

## **CHAPTER 6**

### **FINDINGS AND SUGGESTIONS**

#### **6.1 Introduction**

#### **6.2 Findings**

#### **6.3 Suggestions**

#### **6.4 Scope for further Research**

#### **6.5 Conclusions**

## **CHAPTER 6**

### **FINDINGS AND SUGGESTIONS**

#### **6.1 Introduction**

In chapter 5 data analysis is presented. In this chapter, findings and suggestions are discussed. Findings are discussed under four different heads as bellow

- A. Demographic Profile
- B. Reasons for Attrition
- C. Job Profile
- D. Hypothesis testing

Suggestions are divided in three categories as

1. Suggestions for Pharmaceutical companies.
2. Suggestions for Medical Representatives.
3. Suggestions for Government.

#### **6.2 Findings**

##### **A. Demographic Profile**

- A.1. Medical representatives from 56 companies and 92 divisions are included in this study. (Refer Table No.5.1)
- A.2. There are 12 head quarters in Pune. (Refer Table No.5.2)
- A.3. Most of the Medical Representatives (82%) are from out of Pune. (Refer Table No.5.3).
- A.4. 94.20% MRs are male (Refer Table No.5.4).

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- A.5.** Average age of MRs is 25.56 and most of the MRs are of age 24 years (Refer Table No.5.5). 59.42% MRs are in age group 20-25, 34.78% MRs are in age group of 26-30, while 5.79% MRs age is above 31 (Refer Table No.5.6).
- A.6.** 33.3% MRs are science graduate, While 40% are MBAs. This suggests this profession is now attracting MBAs too. (Refer Table No.5.7). Stream wise analysis shows that the 61% MRs are from science and pharmacy stream while 31% are postgraduates. (Refer Table No.5.8).
- A.7.** 70% MRs are unmarried. Average age of married and unmarried MRs is 29 and 24 respectively. 30% Medical Representatives are married (Refer Table No.5.9) and 26.8% of their spouses are earning (Refer Table No.5.10). Further 80.5% married MRs are staying with their family. (Refer Table No.5.11). Irrespective of their marital status, 57.2% MRs are not staying with their families. (Refer Table No.5.12).
- A.8.** Most of the MRs have 2-3 dependents. (Refer Table No.5.14) with mean of 2.52, while maximum number of dependents is found to be 5. (Refer Table No.5.13).
- A.9.** MRs reside in almost all areas of Pune. Hadapsar, Dhankawadi, and Kothrud are most preferred areas. (Refer Table No.5.15).
- A.10.** Average experience of MRs is 32.04 months. Most of the MRs have 2 years (24 months) of field experience. (Refer Table No.5.16). 15.94% MRs have less than 12 months experience, 36.23% have experience between 13-24 months, 22.46% have experience between 25-36 months. 9.42% MRs have experience between 37-48 months and 49-60 months in each category. 6.52% have more than 60 months experience. (Refer Table No.5.17).
- A.11.** Average experience in Pune of MRs is 29.33 months. Most of the MRs have 2 years (24 months) of field experience in Pune. (Refer Table No.5.18). 19.57% have less than 12 months experience, 34.06% have experience between 13-24 months, 21.74% have experience between 25-36 months, 7.97% have experience between 37-48 months, 10.87% have experience between 49-60 months, and 5.80% MRs have more than 60 months experience in Pune. (Refer Table No.5.19)

- A.12.** 71% MRs have smoking habit. Mean is 3.33, it indicates that MRs smoke some times. 15.2% MRs do not have smoking habit (Refer Table No.5.66).
- A.13.** 64.5% MRs have alcohol consuming habit. Mean is 2.99, it indicates that MRs drink some times. 22.5% MRs do not have alcohol consuming habit (Refer Table No.5.67).
- A.14.** 30.4% MRs have tobacco chewing habit. Mean is 2.01, it indicates that MRs chew tobacco rarely. 49.3% MRs do not have tobacco chewing habit. (Refer Table No.5.68)
- A.15.** 30.4% MRs have Gutaka chewing habit. Mean is 2.01, it indicates that MRs chew Gutaka rarely. 56.5% MRs do not have Gutaka chewing habit. (Refer Table No.5.69)

### **B. Reasons for Attrition**

- B.1.** 61.9% MRs have changed companies. (Refer Table No.5.21), Most of the MRs have worked with 2 companies. (Refer Table No.5.20), 48.81 and 69.05% % MRs took decision to change companies during first 2 years and during first 3 years of their tenure respectively. Major reasons to change company are 'Higher salary'. This may be attributed to unsatisfactory initial salaries offered by companies. (Refer Table No.5.22)
- B.2.** 39.2% Medical Representatives changed companies because of higher salary and 26.7% changes because they were not getting their salary/expenses in time. These two factors contribute 66% among the reasons for changing companies. (Refer Table No.5.23)

### **C. Job Profile**

- C.1.** Most of the MRs work for 10 to 12 hours a day. (Refer Table No.5.24) 92.8% MRs work for more than 8 hours a day. 56.5% MRs are working for more than 10 hours a day. (Refer Table No.5.25). MRs work in two sessions a day; Morning and evening. Morning work starts by 9.20 am and ends by 3.25 pm. Evening session starts by 5.35 pm and ends by 9.16 pm. Sometimes MRs need to work till 11 pm at night. (Refer Table No.5.26)

- C.2.** MRs get normally two hours free time between morning and evening sessions. (Refer Table No.5.26). However only 18.2% MRs can go to their residence and take rest during afternoon when they normally do not have doctor's calls while 81.8% cannot take rest. (Refer Table No.5.27).
- C.3.** Per day MRs travel 51.39 kilometres. Most of the MRs travel 90 kilometres a day. (Refer Table No.5.29). 94% Medical Representatives are using bike for working. This can be attributed to poor public transport service in Pune. (Refer Table No.5.28)
- C.4.** Important customers for MRs are doctors and chemists. Doctor's calls are most important followed by chemist's calls. (Refer Table No.5.31). He maintains his customer list. There are 199.38 doctors and 140.21 chemists on list. Most of the MRs have 200 doctors and 150 chemists on list. (Refer Table No.5.30)
- C.5.** MRs required to visit all his customers on list in a month. Expected call average of doctors is 11.13 and of chemist is 6.99. Actual coverage of doctors and chemists are 10.88 and 7.20 respectively. Most of the companies expect doctors and chemists coverage as 12 and 7 respectively, while most of the MRs could cover 11 doctors and 7 chemists on an average per day. (Refer Table No.5.32)
- C.6.** Most of the MRs promote 35 products. The average products promoted by MRs are 41.94. Some MRs promote single product while maximum products promoted are 190. (Refer Table No.5.33).
- C.7.** MRs get very less time to promote his products in doctors cabin. Normally a doctor's call duration is 4-5 Minute. (Refer Table No.5.34), Significantly, Call duration of 50% MRs is 3-4 minute only. (Refer Table No.5.35).
- C.8.** MRs need to prepare work report of every day. However report sending (reporting) frequency varies company to company. 28.3% and 43.5% MRs send their reports twice and thrice a week respectively. (Refer Table No.5.36). Now a days online reporting is gaining popularity. 64.29% companies are using online reporting system. (Refer Table No.5.37)

- C.9.** Review meetings are conducted on Weekly, Quarterly and monthly basis. (Refer Table No.5.38)
- C.10.** 88.4% MRs are able to achieve their targets above 80%.(Refer Table No.5.40) while average target achievement is 90%. (Refer Table No.5.39)
- C.11.** It is observed that 50% MRs experience is high to very high sales pressure, while 31% experience average and 19% low to very low sales pressure. Mean 3.46 suggests overall above average sales pressure. (Refer Table No.5.41)
- C.12.** It is observed that 59% MRs gain high to very high cooperation from doctors, while 14% gain average and 27% low to very low cooperation from doctors. Mean 3.50, suggests overall above average cooperation. (Refer Table No.5.42)
- C.13.** It is observed that 42% MRs gain high to very high cooperation from chemists, while 30% gain average and 28% low to very low cooperation from chemists. Mean 3.22, suggests overall above average cooperation. (Refer Table No.5.43)
- C.14.** It is observed that 63% MRs gain high to very high cooperation from stockists, while 16% gain average and 21% low to very low cooperation from stockists. Mean 3.59, suggests overall above average cooperation. (Refer Table No.5.44)
- C.15.** It is observed that 82% MRs gain high to very high cooperation from company, while 12% gain average and 6% low to very low cooperation from company. Mean 4.33, suggests overall above high cooperation. (Refer Table No.5.45)
- C.16.** It is observed that 87% MRs gain high to very high cooperation from manager, while 7% gain average and 6% low to very low cooperation from manager. Mean 4.47, suggests overall above high cooperation. (Refer Table No.5.46)
- C.17.** MRs face unethical demands from doctors and chemists often. (Refer Table No.5.47, 5.48), sometimes from stockiest (Refer Table No.5.49), and rarely from managers (Refer Table No.5.50)
- C.18.** MRs face Parking and Traffic problem often. (Refer Table No.5.51, 5.52)
- C.19.** MRs sometimes feel frustration, stress, and sales pressure (Refer Table No.5.53, 5.54, 5.55)

- C.20.** Mean of headquarter, ex-headquarter and outstation allowances are Rs. 171.70, Rs. 186.85 and Rs. 369.71 respectively. Petrol allowance is given on per kilometre basis. It is Rs. 1.99 per kilometre. Mobile and internet allowances are Rs. 444.40 and Rs. 283.92 respectively. (Refer Table No.5.56). Often a MRs get their salary/expenses in time. (Refer Table No.5.57).
- C.21.** 64.49% MRs are staying with room sharing basis. (Refer Table No.5.58) and average number of roommates is 3.06. (Refer Table No.5.59)
- C.22.** Managers often sanction leaves without hesitation. (Refer Table No.5.60)
- C.23.** 44.10% MRs do company work during weekends while 33.6% prefer to spend weekends with family (Refer Table No.5.61).
- C.24.** 53.5% and 33% MRs suffer from Respiratory tract and Gastro intestinal diseases respectively. It is concluded that Respiratory track and Gastro intestinal diseases are common among MRs. This is attributed to air pollution and frequent unhealthy out-eating respectively. (Refer Table No. 5.62)
- C.25.** Manager often sanctions medical leave (Refer Table No.5.63). 90% MRs bears medical expenses (Refer Table No.5.64). On the contrary, 81% respondents said they have ESI facility. This suggests either they are not aware benefits of ESI or they could not utilise this facility. Further investigation is required in this regard. Accidents Insurance, PF, HRA Medical Insurance and ESI, are the benefits most of the companies are offering to their representatives. (Refer Table No.5.65).

**D. Hypothesis testing:**

- D.1.** The t-test result rejects the null hypothesis ( $H_{0-1}$ ). It is observed that monitory packages offered by Pharmaceutical companies to Medical Representatives are greater than domicile cost (expenditure) in Pune. Hence it is concluded that MRs get sufficient salary. (Refer Table No.5.70, 5.71, 5.72).
- D.2.** The Chi square test result rejects the null hypothesis ( $H_{0-2}$ ). The test concludes that, the income of Medical Representatives is not sufficient to fulfil their family expectations to create asset. (Refer Table No.5.73, 5.74).
- D.3.** The Chi square test rejects the null hypothesis ( $H_{0-3}$ ). The test concludes that, the MRs do not have sufficient time to spend with their family. (Refer Table No.5.75, 5.76, 5.77, 5.78)



### 6.3 Suggestions

#### 6.3.1 Suggestions for Pharmaceutical Companies

1. There are 12 head quarters in Pune. (Refer Table No.5.2) Companies should have a team of 12 Medical representatives working for Pune city for better coverage.
2. Since most of the Medical Representatives (82%) are from out of Pune (Refer Table No.5.3) companies should need to pay special attention for their initial settlement in Pune.
3. 33.3% MRs are science graduate, while 40% are MBAs. This suggests this profession is now attracting MBAs too. Companies should investigate the factors that attracting MBAs and can formulate recruitment strategies to attract more MBAs. (Refer Table No.5.7).
4. Irrespective of their marital status, 57.2% MRs are not staying with their families. (Refer Table No.5.12). Companies need to be empathetic towards such Medical Representatives, and try to satisfy their psychological need by having liberal leave policies.
5. Among the experience groups after 36 months (3 years), frequency of Medical representatives is only 24.64%. This may be due to promotion or exit from profession. (Refer Table No.5.17), Further research required to find out the reasons behind this.
6. It is observed that Medical Representatives take decision to change companies during first 2 to 3 years of their tenure. (Refer Table No.5.22) Losing an experience representative is very costly for companies. 39.2% Medical Representatives have changed companies because of higher salary and 26.7% have changed because of not getting salary/expenses in time. These two factors contribute 66% among the reasons for changing companies. (Refer Table No.5.23) This may be attributed to low initial salaries offered by companies. As most of the Medical representatives are from outside of Pune, the cost of living for them may be very high as compared to initial salaries although this is not addressed in this research, it needs further investigation. Companies should need to check whether

their initial salaries are sufficient to cope up with domicile cost in Pune. Further, companies should ensure timely payment of salaries and reimbursement of expenses.

7. It is observed that Medical Representatives earn sufficient. (Refer Table No.5.70, 5.71, 5.72). However, on the contrary he is not able to fulfil his family expectations of asset creation. (Refer Table No.5.73, 5.74). This paradox suggests savings are not enough. This could be due to high domicile cost in Pune. Companies should provide additional allowance (Metro City allowance) to cover up this high cost.
8. It is observed that Medical representatives experience high sales pressure. (Refer Table No.5.41). Companies should incorporate pressure handling in their training program.
9. MRs face unethical demands from doctors and chemists often. Companies should provide training to medical representatives how to handle such situations. (Refer Table No. 5.47, 5.48)
10. MRs sometimes feel frustration, stress, and sales pressure (Refer Table No.5.53, 5.54, 5.55) Stress management training must be given to Medical Representatives.
11. It seems that either Medical Representatives are not aware of benefits of ESI or they could not utilise this facility (Refer Table No.5.64, 5.65). Further investigation is required in this regard. However, companies should ensure to pass on the benefits to representatives by removing hurdles.

### **6.3.2 Suggestions for Medical Representatives**

1. Medical Representatives habituated to smoking, alcoholism, tobacco chewing, should get rid of these bad habits. This is very dangerous especially when they are daily exposed to unhealthy air pollution in Pune. (Refer Table No. 5.66, 5.67, 5.68, 5.69).
2. Most of the MRs work for 10 to 12 hours a day. (Refer Table No.5.24). He works in two session morning and evening. (Refer Table No.5.26). Normally he gets two hours free time between morning and evening sessions. (Refer Table No.5.26).

81.8% cannot take rest. (Refer Table No.5.27). MRs should utilise these two hours for taking rest.

3. Medical representatives should spend weekends with their family and involve in some recreational activities to maintain their mental health. (Refer Table No.5.61).
4. Medical representatives should spend sufficient time with their family. (Refer Table No.5.75, 5.76, 5.77, 5.78).
5. It is observed that Medical Representatives' earning is only sufficient to cover up domicile cost (Refer Table No.5.70). He is not able to fulfil his family expectations of creating asset by purchasing things other than basic necessities. (Refer Table No.5.73, 5.74). Medical Representatives should select companies that are offering sufficient monetary packages, which enable them to create assets.
6. Medical Representatives should use Mask to protect themselves from air pollution. Further, they should avoid out eating and as far as possible carry tiffin with them. (Refer Table No.5.62).

### **6.3.3 Suggestions for Government**

1. Medical Representatives often face Parking and Traffic problems. (Refer Table No.5.51, 5.52). Government, specially, Pune Municipal Corporation needs to address this issue and should take corrective measures to solve these problems.

### **6.4 Scope for further research**

It would be very interesting to conduct another study within the same area of research, with the incorporation of more urban as well as rural headquarters of India which will give more integrated result to the topic and better utility to the Medical Representatives and Pharmaceutical companies.

This study has not covered MRs working for non-prescription drugs, and clinical equipment. A study inclusive of these categories will provide further insight in the topic of research.

Out of 138 MRs 40% are MBA. This observation suggests that this profession is now able to attract MBAs. A study investing this trend will be helpful for companies.

48.81% MRs change company during first two years and major reason observed is 'higher salary'. This may be due to MRs are not satisfied with initial monetary package offered by pharmaceutical companies. A confirmatory study is required to prove this postulate.

It is observed that MRs get two hour free in the afternoon but 81.8% are not taking rest. Why they are not able to take rest needs to investigate.

81% respondents informed they have ESI facility; however, 86% respondents have been paying their medical expense. This suggests either they are not aware benefits of ESI or they could not utilise this facility. An investigation on this research question will be help-full for companies as well as Medical Representatives.

### **6.5 Conclusions**

This study is an attempt to unveil the problems faced by Medical Representatives working in Pune. Pune has emerged as new metro city with population of 55 lakh. Increasing industrialisation, increasing job opportunities, growing IT industry, booming real estate and organised retail sector are some of the major reasons for migration and fast swelling of population. These developments are welcome however, puts pressure on infrastructure of Pune. This is evident as problems like air pollution, traffic congestions, parking problems are increasing. These problems affect medical Representatives. They have to work morning and evening, spends more hours on field to achieve his targets. This study has also tried to identify causes of attrition. It has observed that domicile cost of Pune is high and medical representatives though get sufficient salary to cope up with expenses, are unable to create asset. The study recommends 'Stress Management' as an important training area that must be included in medical representatives training program. The findings of this study are useful for pharmaceutical companies and medical representatives.