

**PERCEPTION OF MEDICAL DOCTORS TOWARDS
PERSONAL SELLING PRACTICES OF MEDICAL
REPRESENTATIVES OF PHARMACEUTICAL FIRMS IN
NAIROBI.**

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DECLARATION

This project is my original work and has not been submitted for a degree in any other University.

Signed Misumi

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This project has been submitted for examination with my approval as University supervisor.

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DEDICATION

I specifically dedicate this project to my loving husband Mike Odhiambo Gumbi. Without him the completion of the MBA program would not have been a dream come true.

ACKNOWLEDGEMENT

The successful completion of this project would not have been possible without tremendous input from my supervisor, colleagues, friends and the entire faculty of commerce.

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ABSTRACT

This study sort to investigate the perception of medical doctors towards personal selling practices of medical representatives of pharmaceutical firms in Nairobi. To achieve this, doctors were asked if they agreed or otherwise with the way medical representatives performed certain aspects of the personal selling processes.

The population of interest for this study comprised all medical doctors in Nairobi. The sample frame used was the Kenya medical directory of 2002-2003. According to this directory, 1348 medical specialists existed in Nairobi. Out of this ,only 1108 were medical doctors who frequently interacted with medical representatives .A sample size of 80 doctors was used and convenient sampling was used to select the sample units.

Primary data was used in this study and data was collected using questionnaires comprising both open and closed ended questions. Research assistants were fellow medical representatives and the questionnaire was administered to the doctors using drop and pick later method as the researcher and research assistants visited their clinics or area of practice.

Collected data was analyzed by use of tables and percentages were used to summarize and reflect the relative weight of a specific process in comparison with total number of responses. Likert scale was used to measure perception of doctors towards personal selling practices of medical representatives. From this study, it was found that as much as medical representatives were important in providing information to doctors, they lacked skills in getting to know the doctors needs and closing a sale, they were perceived not to be genuine and were unable to discuss medicine and other drugs with doctors other than what they were selling. This could have been caused by the fact that doctors are intelligent and medical representatives because they are not doctors may not be able to discuss technical issues with them.

It was recommended that product managers design good training programs for medical

representatives and offer continuous information to medical representatives so they could be able to be of value to doctors.

This study was conducted in Nairobi and therefore the perception of medical doctors could not be generalized as results may vary in rural areas. Future studies could be carried out to find out the importance of these personal selling practices to doctors.

CHAPTER ONE

INTRODUCTION

1.1 Background

Personal selling is part of promotion mix that are used to accomplish an organization's communication objectives. Others include advertising, publicity/public relations and sales promotion. Each of these elements plays a distinctive role in the marketing program (Kotler, 2000). In most companies all four can contribute to company sales, but a decision has to be made as to where to place the emphasis.

Personal selling, unlike all the other promotional mix, is a communication process, which involves direct contact between the buyer and the seller. This provides communication flexibility as the seller can see or hear the potential buyer's reactions to the message and modify the message accordingly. It has become a powerful promotional tool in informing, persuading and reminding the people because it provides an effective opportunity to sales people to talk back, ask questions and meet objections. These advantages are not available in other kinds of promotion mix (Mishra, 1995). Personal Selling may be an organization's largest single operating expense. At the very least, it is most likely the largest marketing expense (Churchill et al, 1995).

Personal selling has been the oldest form of marketing when peddlers moved from door to door to sell their products. They created demand and evaluated the purchasing power of potential customers. Cartload merchants were respected by those consumers and suddenly they started selling goods on credit which was collected when the merchants came back after a year or so in the same village or city. The merchants were considered persons capable of meeting the requirements of the local population. In America, these merchants were known as wagon peddlers. The merchants usually visited several places of production and some persons worked as links between the producers and the consumers. They were known as commission agents. The Americans named them greeters or drummers. The greeters became representatives of wholesalers and manufacturers while the drummers became factors in

marketing. The drummers or factors resorted to some unethical practices to promote sales (Mishra, 1995)

During the first quarter of the twentieth century, Personal selling declined because of heavy demand by the public (Mishra, 1995). However, in the absence of adequate marketing techniques, the producers were confronted by the great depression of the twenties. The end of the First World War gave a setback to the demand of civilian as well as war materials and the work of factors and commission agents acquired greater importance. The Second World War produced a strain on the market. Rationing was introduced in all the countries involved in the war. The need for personal selling was extinguished.

The end of the Second World War witnessed a crisis, and prices increased tremendously almost in all countries. There were growing demands for products, governments of all countries resorted to reconstruction and development of their economies and therefore increasing production called for the exercise of fresh and more functions. Marketing strategies were molded and the role of personal selling increased tremendously after the mid-twentieth century. The sales people became more professional and adopted customer-oriented techniques of sales promotion.

Personal selling is important because in many situations, a one-to-one presentation is conducted and in these situations the likelihood of distractions is minimized and the buyer is generally paying more attention to the sales message. Even where we have a group of salespersons, or in which more than one decision maker is present, the setting may be less distracting than those in which non personal mass media are employed (Belch et al, 1990).

There are various forms of personal selling and this basically involves three basic tasks: order getting, order taking, and supporting (Churchill et al, 1995). Order getting is developing business by seeking out potential customers, providing them with necessary information about products, and persuading them to buy. A good order getter knows the products he or she is selling, knows the customers' needs, and can find creative ways to solve customers' problems better than the competition. According to Churchill et al (1995), order taking is the routine completion of sales (orders and recorders) to customers who have already decided to

buy a product. Support salespeople on the other hand help order getters and order takers. There are two main types of support salespeople; missionary salespeople and technical specialists. Missionary salespeople (also called merchandisers or detailers) work for producers, calling on channel members and performing promotional activities. They develop good relationships with channel members and perform tasks that help stimulate greater demand for their products. Technical specialists (called sales engineers in some industries) provide salespeople with assistance in form of technical expertise (Jobber et al, 2000)

An organization's sales people are its direct link to customers and receive feedback; they also communicate customers' needs to the organization. Salespeople present the organization's (or the product's) image to customers. Customers may even confuse a sales representative with the organization or product itself, blaming the representative for inadequacies in the product or its availability. The salesforce also gets the news about competitors. In talking with customers, a salesperson may be the first person in a firm to hear about innovations in a competing product or communications strategy of a competitor. Thus, the organization's salespeople are not only responsible for generating sales, they play a role in marketing research (Churchill et al, 1995). Organizations that seek to be close to their customers and meet their needs must have a way to readily receive this information from their sales force. Because of the direct interaction, messages can be tailored specifically to the receiver. The sender is therefore better able to address specific concerns, problems, and needs of the consumer (Belch et al, 1990).

Salespeople are also said to have a boundary-spanning role because of their communications activities with customers. They link customers outside the organization with employees inside the organization especially those involved in marketing. This means that the organization depends heavily on the performance of the salespeople. Although sales representatives may be assigned territories, products, or specific customers, good representatives must be able to formulate their own strategies for personal selling. In some organizations, they may have the authority to adjust prices or payment schedules or to offer customers other beneficial arrangements. Thus sales people are decision-makers (Churchill et al, 1995).

1.1.1 Modern Personal Selling

Today, most salespeople are well-educated, well-trained professionals who work to build and maintain long-term relationships with customers. They build these relationships by listening to their customers, assessing customer needs, and organizing the company's efforts to solve customer problems (Futrell, 1993).

Today, the role of personal selling varies from company to company. In most firms the sales force plays a major role. In companies that sell business products, the company's salespeople work directly with customers. In fact to many customers, salespeople may be the only contact. To these customers, the salesforce is the company (Kotler et al, 1999).

The sales force serves as a critical link between a company and its customers. In many cases, salespeople serve both masters-the seller and the buyer. First, they represent the company to customers. They find and develop new customers and communicate information about the company's products and services. In addition, they provide services to customers, carry out market research and intelligence work and fill out sales reports. At the same time, salespeople represent customers to the company, acting inside the firm as "champions" of customers' interests. They relay customer concerns about company products and actions back to those who can handle them. They learn about customer needs and work with others in the company to develop greater customer value (Kotler et al, 1999)

As companies move towards a stronger market orientation, their sales forces are becoming more market focussed and customer oriented. The old view was that salespeople should worry about sales and the company should worry about profit. However the current view holds that salespeople should be concerned with more than just producing sales-they also must know how to produce customer satisfaction and company profit. They should know how to orchestrate the firm's efforts toward delivering customer value and satisfaction market - oriented rather than a sales-oriented sales force will be more effective in the long run.

Beyond winning new customers and making sales, it helps the company to create long -term profitable relationships with customers (Kotler et al, 1999).

1.1.2 The Nature of Pharmaceutical Selling

According to (Jones, 2001) there is considerable evidence that representatives influence prescribing patterns (indeed, why else would major companies employ them?) and, given business pressures, that they can, on occasion be overzealous in their promotion. One study argued that physicians should rely exclusively on scientific papers for data about novel medicines and, while pharmaceutical companies should be permitted to advertise in such journals, the effect of 'detailing is to increase the consumption of drugs, and in doing so detailing adds unnecessarily to the economic cost of prescribing and results in significant adverse health costs '(Journal on Doctors and Detailers, 11 October, 1986).

The pharmaceutical industry's goal is to increase sales of its products, discovered through research and development. There however have been efforts to improve training and regulation of representatives and to promote ethical principles and practices throughout the pharmaceutical industry. Hospital representatives, tend to have greater specialist knowledge than those visiting family doctors with a range of medicines. Their role is that of educator, providing copies of scientific papers and financial assistance to attend conferences (Jones, 2001).

According to the International journal of Health Services (1989) a committee was set up in Britain in 1965 to examine the relationship of the UK pharmaceutical industry and the National Health Services. It calculated that UK expenditure on product promotion totaled 15.4 million pounds in 1965 and was equivalent of 13.9 per cent of the cost of sales to the National Health Services. The report was critical of these high levels of expenditure and questioned whether the Nation obtained value for the money spent on sales representatives. Apparently, not all doctors were appreciative of the visits of representatives with a substantial proportion saying that they would not lose an important source of information if they saw no representatives.

Although the committee was convinced that some companies demonstrated care 'not only about the recruitment and training of their representatives but also about briefing them', this

was not universal. They calculated that the time clinicians spent in sales meetings cost the nation 250 pound per doctor annually and argued that this was 'wasteful' method of promoting products. The committee, acknowledging that the industry had a legitimate role of 'informing doctors about medicines', concluded that 'some of the sales promotion effort of Pharmaceutical manufacturers fails to measure up to this responsibility' (Jones, 2001).

One study on '*sources of drug information used by general practitioners (1976)*' by Eaton and Parish, have however shown that physicians rely on representatives for information about new drugs. Another study on '*Drug costs*' by Martin (1986) has confirmed the same. Many doctors consider themselves immune to the power of drug advertising. They are scientists not influenced by marketing techniques, or so they believe (McCall, 1995). Yet again and again, a new drug-often presenting little advantage over previously available drugs along with a whopping price tag-comes on the market, accompanied by an advertising blitz, and within months becomes one of the top selling drugs (McCall, 1995).

Advertising however plays just a small role in influencing doctors to prescribe drugs. Scientific papers and personal selling play a crucial role. Pharmaceutical manufacturers are shrewd at their business (McCall, 1995). Their profit margins are huge and drug companies spend the money they do promoting drugs to doctors-and increasingly of late, directly to patients-for one reason: it works

Drug companies will do just about anything to influence which drugs a doctor prescribes including dinners, gifts and even bribes. They advertise on posters, pens and notepads that are left in the doctors clinic (McCall, 1995). Drug promotions are akin to political adverts. They hype their product and are one-sided. They point out their product's advantages and minimize any disadvantages. Price is seldom mentioned. There is one key difference between the advertising of prescription drugs to doctors and normal advertising. With prescription drugs, the person who makes the decision is not the person who pays the bill.

The pharmaceutical industry in Kenya has continued undergoing a growing trend since the late 80's and this growth has experienced intense competition which has led to the development of mergers and acquisitions, the latest being the merger between Glaxowellcome and SmithklineBeecham in 2001 to form Glaxosmithkline international (Ronoh, 2002). Currently there are over 452 Pharmaceutical firms within the Kenyan market with over 600 medical sales representatives (Ronoh 2002). There are over 7000 registered pharmaceutical products presented in various formulations in the Kenyan Market (Ongubo,2003).

1.2 Statement of the Problem

The use of representatives remains a key element in the sales strategies of the major pharmaceutical companies, accounting in many cases for over half of the marketing budget (International journal of Health Services, 1989).

Although prescribing drugs is one of the main duties of the physician, medical students receive remarkably little training in pharmacology, the science of drugs. According to McCall (1995), many drug company medical representatives have more training in pharmacology than the average doctor. That is why doctors continue to rely on medical representatives for information. The objective of the medical representatives is to provide information on drugs to the doctor. They need to keep up with new trends on treatment of infections and give first hand information to the medical doctors (Jones, 2001). This however is supposed to translate to increased sales of the products discovered through research and development.

Medical representatives are expected to be adequately trained and should possess sufficient medical and technical knowledge to present information on their company's products in an accurate, responsible and ethical manner. Information in promotional material should be based on an up-to-date evaluation of evidence that is scientifically valid (Jones, 2001). This means that the role of medical representative should be to discover the doctor's needs in terms of drugs needed for the patients and come up with solutions that would help the doctor decide on the drugs to prescribe to his patients. A medical representative should be able to offer a

doctor a range of drugs to combat various illnesses, for example he might discuss with the doctors the problems which have arisen with patient treatment, and this then gives the medical representative the opportunity to offer a solution to such problems by means of one of his or her company's products (Jobber and Lancaster, 2000).

According to (Journal of medicine, 2000), the doctor's objective and the objective of the medical representative should be on the patient. The doctor's aim is to provide potent, safe and affordable medicine to his patients so that he can reduce or eliminate pain. The medical representative needs to provide information to help the doctor in offering treatment to his patient, but given business pressures, they can occasionally be overzealous in their promotion and focus on the sales to the company other than the doctor's needs. They detail the drug to the doctor to increase the consumption of the drug. In detailing, they provide information on the composition, dosage, the best condition for the drug, side effects and length of treatment.

According to a recent article by Hirschler in the Daily Nation (Tuesday, June 3,2003), one study of 1,000 doctors across England showed that those who saw drug industry representatives at least once a week were more likely to prescribe new drugs when an old one would do just as well. Other than detailing, medical representatives also provide copies of scientific papers and assist doctors to attend conferences. Jones (2001) further adds that another key role of any hospital medical representative is to get his or her company's latest medicine into the institution's formulary-a compendium of those drugs that the health authority will routinely dispense.

However, it is with the understanding of the mixed feelings on the role of medical representatives that there is significant need to determine the perception of medical doctors towards their personal selling practices. Despite the fact that personal selling of pharmaceutical products has increased with more pharmaceutical firms in Nairobi employing hundreds of medical representatives to promote their drugs, no previous study has been conducted to determine the perception of medical doctors towards their personal selling practices. The generic market is increasing everyday and competition is very high especially for firms producing branded products. To counter the competition, pharmaceutical firms are employing more medical representatives than ever before (Journal of the Royal College

of General Practitioners, 1976). This has led to very aggressive selling by representatives, because the representatives are the ones bringing in the sales. This understanding thus leads to investigation of the perception of medical doctors towards personal selling practices of medical representatives in Nairobi.

1.3 Objective of the study

The objective of this study was to determine the perception of medical doctors towards personal selling practices of medical representatives of pharmaceutical firms in Nairobi.

1.4 Importance of the study

The results of this study may be useful to;

1. The pharmaceutical firms who can use this information to decide on what weight to give to personal selling activities when apportioning the total promotional budget. They will be able to decide on whether it is necessary to invest in employing medical representatives or if they need to do more training.
2. The medical representatives could use this information to change their way of working so that they can always be viewed positively by their customers.
3. To the researchers/scholars who would be spurred to undertake more research in a related field.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviews various perceptual processes, major aspects of personal selling, what is thought of as personal selling, personal selling practices and process, role and significance in pharmaceutical business and also explains personal selling practices of medical representatives.

2.2 Perception

According to Kotler et al (1999), a person's buying choices are influenced by four major psychological factors -motivation, perception, learning, and beliefs and attitudes. Perception depends not only on the physical stimuli but also on the stimuli's relation to the surrounding field and on conditions within the individual. It is the process by which an individual selects, organizes, and interprets information inputs to create a meaningful picture of the world (Kotler, 2000).

Kotler (2000) further adds that one person might perceive a fast-talking salesperson as aggressive and insincere; another, as intelligent and helpful. People can emerge with different perceptions of the same object because of three perceptual processes: selective attention, selective distortion, and selective retention.

According to (Loudon et al ,1979), in selective attention consumers tend to screen out some stimuli and notice some because people are exposed to tremendous amount of daily stimuli. What an individual chooses to notice depends on his/her situation in terms of his needs, what he anticipates or stimuli with large deviations. On the other hand, Loudon et al (1979) describes selective distortion as the tendency to twist information into personal meanings and interpret information in a way that will fit our preconceptions. He further describes selective retention as process in which people forget much of what they learn but retain information that support their attitudes and beliefs.

According to (Kanuk et al, 2000), there are three dynamics of perception. In perceptual organization, people organize into groups the numerous stimuli they select from the

environment and perceive them as unified whole. Factors that influence perceptual organization are:-Figure and ground relationships; Grouping. Kanuk et al (2000) further describes figure and ground relationships as tendency of consumers organizing their perceptions such that figures are usually perceived clearly, well defined and solid in contrast to its ground or background. Motives, expectations and experiences also influence this. Grouping describes the tendency of consumers to group stimuli automatically to form a unified picture. This is due to past experiences.

Perceptual interpretation relates to the aspect of relating a particular stimulus to a given situation to have a sensible meaning. In most cases, this does not happen so. Consumers do not get a sensible meaning out of the stimuli. If a stimuli is ambiguous, individual interpretation may not be clear. According to Kanuk et al (2000), stimuli is influenced by:-personal needs (wishes and interests);physical appearance; irrelevant clues; stereotype behavior; Halo effect and jumping into conclusion. Kanuk et al (2000) further describes perceptual selection as the process whereby consumers in real life exercise selectivity to which stimuli they perceive in the environment. The factors influencing perceptual selection are -previous experience; nature of the stimulus; consumer's expectations and needs and motives.

Perception is usually based on self-image relevant to consumers and marketers can use this in product positioning and repositioning and also managing other marketing mix variables. It is also used in building company's image, which is an intrinsic variables, Loudon et al (1979).

2.3 Overview of the promotional Mix Strategies

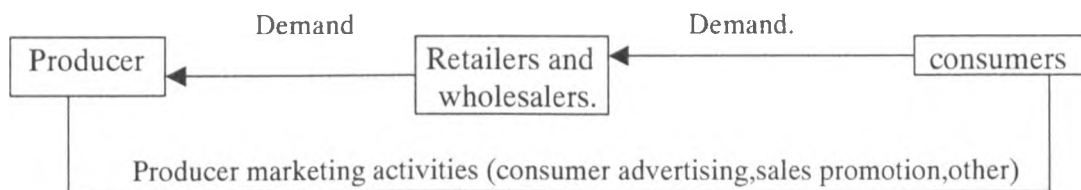
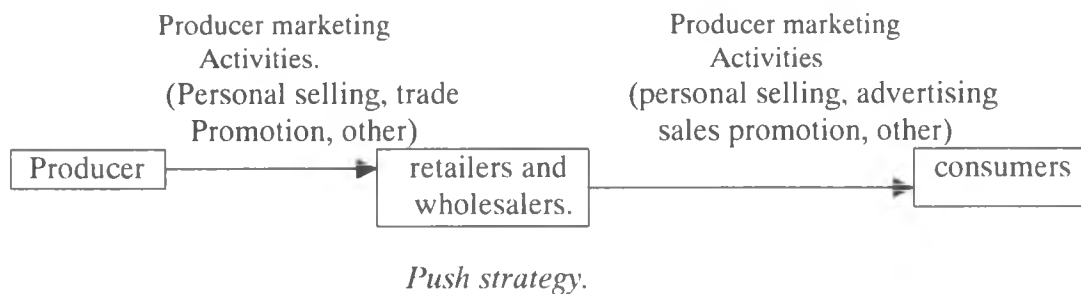
Kotler and Armstrong (1999) argues that today's marketing must be understood not in the old sense of making a sale but in the sense of satisfying consumer needs. They claim that if a marketer does a good job of understanding consumer needs; develops products that provide superior value; and prices, distributes and promotes them effectively, then products will sell very easily.

Personal selling falls within the major promotional mix variables or promotional tools. Marketers can choose from two basic promotion mix strategies-push promotion or

pull promotion. A push strategy involves "pushing" the product through distribution channels to final consumers. The producer directs its marketing activities (primarily personal selling and trade promotion) toward channel members to induce them to carry the product and to promote it to final customers.

Using a pull strategy, the producer directs its marketing activities (primarily advertising and consumer promotion) toward final to induce them to buy the product (Kotler et al, 1999). Some small industrial goods companies use only push strategies; some direct marketing companies use only pull. However, most large companies use some combination of both. Companies consider many factors when developing their promotion mix strategies. The importance of different promotion tools varies between consumer and business markets. Consumer goods companies usually "pull" more putting more funds into advertising, followed by sales promotion, personal selling and then public relations. In contrast, business-to-business marketers tend to "push" more putting most of their funds into personal selling, followed by sales promotion, advertising and public relations. In general, personal selling is used more heavily with expensive and risky goods and in markets with fewer and larger sellers.

Push versus pull promotion strategy.



(Source: Kotler and Armstrong, (1999) Principles of Marketing; Prentice Hall Int.8th ed., pg. 435)

2.4 Major Aspects of personal selling

Personal selling is distinctive communication form because it is a two-way communication, and includes social interaction with the prospective buyers. Both the parties can communicate with each other and come to a common understanding of the product. This has become a more effective form of promoting sales. (Mishra, 1995). There are three major aspects of personal selling; Sales professionalism, negotiation and relationship marketing.

2.4.1 Professionalism

Companies today spend hundreds of millions of dollars each year to train sales people in the art of selling. According to Kotler (2000), most companies take a customer-oriented approach to personal selling. They train salespeople to identify customer needs and to find solutions. This approach assumes that customer needs provide sales opportunities, that customers appreciate good suggestions, and that customers will be loyal to salespeople who have their long-term interests at heart. The problem - solver salesperson fits better with the marketing concept than does a hard-sell salesperson or the glad-handing extrovert

Buyers today want solutions, not smiles; results, not razzle-dazzle. They want salespeople who listen to their concerns, understand their needs, and respond with the right products and services. The qualities that are disliked by buyers include being pushy, late, and unprepared or disorganized. The qualities they value most include empathy, honesty, dependability, thoroughness and follow-through. '

2.4.2 Negotiation

According to (Kotler et al, 1999), much business-to-business selling involves negotiating skills. The two parties need to reach agreement on the price and the terms of sale. The agreement may cover the quality of goods, the volume of goods, the time of completing the contract, and so on. Salespersons need to win the order without making deep concessions that will hurt profitability. The marketers while negotiating the terms of sale aim to achieve profits or minimize loss. The salesman should know when and how to negotiate the terms. He has to build and manage strong relationships with key customers (Mishra, 1995).

Kotler et al (1999) argues that marketers who find themselves in bargaining situations need certain traits and skills to be effective. The most important are preparation and planning skill, knowledge of subject matter being negotiated, ability to think clearly and rapidly under pressure and uncertainty, ability to express thoughts verbally, listening skill, judgement and general intelligence, integrity, ability to persuade others, and patience.

2.4.3 Relationship Marketing

The principles of personal selling and negotiation described are transaction-oriented because their purpose is to close a specific sale. But in many cases, the company is not seeking an immediate sale but rather to build a long-term supplier-customer relationship (Kotler, 2000). More companies today are moving their emphasis from transaction marketing to relationship marketing especially given the intense competition of today's global marketplace. Today's customers are large and often global. They prefer suppliers who can sell and deliver a coordinated set of products and services to many locations; who can quickly solve problems that arise in different locations; and who can work closely with customer teams to improve products and processes (Kotler et al, 1999)

Churchill et al (1995) argues that customers today expect a more complex relationship than simple order taking. They want to collaborate with a salesperson who can provide in-depth counseling on purchasing decisions, can help find imaginative solutions to problems, is willing to be an advocate for them within the company, and subscribes to high ethical standards. Customers, for example, may be able to negotiate better terms with a seller who is trying to build a long-term relationship with them. The benefit to the seller is retaining the buyer's business.

2.5 Personal selling practices

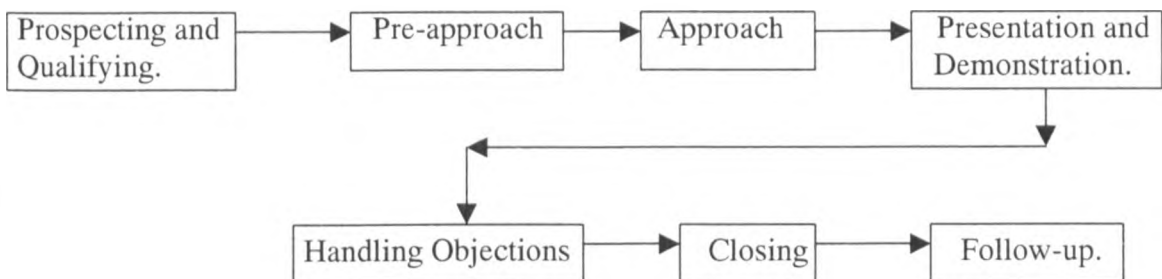
In their personal selling practices, sales representatives utilize a large number of distinctive sales processes. Thus personal selling practices involves the process utilized by sales representatives to sell their products and they include; prospecting, qualifying, pre-approach,

approach, sales presentation, objection and closing the sale (Mishra, 1995). The technique may vary in accordance with the needs and psychology of the customers affected by the sales process.

According to (Kotler et al, 1999), most training programs view the selling process as consisting of several steps that the salesperson must master and these steps focus on the goal of getting new customers and obtaining orders from them. The steps in the personal selling process discussed in most books are the same as the ones used by medical representatives. In other words the steps followed by medical representatives are not unique. They are the same as the ones used in selling other products, only that they have to be adopted to suit the situation at that moment.

Jobber et al (2000) advises that the steps below need not occur in the order shown. Objections may be raised during presentation or negotiation or a trial close may be attempted at any point if buyer interest is high. A study carried in the UK on 'excelling in selling skills (1995)' by Anderson and Everette where hundreds of customer's were followed up within a week of being seen by a representative, revealed certain ways in which medical representatives carry out the steps in the personal selling processes and these are incorporated in the processes below, where there is a difference.

Personal selling process.



Major steps in effective selling (Adapted from: Kotler(1995) *Marketing Management, Analysis, Planning ,Implementation and control*; Prentice Hall Int.6th edition)

2.6 Steps in the personal selling process

2.6.1 Prospecting

This means identifying potential customers. The salesperson must often approach many prospects to get just few sales (Kotler et al, 1999). Although the company supplies some leads, salespeople need skills in finding their own. They can ask the current customers for the names of prospects, build referral sources, join organizations to which prospects belong, such as in the newspapers or directories and use the telephone and mail to track down leads. Sales people may get leads and prospects from a number of sources. Other commonly used possibilities include, databases, trade shows, previous customers, suppliers, and personal contacts. Referrals from existing customers are often among the most valuable prospects, and the sales representative can get them just by asking (Churchill et al, 1995).

Lawhon (1995) argues that sales people who call on prospective customer find it easier to make a sale than those who wait for the customer to call on them. This is necessitated by the fact that, before the sales person makes a call, he/she would have made effort to know the customer and mostly identify his need. They should approach only those prospects who need the product, and who have Purchasing power and willingness to buy, as well as the authority to purchase the goods and services (Mishra, 1995).

2.6.2 Qualifying

Salespeople need to know how to qualify leads, that is, how to identify good ones and screen out the poor ones. Prospects can be qualified by looking at their financial ability, volume of business, special needs, location, possibilities of growth and relevance to the suppliers objectives and goals.(Kotler et al, 1999).A sales representative must know how to qualify the leads. According to Churchill et al (1995), This determination is important because not everyone who wants a product can afford it or has decision-making authority.

2.6.3 Pre-approach /Preparation

This involves learning as much as possible about the company (what it needs, who is involved in the buying) and its buyers (their characteristics and buying styles) The sales person can

consult standard sources, acquaintances, and others to learn about the company (Kotler et al, 1999). Reid (1981) adds that the sales representative should know the decision makers by name, title and group presentation, facts about the industry, the organization structure, correct name spellings, hobbies, whether private or public and the products they offer for sale.

During pre-approach the sales person should set objectives, decide on the best approach, which might be personal visit, a phone call, or a letter. The best timing should be considered and finally the salesperson should give thought to an overall sales strategy for the account (Kotler et al, 1999). According to (Mishra, 1995), the success of prospecting depends on the knowledge of the prospects' needs and attitudes. Churchill et al (1995) suggests further that before going to see a prospect, a sales representative should do his research. Know your prospect's problems; know who his competitors are, put yourself in the prospect's head and tell the prospect how you as a sales representative can help him.

Medical representatives should do a pre-call planning by knowing their customer's patient types, surgery types, local prescribing profiles, distribution and stock availability and customer performance versus competition (Jones, 2001). They need to set objectives and above all, meet the customer's expectations. In pre call planning, medical representatives need to know their customers, as there are different ways to sell to them depending on their individual styles and interests so that one can have an individual approach to each one. We have the tough customer who is never satisfied with your product or service and he is the same to all the salespeople in the industry, and the indifferent customer who has no perceived or visible need for your company, product or service. The study describes the aggressive customer as the one who adopts a hostile approach to your selling methods and does not allow you to perform the steps of the selling process and the friendly customer who displays a friendly and co-operative approach (Anderson and Everette, 1995)

According to the study by Anderson and Everette (1995), medical representatives need to also know their customer's customer in order to understand the customer's selling process better. These are the patient profiles and they fall in different categories. The agreeable patients respond to advertising and promotion. They are usually brand-and physician -loyal. The practical patients like the best price option while the trendy patient asks for the latest, most

popular product. They have little product loyalty. We also have the top-of the range patients who do not worry about the cost of the product; they want the best treatment. The safe patients like to stick to one brand because they know it while the cost conscious patients do not visit the physician unless they need a product. Finally, the status patients are the ones who want the most up-to-date treatment, buy on impulse and have very little product loyalty. Medical representatives have the task of knowing the customer records as this enables the medical representative to review the past sales and buying habits of the customer (Anderson and Everette, 1995).

2.6.4 Approach

The salesperson should know how to meet and greet the buyer and get the relationship off to a good start. This step involves the salespersons' appearance, opening lines and the follow-up remarks. According to (Jobber and Lancaster, 2000), buyers expect salespeople to be business-like in their personal appearance and behavior. Untidy hair and a sloppy manner of dress can create a lack of confidence. Kotler et al (1996) suggests that the salesperson might consider wearing clothes similar to what buyers wear; show courtesy and attention to the buyer; and avoid distracting mannerisms, such as staring at the customer.

The opening lines should be positive (Kotler et al, 1996). Initial formal contact with a qualified prospect occurs with the goal of learning more about the customer's needs, gaining attention, and stimulating interest. The most foolproof way to get a prospect's attention and interest is to be genuinely interested in his or her needs. Churchill et al (1995) notes that most buyers are smart enough to see through a sales representative who only pretends to be interested.

Jobber and Lancaster (2000), stresses that opening remarks are important since they set the tone for the rest of the sales interview. Normally they should be business-related since this is the purpose of the visit; they should show the buyer that the sales representative is not about to waste the buyer's time. During the approach, the sales representative continues to ask questions and gather information from the potential customer. Churchill et al (1995), recommends establishing rapport with customers by smiling, keeping a relaxed posture, maintaining eye contact, and using the customer's name. He also further recommends that on the phone, one should put a smile in his voice, use the customer's name and maybe talk for a minute about personal issues.

Reid (1981) recommends that unless offered the sales representative. He should not greet by hand nor smoke in the office. He should be composed, confident, alert, cheerful, look directly to the buyer and try to cultivate a friendly atmosphere. It is equally important to create a positive rapport with the gatekeepers. Reid (1981) further adds that the sales representative should create a likeable impression on the customer's mind. This will elicit a warm receptive mood and the customer might open up faster and be ready to be introduced to the new products.

According to (Mishra, 1995), some of the popular techniques of approach are reference approach, benefit approach, sample approach, and mutual approach. The reference approach involves reference of the product by the friends of the prospects. The benefit approach indicates the benefits of the product. The sample approach involves giving the sample to the prospect. The mutual approach considers the prospect supreme. Mishra (1995) argues that the first approach is very critical because it makes a lasting impression on the customer. Jones (2001) explains that when opening a call, medical representatives should state the purpose of the call, the customer benefit approach, that is what's in it for the customer, and most of all, gain agreement to proceed.

2.6.5 Presentation

Mishra, (1995) defines the term "sales presentation" to the presentation of the product to the customer or prospect, and is closely related to the buying process. It involves the presentation of the product and a demonstration of its features and benefits to the prospect, and shows how the product meets the customers' needs. Different strategies may be employed to motivate the prospects to buy the product. The salesman recognizes the prospect unsatisfied or unrecognized needs, and brings home the awareness of these to the prospects. When he has made them recognize their needs, he impresses upon them the fact that the product demonstrated satisfies their needs in a better manner than other products are capable of doing (Mishra, 1995)

In order to discover a doctor's personal and buying needs, Jones (2001) suggests that a medical representative needs to explore and suggests that the best way to explore is to ask a question then pause to allow customer thinking time, keep the question simple, listen and do not interrogate. It is important to ask for the customer's current approach to prescribing, ask

about any problems or dissatisfaction the customer faces when prescribing, ask about the effects of the current situation and finally, confirm that the customer has a need. Jones (2001) suggests further that one should use both open and closed questions in order to uncover the need. Closed questions have only a yes/no response and open questions are designed to gain the maximum amount of information from a customer.

Jobber and Lancaster (2000) suggest that the first question to be addressed is presentation of what? Having fully discussed what the customer wants, the sales person knows which product benefits to stress. A given product may have a range of potential features, which confer benefits to customers, but different customers place different priorities on them. In short (Jobber and Lancaster, 2000), having identified the needs and problems of the buyer, the presentation provides the opportunity for the salesperson to convince the buyer that they can supply the solution. The key to this task is to recognize that buyers purchase benefits and are only interested in product features in as much as they provide the benefits that the customer is looking for. Medical representatives should be able to convert product features into advantages that are beneficial to the medical doctor in terms of treating his patients (Jones, 2001)

According to (Churchill et al, 1995), the three main types of sales presentation are stimulus-response format, the formula selling format, and the need-satisfaction format. In the Stimulus-response presentation, the sales representative assumes that if he or she provides the appropriate stimulus, the customer will buy the product. Thus, the salesperson might try several different angles before hitting the one that causes the customer to make a purchase. Suggestive selling, in which a catalog sales representative asks a telephone customer if he or she would like to hear about a special offering is a form of stimulus-response presentation.

Churchill et al, (1995) describes the formula selling presentation as somewhat more rigid, based on the idea that the product information must be provided in a thorough, lockstep format. Although the sale information is conveyed somewhat formally, the good salesperson is at least flexible enough to answer questions on the spot or stop during the presentation to explain a product feature more thoroughly at a customer's request. According to Mishra (1995), canned approach is the memorized sales talk covering the main points based on stimulus-response

thinking and these presentations are, standard sales messages presented without variation.

Using a need-satisfaction approach, the salesperson starts with a search for the customer's needs by getting the customer to do most of the talking. This approach calls for good listening and problem-solving skills (Mishra, 1995). Churchill et al (1995) argues that this is the format most geared to identifying and solving problems for the customer. In adaptive selling, a form of need-satisfaction selling, the salesperson adjusts the presentation to fit the selling context, which dictates whether more questions should be asked or solutions offered.

According to (Mishra, 1995), the modern technique of sales presentation is based on Attention, Interest, Desire, Action and Satisfaction (AIDAS). Attention is attracted through a proper approach. Many devices are used to arouse and increase interest in a product. This is done through an effective sales interview. Pinpointing the unrecognized needs for the product creates desire. The product's characteristics and expected benefits are brought to the knowledge of the customers. The action to purchase the product is taken by the prospect or customer when he is satisfied with the product's attributes. Futrell (1992) explains further that that the aim of sales presentation is to obtain quickly the prospects full attention, develop interest in the product, create a desire to fulfill need, establish the prospects conviction that the product fulfill the need and finally promote action for the product purchase. Persuasive factors that will cultivate trust

Futrell (1992) argues that successful presentation involves handling of emotions of prospective customers and identifying the influencers and decision-makers of the product being sold. In addition, it helps to make the prospective customer to be in a more receptive mood and the visit is taken seriously. It creates an enabling environment to discuss business. Futrell (1992) explains that a successful salesperson should be convincing, impressive and thoroughly understand the features and benefits of his products and how they will meet the needs of the customer.

Sales representative should have persuasive factors that will cultivate trust, believability and excitement during presentation. Some of the factors include logical reasoning, persuasive suggestions, sense of fun, personalized relationship, trust, body language, control presentation diplomacy which include retreat and remaining sober (Futrell, 1992).

He further concludes by saying that a successful presentation must have visualization, dramatization and demonstration. Sales presentations can be improved with demonstration aids such as booklets, flipcharts slides, videotapes or videodiscs and product samples. If buyers can see or handle the product, they will better remember its features and benefits.(Kotler et al,1999).

2.6.6 Handling objections

This is the step in the selling process in which the salesperson seeks out, clarifies, and overcomes customer objections to buying. The objections or resistance may be psychological or logical. Psychological resistance relates to interference, preference for established products or habits and traditions (Mishra, 1995). Logical resistance or objections may pertain to price, product, transport, payment systems of the company. The sales representative has to answer to these objections and overcome the customer's resistance (Mishra, 1995).

According to (Churchill et al, 1995), a skilled sales representative knows when the objections are valid or invalid. Invalid objection relates to the customer requesting for more information before he commits to buy. It is advisable to restate what the prospective customer said was the need as this makes the customer be conscious of their needs. Valid objections on the other hand cannot be fulfilled by presentation and a sales representative should show respect for the prospect's wishes by backing off (Churchill et al, 1995).

Prospects objections (Futrell, 1992) indicate the need for more information about the product. Objections in sales show the prospects interest and assist in determining the stage the prospect has reached in the buying cycle. He points out that objections could be at any stage of the selling cycle and presentations should try to cover as much as possible the anticipated objections while still maintaining a positive, amicable environment. Futrell (1992) suggests that overcoming objections could be handled by giving guarantees, testimonials of independent third party findings, demonstration, giving out samples.

In handling objections, the salesperson should use a positive approach, seek out hidden objections, ask the buyer to clarify any objections, take objections as opportunities to provide more information, and turn the objections into opportunities to further showcase the product's attributes and give the prospect reasons for buying.

Every salesperson needs training in the skills of handling objections (Kotler et al, 1999). Jobber and Lancaster (2000) suggest a number of techniques in dealing with objections: -Listen and do not interrupt as interruption denies the buyer the kind of respect he/she is entitled to receive and may lead to misunderstanding of the real substance behind the objection; Agree and counter as this approach maintains the respect the salesperson shows to the buyer. The sales representative first agrees that what the buyer is saying is sensible and reasonable, before then putting forward an alternative point of view; The straight denial has to be handled with a great deal of care since the danger is that it will result in exactly the kind of antagonism the sales representative is wishing to avoid; Question the objection in order to clarify the specific problem at hand; Forestall the objection so that you control it and it can be raised as an appropriate time for one to deal with it effectively and finally, turn the objection into a trial close where you as the sales representative attempts to conclude the sale without prejudicing the chances of continuing the selling process with the buyer should they refuse to commit themselves.

2.6.7 Closing

This is the step in the selling process in which the salesperson asks the customer for an order. Some salespersons do not get around to closing or do not handle it well. They may lack confidence, feel guilty about asking for an order, or fail to recognize the right moment to close the sale. Salespeople should know how to recognize closing signals from the buyer, including physical actions, comments and questions (Kotler, 1999).

Jobber and Lancaster (2000) note that some sales representative are reluctant to close a sale because they fear rejection because closing the sale asks the buyer to say yes or no. According to (Jobber and Lancaster, 2000), avoiding closing the sale does no result in more sales, but rejection is less blatant. The most important point to grasp, then, is not to be afraid to close. Accept the fact that some buyers will inevitably respond negatively, but be confident that more will buy than if no close had been used.

The role of the salesman is to help prospect make their mind, convince them to take action now to acquire it. Churchill et al (1995) adds that in most cases, the sale representative must

initiate the commitment. There are a few standard techniques for closing. In the trial close, the sales representative asks the prospect to make a decision about a particular aspect of the purchase. In assumptive close, the salesperson discusses such issues as financing or delivery, making the assumption that the prospect is going to buy. In the urgency close, the salesperson impresses upon the prospect the need for an immediate decision (Churchill et al, 1995).

According to (Reid, 1981), confident attitude have positive effect but negative attitude, wavering, hesitation or lack of force in the verbal expression have negative effect. Positive attitude together with knowledge of the proper strategy, tactics and techniques of closing helps overcome fear of asking for the order. Buying signals include spoken word (price, request for details), facial expression, physical actions (asking for agreement forms, examining presentation details).

Kotler, (1999) suggests that sales representatives can use one of several closing techniques. They can ask for the order, recapitulate the points of agreement, offer to help the secretary write up the order, ask whether the buyer wants A or B, get the buyer to make minor choices such as color or size, or indicate what the buyer will lose if the order is not placed now. The sales representative might offer the buyer specific inducements to close, such as a special price, an extra quantity, or a token gift.

2.6.7 Follow-up

This is the last step in selling process in which the salesperson follows up after the sale to ensure customer satisfaction and repeat business.

Immediately after closing, the salesperson should cement any necessary details on delivery time, purchase terms, and other matters that are important to the customer. The follow-up call ensures proper installation, instruction and servicing. According to Kotler (2000), this visit or call will detect any problems, assure the buyer of the salesperson's interest, and reduce any cognitive dissonance that might have arisen.

Mishra (1995) argues that after-sales service is a good example of follow-up action. The sale is complete when the buyer is satisfied. It is a well-known saying that the sale is made not in the mind of the salesman, nor over the product's place but in the mind of the buyer.

The sale is final because the customer is motivated to buy the product to solve his problem or meet his needs. Reid (1981) recommends the following; Give a warm and sincere thank you. Appreciation after the sale, through post card, letters, or phone call; Check delivery- this shows caring attitude and issues raised are attended to promptly; Check installation-This ensures the customer you care and dependable; Checking operation and training operators forestalls potential complains. Impresses the trainee and gives favorable feedback; Order adjustment-can generate additional order and ask for referrals. When the customer is satisfied, he is positive in giving referral leads. This sets the stage for long-term relationship, which offers proof of firm reliability and lead to future business.

Summary

Professionalism, negotiation and relationship marketing are major aspects of personal selling that are practiced by companies today and which differentiate one company from another. It has been observed that in their personal selling practices, sales representatives utilize a large number of distinctive sales processes which include prospecting, qualifying, pre-approach, approach, sales presentation, handling objections and closing the sale. These steps do not vary in different industries and need not occur in the order shown. However, it is important that the steps are mastered well if the final goal of making a sale is to be achieved by a sales representative.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter highlights the methodology that was adopted in order to meet the objectives stated in chapter one of this study. Included in the design is the nature of the study, population of interest, sample frame, sample size, data collection instruments and data analysis techniques.

3.2 Nature of the study

According to Kotler (1995) such a study concerned with finding out who, what, where and how is a descriptive study and it has been successfully used in many studies.

3.3 The Population

The population of interest in this study included the medical doctors based in Nairobi listed in the official Kenya Medical Directory, 2002-2003 edition.

3.4 Sample Frame

The Kenya Medical Directory lists 1348 medical specialists. Out of this, only 1101 medical doctors were suitable for the study. Note that pharmacists, public health specialists and radiologists were excluded in the study, as medical representatives often interact with them on a very minimal level as far as personal selling is concerned. The sample frame was stratified based on doctor specialty as follows; Anesthetists: - 44; Dentists: -160; Dermatologists: - 22; ENT Specialists: -20; General practitioners: -338; Obstetricians/Gynaecologists: - 127; Paediatricians: -105; Physicians: - 128; Psychiatrist/Psychologists: -25; and Surgeons: -132

3.5 Sample Size

A sample size of 80 was considered adequate for the study. Respondents were picked from the sample frame disproportionately. The sample size was as follows: Anesthetists: -4; Dentists: - 9; Dermatologists: -4; ENT specialists: -4; General Practitioners: -26; Obstetricians/Gynaecologists: -8; Pediatricians: -6; Psychiatrists/Psychologists: -3; Physicians: -8; Surgeons: 8 Convenience sampling was used to pick respondents.

3.6 Data Collection

Primary data was collected using questionnaire method. Questions were both open ended and closed ended. Drop- and -pick later method was used to collect the data from respondents. The questionnaire was been divided into two sections. Section A was aimed at getting general information about the medical doctor. Section B was used to determine the perception of the medical doctor towards the personal selling practices of medical representatives in Nairobi.

3.7 Data Analysis

Percentages were used to summarize and reflect the relative weight of a specific process in comparison with total number of responses. It was used to determine the status proportion of different respondents. Ordinal scale as attributed on a total scale by a likert scale was used to measure perception. Frequency distribution was used to examine the pattern of responses to each of the variables. Descriptive statistics was used to summarize the data collected on perception variables.

CHAPTER FOUR

DATA ANALYSIS AND FINDINGS

4.1 Introduction

This section presents an analysis of data collected. After they were filled in and returned, the questionnaires were edited and coded. All questionnaires returned by respondents were usable for data analysis. The response rate was 80 out of the targeted 80 respondents (100%).

4.2 Demographic Characteristics of Respondents

This analysis sought to determine the demographic profiles of respondents that is their specialization, number of years in medical practice, location of their clinics and how many visits they received from medical representatives in a day. This was to see whether they would have any impact on the findings. The results are presented below.

4.2.1 Specialization

This analysis was to find out the number of respondents from the different areas of specialization.

Table 4.2 Specialization

Specialization	Frequency	Percentage
Anaesthetists	4	5
Dentists	9	11.25
Dermatologists	4	5
Ear,Nose &Throat specialists	4	5
General practitioners	26	32.5
Obstetricians/Gynaecologists	8	10
Pediatricians	6	7.5
Psychiatrists/Psychologists	3	3.75
Physicians	8	10
Surgeons	8	10
Total	80	100

From table 4.2 above, one can observe that general practitioners form the highest percentage (32.5%) of doctors practicing in Nairobi. This means that most medical representatives interact with general practitioners and most of the drugs are prescribed by general practitioners.

4.2.2 Number of years in practice

Analysis of number of years in practice was mainly to provide a picture of the doctor's period of experience in the medical profession.

Table 4.3 Number of years in practice

Years in practice	Frequency	Percentage
Upto 5 years	21	26.25
6 - 10 years	16	20
11 - 15 years	9	11.25
15 years and above	34	42.5
Total	80	100

The results above indicate that most of the respondents have been practicing as doctors for 15 or more years. This category had 34 (42.5%) of respondents out of 80 respondents. The category of those who have practiced for not more than 5 years was second with a frequency of 21 which is 26.25% of the respondents.

4.2.3 Location of the respondents clinic

Location of clinic was analyzed in order to know where most doctors were concentrated.

Table 4.4 Location of respondents clinic

Location	Frequency	Percentage
Eastlands	16	20
Mbagathi/Hurlingham	10	12.5
Kenyatta hospital	16	20
Central Business District	29	36.25
Nairobi West/Golf course	9	11.25%
Total	80	100

The results indicate that most of the respondents have their clinics within the central business district. Those in this category had 29 (36.25%) of the respondents. Those with clinics in Kenyatta national hospital and Eastlands area were second with frequencies of 16 which was 20% of the respondents.

4.2.4 Importance of medical representatives

Doctors were asked if they considered medical representatives to be important in providing information on current treatment of diseases and drugs. Generally, 76 (95.0 %) of the respondents said yes to the question 'Do you consider medical representatives to be important in providing information on current treatment of diseases and drugs?' while 4 which is 5.0% of the respondents said NO.

4.2.5 Number of visits from medical representatives in a day

The researcher was interested in determining the number of visits medical doctors get from medical representatives in a day.

Table 4.5 Number of visits from medical representatives

No. of visits	Frequency	Percentage
0 - 5 visits	63	78.75
6 - 10 visits	17	21.25
Total	80	100

It was found that 63 (78.75%) of the respondents received up to five visits from medical representatives in a day while 17 (21.25%) of the respondents received between 6 and 10 visits from medical representatives in a day. None of the respondents received more than 10 visits from medical representatives in a day.

4.3 Perception of medical doctors towards personal selling practices of medical representatives

This section was aimed at measuring perception of medical doctors, in order to find out their agreement or disagreement towards personal selling processes /practices of medical

representatives. A 5-point scale was used to determine the level of agreement or disagreement to processes that medical representatives practice .that is, prospecting and qualifying, preparation, approach, presentation, handling objections, closing and follow-up. Results are as presented below.

4.3.1 Prospecting

Analysis on prospecting was mainly to find out how medical representatives identified their potential customers and got in touch with them.

Table 4.6 Ways used to contact doctors

Method of prospecting	Frequency	Percentage
Sending letters	23	28.75
By telephone	9	11.25
Use of referral leads	10	12.5
Through competitors	0	0
Through magazines	2	2.5
From the directory	4	5
Previous medical representatives	12	15
Personal contacts	12	15
Other doctors	4	5
Other (pharmacists)	4	5
Total	80	100

From table 4.7 above it was noted that most medical representatives got leads and prospects mainly by sending letters.23 (28.75 %) respondents said that they were contacted through letters while 12 (15 %) of respondents believed medical representatives contacted them personally and by asking previous medical representatives. Only 10 (12.5 %) of respondents believed medical representatives are referred to them.

4.3.2 Pre-approach/Preparation

To gauge the preparation that medical representatives make before approaching them,

respondents were asked if medical representatives knew their names, titles, products they were selling, time to call, were aware of the respondents needs, were aware of their industry and competitors.

Table 4.7 Preparation

	KNOW MY NAME		KNOW MY TITLE		ARE AWARE OF MY NEEDS		ARE AWARE OF THEIR INDUSTRY		KNOW THEIR PRODUCTS WELL		KNOW THE TIME TO CALL		ARE AWARE OF THEIR COMPETITORS	
	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Strongly Agree	35	43.75	25	31.75	16	20.0	39	48.75	39	48.75	19	23.75	36	45.0
Agree	19	23.75	35	43.75	24	30.0	30	37.5	26	32.5	20	25	25	31.25
Indifferent	15	18.75	15	18.75	18	22.5	6	7.5	11	13.75	15	18.75	14	17.5
Disagree	8	10.0	3	3.75	14	17.5	5	6.25	3	3.75	18	22.5	4	5.0
Strongly Disagree	3	3.75	2	2.5	8	10.0	0	0	1	1.25	8	10.0	1	1.25
Total		100		100		100		100		100		100		100

Frequency = f, Percentage = %

The respondents agreed that medical representatives prepare for their visits with 69 (86.25%) and 65 (81.25%) of the respondents respectively agreeing that the medical representatives knew their industry and products they were selling. However, only 40 (50.0%) and 39 (48.75%) of the respondents agreed that medical representatives were aware of their needs and knew the time to call.

4.3.3 Approach

The researcher was interested in determining how medical representatives met and greeted the doctors and whether they managed to create likeable impressions on the doctor's mind. Respondents were asked if they perceived medical representatives to be punctual, business like, tidy, courteous, attentive, genuine, relaxed, maintain eye contact, mentioned the respondents name, respectful, cheerful likeable and organized.

Table 4.8 Approach

Traits	Strongly Agree	Agree	Indifferent	Disagree	Strongly Disagree	Total
Punctual	35.0%	38.78%	13.75%	11.25%	1.25%	100
Business-like	26.25%	48.75%	12.5%	10.0%	2.5%	100
Tidy	43.75%	53.75%	2.5%	0%	0%	100
Courteous	45.0%	42.5%	11.25%	1.25%	0%	100
Attentive	43.75%	41.25%	11.25%	3.75%	0%	100
Genuine	28.75%	25.0%	32.5%	11.25%	2.5%	100
Relaxed	18.75%	31.25%	37.5%	11.25%	1.25%	100
Maintain eye contact	17.5%	45.0%	26.25%	10.0%	1.25%	100
Mention my name	7.5%	42.5%	25.0%	18.75%	6.25%	100
Respectful	37.5%	51.25%	10.0%	1.25%	0%	100
Cheerful	22.5%	51.25%	23.75%	2.5%	0%	100
Likeable.	18.75%	57.5%	20.0%	3.75%	0%	100
Organized	31.25%	42.5%	25.0%	1.25%	0%	100

It is evident from table above that 73.75% of the respondents agreed that medical representatives were punctual, 75%, 97.2%, 87.5%, 85.0%, 62.5%, 88.75%, 73.75%, 76.25% and 73.75% agreeing that medical representatives were business-like, tidy, courteous, attentive, maintain eye contact, were respectful, cheerful, likeable and organized respectively. Note that only 53.75 believed that medical representatives were genuine, 50.0% believed that they were relaxed while only 50.0% of respondents agreed that medical representatives mentioned their (the respondent's)name during their conversation.

4.3.4 Presentation

The researcher was interested in determining presentation skills of medical representatives.

Table 4.9 Presentation

Presentation skills	Strongly Agree	Agree	Indifferent	Disagree	Strongly Disagree	Total
Present a brief and convincing message about their products.	35.0%	35.0%	22.5%	6.25%	1.25%	100
Use charts, brochures and detail aides	36.25%	53.75%	5.0%	3.75%	1.25%	100
Allow me to contribute during presentation	30.0%	61.25%	6.25%	2.5%	0%	100
Express confidence in themselves and the products they present	28.75%	51.25%	17.5%	2.5%	0%	100
Know which product benefits to stress based on my needs	20.0%	37.5%	25.0%	12.5%	5.0%	100
Convince me on the benefits of his medicine	23.75%	41.25%	27.5%	6.25%	1.25%	100
Cultivate an enabling environment for the discussion.	16.25%	53.75%	21.25%	7.5%	1.25%	100
Use demonstrations	10.0%	50.0%	30.0%	5.0%	5.0%	100
Use visualization effectively	12.5%	45.0%	35.0%	6.25%	1.25%	100
Issue sample drugs.	28.75%	48.75%	22.5%	0%	0%	100
Develop my interest on the product.	18.75%	56.25%	20.0%	5.0%	0%	100
Create desire to fulfill my need.	7.5%	50.0%	35.0%	5.0%	2.5%	100
Promote action for the product purchase	13.75%	43.75%	32.5%	10.0%	0%	100
Have persuasive factors that cultivate trust, excitement and believability during their presentations	11.25%	50.0%	30.0%	8.75%	0%	100
Armed with information about their products and disease areas.	20.0%	55.0%	16.25%	8.75%	0%	100
Able to intelligently discuss the science of medicine.	12.5%	23.75%	41.25%	20.0%	2.5%	100
Able to discuss other diseases and products other than what they are selling.	10.0%	11.25%	31.25%	28.75%	18.75%	100

From the table above, it can be seen that 70% of respondents agreed that medical representatives presented a brief and convincing message about their products, 90% of respondents agreed that they used charts, brochures and detail aides 91.25% of respondents agreed that medical representatives allowed them to contribute during the presentation while 80% of respondents noted that representatives expressed confidence in themselves and the products they were selling .On the other hand, 57.5% of respondents agreed that medical representatives knew which benefits to stress based on the respondents needs while 65% of respondents agreed that representatives managed to convince them on the benefits of their

medicine.70% of respondents agreed that medical representatives cultivated an enabling environment for the discussions,48(60%) of respondents agreed that they used demonstrations,57.5% agreed that medical representatives used visualization effectively while 77.5% of respondents noted that representatives issued sample drugs. On the other hand, 75% of respondents agreed that medical representatives developed their interests on the product while 57.5% agreed that representatives created desire to fulfill their needs.

More results showed that 57.5%of respondents agreed that medical representatives promoted action for the product purchase, 61.25% agreed that medical representatives have persuasive factors that cultivate trust, excitement and believability during their presentations, 75% of respondents agreed that medical representatives were armed with information about their products and disease areas while only 36.25%of respondents agreed that representatives were able to intelligently discuss the science of medicine. 41.25% of the respondents were indifferent to same. It was also noted that 21.25% of respondents agreed that medical representatives were able to discuss other diseases and products other than what they were selling.

4.3.5 Handling Objections

The researcher was interested in determining how medical representatives handled objections from the doctors.

Table 4.10 Handling objections

	Restate what I have said is my need		Respect my concerns		Give more information on the product when requested		Give guarantees		Give testimonials of third party findings		Address my objections without evading.		Listen without interruption		Question objections clarify the problem a hand.	
	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Strongly agree	11	13.75	16	20	28	35.0	5	6.25	5	6.25	8	10.0	11	13.75	8	10
Agree	35	43.75	46	57.5	45	56.25	24	30.0	26	32.5	35	43.75	39	48.75	33	41.25
Indifferent	26	32.5	15	18.75	5	6.25	31	38.75	30	37.5	24	30.0	26	32.5	26	32.5
Disagree	6	7.5	3	3.75	2	2.5	16	20.0	16	20.0	13	16.25	4	5.0	8	10
Strongly disagree	2	2.5	0	0	0	2.5	4	5.0	3	3.75	0	0	0	0	5	6.25
Total		100		100		100		100		100		100		100		100

Frequency = f, Percentage = %

From table 4.11 above, one can observe that 46(57.5%) of the respondents agreed that medical representatives were able to restate what they have said is their need, 62(77.5%) agreed that medical representatives respect their concerns while73(91.25%) agreed that medical representatives gave more information on their product when requested. However only 29(36.25 %) and 31(38.75%) of the respondents agreed that medical representatives gave guarantees and testimonials of third party findings,respectively.43(53.75%) of respondents agreed that medical representatives were able to address their objections without evading,50(62.5%)agreed that representatives listened without interruptions while 41(51.25%) of the doctors agreed that medical representatives questioned their objections to clarify the problem at hand.

4.3.6 Closing

Analysis was done on whether medical representatives were able to see buying signals and close a sale.

Table 4.11 Closing a sale

	Assist me in making up my mind		Convince me make a commitment		Show confidence and is forceful in verbal expressions.		Show positive attitude during the presentation		Quickly ask for an order.	
	f	%	f	%	f	%	f	%	f	%
Strongly Agree	5	6.25	6	7.5	11	13.75	20	25.0	9	11.25
Agree	29	36.25	21	26.25	36	45.0	55	68.75	13	16.25
Indifferent	23	28.75	29	36.25	26	32.5	5	6.25	20	25.0
Disagree	19	23.75	18	22.5	7	8.75	0	0	19	23.75
Strongly disagree	4	5.0	6	7.5	0	0	0	0	19	23.75
Total		100		100		100		100		100

Frequency = f, Percentage = %

It was observed from table 4.11 above that 34(42.5%) of the respondents agreed to the statement 'medical representatives assist me in making up my mind' while 23(28.75%) disagreed to the same. Only 27(33.75%) of the respondents agreed that medical representatives convinced them make a commitment while 47(58.75%) agreed that medical representatives showed confidence and were forceful in their verbal expressions. An overwhelming 75(93.75%) of the respondents agreed that medical representatives show positive attitude during presentation while38 (47.5%)disagreed to the statement 'medical representatives quickly ask for an order.

4.3.7 Follow-up

Analysis was done on whether medical representatives were able to follow up after the sale to ensure customer satisfaction and repeat business. Respondents were asked if they agreed to the statements;- medical representatives give a warm and sincere thank you; Ensure delivery of the product, testimonials or any other materials requested; Make a follow-up personal visit to ensure respondent's satisfaction; Generate additional orders and ask for referral leads.

Table 4.12 follow-up

	Give a warm and sincere thank you		Ensure delivery of the product, testimonials or any other materials requested.		Make a follow-up personal visit to ensure my satisfaction.		Generate additional orders.		Ask for referral leads.	
	f	%	f	%	f	%	f	%	f	%
Strongly Agree	34	42.5	15	18.75	11	13.75	4	5	5	6.25
Agree	38	47.5	40	50.0	50	62.5	24	30.0	18	22.5
Indifferent	8	10.0	16	20.0	14	17.5	44	55.0	23	28.75
Disagree	0	0	8	10.0	4	5.0	4	5	21	26.25
Strongly disagree	0	0	1	1.25	1	1.25	4	5	13	16.25
Total		100		100		100		100		100

Frequency = f, Percentage = %

Source: Research data.

72(90%) of doctors agreed that medical representatives give a warm and sincere thank you,45(68.75%)agreed that medical representatives ensure delivery of the product, testimonials or any other materials requested while 61(76.25%) agreed that medical representatives made a follow-up personal visit to ensure satisfaction. Only 28(35%) of the respondents agreed that medical representatives generated additional orders while 8(10%) disagreed. However, 44(55%) of the respondents were indifferent. On the other hand, 34 (42.5%) of respondents disagreed that medical representatives asked for referral leads while 23(28.75%) agreed and the rest, 23(28.75 %) were indifferent.

CHAPTER FIVE

DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The study intended to establish the perception of medical doctors towards personal selling practices of medical representatives of pharmaceutical firms in Nairobi.

In the literature review, all the steps in the personal selling process, that is prospecting and qualifying, preparation, approach, presentation, handling objections, closing and follow-up were found to constitute the personal practices and were equally important for successful personal selling. The study aimed at confirming whether medical representatives carried out these steps and whether medical doctors were satisfied with the quality of visits they received from the representatives.

5.2 Discussion

From the results, it was observed that indeed, medical representatives were important in providing information on current treatment of diseases and drugs. This confirmed the study by Eaton and Paris (1976) that showed that physicians relied on representatives for information about new drugs.

Doctors mainly considered letters as way in which medical representatives identified and contacted them. This was in contrary to Churchill et al (1995) who noted referrals from existing customers as the most valuable prospects. Personal contact and information from previous medical representatives also scored highly as ways used by representatives to identify doctors. As prospecting would vary from industry, it would be prudent to assume that pharmaceutical companies supplied some leads through letters while medical representatives found their own leads through other representatives and personal contact. This would also be due to the fact that there are new doctors graduating and getting into the market every year hence frequent movement by doctors from one town to another and hospital to hospital.

Preparation for a call by knowing as much as possible about the customers is very important.

Although representatives scored highly in terms of knowledge of their industry and products, less than half of respondents agreed that medical representatives were aware of the doctor's needs or knew the time to visit. According to Mishra (1995), the success of prospecting and selling depends on the knowledge of prospects' needs and attitudes. However, it is important to note that medical representatives found it easier to uncover the doctor's needs during presentation by asking questions since doctors' needs keep changing because of different patients, situations and drugs available. This would explain why it is hard to get to know the doctor's needs prior to a visit. Because of the nature of their practice, medical doctors are very busy. Medical representatives therefore find it difficult to get audience and often operate on chancing just in case the doctor is not so busy. This could be the reason why they believed medical representatives do not know the time to call.

Doctors perceived medical representatives not to be genuine and relaxed during approach. Churchill et al (1995) notes that most buyers are smart enough to see through a sales representative who only pretends to be interested. Also, only half of respondents agreed that representatives mentioned their name during their discussion. This could be explained by the nature of the pharmaceutical industry in Kenya at the moment and the fact that it is very competitive. This confirms what McCall (1995) says about the shrewdness of pharmaceutical manufacturers at their business and the nature of drug promotions. McCall (1995) points out that the manufacturers often point out their product's advantages and minimize any disadvantages. Stiff competition and pressure from employers to sale may make representatives not to be genuine. In this case it would also be hard to relax especially as we have also seen that one usually does not get to know the doctor's needs earlier. However, medical representatives scored highly as far as tidiness, courtesy and respect were concerned.

Comparing the variables used to gauge the presentation skills of medical representatives, it was noted that only 57.5% of respondents agreed that medical representatives knew which product benefits to stress based on the respondents' needs, used visualization effectively and created desire to fulfill the doctor's needs. Neither were they able to promote action for product purchase. This then confirms earlier findings in this research when doctors agreed that representatives were unaware of their needs and were not genuine. This may mean that medical representatives lack skills in asking questions and exploring especially as we note that doctor's

needs keep changing and their needs vary. Also, patients react differently to drugs and since a product has different features, it is good to note they are not always important to all doctors at all time. It can be noted that the modern technique of sales presentation based on Attention, Interest, Desire, Action and Satisfaction (AIDAS) and the need-satisfaction approach to presentations as explained by Mishra (1995) are not well utilized.

Medical doctors are rational and intelligent people. Although the research observed that medical representatives were usually armed with information about their products and disease areas, they were usually unable to intelligently discuss the science of medicine and other diseases and products other than what they were selling. This could be because representatives seldom have medical backgrounds and they specialize in other areas at the universities. On the other hand, medical doctors spend years in medical school and so are very knowledgeable. Because medical doctors do not expect medical representatives to be as knowledgeable as they are in medicine, 41.25% were indifferent. This means that as much as they did not agree, they chose not to disagree based on their expectations of them. Pharmaceutical selling is such that medical representatives specialize only in what they are selling and infections covered by the products they sale. It would therefore be unfair to expect them to discuss medicine on the same level as the doctors. However, medical representatives were able to score highly on the use of charts, brochures and detail aides and the fact that they allowed doctors to contribute during presentation.

According to Futrell (1992), prospects' objections indicate the need for more information about the product. The research study confirmed that medical representatives were able to give more information on their products when requested. However, although Futrell (1992) suggests that overcoming objections could be handled by giving guarantees and testimonials of third party findings, It was noted that medical representatives were unable to do this. This could be attributed to the facts that because doctors have advance knowledge, research and experience, they are driven by facts, figures and evidence. Medical representatives on the other hand are never involved in clinical studies or research done on their drugs hence they never have information on facts surrounding these studies. It would be therefore not be easy to give guarantees on their products. Also, the quality of a drug in most cases discovered through clinical experience and this can take time. Medical representatives are not able to

confidently give proof on their product's safety, efficacy and potency. It would also be difficult to question a doctor's objection without proper information and guarantees.

Positive attitude during presentations was noted. However, medical representatives were very poor at closing the sale. They were unable to assist doctors make up their mind. Only 33.5% of the doctors agreed that medical representatives convinced them make a commitment while 47.5% of respondents disagreed to the statement 'medical representatives quickly ask for an order'. This confirms Kotler (1999) who points that some salespersons do not get around to closing or do not handle it well. They may lack confidence, feel guilty about asking for an order or fail to recognize the right moment to close a sale. Without closing, medical representatives make few sales or no sales most of the time. Medical representatives may not be able to initiate commitment without proper strategies, tactics and techniques for closing a sale.

The above results could also explain why medical representatives were unable to score highly in terms of generating additional orders. As earlier observed in this research, only 10 (12.5 %) of the respondents said that medical representatives contacted them through referral leads and this can explain why only 28.75 % of the doctors agreed that medical representatives asked for referral leads during follow-up. Most representatives made follow-up personal visits but probably due to lack of tactics, they were unable to ask for additional orders. This may mean they never got to know whether the customer was satisfied and the stage was rarely set for long-term relationship.

5.3 Conclusions

From the results above, it is clear that medical representatives carry out all the steps in the personal selling processes but perform some steps better than others. It can be concluded that medical representatives are important to the medical profession and at prospecting. As far as preparation is concerned, medical representatives are poor at getting to know their customer's needs and the time to call. They are also not genuine and relaxed and doctors may find it hard to believe them. Although they are usually armed with information about their industry and products, medical representatives are unable to discuss other diseases, products and medicine at

large. They are not well versed with the technique of sales presentation based on Attention, Interest, Desire, Action and Satisfaction.

It is also important to note that medical representatives are not able to give guarantees and testimonials of third party findings because of lack of involvement in research and clinical trials or experience. However, when requested, they are able to give more information. Medical representatives lack techniques and tactics to close a sale and are usually unable to convince doctors to make commitments or even ask for an order. They therefore are unable to later ask for additional orders or even referral leads. This may mean that they never get to know whether the customer is satisfied and the stage is rarely set for long-term relationship.

Although the steps in personal selling processes have been highlighted, they need not take place in that order and medical representatives may not be in a position to carry out all the steps as all this depends on time, the product one is selling and the situation at hand. Every sales call is unique and doctors are human beings with different personalities. As much as doctors agreed or disagreed with some of the practices of medical doctors, all processes should be given equal attention as some doctors find certain practices more important than others.

5.4 Recommendations

According to the results of this study, it is clear that medical representatives are able to carry out personal selling processes relatively well. However, medical representatives need to do more research on their customers in order to understand their markets, their patient profile, their needs and personality so that they can tailor their call to that particular customer. This should be a continuous process because personal selling is circumstantial and doctors perceive individual representatives differently. They could perceive a more cheerful and relaxed representative as a better marketer than a technical and knowledgeable representative.

Pharmaceutical firms should try and arm their representatives with more information on different aspects of medicine and diseases so that they can be of value to the doctor in more ways than just marketing their products so that they can be able to discuss more with doctors. This is good for relationship and build confidence. As much as possible, they should provide testimonials and give more guarantees on their products so that doctors can confidently

prescribe the medicine to the patients. With more knowledge and testimonials medical representatives will be able to relax and be more confident. Employers should avoid pressurizing representatives too much for numbers as this could affect the quality of calls.

Because personal selling should lead to more sales, medical representatives should be well trained and equipped with techniques of closing a sale so that the pharmaceutical firms can meet their objectives. In conclusion, pharmaceutical firms and marketers should keep on researching on the personal selling practices and do more training so that medical representatives can continue to be relevant in the medical profession.

5.5 Limitations of the study.

This was affected by the following limitations:-

1. The study was conducted in Nairobi. The perception of doctors in Nairobi may differ from those in rural areas. As a result of such differences, results may not be generalized.
2. The small size of the sample (80) could have limited confidence in results. This might limit generalizations to other situations.
3. This was a survey and pre-determined questions were used. This may have limited respondents from bringing out other relevant issues which the researcher may not have mentioned.

5.6 Suggestions for Further Research.

The study was broad and handled different aspects of personal selling and the practices. Future studies could be carried out on each step of the personal selling process to find out the importance of these steps in determining whether a doctor would prescribe certain medication or not. It may be possible to find out the level of importance of these steps in the to the doctor and the relevance in determining prescribing habits and brand loyalty.

Research could also be done to determine the relationship between personality traits of both the doctor and the medical representative and how they determine what a doctor prescribes.

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APPENDICES

Appendix 1 Letter to the respondents.

University of Nairobi
Faculty of commerce
Dept. of Business Administration
P.O BOX 30197,
NAIROBI
20TH June 2003.

Dear Respondent,

COLLECTION OF SURVEY DATA.

I am a postgraduate student at the University of Nairobi, at the faculty of commerce. In order to fulfill the degree requirement; I am undertaking a management research project on marketing practices followed by medical representatives in Nairobi. The study is titled;

" Perception of medical doctors towards personal selling practices of medical representatives of pharmaceutical firms in Nairobi."

You have been selected to form part of this study. This therefore, is to kindly request you to assist me collect the data by filling out the accompanying questionnaire, which I will collect from your premises.

The information data provide will be used exclusively for academic purposes. My supervisor and I assure you that the information you give will be treated with strict confidence. At no time will you appear in my report.

Your cooperation will be highly appreciated.

Yours faithfully,

Anne A Misumi
Student

M.Ombok
Lecturer/Supervisor.

Appendix 2

QUESTIONNAIRE

The questionnaire below has two parts. Section A is aimed at giving a general background of your practice. Section B deals with those aspects of personal selling practices of medical representatives that are liked or preferred and perception of medical representative practices.

SECTION A.

1. Please indicate your specialization in the medical profession-----
2. Location of your clinic-----
3. How long have you been practicing as a doctor-----
4. Do you consider medical representatives to be important in providing Information on current treatment of diseases and drugs? (Please tick one)

Yes ()

No ()

5. Approximately how many visits do you get from medical representatives in a Day? (Tick as appropriate)

0-5 visits ()

6-10 visits ()

11-15 visits ()

16-20 visits ()

More than 20 visits ()

SECTION B

Q 1 Below are some ways by which medical representatives of pharmaceutical firms contact you. Please indicate by ticking, which of these ways do you think they use to get information about you (tick one).

Sending of letters ()

By telephone ()

Use of referral leads ()

Through their competitors ()

Through magazines ()

From the directory ()

From other previous medical representatives ()
 Personal contacts. ()
 Other doctors. ()
 Other sources(please specify) -----

Q 2. Below are a list of things that medical representatives are expected to be aware of prior to their sales visits. On a scale of 5 – 1 (Where: 5.Strongly agree 4. Agree 3.Neither agree nor disagree 2.Disagree 1.Strongly disagree),indicate your level of agreement or disagreement with the following statements. Medical representatives usually -----

	5	4	3	2	1
Know my name	()	()	()	()	()
Know my title	()	()	()	()	()
Are aware of my need(s)	()	()	()	()	()
Are aware of their industry	()	()	()	()	()
know their products well	()	()	()	()	()
know the time to call	()	()	()	()	()
Are aware of their competitors	()	()	()	()	()

Q 3. Indicate your level of agreement or disagreement on a scale of 1 - 5. (Where: 5.Strongly agree 4. Agree 3.Neither agree nor disagree 2.Disagree 1.Strongly disagree), with the following aspects of medical representatives. When they come for a sales presentation, medical representatives :-

	5	4	3	2	1
Are Punctual	()	()	()	()	()
Are Business-like	()	()	()	()	()
Are Tidy	()	()	()	()	()
Are Courteous	()	()	()	()	()
Are Attentive	()	()	()	()	()
Are Genuine	()	()	()	()	()
Are Relaxed	()	()	()	()	()
Maintain eye contact.	()	()	()	()	()
Mention my name .	()	()	()	()	()
Are Respectful.	()	()	()	()	()
Are Cheerful.	()	()	()	()	()
Are Likeable.	()	()	()	()	()
Are Organized.	()	()	()	()	()

Q 4. The following are common practices of medical representatives during their sales presentations. Indicate your level of agreement or disagreement with each of the following statements on a scale of 1 - 5. (Where: 5. Strongly agree 4. Agree 3. Neither agree nor disagree 2. Disagree 1. Strongly disagree) During their presentations, most medical representatives are able to :-

	5	4	3	2	1
Present a brief and convincing message about their products.	()	()	()	()	()
Use charts, brochures and detail aides	()	()	()	()	()
Allow me to contribute during the Presentation	()	()	()	()	()
Express confidence in themselves and the products they present.	()	()	()	()	()
Know which product benefits to stress based on my needs.	()	()	()	()	()
Convince me on the benefits of his medicine	()	()	()	()	()
Cultivate an enabling environment for the discussion.	()	()	()	()	()
Use demonstrations.	()	()	()	()	()
Use visualization effectively	()	()	()	()	()
Issue sample drugs .	()	()	()	()	()
Develop my interest on the product.	()	()	()	()	()
Create desire to fulfill my need.	()	()	()	()	()
Promote action for the product purchase.	()	()	()	()	()
Have persuasive factors that cultivate trust, excitement and believability during their Presentations.	()	()	()	()	()
Armed with information about their products and disease areas.	()	()	()	()	()
Able to intelligently discuss the science Of medicine.	()	()	()	()	()
Able to discuss other diseases and products Other than what they are selling.	()	()	()	()	()

Q 5. To what extent do you agree or disagree with the following statements? Tick the appropriate number. (Key:5.Strongly agree 4. agree 3.Neither agree nor disagree 2.Disagree 1.Strongly Disagree)

	5	4	3	2	1
Medical representatives are able to do the following.....					
Restate what I have said is my need.	()	()	()	()	()
Respect my concerns.	()	()	()	()	()
Give more information on the product when requested.	()	()	()	()	()
Give guarantees.	()	()	()	()	()
Give testimonials of third party findings	()	()	()	()	()
Address my objections without evading.	()	()	()	()	()
Listen without interruption.	()	()	()	()	()
Question my objections to clarify the Problem at hand.	()	()	()	()	()

Q 6 When closing their sale, medical representatives are supposed to be able to do the following (below), Indicate your level of agreement or disagreement with each of the following statements on a scale of 1 - 5. (Where: 5.Strongly agree 4. Agree 3.Neither agree nor disagree 2.Disagree 1.Strongly disagree) During their presentations, most medical representatives are able to :-

	5	4	3	2	1
Assist me in making up my mind.	()	()	()	()	()
Convince me make a commitment.	()	()	()	()	()
Show confidence and is forceful in his verbal expressions .	()	()	()	()	()
Show positive attitude during the Presentation.	()	()	()	()	()
Quickly ask for an order.	()	()	()	()	()

Q 7. Do medical representatives do the following at the end of their detailing . Please indicate your level of agreement or disagreement on a scale of 1-5 (Where: **5**.Strongly agree **4**. Agree **3**.Neither agree nor disagree **2**.Disagree **1**.Strongly disagree) Medical representatives :-

	5	4	3	2	1
Give a warm and sincere thank you	()	()	()	()	()
Ensure delivery of the product, testimonials Or any other materials requested.	()	()	()	()	()
Make a follow-up personal visit to ensure my satisfaction	()	()	()	()	()
Generate additional orders.	()	()	()	()	()
Ask for referral leads.	()	()	()	()	()

I sincerely thank you for the time you have taken to complete the questionnaire.

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