

Apathetic Attitude of the Drug Reps: A Hindrance to Sales Training in the Health Care Industry in Nigeria

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Abstract

In the health care industry in Nigeria, the salesforce is the one group that directly generate the revenues for the firms. Thus the salesforce is directly involved in carrying out the company's strategic marketing plans. How well these plans are implemented depends to a great extent on the choice and training of salespeople to do the implementing. There is no question that sales training is an important function. However, this study was undertaken to determine the attitudes of the drug reps when management are trying to introduce sales training programs. The study was examined in the light of Douglas McGregor theories (1960). Both secondary and primary sources were employed to gather information for the study. The target population of the study was 624 sales force size of the top ten health care companies in Nigeria. Taro Yamane formula was used to determine the sample size of 244 salespeople in the industry. Symmetric measures were used for hypothesis testing. The result shows a Pearson's R of 0.104 and Spearman correlation of 0.108 values which are less than the critical R value of 0.124 indicating an apathetic attitudes of the drug reps when management are trying to introduce sales training programs. This reflects a feeling that the sales training programs are accomplishing little and are expendable. Hence, sales training programs have to be sold, just like any product or service. Well-designed programs are easier to sell to drug reps than those put together with little or no thought.

Keywords Apathetic Attitudes, Sales Training, Health Care Industry, Drug Reps, Training Evaluation, Training Assessment, Strategic Planning.

Introduction

Drug reps operate in a highly competitive and dynamic environment. In addition, new drug reps must assimilate a great deal of information to make them effective with customers. A key element in enhancing the success of current drug reps and preparing new drug reps is training. Health care companies in the 21st century are beginning to realize that good training is an essential component of success for the drug reps. Training drug reps can be a huge business industry in Nigeria. It is not surprising then the subject of sales training usually produces considerable interest among managers at all levels of the company. Sales managers – national, regional, and area – have variety of objectives for training. A national account manager wants the sales training to provide specific details about the industry and to teach the drug rep how to develop close relationships with customers – a critical issue, especial with large national accounts. A marketing manager in a health care company will be interested in how much training a drug rep receives in dealing with the complex problem of online customers. Product managers, of course, will hope that the reps have been well schooled in product knowledge, specifications, and applications. Even managers that are external to the marketing function, such as human resource managers, will have a stake in the sales training process. Recruiters know that highly regarded sales training programs enhance the firm's ability to recruit and retain drugs reps. A few firms in the health care industry in Nigeria can develop a strong sales training program that participants who complete the program can liken the process to having earned a specialized second degree in sales management.

According to Johnson and Marshal (2003), when determining sales training needs, three issues must be considered: *who should be trained?* In most organizations, new sales recruits receive a combination of training and orientation to company policies and procedures. But this raises the issues of training for different types of sales people and, depending upon how market or competitive changes may have altered the nature of sales tasks, training for different stages of the same salesperson's career. *What should be the primary emphasis in the training program?* Sales training can encompass the following: product knowledge, company knowledge, customer knowledge, and/or

generic selling skills such as time management or presentation skills. All of these may be important, but the relative importance of each type of training differs depending upon the selling situation, the feasible scope and costs of sales training, and the nature of the company's marketing strategy. *How should the training process be structured in terms of the following methods?* On-the-job and experience versus a formal and more consistent centralized program, field initiatives and participation versus headquarters programs, and in-house training versus outside expertise.

Sales training is an ongoing process not likely to be completed in a one-time event. Sales training for new recruits hope to instill in a relatively short period of time a vast amount of knowledge that has taken skilled sales representatives years and years to acquire. sales training for experienced salespeople, on the other hand, may be the result of new product offerings, changes in market structure, new technologies, competitive activities, and so on, plus a derive to reinforce and upgrade critical selling skills. Also some sales managers have a narrow view about the objectives of sales training – for example, to increase motivation – others identify a variety of objective. Although the specific objectives of sales training may vary from firm to firm in the health care industry in Nigeria, but there is some agreement on the broad objectives. Sales training is undertaken to increase productivity, improve and to produce better management of time and territory. There is no question that sales training is an important function. However, there are numerous problems when trying to implement sales training programs in the health care industry in Nigeria. In the case where some sales managers were asked to identify the problems that could be faced when trying to introduce sales training programs in Nigeria, the indifferent attitudes of the drug reps were indentified as potential challenge to implementation of any sales program in the industry. Hence, this study was undertaken to investigate the attitudes of the drug reps (medical reps) towards sales training programs in the health care industry in Nigeria.

Theoretical Framework

This study is based on the theory of Douglas McGregor (1960) which states that in managing human beings, some erroneous beliefs or assumptions are made about man at the work. And this, he said, retarded the development of the organization. The assumptions which he called *Theory X* are that the average man dislikes work and must be coerced, directed and controlled in order to do his work. He can be made to contribute to the achievement of organization objectives only be threatening the satisfaction of his physiological and security needs. He seeks security and wishes to avoid responsibility for decisions. These assumptions are striking in relations to the present state of the sales training programs in the health care industry in Nigeria which seems to be at level favouring the application of the Theory X assumptions. One can again say that, for Nigeria firms, the assumptions may not be erroneous. The nature of the problem in firms in Nigeria is one on which Uduji and Nnabuko (2008) stated that the major drag to effectiveness and efficiency in Nigeria industries is not necessarily shortage of manpower but inability and unwillingness of the available manpower to exert itself in its various work situation. The administrative system of some firms in Nigeria showed enough evidence that the assumption of theory x can suit Nigeria well, and that only the carrot and the whip can move some Drugs reps for sales training in the health care industry in Nigeria. This may be temporal measure, and a permanent solution may require something much more liberal, reflective of the state of relevant sales force training, management education and social development which these firms in Nigeria would attain in future.

McGregor (1960) then proposed one opposite theory in what he called *Theory Y*, which states that the individual enjoys work just as he enjoys play and rest. He will assume responsibility quite freely, exercise self direction and self control that organization based upon the assumptions of Theory Y would operate differently from organizations based on theory X. such organizations would readily distribute responsibility widely among its managers, and would want an individual to be involved consciously in relations affecting what he does and what others are doing, and would want the individual to participate in setting goals for himself and for the organization. In other words, the individual would, under the new assumptions, want to assume responsibility and the challenges for performance criteria. So, McGregor's Theory Y, applied to the function of sales training programs would give what is called *Management By Objectives*, involving participatory management rather than management by control, which could be ideal for Nigerian firms and industries. To provide a framework within which to evaluate drug reps' behaviour and, in particular, to allow sales managers to train and monitor progress toward achieving goals, the health care firms in Nigeria can choose to implement some version of management by objectives (MBO).

According to Drucker (1954) management by objectives is a system of evaluating subordinates for their ability to achieve specific organizational goals or performance standards and to meet operating budgets. Most organizations make some use of management by objectives because it is pointless to establish goals for sales training and then fail to evaluate whether or not they are being achieved. Management by objectives involves three specific steps: *Specific goals and objectives are established at each level of the organization.* This means that management by objectives starts when top managers establish overall organizational objectives, such as specific training targets for the sales force development. Then objective setting cascades down throughout the organization as managers at the divisional and functional levels set their objectives to achieve corporate objectives (Carrol and Tosi, 1973). Finally, first - level managers and workers jointly set objectives that will contribute to achieving functional goals. *Managers and their subordinates together determine the subordinates, goals.* An important characteristic of management by objective is its participatory nature. Managers at every level sit down with the subordinate managers who report directly to them, and together they determine appropriate and feasible goals for the subordinate and bargain over the budget that the subordinate will need to achieve his or her goals. The participation of subordinates in the objective-setting process can be way of strengthening their commitment to achieve their goals and meet their budgets (Rodgers and Hunter, 1991).

Another reason why it is so important for subordinates (both individuals and teams) to participate in goal setting is so they can tell managers what they think they can realistically achieve or attain (McGregor, 1966). *Managers and their subordinates periodically review the subordinates progress toward meeting goals.* Once specific objectives have been agreed upon for managers at each level, managers can be accountable for meeting those objectives periodically they sit down with their subordinates to evaluate their progress. Normally, salary raises and promotions can be linked to the goal-setting process, and managers who achieve their goals receive greater rewards than those who fall short. According to Uduji (2009), for the companies that have decentralized responsibility for the production of goods and services to empowered teams and cross-functional teams, management by objectives works somewhat differently. Managers can ask each team to develop a set of goals and performance targets that the team hopes to achieve – goals that are consistent with organizational objectives. Managers can negotiate with each team to establish its final goals and the budget the team will need to achieve them. The reward system can be linked to team performance, not to the performance of any one team member.

According to the Johnston and Marshal (2003), many sales trainers believe their programs can lack credibility. Budget-cutting efforts are too often directed at existing sales training programs. This may reflect management's feeling that these programs are accomplishing little and are expendable. Sales training programs can be sold to both the management and the sales force, first like other product or service. Well designed programs can be easier to sell to management and sales force than those put together with little or no thought. The management by objectives three specific steps can be adopted in order to carry the drug reps along with any sales training program. Several training teaching methods may be used to present material in a sales training program as shown in figure I.

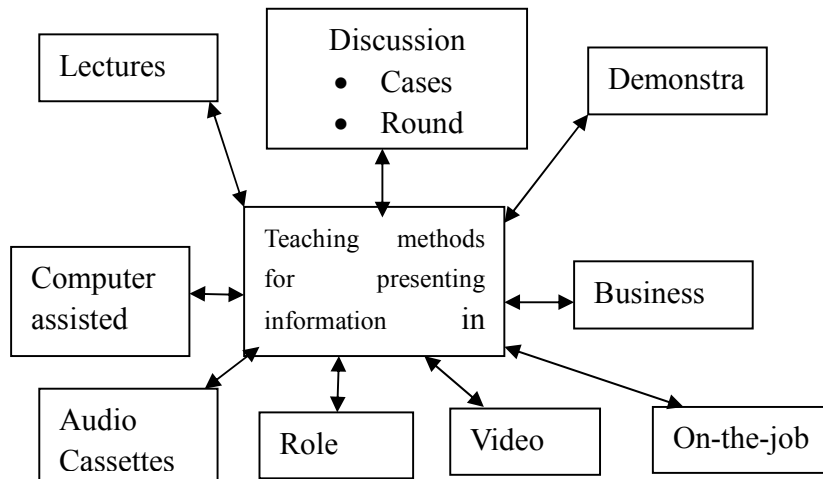


Figure I: Presentation Techniques in Sales Training Programs
Source: Stanton, W. J. and Spiro, R. (1999) *Management of a Salesforce*,
Singapore: Irwin/McGraw-Hill

Research Methodology

The study covered the top ten Health care companies in Nigeria. The choice of these firms was based on the fact that they are the market leaders in terms of sales in Nigeria. They generally employ drug reps to market directly and personally to physicians and other health care provider. Since the study is concerned with specific predictions, narrations of facts and characteristics, a descriptive/diagnostic design was adopted. Both secondary and primary sources were employed to gather information for the study. Questionnaire was the principal source of the primary data, while interview served as complementary. A miniature trial survey of the study was carried out in the Lagos metropolis of Nigeria, to test the validity reliability and practicality of the research instruments and operations. The target population of the study included the grand total (624), of the sales force size of the top ten Health care firms in Nigeria. The sample size of 244 was determined using Taro Yameni formula. The stratified sampling technique was used to ensure a fair representation of the ranked top ten Health care companies in a proportional ratio. Data collected from the field were analyzed using descriptive and inferential approaches. Simple table of means were employed as descriptive tools. Symmetric measures were used for hypothesis testing.

Data Presentation and Analysis

Research Hypothesis: Drug reps in the Health Care industry in Nigeria are apathetic to sales training

Table 1: Perception of Drug reps apathetic to sales training

Organization	Drug reps in the Health Care industry in Nigeria are apathetic to sales training programs.					Total
	definitely disagree	generally disagree	somewhat agree	generally agree	definitely agree	
Neimeth	1	2	1	13	3	20
	5.0%	10.0%	5.0%	65.0%	15.0%	100.0%
glaxo-Smithkline	1	1	1	13	6	22
	4.5%	4.5%	4.5%	59.1%	27.3%	100.0%
May & Baker	2	2	1	16	2	23
	8.7%	8.7%	4.3%	69.6%	8.7%	100.0%
Evans Medical	0	0	0	14	4	18
	.0%	.0%	.0%	77.8%	22.2%	100.0%
Roche	1	1	1	15	5	23
	4.3%	4.3%	4.3%	65.2%	21.7%	100.0%
SKG-Pharma	0	1	0	12	6	19
	.0%	5.3%	.0%	63.2%	31.6%	100.0%
Novartis	1	1	0	17	5	24
	4.2%	4.2%	.0%	70.8%	20.8%	100.0%
Emzor	1	1	2	15	7	26
	3.8%	3.8%	7.7%	57.7%	26.9%	100.0%
Ranbaxy	1	1	0	22	6	30
	3.3%	3.3%	.0%	73.3%	20.0%	100.0%
Fidso Health Care	1	0	0	12	6	19
	5.3%	.0%	.0%	63.2%	31.6%	100.0%
Total	9	10	6	149	50	224
	4.0%	4.5%	2.7%	66.5%	22.3%	100.0%

Table 1 reveals that at least 57% of the respondents from the selected health care firms agree that drug reps in the health care industry in Nigeria are apathetic to sales training programs introduced by the management.

Table 2: Symmetric Measures for Test of the Hypothesis

		Value	Asymp. Std. Error ^a	Approx. T ^b	Approx. Sig.
Interval by Interval	Pearson's R	.104	.069	1.553	.122 ^c
Ordinal by Ordinal	Spearman Correlation	.108	.067	1.613	.108 ^c
N of Valid Cases		224			
a. Not assuming the null hypothesis.					
b. Using the asymptotic standard error assuming the null hypothesis.					
c. Based on normal approximation.					

The result presented in table 2 gives a Pearson's R of 0.104 and Spearman Correlation of 0.108. These values are less than the critical R value of 0.124 (i.e. $R_{\text{calculated}}$ (Pearson = 0.104 and spearman = 0.108) < $R_{\text{critical}} = 0.124$). This result is not significant as $p > 0.05$. Hence, the null hypothesis is accepted. Hence, drug reps in the health care industry in Nigeria are apathetic to sales training programs introduced by the management.

Discussion of Major Findings

The result presented in table 2 gives a Pearson's R of 0.104 and Spearman correlation of 0.108. These values are less than the critical R value of 0.124 (ie $R_{\text{calculated}}$ (Pearson = 0.104 and spearman = 0.108) < $R_{\text{critical}} = 0.124$). This result is not significant as $P > 0.05$. Hence the null hypothesis is accepted showing that drug reps in the Health care industry in Nigeria are apathetic, which is a feeling of little or no emotion to sales training programs. This suggests an indifferent and uncaring attitude toward the training that will bring productivity and increased profit to the firms. This results show that the drug reps can believe that the sales training programs by the sales trainers lack credibility. Hence budget-cutting efforts by the management are directed at the existing sales training programs in the industry. This finding may be reflecting the Drug reps feeling that these training programs are accomplishing little or nothing, and are expendable. If this is so, then it calls that the sales training programs have to be sold, just like any other product or service to the drug reps and management in the Nigeria's health care industry. How can these be done? Simply by adopting a well-designed sales training program that can easily sell itself to the Drug reps and management than the ones put together with little or no thought.

The starting point in creating this credibility is to analyze the training need of the drug reps. And a major way to do this is to travel with the drug reps, observing them and asking what they need to know that will help them perform more effectively. Field sales managers could be useful source of information because they are closest to the drug reps. Interviews with key members of management are productive ways to identify training needs. Also sending anonymous questionnaires to physicians and physician assistant, asking "what do you expect of a drug rep in the health care industry in Nigeria? How do drug reps disappoint you? Which company in the health care industry in Nigeria does the best selling job? In what ways are its drug reps better than others? Other source of identifying training needs can include company records showing turnover data, performance evaluations, and sales and cost analyses. Also additional studies conducted with the drug reps can be useful source of information to identifying the training needs. This analysis of needs, answers three basic questions: where in the sales force is training needed? What should be the content of the training program? And who needs the training?

Setting specific, realistic, and measurable objectives, as shown in management by objectives adds to the credibility of a sales training program that can be easily sold to the drug reps, and company's management. The objectives may include learning about new products, new techniques, or new procedures. It pays to keep the objective simple. Drug reps may want to resent training's intrusion on their time. Management may want a 10 percent sales increase, which then becomes the broad objective of the training program. The specific objective might account, which will help lead to the broad objective. Measurability is critical in sales training. At this point, a decision has to be made concerning developing the training program or hiring an outside organization to conduct it. Health care companies in Nigeria, can use outside agencies for sales training programs. Small companies may farm out most of their training needs in the industry, while the large companies should develop most of their own programs and use outside

agencies to handle specialized needs. Lack of careful investigation of outside suppliers can lead to problems. Hence, the use of outside sources is encouraged to train the drug reps, if they would meet the objectives of the health care company.

Designing a measurement system is necessary to sell a training program to the drug reps and management of the company. Here are some measurement questions that need to be asked in this process: what do we want to measure? When do we want to measure? How do we do it? Or, what measuring tools are available? Using tests to measure learning is not difficult; measuring application in the field is difficult. Training a drug rep to demonstrate a product can be evaluated during the training session. But whether the drug rep demonstrates effectively in front of a customer is harder to evaluate. This is why field sales managers are important link: they can provide follow-up and feedback information on how the drug rep demonstrates the product. The field sales managers can coach the salesperson on how to demonstrate the product. Again, evaluations of sales performance can provide additional evidence on the value of sales training, although such information must be used carefully. Changes in performance, like sales increases, may be due to factors not related to sales training. To claim that they are, casts doubts on the sales training efforts.

However, the large health care companies can decide which group of the drug reps to train. This is because, not everyone in the sales force needs training at the same time. Certainly, newly hired recruits need training, whether it's on the job at first, and then more centralized later or some other arrangement. When procedures or products change, training needs are universal. However, if certain drug reps are specifically having a sales slump, then the training needs to be directed at them and not everybody. To include the entire sales force may create problems, especially among those not experiencing the sales slump. This later group may resent being included and would let others know as well. It is also recommended that when a new training method is being tested, it is wise to use a group that will be receptive. This increases credibility, creating a favourable climate for continuation for some other times in the company.

Since measurement is crucial, the sales trainer needs to collect data before training starts. The needs analysis provided relevant information pertaining to program content. For example, if it was observed that some drug reps had difficulty managing their sales calls, and then observation by the trainer or the field sales manager after the program should provide data indicating the value of the training. Call reports would be another source of information. Follow-up must continue beyond the initial check since the use of new skills may drop off. If this happens, reinforcement is necessary. The data collection process should provide sales trainers with information that will justify the sales training program for the drug reps to be excited at it. Top management would want to know if the benefits exceeds or equal the costs. Keeping top management informed about the success of training programs contributes to the overall credibility and acceptance. Hence, sales training programs, whether being sold to the drug reps, sales managers or to top management, must be credible for the overall acceptance. Management can always at any time in the company find other alternative for spending resources. So, instead of applying theory X in this context, theory Y may provide a permanent solution to the apathetic problem of the drug reps towards the sales training program in the health care industry in Nigeria. It is important that the drug reps are involved when analyzing the training needs for the organization.

Conclusion and Recommendation

Sales training is a varied and ongoing activity that is time-consuming and expensive. Most health care in Nigeria engages in some type of sales training. In fact most sales managers feel that sales training is such an important activity that they require it for everybody, regardless of their experience. However, drug reps are apathetic about the sales training in the health care industry in Nigeria. Most drug reps also resent sales training's intrusion on their time. This rather, negative perspective on sales training had raised an important question. What is management doing that allows such a negative perspective on sales training in the health care industry in Nigeria? Many sales trainers believe that some of the sales training programs lack credibility, hence budget cutting efforts are too often directed at existing sales training programs. This could reflect management's feelings that these programs are accomplishing little and are expendable. It is therefore recommended that sales training programs in the health care industry in Nigeria should be sold, just like any other product or service. A well designed program for the drug reps can be

easier to sell to the sales force, sales managers, and to the top management than a program put together with little or no thought. The starting point in creating credibility is to analyze the training needs of the drug reps; setting specific, realistic, and measurable objectives of the sales training program, and designing a measurement system of the sales training program. Drug reps want to know how the training program will affect their regular sales performance. Top management would want to know if the benefits exceed or equal the costs. Hence, sales training programs in the health care industry in Nigeria, whether being sold to the drug reps or to top management, must be credible. Examining this study finding in the light of McGregor (1960), shows that collaborating with the drug reps over decisions to be made on sales training programs, and getting feedback before implementing decisions on the sales training programs, are traits that tend to be typical of a theory – Y sales manager. This approach is often more motivating to changing the behavior of the drug reps towards sales training programs than that of theory X.

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