

Analyzing Pharmacist Perception towards CRM Practices by Indian and Multi National Pharmaceutical Companies

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Abstract— Customer relationship management (CRM) means increasing revenues and profitability by coordinating, consolidating and integrating all points of contact that enterprises have with their customers. Pharma Industry has become heavily dependent on CRM. The experience in the recent times reveals that CRM as it is known in the Industry today has been reduced to planning personalized gifts and personalized services. Pharma companies, are investing a lot of promotional spend, but whether they have understood the meaning of real CRM leaves much to be desired. The chemists and stockiest are the second partner in the CRM practices of Pharmaceutical companies. Their perception and views are also important for the purpose of analysing the CRM practices. Thus, the perception of the chemists and stockiest were also taken and analysed. Findings suggested that by cultivating a relationship with the right key opinion leaders, pharmaceutical companies can very efficiently reach their audience.

Keywords— CRM, Indian Pharmaceutical Company, Multinational Pharmaceutical Company, Chemist & stockiest perception.

I. INTRODUCTION

The pharmaceutical industry in India is among the highly organized sectors. This industry plays an imperative role in promoting and sustaining growth in the field of global medicine. Due to the presence of low cost industrialized facilities, educated and skilful manpower and cheap labor force among others, the industry is set to scale new heights in the fields of manufacture, growth, manufacturing and research. The Indian pharmaceuticals market is the third largest in terms of volume and thirteenth largest in terms of value, as per a report by Equity Master. The “organized” sector of India's pharmaceutical industry consists of 250 to 300 companies, with the top 10 firms representing 37% of total Indian Pharmaceutical Market. However, the total sector is estimated at nearly 20,000 businesses, some of which are extremely small. Around 90 percent of India's demand for medicines is met by local manufacturing.

Indian pharmaceutical industry companies can broadly be classified as domestic companies and foreign companies (MNCs). Some of the major players include GlaxoSmithKline, Cipla, Dr. Reddy's Laboratories, Ranbaxy, Pfizer etc. Year 2013 was demanding on the domestic front and witnessed sluggish growth owing to acute competition from unlisted players and so on. Growth in the sector is expected to be boosted this year due to increasing consumer spending, rapid urbanization etc. The Indian pharmaceutical market size is expected to grow to US\$ 100 billion by 2025, driven by increasing consumer spending, rapid urbanisation, and raising healthcare insurance among others. Going forward, better growth in domestic sales would also depend on the ability of companies to align their product portfolio

towards chronic therapies for diseases such as such as cardiovascular, anti-diabetes, anti-depressants and anti-cancers that are on the rise.

The market of the pharmaceutical products largely depends on how the pharmaceutical sales personnel can function or work. In light of this statement it becomes necessary to influence the working of the personnel. The pharmaceutical marketing has lot of hindrances and barriers in deciding the sales territories; selection and recruitment procedures of the sales personnel should be scientific and qualitative. The marketing and sales of the pharmaceutical products is carried out by means of the marketing organization comprising Head of Marketing and Sales or Vice-president (Mktg.), General Manager (Mktg.), National Sales Manager, Product Management Team in Head office and Medical Representatives, field managers in the field. In the brand building process, companies will spend a considerable portion of the budget, before the launch of a new product, in initiating multicentric trials involving the provision of sending samples to the 'Opinion leaders'.

The main promotional thrust of the pharmaceutical industry is through its medical representatives. Medical Representatives profoundly affect the way a doctor prescribes (Khan et.al, 2014; Naghshbandi et.al, 2016; Chouhan et.al, 2016;). Their bottom line of detailing is "Please prescribe my drug". They are invariably polite and reasonably knowledgeable. Before meeting a doctor they study the doctor's prescribing habits on the basis of information gathered from local nearby chemists and a preview of patients' prescriptions. They also get to know something about the doctor's likes and hobbies, family life and social interests and generally cultivate them. Pharmaceutical marketers offer samples, gifts, services to doctors to get prescriptions for their products. Pharmaceutical marketers go geography by geography and target doctor segment by doctor segment. The idea of all marketers is to develop a huge market base for the product or service, and build habits.

II. LITERATURE REVIEW

Kumar and Ramani (2004) viewed customer relationship management (CRM) as the process of achieving and maintaining an ongoing relationship with customers across multiple customer touch points through differential and tailored treatment of individual customers based on their likely responses to alternative marketing programs, such that the contribution of each customer to the overall profitability of the firm is maximized. Boulding et al. (2005) construed the scope of CRM as encompassing strategy, management of the dual creation of value, intelligent use of data and technology, acquisition and dissemination of customer knowledge to appropriate stakeholders, development of appropriate (long-term) relationships with specific customers and/or customer groups, and the integration of processes across the many areas of the firm and across the network of firms that collaborate to generate customer value. Whereas CRM has emerged as a

powerful concept to align the interests of a firm and its customers (Boulding et al. 2005), its success depends upon on both the appropriateness of the firm’s CRM strategy and CRM implementation effectiveness. Although there appears to be general consensus on the importance of CRM as a strategic imperative among both academics and managers, the return on investments in CRM strategy and programs seem to vary, both within and across organizations.

Boulding et al. (2005) noted that a number of firms have developed proven CRM practices to enhance their performance. Yet anecdotes of failed CRM initiatives abound. For example, Hershey is reported to have incurred a loss of more than \$100 million in sales in 1999 due to its inability to effectively roll out (over a 2-year span) an enterprise software initiative to enable its 1,200-person sales force to shepherd orders through the distribution process and to better coordinate processes with other departments (Bligh and Turk 2004; Ragowsky and Somers 2002). In January 2002, CIGNA HealthCare’s \$1 billion IT (information technology) CRM initiative went live in a big way, with 3.5 million members of the health insurance company moved from 15 legacy systems to two new platforms in a matter of minutes. However, implementation related problems led to significant customer service glitches and caused as many as 6% of the firm’s customers to defect in 2002 (Bass 2003). Clearly, there is a need to understand factors that may affect the perceived uncertainty about the size and scope of the initial implementation (e.g., the *SaleSoft* case by Narayandas 1996). A better understanding of factors that managers perceive to be key success factors in CRM implementation can enable academics to better theorize about CRM-implementation-related issues and CEOs to create organizational environments that are conducive to effective implementation of CRM strategy and programs (Chouhan, V., & Naghshbandi, N. 2015, Chouhan & Gorana, 2014).

One of the most interesting aspects in healthcare management is how to manage the relationship between a healthcare provider and its customers (patients) in order to create a greater mutual understanding, trust, and patient involvement in decision making (Goswami, Chandra & Chouhan, 2012). A good relationship between a healthcare provider and its customers will lead to improve customers’ satisfaction, which in turn make them loyal customers (Richard and Ronald, 2008). A good relationship between a healthcare provider and its customers does not only improve customer’s satisfaction, but also helps in fostering effective communications between them, which may help to improve their health and health-related quality life and more effective in chronic disease management (Arora, 2003).

III. RESEARCH METHODOLOGY

Research methodology is a way to systematically solve the research problem. It may be understood as a science of studying how research is done scientifically. In it we study the various steps that are generally adopted by a researcher in studying his research problem along with the logic behind them.

The source of data collection and information would be primary and secondary. But the major source of information would be the primary data, which would be collected from the employees. For the purpose of the study, the secondary data would also be extracted from the annual reports of the units (Chouhan et.al, 2014; Chouhan et. al, 2013). In addition, the secondary data would also be collected from government

records, commercial newspapers, magazines, journals, articles, websites and different books on Customer relationship management of pharmaceutical companies. Structured Questionnaires would be used for the data collection for the above said population. Sample size was 151 were chemists and 33 were stockiest.

Table 1: Variables of Chemists and stockiest

Gifts- customized or Brand reminders /Displays/Diary	Gift
Tours- Domestic	Dom_tour
Contests	Contest
Samples	Samp
Discounts / special scheme on purchase	Discount
Offers on sale of product	Offer
Sponsoring Chemist / Retailer Meet	Spon_Meet
Sponsoring Medical camps	Spon_Med_camp
Sales Representative behavior/skills	SR_Beh
Call centers for support for any Medicine	Call_Cent
Portals or website for product information	Portal_Web

In the second stage of analysing the **Pharmacist’s** perception differences in the opinion of the doctors regarding the customer’s retention practices of Indian companies were analysis with following hypothesis:

H1: There is significant difference in Pharmacist perception towards CRM approaches of selected Indian and Multinational Pharmaceutical Companies of Southern India.

IV. DATA ANALYSIS AND FINDINGS

The sample of respondents includes the Pharmacist and stockiest who were also the major lags of CRM activities in any company including the pharmaceutical companies. The demographics of this part of the sample have been shown in table 1 as under:

Table 2: Demographics of Pharmacist and Stockiest

Sample Characteristics	Category	Number	Percent
Respondent’s type	Pharmacist	151	82.1
	Stockiest	33	17.9
Age	Up to 30 years	92	50.0
	31-40	79	42.9
	41-50	12	6.5
	51 and above	1	.5
Gender	Male	90	48.9
	Female	94	51.1
Qualifications	Graduate	3	1.6
	Post graduate	160	87.0
	Doctorate	21	11.4

It can be concluded from the table1, that the sample includes 82.10 percent Pharmacist and 17.9 percent were Stockiest. The sample is quite balance in sense of gender. The sample consists of 48.9 percent males and 51.1 percent were females. Majority of respondents belong to age group of up to 30 year (50 percent); then 31 to 40 years (42.5 percent), 41-50 years (6.5 percent) and very less number of non-doctors belong to

51 and above category (only 0.5 Percent). These results conclude that majority of non-doctors selected for the study were young (92.9 percent were below 40 years) and maximum were post graduate respondents (87 percent). Hence we can assume the authenticity of data drawn from non-doctors as the sample seems to a better representation of population. This distribution shows that overall a good sample is taken for the

study as the distribution of respondents was belongs to wide demographic profile.

To identify the differences between the respondents (Pharmacist and stockiest) the one sample t test was used with SPSS-19 software and the results were enlisted in the table 2 as under:

Table 3: One sample t tests for Pharmacist and stockiest perception

A. One-Sample Statistics (Indian Pharmaceutical Companies)

	N	Mean	Std. Deviation	Std. Error Mean
ICRM_1	184	3.4185	.68862	.05077
ICRM_2	184	3.8859	.66367	.04893
ICRM_3	184	3.5489	.60760	.04479
ICRM_4	184	3.9511	.87015	.06415
ICRM_5	184	3.5652	.97290	.07172
ICRM_6	184	3.5598	.98996	.07298
ICRM_7	184	3.8261	1.01474	.07481
ICRM_8	184	3.3967	1.14051	.08408
ICRM_9	184	3.3098	.92725	.06836
ICRM_10	184	3.1141	.98237	.07242
ICRM_11	184	3.4457	.72976	.05380
ICRM_12	184	3.3913	.88653	.06536

One-Sample Test

	Test Value = 4					
	t	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
ICRM_1	-11.455	183	.000	-.58152	-.6817	-.4814
ICRM_2	-2.333	183	.021	-.11413	-.2107	-.0176
ICRM_3	-10.070	183	.000	-.45109	-.5395	-.3627
ICRM_4	-.763	183	.447	-.04891	-.1755	.0777
ICRM_5	-6.062	183	.000	-.43478	-.5763	-.2933
ICRM_6	-6.032	183	.000	-.44022	-.5842	-.2962
ICRM_7	-2.325	183	.021	-.17391	-.3215	-.0263
ICRM_8	-7.175	183	.000	-.60326	-.7692	-.4374
ICRM_9	-10.097	183	.000	-.69022	-.8251	-.5553
ICRM_10	-12.232	183	.000	-.88587	-1.0288	-.7430
ICRM_11	-10.304	183	.000	-.55435	-.6605	-.4482
ICRM_12	-9.314	183	.000	-.60870	-.7376	-.4797

B. One-Sample Statistics (Multi –National Pharmaceutical Companies)

	N	Mean	Std. Deviation	Std. Error Mean
MCRM_1	184	3.5598	.80755	.05953
MCRM_2	184	3.2663	1.08126	.07971
MCRM_3	184	2.8967	.96676	.07127
MCRM_4	184	2.9728	.83261	.06138
MCRM_5	184	3.0435	.96284	.07098
MCRM_6	184	3.2446	.90534	.06674
MCRM_7	184	3.8804	.69096	.05094
MCRM_8	184	3.8533	.68965	.05084
MCRM_9	184	3.2283	1.07737	.07942
MCRM_10	184	3.3261	.91268	.06728
MCRM_11	184	3.6522	.76729	.05657
MCRM_12	184	3.7446	.75746	.05584

a. One-Sample Test

	Test Value = 4					
	t	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
MCRM_1	-7.394	183	.000	-.44022	-.5577	-.3228
MCRM_2	-9.204	183	.000	-.73370	-.8910	-.5764
MCRM_3	-15.480	183	.000	-1.10326	-1.2439	-.9626
MCRM_4	-16.734	183	.000	-1.02717	-1.1483	-.9061
MCRM_5	-13.476	183	.000	-.95652	-1.0966	-.8165

MCRM_6	-11.319	183	.000	-.75543	-.8871	-.6238
MCRM_7	-2.347	183	.020	-.11957	-.2201	-.0191
MCRM_8	-2.886	183	.004	-.14674	-.2471	-.0464
MCRM_9	-9.717	183	.000	-.77174	-.9284	-.6150
MCRM_10	-10.016	183	.000	-.67391	-.8067	-.5412
MCRM_11	-6.149	183	.000	-.34783	-.4594	-.2362
MCRM_12	-4.574	183	.000	-.25543	-.3656	-.1453

One sample Test as per table 3 of various Pharmacist and stockiest perception regarding Indian Pharmaceutical companies have shown that for ICRM_4 the difference were insignificant ($p < 0.05$) and for all the variables of the significant differences in the opinion were recorded ($p > 0.05$) which is also shown by the mean differences. Pharmacist and stockiest perception regarding multinational Pharmaceutical companies have shown that for all the variables of the

significant differences in the opinion were recorded ($p > 0.05$) which is also shown by the mean differences. Further the gap differences is analysed for the Indian and multinational Pharmaceuticals companies. To know whether the differences between the opinions of Pharmacist and stockiest were due to the types of company i.e., Indian or multinational the independent sample t test were carried out and the results were provided in table-3 as under:

Table 4: Differences of perception

a. Group Statistics					
	IND_MUL	N	Mean	Std. Deviation	Std. Error Mean
Gift	IND	184	3.4185	.68862	.05077
	MUL	184	3.5598	.80755	.05953
Dom_tour	IND	184	3.8859	.66367	.04893
	MUL	184	3.2663	1.08126	.07971
Contest	IND	184	3.5489	.60760	.04479
	MUL	184	2.8967	.96676	.07127
Samp	IND	184	3.9511	.87015	.06415
	MUL	184	2.9728	.83261	.06138
Discount	IND	184	3.5652	.97290	.07172
	MUL	184	3.0435	.96284	.07098
Offer	IND	184	3.5598	.98996	.07298
	MUL	184	3.2446	.90534	.06674
Spon_Meet	IND	184	3.8261	1.01474	.07481
	MUL	184	3.8804	.69096	.05094
Spon_Med_camp	IND	184	3.3967	1.14051	.08408
	MUL	184	3.8533	.68965	.05084
SR_Beh	IND	184	3.3098	.92725	.06836
	MUL	184	3.2283	1.07737	.07942
Call_Cent	IND	184	3.1141	.98237	.07242
	MUL	184	3.3261	.91268	.06728
Portal_Web	IND	184	3.4457	.72976	.05380
	MUL	184	3.6522	.76729	.05657

b. Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
				t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
		F	Sig.						Lower	Upper
Gift	Equal variances assumed	1.092	.297	-1.806	366	.072	-.14130	.07824	-.29516	.01255
	Equal variances not assumed			-1.806	357.087	.072	-.14130	.07824	-.29517	.01256
Dom_tour	Equal variances assumed	58.682	.000	6.624	366	.000	.61957	.09353	.43564	.80349
	Equal variances not assumed			6.624	303.748	.000	.61957	.09353	.43552	.80361
Contest	Equal variances assumed	25.981	.000	7.748	366	.000	.65217	.08418	.48664	.81771
	Equal variances not assumed			7.748	308.058	.000	.65217	.08418	.48654	.81781
Samp	Equal variances assumed	1.264	.262	11.018	366	.000	.97826	.08878	.80367	1.15285
	Equal variances not assumed			11.018	365.291	.000	.97826	.08878	.80367	1.15285

Discount	Equal variances assumed	2.772	.097	5.170	366	.000	.52174	.10091	.32330	.72017
	Equal variances not assumed			5.170	365.960	.000	.52174	.10091	.32330	.72017
Offer	Equal variances assumed	5.738	.017	3.187	366	.002	.31522	.09890	.12074	.50970
	Equal variances not assumed			3.187	363.117	.002	.31522	.09890	.12073	.50970
Spon_Meet	Equal variances assumed	42.440	.000	-.601	366	.549	-.05435	.09050	-.23232	.12362
	Equal variances not assumed			-.601	322.673	.549	-.05435	.09050	-.23240	.12370
Spon_Med_camp	Equal variances assumed	59.527	.000	-4.646	366	.000	-.45652	.09826	-.64974	-.26331
	Equal variances not assumed			-4.646	301.045	.000	-.45652	.09826	-.64988	-.26317
SR_Beh	Equal variances assumed	2.110	.147	.778	366	.437	.08152	.10479	-.12455	.28759
	Equal variances not assumed			.778	358.057	.437	.08152	.10479	-.12456	.28760
Call_Cent	Equal variances assumed	.978	.323	-2.144	366	.033	-.21196	.09885	-.40635	-.01757
	Equal variances not assumed			-2.144	364.036	.033	-.21196	.09885	-.40635	-.01756
Portal_Web	Equal variances assumed	.439	.508	-2.646	366	.009	-.20652	.07806	-.36003	-.05301
	Equal variances not assumed			-2.646	365.083	.009	-.20652	.07806	-.36003	-.05301

Levene's Test for Equality of Variances has been used with assumptions that the variances for the two groups viz. Indian and multinational Pharmaceutical companies are equal. The gap between two defined categories is statistically insignificant ($p > .05$) for Gift, Samp, Discount, SR_Beh, Call_Cent and Portal_Web which connotes that no significant difference exist between Pharmacist of Indian and multinational Pharmaceutical companies. Thus, equal variance assumed row is selected for conducting the Independent sample T-Test. While for Variables Dom_tour, Contest, Offer, Spon_Meet and Spon_Med_camp the gap between categories were significant and equal variance not assumed row is selected for conducting the Independent sample T-Test.

V. FINDINGS

Pharmacist and stockiest perception regarding multinational Pharmaceutical companies have shown that for all the variables of the significant differences in the opinion were recorded. The gap between two defined categories for Gift, Sample distribution, Discounts and special scheme on purchase between Pharmacist and stockiest of Indian and multinational Pharmaceutical companies were insignificant. The perception difference also does not exist in Sales Representative behavior/skills, Call centers for support for any Medicine and product information available online.

The perception difference is significant between Pharmacist of Indian and multinational Pharmaceutical companies for Variables like Domestic tours Dom, Contest, Offers on sale of product, Sponsoring Chemist / Retailer Meet and Sponsoring Medical camps. Pharmacist and stockiest also take care of the companies whose medicines were prescribed by doctors related with the Indian Pharmaceuticals companies. It is also clear that a significant difference exists ($p < 0.05$) for selecting the multinational pharmaceutical companies by Pharmacist and stockiest for prescribing the medicines to their patients. Pharmacist and stockiest also take care of the companies

whose medicines were prescribed by doctors, it is clear with the perception that all the sources from which they got the information about new medicines were contributing significant difference (as $p < 0.05$).

CONCLUSION AND SUGGESTIONS

CRM helps pharmaceutical companies identify which physicians are most receptive to their salespeople, create a database of those physicians, calculate potential revenue from physician relationships, select high-priority physician accounts, and customize physician interaction. The consumer side of the customer equation is mostly about awareness (generating a groundswell of interest that filters up to physicians) and post-prescription service (answering questions about the medication, providing discounts, and similar activities). Anything beyond that—especially if it involves collecting patient-identifiable data—risks violating various federal and state laws.

It's long been considered too resource-intensive to actively market new drugs to the entire medical community, so manufacturers have to focus on what are known as key opinion leaders, or KOLs (Key Opinion Leaders). The typical KOL is a respected clinical researcher, practice leader, or prolific medical writer—somebody whose work affects other doctors and organizations. By cultivating a relationship with the right KOLs, pharmaceutical companies can very efficiently reach their audience.

The Pharmaceutical CRM solution is specially designed for Medical Information Officers / Sales Representatives to be used as a planning and management tool. CRM solution helps them plan their visits and activities as well as get product information and a 360 degree view of doctors. Field Force Automation solution enables you to gain comprehensive view of sales data, relate doctors with multiple workplaces as per work schedules and specialities (Chouhan & Verma 2014: a & b;

Chouhan, 2013). 360 degree view of doctors, pharmacies, competing products will give your team the intelligence to achieve the competing edge in the market. The major conclusions of this research work are the area where the significant gap was found between Indian and multinational pharmaceutical companies.

Hennig-Thurau and Klee (1997) propose a three-dimensional model of relationship quality. First, customers' perceptions of product or service quality, Second, customers' trust in the company's ability and willingness to achieve excellence in execution, and third, customers' commitment to the relationship. Perception of quality is an antecedent of trust and commitment. As Morgan and Hunt (1994) point out, the key elements of a CRM program are customer trust and commitment. A relationship based on trust and commitment will be more fruitful, as customers will be more open to the company's requests, policies and communications, more proactive, and more willing to cooperate.

Companies should foster Word of Mouth Conversations through the increase in satisfaction of the doctors, Pharmacist and stockiest (Khan et.al, 2012; Chandra et.al, 2012; Chandra et.al, 2012) Pharmaceutical companies must take care of frustrated customers, people (sales representatives). The companies should keep track of customers for improving the satisfaction and knowledge about company's name. The pharmaceutical companies must schedule simple reminder activities that prompt you, and other users, to proactively follow up with customers. The company must provide access to the Service Performance by the way of good promotion schemes. Companies should implement the relationship strategy gradually: it's not a good idea to offer a wide range of relationship activities from day one. Create genuinely two-way relationships: the benefits (for the company) of creating and running the program and the benefits (for customers) of maintaining a relationship with the company must be greater than the costs.

LIMITATIONS OF THE STUDY

The researcher is very much aware of the some limitations of the study. As such, the study suffers from the limitations of sampling in general; however, though a good sample of different villages it was ensured that sample provide a good representation of the population. The reliability of the information could not be fully ensured as the information has been collected from the Pharmacists who may not be aware of all the types services, their level of knowledge may also be a limitation of this study. The time required for fill the questionnaire has limited due to work pressure which was also a limitation of research. Despite the limitations, a reasonable care has taken to process the information properly and to analyse it systematically.

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