Gordon Institute of Business Science
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Considerations and implications of social media and the integration thereof in the sales and marketing process: A Pharmaceutical perspective

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ABSTRACT

The effective integration of social media into the sales and marketing process for pharmaceutical companies can be complex. The complexity is further increased by the regulatory limitations (Code of marketing practice) within the industry as well as other considerations. This research explores some of these considerations and implications for social media integration. Further, the research determines the value of social capital as well as the process for social media engagement.

The study surveyed three pharmaceutical companies in different stages of social media integration. A heterogeneous sample was selected to include diverse characteristics because the topic is still new within the pharmaceutical environment. A qualitative multiple case study method was selected which included interviews, direct observations and document reviews.

Despite regulatory limitations, the findings provide insights for other industries with possible considerations for social media integration into sales and marketing. This is complemented by the Social Capital Theory that states that social media adds value. The issues of adverse event reporting and how to measure the return on investment remain a challenge. In conclusion, the engagement and management of social media processes is not easy to implement; therefore a four-phased process for social media engagement is proposed as a framework that allows easy integration.

KEYWORDS

DECLARATION

I declare that this research study is my own work. It is submitted in partial fulfilment of the requirements for the degree of Masters of Business Administration at the Gordon Institute of Business Science, University of Pretoria. It has not been submitted before for any degree or examination in any other University. I further declare that I have obtained the necessary authorisation and consent to perform this research.

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Hannelie Botha   Date

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CHAPTER 1: INTRODUCTION TO RESEARCH PROBLEM

1.1 Introduction

Social media mechanisms and consumers have responded with haste in the adoption of social networking to enhance their social lives and to communicate and share information. Marshall, Moncrief, Rudd and Lee (2012) argued the increasingly important role of social media as a new dominant selling tool within sales and marketing management. The authors further noted that future research is required to provide practical advice and to develop theory concerning the effective use of social media. Marshall *et al.*, (2012) have advocated general categories that require consideration for implementing and determining the impact of social media and related technology on the selling environment. However, the considerations cited by some respondents in Marshall et al.'s study as positive is not echoed by all participants and is representative across many industries.

This questioning sentiment was confirmed by Agnihotri, Kothandaraman, Kashyap and Singh (2012) who suggested further research concerning the potential moderating effects and context variables of social media be determined. Until recently, most social media research has taken place within the broader context of the role of technology in the selling environment (Ahearne & Rapp, 2010; Ferrell, Gonzalez-Padron, & Ferrell, 2010; Marshall et al., 2012; Trainor, 2012).

The pharmaceutical industry faces unique challenges in their sales and marketing processes, hence they are traditionally slow to adopt and reluctant to implement social media strategies (Greene & Kesselheim, 2010; Houston, 2011; IMS Institute for Healthcare Informatics, 2014). This research study investigated the pertinent considerations that need to be made when social media is integrated into the existing sales and marketing process.

Despite the clear indication of the prominence of social media as a marketing tool in general, the topic has captured little attention in academic sales literature (Agnihotri et al., 2012; Marshall et al., 2012; Rodriguez, Peterson, & Krishnan, 2012) and any addition to the sparse body of knowledge would accordingly be valuable.

Limited research has been completed on social media in the sales and marketing process of regulated sales environments, such as the financial or pharmaceutical industries (IMS Institute for Healthcare Informatics, 2014; Weber Shandwick Report, 2013). More specifically, within the pharmaceutical environment the implication of social media within sales and marketing has evident to an extent, and is currently a controversial issue. The United States Food and Drug Administration (US-FDA) released guidelines for the implementation of social media in January 2014 (Fiercepharmamarketing, 2014). The regulated environment has been a pertinent reason attributed to the reluctance displayed within the pharmaceutical industry to implement social media into the sales and marketing activities (Greene & Kesselheim, 2010; Houston, 2011); this reluctance is simulated in the South African pharmaceutical industry.

1.2   Research Purpose

The purpose of the research study was to gain a more profound understanding of the considerations and implications of social media on the sales and marketing process and how pharmaceutical companies can leverage social media platforms as part of their sales and marketing models:

- The research study attempted to investigate the other considerations besides regulatory limitations when pharmaceutical companies implement social media into their sales and marketing processes (Greene & Kesselheim, 2010; Houston, 2011; IMS Institute for Healthcare Informatics, 2014; Weber Shandwick Report, 2013).

- The research study further sought to determine how pharmaceutical companies use social media in the selling process to influence both B2B and B2C relationships (Marshall et al., 2012; Rodriguez et al., 2012; Weber Shandwick Report, 2013); and

- The research study sought to determine the course of action or process pharmaceutical companies could employ to support the sales and marketing process and engage customers with the continuous widening of the social media platforms (Altmann, 2014; Divol, Edelman, & Sarrazin, 2012; IMS Institute for Healthcare Informatics, 2014; Nielsen Report, 2008).

The learnings from the companies that were investigated in the research study were used to summarise fundamental considerations for social media integration, to determine the current influence social media has on strategic relationships as well as to suggest the mapping of a model for social media engagement within the sales and marketing process for pharmaceutical companies in South Africa.

1.3 Research Motivation

Most selling organisations understand the nature and function of social media (Divol et al., 2012), as well as the potential value thereof (Andzulis, Panagopoulos, & Rapp, 2012; IMS Institute for Healthcare Informatics, 2014). Although the value of social media is well-known, many selling organisations do not invest time to recognise the effects of the "how, where and why" of social media activities on their customers. Trainor (2012) argued that companies should intrinsically analyse the use of social media in their selling processes. Essentially, today's customers feel empowered and are expectant of and demand an active role in firms' selling processes; customers are no longer satisfied to be considered as passive targets for marketing activities.

The reality for many selling organisations in regulated sales industries is that they are limited in the implementation and use of social media in their advertising/marketing and sales functions. The consequence is that these companies would rather refrain from implementing social media than risk negative feedback. Particularly, the pharmaceutical industry faces many challenges within a highly regulated sales environment (IMS Institute for Healthcare Informatics, 2014; Weber Shandwick Report, 2013).

IMS Institute for Healthcare Informatics has commenced with research regarding the use of social media and healthcare. Social media data offers enormous opportunities and challenges in the pharmaceutical market place as indicated in a presentation done by Minnie (2014).

Table 1: Challenges and Opportunities of Social Media

The challenge	The opportunity
The share volume, as the data is unstructured, diverse and located in tens of millions of sites.	**An impactful new data source** that enables informed decision-making for company.
Bringing structure to unstructured data, with precision and healthcare focus.	**Real-time insights and trends** related to KPI (key performance indicators) such as preference, switch behaviour, campaign performance, and key influencers.
Be compliant, adhere to international and national laws governing healthcare.	**Engage with patients and physicians** on their terms and preferences.

Source: Adapted from "Leveraging Social Media for Aspen: Social Media data is exploding; Enormous new data source for healthcare companies", by T Minnie, 2014, PowerPoint presentation, unpublished manuscript*, IMS Health.*

Local regulations in South Africa for pharmaceutical companies are descriptive in terms of advertising and marketing of products through social media (Marketing Code Authority, 2013). The Code of Marketing Practice serves as a guideline for pharmaceutical companies when implementing marketing and sales activities.

1.3.1 The Code of Marketing Practice

The objective of the Marketing Code Authority is to "ensure and maintain the ethical promotion and advertising of health products by all parties and entities, including companies and their employees and agents" (Marketing Code Authority, 2013, p. 9). The focus is thus to ensure that healthcare products are marketed in a "responsible, ethical and professional manner based on practical and scientifically validated information" (Marketing Code Authority, 2013, p. 5).

For the first time since implementation of the Code of Marketing Practice in 2010, reference has been made of the use of social media in terms of advertising in the Pharmaceutical industry in the proposed amendment to Guidelines to the Code of Marketing Practice (2014). These guidelines state that "Companies have full responsibility for their initiatives" (Marketing Code Authority, 2014,p. 9). To accommodate social media, Note 14 was inserted as an amendment that mentioned that companies will be held responsible and liable for user generated content. The details for *Note 14 Amendments* are listed in Table 2.

The Code is distinct regarding the use of websites, webinars and mobile media platforms and use of applications. The proposed changes for implementation are listed in Appendix 1.

Table 2: The Code of Marketing Practice, Note 14: Social Media Scenarios

Note 14: Social media scenarios:

- company initiated and controlled activities; and
- sponsorship of a third party (such as a health consumer organization) to develop a social media portal.

Companies have full responsibility for their own initiatives. Through their contracts with third parties, the responsibilities of each party should be described.

Companies who engage in social media activities that include discussion boards and sharing of audio and visual content should consider:

- whether discussion boards need to be monitored and how regularly;
- how to manage inappropriate conversation;
- establishing rules for participants joining a discussion forum that:
- outline what is inappropriate conversation (e.g. offensive language, racist comments, promotion of a product) and that conversations may be monitored;
- describes whether any content would be excluded, and the process for excluding it;
- discussion boards may be shut down at any time;
- responsibilities for reporting of monitoring and reporting of Adverse Events reported via this media.

Information placed by companies in South Africa on social media such as 'YouTube', 'Facebook', 'Twitter' or blogs must be aware that the company will be held liable for user generated content as evidenced by two cases in Australia.

Facebook may be considered to be a 'marketing tool' when used by an advertiser:

- Any business that decides to leave public testimonials or other comments on their Facebook and Twitter pages will be held responsible if they are false, misleading or deceptive.

The above examples indicate the need for companies to moderate social media content and the removal of inappropriate material within 24 hrs.

If using social media sites such as YouTube, Facebook etc. to make educational

materials available to consumers, companies should give consideration to any potential associated content, links or advertisements irrespective of whether the company can control them, for example if displaying a video in YouTube, the company should consider the "suggested clips" which may be associated with the video through similar tags.

Any electronic forms of promotion using Social Media must be considered in context. That is, is the information medical education or promotional. If the material is promotional it must include within the body of the advertisement and a reference to review the package insert before prescribing. The Minimum Product Information may be included within the body of the advertisement and/or a direct hyperlink to the Product Information must be included. When linking to a PDF of the Product Information or Consumer Medicine Information on a third party site where the viewer cannot navigate away from the page displaying the PI or CMI, a pop-up box warning the reader they are leaving the company's controlled site is not required.

Source: From "Marketing Code Authority. Proposed amendments to Guidelines to the Code of Marketing Practice February 2014", p. 9-10.

1.3.2 Challenges in practice

Pharmaceutical selling relies on traditional face-to-face (direct) selling to interact with and influence health care professionals to prescribe and recommend products to the end consumer. The selling process is mainly focused on relationship building, identifying customer needs and creating opportunities to discuss the features and benefits of products. As an ambassador for the company, the sales representative focuses on value creation in relationships to ensure long-term return on investment. The challenge in practise is that face-to-face selling becomes prohibitively expensive (IBM Global Business Services, 2012). Additionally, the nature of the selling environment that it can be characterised by change; there are increasing difficulties in visiting health care professionals, as well as limited time available to influence them, as well as an increase in the number of competitors in the marketplace.

Within the rapid changing landscape of technological selling, e-marketing and consumer uptake of new approaches, social media can play a significant role in pharmaceutical selling and marketing processes.

The IBM Global Business Service Report (2012,p. 1) mentioned that "the use of social media can provide pharmaceutical companies with a wealth of consumer

generated content which, when retrieved and analysed, is rich input to their sales and marketing strategies". This report further delineated the results of the 2012 IBM Chief Marketing Officer (CMO) study, which indicated that companies felt underprepared to deal with the explosion of data and were anxious about managing the impact of social media (Altmann, 2014; IBM Global Business Services, 2012).

To confirm the above mentioned, an industry magazine – PharmaSales Africa (2013) – mentioned that one of the local companies in South Africa, Pharma Dynamics is harnessing technology to provide instant access to vital health information of patients and healthcare professionals. Paul Anley, CEO of Pharma Dynamics, explained that this is the first step towards innovative healthcare advice for medical professionals.

Feedback from the SMi Congress (2014) that was held in London in January 2014 confirmed that although the industry is slow to adopt, companies have realised they have to transform the way in which they optimise social media in all aspects and that it is no longer a tool to merely broadcast their own messages.

A further challenge is that the pharmaceutical sales and marketing process is connected. Generally, the marketing department plans the brand strategy, which has to be executed by the sales representatives who interact with the Health Care Professionals (HCP). With the implementation of new technology, the internet and social media, the blurring of lines between B2B selling and B2C selling creates further challenges. For scheduled medicines (Schedule 3-7), pharmaceutical companies in South Africa focus on professional audiences (B2B) when promoting the products and are not involved in direct-to-consumer drug advertising (Marketing Code Authority, 2013). For non-scheduled medicines (Schedule 0-2), companies can however advertise directly to consumers (B2C).

1.4   Research Problem

The research study sought to determine the considerations and implications of social media integration into the sales and marketing process of pharmaceutical companies. The research study pursued answers to the following questions:

- Are regulatory limitations an obstacle for pharmaceutical companies when implementing social media into their existing sales and marketing process?

- How do pharmaceutical companies use social media to influence both their B2B and B2C relationships?

- What course of action or process do pharmaceutical companies employ to support the sales and marketing process to engage customers with the continuous widening of social media platforms?

The challenges communicate that regulatory limitations must be overcome, and it must be determined how best to influence customers and consumers as well as how to engage and optimise social media into the sales and marketing process of pharmaceutical companies. The research study investigated the abovementioned questions within the South African pharmaceutical and sales and marketing context to contribute to existing theory.

CHAPTER 2:   LITERATURE REVIEW

2.1   Introduction

Research is required to identify the considerations and implications (whether positive or negative) that social media has on the sales and marketing process, and how these are managed—from implementation to support to consumers—to ensure optimal sales outcomes. The theory discussed in this chapter provides an overview of the concept of social media as well as an outline of the traditional sales process. The role of social media in the selling process is then emphasised, and is followed by a discussion of the role of social media in the B2B and B2C environments, as well as in regulated selling environments. The principles of the Social Capital Theory as part of the B2B sales environment is emphasised as a focus for social media initiatives. Engagement theories are discussed and in conclusion some considerations for social media engagement are summarised.

2.2   Social Media

Social media is not a new concept and is widely accepted and used all over the world (Divol et al., 2012; Mangold & Faulds, 2009).

Social media's broad definition is "a group on internet-based applications that build on the ideological and technological foundations of Web 2.0, and that allow the creation and exchange of User Generated Content" (Kaplan & Haenlein, 2010, p. 61). The various types of social media were specified by Kaplan and Haenlein (2010, p. 62) and are presented in the table below:

Table 3: Classification of Social Media

		Social presence/media richness			
		Low	**Medium**	**High**	*Comments*
Self presentation/ Self-disclosure	**High**	Blogs	Social networking sites (e.g. Facebook)	Virtual social worlds (e.g. Second life)	Focus on the person behind the content
	Low	Collaborative projects (e.g. Wikipedia)	Content communities (e.g. YouTube)	Virtual game worlds (e.g. World of Worldcraft)	Focus on the specific content (virtual game world have more strict rules than virtual social worlds)
	Comments	Just text	Text, videos and pictures	Replicates face-to-face interaction	

Source: From "Users of the world unite! The challenges and opportunities of Social Media" by A. M. Kaplan and M. Haenlein, 2010, *Business Horizons, 53(1),* p. 59–68.

The classification above was completed by Kaplan and Haenlein in 2010. According to the Institute for Healthcare Informatics (IMS) (2014,p. 3) the term "social media encompasses social networking sites, collaborative services, blogs, content hosting sites and virtual communities" and many more, as supported by Mangold and Faulds (2009). The complexity, rapid growth and proliferation of social media to support interpersonal communication and collaboration was confirmed by Kane, Alavi, Labianca and Borgatti (2014). They further emphasised that the best known social media platforms are currently Facebook, LinkedIn and Twitter and these authors were of the opinion that it is difficult to clearly articulate which technologies can be defined as social media and which are not classified as such.

Kaplan and Haenlein (2010) and Marshall *et al*. (2012) suggested that companies should select the type of social media they need to implement based on their business requirements, target groups and messages that require communication. For selling companies, blogs and social networking sites might be the best option (Ferrell et al., 2010) because customers feel more engaged with the products and organisation. Mangold and Faulds (2009) posited that organisations and managers should learn how to shape consumer interactions to be consistent with the organisation's mission and goals.

Social media has been studied extensively over the past decade. The initial focus was to disseminate advice about the usage of social media that included tips on how to be "social" using the internet and other applications (Kaplan & Haenlein 2010). Many companies established a presence on social network sites to simply be there and share information.

Kietzmann, Hermkens, McCarthy and Silvestre (2011) supported this view by stating that traditionally, consumers used the internet to expend content—they read it, watched it and used it to buy products and services. The latest trend is more challenging and involves a move away from static corporate content to dynamic interaction driven by active participation of consumers by utilising platforms such as blogs, networking sites, content sharing sites and wikis to create, share, modify and discuss content.

To understand the social media ecology, Kietzmann *et al.* (2011) presented a honeycomb framework that defined social media by using seven building blocks as social media functionalities, namely: identity, conversation, sharing, presence, relationships, reputation and groups. These functionalities offer "key constructs for understanding social media and community engagement needs" and explained that the engagement needs might change over time (Kietzmann, Silvestre, Mccarthy, and Pitt, 2012, p. 116). The building blocks of social media's functionality classify and examine the facets of the social media experience and thereafter the implications for companies who engage in social media application is demonstrated, as depicted in Figure 1 (Kietzmann et al., 2011);

Figure 1: The Honeycomb Framework of Social Media
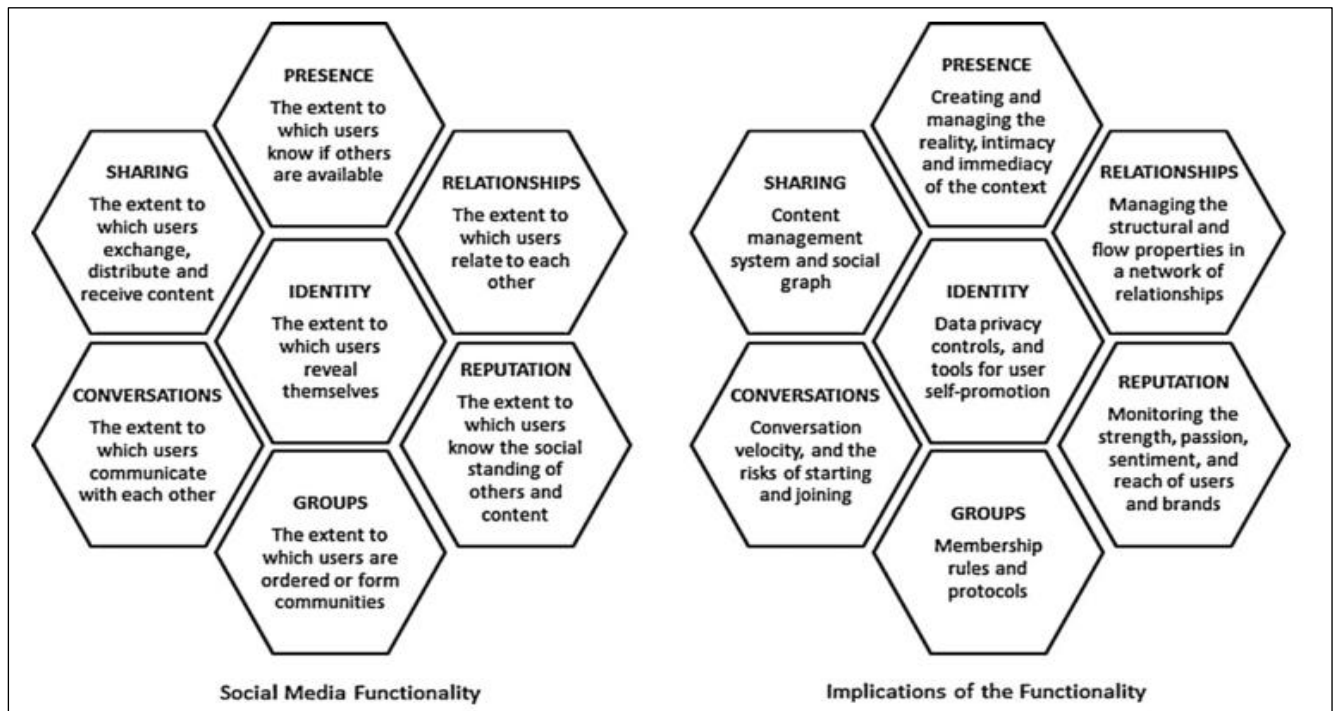
Source: The Honeycomb Framework for Social Media indicating social media functionality and implications of these functionalities. Adapted from "Social media? Get serious! Understanding the functional building blocks of social media," by J. H. Kietzman, K. Hermkens, I. P. McCarthy, and B. S. Silvestre, 2011, *Business Horizons, 54(3),* p. 241-251.

Kietzmann *et al.* (2011) also emphasised the contrasting functionalities of different platforms. For example, LinkedIn has a greater functionality in "identity, relationships and reputations" whereas Facebook has a greater functionality in "relationships, conversations, presence, identity and reputation".

For the different functionalities, the authors mentioned above suggested the 4Cs, namely cognisance, congruity, curate and chase, regarding the methods that companies can utilise to develop strategies for monitoring, understanding and responding to different social media activities (Kietzmann et al., 2011). The 4C model supports the broad perspective of strategic considerations for social media's integration as proposed by Schlinke and Crain (2013), which is further discussed in Section 2.5.1 of this report.

2.3 The Sales Process

In context of the pharmaceutical industry in South Africa, the research study considered direct selling and marketing in a business-to-business (B2B) as well as a

business-to-consumer (B2C) setting, although the focus for the research study was on B2B on the assumption that B2C is also taking place.

Direct selling has been studied from various perspectives (Ferrell et al., 2010: Peterson & Wotruba, 1996) and is used by companies to build strong personal relationships with customers through face-to-face interactions. In a typical direct sales company there are three traditional relationships to consider, as indicated in Figure 2. These relationships are interdependent with a close involvement between the company, the salesperson and the customer (Ferrell et al., 2010).

Direct selling typically comprises a process where the company provides product and sales training to the sales person. The company embarks on direct selling and marketing to the consumer, which supports the fact that in traditional selling, B2B and B2C selling takes place simultaneously. The sales person also interacts with the consumer to support the sales and marketing activities from the company.

Figure 2: Traditional Relationships in Direct Sales Companies
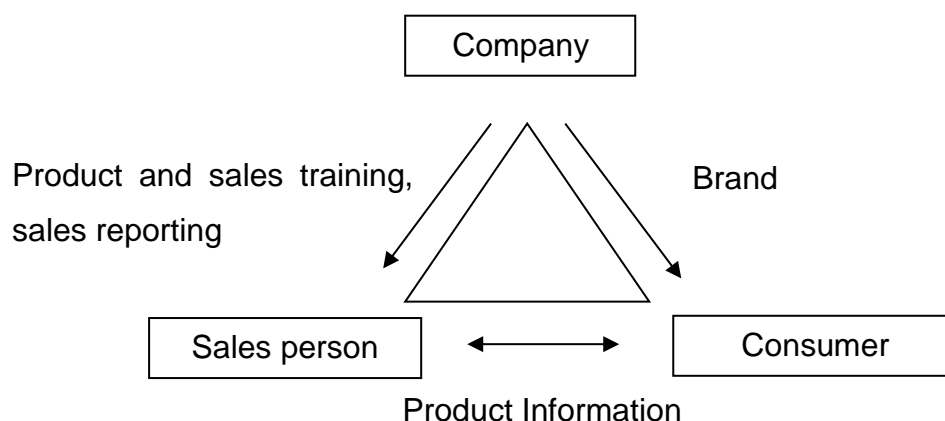
Source: The Traditional Relationship in Direct Sales Companies. Adapted from "An Assessment of the Use of Technology in the Direct Selling Industry." By L. Ferrell, T. L. Gonzalez-Padron and O. C. Ferrell, 2010, *Journal of Personal Selling and Sales Management, 30(2),* p. 157-166.

Within the ambit of direct selling, it is apparent that engagement of marketing and selling through B2B and B2C is complex and has been studied methodically (Albadvi & Hosseini, 2011; Gummesson & Polese, 2009). Relationships are one of the most important aspects in selling, and are amplified by yet another imperative aspect in B2B marketing and selling, that is the creation of value to the customer (Schertzer, Schertzer & Dwyer, 2013). Schertzer, Schertzer and Dwyer (2013) suggested that

the co-creation of value enables the relationship to contribute not only to a sustainable competitive advantage, but also to strategic value.

From a pharmaceutical perspective, the Weber Shandwick Report (2013) supported Schertzer *et al.'s* perspective by emphasising the value-addition to patients and physician communities in terms of better informed patients, creating a sense of emotional support for all involved and promoting goodwill towards the sponsor company. The value of customer-orientated selling as part of relationship selling has further been confirmed by Guenzi, Luca and Troilo (2011).

The increase in consumer-focused selling or consultative selling has led to a shift towards solution selling. Solution selling has changed the role of the salesperson from being a spokesperson for a product to enjoying the role of a consultant for the customer (Sharma & Sheth, 2010). This is important for the sales and marketing context in the pharmaceutical industry, as this role is more complex and differs slightly from the traditional relationships of direct selling companies. The proposed sales and marketing context for a typical pharmaceutical company in South Africa includes B2B selling and indirect B2C selling, as indicated by Figure 3. The pharmaceutical company relies on the sales representative (sales person) to call on health care professionals to promote and/or educate them on the company's product. The health care professional in turn, promotes or recommends the product to the patient (end-consumer) based on the presenting symptoms. Pharmaceutical companies are not allowed to perform direct promotional activities of scheduled brands to the patient (end-consumer). They can however provide disease information in the form of pamphlets, posters that are displayed in doctor's rooms and/or in specified public places. Figure 3 is a proposed sales and marketing process for a pharmaceutical company in South Africa.

Figure 3: The Proposed Sales and Marketing Process for Pharmaceutical Companies
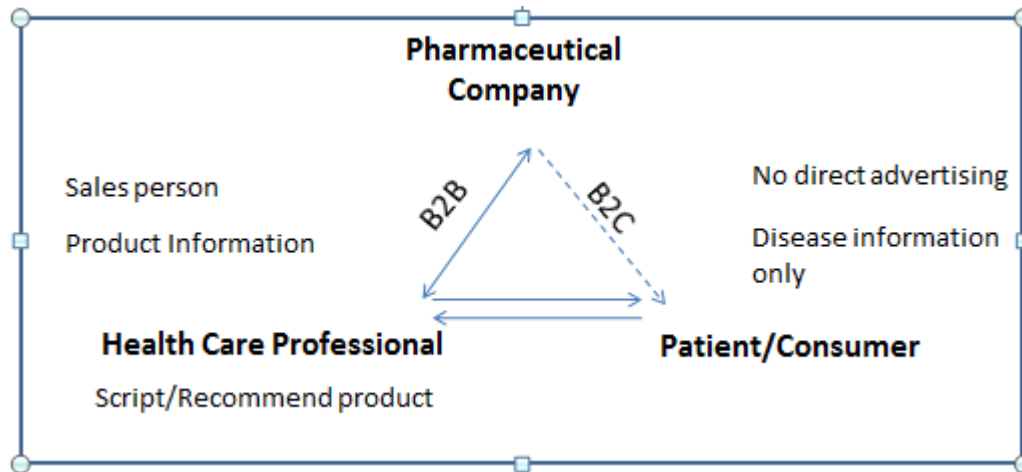
Source: Derived by researcher

The interaction with Health Care Professionals normally follows the traditional seven-step sales model, and has been widely studied (Dixon & Tanner, 2012; Sharma & Sheth, 2010) and consists of the following steps: (1) prospecting, (2) pre-approach, (3) approach, (4) presentation, (5) overcoming objections, (6) close and (7) follow up. Contrary to the seven steps presented, Dixon and Tanner (2012) suggested that sales should rather be viewed as a nonlinear process. However, the interaction with health care professionals is not a focus for this study.

Technological advancement promotes a change in the process of selling; Dixon and Tanner (2012,p. 10) suggested a broader definition of sales: "the phenomenon of human-driven interaction between and within individuals/organisations in order to bring about economic exchange within a value-creation context". This definition of selling is applicable to all selling and will suffice for implementation of social media into the sales and marketing process within the pharmaceutical environment.

2.4   Social Media in the Sales Process

Andzulis *et al*. (2012) focussed exclusively on the implication of social media in the sales process. Social media brings an interesting dynamic to the sales and marketing interface. With the move from a passive to an active presence, customers have increased expectations; they want to voice their concerns, and want to be educated on products and services (IBM Global Business Services, 2012; Marshall et al., 2012). With increased demands from consumers, an increase in shared

platforms and user generated contents is evident, "it is simply not enough to task a marketing or sales employee with the job of creating a Facebook page, tweeting on behalf of the company, or establishing a forum on Salesforce.com. Social media should not be thought of as simply another channel, another means by which to interact with the customers, or another tool by which to manage brand and firm reputation but, rather, all of those things (and likely many more) simultaneously" (Andzulis et al., 2012, p. 306). This viewpoint is confirmed by Agnihotri *et al.* (2012) who highlight the uncertainty companies' face about the fit between social media tools and their overall sales stragety. Specifically in terms of B2B and B2C environments, Ahearne & Rapp (2010) indicate the various roles of technology that either enables a sales person to sell successfully or seldom replaces the human interaction to further develop the relationship. It is evident form the literature that technology and social media had transformed the sales and marketing process and companies are still adapting to this global phenomenon.

Against the background and focus of this research study social media in B2B and B2C will be discussed. The focus will be on B2B selling with an emphasis on the impact and importance of the Social Capital Theory.

2.4.1 Social Media in Business-to-Business Selling (B2B)

It is universally accepted that change is the only constant. This is also true for business and for the selling environment. Multiple studies have described the changing environment salespeople face, and have focussed on different crucial characteristics of the sales environment and roles of salespersons (Lee as cited in Marshall et al., 2012; Agnihotri et al., 2012; Rodriguez et al., 2012).

Marshall *et al.* (2012,p. 357) mentioned that there is "revolutionary change in the way contemporary selling is conducted – [it] is driven in large measure by social media technology". In their study, the above-mentioned authors emphasised the positive and negative impacts of the use of social media in sales organisations, which are categorised into six over-arching themes, namely: connectivity, relationships, selling tools, generational, global and sales/marketing interface. These themes are the cornerstone for the sales process. To support the positive impact of social media in the pharmaceutical industry, the Weber Shandwick Report (2013) delineated some advantages of social media, namely that it allows direct communications with

audiences, adds value to patients and physician communities, shares perceptions, gains insights into patient populations and extends important messages.

To further explain the advantages of social media for B2B selling, the study conducted by Rodriguez *et al.* (2012, p. 366) confirmed that the "Social Capital Theory provides a foundation for understanding the impact and importance of social media for organisations". It was argued by Marcus, as cited by Rodriguez (2012) that through social capital, companies can facilitate information sharing, add value, build mutual trust and gain advantage from joint problem-solving. The principles for social capital can thus include the following: creation of opportunities, management of relationships, value-addition, mutual trust, joint problem-solving, gaining insights, and enhancing the sales and marketing interface, as described in Appendix 2 (Marshall et al., 2012; Rodriguez et al., 2012; Weber Shandwick Report, 2013). The positive outcome of this is relationships that are based on the principle of reciprocity. Social capital is thus increased by leveraging different social media platforms and resultantly increases performance of the company.

To summarise, Rodriguez *et al.* (2012) listed prospect development, opportunity creation, understanding customers, customer acquisition and relationship management as central themes of the Social Capital Theory. Social Capital Theory focusses on acquiring an enhanced understanding of customer needs, and on discovering buying influences and processes. Once information has been obtained, the next step is to qualify the customers. Facebook and LinkedIn are social media platforms that provide information about customers which "enable sales professionals to increase their social capital and build deeper relationships by sharing product information that is a better fit for the prospective client" (Rodriguez et al., 2012,p. 367). Marshall *et al.* (2012,p. 357) supported this statement with their perspective that the commoditisation of information can become ubiquitous, which "has a profound effect on the buyer/seller relationship, salesperson role and the sales organisational strategy". To overcome this, numerous literature studies have suggested the benefits of optimising customer feedback from different social media platforms to determine the customers' needs and desires. The challenge remains that the information must be used effectively to benefit both the company and the consumer (IBM Global Business Services, 2012; Marshall et al., 2012; Rodriguez et al., 2012; Weber Shandwick Report, 2013).

An important and relevant issue of concern however, is the measurement of social media's Return On Investment (ROI) for pharmaceutical companies (IMS Institute for Healthcare Informatics, 2014; Weber Shandwick Report, 2013). It remains to be determined how to measure sales that are related to social media initiatives.

2.4.2   Social Media in Business-to-Consumer Selling (B2C)

"The traditional notion of direct selling is of an industry that is face-to-face and people orientated, with a focus on building strong personal relationships with consumers" (Ferrell et al., 2010,p. 157). From exploratory research, Ferrell *et al.* (2010) concluded that emerging social networking sites have the potential to augment and complement traditional face-to-face social networks and that the direct selling industry should build on research in the arena of personal selling and sales management (Ahearne & Rapp, 2010).

From recent perspectives, the focus on the implementation of social media has shifted to the customer, meaning that sales people have become less specialised in their product knowledge, and more focussed on customer satisfaction (Andzulis et al., 2012; Sharma & Sheth, 2010). On reflection, it is evident that although social media makes another communication platform available, the basic traditional selling concepts are still applicable when customers are the direct sales target (Figure 1).

Andzulis *et al.* (2012) proposed a conceptual sales process, where the concentration was on the actual sales process based on traditional selling methods as propounded by Sharma and Sheth (2010). However, this has been expanded to include the role of social media based on the typologies developed by Kaplan and Haenlein (2010).

Contrary to this perspective, Sharma and Sheth (2010) suggested that technology mediation transforms the seven-steps of selling to the following five steps: (1) knowledge provisioning through technology, (2) consumer developing interest, desire and preference, (3) salesperson interaction with consumer and becoming a problem solver, (4) consumer placing order in technology-mediated environment; and (5) technology mediation ensuring follow-up. The role of the salesperson therefore develops into that of a problem solver.

To contextualise the role of social media within the sales and marketing process within the pharmaceutical industry, the sales and marketing process within the regulated sales environment is discussed.

2.4.3　　Social Media in a Regulated Pharmaceutical Sales Environment

Companies that operate within regulated industries (for example, financial services, and pharmaceutical, alcohol and tobacco industries) face new challenges with social media advertising/marketing and sales activities. Regulatory bodies within these industries have sought effective ways to accommodate social media as it hinges on the promotion, interaction and conversation among potential customers (Nicholls, 2012; Weber Shandwick Report, 2013).

The pharmaceutical environment is a unique selling environment that relies on face-to-face selling to influence healthcare professionals to prescribe or recommend scheduled products. Thus, the type of selling can be classified as direct selling in a business-to-business (B2B) context to health care professionals. However, in recent years, companies have started utilising marketing techniques to interact with and provide disease information directly to consumers (Marketing Code Authority, 2013; Wind, 2006).

With this in mind the proposed sales and marketing process with the integration of social media might be expressed as indicated in Figure 4.

Figure 4: The proposed sales and marketing process with the integration of social media within pharmaceutical companies
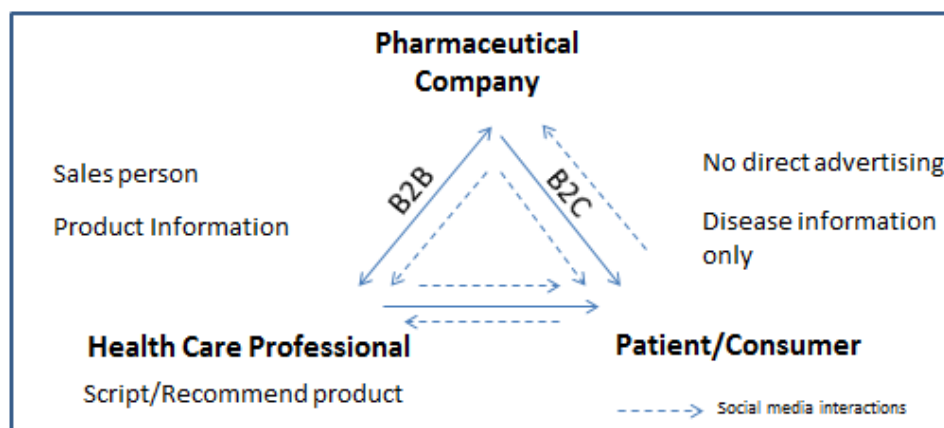
Source: Derived by researcher

Within the regulatory context, the Code of Marketing Practice is distinct concerning what is permissible and what is prohibited in pharmaceutical advertising/marketing (see Section 1.3.1). The literature reviewed confirmed the difficulty faced by the industry when implementing social media, which can be summarised as follows

(Greene & Kesselheim, 2010; Houston, 2011; IMS Institute for Healthcare Informatics, 2014; Weber Shandwick Report, 2013):

- Regulatory restrictions protect the public and encourage appropriate use of prescription drugs;

- Regulations have not been distinct regarding the implementation of social media until recently and companies rather refrain from implementing [it] into the marketing/selling strategy;

- It is difficult to find a "fair balance" between risks *versus* benefit information. Inappropriate promotional statements can contribute to the misuse of products or unexpected adverse events;

- Reporting of anonymous adverse events;

- Companies may lose control over the content of their promotional messages; and

- Negative claims can harm the reputation of the company.

To support the argument regarding regulatory limitations, especially that companies do not know exactly how to interact with social media, (Divol et al., 2012; IBM Global Business Services, 2012; Schlinke & Crain, 2013; Weber Shandwick Report, 2013) the following two interrelated reasons from a more general selling perspective have been provided:

- Companies have vague ideas and misunderstandings about how to manage social media and user generated content. The manner in which to influence conversations over a variety of platforms within time expectations differ from the expectations of the customer, and

- There is no single measure of social media's financial impact/ROI and companies find it difficult to justify devoting resources, whether it includes financial or human resources, to an activity where the precise effect remains unclear.

2.5 Social Media Integration and Customer Engagement in the Sales and Marketing Process

2.5.1 Social Media Integration: A Broad Perspective

In their article, Schlinke and Crain (2013,p. 85) mentioned crucial considerations prior to committing company resources to social media implementation. Inasmuch, their formulation offers a broad perspective for social medial integration from the financial industry, which is also regulated:

1. **Goals:** What is the firm or individual attempting to accomplish?

2. **Strategy:** Is there a content strategy in place to ensure content and consistency for the audience?

3. **Tools and Implementation:** What tools and resources are available and how are they implemented?

4. **Risks:** What are the threats and costs associated with using social media?

Although not initially stated, the engagement strategies discussed below consider these vital considerations and should be scrutinised throughout the process of implementing social media initiatives.

2.5.2 Consumers Engagement through Social Media

The literature supports the perspective that companies require tools that enable them to monitor, respond and leverage on the wealth of customer generated content from social media (IBM Global Business Services, 2012; IMS Institute for Healthcare Informatics, 2014). To support this perspective, Divol *et al.* (2012) suggested four primary functions to lead consumer decisions and behaviour. This model is based on the theory that by being able to identify exactly how, when and where social media influences consumers, it can help craft strategies that take advantage of social media's unique ability to engage with the consumer, as indicated in Figure 5.

Figure 5: Social media's Role in the Consumer Decision Journey

Source: Expert interviews; McKinsey analysis
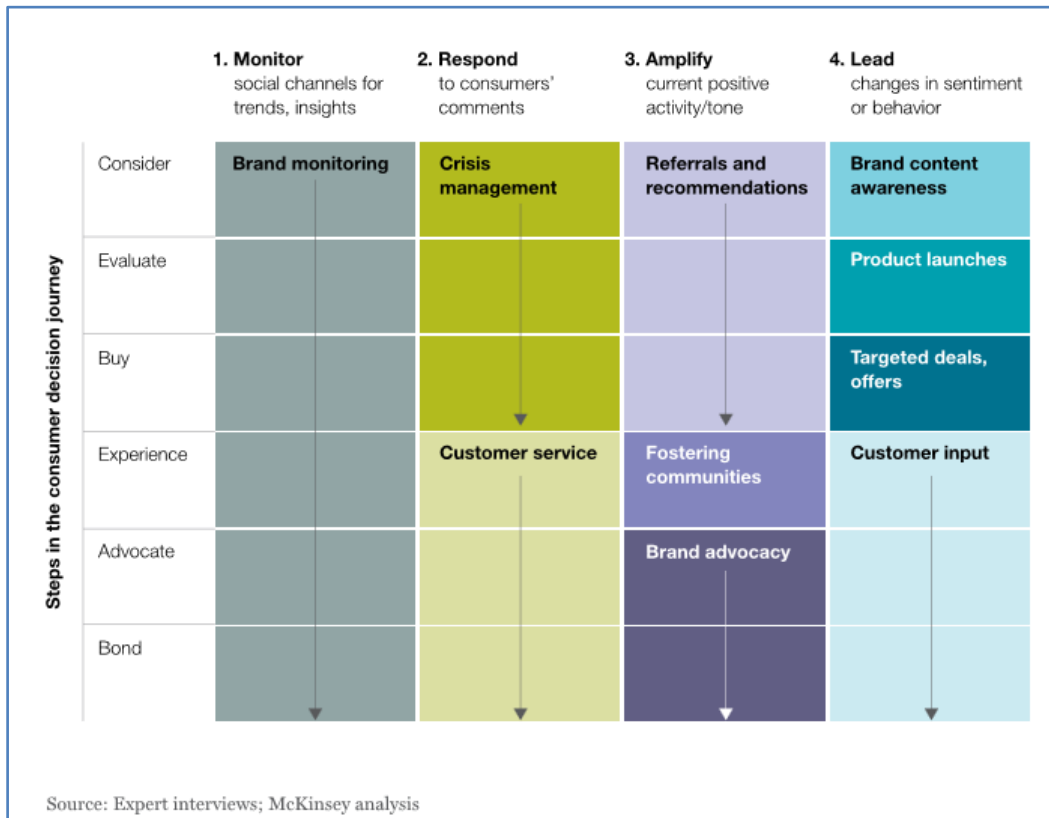
Source: Social media's Role in the Consumer Decision Jouney. Adapted from "Demystifying Social Media" by R. Divol, D. Edelman and H. Sarrazin, 2012, *McKinsey Quarterly* on http://www.mckinseyquarterly.com/insights/marketing_sales/demistifying_social_media [accesssed 11 April 2014].

Andzulis *et al.* (2012) concluded that the sales process is interwoven with customer engagement and collaboration, addressing needs, as well as value propositions to the customer. Furthermore, the authors stated that it is important to remember that the customer drives the buying decision.

The IBM report supported this viewpoint by adding that social media generates new channels for gaining customer and market insights to ultimately adopt a more customer-centric approach (IBM Global Business Services, 2012). The report further suggested that the value-addition for pharmaceutical companies is evident in "analysing, interpreting and acting on insights from the mass of data" (IBM Global Business Services, 2012,p. 2).

The Nielsen Report (2008) described the process of how pharmaceutical companies can acquire vast amounts of information by listening to the conversations that are already taking place on social media platforms. The report also mentioned that since 2008, companies have been intimidated by the procedures that must be established

for collecting and storing consumer feedback, and ensuring that the feedback is sent to the responsible division or individuals, and that there are quantifiable changes made from the feedback received. The IMS Social Maturity Model (Altmann, 2014) provides a broad guide for implementing social media engagement theories. This model indicates the positioning of the company in terms of their social media maturity as either acquiring insights and/or social engagement as indicated in figure 6. The maturity model is complemented by the IMS Nexus Model which is more focused on practical implementation (Minnie, 2014).

Figure 6: IMS Social Maturity Model
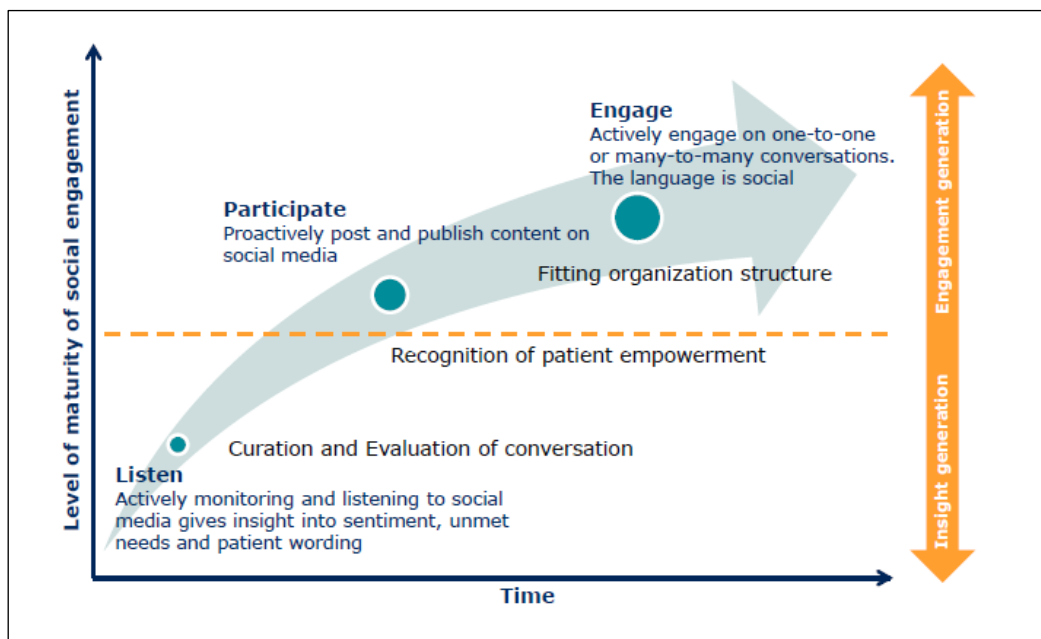
Source: IMS Social Maturity Model. Adapted from "Is healthcare ready for empowered and digitally demanding patients?" by T. Altmann, 2014, *[PowerPoint slides]. Unpublished manuscript*, Johannesburg: IMS Health.

The proposed model for social media engagement theories is based on the integration of a more general selling perspective (Divol et al., 2012) and a pharmaceutical perspective (Altmann, 2014; Minnie, 2014; Nielsen Report, 2008). These four models delineate customer/consumer engagement and support acquired *via* social media platforms, as summarised in Table 4.

Table 4: Social Media Engagement Theories

Proposed process to engage through social media	Nielsen	Divol's consumer decision journey	IMS Nexus social media model	IMS Social media maturity model
Monitor & Listen	**Listen**	**Monitor**	**Listen**	**Listen**
Monitoring and listen to customer needs about disease entities, adverse events (via a third party). Ongoing adverse event monitoring.	Visit online discussion boards, conduct online searches and search for consumer-related videos about brands.	Gain insights from likes, dislikes, product information and potentially negative publicity, and opportunity to identify trends.	Listen to the social media, online search, app stores and other web channels for pre-defined keywords	Actively monitor and listen to social media to provide insights into sentiments, unmet needs and patient wording.
Categorise & Respond	**Facilitate**	**Respond**	**Categorise**	**Participate**
Based on content refers to responsible division/person, moderate and respond individually or to online community. Reponses should be rapid, transparent, and honest to influence consumer sentiment and behaviour.	Sponsorship of existing sites, provide information/personal stories of patients.	For crisis management and/or customer service. Responses should be rapid, transparent, honest, to influence consumer sentiment and behaviour.	Auto-categorize the content based on pre-defined and customized ontologies.	Proactively post and publish content on social media.
Amplify	**Join**	**Amplify**	**Analyse**	**Engage**
Foster online communities, provide disease information and education. Do surveys (via third parties/sponsorships) and respond appropriately. Consumers will feel the company cares.	Start blogging with approval from communications PR and legal entities.	Positive activity spurs broader engagement and sharing, customers can choose to get involved in the experience and have conversations with the brand.	Visualise data on customisable KPIs and issue alerts based on client requirements.	Actively engage on one-to-one or many-to-many conversations. The language is social.
Strategise		**Lead**	**Strategise**	
Use online feedback and survey responses to lead customers via education on disease entities and product support. Align sales and marketing strategy of the sales force. Risk management throughout the process.		Lead customers proactively towards long terms behavioural changes, brand awareness and solicit customer input.	Human analysis provides insight to address objectives defined for project.	

Source: Summary of Social Media Engagement Theories. Adapted from "Nielsen Report: Listening to Consumers in a Highly Regulated Environment. How Pharmaceuticals Manufacturers can Leverage Consumer-Generated Media", 2008, p. 1-8; "Demystifying Social Media" by R. Divol, D. Edelman and

H. Sarrazin, 2012, *McKinsey Quarterly*; "Leveraging Social Media for Aspen" by T. Minnie, 2014*, [PowerPoint slides]. Unpublished manuscript,* Johannesburg: IMS Health; "Is healthcare ready for empowered and digitally demanding patients?" by T. Altmann, 2014, *[PowerPoint slides]. Unpublished manuscript*, Johannesburg: IMS Health.

The proposed model for social media engagement for pharmaceutical companies is based on the integration of the mentioned models and is in alignment to the Marketing Code of Practice. The pivotal point for **monitoring and listening** is to acquire specific insights about customer needs in terms of disease entities. It is imperative to monitor adverse events and to shorten the turnaround response time. To **categorize and respond,** Divol *et al.* (2012) carefully distinguished between crisis management and customer service. For the proposed model, the implications are that the responsible division/manager/individual is informed accordingly. Pharmaceutical companies also engage with moderators to review articles and messages before they are posted (Nielsen Report, 2008).

The allowed activities for pharmaceutical companies in terms of the **amplification process** are to foster online communities through third parties or sponsorships. Companies are only allowed to provide disease information and are not permitted to share product information (Marketing Code Authority, 2013).

The final step in the proposed model is to **strategise,** implying that a company can use consumer generated content and general feedback to strategise or modify product/brand plans around customer needs and input/questions. This ensures that companies are pro-active in their approach and can also utilise feedback to align the sales and marketing strategy of their field force (sales people) about certain trends or concerns about customers' experiences.

2.5.3   Considerations for Social Media Engagement

From the literature reviewed it is evident that there is a real opportunity for social media integration (Shaw, 2010) into pharmaceutical companies and that they can no longer ignore, wait or hide behind the uncertainties of the platform. The IMS Institute for Healthcare Informatics Report (2014,p. 31) stated that pharmaceutical companies should take a "proactive stance with engagement, utilisation of tools and to ensure patients receive value from social media interaction". The following is a consolidation of determiners to consider when planning to integrate social media into the selling

process (IMS Institute for Healthcare Informatics, 2014; Nielsen Report, 2008; Weber Shandwick Report, 2013):

- **Regulations** are one of the main reasons for the aversion of companies becoming immediately involved, as there is vulnerability to proceed with social media integration. Regulation is an accepted norm in the industry, however self-regulation becomes a possibility as it relates to the Code of Marketing Practice and forms a regulatory framework to provide companies with an effective basis for social media activity and engagement (IMS Institute for Healthcare Informatics, 2014; Weber Shandwick Report, 2013).

- There is focus on the **content and feedback** from consumers. Companies should ensure that online content adheres to the established codes of conduct, irrespective of the medium they use, as this will not only build social confidence but also reduce the apprehension companies experience (IMS Institute for Healthcare Informatics, 2014). Content should be monitored, responded to timeously and leveraged on (Weber Shandwick Report, 2013).

  The potential reward of feedback should be valued; companies should use feedback to understand and learn about consumers' experiences. By increasing the amount of patients/consumers partaking in online discussions, there is an increase in the opportunity to collect data and do surveys from much larger samples. Another advantage is that online discussions sometimes reveal answers to unasked questions or topics, which in turn can help inform the brand/sales strategy (Nielsen Report, 2008). Social media can also be leveraged to provide qualitative insights about market realities (IMS Institute for Healthcare Informatics, 2014). In summary, the Nielsen Report (2008,p. 8) stated that "companies stand to gain a better understanding of their consumers' authentic voices, their successes and frustrations, their actual experiences".

- **Transparency and honesty** is important in social media integration. Companies should have a distinct plan regarding the process of responding to queries and questions, as well as a strategy for containing negative comments or publicity. Health care professionals and consumers/patients are empowered and want to be involved, therefore companies should offer valuable information, lifestyle advice and support to demonstrate that the company cares (IMS Institute for Healthcare Informatics, 2014; Weber Shandwick Report, 2013).

- **Start small and align internal structures** to support the corporate goal of the social media initiatives. It is imperative that companies acquire an understanding of appropriate strategies that result in the achievement of corporate goals, and that enhance the company's reputation and specific product portfolios (Weber Shandwick Report, 2013). Distinctive responsibilities should be established in terms of monitoring and responding to adverse events or other identified issues.

- **Ensure the right people are on board.** The support and buy-in of internal colleagues, more specifically regulatory, legal, medical, marketing and sales is critical. Additionally, other business units such as strategic planning, communications and information technology can be included to provide support towards fulfilling the company's mandate for social media (Weber Shandwick Report, 2013). All employees should also be trained on the use of social media as this will increase the social confidence of the company (IMS Institute for Healthcare Informatics, 2014; Weber Shandwick Report, 2013).

- **Push the limits for Return on Investments (ROI) measurements.** Conventional methods to quantify the ROI of social media initiatives are difficult, and pharmaceutical companies should seek realistic metrics. Some suggestions are to create internal and external benchmarks (Weber Shandwick Report, 2013). Another perspective is that ROI measures should be anchored in a more subtle view of successful engagement (IMS Institute for Healthcare Informatics, 2014).

- **Gain support and empower health care professionals** through social media initiatives. By engaging with health care professionals through social media initiatives, companies are empowering them to address the needs of the empowered patient (IMS Institute for Healthcare Informatics, 2014). Companies can empower health care professionals through engagement on discussion boards, and can provide them with online training (Shaw, 2010).

2.6 Conclusions of Literature Reviewed

The following conclusions can be made regarding social media in the sales and marketing process, and further elucidate the requirements of the research study:

Social media is widely accepted and selling companies are aware of the positive impact that social media yields. Social media is no longer merely a platform to create

an online presence, but it is a dynamic source of interaction driven by active participation from consumers. Consumer generated content is valuable and companies should use the feedback to support their product/brand strategies. Despite the advantages of social media, selling companies remain unsure about how to integrate social media into their sales and marketing processes.

The pharmaceutical sales and marketing process includes both B2B and B2C selling, which increases the complexity for social media integration. Social media brings an interesting albeit challenging dynamic to the sales and marketing interface for B2B interaction. This complexity is increased by the regulatory limitations of the industry. Regulatory challenges when integrating social media can be overcome by being compliant, but pharmaceutical companies still experience these regulations as an obstacle for social media integration.

Social media can have a positive impact in the B2B relationship for pharmaceutical companies based on the principle of reciprocity of the Social Capital Theory. Value creation is important for consumers and in return, it contributes to the company's competitive advantage and strategic value.

The measurement of social media's Return on Investment (ROI) is still a concern for pharmaceutical companies.

For social media implementation and customer engagement of the sales and marketing process, companies should follow methodical steps based on their needs and objectives of the initiative. Social media engagement theories offer possibilities on where and how to start implementation, how to integrate social media and how to maintain it.

CHAPTER 3: RESEARCH QUESTIONS

The research questions that were answered in this research study are:

3.1 Research Proposition One

Regulatory limitations are the main consideration when implementing social media into the sales and marketing process.

3.2 Research Proposition Two

Pharmaceutical companies use the principles of the Social Capital Theory in both their B2B and B2C when implementing social media initiatives into their sales and marketing processes.

3.3 Research Proposition Three

Pharmaceutical companies followed the proposed four-phase process of monitoring and listening, categorising and responding, amplifying and strategising.

CHAPTER 4:   RESEARCH METHODOLOGY

4.1   Proposed Research Design

Saunders and Lewis (2012) distinguished three main research methods, namely:

- Exploratory studies that research a phenomenon that is not clearly understood, where new questions are asked to assess the research problem.

- Descriptive studies that seek to accurately describe the relevant phenomenon (person, event or situation). This research tends to ask the question "what?"

- Explanatory studies focus on the explanation of "why?" something happens. It investigates the causal relationships between variables.

This research followed a descriptive research design with case studies that formed the strategy for research. Case studies as a strategy for research can be described as the investigation or focus of a particular contemporary topic within certain real-life context, using multiple sources of evidence (Saunders & Lewis, 2013; Eisenhardt, 1989; Perry, 2001). This description is confirmed by the definition provided by Yin (2003, p. 13), where he states that:

"A case study is an empirical inquiry that:

- Investigates a contemporary phenomenon within its real-life context, especially when,

- The boundaries between phenomenon and context are not clearly evident".

4.1.1   Rationale for Proposed Design

For this research, the considerations and implications of social media integration into the sales and marketing process of pharmaceutical companies were investigated. Social media as a selling and marketing platform is a relatively new addition to the sales and sales management domain, with little existing theory in the ambit of the pharmaceutical industry. With the recent amendments to the Code of Marketing Practice, more pharmaceutical companies might consider optimising social media. To support the theory as well as the selection of a case study approach, the

phenomenon of social media within the sales and marketing context of pharmaceutical companies are not clearly evident.

It appears then that a qualitative, descriptive case study research strategy is appropriate in this early stage of social media in the sales and marketing process of pharmaceutical companies.

Saunders and Lewis (2012,p. 111) explained that a descriptive study is a research design to "produce an accurate presentation of persons, events or situations". The purpose of descriptive research design is to analyse and elucidate the reality of a prescribed topic.

4.2   Research Scope

As mentioned, this research study was qualitative in nature. The researcher included three pharmaceutical companies in the research. The advantage of multiple case studies is that it is considered more compelling, robust and the analytic benefits are more substantial (Yin, 2003). The literature suggests that there is no precise guide regarding the number of cases to be included but recommends sampling a selection of the populations until "theoretical saturation" has been reached (Perry, 2001).

The findings of the research were compared to theory in order to describe patterns which exist. The research included theory building (induction), a process to develop theory as a result of the research findings, but there was also an element of theory testing (deduction) (Perry 2001; Saunders & Lewis, 2012). Yin (2003) supported this perspective of having questions prepared, based on theory and reviews of previous research and confirmed the necessity to "test" the questions in the real world.

The scope of the research included embedded units for analysis, meaning that that constructs or patterns in each case were considered and compared before the larger cases were compared (Perry, 2001).

4.2.1   Scope and reasoning

The reason for using a balanced approach between theory induction and deduction is that the researcher used findings to contribute to existing theory, but also to develop a theory. This approach also guided the researcher in following a structured

approach and minimised the risk of drifting away from the literature and research questions.

4.3   Proposed Population

The population comprised of all pharmaceutical companies in South Africa that manufacture/import prescription medicines and medical devices. The list of these companies was obtained from the Medpages Professional Directory (June 2014). Medpages is the definitive source of healthcare contact information in Southern Africa.

4.4   Units of Analysis

Creating and analysing units of analysis for case research can be a difficult and a confusing process (Perry, 2001). Units of analysis refer to the components of a case study or the issues related to the research problem. Small cases that are part of the overall study are usually embedded in the following units of analyses:

- Explanations by the respondents of the different considerations when integrating social media into the sales and marketing process, despite regulatory limitations.

- Statements from respondents regarding how pharmaceutical companies employ social media to influence their B2B and B2C relationships, as explained by the Social Capital Theory.

- A description of the process that pharmaceutical companies follow in social media implementation, management and engagement based on the proposed four-phase model of monitoring and listening, categorising and responding, amplifying and strategising.

The units of analysis focussed on the research problem/questions and helped to establish the considerations and implications in which pharmaceutical companies integrated and optimised social media into their existing sales and marketing processes.

4.5   Sampling

4.5.1   Sampling technique

Sampling for case studies is unusual and no rules exist. For this research study, companies that were included were selected based on purposive sampling. "Purposive sampling is frequently used for non-probability sampling, particularly to select small samples when collecting qualitative data" (Saunders & Lewis, 2012, p. 138). The researcher selected a heterogeneous sample to include "diverse characteristics to provide the maximum variation possible in the data collection" with the underlying premise that "any pattern that emerge are likely to be of particular interest and value representing key themes" (Saunders & Lewis, 2012, p. 139). Due to the novelty of the topic within the pharmaceutical environment, especially in South Africa, the researcher included elements of theory building (induction) and theory testing (deduction).

The three companies were selected for the research. Their selection was based on the criteria that they had managed to execute various levels of social media integration, thus being representative of the full spectrum of social media that can be utilised within pharmaceutical companies in South Africa. The spectrum of variation includes companies that were early movers in embracing social media, to companies that recognise the potential of social media but have not completely embraced it. The opposing sides of the social media spectrum included GlobalEthical, the early mover in embracing social media; and WorldwideX, the company that was not convinced about the "what, how and why" regarding the utilisation of social media, resultantly viewed as "laggards". Continental.Inc was placed in the middle of the spectrum, and can be regarded as a company that uses social media, but not to its full potential.

Within these case studies the respondents were managers and/or individuals involved in social media activities. This included respondents from different departments, including the regulatory and marketing divisions, as well as a digital manager from one company. These respondents guided and informed the researcher of other data sources and of evidence that was required to be investigated and included in the research.

4.5.2 Sampling frame

A sampling frame refers to the "complete list of all members of the total population" (Saunders & Lewis, 2012,p. 133). The sampling frame was the group of companies, as listed in the Medpages Professional Directory of June 2014.

4.5.3 Sample size

Three pharmaceutical companies from the Medpages Professional Directory were included into the case study analysis. The sample size within each case was varied, based on availability of individuals who could assist with relevant information.

4.6 Research Instrument and Data Collection

4.6.1 Design

When completing case studies, evidence may be gathered from different sources including documents, archival records, interviews, direct observations, participant-observation, brochures, trade magazines, interviews with consultants or regulators and physical artefacts to triangulate a representation of information (Yin, 2003; Perry, 2001).

For the purpose of this research these process were followed:

- **Phase 1: Interviews**

Semi-structured interviews were conducted with mostly product managers and regulatory managers. GlobalEthical shared information regarding their approved scope of activities. Two product managers, the digital excellence manager and an independent medical writer who previously wrote articles for the company were interviewed. However, the product managers were cautious of sharing too much information as some applications were not yet in the public domain.

Initially WorldwideX was reluctant to partake in the research. The researcher was primarily unsuccessful in confirming an interview with the communications manager. After several attempts the company granted permission to partake in the research study, and the regulatory manager approved an interview between the researcher

and the communications manager at WorldwideX. Supporting documents pertaining to the information discussed in the interview were provided.

Continental.Inc was initially very enthusiastic to share with the researcher their newly launched social media initiatives as part of a new product launch. After an interview with the regulatory affairs compliance manager, the researcher tried, unsuccessfully, several times to follow up and arrange meetings. Unfortunately they did not respond to any follow up requests; neither did they indicate their formal withdrawal from the research process. Limited supporting documentation was provided.

All interviewees signed the informed consent letter and were briefed about the objective of the research. Interviews took approximately one hour to complete. The interview guide (Appendix 3) was used as theoretical knowledge to guide the researcher during the interviews.

Table 5: Respondents included in the research study

Company Name	Individual	Position
Global Ethical	Mary	Product Manager
Global Ethical	John	Product Manager
Global Ethical	Emma	Digital Excellence Manager
Global Ethical	Jane	Independent Medical Writer
Worldwide X	Tammy	Communications Manager
Continental.Inc	Angela	Regulatory Affairs Compliance Manager

Source: Derived by researcher

The following supporting documentation was provided by the respective companies:

Table 6: Supporting documentation for each company

Company Name	Supporting documentation provided
GlobalEthical	Website details (not to be disclosed)
	Facebook page details (not to be disclosed)
	Twitter page details (not to be disclosed)
	Internal documents on the use of social media

WorldwideX	Website details (not to be disclosed)
	Facebook page details (not to be disclosed)
	Internal documents on the use of social media
Continental.Inc	Website details (not to be disclosed)
	Policies on the use of social media

Source: Derived by researcher

- **Phase 2: Desk review**

This phase involved the researcher's self-study of the pharmaceutical companies included in the research. Websites, Facebook and/or Twitter accounts were visited to collect data and to gather information about activities currently taking place on these platforms. The details concerning these accounts cannot be disclosed in the research report. This phase was completed after the interviews concluded, as the respondents provided the details of the social media platforms during the interview process. Some information websites were only accessible by Health Care Providers with valid entry codes.

- **Phase 3: Archival documents**

Although consent was provided for interviews, not all companies were willing to share their information. The reasons for this are that some campaigns were actually in the implementation; as such they were not yet in the public domain. Another reason attributed to the withholding of relevant information was that the researcher is employed in the pharmaceutical industry, therefore the respondents decided not to disclose certain information, in order to protect their respective companies' intellectual property. Policies regarding the use of social media, observations and workflow processes are examples of some of the documentation that was provided to the researcher.

Yin (2003) listed three principles for data evidence/collection that was implemented in this research:

- Use multiple sources of evidence to increase internal validity and reliability that allows for the triangulation of data.

- Create a formal, presentable case study database for raw data for each case. Keep all case study notes, documents and tabular materials together to increase the reliability of the entire case study.

- Maintain a chain of evidence, with clear cross-referencing, whereby the process followed from each research question to the study conclusion is evident, also to increase the reliability of the research.

4.6.2   Reliability and validity

As discussed above, the researcher attempted to achieve internal validity by using multiple sources of evidence and semi-structured interviews. The questions for the interviews were based on the understanding of the theory and pilot testing of the interview questions that were used to make sure the questions are understood as intended (Eisenhardt, 1989; Perry, 2001).

To ensure external validity, the researcher used multiple cases to examine whether findings can be generalised across many companies. For case studies, statistical generalisation can be used to make an inference about the population or universe on the basis of empirical data collected but because of the small sample the possibility existed that it might not be representative of the larger population. For that reason, analytical generalisations were used to illuminate empirical theoretical concepts or principles (Yin, 2005). Appendix 2 includes a summary of the theoretical constructs used in the research study.

Reliability of the research study was increased by using the interview guide derived from the literature reviewed in order to consistently guide the researcher during the interviews for every individual case. The researcher analysed data from multiple sources, which required the formulation of a standard process across all case studies.

4.6.3   Pre-testing

The interview guide was based on the review of theory and recommended suggestions for future research from prior studies. The researcher pre-tested the interview guide with a colleague who currently uses social media as part of a

marketing campaign for a pharmaceutical company; this ensured that the questions were well understood. After the pilot interview the questions were slightly adapted.

4.7　　Data Analysis and Data Management

While it is technically possible to separate the data collection and data analysis phases in a qualitative research study, it was vital to remember that the collection and analysis phases need to take place parallel to each other in order to obtain more profound levels of understanding as the process progressed. Saunders and Lewis (2012) suggested that analysis of qualitative data commence before all the data has been collected, to ensure that the follow-up meetings can be scheduled to clarify initial insights suggested by early interviews in later interviews, as well as to recognise when the study has reached data/theoretical saturation.

The researcher employed computer-assisted data analysis for the structured interviews to achieve the required quality of results that were necessary within case study analysis and cross case analysis (Eisenhardt, 1989; Perry, 2001; Yin 2003).

For the semin-structured interviews these processes were followed:

- During the interview the researcher took notes and audio-recorded the conversation to produce a full record after the interview. The researcher's notes and the transcriptions of the participants' words were used to develop themes.

- Qualitative data analysis software, Atlas.ti was used to code and categorise the large amount of narrative data to identify emerging themes.

- A search for patterns in the data that was collected developed meaningful categories or codes that describe data.

- The researcher repeated the above steps until a point of saturation had been reached, where new themes or insights were no longer found; and then the researcher performed an intensive analysis on the captured data.

- **Within case analysis**

This analyses involved detailed written accounts of each case study; often these were pure descriptions. This is central to the generation of insights and helped the researcher to cope with enormous amounts of volumes of data collected (Eisenhardt,

1989). Any kind of "tracking" can be used; this includes tabular displays, or graphs of information to help the researcher to become intimately familiar with each case.

- **Cross-case analysis**

Cross-case analysis is attached to within-case analysis regarding the search for and development of patterns (Eisenhardt, 1989). The purpose of cross-case analysis was to initially force researchers to go beyond primary impressions through the use of structured and diverse lenses on the data. The researcher also followed the following strategies to complement the cross-case analyses (Yin, 2003):

- Relied on theoretical propositions, which allowed the researcher to focus on certain data to answer the "how" and "why" questions.

- The researcher had to consider rival explanations, and this helped to identify influences other than the theoretical propositions.

- The researcher identified and defined predicted patterns of variables before data collection.

All relevant data was used to triangulate the information to substantiate constructs/themes. This is a definitive strength of case study data collection (Yin, 2003; Eisenhardt, 1989).

All respondents were provided with comprehensive information regarding the purpose, scope and intended outcomes of the research. The information required to answer the research questions was stated, and the anonymity of respondents' personal information was ensured. The organisations or individuals who participated in the research were not named in the research study (Saunders & Lewis, 2012).

4.8   Potential Research Limitations

The following aspects are significant limitations to the proposed research methodology and scope of the research study:

- There was a lack of sufficient literature regarding the impact and/or integration of social media in the sales and marketing processes for pharmaceutical companies.

- Qualitative, descriptive research is by nature a means to an end rather than an end in itself. Therefore this research requires more exploration and future research (Saunders & Lewis, 2012).

- As a result of purposive sampling, the sample was not representative of the population as a whole, while certain theoretical constructs were illuminated.

- Descriptive research is subjective and might reflect the perspectives of the researcher. Inasmuch, there may be researcher bias (Perry, 2001).

- Interviewees may have shared only the positive experiences of social media which is biased towards their company, resulting in skewed answers, which could have affected the validity of the research.

- Social media is a fairly new concept for pharmaceutical companies. The "use of social networking sites has grown from 8% of all adults online in 2005 to 67% in late 2012 and up to 72% of U.S. adults online in May 2013" (IMS Institute for Healthcare Informatics, 2014,p. 2).

- Some companies were reluctant to sustain participation in the interviews. The reason for this might have been to protect their intellectual property.

- Not all information that was known by the respondents was shared in the interviews because sensitivities existed regarding the implementation of new campaigns that were not yet in the public domain.

- The researcher is employed in the pharmaceutical industry, which prevented companies from disclosing information as they might have perceived the researcher as a potential competitor. Essentially, the respondents were protecting their intellectual property.

- Pharmaceutical companies have more stringent regulations to successfully manage in order to effectively use social media; particularly those areas outside of the United States that seek to reach patients/consumers directly (IMS Institute for Healthcare Informatics, 2014).

- Pharmaceutical companies were reluctant to implement social media. "This reluctance or slowness to adopt social media can in part be explained by the heavily regulated environment and partly by insecurity with new technologies and direct-to-patient interaction" (IMS Institute for Healthcare Informatics, 2014,p. 9).

CHAPTER 5:   RESULTS

For this research study three pharmaceutical companies were selected from a purposive sampling technique. The researcher selected contrasting cases with heterogeneous samples to ensure diverse characteristics were accounted for to provide the maximum variation possible in the data collection. The vagueness of the phenomenon of social media within pharmaceutical sales sought to be enhanced.

The researcher selected companies based on the criteria that they were currently in different levels of social media integration, thus representing organisations that were utilising the full spectrum of social media within the pharmaceutical industry in South Africa. The opposing sides of this spectrum included GlobalEthical, an early mover that embraced social media; and WorldwideX was a slow mover that was not yet convinced about the "what, how and why" regarding social media. Continental.Inc was placed in the middle of this spectrum, and is more definitively regarded as a company that uses social media but not to its full potential.

For every case study different respondents were included in the interview process based on their role within the implementation of social media, as well as based on availability of individuals willing to assist with providing information. Respondents included individuals from different departments that comprised regulatory and marketing divisions, as well as a digital manager from one company. These respondents guided and informed the researcher of other data sources or evidence that was required to be included in the research.

The results for each case study are discussed according to the research questions proposed in Chapter 3. A cross-case study analysis is performed and discussed in Chapter 6.

5.1 Case Studies' Results

5.1.1 Within case study results

5.1.1.1 *GlobalEthical*

GlobalEthical is one of the largest international ethical pharmaceutical companies headquartered in Europe. The company is engaged in consistent research, developing, producing and commercialising different pharmaceutical products mainly in the prescription market segments. GlobalEthical also offers several products for sale in the over-the-counter (OTC) segments. GlobalEthical is the company that has used social media in their consumer division, as different platforms are used to interact with consumers. From an ethical perspective, however, it is more challenging as direct interaction and advertising to consumers is not allowed. GlobalEthical has a two-way approach to their social media initiatives. For corporate branding and creating a presence they use social media platforms like Twitter, Facebook and LinkedIn. For specific brand portfolios they utilise websites, partnerships with media agencies, videos and individually developed applications that are based on the principle of creating disease and brand awareness. Although GlobalEthical is pro-active in their social media implementations, this phenomenon is admittedly still new for the company. They have been actively implementing social media initiatives for the past two years, since the appointment of a digital excellence manager.

Research proposition 1: *Regulatory limitations are the main consideration when implementing social media into the sales and marketing process.*

Code of marketing practice

The **Code of marketing practice** and the role of regulation in the pharmaceutical industry are main considerations for GlobalEthical when social media implementation is discussed, as confirmed by all the interviewees from GlobalEthical:

> *"I think within our industry it's difficult because of the regulatory framework in which we work as opposed to other industries for example"* (GlobalEthical, John, p. 2);

"It needs to fall in line with all the company's Processes Act guidelines, rules and regulations" (GlobalEthical, Emma, p. 16);

"The applications are more disease orientated, because of the marketing code restrictions" (GlobalEthical, Mary, p. 2);* and

"From a pharmaceutical agency's point of view, you need the rules and regulations that we apply by, because of Marketing Act. What you can place for a consumer, what you can't place, because most agencies aren't clued up on that" (GlobalEthical, Jane, p 2).

The Code of Marketing Practice also states that **direct advertising of scheduled brands** to consumers is not permitted. This increases the complexity of the challenge to implement social media for scheduled brands, as confirmed by all the interviewees' from GlobalEthical:

"*Because you are not allowed to advertise products to the consumer"* (GlobalEthical, John, p. 13);

"Because, you will not be able to talk products as such" (GlobalEthical, Emma, p. 10);* and

"…so not product specifically to the end user because it is scheduled brands, but corporate branding to say that GlobalEthical is involved form a CNS perspective…." (GlobalEthical, Mary, p. 1).

Furthermore all statements that refer to a disease entity on a public site should be referenced correctly. This is also a requirement of the Code of Marketing Practice, as confirmed by the medical writer:

"Everything needs to be referenced. We are restricted more. There is some restriction on creativity and there is some restriction on being catchy and speaking to the consumer" (GlobalEthical, Jane, p. 3).

Apart from the Code of Marketing Practice the following reasons were also provided as considerations for social media implementation in the sales and marketing process:

Global and internal approval processes

There are strict **global and internal approval processes** that need to be adhered to before implementation. GlobalEthical is a multinational company and has to abide to both requirements as confirmed by the respondents interviewed:

"*We had to; with the help of GlobalEthical, because from our side we have got global guidelines in terms of the use of social media. There are some hard and fast rules, and there are some guidelines. There are the do's and don'ts*" *(GlobalEthical, Emma, p. 2);*

"*Before we go onto internet platform[s] at all, remember we have to get internal approval and global approval, because remember we are a multinational company, so internal approval basically approves content and you know we have a structure, we have a template in terms of structure that is needed for anything that goes onto the net basically. And the same would apply for a social media perspective*" *(GlobalEthical, Mary, p. 8).*

Personal Information Act/Consumer Protection Act

In South Africa the **Personal Information Act** as an extension of the **Consumer Protection Act (CPA)** is applicable to social media. It is concerned with the protection of consumer data and information and states what companies are allowed to do with consumer information. According to the respondent, companies should familiarise themselves with the Consumer Protection Act as well as the Personal Information Act:

"*It is the Personal Information Act. It is basically an extension of the CPA, the Client Protection Act, the information policy. It is all about your protection of your data and information or what corporates do with that; who do they share it with and do they share it. So, we need to know these things. A person must read it. They might even not even know that this exists*" *(GlobalEthical, Emma, p. 16-17);*

"*So, in the Pharma industry, I think there is a difference because of things like, well Consumer Protection Act will influence everyone. But, it is also patient records. Like, you may not keep patient records*" *(GlobalEthical, Jane, p. 2).*

Reporting of adverse events (pharmacovigilance)

Reporting of adverse events (pharmacovigilance) and monitoring thereof was a prominent concern for the respondents from GlobalEthical. This is consistent with the concept of monitoring online feedback and conversations (also applicable to question 3).

> "*It does make it a lot more challenging because there are things; you know things like pharmacovigilance that one has to take into account…..*" *(GlobalEthical, John, p. 2);*

> "*They are there to even assist with things like pharmacovigilance…*" *(GlobalEthical, Emma, p. 12);* and

> "*…where it's part of pharmacovigilance that it needs to be monitored and feedback needs to go. So from a reporting perspective, customer service and pharmacovigilance monitors that*" *(GlobalEthical, Mary, p. 8).*

Acknowledgment of risk and the management thereof

The argument for risk was borne from a combination of aspects including the following feedback from the respondents: uncertainty of how to **manage social media, customer engagement**, how to deal with **informed customers** who might tell health care professionals what they need.

> "*It's also quite tricky I think because your healthcare professionals can also get upset when patient almost start telling them what to do*" *(GlobalEthical, John, p. 10);*

> "*But the patient is now absolutely informed. They are going to go to a doctor and they are going to say 'I have read about those products, this is what I want. I have done my research, I've gone onto Google'*" *(GlobalEthical, Emma, p. 9);*

> "*The consumers now want to know more information; they read about Tim Noakes diets. They are going on to the internet. So, there is so much mixed information, so your consumers want to be informed. I think a big part of it is, the doctor's advice or instructions are not followed 100%. Consumers want to know. I want to know*" *(GlobalEthical, Jane, p. 11).*

Risk management in terms of cost and return of investment

"…so for me specifically how I manage the risk, is to look at reports so I can see how many apps, booklets or support guides the reps have created because there is not a report system on the applications" (GlobalEthical, Mary, p. 14-15);

"I then I think cost is also, you know, a consideration because I think the initial setup cost of those kinds of things are quite expensive (GlobalEthical, John, p. 8);

"There is risk and this is how I manage the risk, like I said the cost is….. It's not cheap" (GlobalEthical, Mary, p. 15) and

"Their proposal was put on the table, and a lot of things were considered, not just the costs. Obviously cost is critical…" (GlobalEthical, Emma, p. 3).

From the digital manager's perspective, the particular respondent is more convinced that although there are risks involved it can be managed in the same way other processes or concerns are managed. The digital manager's viewpoint further is that social media is a litigated risk, and that GlobalEthical have all the correct processes in place and mention that:

"It [social media] is just a different channel that the world can see. It is a risk. But it is a litigated risk. It can be managed. It is not, it is definitely not something that you are leaving out there open, unprotected. Why, why would any company do that?" (GlobalEthical, Emma, p. 11);

And the question remains:

"But, how do you measure sales on a site that doesn't sell?" (GlobalEthical, Emma, p. 6);

"…business by creating disease awareness the education - patients being aware of what they are experiencing and then driving them to go and see their doctor, that is what you want to do to ensure that you get return on investment" (GlobalEthical, Mary, p. 16); and

"That is the thing. It is the same that you invest in a television, radio ad. It is a big investment. There also, how do you measure your return? All you can say is that there is an increase in sales" (GlobalEthical, Jane, p. 24).

Therefore, GlobalEthical's perspective is to revert to their initial question that is concerned with why organisations want social media. To increase corporate, product and disease awareness amongst patients/consumers who will in return ask their doctors for a script. For ethical products the first line customer is still the doctor that drives the business. GlobalEthical measures this by implementing key performance indicators (KPIs) such as the amount of likes and the retention of the likes, how many new people joined the website and how many dropped off:

> *"And the 1st of August I communicated the KPIs, so now I created the buy-in, so now it's there and not only for you to use, we need to measure ROI and I need to drive them to use it as well" (GlobalEthical, Mary, p. 17);* and

> *"So, at any given day you can go in and you can actually see how many likes have we received, how many have dropped off, and how many people have actually disengaged. You can see the growth. You can actually see the trend and understand that" (GlobalEthical, Emma, p. 4-5).*

Availability and alignment of resources

The **availability and alignment of resources**, both for implementation and management of social media were identified as important considerations. When referring to resources it included both internal (information flow) and external (agencies) resources:

> *"So, if you don't honestly have the resources, don't even venture into social media, because it is going to bite you, because you won't have the ears and eyes open to pick up on conversations" (GlobalEthical, Emma, p. 3);*

> *"…and I don't necessarily think that the resource are always aligned in terms of all that information" (GlobalEthical, Mary, p. 10);*

> *"It is the expertise that is missing here. It is not here. You need the IT. Specialist, you need the Medical Specialist, and you need the Pharma Specialist. This is all the specialists that you need" (GlobalEthical, Jane, p. 21).*

And in terms of the agency:

> *"The agency is essential to the monitoring of the website once it is up and running and building" (GlobalEthical, Jane, p. 2);*

"So not just any digital creative or COMS agency, they had to be specialists in Social Media and engagement" (GlobalEthical, Emma, p. 3).

Generational gap and reluctance to use technology

The **generational gap and reluctance to use technology and any social platform** amongst the sales force as a vital consideration was confirmed by the respondents from GlobalEthical. All felt that there are gaps between the knowledge of social media by the sales force, and they admitted that age plays a role as well as interest and personal preference:

"It is unfortunately still a barrier, the generational gap" (GlobalEthical, Emma, p. 14);

"For example the sales force, you know unless they, I suppose appreciate and embrace the technology there is always going to be a reluctance to actually use it" (GlobalEthical, John, p. 8);

"…the Product Y team is probably I would even say a mature team so they not, they not sort of these young sort of 20 to 30 year olds and it's very possible that this new phenomenon, it's not really new anymore but I mean social media phenomenon is just not, yes, they just maybe not as comfortable with it and I think that's also the thing with the doctors you know" (GlobalEthical, John, p. 8-9);

"If you look at the reluctance from the sales force and doctors, it might be a South Africa only thing" (GlobalEthical, Jane, p. 16);

"The problem... One of the biggest stumbling blocks is resistance from your sales force. They all want iPhones, they all want iPads, but they are Technophobic" (GlobalEthical, Jane, p. 8-9).

In summary it is clear that regulation and the Code of Marketing Practice is a main consideration for GlobalEthical. Their approach however is to align their social media initiatives with traditional marketing processes. Other considerations include adherence to global and local approval, the consumer protection act, reporting of adverse events and the acknowledgment of risk. Within these themes, the following aspects remain important: informed patients, cost and ROI, measurement of social media activities, availability of resources and the generational gap and reluctance to use technology.

Research proposition 2: *Pharmaceutical companies use the principles of Social Capital Theory in both their B2B and B2C social media initiatives.*

GlobalEthical has a two-way approach to their social media initiatives aligned to the requirement of the Code of Marketing Practice. For corporate branding and creating a presence they use social media platforms like **Twitter, Facebook and LinkedIn** which are focussed on B2C selling. For specific brand portfolios the company uses **websites, partnership, videos and individually developed applications** representing integrated B2B and B2C focus.

Creating awareness/opportunity/value-addition

The main purpose of these platforms is to create awareness (of disease and company) and/or education amongst consumers; for instance to increase consumers health IQ, introduce GlobalEthical and its brands (brand values), as well as to create a positive perception of the company, showing their willingness to engage with consumers.

> "*Yes you know there is certain area where our product is used, it is sometimes it is also off label and because you can't actively promote you have to rely on education and I suppose discussion and blogs would give that to you again because a lot of it is off label. It's the whole monitoring aspect*" *(GlobalEthical, John, p. 10).*

> "*So, you need to have a proper content plan in place that speaks solely objective. So, what are you trying to achieve? What are your KPIs with this brand? Is it education? Is it awareness? Whatever... we all know it is bottom line sales*" *(GlobalEthical, Emma, p. 4).*

> "*There is nothing out there in South Africa, locally. So, we will have to do actual research from scratch in terms of the doctor's opinions, and then we have to go and have a look at the disease entity. The information is out there currently, than what they offer these people*" … "*What does that website offer people? Because, if that is not there, there is not education taking place. We will have to then, be willing and able to start from scratch, and say - we are going to take this on, it is a huge risk, because we are taking on the disease entity*" *(GlobalEthical, Emma, p. 12).*

"The app itself is focused on disease awareness and mm, education, all right. The roll of the representative is to bring it back to product and how we've tied it in with products specifically…" (GlobalEthical, Mary, p. 4).

"In this case it is both, its B2C without the consumer actually knowing and bringing it back to business, because we have,…….. In pharma it is complex because in that you just don't have one customer. Your first line customer is the doctor that drives the business. So we have to get script yield, so you have to look at the buying process of how you actions comes back to business or sales into the organisation. So it involves B2B in a sense of other businesses, because I am using another business or supplier to not only assisting in terms of creation and intellectual property, writing and then also using the information and using the public to drive business into our business by creating disease awareness the education - patients being aware of what they are experiencing and then driving them to go and see their doctor, that is what you want to do to ensure that you get return on investment" (GlobalEthical, Mary, p. 16).

Corporate branding

For **corporate branding** and creating a presence, certain initiatives on social media platforms are attributed to global inventiveness, while others are locally driven. These initiatives are on Facebook, Twitter and LinkedIn pages as well as mobile applications. The objectives of these platforms are to position GlobalEthical within the appropriate growing market segment, and to inform consumers about corporate investments and corporate identity. These initiatives relate information to various stakeholders, including the consumer:

> *"It is talking to stakeholders but also telling people out there what we stand for, our brand values"* (GlobalEthical, Emma, p. 19).

Despite the positioning of the company in the market, the company website is also informative about the company, about their employees, their specialised disease entities, product portfolios and the markets in which they operate. The disease information tabs are factual with important trends and information on specific diseases for patients/consumers; which ultimately help the consumer feel empowered, informed and valued:

> *"…we care about people; we care about the public and the disease entity itself"* (GlobalEthical, Mary, p. 1).

Figure 7: GlobalEthical: Website homepage
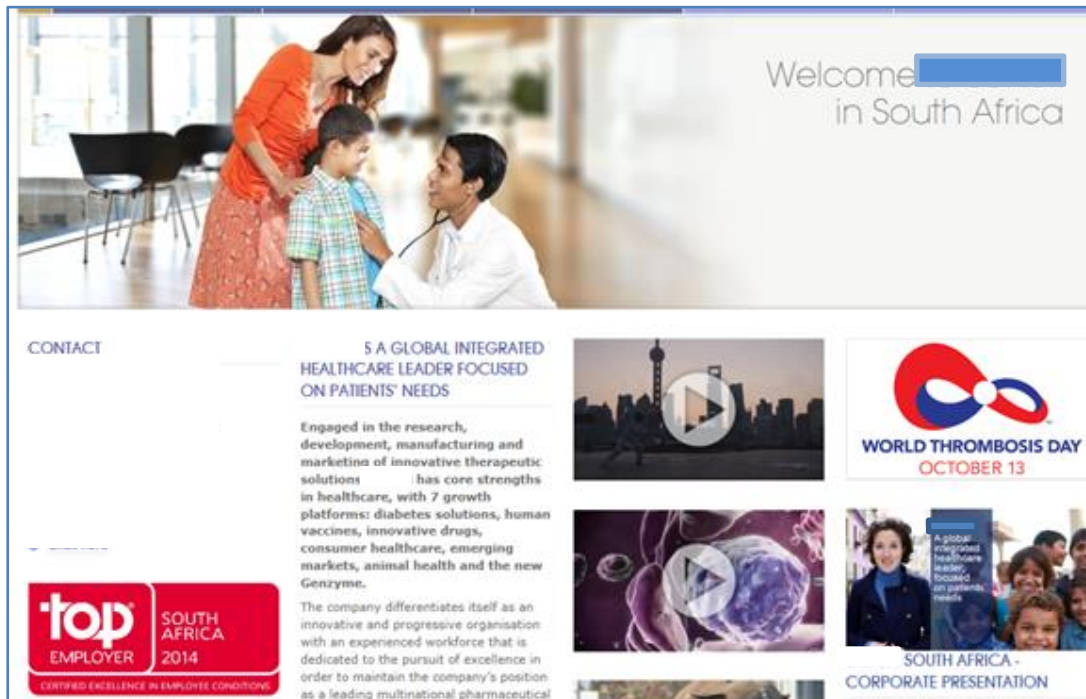
Source: GlobalEthical website homepage

For corporate branding GlobalEthical makes use of a **digital agency** that specialises is social media and customer engagement, as the agencies are familiar with reputation management as confirmed by one of the respondents:

> "*So not just any digital creative or communications agency, they had to be specialists in social media and engagement, especially reputations management. That is when we start talking about the whole online reputation management and the monitoring factor behind it. These guys know what they are doing. They might not have worked in Pharma, but they understand social media*" *(GlobalEthical, Emma, p. 3).*

Other sources of value-addition

GlobalEthical also investigated the use of **crowd sourcing** locally as a value-addition to build mutual trust and joint problem-solving solutions to both the consumer and the company. This was successfully implemented by GlobalEthical's American website:

> "*But, if you go and have a look at the GlobalEthical, it is America, America's GlobalEthical Diabetes website. They have done it right. They had a look at their audience properly in terms of "what do you guys want?" "No, we want eating plans*" *(GlobalEthical, Emma, p. 24)* and "*… it is called crowd sourcing.*

So you are sourcing the crowd out there for friends that are purchasing hours from a research company to find out what is going on. You are going straight to the source. So you are sourcing the crowd for information. You say "guys we value your input, you want to make this a better place for yourselves" (GlobalEthical, Emma, p. 24-25).

Another global application launched by GlobalEthical is the **Gamification** and **Edutainment** applications that are the combination of games, education and entertainment. Gamification is a useful tool that targets mothers with children and edutainment is used as a solution to educate while entertaining the consumer. This was confirmed by one of the respondents:

"The people don't just want to be educated or entertained. I don't have time to do this separately anymore. I want them to come to me at the same time. That is where social media have been so clever with their strategy. Farmville, I means seriously, Candy crush?" (GlobalEthical, Emma, p. 21-22).

"That is the gamification product. If you put education on top of that..." (GlobalEthical, Emma, p. 21-22)

"Edutainment" … "So edutainment is education..." … "And entertainment"…" It is a game. But, it educates at the same time" (GlobalEthical, Emma, p. 21-22)

Figure 8: GlobalEthical: Example of Gamification and Edutainment applications
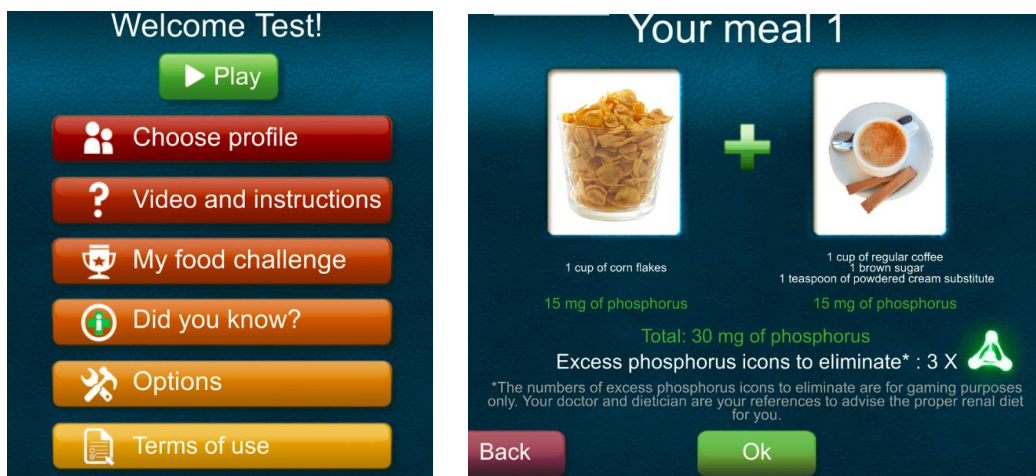
Source: GlobalEthical Gamification (send by respondent)

For specific brand portfolios GlobalEthical uses **websites, partnership, videos and individually developed applications** to increase brand and disease awareness through health care professionals. The marketing code excludes any direct

advertising of scheduled medicines to consumers. This in an ongoing challenge for pharmaceutical companies, but GlobalEthical approaches it in the same way as traditional marketing:

> *"I don't think you can only grow your brand if you only do B2B you have to look at other platforms and expand your competitive box, so you know in terms of scheduled brands your are limited to see the doctor, but he is not your only customer, the patient and the public is the end customer"* *(GlobalEthical, Mary, p. 16).*

One of the brand managers interviewed at GlobalEthical explained that she developed her own application for the product she manages. This application is used by patients to keep a diary record of symptoms, incidents and treatment dates. The field force introduces the application to health care professionals who then introduces it to their patients. The health care professional can forward the application to patients who will fill it in and then return it to their doctor for analysis. This is an example of how social media can **value-addition** and displays **joint problem-solving** by the health care professional and the patient through the facilitation of the social media platform (an application). This process supports the existing sales and marketing process in that GlobalEthical **creates awareness and/or education** in the healthcare professional, as confirmed by one of the respondents who were interviewed:

> *"Your first line customer is the doctor that drives the business. So we have to get script yield, you have to look at the buying process of how your actions comes back to the business or sales into the organisation"…….. "Using the public to drive business into our business by creating disease awareness and education"* *(GlobalEthical, Mary, p. 16).*

GlobalEthical has also created **disease orientated applications specifically for health care professionals** to read about the treatment of specific diseases. These applications are sponsored by GlobalEthical and brand/product information can be provided because health care professionals log-on to a protective portal using their HCP council number. These applications **add value** and **build relationships** as health care professionals have quick access to information *via* a computer or mobile phone and the health care professional does not have to wait for a representative to visit them.

For products that are more **consumer orientated, GlobalEthical makes use of QR codes**. A QR code is similar to a barcode scanned *via* a mobile phone that directs a consumer to a website where they can complete certain "assessments", thereby determining risk for certain diseases enticing the consumer to visit their doctor for more information. Only company names are allowed and no product/brand advertising can happen here. This is an example of indirect marketing to increase consumer awareness and to drive business to the company. GlobalEthical's perspective is that this is an ideal opportunity to target customer groups **to create opportunities** for the company.

> *"Yes, so it's essentially I mean the QR code is almost like a, it's a barcode"… "…what we will be doing on that patient information leaflet is the use of QR code whereby they will be able to scan the code and on their smartphones be able to give them the actual video of self-administration" (GlobalEthical, John, p. 5);*

> *"…some of the Reps are downloading the QR readers on the doctor's phone" (GlobalEthical, Jane, p. 9).*

Another avenue that GlobalEthical has pursued in an attempt to engage on social media platforms is through sponsorship. In particular, GlobalEthical sponsors the **www.Health24.com website, as well as other disease association's websites.** These websites are accessible to the public and/or health care professionals. Within these website's portals GlobalEthical sponsor the disease information and regularly place advertorials. Only corporate branding is allowed on this websites and no product names are permitted. The advantage of utilising these platforms is that these websites are already established with readership and following, and this alleviates pressure to develop the internal processes by GlobalEthical, as confirmed by the respondents:

> *"Like the Health24 and SADAC (South African Depression and Anxiety association) partnership programmes, they have different opportunities and different platforms that you can sponsor"….. "They have doctors that communicate with patients. So we sponsor that, so we get corporate branding, not necessarily product branding" (GlobalEthical, Mary, p. 12).*

> *"For a company in Pharma not to look at these kinds of partnerships, because it is very limiting if you don't. For example, Health24 has always had an online*

presence. They have always had advertising space. They have said 'come to us; purchase this on a monthly fee for a twelve month period'. You can put your product information on there, or disease entity" (GlobalEthical, Emma, p. 17).

Figure 9: GlobalEthical: Sponsorship of www.Health24.com website

Source: GlobalEthical sponsorship of www.Health24.com website (send by respondent)

As a company, GlobalEthical can also use these platforms to disseminate **surveys** to consumers that will, in turn, provide the organisation with market intelligence. The advantage of the social media platforms that GlobalEthical has established is that they are exposed to trends and **gain insights** from their target customers.

GlobalEthical experiences social media as an extension of their current sales and marketing strategy, as explained by one of the respondents:

"…..because people almost forget that social media is just an extension of what we were always been doing. Now it is just on a different platform." (GlobalEthical, Emma, p. 13).

GlobalEthical realises the extent of social media on the consumer, and therefore the company is aware not only of the advantages but also of the increased responsibility of using these platforms as a (indirect) sales tool.

"You will have this conversation, and instead of having it face-to-face, one-on-one, you are having it with groups of people. That word-of-mouth is just much

more powerful now. So, that is one thing that people tend to forget. It is the same old mechanism, it is just, you know it is magnified" (GlobalEthical, Emma, p. 13).

In summary of the information sought by research proposition 2, GlobalEthical supports some principles of the Social Capital Theory that include opportunity creation, relationship building and management, value-addition, mutual trust, joint problem-solving and gaining insights through social media platforms. The company accomplishes this by creating disease awareness and providing education, displaying corporate branding, initiating crowd sourcing, presenting gamification and edutainment alternatives, as well as websites, partnerships and individually developed applications for specific brands.

Research proposition 3: *Pharmaceutical companies followed the proposed four-phase process of monitoring and listening, categorising and responding, amplifying and strategising.*

As mentioned, GlobalEthical has a two-way approach to their social media initiatives. For corporate branding and creating a presence they use Twitter, Facebook and LinkedIn. For specific brands portfolios they use websites, partnership, videos and individually developed applications.

For the management of the Twitter, Facebook and LinkedIn accounts, GlobalEthical employed an agency to assist them with the process. The agency was briefed with the company's expectations in terms of the Code of Marketing Practice. Feedback and questions or concerns from consumers are channelled directly to the company, and GlobalEthical then makes a decision on how to address it. GlobalEthical have a social media toolkit available to guide them through the implementation of any social media activities. They have the option to follow the structured approach as indicated in Figure 10:

Figure 10: GlobalEthical: Social media flowchart
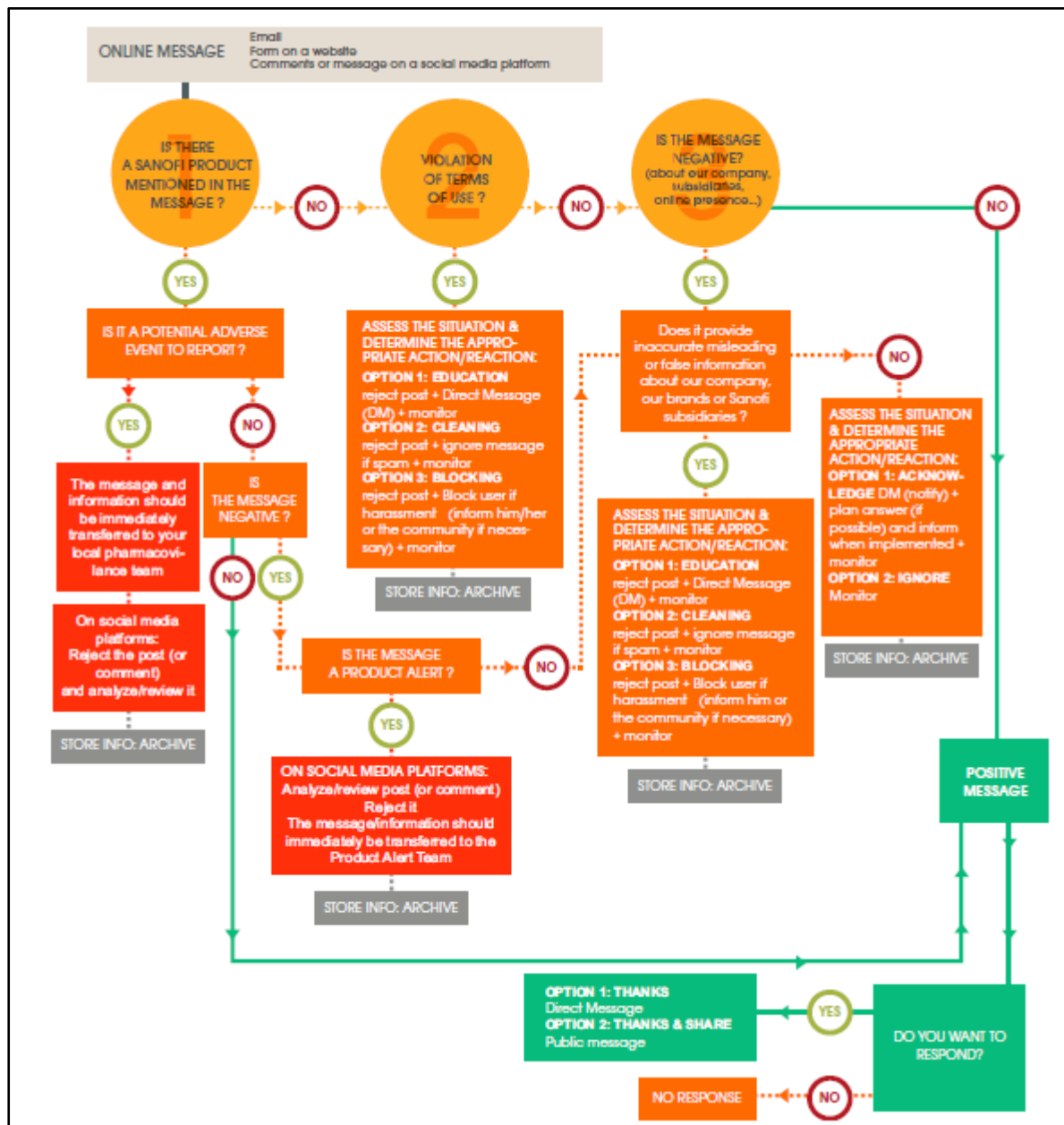
Source: GlobalEthical's social media flowchart (internal document, p.20)

Interestingly, feedback from the respondents during the interviews included indications that consumers infrequently ask specific product-related questions, as confirmed by this quotation from one of the respondents:

> *"Questions are so infrequent. The questions that they ask are really, it is interesting because it is more community driven, so they don't ask about the brands" (GlobalEthical, Emma, p. 7).*

For GlobalEthical the main focus of social media engagement is to monitor the discussion for adverse events or any other product complaints. The **monitoring of conversations** was identified by all the interviewees as an important step in the process of social media management. The option to have 24 hour monitoring in place was essential and the agency contracted by GlobalEthical to assist with social media initiatives offer this option:

> "*I mean that is the company's responsibility, to monitor and whatever conversations are going on, they pick up on it and deal with it or then refer it to the appropriate people*" *(GlobalEthical, John, p. 13);*

> "*I mean, if you have the processes in place, which is another key factor is the monitoring*" *and* "*So the one thing that was very clear from day one, for us, was we cannot have any social media without having a 24/7 monitoring process in place*" *(GlobalEthical, Emma, p. 2), and*

> "*… It is a prerequisite, where its part of pharmacovigilance that it needs to be monitored and feedback needs to go*" *(GlobalEthical, Mary, p. 8).*

The current process for **responding** to questions from Twitter, Facebook or LinkedIn is to take it off-line, as confirmed by by two of the interviewees:

> "*…if it is an adverse event or querying some kind of objective online what happens, you just take it offline. You need to have the processes in place. You need to know what happen to engage*" *(GlobalEthical, Emma, p. 11), and*

> "*… what will then happen is that they would then be taken I suppose offline and dealt with in the appropriate channels*" *John (GlobalEthical, John, p. 13).*

GlobalEthical mainly follow a process to follow-up individually with consumers due to infrequency of questions at this stage.

As mentioned, GlobalEthical is already involved in providing disease information and education *via* their sponsorship on websites like www.Health24.com and other associations, which support the process of **amplification**. Another way in which GlobalEthical amplifies their presence is to influence the content or themes that are displayed on these websites. For specific disease entities GlobalEthical has monthly "focus themes" based on the market intelligence history and/or feedback of the product.

> *"So, the theme actually then guides the conversation as well. So a lot of questions will be guided. We basically influence, we can influence the conversation"* (GlobalEthical, Emma, p. 8);

> *"So information is important, and of course you tend to entice them"* (GlobalEthical, Emma, p. 7).

The digital manager also mentioned that they use the same approach for their Twitter and Facebook accounts, where GlobalEthical have a content plan that is scheduled three months' in advance:

> *"So for every day we wanted a post, or at least two posts on Facebook for example, just using one platform"* (GlobalEthical, Emma, p. 3).

GlobalEthical's experience is that it is not easy to **strategise** the feedback from customers as more time is needed to keep customers engaged. Another contributing factor is the increased turnaround time of feedback and management of inbound feeds/information. In the short-term, GlobalEthical relies on their current resources of medical, marketing, legal and regulatory functions, but the respondents mentioned that they have realised that this is not a long-term solution:

> *"And with these platforms now they are getting more information, and I don't necessarily think that the resources are always aligned in terms of all that information. So you know it is still online, it is still the same people and the same amount of people, they just have a greater influx on communication and feedback coming to them"* (GlobalEthical, Mary, p. 10).

In summary of the information gathered to answer research proposition 3, GlobalEthical focuses on monitoring and listening to their social media platforms 24 hours per day, and they have contracted as agency to perform the bulk of this function. In terms of responding to consumer questions, GlobalEthical follows an off-line approach to individually follow-up with consumers. GlobalEthical influences the content and/or online themes based on market intelligence. Strategising is not an easy task, as it takes time to keep consumers engaged. The increased turnaround times for responses increases the complexity of engagement, especially for scheduled brands. Currently GlobalEthical relies on their internal resources to provide a follow-up function.

5.1.1.2   WorldwideX

WorldwideX is also an ethical pharmaceutical company headquartered in Europe. The company is engaged in pharmaceutical and diagnostics that focus on developing and producing medications used for treating certain critical ailments such as AIDS, cancer and heart related diseases. WorldwideX's operations expressly cater for ethical business and they do not have a consumer or OTC (over-the-counter) division. As part of strategic alignment to offer specialised brands and innovative methods in specialised disease entities with unmet needs, WorldwideX sold their consumer division eight years ago.

> *"We are very specialized on innovative methods, because looking at where there is an unmet need, is where WorldwideX will come in" (WorldwideX, Tammy, p. 17).*

In terms of social media initiatives, WorldwideX holds the view that they are behind and the company is currently in the planning and strategizing phase to implement a social media engagement programmer for 2015 and 2016. While WorldwideX has had a website and a Facebook page for the past four years, they have only focussed on one disease entity and on creating disease awareness. These two platforms are managed by a third party agency. For specific brand portfolios, the company has only implemented one platform initiative for application on iPads for that is available to specialists.

Research proposition 1: *Regulatory limitations are the main consideration when implementing social media into the sales and marketing process.*

Regulation and the Code of Marketing Practice

The **Code of Marketing Practice** as well as the **role of global and local regulation** in the pharmaceutical industry is one of the main considerations for WorldwideX when social media implementation is discussed. The Code of Marketing Practice a mandatory compliance, because WorldwideX only promotes ethical products. WorldwideX also keeps a watchful eye on international guidelines as indicated by by one of the respondents:

> *"…and obviously now the FDA have also come out of their … their guidelines, which means that you know, you are going to be next and we … we follow …*

you know, we look at the FDA and European guidelines also very, very closely, in line with our own guidelines" (WorldwideX, Tammy, p. 9).

Besides the Code of Marketing practice and national and international industry regulations, the following reasons were also specified as pertinent considerations for social media implementation in the sales and marketing process:

Global and internal approval processes

The strict **global and internal approval processes** is a vital consideration for the implementation of social media, because of WorldwideX's global representation and positioning.

> *"Globally… so, whatever the digital governance network tells us we should do, we then obviously need to comply with that, in line with our local regulatory guideline as well. But their... their aim is really to drive the vision, their strategy and the direction of digital at WorldwideX globally" (WorldwideX, Tammy, p. 7).*

The global influence plays a major role in how local initiatives are implemented. WorldwideX's perspective is that they are behind in terms of social media, because "doing it right" is the focus, instead of "doing it now". All decisions and processes are filtered from the "Global digital group" into regions and affiliates. These decisions are then discussed by the local (national) digital committee, as confirmed by one of the respondents:

> *"I think WorldwideX really is … if you look at all the … the global data, we are really quite behind in the industry when it comes to digital and I think that is why now we have got the digital governance network and we have also got a group called the Global digital group. So, things are stepping up globally now, and I think what we will see, is that that is going to start filtering down now to the regions and into the affiliates. So, I think WorldwideX is making it a priority, and because they are making it a priority, because we know that we have to … we have to be involved in the digital sphere, we can't ignore it, that is why I think we have got … to get back to that question, that is why we have got that [local] committee" (WorldwideX, Tammy, p. 7).*

The process flow, as employed at WorldwideX, to ensure legal and regulatory compliance is summarised in Figure 11:

Figure 11: WorldwideX: Process for legal and regulatory compliance

1. REGISTER all external digital channels in Registry.Roche.com

The Corporate Executive Committee, CEC, mandates that all external channels including websites and social media be registered in the digital registry

2. CREATE auditable content update documentation

Create a process of how content is updated on each channel, which includes compliance/legal

3. MONITOR and MAINTAIN content on digital properties regularly

Channel owners have the responsibility to make sure that these properties are updated and reflect our business

4. Complete Adverse Event Reporting TRAINING

Every   employee regardless of the division must complete the Adverse Events training and each channel owner is responsible for reporting potential Adverse Events that are being received at their channel in a timely manner

There is a need for all the content available on any of the global corporate channels such as   Twitter, LinkedIn, YouTube, Pinterest and Facebook to be compliant and authorized by marketing and communications approvers as needed. Legal and compliance approvals may also be needed – these must be checked with the Global Digital Media Team that is part of Group Communications, which can be done by sending an email to:

Affiliates and business units must create similar processes to ensure legal and regulatory compliance and minimize risks for the company. Processes should include five key stages outlined below:

5. REPORT Adverse Events

Agencies that help us monitor or maintain our external digital channels must have it in their contract that they must complete the training and report any potential Adverse Events within 24 hours of receiving them

Source: WorldwideX's Process for legal and regulatory compliance (internal document p. 4)

The process above emphasises that all social media channels should be registered in the digital registry. Locally, WorldwideX should create a process for auditable content. The function of monitoring and maintaining the content is the responsibility of the person who is appointed to be involved in this process, namely the third party agency. Adverse event reporting training and reporting is of vital importance.

Another important aspect that is emphasised by WorldwideX is that all posts or statements placed by the agency should be **referenced.** This step ensures that no untrue claims are inadvertently made by the company:

> *"…so they put together a monthly spreadsheet, and that tallies all the dates of the month and then these are what the posts are, and then we make sure that they are referenced where they are going to get their information and content from and then that gets signed off internally" (WorldwideX, Tammy, p. 5).*

Reporting of adverse events (pharmacovigilance)

The **reporting of adverse events (pharmacovigilance)** is of significant importance for WorldwideX. The company's Facebook page is currently managed by an agency that has received training to report on adverse events within 24 hours. This aspect is discussed comprehensively when research proposition 3 describes the process pertaining to the monitoring and managing feedback.

> *"So because of that, we … we give our agency training, specifically on how to deal with AE (adverse events). So if adverse events are then, if they come up through the Facebook page, the agency has training once a year in terms of following the WorldwideX guidelines and how to report and escalate these adverse events. We have never had any in the four years, but we still train the agency, they are still aware that if anything comes through, they know what to do" (WorldwideX, Tammy, p. 5-6).*

Acknowledgement of risk and the management thereof

The **risk** argument consists mainly of the threat of **non-compliance**, which is attributed to uncertainty regarding the nature of the social media landscape, relating to customers and negative publicity. WorldwideX expressed that their perceived risk is mainly based on their current position regarding their process for social media implementation:

> *"…so I think there is an apprehension to…, to go there, because of the possibilities of things that could go wrong or be considered negative or non-compliant" (WorldwideX, Tammy, p. 9);*

> *"You know, not so much a risk, but in terms of market research, we don't know exactly where our different target audiences are" (WorldwideX, Tammy, p. 9),* and

"…and I am being very honest … I know I am being recorded, but I won't use the word scared, we are very weary, because of compliance of using social media, because of the comebacks, the lash backs, the … the opportunities for negative things to come up through social media and I think it is … I think that weariness is also … there is a lack of understanding, because you know, in dealing with your HCPs on the social media, you can have closed groups" (WorldwideX, Tammy, p. 8).

Budget/cost constraints

Budget/cost constraints are also a notable consideration for WorldwideX when it comes to social media implementation. For all companies, achieving the bottom line is always first priority. Because the benefits of social media engagement have not been adequately quantified, Worldwide X had explored this platform of engagement with trepidation:

"The problem is budget hey … because if you look at our brand planning now that we have just done for 2015, budgets are tight, tight, tight … they are actually the worst I think I have ever seen, in terms of having a tight budget, and for a brand perspective there is no budget being put in for digital" (WorldwideX, Tammy, p. 8).

WorldwideX has had difficulty in selecting cost centre for a digital/social media platform. From a compliance perspective, currently all digital expenditures are drawn from the "medical education budget":

"The budget doesn't sit in the business budget; it sits in the medical education budget. So from a compliance perspective, it is not … it doesn't sit in the... In the so called PP which is the promotional product spend. It sits in the medical" (WorldwideX, Tammy, p. 16).

The **measurement of return on investment** of social media activities is still very challenging and the respondent confirmed that as a company WorldwideX has not done it correctly the past few years. It was not a priority for them to measure social media impact:

"… we haven't, I must admit, we haven't been great in measuring what we have been doing in the last few years" (WorldwideX, Tammy, p. 18).

When discussing the 2015/2016 social media implementation strategy, WorldwideX stated that their focus is on the number of "likes", generating traffic to their websites/platforms, analysing other websites that consumers are searching (Googling) and analysing the keywords that are used in searches:

> *"Obviously, we are going to look at the number of likes, we are going to look at … we are going to look at the traffic, and we are going to look at what messages we had at certain times of the year and look at the spike to see where the traffic spiked"…. "…we will … we look at our keyword and I think from our website, we will also be looking at people that are Googling and what key words they are looking for" (WorldwideX, Tammy, p. 18).*

Availability and alignment of resources

In terms of **availability of resources,** WorldwideX has relied solely on the third party agency to manage their website and Facebook. The Facebook page has been inactive the past four years and the respondent attributed this to the fact that neither the agency nor WorldwideX did not have the time and resources to manage it:

> *"The website is very inactive. Just because I haven't … I haven't the time and the resources to actually make it grow" (WorldwideX, Tammy, p. 4).*

WorldwideX suggested that the **uncertainty of the how and where of social media** is an obstacle to establishing a presence for the company:

> *"…because we are so stuck in our ways of this is how we have always done business, and I am really, I am hoping that with the committee, we are going to be able to start to sort of break out of the mould and start to get people thinking about innovative ways and using social media" (WorldwideX, Tammy, p. 10).*

WorldwideX has established a digital marketing committee to focus on e-detailing as a starting point. However, the company realised that there is much more to consider if the company wants to become involved in social media activities. Simultaneously, the executives have realized that they need to update and educate themselves on social media possibilities. WorldwideX has only recently embarked on a process where the company is engaging with experts in the social media field:

> *"…the digital committee, because they were getting so focused on your e-marketing which is your detail aids because I said guys, we are not just focusing on detail aids, we have got to have like … the digital … the whole*

digital platform, and look at social media, look at e-marketing, you know they are all different … make up different products in a digital world and so the outcome of that is that they agreed and since then, we realised we are not the experts. We need to actually educate ourselves more about what is out there, what is possible, what is happening? So we have actually started now getting some experts in, different agencies, and different companies, to share with us what is happening in the digital sphere, so that we can be better informed to then help us make our decisions and put together our strategies going forward" (WorldwideX, Tammy, p. 2).

The objectives of WorldwideX's digital marketing committee are listed in Figure 12:

Figure 12: WorldwideX: Digital Marketing Committee objectives

Source: WorldwideX Digital marketing Committee objectives (internal document, p. 5)

WorldwideX global also emphasised the following reasons for "not being there yet", as described in Figure 13. This document represents the local challenges that WorldwideX is experiencing.

Figure 13: WorldwideX: Reasons for not being there yet

WHY ARE WE NOT THERE YET?

No shared vision and alignment

	Content and Channels	Communications (and marketing) tactics and messages have evolved in **response** to new platforms and channels.
	Branding and experience	**No clear brand architecture** = inconsistent use of product vs corporate brand, and inconsistent customer experience.
	People and organization	Channel, brand and content **responsibilities** distributed and fragmented across the (decentralized) organizations.
	Technology and Platforms	**Lack of coordination** on strategy from Pharma IT, DIA IT, Group IT and Group Communications.
	Resources	Important amount of **resources** invested in the digital field at individual tactical levels, **not fully leveraged** for broader benefit.
	Audit findings	Governance and operations of internet and social media channels across Roche **"need to be considerably strengthened."**

*Source: WorldwideX Reasons for not being there yet (internal document, p. 6)*

In summary of research proposition 1, the main considerations besides the Code of Marketing Practice for WorldwideX include compliance with both global and local regulations, as well as adequately reporting adverse events. WorldwideX acknowledged that their perceived risk of engaging in social media includes the risk of non-compliance, uncertainty, as well as the cost involved that directly relates to Return On Investment (RIO) concerns. In term of the availability of resources, WorldwideX solely relies on the agency, although they have recently established an internal digital marketing committee.

Research proposition 2: *Pharmaceutical companies use the principles of Social Capital Theory in both their B2B and B2C social media initiatives.*

WorldwideX currently has **limited exposure** on the social media platform. Their approach has focused mainly on their branded **website** (that only focuses on one disease entity), which is linked to a non-branded **Facebook** page. As mentioned, the Facebook page has been inactive the past four years, but WorldwideX is in the process of investigating options to optimise it in 2015. The main purpose of the website and Facebook page is to create **awareness** and to **provide disease information** to patients and their families:

"So, the website is branded WorldwideX, the Facebook page is not branded WorldwideX and we don't talk WorldwideX on there. What we talk is that we talk disease and so it is not even … it maybe might not even be diseases that we are involved in as a company. Is I really … the whole aim and objective of that platform is to … to be able to be a source of information to cancer patients and their families" (WorldwideX, Tammy, p. 4).

Figure 14: WorldwideX: Website page
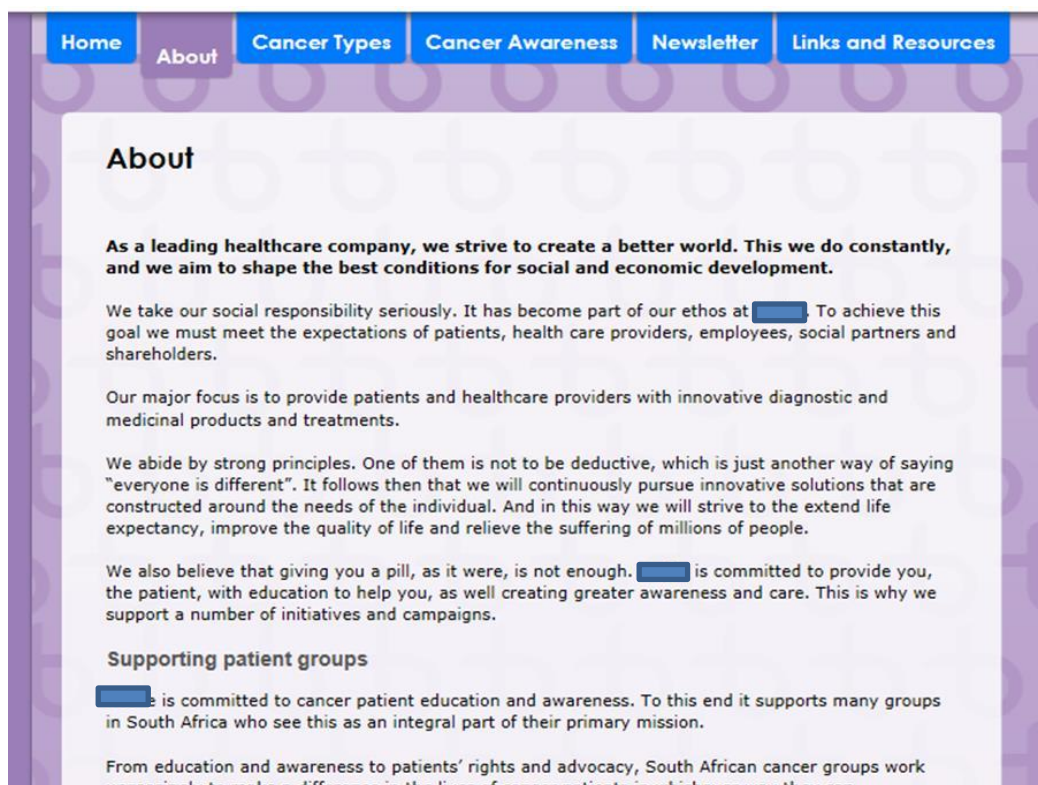
Source: WorldwideX Website page

Figure 15: WorldwideX: Example of disease education

No product information is shared on these platforms as confirmed by the following quotes:

> "…because it is not … it is not product information, it is not treatment, it is only disease information" (WorldwideX, Tammy, p. 5).

> "…and we are committed to patients, so we find it is our responsibility just to educate and create that awareness out there" (WorldwideX, Tammy, p. 16).

> "It will be GlobalEthical and disease awareness. So, it will be company, because we want people to know that we are leaders in oncology, but we also want patients to know that early detection saves lives, you know, all those key messages, because at the end of the day, it could you know, increase the patient pool, but we are not doing it to increase the patient pool" (WorldwideX, Tammy, p. 16).

Essentially, WorldwideX uses their website and Facebook page to **add value** to patients and their families in the hope that these activities create **mutual trust** and **opportunities.** WorldwideX has not used these platforms to acquire insights regarding their target market's needs.

For **specific product portfolios,** WorldwideX currently does e-detailing, which is not specifically related to social media but still has a digital presence. Because of the regulatory environment and their compliance structures, as well as the reputation of the company of being considerate towards their health care professionals, WorldwideX sponsored iPads to a small group of specialists. These tools have mainly been used to download and access clinical data pertaining to their field of specialisation. This is not only a **value-addition** to the health care professionals but also **builds mutual trust** and promotes **joint problem-solving**.

> *We … we are always very, very compliant and we are very considerate of making sure that our health care professionals are happy with the way we communicate with them. So we don't try and do anything too different or too new, because they get used to a certain way of a communicating with them. So it is usually face-to-face with the rep" (WorldwideX, Tammy, p. 14).*

Currently, WorldwideX's digital marketing committee is strategising the implementation of social media into sales and marketing strategies.

WorldwideX has an unofficial **YouTube channel**, **videos** and **DVDs** that are not WorldwideX branded. This channel is not currently optimised, however it forms part of the social media initiative for 2015/2016.

> *"We do have for [website name], we have an unofficial YouTube channel, but it is also not WorldwideX branded, so … I think we will … we will try and get our Facebook page, you know, sorted, and then we will look at the YouTube channel, because we have got a number of different videos and DVD clips that we have had, like interviews with patients on … on television and all that type of thing, with regards to the disease education. So they are nice clips. So I don't want to lose that, but it is basically like just baby steps at the moment, because now we can't do everything all at once" (WorldwideX, Tammy, p. 19).*

In summary of the information garnered relating to research proposition 2, WorldwideX supports some principles of the Social Capital Theory that include opportunity creation, value-addition, mutual trust, and joint problem-solving. Furthermore, the company engages and supports these aspects in the hope that it reinforces the message that the company cares. WorldwideX has not yet optimised these platforms to acquire insights from target audiences. WorldwideX is involved in

e-detailing for specific product portfolios, and are currently in the process of formulating a strategy of social media integration and implementation for 2015/2016.

Research proposition 3: *Pharmaceutical companies followed the proposed four-phase process of monitoring and listening, categorising and responding, amplifying and strategising.*

As mentioned WorldwideX has a third party agency that manages their Facebook account on their behalf; this agency also has the responsibility to create monthly articles and post information on the website and Facebook page:

> *So the agency is … they manage that for us on our behalf, so what they do, is that they have access as an administrator, and then they put together the post, so they put together a monthly spreadsheet, and that tallies all the dates of the month and then these are what the posts are, and then we make sure that they are referenced where they are going to get their information and content from and then that gets signed off internally. They are the ones to physically go and update and put the photos on for us (WorldwideX, Tammy, p. 5).*

WorldwideX is mainly involved in the process of **monitoring and listening** (through the agency) at this stage. This initiative will be optimised when the strategic plan for 2015/2016 is implemented:

> *"So every month, we put together our potential posts, all based on disease education and … so we have got about 500 people that have liked the page in four years, so it is very, very small and we have put together now a strategy for 2015 going forward, with a digital strategic company, to really take it … not even to the next level, to like the next two levels, with the website and the Facebook page together" (WorldwideX, Tammy, p. 4).*

From the quote above, WorldwideX is involved in the process on **amplification** where they have already formed an online community that provides disease information.
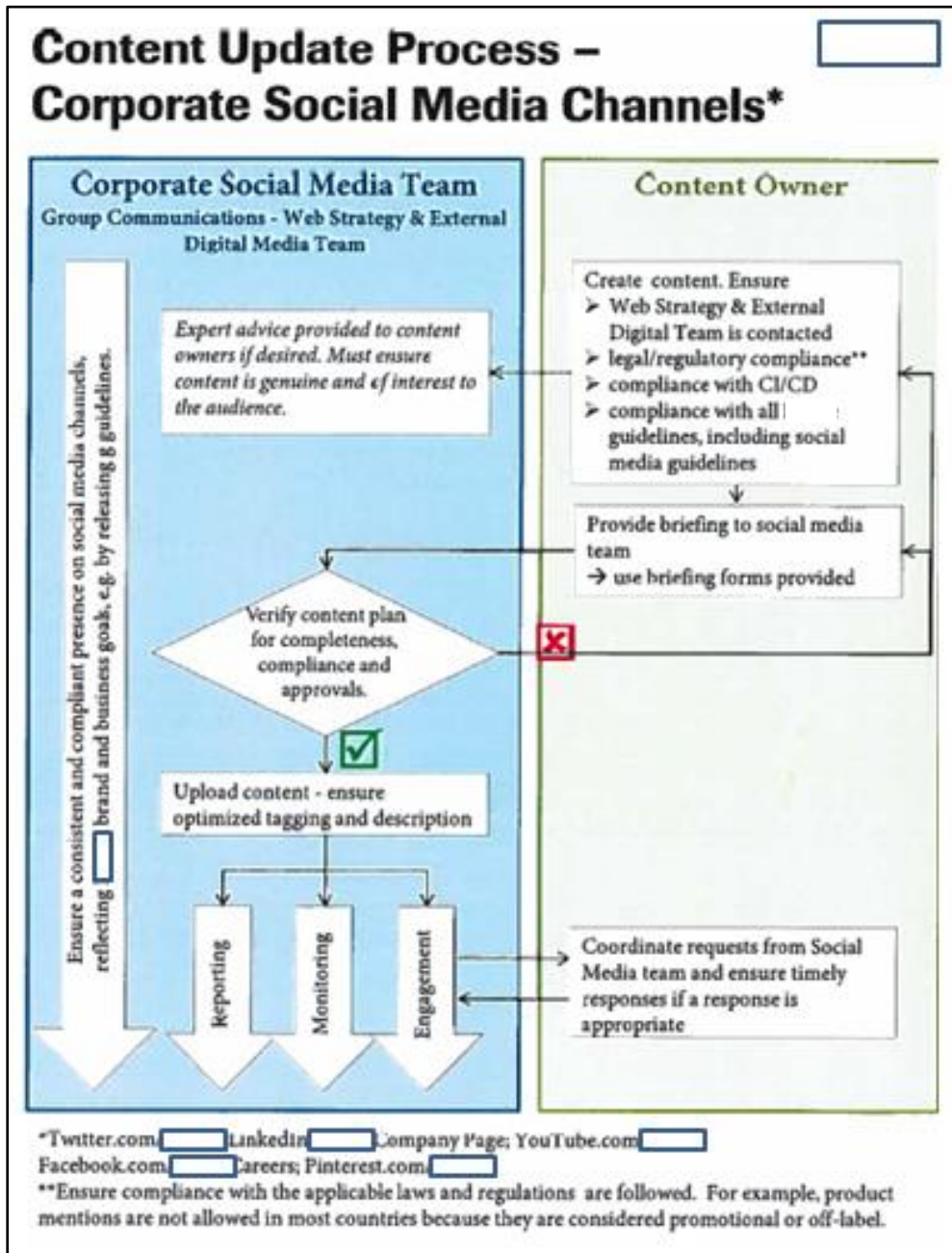
In terms of **categorising and responding** the agency interacts with the consumer/patient should there be any requests. In the past four years, the company has not had any product-related questions or concerns, and the respondent attributed this to the fact that the Facebook page does not display any WorldwideX

branding. The agency is however trained annually on how to report AE (adverse event). The usual process that is followed if WorldwideX receives any questions or concerns is the traditional route of referring it to the ethical assistance line (internally referred to as REAL):

> *So, not just anyone can give an answer and we do have [REAL], the WorldwideX ethical assistance line, where we … anyone that is wanting product information, we direct them to there, because they have got a trained sort of call centre nurses and everything that can answer questions. So we try to minimise the contact that we have with patients, and so that would be another tool in going forward, that if on Facebook we get queries, we will direct them to … to what we call REAL, the WorldwideX ethical assistance line (WorldwideX, Tammy, p. 12).*

WorldwideX does not reply directly online to any requests currently, but the company realises the value of optimising engagement and feedback, and this is a consideration in their strategy formulation for 2015/2016. WorldwideX currently has a process plan that describes how content is updated, as indicated in Figure 16:

Figure 16: WorldwideX: Content Update Process – Corporate Social Media Channels

Content Update Process – Corporate Social Media Channels*

Corporate Social Media Team
Group Communications - Web Strategy & External Digital Media Team

Ensure a consistent and compliant presence on social media channels, reflecting brand and business goals, e.g. by releasing g guidelines.

Expert advice provided to content owners if desired. Must ensure content is genuine and of interest to the audience.

Verify content plan for completeness, compliance and approvals.

Upload content - ensure optimized tagging and description

Reporting · Monitoring · Engagement

Content Owner

Create content. Ensure
➤ Web Strategy & External Digital Team is contacted
➤ legal/regulatory compliance**
➤ compliance with CI/CD
➤ compliance with all guidelines, including social media guidelines

Provide briefing to social media team
→ use briefing forms provided

Coordinate requests from Social Media team and ensure timely responses if a response is appropriate

*Twitter.com; LinkedIn Company Page; YouTube.com; Facebook.com; Careers; Pinterest.com.
**Ensure compliance with the applicable laws and regulations are followed. For example, product mentions are not allowed in most countries because they are considered promotional or off-label.

Source: WorldwideX Content Update Process for Corporate Social Media Channels (internal document, p. 3)

> *"… I mean, we have got that following already, I think the content generation is going to be the key thing, because at the moment our content generation is limited, like we are not doing much. So, it is going to be looking at where can we find existing content, where do we need to create new content, and … and then through that, we will see that the engagement will start happening with the … the followers and essentially, you know we will start in-house"* (WorldwideX, Tammy, p. 14).

Internally, WorldwideX has formulated a set of "Social Media Principles". The principles focus on ground rules to follow when using social media channels. The social media principles are summarised in Table 7:

Table 7: WorldwideX: Social Media Principles in short

Social Media Principles in short:

7 Rules for PERSONAL online activities *Speaking "about"*	7 Rules for PROFESSIONAL online activities *Speaking "on behalf of"*
• Be conscious about mixing your personal and business lives.	• Follow the Group Code of Conduct.
• You are responsible for your actions.	• Follow approval processes for publications and communication.
• Follow the Group Code of Conduct.	• Mind Copyrights and give credit to the owners.
• Mind the global audience.	• Use special care if talking about products or financial data.
• Be careful if talking about Only share publicly available information.	• Identify yourself as a representative of .
• Be transparent about your affiliation with and that opinions raised are your own.	• Monitor your relevant social media channels.
• Be a "scout" for sentiment and critical issues.	• Know and follow our Record Management Practices.

Source: WorldwideX Social media principles in short (internal document, p. 2)

In summary of the presentation of results for WorldwideX regarding the responses to the research propositions that were explored, it is apparent that the company relies on a third party agency to manage their social media interactions. WorldwideX's focus is on monitoring the feedback, however this has been infrequent, which has delayed the company's consideration of how to categorize and respond. The agency that has been contracted by WorldwideX has typically performed this function. Through their existing Facebook page, WorldwideX has been involved in creating an online community (amplification). Up until recently, strategising based on feedback was not a priority; however, the company is formulating a strategic to implement social media engagement with more focus from 2015/2016.

Continental.Inc is the animal health division of one of the largest pharmaceutical companies headquartered in the United States. Continental.Inc is engaged in the research, development and manufacturing of animal health products. The company offers veterinarians, farmers and customers the broadest and most innovative animal health portfolios to prevent, treat and control diseases in all companion animal species. The current social media platforms that Continental.Inc have include a website, as well as Facebook and Twitter accounts that recently launched to provide accessibly to veterinarians regarding a new product; this was implemented in August 2014.

Research proposition 1: *Regulatory limitations are the main consideration when implementing social media into the sales and marketing process.*

Regulatory limitations and policies on social media

Regulatory limitations and **policies on social media** must be considered when implementing social media initiatives for Continental.Inc. From the limited information provided by Continental.Inc, it is evident that the product they recently launched is not restricted by regulation. The product is an Act 36 product which means it can be advertised to both veterinarians (HCPs) and to the general public. However the company decided to only include veterinarians for this product:

> *"The general public, we can, because it is an Act 36 product but everywhere on the advert it will say from your local vet or contact your vet for more details or something like that. So it's not, there is no restriction on who we can advertise to but because we have only taken or we decided to go the vet only route for this, we will always include that in the advert" (Continental.Inc, Angela, p. 9).*

From a policy perspective, Continental.Inc is restricted as indicated by the respondent interviewed:

> *"So from a policy point of view we are restricted, not from a legal health authority point of view, so from a company policy point of view (Continental.Inc, Angela, p. 9).*

Continental.Inc has policies meticulously describing expectations from employees when interacting on any social media platform. Policy 36, as presented in Figure 17 focuses on the "Acceptable use of information systems, services and social media"

within Continental.Inc:

Figure 17: Continental.Inc: Abstract form Policy on Acceptable use of Social Media Guidance

**– Policy 36 Acceptable Use of Information Systems, Services and Social Media
Acceptable Use of Social Media Guidance**

Source: Continental.Inc Abstract form Policy on Acceptable use of Social Media Guidance (internal document, p. 1)

This policy emphasises the following pertinent principles that must be considered when interacting on social media:

- An activity can lends itself to consequences;
- Online is forever;
- Protect Continental.Inc property and information;
- Respect colleagues and Continental.Inc;
- Secure online accounts;
- Managing professional and personal reputation – not everyone is a Continental.Inc spokesperson.

Global influence

Another consideration is the **role of global influence**. Continental.Inc is a multinational company that has to comply with global processes:

> *"I'm sure it will be managed from Global IT because like you see this is a Global website and….." (Continental.Inc, Angela, p. 6).*

In summary of the information that was acquired in relation to research proposition 1, it is evident that as a multinational company, Continental.Inc has to comply with global and local regulations.

Research proposition 2: *Pharmaceutical companies use the principles of Social Capital Theory in both their B2B and B2C social media initiatives.*

Continental.Inc recently launched a new product and selected to provide Facebook and Twitter access to their veterinarians regarding the benefits and features of the product. Continental.Inc connects these platforms from the product website

specifically to veterinarians, so that they are enabled to create their own social media accounts. The purposes of these platforms are to support veterinarians to grow their business through social media. This will further enable the company to build a customer base, strengthen relationships and manage their business. The **value-addition** to the veterinarians is that they can use these platforms to build their image by being affiliated to professional brands but also to **gain insights** into the veterinarians' target audience and understanding their needs:

> *"So how they can use social media to grow their business, find new products and stay up to date, make deeper connections with existing audiences, establish yourself as a pet-health and wellness expert for your client and then this carries on from here" (Continental.Inc, Angela, p. 4).*

The reason for including both Facebook and Twitter is to provide the veterinarians with an option to select the social platform they prefer. Facebook offers the opportunity to create a presence on the busiest social network and this is an option for veterinarians who desire the creation of deeper relationships with their customers, or to communicate on an individual basis. Opposed to that is Twitter that offers the opportunity to constantly address efficiently and effectively. Figure 18, 19 and 20 illustrate the options that Continental.Inc offer for veterinarians to engage on either/both Facebook and Twitter.

Figure 18: Continental.Inc: Social Media options (Facebook and Twitter)

Source: Continental.Inc Social Media options (Facebook and Twitter – website)

Figure 19: Continental.Inc: Reason why to choose Facebook as Social Media options

Source: Continental.Inc Reason why to choose Facebook as Social Media options (website)

Figure 20: Continental.Inc: Reason why to choose Twitter as Social Media options

Source: Continental.Inc Reason why to choose Twitter as Social Media options (website)

These platforms also exhibit a calendar that the veterinarian can use to diarise important activities for consumers to see:

> *"So there will be a whole social calendar on as well" (Continental.Inc, Angela, p. 12)*, and

> *"So say for instance the vet got on a Saturday they have got like a vet's day or something, then they can advertise it all here or something like that or maybe I don't know, maybe if they have specials, vaccination specials you know" (Continental.Inc, Angela, p. 12).*

Also included on these platforms are disease information and discussions on topics that are not particularly relevant to the product, but relevant to the practice of veterinary science, such as dental care, acupuncture or vaccinations:

> *"Then we get to like dental health and all sorts of things" (Continental.Inc, Angela, p. 8).*

To summarize the findings acquired concerning research proposition 2, Continental.Inc implements social media platforms in support of social capital principles that include **building relationships** with customers, **building mutual trust**, **adding value**, **gaining insights** and promote **joint problem-solving** between the veterinarians and Continental.Inc.

***Research proposition 3:** Pharmaceutical companies followed the proposed four-phase process of monitoring and listening, categorising and responding, amplifying and strategising.*

From the interview, Continental.Inc's management of the social media initiative remained indistinct. The respondent only mentioned that Continental.Inc manages the platforms and the website, but that the veterinarians manage their own Facebook and Twitter accounts:

> *"Yes, the way I understand it I think is we are going to manage the platform but the Facebook and the Twitter will be managed by the doctor themselves" (Continental.Inc, Angela, p. 10).*

Continental.Inc has a policy on "Social media monitoring" that emphasises the expectations of employee engagement in social media activities. Figure 21 provides an abstract of this particular policy.

Figure 21: Continental.Inc: Abstract for Social media project monitoring

Social Media Projects that must be monitored are described below:

- "Engaging with" - activities where the Company, its employees and/or third parties are engaging, posting, exchanging, and/or participating in interactive communication with the public (e.g. social networks, discussion boards).

- "Listening in" - activities involving systematic observation of Independent Social Media on public discourse about the Company (e.g. its markets, products, diseases or treatment conditions).

Source: Continental.Inc Abstract for Social media project monitoring Continental.Inc Abstract form Policy on Acceptable use of Social Media Guidance (internal document, p. 2)

From the interview with the respondent, it remained unclear how Continental.Inc, would manage the process of monitoring and listening, categorising and responding, amplifying and strategising their social media platforms.

CHAPTER 6: CROSS-CASE ANALYSIS AND DISCUSSION OF RESULTS

This chapter will discuss the cross-case analysis as well as the findings from chapter five and the literature review of chapter two. The multiple case study methodology and qualitative analysis used semi-structured interviews, direct observations and documentation. The cross case analysis will identify similarities and/or differences across the multiple cases.

The study aims to explore the considerations and implications of social media integration into the sales and marketing process for pharmaceutical companies. The findings of the cross-case analysis will be discussed in light of the reviewed literature.

6.1 Cross-Case Analysis

GlobalEthical and WorldwideX are both multinational companies that develop and manufacture human medicines. Continental.Inc is also a multinational company, but its operations lie within the development and manufacture of animal medicines. The main difference between the two operating fields is that different sales and marketing codes are applicable. The similarity between all three organisations is that the companies have similar global and local policies (restrictions) in terms of social media implementation and engagement.

6.1.1 Research proposition 1: Regulatory limitations are the main consideration when implementing social media into the sales and marketing process.

6.1.1.1 Regulatory Codes of Marketing Practices

For both GlobalEthical and WorldwideX the **Code of Marketing Practice** is a main consideration when social media implementation in the sales and marketing process is implemented. The Code is aligned with international guidelines and because both companies are multinational organisations, this is a requirement. For WorldwideX the compliance regarding the marketing of ethical brands is also vital.

The same code is not applicable to Continental.Inc, and for that reason Continental.Inc have more flexibility in terms of sales and marketing practices. However, Continental.Inc is more restricted from a company policy perspective.

The Code of Marketing practice clearly states that **no direct advertising of scheduled brand to consumers can take place**. Both GlobalEthical and WorldwideX are aligned in terms of this requirement. Continental.Inc does not have the same restrictions, mainly because of their different operating field, product and end user profile. For Continental.Inc, the company made a decision to advertise only to the veterinarians, based on product positioning for a specific product.

Both GlobalEthical and WorldwideX make **use of agencies** to manage their Facebook and Twitter accounts. An important requirement for both companies was that the respective agencies should not only be familiar with the pharmaceutical industry, but they should also be familiar with the requirements of how to reference product/clinical or disease facts or statements correctly.

6.1.1.2 Global and internal approval processes

All three multinational companies emphasised both global and local (internal) approval processes as a requirement for the application of social media within the sales and marketing processes. WorldwideX pertinently stressed the importance of receiving approval, because their core function is the provision of ethical medicines. GlobalEthical and WorldwideX explained the important role of the approval processes and described the committees that normally include legal, regulatory, medical and sales department heads or representatives. Continental.Inc did not have exact examples, but based on the information provided it was evident that the company is also bound by approval processes for the implementation of social media.

6.1.1.3 Monitoring and reporting of adverse events

The **monitoring and reporting of adverse events** is a prominent concern for both GlobalEthical and WorldwideX. WorldwideX clearly stated that the specific contracted agency that acts on their behalf must be familiar with the requirement that all adverse events should be reported to the company within 24 hours, and they explained that they provide training on an annual basis to ensure that the process is

understood by the agency's representative. Continental.Inc's view regarding adverse event reporting was not clearly stipulated.

6.1.1.4 Acknowledgement of risk and the management thereof

The **acknowledgement of risk** argument is dependent on where the company is positioned in terms of their social media engagement:

- For GlobalEthical, who implement Facebook and Twitter platforms actively, and whose product managers are involved in developing their individual product applications, the risk is litigated and should be managed accordingly. The risk is mitigated by the process of the management and engagement through social media, and how to deal with informed patients.

- For WorldwideX, the risk is concerned with compliance and how to effectively manage potential negative publicity. However, WorldwideX plans to implement an inclusive social media programme in 2015/2016, as their current Facebook page has been inactive the past four years.

- For Continental.Inc, the results for the risk argument remained inconclusive. However, the fact that they have only created a social media platform that is specifically geared towards attracting veterinarians and helping them establish their online presence and businesses alludes to the fact that they might perceive direct interaction with the consumer as a threat.

6.1.1.5 Cost Constraints and Return of Investment

The **cost constraints and return on investment** for social media initiatives were a point of similarity between GlobalEthical and WorldwideX. GlobalEthical was clearly articulated that the cost for investments in social media initiatives should be managed closely. From a budgeting perspective WorldwideX has been challenged by the paucity of budget for social media engagement, as their current budget is connected with the medical education budget, which is a restraint. The cost attributed to social media campaigns was not disclosed in the interview with Continental.Inc.

It was specifically mentioned that the companies were uncertain of the actual measurement of ROI regarding social medial initiatives. The ROI is directly related to the current position of the company on the spectrum of social media:

- GlobalEthical clearly articulated their objective with their social media platforms that included creating awareness of the brand, the corporate identity and disease, instead of using these platforms for direct selling. It was the hope of GlobalEthical that, based on the principle of reciprocity, the patient would consults with their doctor and ask them about GlobalEthical's products. Measurement of the effectiveness and reach of Facebook and Twitter is based on the amount of likes, retention of consumers and the number of drop-offs.

- WorldwideX admitted that they were not diligent in measuring their social media impact during past four years. However, it was hoped that the strategic formulation of their social media programme in 2015/2016 would improve their measurement techniques and abilities.

- Continental.Inc did not mention their planned measurement of the return of investment for the social media initiative they recently launched.

6.1.1.6   *Availability and alignment of resources*

The **availability and alignment of resources** were an important consideration for both GlobalEthical and WorldwideX. GlobalEthical's focus remained on contracting of the right agency, as well as the management of the processes that include approval and conclude with implementation. WorldwideX focused on the appointment of the right agency, and to rely on the digital marketing committee for assistance. WorldwideX has not dealt with social media initiatives internally and therefore their focus has mainly been on compliance, and has failed to focus on the process of resource management. WorldwideX's perspective is that the current resources that include internal legal, medical and marketing support will have to suffice until there is a demonstrable need to expand.

GlobalEthical further emphasised the following considerations to ensure availability and alignment of resources:

- The **generational gap** and **reluctance to use technology** and any social platform amongst their field force.

- The **age of health care professionals** was also mentioned by the respondents as a possible barrier to the alignment of resources.

WorldwideX considered the following in terms of availability and alignment of resources:

The company has traditionally focused on compliance and conforming to both global and local regulations, policies and procedures. The challenge is to overcome the mentality of "how we used to do things". As such, WorldwideX has established a digital committee to drive social media initiatives and to ensure compliance. This committee is still in the process of educating themselves on social media possibilities and implementation strategies.

Continental.Inc's recent venture into the realm of social media was a pioneering move, and they are currently assessing their resources to ensure that this development is sustainable.

6.1.2 Research proposition 2: Pharmaceutical companies use the principles of the Social Capital Theory in both their B2B and B2C social media initiatives.

Both GlobalEthical and WorldwideX use corporate branding on their websites to create **corporate awareness** and to reinforce that they care about their patients. GlobalEthical perceives the branding on their websites as an opportunity to manage their reputation amongst their customers. GlobalEthical also sponsors with www.Health24.com and disease associations to further create awareness and education among their consumers. WorldwideX do not currently have these offerings as part of their social media programme.

All three companies use their websites and Facebook pages to post **disease information** for patients and their families to provide **education**. However, the Facebook page of WorldwideX is not company branded. By providing disease information it creates opportunity, adds value, offer joint problem-solving and builds mutual trust. Continental.Inc offers the choice to the customer to open a Facebook or

Twitter account, which is also based on the principle of adding value, creating opportunity gaining insights.

GlobalEthical use their social media platform to **acquire insights** of their customer needs and the markets in which they operate. This is done by following trends or doing surveys of specific disease areas. GlobalEthical also utilises crowd sourcing to target specific target groups. WorldwideX has not used their social media presence effectively for the past four years.

GlobalEthical also use their own developed applications, QR codes, gamification and edutainment as additional **value additions** and **opportunity creation** to the health care professionals and to the consumer. The individually developed applications also enhance **joint problem-solving** where the consumer can send information directly to their health care professional; these aspects are also seen as "selling tools". The viewpoint on **gamification** and **edutainment** is to entice consumers by using education combined with games; specific target groups' are focused on. WorldwideX has not yet developed these types of social media initiatives.

For **health care professionals,** GlobalEthical has **disease orientated applications** that can only be accessed through protective digital portals, including treatment information. WorldwideX championed as initiative where the company distributed iPads to a group of specialists to enable them access clinical information. The current initiative from Continental.Inc helps health care professionals to build their own business by using social media platforms.

The principles of Social Capital Theory are prominently sustained by the initiatives employed at the various companies that were part of the research study.

6.1.3   Research proposition 3: Pharmaceutical companies followed the proposed four-phase process of monitoring and listening, categorising and responding, amplifying and strategising

Information on how Continental.Inc manages their newly launched social media initiative was not available.

In terms of **monitoring and listening,** GlobalEthical relies on the agency they employ to channel all questions and concerns to them as and when the need arises, this complied with the expectations formulated in the Code of Marketing Practice,

which includes a further expectation that turn-around time should not exceed 24 hours. WorldwideX follow a similar approach. Both companies agreed that questions are infrequent because of the fact that brand names are not mentioned on the social platforms. The importance of monitoring the conversations is a vital process for both GlobalEthical and WorldwideX. GlobalEthical have a formal social media flowchart available to guide the management of the process. GlobalEthical is more focused on listening to consumers' needs, while WorldwideX has not been active on their social media platforms.

Responding to adverse events or questions is managed differently by the two companied. GlobalEthical takes the discussion offline and refers it to a relevant person or division. If there is a need to follow-up individually with consumers, it is done. WorldwideX follows the traditional route of referring the request to the ethical assistance telephone line to be followed-up on.

In terms of **amplification,** GlobalEthical leads and influences the discussions on their Facebook page. They have monthly focus themes that are based on history and market intelligence. GlobalEthical did not disclose how many followers they have on their social platforms. WorldwideX created a small online community of about 500 followers on their current Facebook page.

In terms of **strategising,** GlobalEthical mentioned that it is not easy to strategise based on the feedback received from social media platforms. Their viewpoint is that more time is needed to keep customers engaged and that the increased turnaround times increases the complexity. The management of inbound feeds is also challenging. GlobalEthical rely on their current internal resources (legal, marketing and medical departments) to strategise. For WorldwideX this process has not yet been formulated.

6.2 Discussion of Results

6.2.1 Research proposition 1: Regulatory limitations are the main consideration when implementing social media into the sales and marketing process.

6.2.1.1 Regulation and the Code of Marketing Practice

The pharmaceutical industry is highly regulated in terms of sales and marketing activities (Marketing Code Authority, 2013). With the introduction of social media as an extension of this process regulatory bodies have tried to find effective ways to accommodate social media as it hinges on the promotion, interaction and conversation among potential customers (Weber Shandwick Report, 2013). The literature confirmed that there have been challenges in the pharmaceutical industry with regard to the implementation of social media (Greene & Kesselheim, 2010; Houston, 2011). Some pertinent considerations were emphasised in the literature reviewed (IMS Institute for Healthcare Informatics, 2014; Weber Shandwick Report, 2013). These include:

- Regulations have not been distinct regarding the implementation of social media until recently and companies rather refrain from implementing [it] into the marketing and sales strategy. From this research study it was evident that all three pharmaceutical companies included in the research study comply with global and local regulation.

- Regulatory restrictions protect the public and encourage appropriate use of prescription drugs, as stated in the Code of Marketing Practice (Marketing Code Authority, 2013).

- It is difficult to achieve a "fair balance" between risks *versus* benefit information. Inappropriate promotional statements can contribute to the misuse of products or unexpected adverse events and unrealistic expectations from consumers.

- Reporting of anonymous adverse events.

- Companies may lose control over the content of their promotional messages. Negative publicity was also emphasised by WorldwideX.

- Negative claims can harm the reputation of the company.

Within the South African context, the **Code of Marketing Practice** is distinct concerning what is permissible and what is prohibited in the sales and marketing process (Marketing Code Authority, 2013).

- With the amendments to the use of social media summarised in the Marketing Code in February 2014, companies have to take full responsibility for any social media activities. GlobalEthical and WorldwideX both agreed that social media can no longer be ignored as it is an extension of their sales and marketing initiatives. There was no general guideline for pharmaceutical companies to follow in the implementation and use of these interactive platforms (Shaw, 2010).

- Both GlobalEthical and WorldwideX adhere to the Code of Marketing practices as this code is also aligned with the US-FDA. WorldwideX also mentioned that they follow the American and European guidelines. It was also apparent that all three pharmaceutical companies follow their respective global and local approval processes to ensure that companies act in the interest of the company and also in the interest of their customers. Internal approval processes are normally controlled by a committee or forum that includes the legal, regulatory, medical and marketing heads to ensure all published material or communications are compliant with the Code of Marketing Practice. This internal process is particularly important for ethical medicines (Schedule 3-7). The literature confirmed the regulatory hurdles that pharmaceutical companies have previously faced (IMS Institute for Healthcare Informatics, 2014).

- The literature confirmed that inappropriate promotional statements can contribute to the misuse of products or unexpected adverse events and that it is difficult to find a balance between risks *versus* benefit information(Greene & Kesselheim, 2010; IMS Institute for Healthcare Informatics, 2014). Both GlobalEthical and WorldwideX have agencies that act on their behalf, and these agencies understand the importance and channels to follow when reporting of adverse events. Both companies maintained that their social media involvement would not publish any inappropriate promotional statements. Both companies follow the correct processes to approve all public communications.

- To overcome the concern mentioned in the literature that companies may lose control over their promotional messages; both GlobalEthical and WorldwideX

explained the importance of pro-active action. All posts onto their Facebook pages need to be approved in advance, and these also need to be correctly referenced.

- Both companies emphasised the fact that they have had infrequent product complaints or queries, which is attributed to the fact that both GlobalEthical and WorldwideX only perform corporate branding through their current social platforms and do not partake in product branding. This is confirmed by the Weber Shandwick Report (2013,p. 7) that stated that "…adverse events concerns are mentioned most often by communicators, yet the fear may be overstated. With experience and research showing that less than half a percent of social media mentions contains an actionable adverse event (AE), pharmaceutical companies have realised that they are unlikely to be presented with large numbers of new AEs". With the increase in social media platforms and engagement thereof, this statement challenges both GlobalEthical and WorldwideX, as the companies mentioned that they will review their internal alignment of resources should there be an increase in incoming information.

- The literature mentioned that negative claims can harm the reputation of the company. From GlobalEthical's viewpoint they have been pro-active in selecting an agency to manage their social media platform that is also familiar with social media and reputation management.

6.2.2 Other considerations

The literature (Divol et al., 2012; IBM Global Business Services, 2012; Weber Shandwick Report, 2013) reviewed further stated that:

Companies have vague ideas and misunderstandings about how to **manage social media and user generated content**. The manner in which to influence conversations over a variety of platforms within time expectations differs from the customer. Both GlobalEthical and WorldwideX mentioned that all adverse events are taken offline, which might be an indication that companies are not yet familiar on how to deal with user generated content. The companies also confirmed that they are not yet prepared to respond online to requests, which support the literature related to the vague understanding of how to manage social media and user generated content.

There is **no single measure of social media's financial impact/ROI** and companies find it difficult to justify devoting resources, whether it includes financial or human resources, to an activity where the precise effect remains unclear. This was evident from the responses by both GlobalEthical and WorldwideX. GlobalEthical implemented key performance indicators for their own developed applications; however for their Facebook page they measure the amount of "likes", retention of customers and the drop-offs. WorldwideX plan to implement similar measurements. Continental.Inc made no mention of the kind of measurement they implemented.

GlobalEthical mentioned the generational gap and the reluctance of the field force to use technology and any social platform amongst their field force. The consideration is supported by Marshall *et al.* (2012) who also emphasised the fact that technology appears to be viewed in a negative way by the older generation. Further to this end, the age of health care professionals was confirmed in the IMS Institute for Healthcare Informatics Report (2014) and confirmed by Marshall *et al.* (2012,p. 359) who mention that "it is likely that the age demographics of the buyer will dictate the degree to which social media should be used".

For WorldwideX the challenge is to break out of the mould of "how we used to do things".

In summary, from the discussion above it is clear that regulatory limitations are a main consideration for social media implementation due to the operational environment. It is evident that both GlobalEthical and WorldwideX are well aware of the content of the Code and they comply accordingly. Besides regulations, GlobalEthical and WorldwideX delineated other considerations that act as restraints when implementing social media initiatives.

6.2.3 Research proposition 2: Pharmaceutical companies use the principles of the Social Capital Theory in both their B2B and B2C social media initiatives.

A study conducted by Rodriguez *et al.* (2012) confirmed the following positive relationships based on the principle of reciprocity of the Social Capital Theory: social media significantly influences the sales process, particularly those involving **opportunity creation** and **management of relationships to facilitate information sharing**, **value**, **mutual trust** and **joint problem-solving**. Social capital is thus

increased by leveraging different social media platforms and resultantly increases performance of the company. To summarise, Rodriguez *et al*. (2012) listed prospect development and customer acquisition as the two central themes of the Social Capital Theory.

For all three companies it was apparent that they are implementing principles of the Social Capital Theory, which include the following:

GlobalEthical and WorldwideX both use corporate branding for their websites. This is an example of where a customer sees that the company offers disease information and education. This is not only **building relationships through information sharing** but is also **building mutual trust** and creating opportunity between possible consumers and the company. This was supported by Marshall *et al.* (2012) who explained that focus of social media is on the buyer-seller relationships. The focus of companies should be to create awareness through providing education and information, and this is done by adhering to the principle of reciprocity.

GlobalEthical's initiatives, in particular, are sufficient when using social media platforms to **gain insight into their customer needs,** either though following trends or doing surveys amongst their online communities. These activities support the principles of adding value to GlobalEthical and also to offer a joint problem-solving option if both GlobalEthical and the customer can benefit as an extension of the Social Capital Theory (Rodriguez et al., 2012).

GlobalEthical implements their own applications and QR codes for specific product portfolios. This not only **adds value** to the health care professional but also to the consumer. This also offers an **opportunity of joint problem-solving**, where the company offers the healthcare professional an option to easily create, for example, patients' diaries. The QR codes are an ideal opportunity for prospecting and creating opportunities, as well as building relationships through information sharing. Consumers can also share QR codes with friends, thereby creating further opportunities.

Gamification and edutainment applications as implemented by GlobalEthical also add value to the customer and offer **joint problem-solving** in that the consumer learns while enjoying the interaction.

For the disease orientated applications that GlobalEthical uses for health care providers that are accessible through a protective portal, this emphasises effective

management of relationships to facilitate **information sharing** as well **as building mutual trust** between the GlobalEthical and the health care provider. This is supported by the Code of Marketing Practice (Marketing Code Authority, 2013) that stated that disease treatment information may only be accessible to health care providers.

GlobalEthical's partnerships with www.Health24.com and disease associations support the proposition that social media creates opportunity, adds value, **builds mutual trust** and facilitates **joint problem-solving**. GlobalEthical also have corporate branding on these sponsored websites, which in return create of value for the customer. The Continental.Inc product launch initiative on Facebook and Twitter that focused on veterinarians similarly included corporate branding to reinforce that the company cares about the health care professional and his/her business.

The social media initiative described above are extensions of the current sales and marketing selling tools, which the interviewed companies successfully implemented (Rodriguez et al., 2012). GlobalEthical realised that they have to differentiate between the objectives for their Facebook and Twitter accounts and for individual product portfolios. WorldwideX is in the process of planning similar initiatives for their 2015/2016 social media programme. Continental.Inc uses their social media initiative to help health care professionals to build their businesses (opportunity creation). From the evidence acquired from the case study analysis, it is clear that pharmaceutical companies use the principles of the Social Capital Theory in both their B2B and B2C social media initiatives.

6.2.4   Research proposition 3: Pharmaceutical companies followed the proposed four-phase process of monitoring and listening, categorising and responding, amplifying and strategising

The literature supports the perspective that companies require tools that enable them to monitor, respond and leverage of the wealth of consumer generated content from social medial (IBM Global Business Services, 2012; IMS Institute for Healthcare Informatics, 2014). Divol *et al.* (2012) suggested a four-step approach to lead consumer decision-making and behaviour. Altmann (2014) suggested the social maturity model in a three-step approach which is similar to the approach suggested by the Nielsen Report (2008).

To an extent GlobalEthical follows the four-step model, albeit independently of each other. GlobalEthical employs an agency to monitor and listen to their online activities on a 24hour basis. GlobalEthical receive feedback reports from the agency concerning current trends. When the agency is alerted to an adverse event this is communicated to GlobalEthical who categorise and escalate it to the responsible person (care line). GlobalEthical does not respond online to requests or adverse events. Currently there is not a large requirement for this, as product questions and concerns are infrequent. GlobalEthical amplifies their social media programmes through the sponsorships of www.Health24.com and disease associations as well through their website where they provide disease education. GlobalEthical use these platforms to gather insights on trends, although this information is not necessarily used to strategise.

WorldwideX currently use the first step of monitoring and listening as the company is in the process of developing an action plan to implement an inclusive social media programme. WorldwideX currently receives feedback from the third party agency when an adverse event needs to be followed-up on. WorldwideX then follows the traditional route of reverting it to their ethical assistance line to follow-up on. Through their Facebook page WorldwideX has built a small online community by providing disease information, which can be seen as amplification. However, this page has been inactive for the past four years.

For both GlobalEthical and WorldwideX the process of strategising based on feedback from social media platforms are difficult. This confirms that companies are unsure how to deal with the vast amount of information that is available (Shaw, 2010).

Continental.Inc did not indicate the process that they follow with their social media initiatives.

From the data it is evident that pharmaceutical companies do not follow the proposed process four-phase process of monitoring and listening, categorising and responding, amplifying and strategising in a sequential order.

In conclusion it is evident that the literature is supported by some findings from the companies that participated in the research study. There is however discrepancies which need to be research further to offer clarity.

CHAPTER 7: CONCLUSION

The research has proven that social media integration into the sales and marketing process for pharmaceutical companies is complex and limited against the background of regulatory limitations. Furthermore the value of social media is questionable with no concrete measurements in place. The final ascpect is that engagement with customers through social media is challenging. This chapter will discuss managerial and stakeholder recommendations based on the main findings of the research project. Suggestions for further research will also be made.

7.1   Main findings from the research

The following represents the main findings of this research;

i.   Regulation and the Code of Marketing Practice play an integral part in the integration and management of social media initiatives for pharmaceutical companies. The complexity of regulation regarding social media initiatives is intensified when Scheduled brands are offered by pharmaceutical companies.

ii.   Most pharmaceutical companies have formulated global and local approval processes for social media to help regulated fair practices towards customers and consumers.

iii. The Personal Information Act as an extension of the Consumer Protection Act assists pharmaceutical companies in the management of consumer information. This might support pharmaceutical companies in their social media activities regarding how to deal confidentially with personal information.

iv.   A main consideration for pharmaceutical companies to implement social media is to create awareness around disease entities and corporate branding.

v.   The reporting of adverse events (Pharmacovigilance) is a prominent concern when implementing and managing social media as it might lead to negative publicity. The response times and how to respond can be challenging – currently this is managed off-line in a traditional manner that includes a 24hour turn-around time.

vi.   Companies acknowledge the risk of implementing social media, regardless of the fact that the scope of the risk is not yet fully understood by all. However, one company's viewpoint is that it is a litigated risk which is manageable, akin to traditional sales and marketing activities.

vii.   Risk is also related to the cost of investment, non-compliance and negative publicity.

viii. The measurement of the return on investment of social media implementation and management is an important consideration. The reason for this is that social media is mainly used for creating awareness instead of selling. Currently there is no formal measurement for return on social media investment.

ix.   The availability and alignment of resources, both for implementation and management of social media platforms were identified as important considerations. Companies rely on either the agency they employ or their internal resources of legal, marketing and medical departments.

x.   The generational gap and reluctance to use technology amongst the sales force is a consideration. Management of this should be based on the following variables: age, knowledge of technology, interest and personal preference.

xi.   Pharmaceutical companies mainly use social media to create awareness and educate consumers on disease entities. They do this mainly through their websites and Facebook pages; it has been found that specific companies optimise partnerships with health and disease websites, video channels on YouTube and with individually developed applications to assist. By creating awareness companies positively influence the principles of the Social Capital Theory that is value-addition, building relationships and mutual trust, joint problem-solving and gaining insights.

xii.   Companies also use crowd sourcing and surveys to gain insight into target customers' needs and trends. This is a new concept for pharmaceutical companies.

xiii. Gamification and edutainment are also new applications that have not been used extensively in the pharmaceutical industry.

xiv.   Pharmaceutical companies can create separate applications for health care professionals and for the general public (for example, QR codes), with different information that are consistent with the limitations prescribed by the Code.

xv.   Social media can be effectively used as sales tool and can be an extension of current sales and marketing strategies.

xvi.   Companies follow some of the phases in the proposed four-step process of monitoring and listening, categorising and responding, amplifying and strategising to an extent, but not in sequential order.

xvii.   Currently the focus for most companies is to monitor and listen to the comments and conversations (phase 1).

xviii.   In terms of responding to requests or questions, pharmaceutical companies still follow the traditional off-line routes. Companies have not yet commenced with online responses.

xix.   Amplification is fairly implemented through existing Facebook pages.

xx.   Using feedback from social media platforms to strategise is not being used optimally.

7.2   Recommendations to stakeholders and managerial implications

Social media can no longer be ignored by pharmaceutical companies. For social media to be integrated into the sales and marketing process, stakeholders and managers should consider numerous implications. Regulatory managers should familiarise themselves with the amendments to the Code of Marketing Practice regarding social media implementation and the implications thereof.

With the recent amendments to the Code of Marketing Practice concerning social media, pharmaceutical companies can invest into this resource. The full responsibility remains with the company. Despite regulatory limitations and the Code of Marketing Practice there are other important considerations that stakeholders should take time to understand. This research study only emphasised a few of those considerations, but these are important on operational level as well as strategic level. More specifically, companies can create positions to focus on social media

initiatives, like GlobalEthical who appointed a digital excellence manager. Another consideration is to have dedicated budgets to support the integration of social media into the sales and marketing processes of pharmaceutical companies.

This research further questioned the value of social media to pharmaceutical companies. Investment into social media will increase the companies' social capital on different levels. There are different ways and platforms to optimise social capital through social media, but management should decide the best options for the company based on their brand portfolios and objectives within the market.

The literature emphasised processes to implement and manage social media initiatives. These processes are not easy to implement and vary according to the companies' position in terms of social media. The idea of following the proposed four-step process guides a company in effectively dealing with communities online *via* social media platforms. This process can also guide companies to use the feedback from social media platforms to strategise future campaigns. Furthermore managers and their dedicated teams should invest time to realise the value of each step in the four-step process. This means that each process contributes to a holistic picture that closes the loop between "monitoring and listening" and "strategising" to optimise the integration of social media.

Advice to companies is to have a dedicated team that includes regulatory, medical, marketing, sales, finance and information technology departments to integrate social media initiatives.

7.3 Recommendation for future research

Social media is a fairly new concept in the sales and marketing process for pharmaceutical companies and has its challenges. In its own right, social media consists of a vast field in academia and additional theoretical research is required to acquire a more profound understanding of the role of social media in modern sales and marketing environments.

There was an expectation that companies followed a structured process to engage customers, like the proposed four-step process, this was proven not to be the case. Further theoretical research on the value of the four-step process in sequential order

is required. Furthermore the impact of this four-step process on sales and marketing variables like influence on consumers, sales figures and ROI will be valuable.

Additional empirical research is required to enhance the definition of social media in general. Other research for consideration includes how to manage adverse event reporting on social media platforms as well as the consideration of the return on investment of social media activities for pharmaceutical companies. Research currently available supports the notion that it is difficult to measure return on investment.

Further research about the impact of gamification and edutainment will also be advantageous; firstly to establish the impact on consumer behaviour, and secondly to determine the impact thereof on return on investment.

7.4 Closing comments

Many challenges remain with regards to social media integration and engagement thereof in the sales and marketing process for pharmaceutical companies. However, this reaserach provides both practitioners and academics with valuable insights into the role of regulations, the value addition and the engagement process through social media platforms. This research study is a step closer to a workable solution.

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APPENDIX 1: ADDITIONAL PROPOSED CHANGES TO SOCIAL MEDIA IMPLEMENTATION

Note 9: Company controlled Websites for Healthcare

A company may wish to provide promotional and educational material to healthcare professionals via a website. If this site contains promotional material it must be a secure site that is designed to allow access only to healthcare professionals. A mechanism such as a password protected site or other entry system would comply with the requirements of this section. An entry system such as a provider number would also be acceptable. The password to gain access to a restricted access site should not be a word that would be easily identifiable, such as the product name.

All material contained on a website directed to healthcare professionals must also comply with the provisions of the Code. This means that the standards applying to items such as advertising and printed promotional material apply to material included on a company sponsored website.

Any electronic forms of promotion must be considered in context. If the material is promotional it must include the reference to refer to the package insert for full prescribing information.

Companies should also take care when including references or links to other information sites. References or links to any non-compliant sites that may put the company at risk of being found in breach of the Code should be removed without delay. Links to international company websites should warning the reader they are leaving the local site and that they should prefer to the local approved package insert.

Note 10: Use of Healthcare Professionals' Names on a Company Website

It is advised that companies should not include a list of individual doctor's names or clinics on their corporate website or a company developed website for a condition or disease state. In consultation with an independent or society, and having sought their approval, it may be possible to provide a link to a society website where a list of physicians registered with the college or society is made publicly available.

Note 11: Webinars

Webinars may be broadcast from a meeting at which a speaker is presenting to an audience or may be broadcast only as a webinar, whereby all audience members are 'virtual'.
Companies should consider the following when engaging with healthcare professionals via webinar:
- Speaker briefing and slides - The same principles for briefing a speaker and review of slides for face to face presentations should also apply to webinars.
- Moderation by the company – Based on the nature of the content of the session, companies should make an assessment for the need for moderation. For transparency, a company should consider including a statement alerting the audience if a session will be moderated and include any action that may be taken by the company e.g. removal of any inappropriate 'material'/posts/questions.
- Delayed broadcast - Webinars may be recorded for later broadcast.
- International broadcasts that are made available by the South Africa affiliate/company – The same principles apply for international broadcasts/webinars as for those initiated locally. Companies should ensure that the content is appropriate for a South Africa audience and any discussion of products is consistent with local approved indications and Product Information. If

the content is promotional, all mandatory requirements should be communicated to the audience. For example, text embedded around the viewing frame, a holding slide at the beginning and/or end of the webinar presentation, or including the information in an email providing the link to the webinar.

Note 12: Mobile Media Platforms and the Use of Applications (Apps)

A company may wish to provide promotional and educational material to healthcare professionals via an application downloaded on mobile media platforms (e.g. iPhone and iPad; Blackberry; Android based smart phones and other tablets). If the application contains promotional material it must be a secure application that is designed to allow access to only to healthcare professionals. A mechanism such as a password protected application or other entry system would comply with the requirements of this section. The password to gain access to a restricted application should not be a word that would be easily identifiable, such as a product name.

All material contained on an application directed to healthcare professionals must also comply with the Code. This means that the standards applying to items such as advertising and printed promotional material apply to material included on applications for mobile media platforms.

Any electronic forms of promotion must be considered in context. That is, is the information medical education or promotion? If the material is promotional it must include a reference to the approved package insert or a direct hyperlink to the current package inserts outside of the application or provides access to it via a package insert button within the application.

Companies should also take care when including references or links to other information sites. References to any non-compliant sites that may put the company at risk of being found in breach of the Code should be removed without delay. It must be made clear when the user is leaving the application or being directed to a site that the company is not responsible for and has not developed. Any references or linkages to other reputable information sources must be to sources which provide valuable educational material that would enhance the quality use of products in South Africa.

The type size and graphics used in all application advertisements must be such that allows easy and clear legibility.

A company may wish to provide promotional and educational material to healthcare professionals via Apps. Examples of acceptable smartphone apps include, but are not limited to; medical dictionaries, access to clinical papers, conference proceedings or planners, and dose calculators.

If an app contains promotional material it must only be accessible via a secure App Store/Site or process that is designed to allow access only to healthcare professionals. A mechanism such as a password or other restricted entry system would comply with the requirements of this section. The password to gain access to the app should not be a word that would be easily identifiable, such as the product name.

Note 13: QR Codes /2D barcodes

A company may wish to provide promotional and educational material to healthcare professionals via QR Codes or other 2D barcodes which link directly to applications or microsites. If the destination of these links is visible to the general public (e.g. iTunes store, Google Play store or a non-secure website), then a mechanism such as a password protected application/microsite or other entry system would comply with the requirements of this section. The password to gain access to a restricted application/microsite should not be a word that would be easily identifiable, such as a product name.

Note 14: Electronic Detailing

The Guidelines Working Group acknowledges that an increasing number of companies are now using electronic devices to detail healthcare professionals. The principles from Clause 7 - 9 of the Code should apply to electronic detailing ("e Detailing" or "e Detail aid"). When writing the recommendations below, the Group made the assumption that such devices included iPads, other tablets, etc. If devices with smaller screens are used, care should be taken to ensure that all text is easily legible from a comfortable distance.

Care should be taken when each page is viewed that the information is not false or misleading when read in isolation.

Text font, size and colour must be considered to ensure legibility. The resolution provided by different screen sizes should also be taken into account when accessing legibility. All text must be easily visible from a comfortable viewing distance prior to zooming or utilising other similar functions.
Placement of mandatory requirements such as, generic names, p-values, statements of significance etc. should follow the same principles of the Code and should be clearly visible on the screen – they cannot only be visible within an animated feature such as a pop up etc.

The reference "refers to approved package insert for full prescribing information is no longer mandatory if the full package insert is directly accessible from within the e Detail aid. The table below for audio-visual material and the internet, where the need for the "reference to the approved package insert" is mandatory if the full package insert is immediately accessible.

	Medical Education	Company Branded Pens and Notepads	Lanyards	Token Cost Bags	Brand Name Reminders (Not Permitted)
Company Educational Event	√	√	√	√	X
Third Party Educational Event A third party has the right not to allow a company to distribute these items	√	√	√	√	X
Advisory Board Meeting	√	√	√	√	X
Clinical Investigator Meeting	√	√	√	√	X
Trade Display	√	√	√	√	X
Medical representative detailing healthcare professional	√	X	X	X	X

It is possible to give emphasis to a specific part of the content/area of a tablet screen through the use of light boxes, stretching/enlarging graphs etc. Content must not be constructed in such a way that there is loss of context by obscuring critical elements, for instance, a claim remains visible but a related qualifier statement, or other descriptive text that provides context, is hidden by a pop-up screen.

Qualifying statements should follow the same principles as per Clause 7 -9; they should be linked to the relevant claim with a readily identifiable asterisk or similar device. Qualifying statements must appear directly below or adjacent to the claim, and must be in prominent text such that the text size for the qualifying statement is larger than the other minimum text size on the screen. A qualifying statement should always be visible when its corresponding claim is on the screen. The qualifying statement must not be hidden by pop ups, if a section of the screen is enlarged, or positioned such that a user has to scroll further down the page to see it.

Other mandatory information as per Clause 5.3 should all be no more than two clicks away from any one screen (i.e. could access via a menu bar) or appear as part of the e-detailer e.g. at the end of each 'chapter/section' of information where an e-detailer is so designed.

Source: From "Marketing Code Authority. Proposed amendments to Guidelines to the Code of Marketing Practice February 2014".

APPENDIX 2: CONSTRUCTS SUPPORTING RESEARCH QUESTIONS

Research Question	Literature	Construct
Regulatory limitations are the main consideration when implementing social media into the sales and marketing process.	Green & Kesselheim (2010) Houston (2011) Weber Shandwick Report (2013) IMS Institute for Healthcare Informatics (2014)	Code of Marketing practice Risk versus benefits Reporting of adverse events Management of social media Return on investment
Pharmaceutical companies use the principles of Social Capital Theory in both their B2B and B2C social media initiatives.	Rodrigues (2012) Marshall (2012) Weber Shandwick Report (2013)	Rodrigues: Social Capital Theory (principle of reciprocity, opportunity creation, management of relationships, value, mutual trust and joint problem-solving) Sales and marketing interface Selling tools Value-addition

		Gain insights
Pharmaceutical companies followed the proposed four-phase process of monitoring and listening, categorize and respond, amplify and strategize.	Nielsen (2008) Divol *et al.* (2012) Altman (2014) IMS Institute for Healthcare Informatics (2014)	Listen Monitor Facilitate Participate Join/engage Amplify Lead/strategise

Source: Derived by researcher

APPENDIX 3: INTERVIEW GUIDE

Explain the context of the study carefully (The focus is on the considerations and implications of social media integration into the sales and marketing process: A Pharmaceutical perspective). The main question is the focus point; the questions following it will lead the discussion.

Research Proposition 1: Are regulatory limitations the main consideration when implementing social media in the sales and marketing process?

- How did you implement social media into your existing sales process or model?

- What are the considerations when implementation social media?

- Focus on adverse event reporting/risks/benefits/ROI? (Code of Marketing Practice will be a focus).

Research Proposition 2: How do pharmaceutical companies use the principles of "Social Capital Theory" in their B2B and B2C initiatives? (Explain Social Capital Theory in short)

- Please explain the details around the "value" of social media in the sales process? (opportunity creation, mutual trust, joint problem-solving, gain insights)

- What platforms do the company use? What information do you gain from these platforms?

- Did your company use social media mainly for creating disease and/or brand awareness? Any other use?

Research Proposition 3: What is the process that pharmaceutical companies follow to implement and support the sales and marketing process (sales process/sales force) and how will they keep customers engaged with the continuous widening of social media platforms?

- What support structure/strategy do you have in place to support the sales and marketing process/sales people and the customer? Please explain the details around this?

- How do you keep consumers engaged/informed on social media platforms?