“How do Physicians Appreciate Detailers’ Personal and Relational Skills? - An
Exploratory Empirical Investigation”

by

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ABSTRACT

This paper represents the results of an exploratory quantitative research which investigated
the ability of an extensive list of detailers’ traits to interpret physicians’ positive attitude
towards the visiting detailer. The research was based on primary data selected from ninety
physicians. Purification procedure through a series of factor and reliability analyses resulted
in eight detailer trait dimensions and two physician satisfaction facets. Regression analysis of
each one physician satisfaction facet against all eight detailer trait dimensions resulted in
some fruitful results. A relational-oriented selling approach may be compatible with the
physician-detailer service encounter. Future research is also considered.

Keywords: physician’s satisfaction, relationship marketing.

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INTRODUCTION

Pharmaceutical marketing departments take great pains to nurture their physicians-target groups in their prescribed products’ efficacy. In this effort, the pharmaceutical representative-detailer plays a catalyst role, as the intermediary between the company and the prescribing physician, thus considered to be the service encounter (Crosby, Evans and Cowles, 1990). Marketing literature on salespersons skills, motivations and performance flourishes, as researchers have long attempted to identify variables that influence sales performance (Churchill, Ford, Hartley and Walker, 1985; Cravens Ingham, LaForge and Young, 1993; Kohli, 1989). Rapp et al. (2006), classify these studies into three categories, according to: i) salesperson’s characteristics and role perceptions, ii) task characteristics and iii) supervisory behaviors. Notwithstanding, specification of research on the detailer type of salesperson seems to have fallen behind. Indeed, relatively few studies have delved into the detailer-physician interaction regarded as a particular case of service encounter, which preempts the examination of its idiosyncratic character (Lagace, Dahlstrom and Gassenheimer, 1991, Carter, Petrova and Srinivasan, 2001; Van Zandt, 1993; Ziegler and Singer 1995; Manchanda et al. 2005). Additionaly, even fewer studies have examined the subject matter from the point of the customer, i.e., how do physicians appreciate various aspects of a detailer service encounter (Ramsey and Sohi, 1997; Rapp, Ahearne, Mathieu and Schillewaert, 2006; Gonul). Consequently, to the best of our knowledge, limited attention has been devoted to the study of physicians’ attitudes concerning the approaching detailer’s personal and relational traits and behaviors. Physician-detailer encounter is a specific buying situation. For example, the interaction episodes are strictly short, whereas, decision making leans towards the physician,
implying an imbalanced relationship, which might debate the necessity of a relational approach.

This study is an exploratory effort to start filling this void. Specifically, the purposes of the presented study are:

a) To develop appropriate constructs for both detailer traits, as evaluated from the physician’s point of view, and for physician satisfaction.

b) To examine the relationships among the aforementioned constructs.

A better understanding of the relationship between perceived detailer personal and relational traits with physician’s satisfaction would improve detailers’ performance, in terms of enhanced and sustainable prescription rates. As a matter of fact, current marketing theory mandates that customer satisfaction is a cornerstone not only for up-selling and cross-selling strategies, but also for customer retention (Reynolds and Arnold, 2000).

The organization of the paper flows as follows. The next section lays the groundwork by briefly reviewing the relevant literature. The third section is concerned with methodology issues. In the last two sections we discuss research findings, limitations and directions for future research, respectively.

THEORETICAL BACKGROUND

DETAILER’S PERSONAL AND RELATIONAL TRAITS

From all the marketing tools available to the pharmaceutical firm, personal selling seems to be the most powerful (Narayanan, Desiraju & Chintaguanta, 2004; Pitt and Nel, 1988). The detailer calls on doctors as representative of a pharmaceutical company and is categorized as missionary salesperson (Moncrief, 1988; McMurray, 1961). As such, he/she performs most of the traditional selling activities without the responsibility for obtaining closure (taking an order). His/her core responsibilities are to educate the physician about the
company’s drug and to convince the physician of the worth of his/her product, but the order (prescription) is placed by the doctor through a pharmacist. In regard to sales activities, Moncrief (1988) reports that these people show the highest frequency on the travel function and the lowest scores on preparing a bid, or working with support people. The same researcher cites that a detailer’s daily program entails a few visits to physicians, and a big part of their time allocated to traveling between the business appointments and sitting at the physicians’ waiting lobby. Indeed, as elicited from the qualitative phase of our research, a physician may spare no more than 5-10 minutes per detailer call. During this limited time, the detailer has to accomplish multiple tasks. Leaning towards Gronroos’ and Lindberg-Repo’s (1998) communication approach, we consider that physician-detailer interaction zone consists of several acts, episodes and sequences of contacts, which emphasizes the repetitive and iterative process of communication flows between the physician and the detailer. In an effort to depict the full picture of a detailer’s task palette, we should adapt a selling script to a detailer’s call setting, derived by the procedural knowledge approach (Sujan, Sujan & Bettman, 1988; Weitz, Sujan & Sujan, 1986; Macintosh, Anglin, Szymanski & Gentry, 1992; Leong, Busch & John, 1989; Szymanski, 1988; Leigh and McGraw, 1989, Makoto & Takashi, 2002). Thus it would be sensible to assume that the limited time scope of each one detailer call should entail a sequential order to the multiple selling tasks, as relationship evolves through successive two-way interactions. For example, at the earlier stages of the acquaintance, the detailer should prioritize the imprint of good image about self and the pharmaceutical company. At later stages (as the relationship evolves through successive calls), the detailer should aim at gaining the physician’s advocacy to colleagues and cooperation on testing new drugs being at their final phase of development. In this sense, the detailer plays the role of a moderator in the bilateral dialogue between the firm and its market (i.e., the prescribing physicians). This argument finds additional ground
on Crosby, Evans and Cowles’ (1990) view, which sustained that salespeople operate at the boundary of the organization – at the interface with the customer – and are often considered to be the service encounter. Poor role playing on behalf of the representatives often is cited as responsible for failures in delivering service to customers (Hartline and Ferrell, 1996). Under this scope, attitudes and behaviours of the salespersons may influence the customer perception of service and satisfaction, thereby ultimately affecting the sales (Bowen and Schneider, 1985). In this spirit, the presented list of a detailer’s tasks may call for specializing attitudes and behaviours in order to meet the particularities of a detailer-physician encounter, with the objective to satisfy the physician’s needs.

Drawing on the relative sales-force management literature, youth, high energy and stamina, verbal skill and persuasiveness are regarded as relatively important characteristics, whereas, empathy, knowledge of customers, maturity and previous sales experience, are reported as secondary issues (Churchill, Ford and Walker, 2003).

Notwithstanding, contemporary marketing theory preempts sustainable customer relationships and retention to be a major issue. Thereinafter, we feel that we should reevaluate the relative importance of certain detailer’s traits and skills in meeting new demands of business relationships development. To this end, we delve into salesforce management, relationship marketing and pharmaceutical marketing literature and select a wide array of detailer personal and relational traits and behaviors that may be valuable in accomplishing the aforementioned multiple tasks and objectives. Along the following, we briefly discuss them.

**Detailer’s listening skills**

Salesperson listening has been defined as "the cognitive process of actively sensing, interpreting, evaluating and responding to the verbal and nonverbal messages of present or
potential customers” (Castleberry and Shepherd 1993). Ramsey and Sohi (1997) provide some evidence on the importance of listening skills on customer relationship outcomes. Specifically, these researchers identify listening as a higher-order construct comprising sensing, evaluating and responding facets and provide empirical evidence of their relationship with customer satisfaction, though in the limited context of the car industry. Along similar lines, Anderson and Martin (1995) indicate three alternative listening facets, i.e., attentiveness, perceptiveness and responsiveness, though in the context of group communication behavior.

In a physician-detailer context, Teven and Winters (2007) note that effective prescribing sales representatives carefully listen to physicians’ descriptions of their patient’s conditions and tailor their influence messages, both verbal and nonverbal, accordingly.

**Detailer’s informative skills**

These may correspond to Ramsey and Sohi’s (1997) listening responding facet, or Anderson and Martin’s (1995) listening responsiveness facet, presented earlier. Informative skills reflect behavioral response in order to inform, control and share feelings (Allen and Brown, 1976). According to Gonul et al. (2001), physicians are expected to appreciate the information they receive from detailers, as it ultimately leads to higher patient recovery rates that speak well of the physicians’ competence and expertise, thus stressing the importance of informative traits on behalf of the detailer.

**Detailer’s reliability**

The reliability dimension relates to the partner's intentions and ability to keep promises. Throughout the marketing literature, the terms reliability, trust and credibility are used interchangeably. For example, (Crosby et al. 1990) define customer's trust in a salesperson as "a confident belief that the salesperson can be relied upon to behave in such a manner that the
long-term interest of the customer will be served”. Along similar lines, Morgan and Hunt (1994) define trust as “one party's confidence in an exchange partner's reliability and integrity.” This quality is especially important in the marketing of services, i.e. the subject matter, where credibility and trust become surrogates for intangible product features (Hershey 2005). In this spirit, Gonul et al. (2001) sustain that prescription products are similar to credence goods whose immediate effects are obvious neither to the user (the patient) nor to the decision maker (the physician), thus they often must be taken on faith.

In this study we treat reliability as the quality of being prompt to the appointments, return to the customer with feedback here and now and show consistency from one interaction episode to the other. Indeed, a few detailers that participated in the qualitative research phase cited that their physician customers would highly appreciate willingness of conveying scientific evidence, or answering back their calls promptly. On the other hand, a detailer mentioned a case of a good relationship he had with a physician, who, however, wouldn’t spare complaints when the detailer was to forget to provide the scientific evidence he was asked for.

**Detailer’s responsiveness**

Ramsey and Sohi (1997) treat the term listening responsiveness as a listening facet declaring the representative’s ability to modify her/his information feedback according to the interlocutor informative needs. In this study, we use the term detailer responsiveness under the prism of customer orientation. In this sense, responsiveness reflects the quality and behavior directed toward adapting the selling organization’s response in order to satisfy the target buyer needs better than the competition (Williams and Attaway, 1996). A few researchers resemble responsiveness to flexibility. For example, Reichhart and Holweg (2007), in an in-depth analysis, view responsiveness as the speed with which the system can
adjust its output within the available range of four external flexibility types: product, mix, volume and delivery, in response to an external stimulus, e.g. a customer order.

However, in the prescribing pharmaceutical industry, product, price, promotion and marketing channel policies (i.e., reflecting product and price exchanges) are highly regulated (i.e., subjected to government decisions), thus confining responsiveness options within the boundaries of detailer-physician interactions, per se. In this sense, detailers have to be responsive in a narrower and more focused set of options, which highlights the importance of being adaptive to the conversation and responsive to physicians interaction needs. As a matter of fact, we also identified this piece of truth, though in a non-measurable why, by our qualitative research.

**Detailer’s empathy**

Davis (1983) defines empathy as the reaction of individuals to the observed experiences of other individuals and distinguishes between four types of reactions: a) perspective taking, b) fantasy, c) empathetic concern and d) personal distress. Following Spiro’s and Weitz’s (1990) approach, we select *perspective taking* and *empathetic concern* as associated with aspects of adaptive selling which is usually considered a relevant class of relational behaviors (Weitz, Sujan, and Sujan, 1986; Brennan and Turnbull, 1999; Cannon and Perreault, 1999).

**Detailer’s scientific skills, formality and similarity with the physician**

Drawing on salesforce management theory, we select scientific skills, formality and similarity with the physician, as salesperson’s potential influencers of physicians’ attitudes (Churchill, Ford and Walker, 2003). Firstly, scientific skills identify a detailer’s educational background on his/her promoted medicine and training on company and organizational issues. Indeed, in the business-to-business marketing literature, a salesperson’s knowledge of product and company issues is a top request on behalf of the customer (Churchill, Ford and...
Walker, 2003). We feel that we should examine the aforementioned quality in the context of a physician-detailer encounter.

Secondly, formality refers to the detailer’s attire and show, i.e., being formally dressed and showing a rather conservative and formal outward appearance. This might signal consistency and responsibility on behalf of the detailer, thus inspiring positive attitudes to the physician. Thirdly, similarity refers to detailer’s cultural compatibility with the physician, i.e., having the same educational background, being a doctor, or a pharmacist. This might be a cue of cultural similarity which minimizes potential bias and noise during the message transmission. Both formality and similarity are met in the communication theory, reflecting interlocutors’ stereotypes and causing noise in a face-to-face communication process. Thus, we include them in the presented exploratory research as potential influencers of physicians’ attitudes.

**RELATIONSHIP OF PERCEIVED DETAILER’S TRAITS WITH PHYSICIAN’S SATISFACTION FROM INTERACTION WITH THE DETAILER**

A consumer’s satisfaction with a sales interaction is related to several factors including satisfaction with the salesperson and the service that she/he provides (Bitner, 1990). Specifically, it reflects an emotional state that occurs in response to an evaluation of the interaction experience that the customer has with the salesperson (Crosby et al. 1990). For example, Bowen and Schneider (1985) suggest that a salesperson’s attitudes and behaviors may influence the customer’s perception of satisfaction, thereby ultimately affecting the sales. In the same vein, Rapp, et al. (2006) pinpoint that the importance of the service encounter has led many firms to search for ways to effectively manage their sales representatives’ attitudes and behaviours so as to be conducive to the delivery of high quality service and customer satisfaction.
Specifically, the literature identifies two types of satisfaction: transactional and overall satisfaction (or cumulative satisfaction). Transactional satisfaction is defined as the post choice evaluative judgment of a specific purchase occasion (Hunt, 1977; Oliver, 1980, 1993), whereas cumulative customer satisfaction is an overall evaluation based on the total experience (Fornell, 1992; Johnson and Fornell, 1991). Overall satisfaction is defined as "pleasurable fulfillment" and is an effective response (Oliver, 1999). Focusing on the detailer-physician relationship, “overall satisfaction” should be the result of a series of successful transaction experiences rather, than one-off transaction, thus the more appropriate variable to use in measurement.

The aforementioned eight potential determinants of physician satisfaction lead to the formation of eight hypotheses, which may be synopsized in the following formal proposition:

**H1:** Physicians’ perceptions of detailer’s listening, informative and scientific traits, empathy, reliability, responsiveness, formality and similarity will be related to physician’s satisfaction from interaction with the detailer.

Along the following lines, we briefly discuss one of the hypothesized relationships, examining the potential influence of detailer’s listening skills upon physician’s satisfaction. Ramsey and Sohi (1997) argue that when customers perceive that a salesperson listens actively to what they say and responds in an appropriate manner, they may feel that their interpersonal needs of inclusion, control, and affection are being fulfilled, and hence they are more likely to be satisfied with the salesperson’s dealings. As a matter of fact, a few researches have placed empirical evidence on the relationship between salespersons’ listening behavior and satisfaction with the salesperson, though in different service encounter contexts (Ramsey and Sohi, 1997; Anderson and Martin, 1995).
The relative importance of listening skills in gaining physicians’ satisfaction was also empirically noticed at the exploratory phase of our research, though in a non-quantitative manner. Indicatively, an interviewed physician stressed the importance of detailers’ active listening, by stating that “…many pharmaceutical representatives come here just to tell their own stories and they quite never listen to what we are saying”.

METHODOLOGY

DATA, SAMPLE CHARACTERISTICS AND RESPONSE RATE

Our research comprises two phases, the preliminary and the main research. The first phase lead to the construction of the research instrument. To this end, we made an extensive literature review and performed a qualitative research with selective key informants, in order to adapt existing marketing scales in our research specific context, as further discussed in the following measures session.

The main research phase involved primary data gathering from 90 physicians based on the constructed quantitative research instrument. Specifically, a research sample of 120 physicians was randomly drawn from physician registries located in three major cities in Greece. All the potential participants were first contacted through the telephone. Those giving consent to participate, filled in the quantitative questionnaire through personal interview. The final respondent sample comprised 90 physicians, producing a 72% response rate.

Respondents were between 36 to 65 years of age, whereas the age class category of 36-45 was the most frequently met, comprising 45% of the sample. In regard to specialization, our sample comprised 38% pathologists, 17% urologists, 13% orthopedics and 22% cardiologists, the remaining percentage sparsely allocated to other specialties.

In order to examine the possible presence of non-response bias, the sample was divided into groups of early (first wave) and late (second wave) respondents (Sujan, 1986). The late
respondents imitated the non-respondents, whereas the early respondents simulated the respondents in the sample. For the questionnaire items measuring each one hypothesized dimension, the values were summed. Then, t-tests were performed in order to examine statistical significance in differences of means of these measures, between early and late respondents. No meaningful differences were identified thus response bias seemed not to present a problem in the study. Further statistical analyses showed no meaningful differences in our respondent sample, in regard to number of patients, age category, or level of postgraduate studies. Likewise, no meaningful differences were found in regard to employment sector, i.e., private vs. public hospital and social security vs. private health care employer.

**MEASURES**

All variables presented in the study, were developed following the guidelines suggested by Churchill (1979).

Thus, in order to operationalize the constructs of our study, we primarily delved into marketing literature. Next, we conducted unstructured interviews with 15 physicians and 5 detailers, which contributed to the study as key informants. The purposes of the qualitative research were: a) to clarify and confirm physicians’ favourable perceptions on detailers’ qualities and behaviour, b) to scan detailers’ attitudes on the above issues, and c) to reassure the relevancy of the pertinent items in the context of a detailer-physician encounter.

Consequently, first we asked the key informant physicians whether they could single out a detailer as being the most successful of all that visited them. Success is a multi-criterion, somehow subjective and ambiguous. Notwithstanding, our aim was to help respondents to recall detailers’ traits and behaviours that they would consider as important and desirable, respectively. In turn, the indentified traits and behaviours would form the criteria for
distinguishing detailers as successful, to the extent that detailers possess the identified traits and express the desirable behaviours.

All the measures were multi-item and scored on 5-point Likert-scales, anchored by “strongly disagree” and “strongly agree”. The following statement preceded each unit of items included in the research instrument: “having in mind the detailer, whom you may distinguish as the most successful of all the detailers that visit you, please cite the degree to which you agree with the following statements...”

Since the scales used in this study were new, their reliability and unidimensionality were tested in order to verify the quality of the measures.

Towards that end, the variables were factor-analyzed and factor scores were extracted by the principal components method. At the purification phase, following standard practice, we selected factors with eigenvalues greater than unity for further analysis. To test the reliability, a combination of item-to-total correlations and coefficient alphas was used (Nunally, 1978). All but two measures have coefficient alphas that range between 0.69 and 0.91, indicating acceptable levels of reliability, with the variables detailer’s responsiveness and detailer’s similarity producing alphas of .60, indicating marginal acceptance.

The aforementioned factor and reliability analyses allowed us to allege that our research scales were unidimensional and reliable, thus we calculated the summating index of each scale for further statistical analysis.

**Detailer’s traits**

The measures were developed to agree with existing marketing scales, though adapted to fit to a detailer-physician transaction context. Specifically, for the construct detailer’s listening traits we used items from the scales of Sujan et al. (1994) and Ramsey and Sohi (1997). For
example, we used such items, as: “the detailer seems to listen to what I have to say very carefully”, and “the detailer doesn’t rush to speak before I have finished what I am saying”.

Similarly, for the construct detailer’s reliability we adapted items from the scales of Parasuraman, Zeithalm and Berry (1998) and Coulter & Coulter (2003), i.e., “the detailer responds to my calls on time”, and “the detailer carries out his/her tasks in due time”.

Likewise, for the construct detailer’s responsiveness we built upon the scales of Parasuraman, Zeithalm and Berry (1998), using such items, as: “the detailer makes sure that I could reach him/her whenever needed”, and “the detailer is always well organized and prepared”, to mention few of them.

The purification procedure resulted in: (1) an eight-item scale for the detailer’s listening traits, (2) a five-item scale for the detailer’s informative traits, (3) a five-item scale for detailer’s empathy, (4) a three-item scale for detailer’s scientific traits, (5) a ten-item scale for detailer’s reliability, (6) a four-item scale for detailer’s responsiveness, (7) a three-item scale for detailer’s formality and (8) a three-item scale for detailer’s similarity with the physician.

**Physician’s satisfaction with the detailer**

Following Parasuraman’s approach in service performance measurement, since our subject matter is a service encounter, physician’s satisfaction should be evaluated in accordance to the degree to which certain customer expectations have been fulfilled, or otherwise.

Thus, the satisfaction measure was developed to agree with existing relationship marketing scales (i.e. Parasuraman, Zeithalm and Berry, 1998), though adapted to fit to the research context, i.e., “I am totally satisfied with the fact that the detailer keeps her/his promises”.

However, the performed principal factor analysis upon the aggregate data indicated that the measure was not uni-dimensional, but rather two-dimensional, with factors reflecting
satisfaction with detailer’s responsiveness and satisfaction with detailer’s overall performance.

Indicatively, items that loaded to the physician’s satisfaction with detailer’s responsiveness dimension were: i) “I am totally satisfied with keeping her/his promises”, ii) “I am totally satisfied with her/his speed of response”, iii) “I am totally satisfied with undertaking her/his responsibilities”. Similarly, indicative items that loaded to the physician’s satisfaction with detailer’s overall performance dimension were: i) “I am totally satisfied with her/his professional background”, ii) “I am totally satisfied with her/his scientific background”, iii) “I am totally satisfied with the quality of information I receive”, iv) “I am totally satisfied with her/his overall performance”.

The finding that we may distinguish between satisfaction with detailer’s responsiveness and satisfaction with detailer’s overall performance may indicate that responsiveness is a very important issue for the physicians, so as to be treated on its own, when considering the level of fulfilled expectations.

DISCUSSION

As a next step, in order to test the hypothesized relationships, two linear regression analyses were performed, regressing each one dependent sub-dimension, i.e., physician’s satisfaction with detailer’s responsiveness and physician’s satisfaction with detailer’s overall performance, against all eight detailer trait constructs, as shown on Table 2.

All regression models were significant and the Variance Inflation Factors (VIF) statistics which were produced were lower than 1.8, indicating that multicolinearity should not be regarded a problem for all the participating variables.

First, as hypothesized, both informative and scientific traits are related to both satisfaction facets, thus depicting them as major traits. It appears that a physician’s attitude that the
detailer is well organized and knowledgeable may influence her/his satisfaction criteria. In other words, when a physician appreciates a detailer’s ability to provide quality and sufficient information (amid detailer’s verbal and intellectual skills), he/she may feel that his/her expectations will be met.

Similarly, detailer’s reliability and responsiveness were found to be related to satisfaction with detailer’s responsiveness, though unrelated with its satisfaction counterpart. If a detailer is considered to be responsive and reliable, he/she would have also gained the physician’s confidence that he/she would behave in a certain situation as needed.

On the other hand, detailer’s listening traits were unrelated to both satisfaction facets, suggesting that although listening is a necessary, it is not also a sufficient condition for physician’s expectations fulfillment, thus it is unable to influence satisfaction. It appears that listening aptitude may mirror the design phase, whereas responsiveness and reliability may reflect the implementation phase of a detailer’s orientation towards the physician. The precedent finding taken together may imply that even if a physician considers a detailer to be a good listener, this would make no difference to her/his level of satisfaction, unless she/he thinks that the detailer will respond with effective solutions to her/his enquiries.

Moreover, as anticipated, detailer’s empathy is related to satisfaction with detailer’s overall performance, though unrelated with the counterpart satisfaction facet. It appears that empathy is an intellectual and emotional quality that surrounds the atmosphere of physician-detailer interactions, thus influencing satisfaction, in a wider sense.

Finally, as far as detailer’s formality and similarity are concerned, neither was found to be related to either physician satisfaction facet. The implication is that these traits may be superficial and secondary priorities in triggering desirable results upon the issues in question.
Delving into the marketing literature we elicit that detailers’ visiting frequency has been scrutinized as having curvilinear effects upon prescription rates (i.e., Gonul et al., 2001). Furthermore, each one detailer-physician episode is evidently quite short-lived, thus calling for strict prioritization of sequential pursued tasks. As such, one might assume that rather a transactional than a relational approach would fit better to this specific selling situation. Our research findings place some ground that a relational detailing approach, although that is more demanding and time-consuming, than discrete transactions, might be more beneficial to physician’s overall perceived satisfaction. Thus, mere use of optimization models for frequency and duration of detailers’ visits may be a half-sighted view for optimizing physician’s perceived value, as well. As physicians’ perceptions depict, such traits as scientific and informative skills, empathy, responsiveness and reliability, reflecting a selling approach of a relational type, appear to be enablers of a much desired effect in pharmaceutical marketing, i.e., the physician satisfaction, with all its favorable repercussions upon detailer performance.

LIMITATIONS AND FUTURE RESEARCH

This research is an exploratory attempt to assess explanatory powers of relational detailing approach upon physician satisfaction. Thus, a word of caution might be in order, since it is not wise to generalize too far, from a single study. First, we should expand our research sample, in order to improve generalisability of our findings. Indeed, a bigger sample would enable us to use structural equation modeling, in order to further test unidimentionality and discriminant validity of constructs, as well as robustness of the propositions developed in the conceptual framework. Hallo effects should not easily be excluded, as a possibility. Favorable outcomes (i.e., the promoted drug has very high remedy rates), may misleadingly be accredited to the
representative detailer. A, thus, satisfied physician may be biased upon her/his perceptions about both the bi-lateral interactions and the detailer’s traits.

More rigorous research is necessary in order to further analyze the antecedents and consequences of a relational detailing approach which appears to be valuable in the demanding physician-detailer interaction context.

Further research should be conducted, in order to test the role of potential moderate variables, i.e. known brand, vs. generic product, or physician’s idiosyncrasy. For example, one may assume that a salesperson presenting a highly valued brand, developed by a well-known pharmaceutical company may have an easier time with the physicians, than a salesperson presenting a generic (me-too, second generation) alternative.
### Table 1

**Summary statistics and measures correlations**

<table>
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<tr>
<th>Variables</th>
<th>1</th>
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<th>4</th>
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<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
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<tbody>
<tr>
<td>1 Detailer's listening traits</td>
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<td>2 Detailer's informative traits</td>
<td>.318**</td>
<td>1,000</td>
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<tr>
<td>3 Detailer's empathy traits</td>
<td>.286**</td>
<td>.210*</td>
<td>1,000</td>
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<tr>
<td>4 Detailer's scientific traits</td>
<td>.404**</td>
<td>.602**</td>
<td>.261**</td>
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<td>5 Detailer's reliability</td>
<td>.608**</td>
<td>.085</td>
<td>.416**</td>
<td>.320**</td>
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<td>6 Detailer's responsiveness</td>
<td>.557**</td>
<td>.237**</td>
<td>.175*</td>
<td>.252**</td>
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<td>7 Detailer's formality</td>
<td>.061</td>
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<td>8 Detailer's similarity</td>
<td>.140</td>
<td>.140</td>
<td>.317**</td>
<td>.099</td>
<td>.165</td>
<td>.214**</td>
<td>.099</td>
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<tr>
<td>9 Physician's satisfaction with detailer's responsiveness</td>
<td>.559**</td>
<td>.356**</td>
<td>.354**</td>
<td>.437**</td>
<td>.682**</td>
<td>.573**</td>
<td>.009</td>
<td>.200*</td>
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<tr>
<td>10 Physician's satisfaction with detailer's overall performance</td>
<td>.536**</td>
<td>.542**</td>
<td>.294**</td>
<td>.580**</td>
<td>.459**</td>
<td>.510**</td>
<td>.054</td>
<td>.145</td>
<td>.756**</td>
<td>1,000</td>
</tr>
</tbody>
</table>

| Number of items in scale                      | 8       | 5       | 5       | 3       | 10      | 4       | 3       | 3       | 6       | 7       |
| Mean                                           | 33.34   | 21.01   | 18.9    | 12.4    | 39.4    | 16.02   | 9.49    | 9.4     | 24.4    | 29.1    |
| Standard Deviation                             | 3.18    | 2.39    | 2.75    | 1.59    | 5.14    | 1.82    | 2.62    | 2.07    | 2.78    | 2.90    |
| Coefficient Alpha                              | .89     | .78     | .69     | .77     | .91     | .60     | .76     | .60     | .89     | .88     |

** significance at 0.05
* significance at 0.1

### Table 2

**Standardized regression coefficients of detailer's personal and relational traits**

<table>
<thead>
<tr>
<th>Variables</th>
<th>Physician's satisfaction with detailer's responsiveness</th>
<th>Physician's satisfaction with overall detailer's performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detailer's listening traits</td>
<td>0.09n.s.</td>
<td>0.09n.s.</td>
</tr>
<tr>
<td>Detailer's informative traits</td>
<td><strong>0.30</strong>*</td>
<td><strong>0.25</strong></td>
</tr>
<tr>
<td>Detailer's scientific traits</td>
<td><strong>0.26</strong></td>
<td><strong>0.24</strong></td>
</tr>
<tr>
<td>Detailer's empathy</td>
<td>0.02n.s.</td>
<td><strong>0.54</strong>*</td>
</tr>
<tr>
<td>Detailer's reliability</td>
<td><strong>0.21</strong></td>
<td>0.09n.s.</td>
</tr>
<tr>
<td>Detailer's responsiveness</td>
<td><strong>0.26</strong></td>
<td>0.04n.s.</td>
</tr>
<tr>
<td>Detailer's formality</td>
<td>0.05n.s.</td>
<td>0.05n.s.</td>
</tr>
<tr>
<td>Detailer's similarity</td>
<td>0.04n.s.</td>
<td>0.01n.s.</td>
</tr>
</tbody>
</table>

| Overall $R^2$ = | 0.56 | 0.60 |
| df =           | 8    | 8    |
| $F$ =          | 37.7 | 60.8 |
| Sig. =         | .000 | .000 |

** ** $p < 0.05$
*** $p < 0.01$
REFERENCES


