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A Qualitative Study on the Factors Contributing to Organizational Ethical Behaviour of Medical Representatives

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Abstract

The study was done to find out what factors led to medical representatives behaving in an ethical way at work. This is a qualitative study that used in-depth interviews and a semi-structured questionnaire to get information from the sales managers of the pharmaceutical companies in the state of Kerala about their jobs and their lives. Thematic analysis was used to look at the data.

Leaders' ethics, doctors' ethics, employees' ethics, and employees' ethics are all factors that affect how people act at work. 3) Ethical culture in the workplace 4) Ethical practises in the workplace 5) Your own morals.


This study gives ideas to future researchers who want to look into the topic of ethical behaviour in the workplace. It also helps professionals understand ethical behaviour in the context of their work and how to deal with ethical issues in an effective way.

Keywords:

Organisational ethical behaviour, Medical representatives, Leadership ethics, Doctors ethics, Organisational ethical culture, Organisational ethical practises, Personal ethics.

1. Introduction

As far back as the ancient Greeks, ethics is a big, old idea with many different roots and focal points. Discussions of ethics can focus on things like values, morality, history, laws, and rules, as well as a lot of other things that can change the scope of ethical analyses and how practical they are to use (Bailey & Burch, 2011; Lattal & Clark, 2007). Organizations are becoming more and more unethical, and this is a big problem. People are always having to think about ethics, especially when it comes to the

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consequences for businesses, their members and other stakeholders, and society as a whole (PwC, 2018). There has been a rise in the study of behavioural ethics, which is the study of ethical and unethical behaviour in organisations over the last two decades. This is because unethical behaviour can have big consequences for businesses and there is also a need for better ethics in businesses. Lattal (2013) has a guide for making ethical decisions that covers things like how to use antecedents in the environment (e.g., publishing guiding principles, training), how to track ethical performance and results, and how to make sure there are positive and constructive consequences in place. There has been a lot of research done on the impact of internal and external organisational factors on individual ethical behaviour for a long time now. e. Cressey, who came up with the idea of the "fraud triangle" in 1953, made the first contribution. Under his theory, fraud is caused by three things: pressure, opportunity, and rationalisation. n. When a fraud is motivated by pressure or an incentive, it can be done if it coincides with the chance to do it. Fraudulent acts that can be justified in a certain situation are the third most important thing to consider when deciding whether or not to vote for them. The word "ethical" means different things to different people in different parts of the world, and "promotion" refers to all of the information and persuasion activities that the company does. If you want to promote drugs in a way that is ethical, you should follow the right behaviours that are in line with the search for truth and righteousness. As of 2018, the World Health Organization (WHO) says that the global pharmaceutical market is worth \$1.4 trillion a year across the world. People and groups like the OPPI (Organisation of Pharmaceutical Producers of India) and IDMA (Indian Drug Manufacturers Association) make rules about how pharmaceutical products are promoted. They don't make rules about how medical representatives should act or how they should be trained. Because the Sales Promotion Employees Act of 1976 is not very strict, the central government of India didn't care about how medical representatives were hired and trained by pharmaceutical companies in India (Amitava Guha, 2004). It was done to find out what causes medical representatives to be more or less ethical in their work and how to better deal with unethical behaviour in a work setting. s.

2. Literature review

Medical Representatives are referred by several names like sales representatives, marketing representatives, pharmaceutical sales executives, Professional Service Representatives, Territory Managers, Drug Rep, Pharmaceutical Sales Rep, Detail persons etc. For the purpose of this study they all will be referred as Medical Representatives (MRs).

A medical representative is a person who works for a company that makes medicines. They are the most important and important person at this point. They play a big part in making a brand, which is a sign that the medicines are well-organized. India has more than six million medical representatives with pharmacy and management education credentials. They are becoming more and more like teams of specialists because it can be hard to explain to a doctor the complicated and high-profit drugs they are promoting. Many pharmaceutical companies in the United States

and around the world are hiring management and pharmacy graduates as marketing executives and paying them a lot of money. About 90% of India's pharmaceutical market is made up of prescription drugs, which shows that doctors need to help sell the products (Bhalla Vijay,2020).

Possibly the most effective component of promotion to physicians is the medical representative. Medical representatives fulfil many roles for both their companies and prescribers, including the provision of information, education about alternatives, identification of customer needs, introduction of new products, and maintenance of a continued relationship (Wilkie and Moore, 1999). The medical representative of the future must be business savvy, possess excellent communication skills and have a keen sense of how to best service their targeted accounts given their limited access to high prescribing physicians and mid-tier prescribers such as physician assistants and nurse practitioners. In addition, what makes medical representatives unique compared to sales representatives in other industries is the fact that their customers do not approach them, they initially approach the customer. Physicians are not the ultimate users of the product, but rather, highly educated prescribers who make decisions regarding patient drug treatment (Friedman, 2002). The pharmaceutical sales business is a commission-based profession in which medical representatives spend much of their work week traveling and communicating with various healthcare professionals.

The medical representatives primary role is to gain interest and sales for their company's products and act as a liaison between the client and manufacturer. The success of a medical representative is directly related to his/her ability to get the product to the consumer. In order for the consumers (patients) to receive the product, they must see their physician to obtain a prescription. Therefore, to increase sales for their company's particular products, medical representatives spend the majority of their time communicating with physicians to increase prescription volume (The Princeton Review, 2010). Behind a medical representative trying to influence a physician's prescribing pattern stands a huge industry that he or she serves and represents. Complex analyses and planning in the backend precede the medical representative -physician meetings. These include details such as the expected role practice, physician's broad background, or time management (Chressanthis et al.,2015).

According to Yanis (2011), a medical representative's approach to doctors is based on relationships with doctors. Doctors pay attention only to those medical representatives they believed to have complete product knowledge and can answer doctors' queries. The real struggle starts with a medical representative when the doctor allows him to come inside his chamber. A medical representative has to describe his product to the doctor in a short time with some out of the box tactic. If the doctor thinks that the medical representative has nothing new for him, the medical representatives visit will become over. Medical representative creates the difference through his detailing, communication, product knowledge, attire and senior visits. The more frequent physicians interact with medical representatives and listen to them presenting their drug's details, the more they refer their patients to pharmacotherapy, even if non-drug therapy was the best option for their patients

(Lieb&Scheurich,2014).Increase in the frequency of prescribing can lead to other issues in medical practice, such as increased prescribing costs and inappropriate, irrational prescribing of drugs (Caudill et al., 1996).Pharmaceutical companies are notorious for relying on high salaries, bonuses and contests in order to retain top sales representatives, only to see many leave for other more promising job opportunities. In actuality, the top two reasons for employee turnover are the quality of treatment they receive from their direct supervisor and the lack of opportunities to be further developed and advanced within their corporation (Branham, 2005).

Ethics are very important to medical representatives, first and second line managers in their pharmaceutical companies, and it is a concern that affects both human resources and the economy. A study by the Ethics Research Center found that 90% of sales people think their organisations should do what is right and ethical, not just what is profitable for them (Verschoor, 2000). Organizational ethics training is a billion-dollar business every year (LeClair & Ferrell, 2000). Many multinationals and some domestic pharmaceutical companies are spending a lot of money on formal ethics training programmes in order to keep their businesses from being sued. One reason is to keep their businesses from being sued. They think they don't need ethics classes to tell them that swindling or convincing a doctor, wholesaler, or retailer isn't right, and that they don't need them (Duska, 1998).

2. 1 Research gap

Based on a review of the literature, it can be said that even though research on medical representatives has been going on for a long time, there are important gaps in the literature when it comes to looking at the factors that influence the ethical behaviour of medical representatives in the Indian context. A lot of people have written about the qualities and important role of medical representatives, as well as how they interact with doctors. Less attention has been paid to how they act ethically in their jobs at the companies.

3. Methodology

Present section explains research methodology adopted for the qualitative study.

3.1 Sample

A sample of 12 respondents was utilized in the study. Sample consists of sales managers in different pharmaceutical companies in Kerala. A semi-structured questionnaire was administered to the respondents.

3.2 Sampling technique

The purpose of the sample was to answer the research questions of the qualitative study.The sample frame consisted of sales managers of the pharmaceutical companies.The sales managers were interviewed because they could give holistic views on the ethical behaviour of the medical

representatives due to their proximity to the medical representatives, and likely to be more objective than self-reported responses, especially on subject like ethics. If the medical representatives were interviewed the responses would have been influenced by self-serving and other attribution biases. Individual respondents were identified through purposive sampling method.

As a rule in qualitative research, stopping collecting data when it is too much is called saturation. In the interviews, when the researcher hears the same things over and over again, data saturation has set in. Time to stop collecting information then, says this sentence: After interviewing 12 people, the new data is likely to be the same as the data already collected. Purposeful sampling was used to get data from each person who took the survey.

3.3 Data collection instrument

The primary source of data employed in this study is the questionnaire. Semi-structured interview method was used in the study. The study was conducted From November 2019 to January 2020. Face to face and telephonic interviews with sales managers of 12 pharmaceutical companies were conducted. The time taken for each interview was more than one hour. The interviews were recorded utilizing a phone and important points were noted down.

Self-developed questionnaire was utilized for qualitative data collection. The questionnaire comprised of 5 questions was designed and administered to all sales managers in the pharmaceutical companies by the researcher. The aim of the questionnaire was to investigate the dominant factors that influence the medical representatives organisational ethical behaviour. The questions in the questionnaire were made short and clear in order to ensure that it doesn't take the respondents more time to answer and therefore encourage participation.

3.4 Tools used in the study

The responses were documented utilizing the voice recorder and written notes. The responses gathered were scrutinized utilizing thematic analysis. It is a technique utilized for identifying, analyzing and reporting patterns (themes) within the data (Braun & Clarke, 2006). However, it also often goes further than this, and interprets various aspects of the research topic (Boyatzis, 1998). As the study takes on a qualitative approach to explore on the factors contributing to the organisational ethical behaviour of medical representatives, following the thematic analysis has provided several overarching themes.

4. Data analysis

Thematic analysis is a great way to find new themes by looking at all the different and interesting data from interviews. This is how Braun and Clarke, 2006, did their thematic analysis. First, they got to know their data. Then, they made some initial codes, looked for themes, looked at them again, named them, and wrote a report. Rather than reporting the six phases in a straight line, an iterative method was chosen to make the findings more rich and detailed.

4.1 Phase 1: Familiarization of Data

The first thing that happened was that we read the data over and over again, looking for meanings, patterns, and so on. Researchers should read through their data set at least once before they start to code it. This will help them think about their ideas and look for possible patterns. It says this: (Braun & Clarke, 2006). Listening to the 12 interviews again and again, we wrote down everything we learned from the audio recordings. Then we made the transcripts. The recordings were also translated into English because the interviews were done in a local language, so they were also translated into English. The transcripts of some of the interviews are shown in the table to the right.

“If a manager is not an ethically strong person, then his whole team will surely resort to unethical practices. The team may generate sales for some time. But after 3-4 years the survival of the medical representatives and the manager becomes impossible”.

“Sometimes doctors ask for favours like sponsoring their family trips abroad etc. and in turn the doctor will promise him more order. Some medical representatives may fall in this trap. But if the has strict policies and rules regarding such unethical practices, most of the medical representatives will not agree to this”.

“The other positive side of the organization is that if the company finds out any unethical practices without the knowledge of the company, the employees will be immediately terminated”.

“Companies are always greedy with sales. They are not bothered about the personal growth of the employees”.

“Now there is a scarcity of good candidates. So, companies started taking candidates from different disciplines like economics commerce etc. For such candidate’s product knowledge will be less”.

4.2 Phase 2: Generating initial codes

This phase then involves the production of initial codes from the data. Codes identify a feature of the data (semantic content or latent) that appears interesting to the analyst, and refer to “the most basic segment, or element, of the raw data or information that can be assessed in a meaningful way regarding the phenomenon” (Boyatzis, 1998: 63). Coding can be done either manually or through a software programme (see, e.g., Kelle, 2004; Seale, 2000, for discussion of software programmes).

In this study, Coding was done manually by organising and labelling the transcripts. The transcripts were read thoroughly to code as much as possible. Table 1 shows initial codes retained from the data.

Table 1: Initial Codes

Motivating the medical representatives.	Sustainability of unethical behavior.
Giving medical representatives additional responsibilities and challenges.	Engaged employees need not be fully ethical.
Open and caring relationship with the medical representatives.	Medical representatives' participation in framing ethical policies.
Manager is a good coordinator.	Lack of trust in medical representatives.
Permissive leadership.	Unrealistic target fixing.
Lack of caring relationship with the manager.	Engaged employees violates ethics for achieving target.
Ethical influence of manager on his team members.	Target pressure.
Leadership intentionally promoting unethical practices.	Medical representatives should have easy access to the benefits.
Hidden permission from the manager to engage in unethical practice.	Lack of organizational interest in personal development of the employees.
Doctor's request for sponsoring family trips.	Competence building.
Doctor's expectation of expensive gifts.	Hiring employees who don't have required qualification
Active participation of the doctor in the unethical practice by the reps.	Medical representatives lack of product knowledge
Immediate termination for ethics violation.	Attitude of the medical representatives.
Lack of awareness about ethics.	Inability to perform.
Clarity of ethical norms.	Perceived negative image of the job.
Existence of organizational ethical policies.	Privileges given to the family.
Education on ethics.	False reporting.
Promotional policies leading to unethical practices.	Manipulating tracking apps.
Implementation of ethical policies.	Misuse of samples.
Ethics as a hindrance for their performance.	Generating fake bills.

4.3 Phase 3: Searching for Themes

Phase 3 begins when all data have been initially coded and collated, and the researcher had a long list of the different codes they have identified across data set. This phase, which re-focuses the analysis at the broader level of themes, rather than codes, involves sorting the different codes into potential themes, and collating all the relevant coded data extracts within the identified themes (Braun & Clarke, 2006). A theme is the product of the thematic analysis- it is a word or phrase that captures something important or the essence of data in relation to the research question (Braun & Clarke, 2006). At the end of this phase, the codes have been organised into broader themes that seemed to say something specific about the research objective. A total of 41 codes were generated from the transcripts. When these codes were examined, some of them clearly fitted together to form 5 major themes. 1) Leadership ethics, 2) Doctors ethics, 3) Organisational ethical culture, 4) Organisational ethical practises and 5) Personal ethics.

Table 2 shows all the preliminary themes that were identified in the extract, along with the codes associated with them. All the codes fit into five main themes.

Table 2: Codes and Themes

Codes	Common Themes
Motivating the medical representatives.	Leadership ethics
Giving medical representatives additional responsibilities and challenges.	
Open and caring relationship with the medical representatives.	
Manager is a good coordinator.	
Permissive leadership.	
Lack of caring relationship with the manager.	
Ethical influence of manager on his team members.	
Leadership intentionally promoting unethical practices.	
Hidden permission from the manager to engage in unethical practice.	
Doctor's request for sponsoring family trips.	Doctor's ethics
Doctor's expectation of expensive gifts.	
Active participation of the doctor in the unethical practice by the reps.	
Immediate termination for ethics violation.	Organisational ethical culture
Lack of awareness about ethics.	
Clarity of ethical norms.	
Existence of organizational ethical policies.	
Education on ethics.	
Promotional policies leading to unethical practices.	
Implementation of ethical policies.	
Ethics as a hindrance for their performance.	
Sustainability of unethical behavior.	
Engaged employees need not be fully ethical.	

Medical representatives' participation in framing ethical policies.	Organisational ethical practices
Lack of trust in medical representatives.	
Unrealistic target fixing.	
Engaged employees violates ethics for achieving target.	
Target pressure.	
Medical representatives should have easy access to the benefits.	
Lack of organizational interest in personal development of the employees.	
Competence building.	
Hiring employees who don't have required qualification	
Medical representatives lack of product knowledge	
Attitude of the medical representatives.	
Inability to perform.	
Perceived negative image of the job.	
Privileges given to the family.	
False reporting.	
Manipulating tracking apps.	
Misuse of samples.	
Generating fake bills.	
Bribing doctor's, stockiest and the staffs of the stockiest.	

4.4 Phase 4: Reviewing Potential Themes

This phase, which re-focuses the analysis at the broader level of themes, rather than codes, involves sorting the different codes into potential themes, and collating all the relevant coded data extracts within the identified themes (Braun & Clarke, 2006).

At this stage, the themes and subthemes were not finalised and there were some overlaps. After taking some time away from the data, it was revisited with a fresh mind, where themes collapsed into 5 main themes with eight subthemes namely transformational leadership, ethical leadership, target issues, compensation practices, personal development of the employees, selection practices, factors motivating unethical behavior in medical representatives, unethical practice by the medical representatives. It was

important during the collapsing of themes that the participants responses were not lost; therefore, there was a constant revisiting of the transcripts and initial codes to ensure credibility.

4.5 Phase 5: Defining the Themes

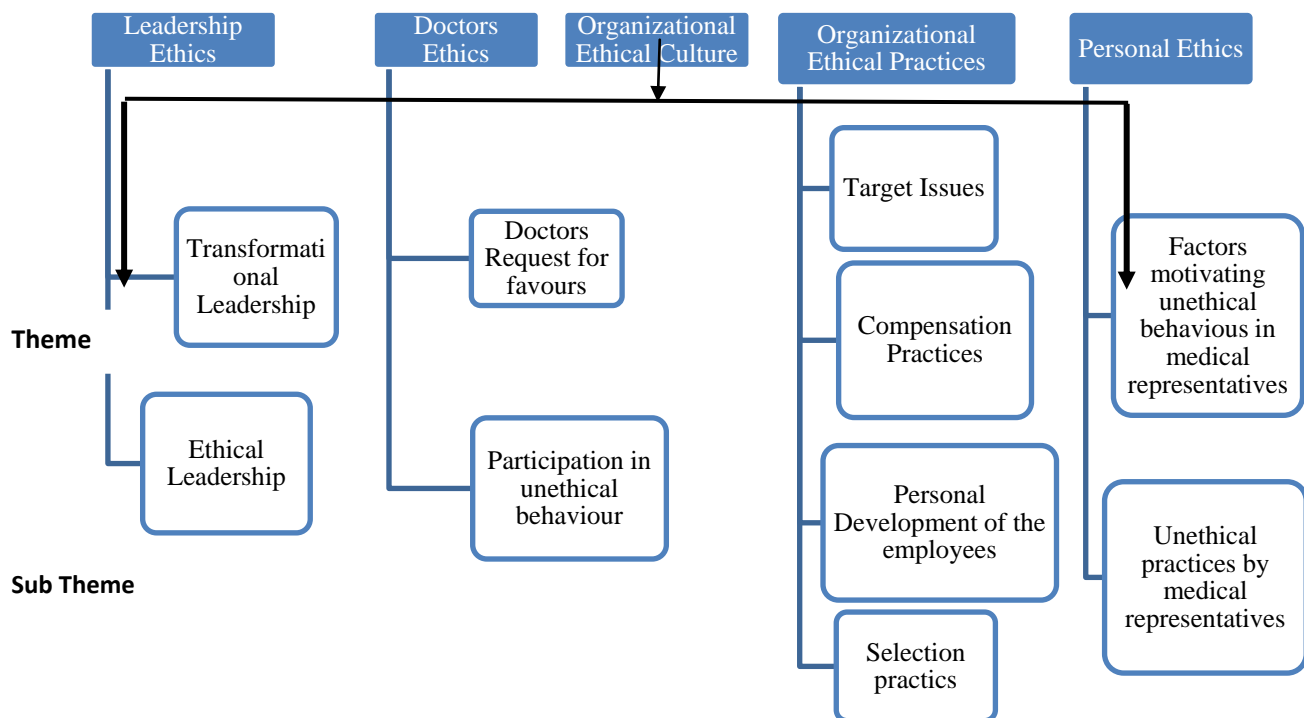
Researchers at this point define and refine the themes that will be used in their analysis, and then look at the data in those themes to figure out what it is about. Define and refine means to figure out what each theme is about, as well as what the themes are all about, and to figure out what data each theme is looking for. This is part of the refinement process. The researcher will figure out whether or not a theme has sub-themes. Sub-themes are like themes inside of a theme. A big or complicated theme could benefit from them. They also show how the data is organised, which is important for figuring out how the information is related to each other. By the end of this phase, the researcher should be able to tell what their themes are and what they aren't. In phase 4, the five main themes from phase 4 were confirmed and proven to be true. Ethics in leadership are the first thing that people should think about. 2) The ethics of doctors 3) Ethical culture in the workplace 4) Ethical practises in the workplace 5) Your own morals.

5. Result

The study was conducted to find out the factors contributing to the organizational ethical behavior of the medical representatives. By using thematic analysis, 5 main themes and their sub themes were identified.

Figure 1: A schematic representation of the factors contributing to the organizational ethical behavior of the medical representatives.

Factors influencing Organizational Ethical Behaviour of Medical Representatives



5.1 Theme 1: Leadership ethics

This theme describes how the managers interact with the medical representatives and how they influence their organisational ethical behaviour. The theme includes 9 issues and it is segregated into two subthemes namely transformational leadership and ethical leadership. Most of the managers said that one of their main task is to coordinate every day activities of the medical representatives working under them. The managers have to please their superiors by achieving the target. They should also continuously motivate and keep the medical representatives happy by maintaining a friendly relationship with them. If a medical representative leaves the organisation, the manager is considered responsible for that. “A good manager is a good coordinator.If a rep leaves his job,then the manager will be blamed by the organisation. Manager is like a shuttle cork. Manager is always an obedient servant Infront of a performing rep” (R3).

All study participants expressed very positive attitudes towards their ethical influence on the medical representatives.“Definitely, we are the ones who are advising them. If we are ethically strong, they will definitely follow us” (R5). If a manager is an ethics oriented person, it will have a positive influence in the reps (R8). It was also noted that sometimes the sales managers intentionally follow unethical practises and also gives hidden permission to the medical representatives to engage in unethical practises. “Sometimes with the knowledge of the organisation, the reps will get involved in unethical practises with the doctors” (R2). “Even though the reps bribe the doctors to prescribe medicines, the reps can focus on the better quality medicines rather than focusing on the medicine which will give the reps more incentives. At least the patients will get benefitted” (R10).

5.2 Theme 2: Doctors ethics

This theme describes how the ethical influence of the doctors affect the organisational ethical behaviour of the medical representatives. The theme includes 2 issues and it is segregated into two subthemes namely doctors request for favours and participation in unethical practise.

The sub theme, doctors request for favours describes the monetary and non-monetary benefits asked by the doctors to prescribe medicines. It includes

a. Doctors request for sponsoring family trips “Sometimes doctors ask for favours like sponsoring their family trip abroad and in turn the doctor will promise him more orders. Some reps may fall in this trap. But if the company has strict policies and rules regarding such unethical practises, most of the reps will not agree to this ”(R1).

b. Doctors expectation of expensive gifts “If a rep meets a doctor and if the doctor commits to give 2 lakh business, then the company will directly give offers and expensive gifts to the doctor. Then the doctors will start expecting more the next time. Or they may even demand more. Not all doctors fall in this category .In good companies unethical practises are very less” (R7).It is also noted that some of the doctors actively participate in unethical practises with the help of medical representatives “If a doctor demands 10k for prescribing the medicines, the reps will make a deal with the doctor saying that he is going to ask for 20k from the company. He will take 10k and the other 10k will be given to the doctor” (R10).

5.3 Theme 3 : Organisational ethical culture

This theme describes how the organisational ethical culture influence the organisational ethical behaviour of the medical representatives. The theme includes 12 issues. Almost all the participants stressed the importance of ethical culture in the organisations. “We have strong ethical policies in our organisation. So there is no scope for violation” (R9). “A rep with less ethics can perform for some time. But not for long. In a professional company he cannot survive for long. In good organizations they always tell the reps, never tell a lie to a doctor, stockiest, retailer or to any of their clients” (R2).

Some of the negative ethical cultures spotted was the lack of Medical representatives participation in framing ethical policies “Ethics team in the organisation is nowhere related to the target. Then how will they know the practical difficulties of the managers and reps to achieve the targets. The managers and reps should also be involved in framing the ethical policies of the organisation” (R1) and Lack of trust in medical representatives “Recently the employees are being tracked using apps and all. The app will track the current location of the reps. This is giving over pressure to the reps. It is also questioning their ethics” (R11). When participants were asked about the relationship between the medical representatives level of engagement and ethical behaviour,most of them said that engaged employees need not be fully ethical “I feel that a good rep is always engaged in his work. They are more strategic oriented and has more innovative ideas. But practising full time ethics is not at all possible, especially in this field” (R5)

5.4 Theme 4 : Organisational ethical practises

The theme describes the organisational ethical practises and how they influence the organisational ethical behaviour of the medical representatives. The theme includes 7 issues and it is segregated into four subthemes namely target issues, compensation practises, personal development of the employees and selection practises. Medical representatives are working with intense target pressure. This is one of the main factors that contribute to the unethical behaviour. “Sometimes if the market growth is 10%,the target growth demanded by the company will be 50%.That is unbelievable and we cannot do anything about this. Here ethics is violated. If the top executives say that the target growth should be 50%,the reps will get upset and some external influence will also come. Here the stockiest will motivate the reps to do unethical practises. Some of the reps may fall in this trap” (R1).

Most of the participants suggested that the medical reps should have easy access to their benefits in the organisation. “Medical claims, family benefits, PF, accident benefits, all should be more accessible. Communication channels for all these things are not easy and takes a lot of time. Many of the reps are from the middle class families. So it should be made accessible” (R10).With regard to the selection practises of the medical representatives, most of the companies are not hiring the ones who has the required qualification “Now there is a scarcity of good candidates. so companies started taking candidates from different disciplines like economics, commerce etc. For such candidates product knowledge will be less” (R2). Majority of the participants identified the lack of personal development of the medical representatives as one of the important factor which contributes to the unethical behaviour “Companies are always greedy with sales. They are not bothered about the personal growth of the employees”(R10).

5.5 Theme 5 : Personal ethics

This theme describes the personal ethics of the medical representatives and how it influence their organisational ethical behaviour. The theme includes 10 issues and it is segregated into two subthemes namely factors motivating unethical behaviour in medical representatives and unethical practises by the medical representatives.

Some of the factors motivating unethical behaviour are lack of product knowledge “Our company take only science graduates. So the product knowledge of the reps will be more. Other companies are taking reps from all academic background. It will be difficult for the non-science graduates to have in depth knowledge about the product”(R9) and Inability to perform “Inability to perform is a crucial point in violating ethics. If they have the ability, they will find a way out. If the rep is not capable ,he may face attacks from many different sides” (R1).

Participants identified a number of unethical practises done by the medical representatives. Some of the unethical behaviour are False reporting “Sometimes the reps will not go to the field and they will report that they are in the field just because they don’t want to lose the conveyance allowance” (R2), Misuse of samples “ The reps are getting so much of promotional materials, samples, literature and lot

of nice compliments from the company. It is all accountable. The reps manipulate that also. Sometimes these things will be lying with the reps. I know many cases. Many samples, literatures are dumped in the reps house. They are not utilising it” (R2), Bribing doctors, stockiest and the staffs of the stockiest “There are companies where the reps spend their own money and bribe stockiest and doctors to prescribe the medicines. Such problems are not there in my company” (R10), “ If a rep achieves his target, he will get 10000 rupees as incentives. In order to achieve the target, he will ask the staffs of the stockiest to somehow promote the products and in return they will bribe them with some money” (R8).

While this qualitative study has established the role of the above discussed five themes, on the organisational ethical behaviour of medical representatives, the magnitude of their influence could be assessed using further quantitative studies.

6. Conclusion

The main goal of this paper was to find out what factors led to the medical representatives' ethical behaviour at work. The pharmaceutical industry relies a lot on medical representatives to make money for them. They act as a link between a company, stockiest, and medical professionals. They make sure the network works well together. He is the best source of information about what is going on with the company's goods. In addition, their pay and benefits are based on how much money they make. Because there are more chances for unethical behaviour, this means there are more chances. In this case, the ethical behaviour of the medical representatives should be very important to think about. They can quickly damage the goodwill and reputation of the group if they aren't properly guided and watched.

From the qualitative study conducted, the main factors influencing the ethical behaviour has been identified. It is evident that ethical behaviour of a medical representative is not solely their own responsibility, but a product of the ethical behaviour of the whole eco-system in which they operate, namely doctors, managers and the organisation as a whole. This understanding can be of help for the pharmaceutical companies to develop and sustain organisational practices and culture that is conducive to and encouraging quality ethical medical representatives.

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