

# Instruments to form doctor's loyalty to visits of medical representative

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## ABSTRACT

**Introduction.** Direct contacts of doctors with pharmaceutical companies through medical representatives (MR) remain an efficient communication channel in Russia. At the same time, the dissatisfaction of doctors with MR's visits is growing. In order to improve the loyalty of doctors, a customized approach to communicating with doctors depending on their experience has been offered. **Materials and methods.** The study has been carried out in cross section based on medical organizations of the Moscow Region (2018). The study results have been processed by using qualitative and quantitative methods of the sociological research and descriptive statistics. The representativeness of the data has been ensured by a sufficient size of the sample group (with a confidence probability of 0.95 and a confidence interval of  $\leq 0.05$ ) that included 347 doctors. **Results.** The doctors' attitude to the visits of MR and their opinion about the frequency of achieving the visit goals considerably depend on the doctors' experience. Nearly half (47.7 %) of the young specialists (whose experience is up to five years) have positive attitude to MR's visits and believe that the MR often achieves the visit goals (46.9 %). Only almost each seventh experienced doctor who has the professional experience of more than five years (7.3 % and 6.8 %) adhere to the similar position. The doctors who have the professional experience of up to five years are three times more likely than the experienced doctors to allow MR's daily visits (18.0 % and 6.4 %) that last from five to fifteen minutes (86.7 % of the young specialists and only 30.6 % of the experienced doctors). Considerable differences have been determined in the opinions of the doctors who have different professional experiences about the importance of the information provided by the MR on medical products (MP) and the MR's preferred profile. **Conclusion.** A customized approach to communicating with doctors depending on their professional experience has been offered as one of the instruments to improve the doctors' loyalty and satisfaction with the MR's visits.

**Keywords:** Medical representative, doctors, pharmaceutical market, loyalty tools.

## Introduction

In the context of the rapidly developing pharmaceutical market, constant renewal of the range of MP and, as a result, an expansive growth of the information flow, the issue on looking for the relevant information is particularly acute. In order to solve the emerging problems, new technologies are being introduced with a priority on digitalization of processes, and the most efficient communication channels that can reliably provide all consumers with timely and true information are being

actively searched for. Along with the communication channels, the information content is an important component of the guaranteed information support. In order to fully meet all information demands, it should take into account the information needs of each subject.

Despite the absolute advantages of communication channels digitization, direct contacts of doctors with representatives of pharmaceutical companies (in this study, a MR) are still extremely important in promoting a product on the Russian pharmaceutical market. The MR's visits remain for the majority of doctors as one of the main sources of information about a MP.

At the same time, doctors are more and more demanding to the MR's visits and most of them have low confidence in the MR and do not consider their visits as the most useful channels of professional information. One of the most considerable reasons for the MR's visit ineffectiveness is the lack of personalization and specification in the information content provided to them. Such information does not take into account the peculiarities of

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the information needs of each doctor, does not meet his expectations and needs, and cannot ensure the relevance of messages for a certain specialist.

The modern scientific works of the leading foreign and Russian scientists are devoted to searching for ways to optimize the MR's activity. However, despite scientific research in this area, the issues on identifying priority instruments to form the loyalty of doctors to the MR's visits in order to improve the doctors' actual satisfaction with the MR's activities remained insufficiently studied. The above stated determined the choice of the theme and the formulation of the study objective.

The goal of this study is to identify priority instruments to form the doctors' loyalty to the MR's visits in order to improve the doctors' actual satisfaction with the MR's activity.

## Materials and Methods

The study was carried out in cross section based on the medical organizations of the Moscow region in 2018. The methods of logical analysis, qualitative and quantitative methods of the sociological research (focus group discussions, in-depth interviews, questioning, interviewing), the methods of expert assessment and variation statistics were used in the work. As a part of the preliminary study on researching the relevance of the chosen topic, four focus groups, including two-four medical specialists prescribing a MP (doctors), were interviewed. The results of the focus group discussions allowed to obtain detailed data on the most important aspects of the MR's activity for the doctors. In order to search for priority ways to form the loyalty of doctors to the MR's visits, the authors developed the study instruments – a structured form (questionnaire) with two blocks of questions.

The first block contains questions whose answers characterize the competence of the experts participating in the study. The indicators that characterize the competence of the experts include the doctors' professional experience – general labor and specific experience, the position held, the qualification grade and/or degree, arguments when prescribing a MP: practical experience, theoretical knowledge, and combined indicators. Three hundred and forty-seven doctors with a high level of competence (the average competence – 0.68) participated in the expert assessment.

The second block includes the questions that allow making a quantitative evaluation of specific characteristics and elements of the MR's work. Multidirectional questions of the second block of the questionnaire are formed in three groups. The first group includes the questions that can characterize the doctors' attitude to the MR's visits. The second group includes the questions for the formulation of possible recommendations to improve the MR's activities. The third group includes the questions that allow forming the profile of a modern MR that is preferable for doctors. The second block of the questionnaire

includes closed questions (that suggest choosing a variant from the ready-made answers) and semi-closed (that suggest choosing a variant from the ready-made answers and giving an independent response).

The results of the study were processed and systematized by using qualitative and quantitative methods of the sociological research and descriptive statistics in Microsoft Office Excel 2016 (MS Windows 10). The data representativeness (with a confidence level of 0.95 and a confidence interval of  $\leq 0.05$ ) was ensured by using modern means and methods of data processing, sufficient size of the sample group of 347 doctors, as well as a high level of competence (0.68) of the specialists who took part in the study.

## Results

Processing the answers to the questions from the first block of the questionnaire resulted in forming a profile of the experts participating in the study.

Three hundred and forty-seven doctors, including 74.3 % of the consulting physicians and 25.7 % of the department heads (heads and their deputies), took part in the expert assessment. 63.1 % of the surveyed doctors have professional experience of up to 5 years, and 36.9 % of the specialists have more than five years of experience. Almost half of the doctors (46.2 %) have a qualification grade. It was defined that, depending on the experts' professional experience, the ratio of the position held by the doctors and their qualification grade varied considerably. Thus, only 8.3 % of the young specialists (professional experience of up to five years) occupy the position of the head of department, while every third (35.7 %) doctor who occupies this position has more than five years' experience. The absolute majority of the experienced doctors (92.9 %) and only 16.7 % of the young specialists have the qualification grade.

The competence of each doctor who took part in the expert assessment was calculated as the ratio of the total of points characterizing the competence of a certain doctor to the maximum possible amount of points. In this study, the maximum amount is 25 points because each of the five positions (professional experience, position, etc.) characterizing the specialist's competence was evaluated on a five-point scale. The calculated coefficient of the competence of the experts who participated in the study ranged from 0.32 to 1.0, and averaged 0.68.

The results of processing the answers to the questions from the second block of the questionnaire made it possible to formulate the following provisions.

The doctors' attitude to the MR's visits and their opinion about the frequency of achieving the goals of the MR's visit considerably depend on the doctors' professional experience (Table 1).

Table 1: Doctors' Attitude to MR's visits and Frequency of Achieving the Goals by the MR

Depending on the Doctors' Experience					
Attitude to MR's visits			Frequency of achieving goals by the MR		
Characteristics	Doctors' answers (%) depending on the working experience				Characteristics
	Up to 5 years	More than 5 years	Up to 5 years	More than 5 years	
Positive	47.7	7.3	46.9	6.8	Often
Neutral	35.1	79.0	38.3	72.2	Seldom
Negative	17.2	13.7	14.8	21.0	Never
Total	100.0	100.0	100.0	100.0	Total

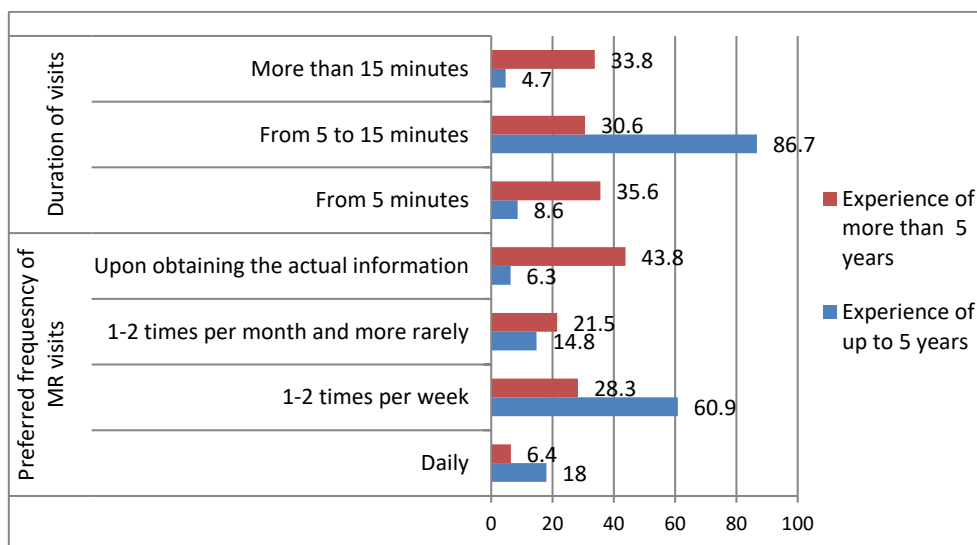
According to Table 1, almost half (47.7 %) of the young specialists (whose experience is up to five years) have mainly positive attitude to the MR's visits, which is due to the lack of professional experience and a high information demand. The positive attitude of every second young specialist correlates with their opinion on the frequency of achieving the MR's goals. Almost half of the surveyed doctors (46.9 %) whose professional experience is up to five years believe that the MR often achieves the visit goals, while the doctors whose professional experience is more than five years have the same opinion seven times less (only 6.8 %). For the experienced doctors (whose experience is more than five years), the positive attitude decreases 6.5 times (from 47.7 % down to 7.3 %), while the neutral attitude to the MR's visits increases twice (up to 79.0 % against 35.1 %). The neutral attitude of the majority of the experienced doctors (79.0 %) to the MR's visits can be explained by the doctors' incomplete satisfaction with the results of the MR's visits (72.2 % of the physicians expressed the opinion that MRs rarely achieved their goals). The experienced doctors express their opinions about the fact that

the MR rarely achieves the goal almost two times more often than the doctors whose experience is up to five years (72.2 % and 38.3 %, respectively). The doctors who have greater professional experience explain the current situation by the fact that the information provided by the MR does not meet their requirements.

Regardless of the professional experience, the doctors who have negative attitude to the MR's visits (17.2 % and 13.7 %) believe that, as a rule, the MR never achieve their goal (14.8 % and 21.0 %). The doctors who have different professional experiences relate their dissatisfaction with the MR's work to too frequent visits of MRs while they do not have new relevant information.

The conducted study allowed formulating the optimal bracketing (mode) of the MR's activity, according to the doctors' opinion.

It is necessary to emphasize that depending on the doctors' professional experience, their opinions on the desired frequency and duration of the MR's visits vary considerably (Fig. 1).



**Figure 1:** Opinions of the Doctors (%) who Have Different Professional Experience about the Optimal Duration and Preferred Frequency of MR's Visits

It was defined that the doctors whose professional experience was up to five years were three times more likely than experienced doctors to allow the MR's daily visits (18.0 % and 6.4 %, respectively), and twice more often – the MR's visits once or twice a week (60.9 % and 28.3 %). This is explained by

the active desire of the young specialists to obtain new information, due to the lack of their own professional experience. At the same time, the doctors with greater professional experience consider the MR's visits reasonable only when they get new actual information, which is seven times

higher than the corresponding figures of the young specialists (43.8 % and 6.3 %).

The absolute majority (86.7 %) of the doctors whose professional experience is up to five years consider the optimal duration of visits from five to fifteen minutes. According to the young specialists, a shorter visit of the MR does not allow to fully clarify all the questions that have arisen during the communication, and longer contacts with the MR may affect the time of work with patients. Nevertheless, every third

experienced doctor permits for MR's visit to be less than five minutes or more than 15 minutes (35.6 % and 33.8 % of the doctors, respectively). A much smaller number of the young specialists have the same opinion (8.6 % and 4.7 %, respectively).

During the study, considerable differences were found in the opinions of the doctors who have different professional experiences about the importance of the information about MP provided by the MR (Table 2).

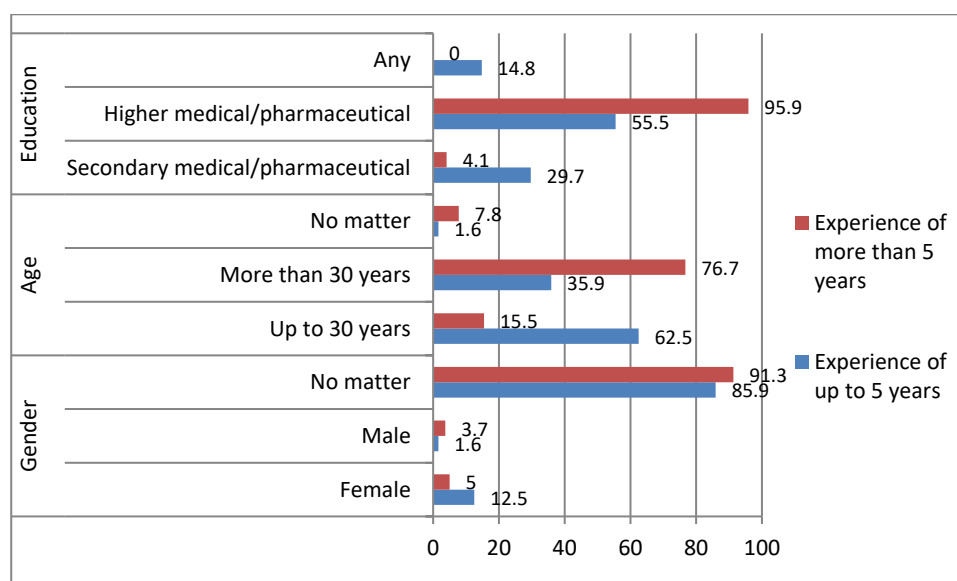
**Table 2: Opinions of the Doctors who have different professional experiences about the Importance of the Information on MPs Provided by the MR**

Information	Answers of the doctors (%) who have different professional experience	
	Up to 5 years	More than 5 years
Basic data about new MP	19.3	41.5
Additional data about the previously prescribed MP	21.0	2.3
Extended data about the company and its products	23.3	5.5
Data about the availability of MP in drugstores	9.9	22.8
Data about the range of prices for a certain MP	21.2	26.5
Comparison with analogous MP	5.3	1.4
In total	100.0	100.0

It has been determined that *the basic information about a new MP* is twice more interesting for the experienced doctors than for the doctors with little professional experience (41.5 % and 19.3 %, respectively). *The additional information on the previously prescribed drugs* for young professionals is ten times more important than for the doctors who have greater professional experience (21.0 % and 2.3 %, respectively). The information in the *comparison with similar MP* is almost four times more important for the doctors with the professional experience of up to five years than for experienced doctors. The current situation is explained by the inadequate personal experience of the young specialists due to the short professional experience and, as a result, the

increased level of the informational demand for this kind of information. However, the information on the availability of MP in pharmacy organizations is for the young professionals twice less important than for the doctors with greater professional experience. The doctors explain the low demand for such information from the MR by the wide possibility to promptly obtain the necessary information content on the Internet.

The study results made it possible to form a preferred MR profile according to the doctors (%) who have different professional experience (Fig. 2).



**Figure 2: Opinions of the Doctors (%) who Have Different Professional Experience on the MR's Preferred Profile**

For the absolute majority of the young specialists and experienced doctors, the MR's gender does not matter (85.9 % and 91.3 % of the specialists surveyed expressed this opinion). However, the female MR is considered to be twice as preferable for the doctors whose professional experience is up to five years (12.5 % and 5.0 %, respectively) because, according to the doctors, women are more sociable and flexible. At the same time, the experienced doctors are twice more likely to prefer male MRs because they consider them to be more professional and convincing (3.7 % and 1.6 %, respectively).

It is necessary to note that the specialists' experience has considerable impact on the specialists' preferences about the MR's age. Thus, the doctors whose experience is up to five years are four times more focused on working with the MR under 30 (62.5 % and 15.5 %, respectively). They explain their opinion by the fact that at this age a specialist is characterized by great openness, cognitive flexibility and the ability to instantly move from one task to another. At the same time, the experienced doctors twice more often prefer to deal (interact, communicate) with the MRs who are older than 30 (76.7 % against 35.9 %). According to the doctors, only mature MRs who have extensive experience and professionalism can convey the maximum information the doctor needs and at the same time save considerable time resources.

It is defined that the doctors' opinions about the MR's education vary considerably depending on the doctors' experience. Thus, according to the absolute majority of the experienced doctors (95.9 %), MRs must have higher medical (or pharmaceutical) education, while only every second doctor (55.5 %) whose professional experience is less than five years has the same opinion. The MR's secondary medical (pharmaceutical) education is admissible for the doctors whose professional experience is up to five years seven times more often than for the experienced doctors (29.7 % and 4.1, respectively). None of the experienced doctors admits any (not specialized) education of the MR (14.8 % of the doctors with little professional experience admit this).

## Discussion

In the modern scientific literature, the works of leading Russian<sup>[1-4]</sup> and foreign scientists<sup>[5-7]</sup> are devoted to searching for efficient ways to meet the information needs of doctors and optimizing the MRs' visits.

The works of many authors are devoted to studying the possible impact of the MR on the doctors' behavior when prescribing drugs. Murshid, M.A., Mohaidin, Z., and Salmasi, S. (with the co-authors) note that the analysis of the published literature confirms an important role of the MR in this issue.<sup>[8, 9]</sup> Workneh, B.D. (with the co-authors) analyzed the impact of the MR on making the prescriptions in Mekella, Northern Ethiopia.<sup>[10]</sup>

As a result of the conducted research, only a few authors conclude that the MR does not have considerable impact on the doctor's decision to prescribe a MP.<sup>[11]</sup>

Giving the proper respect to the importance of the aspects of the interaction between the MR and the doctors studied by the authors, it is necessary to emphasize that the issues on the importance of the individual work with doctors, which is really focused on the doctor's interests, useful for him, and based on the mutual trust, are understudied in the considered sources.

This study is devoted to searching for the instruments to improve the doctors' loyalty and satisfaction with the MR's visits. The customized approach to communicating with doctors based on their professional experience is offered as one of such instruments.<sup>[12]</sup> The customized approach in case of the direct contact between the doctor and the MR makes it possible to adapt the information content taking into account the individual requests of a specialist and to quickly provide the relevance of messages for him. The customized approach allows creating the content based on the competent segmentation: different content and the duration of presenting it for the doctors who have different professional experiences. In addition, the doctor can promptly inform the MR how the obtained information met his expectations and needs and his satisfaction after the MR's visit. The obtained feedback allows the MR to fully take into account the individual needs of each specialist and to adapt the content in accordance with his professional needs.

The results obtained during this study prove considerable differences in the perception and assessment of the MR's work by the doctors with different professional experiences. Therefore, this factor makes up the basis of the customized approach.

This study determines that the attitude of the doctors to the MRs' visits and their opinion about the frequency of achieving the MR's goals substantially depend on the doctors' experience. Almost every second (47.7 %) young specialist has positive attitude to the visits of MRs, while the experienced doctors are less positive (7.3 %). At the same time the neutral attitude to the MR's visits increases more than twice (up to 79.0 % and 35.1 %, respectively).

The positive attitude of the doctors to the MR's visits is confirmed by the studies of certain authors.<sup>[13, 14]</sup>

However, in the described sources the authors do not give specific information about the possible impact of the doctors' experience on their opinion.

This study proved the impact of the doctors' professional experience on their opinion about the optimal duration and preferred frequency and of the MRs' visits. It was determined that the absolute majority (86.7 %) of the doctors whose professional experience was up to five years and only one out of every three experienced doctors (30.6 %) considered the MR's visit lasting from five to fifteen minutes as optimal. For the majority of the young specialists (60.9 %), it is desirable when the MR visits them once or twice a week, while another 18.0 % allow daily visits by the MR. This opinion is shared by a considerably smaller number of the doctors who have the

professional experience of more than five years (28.3 % and 6.4 %).

The data on the frequency of MRs' visits are given in the studies of some authors. <sup>[9]</sup> Gupta, S.K. (with the coauthors) indicate that 37 % of the doctors interact with the MR once a week, and another 25.9 % – twice a month. <sup>[15]</sup>

The authors do not give any data about the quantitative discrepancy in the opinions of the doctors who have different professional experiences.

This study reveals considerable differences in the opinions of the doctors who have different professional experiences about the importance of the MP information provided by the MR. Thus, for young professionals, the following is more important informational content than for the experienced doctors: *Additional information about the previously prescribed MP* (ten times: 21.0 % and 2.3 %, respectively) and *Comparison with similar MP* (four times: 5.3 % and 1.4 %, respectively).

The importance of high-quality content is confirmed by many authors in their works. <sup>[16-18]</sup> According to the results of the study conducted by *Top of Mind MR&C*, the MR's visits are one of the main sources of information about MP for doctors. Thus, the majority of pediatricians (88 %) find out about MP during the MR's visits. Moreover, according to many studies, doctors want to obtain scientifically oriented and educational information adapted to the needs of each specialist, meaningful content rather than advertising information.

At the same time, in the above sources, the authors do not provide any certain data on the possible impact of the doctor's professional experience on their opinion.

The results of this study have made it possible to form a modern profile of the MR that is preferable for doctors. It is revealed that the opinions of the doctors who have different professional experiences vary widely on this issue. Thus, two times more doctors who have little experience prefer to communicate with the female MR (12.5 % and 5.0 %, respectively), and twice more experienced doctors prefer male MRs (3.7 % and 1.6 %, respectively). The absolute majority of the experienced doctors (95.9 %) consider it necessary for the MR to have higher medical (pharmaceutical) education, while only half of the young specialists (55.5 %) share this opinion. The doctors with greater experience prefer mature MRs (76.7 % and 35.9 %, respectively), and the doctors with little experience are more (4 times) focused on working with the MR under 30 (62.5 % against 15.5 %).

The required professional qualities of the MR are characterized in the works of some researchers. <sup>[19]</sup> The studies by O.V. Yastreb revealed differences in the "professional flexibility" of the MR in different age groups. <sup>[20]</sup> T.L. Mukattash (with the coauthors) note that the MR who has higher education better understands the terminology of fundamental research. <sup>[21]</sup> M.H. Rahman (with the coauthors) describe the demographic and socio-economic differences between MRs and doctors in rural areas of Bangladesh. <sup>[22]</sup> The studies conducted by K.A. Idris (with the coauthors) emphasize that 72.5 % of the respondents

from Sudanese hospitals and community pharmacists did not have a gender bias towards female MRs. <sup>[23]</sup>

It is necessary to emphasize that the above works do not give any details on the quantitative characteristics of different attitudes of the doctors depending on their professional experience.

The results of this study show that doctors become more and more demanding to the MR's visits, including due to the flow-in of young specialists. In order to improve the doctors' loyalty and satisfaction with MRs' visits, it is necessary to change the tactics of the MRs' work, taking into account the specifics of the professional experience of a certain doctor. The duration and frequency of the activities, special knowledge and experience of the MR, as well as the information content offered to them should fully take into account the individual needs of each specialist and most closely meet his professional needs.

## Conclusion

It has been proved that depending on their professional experience the doctors perceive and assess the MR's work substantially differently.

It has been determined that the doctors' attitude to the MR's visits and the opinion of the doctors about the frequency of achieving the MR's visit goals, as well as the optimal duration and frequency of the MR's visits considerably depends on the experience of the doctors. Considerable discrepancies have been revealed in the opinions of the doctors depending on their professional experience about the importance of the informational content provided by the MR. The profile of a modern MR that is preferable for doctors taking into account their professional experience has been formed.

The customized approach to communicating with doctors based on their professional experience has been offered as one of the instruments to improve the loyalty of doctors to visits of the MR. Its implementation makes it possible to improve the actual satisfaction of doctors with the MR's activities.

## Study reliability

This is the first study in Russia that offers the customized approach to communicating with doctors taking into account their professional experience as one of the instruments to improve the doctors' loyalty and satisfaction with MR's visits. The study was carried out in the Moscow region of Russia and covered the sample group of a sufficient size to ensure the representativeness of the data. This study can be the basis for the further research when searching for ways to improve the loyalty and satisfaction of doctors with the MR's visits. The data obtained in this study are useful for heads of sales and marketing departments of pharmaceutical organizations, PR and advertising departments of pharmaceutical organizations, as well as for the researchers studying the efficient promotion of pharmaceuticals. It has been supported by the *Russian Academic Excellence Project 5-100*.

## Study limitations

The study is limited by the lack of the doctors' time to give detailed answers to the researcher's questions. In order to facilitate the data collection, the study was carried out by using a structured questionnaire (most of the questions were formulated in the closed form and meant to choose a variant from ready-made answers).

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## Abbreviations

MR: Medical representative; MP: medical products.

## Authors' contribution

All authors have made the equal contribution in all terms.

## Conflict of interests

The authors do not state about any conflict of interests.

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