Deontological, Teleological

INTRODUCTION

Corruption is a persistent problem affecting the health sector with severe implications on health status as well as social welfare [1]. The pharmaceutical industry has contributed immensely to the corruption problem in health care and implies a high risk to social welfare [2]. Unethical behavior among the sales representatives is among the leading corruption factors in the pharmaceutical industry [3-5].

The primary purpose of this paper is to provide critical analysis and synthesis of the literature related to the general theory of marketing ethics, and the strategies that sales managers in the pharmaceutical industry may use to improve ethical marketing training to reduce unethical sales representative behavior. We provided this review of the professional and academic literature to help in understanding the contexts in which managers may apply specific ethical marketing strategies as well as to demonstrate why certain ethical training strategies may be more important than others. We organized this review, so it includes six primary sections: a general theory of marketing ethics, causes and effects of unethical behavior, benefits of addressing unethical behavior, challenges faced in addressing unethical behavior, relationship building as the appropriate strategy for addressing unethical behavior,

and training strategies to reduce unethical behavior.

The strategy that we used was searching various databases to identify peer-reviewed articles and scholarly seminal books related to the topic of interest. These databases were Science Direct, SAGE Journals, ProQuest Central, ProQuest Dissertations & Theses Global, Google scholar, Expanded Academic ASAP, ABI/INFORM Collection, Academic Search Complete, Business Source Complete, and Google Books. We used various keywords and phrases in the search. These keywords and phrases were as follows: *ethical marketing, training, strategies, business, unethical, pharmaceutical sale representative, behavior*, and the *general theory of marketing ethics*.

The general theory of marketing ethics

In 1986, Hunt and Vitell (1986) developed the general theory of marketing ethics, and they explained the decision-making processes that marketing managers employ to resolve ethical conflicts [6]. Hunt and Vitell used a combination of utilitarian (intentional) and deontological (judgmental) assessments through their theory to create ethical marketing strategies [6]. Utilitarian assessment means the action is right if its outcomes (consequences) have benefits to most others, whereas deontological assessment means looking at the morality of action itself based on rules rather than based on the consequences of that action [6].

Action control entails the scope to which an individual applies control in the enactment of intent in a situation [7]. Marketers using situational restraints might have behavior that is inconsistent with ethical decisions and intentions. For example, situational restraints such as sale opportunities may result in the adoption of the alternative. Therefore, an individual should evaluate and then evaluation of the actual consequences of the chosen alternative to produce feedback based on a personal characteristic variable. Additionally, punishment and reward systems could change individual behavior when involved in an ethical content situation. Based on the general theory of marketing ethics, Donaldson and Dunfee (1994) affirmed that a person may be accustomed to behaving ethically [8].

Application of the general theory of marketing ethics

Hunt and Vitell (1986) mentioned that using the general theory of marketing ethics in the classroom fosters ethics-education outcomes [6]. These ethics-educations outcomes include

- Encourage learners to understand and potentially review in a reflective approach their moral values.
- Enable learners to perceive moral conflicts, responsibilities, and issues; this is helped by developing deontological norms.
- Assist learners to understand moral aspects based on a situation; the instructor (based on the theory) directs the students to focus on moral aspects involved in the decision-making process.
- Help learners to handle moral conflicts and issues; by providing students with integrated tools and experience when analyzing ethical dimensions in the classroom.

Ethical perspectives embodied in the general theory of marketing ethics

Hunt and Vitell (1986) recognized that the resolution of any ethical problem depends on the philosophical perspective applied by the decision-maker [6]. Each perspective contains its inherent limitations; thus Hunt and Vitell emphasized the theory as combining more than one philosophical approach when resolving ethical problems. For example, in the theory, Hunt and Vitell combined two main philosophical approaches, teleological and deontological, to resolve ethical issues hypothesized by marketing managers. The theory defines constructs and details of inappropriate interrelations to guide a study of marketing decisions relating to ethical problems. Deontological evaluation involves the assessment of the inherent virtue of each substitute being deliberated for adoption.

Conversely, teleological evaluation measures the badness or goodness of consequences that might result from the implementation of each alternative [9]. Teleological valuation analysis considers the desirable and credibility of each alternative, for example, consumers not getting the anticipated value from a product because of inaccurate advertisement. Hunt and Vitell (1986) specified interrelations and constructs that enable individuals to focus on portions during initial testing [6]. Hence, this model entails developing scenarios that present ethical problems and provides numerous alternatives to resolve ethical problems. The central claim of the proposed model portrays decision-making procedures that have ethical content. Equivalently, Donaldson and Dunfee (1994) claimed that, based on the general theory of the marketing ethics model, the proposed relationships among core variables accurately and significantly reflect the approach in which individuals resolve ethical problems [8]. Thus, Hunt and Vitell proposed that

- Deontological values considerably influence deontological evaluations.
- The desirability of action consequences considerably impacts teleological evaluations.
- Ethical decisions are considerably impacted by teleological and deontological evaluations.
- The intent to implement a certain alternative is considerably impacted by the ethical decision and teleological assessments.

In addition, Hunt and Vitell (1986) suggested that teleological assessment entails the function of desirability of consequences, probable consequences, and the significance of stakeholders [6]. Therefore, teleological and deontological valuations, undertaken together, explain the higher ratio of variance in ethical decision-making than when taken separately [9]. Hence, based on the general theory of marketing ethics, individuals might not adopt an ethical alternative if the action does not lead to one or more desired results. In such a condition, the individual's teleological assessment of the results might be primarily influenced by intentions. Thus, the ethical decision might vary from intentions because teleological valuations can independently affect intentions construct. The mutual impact of teleological and deontological procedures is the norm because in some situations a person might favor one action over the other. However, Chang (1988) found that teleological assessment contained the strongest impact on ethical decision-making and intentions [10]. This transpires because personal moral development levels might impact the type of decision process. For example, a manager might look for an alternative to identify which action is wrong and right. However, an individual in a higher position might have high-level moral development that internally helps to determine what is right or wrong [11].

The specific procedures applied during the decision-making process impact the process and criteria used in resolving ethical issues. Individuals determine the marketing decision process based on information sources preferred and how they can process that information. Therefore, marketing styles may estimate teleological or deontological approaches used to resolve ethical problems [9]. Thus, the general theory of marketing ethics helps individuals to understand the situation under which a specific valuation process may dominate. Most ethical solutions might not be selected because the action might lead to negative desired consequences being also confirmed [6]. This happens because the intent to adopt the alternative is only influenced by ethical decisions and teleological assessments.

Factors that influence the ethical decision-making process

Personal attributes

Based on the general theory of marketing ethics, Hunt and Vitell (1986) identified personal attributes that influence aspects of ethical decision-making procedures [6]. For example, individual religion influences ethical norms; people perceived as highly religious individuals are also perceived as having more defined deontological norms. These norms play a vital role in determining an individual's ethical judgment. In consumer ethics settings, Gundlach and Murphy (1993) identified those inherent religious beliefs significantly determine consumer ethical beliefs [12]. However, religious beliefs have little influence on individual ethical beliefs [12]. Both extrinsic and inherent religious beliefs entail individuals integrating religious norms and faith in everyday life. These beliefs are a source of social support, status, and self-justification.

Personal values

A person's value also influences the decision process. Gresham and Ferrel (1985) examined numerous values that influence the decision-making process [13]. For example, managerial commitment represents a value that determines the decision-making process. Companies with high ethical values have employees who are more committed to the firm's welfare [13]. However, individuals can exhibit high ethical commitment because of organizational values. Therefore, companies should make the decision-making process and organizational commitment values the top priority [13].

Personal beliefs

Based on the general theory of marketing ethics, Hunt and Vitell (1986) also focused on beliefs that reflect on how individuals believe the world works [6]. For example, to what magnitude does a person believe that self-interest exclusively motivates individuals is one way a person may believe the world works. Using a moral viewpoint, individuals believe that other people look at ethical egotism as a guide. Hunt and Vitell proposed, in their theory, that the extent to which a person believes that ethical egoism and self-interest approach is how the

world works; this belief influences individual behavior. Hence, individual moral character strength is a vital moderator of relations between behavior and intentions. Additionally, role models are important in developing an upright moral character. Thus, individuals with good moral character have the strength to behave in consistent ways using a set ethical judgment [14].

Cognitive moral development

Based on Hunt and Vitell (1986)'s study, a cognitive moral development level influences the ethical decision-making process [6]. The higher phase of cognitive development indicates the greater capability to reason through difficult ethical situations [15]. Hence, individuals with high cognitive moral development bring more deontological standards during any situation and would consider the interest of people (with higher job rank) in their decision-making process. Some people are ethically conscious, while others never recognize ethical issues involved in the decision-making process.

Cultural environment

Hunt and Vitell (1986) recognized that ethical problems exist in a business framework, hence they explored ethical issues in marketing [6]. Thus, Jones (1991) mentioned that Hunt and Vitell emphasized the general theory of marketing ethics on the importance of the cultural environment that influences the ethical decision-making process [16]. Based on the general theory of marketing ethics, companies have complex norms which form a structure where individuals socialize [6]. Additionally, the general theory of marketing ethics provides a structure for expounding on people's moral codes, distrust, and beliefs as parts of the cultural environment in a company.

Personal moral principles

The general theory of marketing ethics holds that personal moral principle differences result from variances in the following:

- The rules for merging teleology and deontological evaluations.
- The deontological standards held.
- The comparative significance of specific norms.
- The procedures for solving conflicts among norms.
- The procedures for interpreting norms applicability in certain situations.
- The significance weights are allocated to a specific stakeholder.
- The rules for linking teleological components.
- The supposed positive (highly significant) or negative (very insignificant) values for a stakeholder.
- The apparent probabilities of both negative and positive values for a stakeholder.

Some personal moral principles emphasize deontological norms, whereas others emphasize teleological norms. Considering personal moral norms implied by neoclassical traditions in economics, every person is a utility gauge that interprets self-interest maximization [17]. In the general theory of marketing ethics framework, deontological valuation is null, and individuals from all ethical decisions are based on teleological valuation [17]. Moreover, the essential weights allocated to stakeholders other than individual aspects are assigned null [17]. Thus, in the neoclassical tradition, all individuals have personal moral values that guide them to select the alternative that portrays the highest score (particularly in high restricted teleological evaluation procedures where the importance weights for stakeholders other than an individual) [17]. For example, based on the economics cost transaction, economic man is a more delicate; deceitful person and self-interest pursuing person [18]. In cost economics transactions, homo economics maximizes self-interest and opportunistic astuteness [18]. Therefore, universal opportunism is ubiquitous even among less opportunistic people [18].

Some personal moral values spawn distrust, particularly when the society has the dominant culture [19]. Dominant culture focuses only on teleological evaluation; hence, with null importance weights for all stakeholders other than an individual, social belief cannot exist. The more individuals accept the neoclassical paradigm as their behavior guide, the more their capability to sustain a market economy is weakened [19]. However, if personal moral values assume that utility maximization spawn distrust, then which moral values present trust? Personal values in terms of the general theory of marketing ethics model emphasize deontological evaluation as a key component of ethical decision-making. Predominantly, based on the general theory of marketing ethics, an individual can argue that moral values based on deontological ethics embrace society's dominant culture that sustains social trust. When society shares moral values based on deontological morals, trust can exist. When trust

exists in a society, individuals avoid attributes such as cheating, dishonesty, stealing, and shirking. Additionally, the culture will emphasize ethics that contribute to community development [7].

Causes and effects of unethical behavior among pharmaceutical sales representatives

Unethical behavior in the pharmaceutical industry has become a common practice that has captured the attention of many individuals and groups and has had severe implications [20, 21]. For instance, patients have become skeptical about the drugs that their physicians prescribe because some think that representatives of pharmaceutical companies use the physicians as agents of persuasion for the prescribed brands [22]. In such instances, some patients may prefer generic drugs to the prescribed brands or may choose to avoid the pharmaceuticals entirely in favor of alternatives such as natural remedies.

Patients attribute unethical behavior among sales representatives to the profession itself, which is viewed as a subculture on its own [23]. Unlike other professionals, sales representatives are employees who work in an increasingly complex and multifunctional environment that may provide numerous opportunities for unethical behavior [23]. For example, sales representatives may come across customers demanding bribes or commissions from them to buy their products [24-26]. Also, sales representatives may be under pressure by supervisors and senior managers to bring in more business, which influences them to focus on numbers at the expense of other attributes such as ethics and integrity [27]. Therefore, it is critical to observe unethical behavior among the sales representatives from the lens of the environment in which they operate because sometimes they are only doing what must be done [28].

Pharmaceutical markets are characterized by a derived demand process in which intermediaries (physicians) influence the end consumers (patients) to purchase the product [29]. Therefore, pharmaceutical companies' sales representatives may have used push strategies to influence the physicians to prescribe their drugs to the patients [30]. Push strategies are a fast approach to transfer a customer (physician) from awareness to purchase [30]. There is a difference between push and pull strategies. Salespersons use a push strategy to push a product at a customer. Oppositely, using a pull strategy is to pull a customer towards a product [30].

The relationship between the physicians and the sales representatives determines the speed of the adoption of new drugs [31]. Thus, positive relationships may facilitate early adoption while negative relationships may delay the adoption of drugs. However, not all researchers published studies support this view. For instance, Fickweiler *et al.* (2017) indicated that most physicians do not believe that their interactions with pharmaceutical companies' sales representatives influence their prescription habits [32]. Therefore, the physicians indicated that they can distinguish between marketing strategies and scientific facts about new drugs [32]. Also, the physicians mentioned that medical and governmental institutions had developed guidelines and self-regulatory checks to regulate the relationships between physicians and the pharmaceutical companies' sales representatives [32]. According to Hewett and Krasnikov (2016), the quality of relationships between physicians and pharmaceutical companies' sales representatives declines in the presence of authoritative mechanisms [33]. Preventing undue influence on physicians by the pharmaceutical companies' sales representatives is among the objectives of having those regulations in place [33].

The unethical behavior in the pharmaceutical industry is complex and multifaceted and thus society cannot entirely blame the sales representatives [34-36]. For example, there are instances where the physicians expect favors to prescribe certain drugs to the patients [28]. In such cases, even the ethical sales representatives may be influenced to avoid losing business, which can result in financial losses. As long as there is intense competition in the industry, there will always be companies with unethical sales representatives ready to meet the demands of the physicians that expect favors.

According to Skandrani and Sghaier (2016), unethical behavior in the pharmaceutical industry can arise from job characteristics, corporate, situational, personal, stakeholder, or cultural factors [21]. Kadic-Maglajlic *et al.* (2019) mentioned that micro-level (personal), meso-level (corporate), and macro-level (industrial) factors influence ethical behavior [37]. However, sales representatives' morals, as well as the industrial ethical environment, are more positively associated with customer satisfaction. On the other hand, corporate and industrial ethical norms have a combined stronger effect on customer orientation compared to each of the ethical climates alone. Therefore, training employees to enhance personal ethical behavior may not necessarily result in high customer retention, especially if the overall ethical climate in the industry is wanting. Besides, Kadic-Maglajlic *et al.* (2019) further noted that moral equity by a sales representative correlates strongly to customer orientation, but strong moral equity beliefs can result in weaker sales outcomes when applied in situations requiring adaptive selling [37].

Benefits of addressing unethical behavior

Pharmaceuticals have to play a vital role in the recovery of the ailing health care sector [1]. Addressing unethical behavior in the industry may lead to better customer relationships and trust in the pharmaceutical industry as well as physicians. Good relations and trust between the health care professionals and the patients play a significant role in enhancing the quality of health care [38-41]. Training sales representatives on ethical marketing practices to avoid unethical behavior will make the pharmaceutical industry more trustworthy, which will enhance health care quality. In some countries, pharmaceutical companies' sales managers are focusing on building ethical behavior and ensuring that employees understand the organizations they work for [42]. So, this is important because developing trust-based long-term relationships between buyers and sellers requires ethical behavior among the salespersons as well as the other people involved in the sales within an organization [43].

Incorporating the training and development programs into business processes and marketing strategies increases the impact of training on the competitiveness of a firm [44]. Incorporating ethical marketing training and development programs meant to reduce unethical behavior will likely improve the competitive positioning of pharmaceutical companies. The relationships that the pharmaceutical companies' sales representatives build after the training, will create more loyal customers, and result in increased sales when the managers incorporate ethical marketing training programs in the overall business strategy [44].

Researchers indicated that unethical behavior in the pharmaceutical industry must be addressed because ethics plays a key role in determining the performance of any business entity [45, 46]. However, some of the measures intended to address the unethical behavior in pharmaceutical companies such as the top-down directives have been ineffective, necessitating the need for more dynamic intervention mechanisms such as the training of employees on ethical marketing to reduce unethical behavior [46]. Ethical marketing training enhances trust and loyalty with customers [46].

Although interactions between physicians and pharmaceutical representatives may bring benefits to the health care industry, they influence the drug prescription and dispensing activities, which can be detrimental to the quality of care given to the patients [47]. Therefore, policymakers must come up with new policies to regulate the interactions between physicians, pharmacists, and pharmaceutical sales representatives and penalize misconduct. Such policies will not only ensure ethical conduct among the health care professionals in the pharmaceutical industry but will also protect the patients from the challenges that might arise from unscrupulous drug prescription activities that may have results such as developing drug resistance.

Following the challenges associated with the interaction between physicians, pharmacists, and pharmaceutical sales representatives, some experts have recommended the cutting of links between physicians and the pharmaceutical industry [48]. However, researchers recommend establishing ethical guidelines indicating how the interactions should have a better approach [48]. These ethical guidelines should include detailed information to indicate the extent to which the professionals can interact and the things they should not do as a result of the interaction. Although the ethical guidelines can minimize unethical behavior while maintaining the interactions between health care professionals, there is no guarantee they will follow them.

Addressing unethical behavior among physicians, pharmacists, and pharmaceutical sales representatives will result in increased transparency in the relationships and interactions among these professionals [49]. For example, mandating that the pharmaceutical sales representatives provide full disclosure of the gifts they give the physicians, and mandating the physicians to disclose the value of the gifts they receive will make it easier to determine the extent to which a physician's prescription actions are influenced by aggressive marketing activities by the pharmaceutical representatives [50]. Sometimes the physicians are unaware of the social psychology used by pharmaceutical sales representatives to influence their prescription activities [49]. Therefore, establishing ethical guidelines would protect physicians from social psychology manipulations by pharmaceutical sales representatives [51-54].

Challenges faced in addressing unethical behavior

Systemic failures have contributed to the ineffectiveness of the measures adopted by pharmaceutical companies' sales managers to deal with the unethical behavior of sales representatives [46]. Ethical dilemmas emerge, making it difficult for the sales representatives to choose the ethical route when marketing their company's products [55]. For example, stiff competition in the industry can influence sales representatives to offer incentives such as commissions or bribes to the physicians to prescribe drugs from their companies and thus meet the sales volume targets. Hence, the ethical dilemma indicates that sales representatives and sales managers will often have to make decisions regarding whether to follow the ethical route and compromise business or follow the business route and

compromise ethics. Depending on the performance of the sales team and the existing market conditions, ethical dilemmas may arise, making it challenging to address unethical behavior in the pharmaceutical industry.

Researchers indicated that many physicians have not read the ethical guidelines indicating how they should interact with pharmaceutical sales representatives [48]. Therefore, the ethical guidelines (like the one by the American Marketing Association) established to limit unethical behavior in the pharmaceutical industry and health care organizations have not been implemented because only a few of the professionals they are intended for have read or followed them. Therefore, policymakers must ensure that the ethical guidelines they come up with to regulate interactions between physicians, pharmacists, and pharmaceutical sales representatives are adopted by these professionals. It is better not to have ethical guidelines than have them and fail to implement them. Therefore, stringent measures should be undertaken to ensure that all physicians, pharmacists, and pharmaceutical sales representatives know the ethical guidelines intended to ensure ethical interactions among them.

Some pharmaceutical sales representatives believe that the pressure on them to ensure ethical behavior when interacting with the physicians is because of the lack of understanding by their salespeople. For example, pharmaceutical representatives have been criticized for giving gifts to physicians because it is seen as a way of bribing the latter as their objective is to push their drugs [49]. Therefore, pharmaceutical representatives holding onto this way of thinking cannot critically consider the ethical guidelines meant to ensure effective interactions with physicians and other key stakeholders in the pharmaceutical and health care industries.

Mangers at pharmaceutical companies are greatly involved in funding medical education and research [56]. Consequently, many physicians have a relationship with the pharmaceutical industry because they are involved in medical education. If the world was perfect, physicians and researchers would operate without money from the pharmaceutical industry [56]. However, the world is not perfect and thus the physicians and medical researchers need the money offered by the managers at pharmaceutical companies. Unfortunately, the managers do not provide the funding as a sign of a good gesture but a purchase of influence [56]. Therefore, the physicians benefiting from the funding from the managers at pharmaceutical companies either in research or medical education are more likely to prescribe drugs from those companies even when there is pressure for them to embrace ethical standards. Driven by the sales and revenue objectives of the pharmaceutical companies, sales representatives will continue to encourage physicians and medical researchers to enroll in projects funded by the pharmaceutical companies and in the process earn their affection, which can influence prescription habits [57, 58].

Marketing leaders should continuously address emerging ethical issues [59, 60]. However, managers at the pharmaceutical companies have not been able to update their code of ethics regularly to keep up with the emerging unethical issues among pharmaceutical sales representatives, pharmacists, and physicians [61]. Therefore, the existing American Marketing Association's Code of Conduct cannot be enough to address the unethical issues facing the industry. To regularly update the code of conduct, managers at pharmaceutical companies may require ethics experts who understand how the pharmaceutical industry operates, especially the interactions between physicians, pharmacists, as well as pharmaceutical sales representatives [62]. The purpose of the continuous review of the code of conduct should be to provide regulatory guidelines to deter new and emerging unethical practices among pharmaceutical sales representatives.

Sales managers at pharmaceutical companies have not done enough to empower their sales representatives on how to identify and address ethical violations [63]. There are various ways that pharmaceutical managers can empower their employees to address ethical issues such as implementing ethics-training programs for existing and new employees [32]. Addressing unethical behavior will remain a challenge as long as the ethics-training programs remain insufficient.

Ethical marketing as the appropriate strategy for reducing unethical behavior

Unethical issues by the pharmaceutical representatives may include falsifying daily call reports, misusing samples, as well as making disparaging remarks about the competitors [21]. Bribing of physicians by the sales representatives to prescribe their medicine to patients is another ethical issue in the pharmaceutical industry [21]. The researchers, Skandrani and Sghaier (2016), have indicated that unethical behavior is among the issues ailing the pharmaceutical industry and is thus relevant to my study [21]. Ethical marketing training can be an effective strategy for reducing unethical behavior in pharmaceutical companies.

Durable customer relationships in the business-to-business sales environment have emerged as an important aspect in today's business environment [64]. Building strong customer relationships requires ethical behavior

among the sales representatives or corporations to earn the trust of the customers and develop sustainable relationships [65-68]. To ensure ethical marketing and behavior among the sales representatives and empower them to make ethical decisions that improve sales performance, sales managers at pharmaceutical companies should evaluate the ethical loopholes among the sales representatives and come up with ethical marketing training programs to reduce unethical behavior.

Social media has emerged as a powerful technological tool for business-to-business relationship building [69]. Therefore, sales representatives for pharmaceutical corporations should consider social media as an alternative to offering incentives and bribes to the physicians to prescribe their drugs. Social media is becoming a widely accepted communication tool for business. Social media provides real-time engagement between sales representatives and customers. Managers of pharmaceutical corporations should thus train sales representatives on social media for ethical marketing as an alternative way. If the sales representatives succeed in ethical marketing and building long-term productive customer relationships, they will manage to meet their sales targets and avoid the unethical behaviors they engage in to meet the targets such as bribing of the physicians.

Leaders viewed trust as an important factor in defining provider-patient relationships [49]. Therefore, the openness of the patients to the health care providers, mainly physicians, about their problems is based on trust. Therefore, patients trust that physicians will use information about pharmaceuticals to provide the best diagnosis and prescribe the most appropriate drugs [39]. However, to maximize profits, pharmaceutical companies benefit from the sale of drugs that require physicians to prescribe their drugs to the patients. Physicians may be influenced by pharmaceutical sales representatives to provide prescriptions that favor certain pharmaceutical corporations, which would amount to unethical behavior [49]. Therefore, physicians face many moral dilemmas in deciding whether to provide prescriptions they best believe would address the patient's problem or those preferred by representatives of pharmaceutical corporations. To avoid this problem, pharmaceutical sales representatives should avoid giving gifts to the physicians and instead ethically market the drugs and establish relationships of trust they can use to explain the benefits of their drugs [32]. On the other hand, physicians should develop a relationship of trust with the patients and sales representatives of various pharmaceutical companies to understand the benefit of each drug and thus prescribe the right amount to the right patients [32].

Under relationships of mutual understanding, physicians can have the confidence to explain to a sales representative of a given pharmaceutical company why the physician prescribed a drug from a different company [70]. Therefore, relationships of trust based on ethical marketing should exist between physicians and the sales representatives of different pharmaceutical companies to ensure that the drug prescription process is transparent [49]. If the condition of a given patient can be treated using drugs from different companies, the physician can ensure balance in the prescription to prevent favoring a particular company over others and thus eliminate suspicions of engagement in corrupt or unethical practices [49].

Training strategies to reduce unethical behavior

Training has been an essential corporate function because of the role it plays in the development of turning employees into leaders and enhancing their skills [71]. Training and development play a critical role in developing a cohesive workforce that is loyal to the organization [44]. Also, formal training and development teach the employees the need to adhere to the code of ethics of their organization, so they embrace ethical behavior. Unethical behavior in corporations and sales organizations is more prevalent than it has been before 2015 [43]. These sentiments are like those mentioned by Wei and Delbaere (2015) who indicated the value of intensive training of pharmaceutical companies' sales representatives leads to the sales representatives avoiding unethical behavior [22]. Unless managers take precautionary measures, skepticism can result in customers influencing one another to rely on natural remedies and other alternatives to pharmaceuticals. Therefore, it is fair to say that Wei and Delbaere's research is of great value because they projected unethical behavior as a threat to the future of the pharmaceutical industry. So, there is a need to train pharmaceutical companies' sales representatives on ethical marketing to reduce unethical behavior.

The presence of sales representatives engaging in unethical behavior when marketing pharmaceuticals to physicians could be an indication that many sales managers in the pharmaceutical industry lack effective strategies for ethical marketing training to reduce unethical behavior. Sales representatives encourage unethical behavior because of the repetitive incidence of failure in making a profit [72]. Therefore, sales managers should implement the code of conduct measures and guidelines adopted to address unethical behavior. Managers should ensure addressing these factors while training their sales representatives on ethical marketing and relationship building to reduce unethical behavior. Skandrani and Sghaier (2016) indicated that undertaking training programs to

prevent the negative effects of unethical behavior and enhance ethical awareness among medical representatives would be a necessary action that would improve the reputation of pharmaceutical companies and result in the development of long-term business relationships [21]. However, Skandrani and Sghaier did not specify the kind of training programs that sales managers should undertake and implement. Nevertheless, researchers in other recent studies have attempted to fill the research gap. For example, Sridhar and Lyngdoh (2017) conducted a study on 192 pharmaceutical salespersons and indicated that information sharing influenced ethical marketing behavior [73]. Therefore, sales managers should consider sharing drugs' adverse events information as one of the critical ethical marketing training areas. This training area may reduce unethical behavior for the sales representatives. Schwepker (2015) indicated that direct and indirect ethical leadership through salesforce socialization enhanced the performance of a sales representative [64]. Moreover, the managers need to regularly remind the sales representatives about the need to always act in the best interest of the customer [72].

According to Ingram *et al.* (2015), the best ethical marketing training strategy to reduce unethical behavior should involve six steps: (a) assessing the marketing training needs, (b) setting the training objectives, (c) evaluating the training alternatives, (d) designing the marketing training program, (e) implementing the marketing training, and (f) conducting follow-up and evaluation of the training [43]. Undertaking a marketing needs assessment is important to determine the specific performance-related skills, perceptions, attitudes, as well as behaviors required for the success of the marketing team [43]. Researchers have defined ethical behavioral components in literature [74]. Honesty, non-harassment, privacy, security, and avoiding overharvest are components that define ethical marketing behavior [74]. Ethical training programs to reduce unethical sales representative behavior should focus on instilling the values that reflect the stated ethical behavior components to enhance the quality of customer relationships [74]. The assessment would thus reveal the need to change or reinforce one or several behavior components of sales team performance. In the assessment of the training needs, it is imperative to determine the knowledge, skills, as well as abilities the salespeople need to have to meet both the sales team level and organizational level goals and objectives.

In most cases, organizations have been reactive rather than proactive in undertaking sales training [43]. Therefore, the training often occurs when the managers recognized the decline in performance either through a drop in sales volume, increasing costs, or lack of morale. So, it is an ineffective way because the training should be undertaken to prevent such problems from arising and thus ensure sustainable growth in the productivity of the sales team. For the training to be effective, the sales managers should conduct a needs assessment and consider the various training programs that are appropriate for different salespersons such as entry-level salespersons as well as experienced salespersons [43]. Different tools for the needed assessment are available such as sales team audit, performance testing, sales team survey, customer survey, and job analysis. The sales managers who conducted the correct needs assessment will determine the success of the other steps outlined in the sales training process based on the results of the needs assessment.

Integrating training and development programs in the business strategies of pharmaceutical companies would help the sales managers get the support they need regarding resources and personnel. In addition, training and development programs help the managers to train the pharmaceutical companies' sales representatives on ethical marketing and building relationships while reducing unethical behavior [44]. Therefore, managers of pharmaceutical corporations should ensure the incorporation of training and development programs in the overall business strategies. As such, managers who assign resources to the programs during budgeting, are enabled to continually train the pharmaceutical companies' sales representatives on ethical marketing to reduce unethical behavior. With adequate budgets for the program, the managers can hire trainers and outsource trainers specialized in specific fields whenever necessary. However, it is important to note that the effectiveness of the training of the pharmaceutical sales representatives to influence them to avoid unethical behavior will depend on factors beyond the training programs adopted. For instance, the training programs may not work in instances where the sales representatives have been remunerated on a commission basis because acting ethically would result in loss of income [46].

Providing education to employees in a classroom setting has been used to train employees on several issues such as the importance of working in teams, embracing ethical behavior, and having emotional intelligence among other critical issues facilitating the success of staff members [75]. Because managers use the strategy successfully in training employees in many settings, this is an approach that may work in various situations. Therefore, sales managers at pharmaceutical companies can utilize it in training their sales representatives on ethical marketing to reduce unethical behavior. The sales managers should set up classroom settings within their premises and require the sales representatives to attend the lessons on ethical marketing at specified times. The managers at the Human

Resource Departments should greatly be involved in the arrangements for employee training and ensuring that all sales representatives participate.

The managers can use interactive workshops as employee-training strategies [75]. The workshops involve the employees participating in various activities in an interactive environment in which other participants can react to those various activities to provide opportunities for improvement [75]. This strategy is perhaps the best in training pharmaceutical sales representatives on ethical marketing. The sales managers can require the sales representatives to attend workshops and may take up roles of sales representatives, physicians, and pharmacists, and interact in ways that can improve marketing and avoid unethical behavior. The objective of the workshops should be to identify activities to be avoided and those to be upheld in practice.

The sales managers can train the employees and use simulation training in which teams experientially enact teamwork skills such as interpersonal communication and coordination in an environment that mimics upcoming events [75]. The managers also can use the same strategy to train employees on relationship building as part of ethical marketing [75]. Various relationship-building skills may include interpersonal communication in an environment that mimics upcoming events such as interaction with physicians from a given district.

CONCLUSION

The general theory of marketing ethics provides general information on the ethical decision-making approach by extracting teleological and deontological ethical traditions based on moral philosophy. Deontologist aspects affirm that certain an element of the action itself rather than the value that action brings into existence; makes the action right. Teleological includes the belief that only one right-making element exists-namely the value of the intended action to be brought into existence. Therefore, the general theory of marketing ethics addresses situations where an individual confronts a problem identified as an ethical problem. In addition, the theory also suggests that individual ethical decisions entail the function of personal deontological and teleological evaluation. This process involves evaluation of the total goodness against badness that is likely to be delivered by alternative for all important stakeholders. It is possible some decision-makers are strict, for example, some persons can completely disregard the consequences of alternative actions. Hence, the general theory of marketing ethics indicates that both intentions and ethical judgment represent a better prediction of situational behavior where ethical matters are central.

Based on the general theory of marketing ethics, the core relations outlined in the analysis appear to capture decision-making that marketing persons apply when resolving ethical problems. The general theory of marketing ethics also explicates the proposed concepts which provide useful guidance to the formulation and testing of marketing ethics. An ethical decision-making process and intentions might be influenced by overpowering teleological and deontological concerns that are involved in or impact the ethical assessment process. An overpowering concern causes a less ethical alternative that can be substituted for the originally anticipated alternative. This alternative is evaluated to be ethical; thus the decision-maker might feel guilty for implementing the suggested behavior. However, the decision-makers need to settle for good of the larger community but not the best option.

ACKNOWLEDGMENTS: None

CONFLICT OF INTEREST: None

FINANCIAL SUPPORT: None

ETHICS STATEMENT: None

REFERENCES

- 1. Sergeevna SM, Efimovna LE. Improving Training of Pharmaceutical Specialists for Consultation in Pharmacy Organizations Using Interactive Forms of Education. Pharmacophore. 2020;11(2):7-14.
- 2. Soboleva MS, Loskutova EE, Kosova IV, Amelina IV. Problems and the Prospects of Pharmaceutical Consultation in the Drugstores. Arch Pharm Pract. 2020;11(2):154-9.
- 3. Salvioni DM, Gennari F, Astori R. Corporate responsibility and ethical culture in pharmaceutical industry. J Bus Econ Policy. 2015;2(2):62-84. http://www.jbepnet.com

- 4. Badawi DA, Alkhamis Y, Qaddoumi M, Behbehani K. National transparency assessment of Kuwait's pharmaceutical sector. Health Policy. 2015;119(9):1275-83. doi:10.1016/j.healthpol.2015.07.001
- 5. Villalba L. Pharmaceutical companies and medical practitioners or "the beast and the beauty"? Clin Dermatol. 2019;37(1):16-20. doi:10.1016/j.clindermatol.2018.09.005
- 6. Hunt SD, Vitell S. A general theory of marketing ethics. J Macromark. 1986;6(1):5-16. doi:10.1177/027614678600600103
- 7. Barnett T, Bass K, Brown G, Hebert FJ. Ethical ideology and the ethical judgments of marketing professionals. J Bus Ethics. 1998;17(7):715-23. doi:10.1023/A:1005736404300
- 8. Donaldson T, Dunfee TW. Toward a unified conception of business ethics: Integrative social contracts theory. Acad Manag Rev. 1994;19(2):252-84. doi:10.5465/amr.1994.9410210749
- 9. Weber J, Gillespie J. Differences in ethical beliefs, intentions, and behaviors: The role of beliefs and intentions in ethics research revisited. J Bus Soc. 1998;37(4):144-321. doi:10.1177%2F000765039803700406
- 10. Chang MK. Predicting unethical behavior: a comparison of the theory of reasoned action and the theory of planned behavior. J Bus Ethics. 1998;17(16):1825-34. doi:10.1023/A:1005721401993
- 11. Brady FN. Constrained managerial decision making and business ethics: are merely" satisfactory" decisions moral? J Manage Issu. 1990;2(4):423-38. https://www.jstor.org/journal/jmanaissues
- 12. Gundlach GT, Murphy PE. Ethical and legal foundations of relational marketing exchanges. J Mark. 1993;57(4):120-345. doi:10.1177/002224299305700403
- 13. Ferrell OC, Gresham LG. A contingency framework for understanding ethical decision making in marketing. J Mark. 1985;49(19):15-21. doi:10.1177/002224298504900308
- 14. Bass K, Barnett T, Brown G. Individual difference variables, ethical judgments, and ethical behavioral intentions. Bus Ethics Q. 1999;9(2):183-205. doi:10.2307/3857471
- 15. Adams JS, Tashchian A, Shore TH. Codes of ethics as signals for ethical behavior. J Bus Ethics. 2001;29(3):199-211. doi:10.1023/A:1026576421399
- 16. Jones TM. Ethical decision making by individuals in organizations: An issue-contingent model. Acad Manag Rev. 1991;16(2):115-45. doi:10.5465/amr.1991.4278958
- 17. Roozen I, De Pelsmacker P, Bostyn F. The ethical dimensions of decision processes of employees. J Bus Ethics. 2001;33(2):87-99. doi:10.1023/A:1017536222355
- 18. Butterfield KD, Trevin LK, Weaver GR. Moral awareness in business organizations: Influences of issue-related and social context factors. Hum Relat. 2000;53(7):981-1018. doi:10.1177/0018726700537004
- 19. Barnett T. Dimensions of moral intensity and ethical decision making: An empirical study. J Appl Soc Psychol. 2001;31(5):1038-57. doi:10.1111/j.1559-1816.2001.tb02661.x
- 20. George SL. Research misconduct and data fraud in clinical trials: prevalence and causal factors. Int J Clin Oncol. 2016;21(1):15-21. doi:10.1007/s10147-016-0990-0
- 21. Skandrani H, Sghaier M. The dark side of the pharmaceutical industry. Mark Intell Plan. 2016;34(7):905-26. doi:10.1108/MIP-06-2015-0123
- 22. Wei ML, Delbaere M. Do consumers perceive their doctors as influenced by pharmaceutical marketing communications? A persuasion knowledge perspective. Int J Pharm Healthc Mark. 2015;9(4):330-48. doi:10.1108/JPHM-06-2014-0033
- 23. Bush V, Bush AJ, Oakley J, Cicala JE. The sales profession as a subculture: Implications for ethical decision making. J Bus Ethics. 2017;142(3):549-65. doi:10.1007/s10551-015-2753-7
- 24. Button M, Shepherd D, Blackbourn D. Co-offending and bribery: the recruitment of participants to corrupt schemes and the implications for prevention. Secur J. 2018;31(4):882-900. doi:10.1057/s41284-018-0139-0
- 25. Lord N, Levi M. Organizing the finances for and the finances from transnational corporate bribery. Eur J Criminol. 2017;14(3):365-89. doi:10.1177/1477370816661740
- 26. Raj SK, Roy S. Accounting Theory: An Ethical Perspective of Real Life Scenarios. Int J Bus Soc Res. 2016;6(10):47-55. doi:10.18533/ijbsr.v6i10.1006
- 27. Zhou Q, Martinez LF, Ferreira AI, Rodrigues P. Supervisor support, role ambiguity and productivity associated with presenteeism: A longitudinal study. J Bus Res. 2016;69(9):3380-7. doi:10.1016/j.jbusres.2016.02.006
- 28. De Andrade M, Jafarey A, Shekhani SS, Angelova N. The ethics of pharma–physician relations in Pakistan: "When in Rome". Ethics Behav. 2019;29(6):1-17. doi:10.1080/10508422.2018.1481751

- 29. Yehya NA. Relationship Marketing Through Personal Selling in the Pharmaceutical Industry. InCelebrating America's Pastimes: Baseball, Hot Dogs, Apple Pie and Marketing? Springer, Cham; 2016. pp. 649-53.
- 30. Suebphanwongs A. Transparency Measures to Control Financial Interactions Between Physicians Or Healthcare Professionals and Pharmaceutical Companies. Thammasat Bus Law J. 2016;6:1-26. https://www.tci-thaijo.org
- 31. Matikainen M, Olkkonen L, Katajavuori N, Parvinen P, Juppo A. Physicians' relationship with the pharmaceutical industry and its reflection in introduction of a new drug. Int J Pharm Healthc Mark. 2017;11(3):309-26. doi:10.1108/IJPHM-09-2016-0048
- 32. Fickweiler F, Fickweiler W, Urbach E. Interactions between physicians and the pharmaceutical industry generally and sales representatives specifically and their association with physicians' attitudes and prescribing habits: a systematic review. BMJ open. 2017;7(9):e016408. doi:10.1136/bmjopen-2017-016408
- 33. Hewett K, Krasnikov AV. Investing in buyer–seller relationships in transitional markets: A market–based assets perspective. J Int Mark. 2016;24(1):57-81. doi:10.1509/jim.15.0013
- 34. Brown MT, Bussell J, Dutta S, Davis K, Strong S, Mathew S. Medication adherence: truth and consequences. Am J Med Sci. 2016;351(4):387-99. doi:10.1016/j.amjms.2016.01.010
- 35. Robbins NM. Ethical issues pertaining to conflicts of interest between neurologists and the pharmaceutical and medical device industries. InSeminars in neurology, Thieme Medical Publishers. 2018;38(05):589-98. doi:10.1055/s-0038-1668081
- 36. Taylor S, Buchanan J, Ayres T. Prohibition, privilege and the drug apartheid: The failure of drug policy reform to address the underlying fallacies of drug prohibition. Criminol Crim Justice. 2016;16(4):452-69. doi:10.1177/1748895816633274
- 37. Kadic-Maglajlic S, Micevski M, Lee N, Boso N, Vida I. Three levels of ethical influences on selling behavior and performance: Synergies and tensions. J Bus Ethics. 2019;156(2):377-97. doi:10.1007/s10551-017-3588-1
- 38. Allen D, Braithwaite J, Sandall J, Waring J. Towards a sociology of healthcare safety and quality. Sociol Health Illn. 2016;38(2):181-97. doi:10.1111/1467-9566.12390
- 39. Birkhäuer J, Gaab J, Kossowsky J, Hasler S, Krummenacher P, Werner C, et al. Trust in the health care professional and health outcome: A meta-analysis. PloS one. 2017;12(2):e0170988. doi:10.1371/journal.pone.0170988
- 40. Brown PR, Calnan MW. Chains of (dis) trust: exploring the underpinnings of knowledge-sharing and quality care across mental health services. Sociol Health Illn. 2016;38(2):286-305. doi:10.1111/1467-9566.12369
- 41. Hanse JJ, Harlin U, Jarebrant C, Ulin K, Winkel J. The impact of servant leadership dimensions on leader—member exchange among health care professionals. J Nurs Manag. 2016;24(2):228-34. doi:10.1111/jonm.12304
- 42. Lőrinczy M, Formánková S. Business Ethics and CSR in Pharmaceutical Industry in the Czech Republic and Hungary?. Acta Univ Agric Silvic Mendelianae Brun. 2015;63(6):2011-5. doi:10.11118/actaun201563062011
- 43. Ingram TN, LaForge RW, Avila RA, Schwepker CH, Williams MR. Sales management: Analysis and decision making. Routledge; 2015.
- 44. Cloutier O, Felusiak L, Hill C, Pemberton-Jones EJ. The importance of developing strategies for employee retention. J Leadersh Account Ethics. 2015;12(2):119-29. Retrieved from http://www.m.www.nabusinesspress.com
- 45. Ghani AH, Shaari H. Issues and problems in ethical practices amongst takaful agents. Int Rev Manag Mark. 2016;6(4S):21-6. https://www.econjournals.com/index.php/irmm/index
- 46. David-Barrett E, Yakis-Douglas B, Moss-Cowan A, Nguyen Y. A bitter pill? Institutional corruption and the challenge of antibribery compliance in the pharmaceutical sector. J Manag Inqu. 2017;26(3):326-47. https://journals.sagepub.com/home/jmi
- 47. Hajjar R, Bassatne A, Cheaito MA, Naser El Dine R, Traboulsy S, Haddadin F, et al. Characterizing the interaction between physicians, pharmacists and pharmaceutical representatives in a middle-income country: A qualitative study. PLoS One. 2017;12(9):e0184662. doi:10.1371/journal.pone.0184662
- 48. Gupta SK, Nayak RP, Sivaranjani R. A study on the interactions of doctors with medical representatives of pharmaceutical companies in a Tertiary Care Teaching Hospital of South India. J Pharm Bioallied Sci. 2016;8(1):47-51. doi:10.4103%2F0975-7406.171695

- 49. Patwardhan AR. Physicians-pharmaceutical sales representatives interactions and conflict of interest: challenges and solutions. Inquiry. 2016;3:1-5. doi:10.1177/0046958016667597
- 50. Grundy Q, Habibi R, Shnier A, Mayes C, Lipworth W. Decoding disclosure: Comparing conflict of interest policy among the United States, France, and Australia. Health Policy. 2018;122(5):509-18. doi:10.1016/j.healthpol.2018.03.015
- 51. Giacomini AC, Abreu MS, Zanandrea R, Saibt N, Friedrich MT, Koakoski G, et al. Environmental and pharmacological manipulations blunt the stress response of zebrafish in a similar manner. Sci Rep. 201628;6(1):1-6. doi:10.1038/srep28986
- 52. Rios R, Riquelme H, El Beshlawy S. Prescribing under the influence: The business of breastmilk substitutes. Soc Sci. 2016;5(4):1-15. doi:10.3390/socsci5040053
- 53. Tobin MJ. Conflicts of interest and the patient-doctor covenant. Intensive Care Med. 2018;44:1760-1. doi:10.1007/s00134-018-5282-x
- 54. Wallang P, Taylor R. Psychiatric and psychological aspects of fraud offending. Adv Psychiatr Treat. 2012;18(3):183-92. doi:10.1192/apt.bp.111.008946
- 55. Musto LC, Rodney PA, Vanderheide R. Toward interventions to address moral distress: navigating structure and agency. Nurs Ethics. 2015;22(1):91-102. doi:10.1177/0969733014534879
- 56. Harris J. Dollars vs. ethics: Resisting the influence of big pharma. Caring Ages. 2017;18(5):1-7. doi:10.1016/j.carage.2017.04.001
- 57. Kamal S, Holmberg C, Russell J, Bochenek T, Tobiasz-Adamczyk B, Fischer C, et al. Perceptions and attitudes of Egyptian health professionals and policy-makers towards pharmaceutical sales representatives and other promotional activities. PloS one. 2015;10(10):e0140457. doi:10.1371/journal.pone.0140457
- 58. Gautam A, Pan X. The changing model of big pharma: impact of key trends. Drug Discov Today. 2016;21(3):379-84. doi:10.1016/j.drudis.2015.10.002
- 59. Jain S, Kuppili PP, Pattanayak RD, Sagar R. Ethics in psychiatric research: Issues and recommendations. Indian J Psychol Med. 2017;39(5):558-65. doi:10.4103/IJPSYM.IJPSYM_131_17
- 60. Sonnerfeldt A, Loft A. The changing face of ethics—Developing a Code of Ethics for Professional Accountants from 1977 to 2006. Account Hist. 2018;23(4):521-40. doi:10.1177/1032373217751219
- 61. Ichikawa I, Clayton EW. Doping doctors: the influence of the marketing departments of pharmaceutical companies on physician and researcher behavior in Japan. Account Res. 2016;23(4):245-53. doi:10.1080/08989621.2016.1144478
- 62. Latten T, Westra D, Angeli F, Paulus A, Struss M, Ruwaard D. Pharmaceutical companies and healthcare providers: Going beyond the gift–An explorative review. PloS one. 2018;13(2):e0191856. doi:10.1371/journal.pone.0191856
- 63. Emran SA. Assessing Information from Pharmaceutical Company Representatives. AMA J Ethics. 2015;17(8):729-33. doi:10.1001/journalofethics.2015.17.8.ecas1-1508
- 64. Schwepker Jr CH. Influencing the salesforce through perceived ethical leadership: the role of salesforce socialization and person–organization fit on salesperson ethics and performance. J Pers Sell Sales Manag. 2015;35(4):292-313. doi:10.1080/08853134.2015.1106769
- 65. Agnihotri R, Dingus R, Hu MY, Krush MT. Social media: Influencing customer satisfaction in B2B sales. Ind Mark Manag. 2016;53:172-80. doi:10.1016/j.indmarman.2015.09.003
- 66. Marcos-Cuevas J, Nätti S, Palo T, Baumann J. Value co-creation practices and capabilities: Sustained purposeful engagement across B2B systems. Ind Mark Manag. 2016;56:97-107. doi:10.1016/j.indmarman.2016.03.012
- 67. Johnsen RE, Lacoste S. An exploration of the 'dark side' associations of conflict, power and dependence in customer–supplier relationships. Ind Mark Manag. 2016;59:76-95. doi:10.1016/j.indmarman.2015.12.011
- 68. Yoo J, Arnold TJ. Frontline employee customer-oriented attitude in the presence of job demands and resources: The influence upon deep and surface acting. J Serv Res. 2016;19(1):102-17. doi:10.1177/1094670515589956
- 69. Niedermeier KE, Wang E, Zhang X. The use of social media among business-to-business sales professionals in China: how social media helps create and solidify guanxi relationships between sales professionals and customers. J Res Interact Mark. 2016;10(1):33-49. doi:10.1108/JRIM-08-2015-0054
- 70. Brax H, Fadlallah R, Al-Khaled L, Kahale LA, Nas H, El-Jardali F, et al. Association between physicians' interaction with pharmaceutical companies and their clinical practices: A systematic review and meta-analysis. PloS one. 2017;12(4):e0175493. https://journals.plos.org

- 71. Hussain S, Soomro FQ. Role of Employee Training in Enhancing Perceived Performance through competencies in Services Industry-A Study of Pakistani Banking Sector. Pakistan Bus Rev. 2018;20(1):122-36. doi:10.22555/pbr.v20i1.2284
- 72. Bolander W, Zahn WJ, Loe TW, Clark M. Managing new salespeople's ethical behaviors during repetitive failures: When trying to help actually hurts. J Bus Ethics. 2017;144(3):519-32. doi:10.1007/s10551-015-2817-8
- 73. Sridhar G, Lyngdoh T. Flow and information sharing as predictors of ethical selling behavior. J Bus Ethics. 2019;158(3):807-23. doi:10.1007/s10551-017-3743-8
- 74. Ou WM, Shih CM, Chen CY. Effects of ethical sales behaviour on satisfaction, trust, commitment, retention and words-of-mouth. Int J Commer Manag. 2015;25(4):673-86. doi:10.1108/IJCoMA-04-2013-0040
- 75. McEwan D, Ruissen GR, Eys MA, Zumbo BD, Beauchamp MR. The effectiveness of teamwork training on teamwork behaviors and team performance: a systematic review and meta-analysis of controlled interventions. PloS one. 2017;12(1):e0169604. doi:10.1371/journal.pone.0169604.