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Influence of corporate social responsibility on loyalty: perceptions of medical doctors

Abstract

Corporate social responsibility has become a fundamentally important concept embedded in organization's strategies in recent decades although its benefits as a commercial tool needs to be investigated further. Nowadays, pharmaceutical industry is facing unprecedented challenges since medical knowledge is increasing, and technologies and innovative and crucial medicines are getting improved from the pharmaceutical industry. Therefore, the current study adopted a multi-dimensional perspective of corporate social responsibility and carried out a research to determine perceptions of medical doctors about corporate social responsibility and loyalty of pharmaceutical companies. It can be said that social behavior of these individuals – play an important role in their decision. It is contended in this article that personal dimensions of medical doctors and process dimension may contribute to the loyalty behavior.

Keywords: corporate social responsibility, loyalty, medical doctor, pharmaceutical industry.

JEL Classification: M31.

Introduction

A body of research has recently emerged with an emphasis on good corporate social responsibility (hereon CSR) practices (Vlachos, 2010). Companies are more proactive in carrying out social responsibilities in their business in response to the rising interests of CSR and stakeholders' expectations. Many companies practice social responsibilities because they believe that consumers are keen to reward them for their endorsement on social causes. In other words, bad social practices influence the consumers' behavior. In their review on company bad social practices, Sen and Bhattacharya (2001) remarked that consumers are likely to penalize companies that are not genuine in their social obligations.

This study focuses on CSR practices within a pharmaceutical industry and, as Alex (2011) mentioned, the success of pharmaceutical companies requires socially responsible practices of their businesses. However, some of the marketing and advertising tactics such as drug representatives, offering free samples to doctors or offering gifts in promoting prescription drugs and establishing brand recognition are presumed to be unethical practices (Jörg et al., 2012; Vashi & Latkowski, 2012). As noted earlier, there is a range of possible good CSR practices that pharmaceutical companies might take; however, studies on consumer's feedback with CSR practices in pharmaceutical company are limited (Beckmann, 2007).

Based on a study among Malaysian stakeholders, Isa (2014) conceptualized CSR as a multidimensional

formative construct consisting of eight dimensions which are process, policy, values, environment, personal, profit, people and politics which offered a general framework to encourage developing countries adoption of CSR. The result of the study established how CSR multidimensional formative construct is positively associated with stakeholder loyalty. In the current research, the study adopted a multi-dimensional perspective of corporate social responsibility and carried out a research to determine the perceptions of medical doctors about corporate social responsibility and loyalty of pharmaceutical companies.

1. Literature review and research hypotheses

1.1. CSR and pharmaceutical industry. Many companies including pharmaceutical industry are concerned about their CSR (Kang, Lee & Huh, 2010). They believe CSR can assist companies to cultivate good rapport, produce positive business image and deal with stakeholders' social interests (Yoon, Gürhan-Canli & Schwarz, 2006). Pharmaceutical industry is different in various aspects compared to the chemicals manufacturing sectors. The industry is a research intensive industry and faces tremendous competition. Nevertheless, the industry is reasonably stable due to the high economies of scale (Blum-Kusterer & Hussain, 2001) and pharmaceutical industry has become a key focus growth in developing countries (Babar, Ibrahim, & Hassali, 2011). Jennifer, Anna, & Joseph (2010) reviewed corporate sustainability activity reports of eleven pharmaceutical industry-related companies and compared them to a related previous study. They found that activity is now being swung to CSR although sustainability related activity has grown in depth and breadth. Public sentiment satisfaction is reflected by this corporate action. CSR has become an important strategic policy for organizations despite increasing pressures for its incorporation into business practices (Isa, 2014).

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In relation to this, firm will not be rewarded if they ignore responsible behavior towards their stakeholders (Jelena, Kristijan & Ivana Bušljeta, 2011). For instance, customers are eager to purchase products from ethical organizations and are happy to pay more for them (Smith & Alcorn, 1991). Moreover, companies that have CSR initiatives such as donating to non-profit organizations will receive support from customers and lead them to switch brand (Creyer & Ross, 1997). CSR makes room for different voices, with wide ranging interests in the achievement of an appropriate relationship between corporation and society. Therefore, CSR means something to everybody, although is it not always the same thing. Indeed, to some stakeholders, CSR conveys the idea of socially responsible behavior; to others, it means legal responsibility or liability; to yet others, CSR are just a tool to transmit a 'responsible for' message from organizations to society at large (Isa, 2012).

Two of the largest pharmaceutical companies, Merck and Pfizer, are rewarded for the best practices due to their good deeds in improving poverty-stricken communities' access to medication. Merck distributed non-exclusive voluntary licensing to generic companies in Africa and donated drugs to the poor and has policy in place to ensure the receiver obtain the drugs. While Pfizer also distributed non-exclusive voluntary licenses, they have permitted their chemical library to be used for screening in the treatments of neglected illness and have a not-for-profit pricing strategy (Rusu et al., 2011).

1.2. CSR, socially responsible behavior and loyalty.

Measurement of loyalty includes both attitudinal loyalty and behavioral loyalty. According to Mandhachitara & Poolthong (2011) attitudinal loyalty is the intention to purchase, and favorable commitment whereas behavioral loyalty is the repeating purchase likelihood. According to Anisimova (2007) the key predictors of attitudinal and behavioral loyalty were functional customer benefits, organizational values and corporate brand personality. In recent empirical study, the author found a significant correlation between the antecedents of relationship quality (client-oriented behavior, relational contact, interpersonal communication and conflict resolution) and the relationship quality itself. Loyalty is impacted by relationship quality positively by satisfaction and negatively by affective conflict (Naoui & Zaiem, 2010).

Meanwhile, Waheed, Jaleel, and Laeequddin (2011) identified physician's prescription behavior as decisions about a company's drugs through their evaluation process. The decision making in medical prescription to purchase drugs, unlike the other

economic decisions, is not decided by the patients (Kim & King, 2009). Doctor makes a decision to prescribe specific medicine to the patient and not only recommending a remedy that might ease a particular sickness (Kim & King, 2009; Ladeira, Dalmoro, Maehler & Araujo, 2011). Consequently, doctor's role is deemed vital for drug procurement selections as he or she performs the roles of users, influencers, gatekeepers and deciders, while patients perform the role of buyers and users (Abratt & Lanteigne, 2000). Even though technical data supported the drug purchase decision, doctor is also influenced by the marketing activities of the pharmaceutical companies (Ladeira et al., 2011). As doctors are the main decision-makers, knowledge of doctor's prescription behavior will give vital information that can guide marketing activities of pharmaceutical industry (Ladeira et al., 2011). Thus, it is indispensable for the success of a pharmaceutical company to understand the factors related to prescription behavior (Waheed et al., 2011) as the prescription drug is the main source of revenue for the company (Ladeira et al., 2011).

Besides that, Ladeira et al. (2011) conducted a study to determine functional link between factors associated with drug prescription in Brazil. The strongest effect is brand of drug and its advertisement while the drug's cost-benefit relationship has a modest effect and the drug's characteristics and drug's information have the weakest effect. In a Dutch study by Windmeijer, de Laat, Douven & Mot (2006), general practitioners' ethical drugs prescription behavior to promotional activities was empirically analyzed. The study concluded that promotion activities adversely impacted drug price sensitivity and doctors were not sensitive to drug price due to promotion. Abratt & Lanteigne (2000) investigated factors influencing doctors' prescription behavior and found professional and marketing factors as its determinants. Professional factors consist of colleagues' recommendations, influence of opinion leader, previous experience and education, journals and demands from patient while marketing factors refer to trade fairs, health symposium, advertisement, medical representatives and product pricing. Similarly, another study was carried out to determine the factors affecting doctors' prescription behavior (Waheed et al., 2011). The results concluded that professional standards of medical representatives and tangible rewards generated loyalty in prescription. In another study, Lagace, Dahlstrom & Gassenheimer (1991) examined medical representative relationship quality with doctors. The findings show a higher relationship quality for expert and proficient medical representative while contact frequency and relationship's length have no influence on relationship quality.

1.3. Hypotheses development. Previous studies (Abratt & Lanteigne, 2000; Windmeijer et al., 2006; Ladeira et al., 2011; Waheed et al., 2011) on factors impacting drug prescription behavior have looked into drug quality, pharmaceutical sales representative's relationship with physician, product information, advertising and the like but none has focused on drug prescription factor from the viewpoint of CSR. Based on the literature, customers will reward socially responsible companies (Creyer & Ross, 1997; Sen & Bhattacharya, 2001; Smith & Alcorn, 1991) and corporate social performance influences consumer-firm emotional attachment. This bond constitutes an unrecognized meditational pathway in the corporate social performance and loyalty link (Vlachos, 2012). Consumers with positive CSR perceptions had greater purchase intention and longer-term loyalty and advocacy behaviors (Du et al., 2007). Hence:

H1: The perception of CSR has a positive influence on doctors' loyalty towards the firm.

Customers require not only quality services and products but also the long term process of relationship with the company which concerns about complaints, suggestions and proposals. Thus, CSR initiatives have a major bearing on customer-related consequences and the attitudes regarding the firm actions and products (Skudiene & Auruskeviciene, 2012). Firms that consider process dimension for their CSR initiatives by educating, communicating and looking at long term outcomes are more likely to develop a trust in CSR as a means to increase their business profitability and stability (Isa, 2014). Many organizations have embedded CSR activities as part of company's policy and company addressing matters that are essential to stakeholder groups. By doing this effort, firm can render stakeholders to develop a bond of identification with the company (Maignan & Ferrell, 2004), so the study puts forward the following hypotheses:

H1a. The perception of process has a positive influence on doctors' loyalty towards firm.

H1b. The perception of profit has a positive influence on doctors' loyalty towards firm.

H1c. The perception of policy has a positive influence on doctors' loyalty towards firm.

Values are the core beliefs that help a corporation to differentiate its reputation and identity and guide communication efforts. Significant driver to promote and implant CSR internally in organizations is corporate reputation. Stakeholders' decision is based on the organization's reputation which makes corporate reputation as an important intangible asset.

A study by Maden, Arıkan, Telci & Kantur (2012) confirmed corporate reputation had a positive and significant influence on customers, employees and investors' behaviors, and CSR as an antecedent has a positive and significant effect on corporate reputation. Meanwhile, environment pertains to the effective management and protection of natural resources while balancing this with stakeholders' activities and interests (Isa, 2014). Previous studies proved that higher perceived environmental performance of a company leads to higher consumers' purchase intentions and customers' green perceived value, green product quality, green trust and green satisfaction which all will improve green customers' loyalty (Chang & Fong, 2010). Besides that, personal dimension measures an individual's character and it is subjected to individual's perception and expectation. Factors such as culture (e.g. race and religion) do play a significant role in changing an individual's character or corporate behavior. Everyone sees and responds to CSR differently which specifies that each stakeholders may perceive CSR from the viewpoint of their own interests. Studies conducted have shown that CSR initiatives provide benefits to managers (Leonidas, Mary, Theofilos & Amalia, 2012) and perception of consumers' fit have a positive effect on perception of CSR initiatives and subsequently on consumers' loyalty and consumer-company's identification (Lee, Park, Rapert & Newman, 2012). Thus, the study puts forward the following research hypotheses:

H1d. The perception of values has a positive influence on doctors' loyalty towards firm.

H1e. The perception of environment has a positive influence on doctors' loyalty towards firm.

H1f. Personal perception has a positive influence on doctors' loyalty towards firm.

People refer to the objects of a firm's responsibility and commitment (e.g. shareholders, employees, customers, suppliers, governments, non-governmental organizations and communities). Organizations developing CSR activities should take into great consideration workers' thoughts especially activities involving individual workers' characteristics and life styles, and working conditions so as to restore or to preserve workability and to decrease exhaustion (Metzner & Fischer, 2010). Skudiene & Auruskeviciene (2012) found that internal employees' motivation is correlated positively with internal and external CSR activities. A study by Rogg, Schmidt, Shull & Schmitt (2001) investigated the relationship between organizational climate and human resource practices on customers' satisfaction and found that the direct effect of HR practices on customers' satisfaction

was not significant but the indirect effects of HR practices on customers' satisfaction were significant. Human resource practices can influence customers' satisfaction (Rogg et al., 2001) which leads to customers' loyalty (Chang & Fong, 2010). Thus, the study puts forward the following research hypothesis:

H1g. The people's perception has a positive influence on doctors' loyalty towards firm.

Political dimension refers to determining the situation of manipulation by certain organizations or individuals for their own agenda and interests; for instance, corporations are able to behave in such a way as to take advantage of the current situations. Indeed, the mobilization of CSR and treatment of CSR as a means to achieve corporate goals rather than social goods by corporate leaders has been called into a question. Barraclough & Morrow (2008) examined British American Tobacco, and Malaysia's CSR strategy. The researchers revealed that CSR initiatives had extra advantages to repel criticism, increase corporate image and establish a modus vivendi with government agencies that contributes to the company profitability. This offers a glance into the construction of false consciousness in ideology. In other words, while in its own strategically constructed corporate marketing discourse it contends social good, such companies create a veneer of being socially responsible with the aim to promote market capitalization. Hence, it is hypothesized:

H1h. The perception of politics has a positive influence on doctors' loyalty towards firm.

2. Research methodology

In order to comply with the study objectives and test research hypotheses, the current study designed a study based on personal survey of medical doctors. This is profession which is strongly involved in pharmaceutical industry. The data collection was carried out in the period of June to December 2014 in Northern Peninsular Malaysia. The study obtained 101 valid responses by using convenience sampling method. The total number of respondents for the study was 101 and the demographics are shown in Table 1. The frequency analysis of the 101 responses shows that 55.4% of the respondents were male and 44.6% were female. Both genders were represented and were not significantly different to bias the result of the study. With regards to age, the majority of the respondents were in the age group of 40-49 years old (43.6%) and 30-39 years old (23.8%). Most of the respondents (45.5%) had been engaged in the medical profession for 11-20 years, followed by 21-30 years (22.8%), less than 10 years (20.8%), 31-40 years (7.9%) and more than 40 years (3.0%). A

majority of the respondents (61.4%) graduated from Malaysia while the remaining respondents graduated from the United Kingdom (11.9%), Australia (9.9%), India (7.9%) and other countries (8.9%). Additionally, the most number of prescriptions written per day by the respondents were 11-20 (42.6%) and 21-39 (33.7%).

Table 1. Demographic profile of respondents (n = 101)

Variable	Description	Frequency	Percentage (%)
Gender	Male	56	55.4
	Female	45	44.6
Age group (years)	23-29 years old	8	7.9
	30-39 years old	24	23.8
	40-49 years old	44	43.6
	50-59 years old	15	14.9
	More than 59 years old	10	9.9
No. of years in practice	< 10 years	21	20.8
	11-20 years	46	45.5
	21-30 years	23	22.8
	31-40 years	8	7.9
	> 40 years	3	3.0
No. of pre-scription written	< 10 per day	7	6.9
	11-20 per day	43	42.6
	21-39 per day	34	33.7
	> 40 per day	17	16.8
Country of graduation	Malaysia	62	61.4
	India	8	7.9
	United Kingdom	12	11.9
	Australia	10	9.9
	Others	9	8.9

The data were treated using Statistical Package for Social Sciences (SPSS). Factor analysis for establishing factorial validity and reliability analysis for testing the consistency of the data were carried out. Multiple regression analysis was used to test the proposed model.

3. Results

In order to test the hypotheses in this study, goodness of data was examined using factor and reliability analysis. Then correlation and regression analysis were used to detect the relationship between variables from the proposed model. Finally, a summary of the hypothesis testing was presented to show the simplified results of the analysis.

3.1. Descriptive analysis. As shown in Table 2, process, policy and personal dimensions have mean values of 1.78, 1.97 and 2.20 respectively which indicates the respondents agreed these few variables influence their loyalty behavior. The mean values for environment, political and people dimensions are 2.81, 2.97, 3.11 respectively. Meanwhile, loyalty is scored based on four items (always prescribing the

drugs, trust in the company, committed in prescribing and recommending the drugs to colleague) and have a mean value of 2.12 which is leaning to agree level. All the variables exhibited satisfactory deviation from mean value as shown in the standard deviation ranging from 0.37 to 0.79. This indicates that sufficient variability was captured for the items.

Table 2. Descriptive analysis

Variable	Mean	Standard deviation
CSR		
Process	1.78	0.50
Profit	1.88	0.53
Policy	1.97	0.47
Values	2.47	0.49
Environment	2.81	0.48
Personal	2.20	0.52
People	3.11	0.44
Politics	2.97	0.37
Personal	2.20	0.52
Loyalty behavior	2.12	0.43

3.2. Reliability analysis. Table 3 below illustrates the summary of number of original items, items dropped and the Cronbach's alpha for each variable. The items dropped during Factor Analysis were described due to low loadings (less than 0.5) and high cross loadings (more than 0.35) in earlier section. All of the Cronbach's Alpha values show that the data are reliable.

Table 3. Reliability analysis

Variable	No. of original item	No. of item dropped	Cronbach's alpha
CSR	4	0	.707
Process	3	0	.688
Profit	4	1	.912
Policy	3	0	.661
Values	3	0	.688
Environment	3	0	.787
Personal	3	0	.688
People	3	1	.659
Political	4	0	.661
Loyalty behavior	4	0	.725

3.3. Factor analysis. Based on Table IV, Bartlett's Test of sphericity ($p < 0.001$) was significant and KMO (0.642) was at acceptance level. Originally, there were 24 items functioning as factors which influence prescription loyalty. Three items were deleted due to low factor loadings (< 0.50) and high cross loadings (> 0.35) (Hair et al., 2006). There were seven components with eigenvalue more than 1. These seven components explained a percentage of variance of highest of 13.60% to lowest of 8.31% as listed in Table 4 below, which total up to 69.62% of total percentage of variance. After the factor analysis, remaining items fulfilled all the criteria in correlation

analysis which determine the existence of any specific relationships between CSR perception and prescription loyalty.

The result for prescription loyalty shows that Bartlett's Test of sphericity was significant where p -value < 0.001 and KMO was more than accepted level of 0.50 having a value of 0.735. There is only one component and the result shows that the eigenvalue is 2.196. This component explained a total of 54.90% of the total variance. From the original four items in prescription loyalty, none was excluded in the principle component analysis since they recorded main loading value of above 0.5 (Hair et al., 2006).

Table 4. Factor analysis of behavior loyalty

Loyalty behavior	Factor
I am really committed in prescribing drugs of this company	<u>.781</u>
I will recommend the drugs of this company to my colleague	<u>.753</u>
I always prescribe the drugs of this company	<u>.726</u>
I trust this company	<u>.700</u>
Extraction method: principal component analysis.	
KMO (Chi-square)	.735 (75.802***)
Eigenvalue	2.196
Percentage variance (%)	54.897

Note: underline loadings indicate the inclusion of that item in the factor, *** $p < 0.001$.

3.4. Hypotheses analysis. This study employed multiple regression analysis to examine the significant interaction between perceptions towards loyalty behavior. The proposed regression model was statistically significant with p -value of 0.007 (ANOVA test) and R^2 at 0.242.

Table 3 illustrates that the CSR multi-dimensional construct of process ($\beta = .193, p < 0.05$) and profit ($\beta = -.031, p < 0.1$), policy ($\beta = .021, p > 0.1$), values ($\beta = .150, p > 0.1$), environment ($\beta = -.092, p > 0.1$), people ($\beta = -.002, p > 0.1$) and political ($\beta = -.042, p > 0.1$) and profit ($\beta = -.031, p > 0.1$). From these findings, process and personal dimensions were found significant.

Table 3. Summary of results for regression model (dependent variable: loyalty behavior)

Hypothesis	Independent variable	Standardized Beta	Sig.	VIF
	CSR			
H1a	Process	.193	.060*	1.193
H1b	Profit	-.031	.778	1.356
H1c	Policy	.021	.857	1.579
H1d	Values	.150	.170	1.357
H1e	Environment	-.092	.406	1.414
H1f	Personal	.243	.024**	1.296
H1g	People	-.002	.981	1.223

Table 3 (cont.). Summary of results for regression model (dependent variable: loyalty behavior)

Hypothesis	Independent variable	Standardized Beta	Sig.	VIF
H1h	Politics	-.042	.676	1.191
R^2		.242		
F-value		2.554		
Significant of model, ANOVA		0.007		

Note: * $p < 0.1$, ** $p < 0.05$.

Conclusions, limitations and directions for future research

The current work tried to deepen understanding about CSR from the medical doctors' perspective, as well as its influence on loyalty behavior. From the current results, it is clear that process and personal of CSR significantly influence loyalty behavior of medical doctors. The process of communicating between pharmaceutical company and doctors in providing safe and healthy products as well as offering accurate information are matters which doctors regard as important issues in the process dimension. For the personal dimension, it is mainly driven by the quick response to complaints, keenness towards customers' satisfaction and partnership with stakeholders that influence the loyalty behavior. It is consistent with the previous studies on CSR where Skudiene & Aurus-

keviciene (2012) mentioned CSR initiatives have a major bearing on doctors' attitudes towards the pharmaceutical company's actions and products.

This study contributes to the literature by providing empirical insights on loyalty behavior from medical doctor perspectives. Identifying process and personal dimensions can help firm from pharmaceutical industry to improve marketing practices to cultivate loyalty behavior. These dimensions could serve as a push factor for pharmaceutical companies to adopt these CSR practices. However, the study was empirically tested on a small sample size. Future research should include a bigger sample size and engage other stakeholder groups from the pharmaceutical industry. Future research can also consider examining control variables such as demographic factors in the research framework.

The CSR multi-dimensional construct has been used in developing this current study. Specifically, the study carries out market research based on personal surveys of medical doctors in northern region of Penang, collecting the doctors' direct perception about CSR in their loyalty behavior. It can be concluded that only process and personal dimensions in a CSR multidimensional construct CSR are found to be positively and significantly influenced by loyalty behavior of medical doctors.

References

1. Abratt, R. & Lanteigne, J. (2000). Factors influencing general practitioners in the prescription of homeopathic medicines, *South African Journal of Business Management*, 31 (3), pp. 91-97.
2. Alex, W. (2011). The effects of visually primed pharmaceutical advertising disclosure on attitudes and perceived CSR practices, *International Journal of Pharmaceutical and Healthcare Marketing*, 5 (2), pp. 99-117.
3. Anisimova, T.A. (2007). The effects of corporate brand attributes on attitudinal and behavioural consumer loyalty, *Journal of Consumer Marketing*, 24 (7), pp. 395-405.
4. Babar, Z.-U.-D., Ibrahim, M.I.M. & Hassali, M.A.A. (2011). Pharmaceutical industry, innovation and challenges for public health: case studies from Malaysia and Pakistan, *Journal of Pharmaceutical Health Services Research*, 2 (4), pp. 193-204.
5. Barraclough, S. & Morrow, M. (2008). A grim contradiction: The practice and consequences of corporate social responsibility by British American Tobacco in Malaysia, *Social Science & Medicine*, 66 (8), pp. 1784-1796.
6. Beckmann, S.C. (2007). Consumers and Corporate Social Responsibility: Matching the Unmatchable? *Australasian Marketing Journal*, 15 (1), pp. 27-36.
7. Blum-Kusterer, M. & Hussain, S.S. (2001). Innovation and corporate sustainability: An investigation into the process of change in the pharmaceuticals industry, *Business Strategy and the Environment*, 10 (5), pp. 300-316.
8. Chen, M.-F. & Mau, L.-H. (2009). The impacts of ethical sales behaviour on customer loyalty in the life insurance industry, *The Service Industries Journal*, 29 (1), pp. 59-74.
9. Creyer, E.H. & Ross, W.T. (1997). The influence of firm behavior of purchase motive: Do consumers really care about business ethics? *Journal of Consumer Marketing*, 14, pp. 421-432.
10. Du, S., Bhattacharya, C.B. & Sen, S. (2007). Reaping relational rewards from corporate social responsibility: The role of competitive positioning, *International Journal of Research in Marketing*, 24 (3), pp. 224-241.
11. Isa, S.M. (2014). Operationalising corporate social responsibility (CSR) and development debate, *Asian Academy of Management Journal*, 19 (1) pp. 169-197.
12. Isa, S.M. (2012). Corporate Social Responsibility: What can we learn from the Stakeholders? *Procedia – Social and Behavioral Sciences*, 65 (0), pp. 327-337.
13. Jelena, D., Kristijan, K. & Ivana Bušljeta, B. (2011). Acquiring CSR practices: from deception to authenticity, *Social Responsibility Journal*, 7 (1), pp. 5-22.
14. Jennifer, L.S., Anna, W. & Joseph, M.R. (2010). Pharmaceutical companies and sustainability: an analysis of corporate reporting, *Benchmarking: An International Journal*, 17 (3), pp. 421-434.

15. Jörg, L., Dieter, K.T. & Florian, D. (2012). The effects of unethical conduct of pharmaceutical companies on consumer behavior: Empirical evidence from Germany, *International Journal of Pharmaceutical and Healthcare Marketing*, 6 (2), pp. 108-123.
16. Kang, K.H., Lee, S. & Huh, C. (2010). Impacts of positive and negative corporate social responsibility activities on company performance in the hospitality industry, *International Journal of Hospitality Management*, 29 (1), pp. 72-82.
17. Kim, W.J. & King, K.W. (2009). Product category effects on external search for prescription and nonprescription drugs, *Journal of Advertising*, 38 (1), pp. 5-19.
18. Ladeira, W.J., Dalmoro, M., Maehler, A.E. & Araujo, C.F. (2011). Drug prescription practices in Brazil: a structural equation model, *International Journal of Pharmaceutical and Healthcare Marketing*, 5 (4), pp. 262-278.
19. Lagace, R.R., Dahlstrom, R. & Gassenheimer, J.B. (1991). The relevance of ethical salesperson behavior on relationship quality: the pharmaceutical industry, *The Journal of Personal Selling and Sales Management*, pp. 39-47.
20. Lee, E.M., Park, S.-Y., Rapert, M.I. & Newman, C.L. (2012). Does perceived consumer fit matter in corporate social responsibility issues? *Journal of Business Research*, 65 (11), pp. 1558-1564.
21. Leonidas, P., Mary, G., Theofilos, P. & Amalia, T. (2012). Managers' Perceptions and Opinions towards Corporate Social Responsibility (CSR) in Greece, *Procedia Economics and Finance*, 1, pp. 311-320.
22. Maden, C., Arikan, E., Telci, E. Eser and Kantur, D. (2012). Linking corporate social responsibility to corporate reputation: A study on understanding behavioral consequences, *Proceedings of 8th International Strategic Management Conference*, 58, pp. 655-664.
23. Maignan, I. & Ferrell, O.C. (2004). Corporate Social Responsibility and Marketing: An Integrative Framework, *Journal of the Academy of Marketing Science*, 32 (1), pp. 3-19.
24. Mandhachitara, R. & Poolthong, Y. (2011). A model of customer loyalty and corporate social responsibility, *Journal of Services Marketing*, 25 (2), pp. 122-133.
25. Metzner, R.J. & Fischer, F.M. (2010). Fatigue and workability in Brazilian textile companies in different corporate social responsibility score groups, *International Journal of Industrial Ergonomics*, 40 (3), pp. 289-294.
26. Naoui, F.B. & Zaiem, I. (2010). The impact of relationship quality on client's loyalty: An application in the parapharmaceutical industry, *International Journal of Pharmaceutical and Healthcare Marketing*, 4 (2), pp. 137-156.
27. Rogg, K.L., Schmidt, D.B., Shull, C. & Schmitt, N. (2001). Human resource practices, organizational climate, and customer satisfaction, *Journal of Management*, 27 (4), pp. 431-449.
28. Rusu, A., Kuokkanen, K. & Heier, A. (2011). Current trends in the pharmaceutical industry – A case study approach, *European Journal of Pharmaceutical Sciences*, 44 (3), pp. 437-440.
29. Sen, S. & Bhattacharya, C.B. (2001). Does doing good always lead to doing better? Consumer reactions to corporate social responsibility, *Journal of Marketing Research*, 38, pp. 225-243.
30. Skudiene, V. & Auruskeviciene, V. (2012). The contribution of corporate social responsibility to internal employee motivation, *Baltic Journal of Management*, 7 (1), pp. 49-67.
31. Smith, S.M. & Alcorn, D.S. (1991). Cause marketing: A new direction in the marketing of corporate social responsibility, *Journal of Consumer Marketing*, 8, pp. 19-35.
32. Vashi, N.A. & Latkowski, J.-A.M. (2012). The ethics of the medical-pharmaceutical relationship, *Clinics in Dermatology*, 30 (2), pp. 188-191.
33. Vlachos, P.A. (2010). Predictors and outcomes of corporate social responsibility: a research framework, *International Journal of Business Governance and Ethics*, 5, pp. 343-359.
34. Vlachos, P.A. (2012). Corporate social performance and consumer-retailer emotional attachment: The moderating role of individual traits, *European Journal of Marketing*, 46 (11), pp. 1559-1580.
35. Waheed, K.A., Jaleel, M. & Laeequddin, M. (2011). Prescription loyalty behavior of physicians: an empirical study in India, *International Journal of Pharmaceutical and Healthcare Marketing*, 5 (4), pp. 279-298.
36. Windmeijer, F., de Laat, E., Douven, R. & Mot, E. (2006). Pharmaceutical promotion and GP prescription behaviour, *Health Economics*, 15 (1), pp. 5-18.
37. Yoon, Y., Gürhan-Canli, Z. & Schwarz, N. (2006). The Effect of Corporate Social Responsibility (CSR) Activities on Companies With Bad Reputations, *Journal of Consumer Psychology*, 16 (4), pp. 377-390.