International Journal of Life science & Pharma Research

STUDY OF ETHICS TRAINING INFLUENCE ON ETHICAL BEHAVIOR OF MEDICAL REPRESENTATIVES IN PHARMACEUTICAL INDUSTRY

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ABSTRACT

Previous studies provide mixed and varied results on influence of ethics training on ethical behavior of the sales force. Poor regulatory system and no stringent codes on ethics by the concerned regulatory bodies in the pharmaceutical industry in India created an urgent need to conduct the present study. It is a correlation and a cross sectional study conducted under non-contrived setting where data is collected using a structured questionnaire (n=300). Results show that graduates and less than 35 years of age group medical representatives have better influence on ethical behavior after their ethics training. Researchers strongly recommend that, role-playing scenarios and real-world examples from the field and detailing them how they fit or violate the policies or regulations are valuable. Pharmaceutical companies are advised to reinforce ethics training online to ensure consistent delivery as ethics improves employee morale, recruitment, retention and success in sales.

Key words: medical representative, ethics training, ethical behavior, pharmaceutical industry.

1 INTRODUCTION

Ethics education in the business and professional curriculum started as early as the 1970. Researchers have conducted numerous studies in an attempt to increase the existing knowledge on unethical behavior of employees. Based on that, a huge numbers of articles have been published on ethics training to combat the ethical dilemmas. Ethics training is integral in establishing a positive ethical climate in the organizations. Many multinational, and some domestic, pharmaceutical companies are investing a huge amount of money in formal ethics training programs for one of the reasons is to avoid corporate liability. Although organizational ethics training is a billion dollar industry annually (LeClair & Ferrell, 2000), conventional wisdom dictates that personal and professional ethics are learned as part of the developmental process and essentially by examples and situations rather than instructions. Regrettably, a majority of the medical representatives do not always appreciate the values of ethics training programs. Consequently, the medical representatives often view ethics training programs with cynicism. Medical representatives are forced to participate in these programs often hate having to spend their time on ethics issues because they believe they already know what's right and what's wrong. Therefore, many large scale domestic and multinational pharmaceutical companies held these types of training programs in a five star hotels to attract the medical representatives' consideration

to attend. Large group of medical representatives think they do not need programs on ethics training to tell them that cheating or persuading a physician, a wholesaler, a retailer is wrong (Duska, 1998). A study revealed that a negligible percent (only one percent) of the survey respondents who had received ethics training believed that such ethics training programs made a significant difference to them (Delaney, 1992). Petrick and Pullins, (1992) recognized a concern regarding ethics training: an emphasis on compliance of rules rather than the use of moral judgment. This may be in part contributed to the cause of dismissive attitudes regarding ethics training (Brown, 1996; Petrick, 2002). In the other hand, research studies also say that the ethics training have great influence on ethical behavior (Subrata Chattopadhyay, 2009; Langlois L et al, 2010).

Ethical behavior in the marketplace is of critical importance to medical representatives, first line and second line managers in their pharmaceutical companies and it is a concern that reflects both human resources and economic issues. A study by the Ethics Research Center indicates that 90 percent of sales force feels that their organizations should do what is ethically and morally right and not just what is profitable to the organization (Verschoor, 2000). However, almost 30 percent of sales force believes that their first line and regional managers knowingly break the law and ignore ethics in order to meet their sales targets. Over 40 percent of sales people indicated they have seen unethical or illegal problems at (Wah, 1999). Harvey (2000) argues that ethics training programs are neither necessary nor sufficient to ensure ethical behavior of sales people in the organization and individual ethics are most readily influenced by formal organizational structure. Some researchers also say that ethical training does not have any significance in the ethical behavior of an employees, by giving the examples such as, executives (former Enron Corporation Chief Financial Officer Andrew Fastow and former Chief Executive Officer Jeffrey Skilling) received their training at the best business schools (Merritt, 2002a; Giacalone, 2004; Tang T L P et al, 2008). In the best of all possible worlds, the conscience of each medical representative would be sufficient to maintain ethical sales practices. Sometimes a medical representative and ethics code may be unseen because of the sales target pressures, competition and ethical dilemmas faced in daily decision-making process in the marketplace (Lamar Odom, et al, 2003). Hence, within the organization, it is the responsibility of concerned human resource personnel or the training managers or the regional managers to determine the most effective means of disseminating information and creating expectations about ethical behavior.

Research findings showed mixed results on ethics training and ethical behavior among age group, gender and work experience. A study states that the older person (more experienced sales people) recognizes that following ethical standards and principles are necessary for sales success (Honeycutt, 2001). Roman S and Munuera J L (2005) revealed that as the age of sales people increases, they appear to become more conservative in their ethical behavior and apt to accept standards that are more ethical and behave accordingly. In Mc Cabe et al, (2006) study, business students after their ethical training say that "cheating is more acceptable or necessary in order to get ahead". In a study, after the ethics training, female students change their ethical behavior but there were no changes in the ethical behavior of males (Ritter, 2006). Research also says that there was no difference observed between male and female participants after their ethical training (Langlois, 2004). A research report says that there is a significant difference to the number of years of experience and to the work situation of individuals than to gender (Langlois, 2004). Loe et al, (2000) proved that higher level of education does not have a direct impact on ethical behavior (Loe, 2000). In addition to the above mixed and varied results on ethics training and ethical behavior of medical representatives, many of the regulatory bodies and organizations like OPPI (Organization of Pharmaceutical Producers of India) and IDMA (Indian Drug Manufacturers Association) have code of ethics on the promotion of pharmaceutical products and they do not have any codes for the ethical conduct and training of medical representatives. In addition, the Sales Promotion Employees Act (SPE Act) 1976 is not stringent and

the central government of India never took interest on regulating the appointment and training of their medical representatives in pharmaceutical companies according to the provisions of the SPE Act (Amitava Guha, 2004). Considering the above varied results, loopholes in the regulatory bodies, and available literature the objective of the present study is to find out the influence of ethics training on ethical behavior of medical representatives. This study also attempts to find out the difference in opinion on ethics training and ethical behavior of medical representatives among gender, age group, education background and the type of company they are working for.

2 METHODOLOGY

It is a quantitative, correlation and a cross sectional study conducted under non-contrived setting. Data is collected using a structured questionnaire from medical representatives by simple random and cluster sampling (n=300). This research focus on ethics training and ethical behavior of medical representatives in the promotion of pharmaceutical products related to allopathic formulations in Karnataka state, India. The study population consists of medical representatives with at least a year of sales experience working for domestic and multinational pharmaceutical companies. Data is collected from these respondents using simple random and cluster sampling. The questionnaire comprise of four items related to demography of respondents. There were seven items on ethics training and 12 items on ethical behavior of medical representatives; with a five point Likert scale from strongly disagree (1) to strongly agree (5) (Nagashekhara M and Syed Omar Syed Agil, 2012). A pilot study was conducted (n=30) to test the reliability and validity of the ethics training and ethical behavior scales.

In this study, content validity of the instruments is carried out through a Delphi technique by interviewing the senior medical representatives, first line managers and some regional managers working in both domestic and multinational pharmaceutical companies in Bangalore, Karnataka, India. There are many Indian pharmaceutical companies which are marketing their products to other countries, and these pharmaceutical companies are considered as multinational companies in this study. Domestic pharmaceutical companies' means, companies which are marketing their products only in India.

3 RESULTS AND DISCUSSION

Of the 300 medical representatives, there were 213 (71%) males and 87 (29.0%) females and 71% (214) are working for domestic pharmaceutical companies whereas 29% (86) medical representatives are working for multinational pharmaceutical companies.

The ethics training and ethical behavior survey instruments are measured for the reliability test which consisted of seven and twelve items respectively. Ethics training scale consists of seven items. There is a good correlation between the items. Maximum scale mean if item deleted is 18.670 and maximum scale variance if item deleted is 19.974. The average Cronbach's Alpha value for ethics training scale is 0.777. The item "Employees can take own decisions in ethical dilemmas" shows a squared multiple correlations of 0.434 and "Ethics training exists in the company" item shows 0.896 in the ethics training scale. In ethical behavior scale, item "sponsoring costly books to resident doctors to increase their knowledge" shows a squared multiple correlations of 0.398 and "sales promotion that uses deception and or manipulation should be avoided" item show 0.810. Maximum scale mean for ethical behavior scale is 33.513 and the average Cronbach's Alpha value for the ethical behavior scale is 0.916. In this study, Cronbach's Alpha values of ethics training and ethical behavior scales are more than 0.70, which indicates that the instruments have the internal consistency reliability.

Table 1 ***Normality Statistics of Dependent and Independent Variables***

Variables	Mean	Std. Deviation	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
Ethics training	21.120	4.765	-0.173	0.141	-0.356	0.281
Ethical behavior	36.387	9.241	-0.129	0.141	-1.126	0.281

Mean for ethics training scale is 21.120 with a standard deviation of 4.765 and mean for ethical behavior scale is 36.387 with a standard deviation of 9.241 which indicates consistency in respondents' response. Normality tests were carried out for ethics training and ethical behavior scales. Cases of Univariate outliers in the dataset were checked using the z-score and found all values were within the data set. In the table 1, all z values of skewness and kurtosis are within the range of -2.58 to +2.58. The maximum kurtosis is shown by ethical behavior (-1.126). As this value is close to standard one, no need of transformation to natural log. Studies indicate that only abnormal skewness of two or three needs transformation (Sekaran U, 2003). Thus, it is evident that all the items have relatively normally distribution. In this study, missing values were minimal and all the missing values are replaced with the mean values (Tabachnick B G & Fidell L S, 2001).

Table 2 ***Association between Ethics Training and Ethical Behavior***

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1739.296	325	.000
Likelihood Ratio	959.893	325	.000
Linear-by-Linear Association	135.788	1	.000
Symmetric Measures			
		Value	Approx. Sig.
Phi		2.402	.000
Cramer's V		.666	.000

Chi-Square result for the association between training on ethics and ethical behavior of medical representatives shows the significance level of less than 0.005. Based on this, it is concluded that ethics training is associated with the ethical behavior of medical representatives. Cramer's V result of 66.6% and phi value of 2.402 indicate that there is a strong and significant association between ethics training and the ethical behavior of medical representatives. Research study also confirm that ethics training is integral in establishing ethical behavior among employees and helps to avoid corporate liability (LeClaire &Ferrell, 2000).

Table 3 ***Male Vs Female Opinion on Dependent and Independent Variable***

	Gender	N	Mean	Std. Deviation	Std. Error Mean
Ethics training	Male	213	20.981	4.969	0.340
	Female	87	21.460	4.231	0.454
Ethical behavior	Male	213	35.685	9.614	0.659
	Female	87	38.103	8.055	0.864

The average ethical behavior for male is 35.685 while female is 38.103, which specify that the female medical representatives in the sales force behave fairly ethically compared to male medical representatives. Studies reveal that this is more evident in regard to promotion of unsafe products to doctors, accepting favors from the doctors for the special treatment or in the case of ethical reason (Beu D S and et al, 2003; Tang T L P et al, 2008). In addition to this, they believe that sponsoring costly books to the residents to improve knowledge and financial benefits offered to medical fraternity is also not ethical (Nagashekhara M and Syed Omar Syed Agil, 2012). The average mean for ethics training in the male category is 20.981 and for females is 21.460 which indicate that ethics training have fairly better influence in the ethical behavior in females compare to male medical representatives.

Table 4 ***Mean Difference between Male and Female Respondents***

Levene's Test for Equality of Variances			t-test for Equality of Means						
Variables	F	Sig.	T	df	Sig. (2-tailed)	Mean Difference	Std. Error Diff.	95% Confidence Interval of the Difference	
								Lower	Upper
Ethics training	4.054	0.045	-0.789	298	0.431	-0.479	0.607	-1.672	0.715
Ethical behavior	14.111	0.000	-2.068	298	0.040	-2.418	1.169	-4.719	-0.117

As seen in Table 4, the means in the above table are not equal for ethical behavior, but they are significantly different, which means male and female have different opinions on ethical behavior. Furthermore, studies proved that females are fairly ethical than males (Nagashekhara M and Syed Omar Syed Agil, 2012). In the case of ethics training T value is -0.789 and also not significant ($p>0.05$), which implies that there is no difference in influence on ethical behavior after their ethics training (Langlois L, 2004).

Table 5 ***Diploma Vs Degree holder Opinion on Dependent and Independent Variable***

	Diploma Vs Degree	N	Mean	Std. Deviation	Std. Error Mean
Ethics training	Diploma	151	20.152	3.581	0.291
	Degree	149	22.101	5.563	0.456
Ethical behavior	Diploma	151	33.755	8.577	0.698
	Degree	149	39.054	9.152	0.750

Individual sample t-test was used to measure the difference in opinion between diploma and degree holders. In Table 5, the ethical behavior mean score for graduates is 39.054 and for diploma holders is 33.755, which means degree holders are more ethical compared to diploma holders (Nagashekhara M and Syed Omar Syed Agil, 2012). Ethics training mean score for graduates is 22.101 and 20.152 for diploma holders, which implies that graduates have better influence on ethical behavior after their training on ethics compared to diploma holders.

Table 6 ***Mean Differences between Diploma Vs Degree Holders***

	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2-tailed)	Mean Diff.	Std. Error Diff.	95% Confidence Interval of the Difference	
								Lower	Upper
Ethics training	28.776	0.000	-3.612	298	0.000	-1.948	0.539	-3.010	-0.887
Ethical behavior	0.748	0.388	-5.175	298	0.000	-5.299	1.024	-7.314	-3.284

The means in Table 6 are not equal for ethics training and ethical behavior and they are significantly different, which means the graduates and diploma holders have different opinions on ethics training and its influence on ethical behavior. The reason being ethics training is mandatory for all medical representatives in multinational pharmaceutical companies prior to their first venture into the sales field. In contrast, domestic companies do not put such emphasis nor make it mandatory for their medical representatives. The difference in income due to their education level may contribute to unethical practices among the diploma holders as compared to degree graduates.

Table 7 ***Opinion of Domestic Vs Multinational Company Respondents***

	Company type	N	Mean	Std. Deviation	Std. Error Mean
Ethics training	Domestic	214	19.579	4.517	0.309
	Multinational	86	24.953	2.807	0.303
Ethical behavior	Domestic	214	33.164	8.558	0.585
	Multinational	86	44.407	5.063	0.546

In Table 7, ethics training mean score for medical representatives working in multinational pharmaceutical companies is 24.953 and for medical representatives working in domestic pharmaceutical companies is 19.579. This indicates that there is an existence of ethics training in many multinational companies compared to domestic companies. It is due to the mandatory ethics training programs in the form of induction or capsule training that was provided by the multinational companies. Ethical behavior mean score for medical representatives working in multinational pharmaceutical companies is 44.407, and for medical representatives working in domestic pharmaceutical companies are 33.164, which indicates multinational company medical representatives are more ethical compared to domestic company medical representatives.

Table 8 ***Opinion of Domestic Vs Multinational Company Respondents***

	Levene's Test for Equality of Variances		**t-test for Equality of Means**						
	F	**Sig.**	**T**	**df**	**Sig. (2-tailed)**	**Mean Diff.**	**Std. Error Diff.**	**95% Confidence Interval of the Difference**	
								Lower	Upper
Ethics training	14.782	0.000	-10.260	298	0.000	-5.374	0.524	-6.405	-4.343
Ethical behavior	36.346	0.000	-11.401	298	0.000	-11.243	0.986	-13.184	-9.303

Ethics training and ethical behavior in the multinational pharmaceutical companies have a significant difference when compared to domestic pharmaceutical companies. Between these two variables, the mean difference for ethical behavior is high (11.243) followed by ethics training (5.374) and this mean is significant ($p<0.005$). This denotes that additional attention by some domestic pharmaceutical companies is needed to adopt and adapt to the standards and guidelines of professional bodies like IDMA or OPPI or IFPMA (International Federation of Pharmaceutical Manufacturers Association). The top-level managers should be role models in adhering to ethical principles in the promotion of pharmaceutical products. Unethical behaviors of medical representatives should not be ignored or given tacit approval by these managers even if the sales goals not met (Manthan D J et al, 2007; Nagashekhara M and Syed Omar Syed Agil, 2012). Exposure by multinational companies to ethics training and emphasis leads to ethical practices of medical representatives which develop sales tactics to help solve ethical dilemmas. In domestic companies however, the boundaries may conform to their own beliefs, which result in poor decisions in ethical dilemmas (Dubinsky A J. et al, 1992).

Table 9 ***Coefficient of Determination of ANOVA***

		R	R Square	Adjusted R Square	Std. Error of the Estimate
Gender	Male	0.679	0.461	0.459	7.073
	Female	0.656	0.430	0.424	6.115
Education	Diploma	0.602	0.363	0.358	6.870
	Degree	0.707	0.499	0.496	6.498
Age	Less than 35 yrs	0.706	0.499	0.497	6.477
	More than 35 yrs	0.650	0.422	0.415	7.292
Company type	Domestic	0.537	0.288	0.285	7.236
	Multinational	0.615	0.378	0.370	4.016

The model chosen for testing ethical behavior through ethics training gives an R^2values of 46.1% with an adjusted R^2 of 45.9% for males. Females scored lower R^2 values of 43.0% with an adjusted R^2 of 42.4%. Female medical representatives R^2 value is lower than a male medical representatives, which further confirms that increase in the ethics training among females lower the ethical behavior. In the case of diploma holders, an increase in the ethics training brings down the ethical behavior. Ethics training among medical representatives with more than 35 years of age also brings down the ethical behavior and it is the same in the case of domestic pharmaceutical companies.

Table 10 ***ANOVA***

Model		Sum of Squares	df	Mean Square	F	Sig.
Male	Regression	9037.832	1	9037.832	180.652	0.000
	Residual	10556.093	211	50.029		
	Total	19593.925	212			
Female	Regression	2401.518	1	2401.518	64.221	0.000
	Residual	3178.551	85	37.395		
	Total	5580.069	86			
Diploma	Regression	4002.400	1	4002.400	84.812	0.000
	Residual	7031.534	149	47.192		
	Total	11033.934	150			

Degree	Regression	6187.676	1	6187.676	146.521	0.000
	Residual	6207.894	147	42.231		
	Total	12395.570	148			
Less than 35 years of age	Regression	8904.376	1	8904.376	212.250	0.000
	Residual	8935.838	213	41.952		
	Total	17840.214	214			
More than 35 years of age	Regression	3224.101	1	3224.101	60.626	0.000
	Residual	4413.946	83	53.180		
	Total	7638.047	84			
Domestic	Regression	4500.639	1	4500.639	85.953	0.000
	Residual	11100.637	212	52.361		
	Total	15601.276	213			
Multinational	Regression	823.357	1	823.357	51.027	0.000
	Residual	1355.399	84	16.136		
	Total	2178.756	85			

The F value is significant (p=0.000) in all the demographic variables such as gender, education background, age of the respondents and the type of company they are working for. It implies that the selected demographic variables have ethics training influence on the ethical behavior of medical representatives and is suitable in the multivariate model.

This finding is supported by research report saying that there is a significant difference to the number of years of experience and to the work situation of individuals than to gender (Langlois L, 2004).

Table 11 ***Regression Weights of Independent against Dependent Variable***

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
Male	(Constant)	8.115	2.108		3.850	0.000
	Ethics training	1.314	0.098	0.679	13.441	0.000
Female	(Constant)	11.302	3.408		3.316	0.001
	Ethics training	1.249	0.156	0.656	8.014	0.000
Diploma	(Constant)	4.685	3.206		1.462	0.146
	Ethics training	1.442	0.157	0.602	9.209	0.000
Degree	(Constant)	13.364	2.188		6.108	0.000
	Ethics training	1.162	0.096	0.707	12.105	0.000
Less than 35 yrs of age	(Constant)	9.790	1.897		5.162	0.000
	Ethics training	1.298	0.089	0.706	14.569	0.000
More than 35 years of age	(Constant)	1.643	4.444		0.370	0.712
	Ethics training	1.535	0.197	0.650	7.786	0.000
Domestic	(Constant)	13.239	2.205		6.003	0.000
	Ethics training	1.018	0.110	0.537	9.271	0.000
Multinational	(Constant)	16.741	3.897		4.296	0.000
	Ethics training	1.109	0.155	0.615	7.143	0.000

In this study, ethics training is tested against ethical behavior of medical representatives based on the gender, education, age and the type of company they are working for. In gender and type of company, ethics training variable is significant and for diploma holders and more than 35 years of age medical representatives is not significant. It clearly implies that ethics training will not have any influence on ethical behavior in the promotion of pharmaceutical products among diploma holders and the medical representatives with more than 35 years of age (Langlois L, 2004) (Loe, 2000). The finding supports the study of Loe et al, (2000) and proved that higher level of education with ethics training does not have a direct impact on ethical behavior.

4 RECOMMENDATIONS

Today, there is a need for pharmaceutical companies to revamp their ethics training programs for their medical representatives especially in domestic pharmaceutical companies. Training managers should support the continuing ethics education by providing more repetitive ethics training programs to resolve the ethical dilemmas in the sales field. This would help to build a more competent ethical sales force to confront both the opportunities and challenges head-on and further enhance corporate image among the medical fraternity and sustain long-term business development in the pharmaceutical marketing. Ethics training should be emphasized side by side with the product knowledge to upgrade and strengthen the quality of medical representatives in the pharmaceutical industry.

Ethics training should include a copy of the organization's code of ethics (Schwartz, 2001), guidelines of the professional bodies or the government regulations, relevant compliance laws, an ethical decision-making model in ethical dilemma, resources for help and prominent role-playing scenarios.

Conducting role-playing scenarios by providing some real-world examples from the field (e.g. ethical dilemmas during interactions with physicians, wholesalers, retailers) and detailing them how they fit or violate the policies are valuable. Upon successful completion of the ethics training, medical representatives may walk tall as they feel proud of their companies and feel empowered to make the right ethical decisions while interacting with their stakeholders (Langlois L et al., 2010). After the successful in-house training, pharmaceutical companies are advised to reinforce ethics training online to ensure consistent delivery. Researchers strongly believe that ethics training may also improve employee morale, recruitment and retention, which in turn results in the sales success.

Lastly, it is very important to teach medical representatives how to report ethics violations and recourse to ask questions. Medical representatives should have confidential vehicles for reporting unethical practices or violations outside their chain of control. A toll-free telephone number or a physical drop box idea may be ideal.

5 ACKNOWLEDGEMENTS

The authors would like to thank Masterskill College of Nursing and Health, Kota Kinabalu Metro Campus, Kota Kinabalu, Sabah, Malaysia and Razak School of Government, Universiti Tun Abdul Razak, Kuala Lumpur, Malaysia for the financial support to carry out this research successfully. The authors would like to thank specially Mdm. Beverly E J, Lecturer, Masterskill College of Nursing and Health, Kota Kinabalu Metro Campus, Sabah, Malaysia for her valuable suggestions and assistance in the language in this study.

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