

Impact of Public Relations of Indian Pharmaceutical Industry on the Anxieties of Health Care Professionals with Reference to Oncology Division

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Abstract

Indian pharmaceutical industry is one of the top most players among the developing countries like China, Russia, and Brazil etc. and is a competent dealer of chronic disease market. India is home to 10,500 manufacturing units and over 3,000 Pharmaceutical companies and trying to occupy the top most position in the upcoming years. They deal with both manufacturing and marketing sectors in the market. Pharmaceutical industry has public relations as one of the nine P's which acts as the important thing in connecting the companies with the customers. Health care professionals are the customers in the case of pharmaceutical industry. The health care system is carried out and balanced by a number of drivers and factors. Nurses, Pharmacists act as external factors whereas anxieties and fears act as internal factors. The Pharmaceutical companies can concentrate on the internal factors and aim in decreasing them and help in maintaining them at a low level all through the treatment phase. Our project is entirely based on to find out the type of anxieties that prevail in doctors through the consultation and treatment sessions while dealing with cancer patients. A total of 50 doctors were selected for the study and the results were analyzed to find out the most prevailing anxieties inside them. Three existing anxieties were found and methodologies based on public relations were recommended to the Pharmaceutical companies with the help of this project. The methodologies were aimed in lowering the anxieties throughout the waiting chamber, consultation chamber and treatment phases.

INTRODUCTION

Public Relations are one of the important bases for Pharmaceutical marketing of Indian Pharmaceutical industry. These public relations are helpful in maintaining the relationship with the end customer who is the health care professional in the case of health care system. Doctors who take care of chronic disease are the sole persons for deciding the schedules for treatment and medications. Previously, the job of promoting and marketing the drugs lies in the hands of marketing field which are undertaken by clinical business associates. Time is the main factor which acts as main criteria for the doctors to meet a clinical business associate and this has become a difficult task to meet the doctors in their busy schedules. Doctors who are into the treatment of chronic diseases like cancer, cardiovascular diseases have the element of anxiety when consulting and treating patients. The element of anxiety levels are sensitive and have an effect while delivering treatment to the patients. The patients carry this element as they are the one who are suffering from the disease. Pharmaceutical companies can concentrate on this element of anxieties and concentrate on increasing the public relations by new strategies. They can aim in decreasing the anxiety levels of the patients which in turn have a direct effect on the anxiety levels of the doctors. This type of support can help the doctors in delivering the treatment to the maximum extent.

Table 1: Nine P's of Pharmaceutical Marketing

S. No	P's of Pharmaceutical Marketing
1	Product
2	Price
3	Place
4	Promotion
5	Personal Selling
6	Prescription
7	Policy
8	Power
9	Public Relations

Indian Pharmaceutical market is comprised of many segments which act as a backbone and reason for the rise in the market. According to the study on Indian Pharmaceuticals by Indian Brand Equity Foundation, 59% of the market is occupied by therapeutics segment which covers the treatment for acute diseases, 13% of the market is covered by alimentary or metabolism segment which deals with the disorders of alimentary tracts and 10% of the market is covered by cardiovascular segment which deals with the medications related to heart and its related disorders, and only 3% consists of Oncology market which aims for the treatment for different types of Cancer. The generic oncology market includes anti hormonal, cytotoxics, immunostimulating agents, targeted therapies and supportive care products. ORG IMS oncology report gives a balance picture and states that the global sales of cancer drugs will grow 12-15 percent and will reach 75-80\$

billion in sales by 2012. The Indian oncology market is estimated to be about INR 7,000 to 8,000 million with a CAGR of 30% with Antimetabolites, Protein Kinase Inhibitors and Aromatase Inhibitors leading the Indian oncology market. The oncology market according to Indian Brand Equity Foundation has a share of 3% of the overall pharmaceutical market in India. But, Oncology market is slow in India in terms of buying power of the people and supply chain.

In recent years, several foreign players have made acquisitions in India to get a foothold in the country's Pharmaceutical market and leverage on the technical and cost efficiency of Indian companies. More number of companies is forming Joint Ventures to get the benefit of research and development from the local players. Large firms of developed markets are venturing with the Major players of India to develop new medicines.

Oncology drug market is always trending and always shared by many players in the market. The main reasons for the rise in Pharmaceutical market are the increase in the amount spent on healthcare in countries like China, better access to healthcare by middle class families in countries like India and increase in population prone to diseases in countries like US and Japan. Oncology market has its own drivers. They act for the treatment of chronic diseases and patients approach for them as it is necessary. The necessity of the patients acts as the main driver for the Oncology market globally.

Health Care Professionals during Consultation and Treatment Phases:

Health care professionals deal with the cancer patients suffering with different stages and it becomes a difficult task for both the doctors and patients to fight against the chronic disorder. Lot of challenges arises when it comes to the treatment of a chronic disorder and when it has been diagnosed in the last stages.

The consultation and treatment process are driven by some internal and external factors. These factors help in achieving the health care dynamics. Hospital managers, nurses, clinical business associates, lab technicians are external forces. The fears or anxieties that rise during the process of consultation and treatment within the doctors and the patients are internal factors. The external factors act in a positive manner and provide support to doctors in delivering the necessary treatment and patients in helping them to receive the treatment in a proper manner.

Internal factors have to be controlled by the individual and the external factors can help in maintaining the internal factors at a low level. When it comes in treatment of a chronic disease, the internal factors play an important role and can affect the phases of the consultation and treatment. Hence an understanding about the internal factors helps in proposing methods which aim in decreasing them and maintaining them at a minimum level.

Anxiety is "a diffuse, unpleasant, vague sense of apprehension" which can be simplified as a response to an unknown threat. The study of anxieties that exist or evolve during the doctor-patient interaction is useful in understanding the real sense of consultation and helps the

doctor to approach the patient in an alternative manner which improves the process of delivering health care.

Anxieties of Doctor

Doctors deal with a number of cases in their lifetime. The scenario of Anxieties exists in any type of treatment but it exists more when he deals with chronic diseases. When it comes to the treatment of Cancer, it deals with more chemotherapy or radiotherapy sessions with a number of medications added up with the anxieties of patients. Hence, the doctor has to stand as the sole person who has to take care of the treatment and make sure that the patient is responding to the treatment provided. He has to take all the steps right from the consultation session towards the discharge of the patient from the hospital. During this process, Anxieties play an important role in influencing the way the doctor is responding to the patients. Hence a study of anxieties is necessary which helps the doctor to minimize the unwanted elements and increase the output at the end.

The anxieties of doctors are classified into three types:

1. Interactional Anxiety
2. Existential Anxiety
3. Entitlement Anxiety

Interactional anxiety

Consultation is the first part of the treatment process and interaction takes place between the patient and doctor. They discuss all the biomedical aspects regarding the disease and plan for the treatment schedule. Doctor meets a number of patients in a day and deals with many cases of cancer. But he has to be calm and composed in every new case dealt with. Anxiety that arises when having an interaction with the patient is Interactional anxiety. The type of anxiety that arises during the interaction with patients is interactional anxiety. It becomes a difficult task to the doctor with patients when they come to know that they are suffering with a chronic disorder. Patients become unstoppable and insatiable while having an interaction. Anxiety should be kept at low level and treatment has to be delivered in each and every case.

The variables which are considered for interactional anxiety are mentioned below:

- Fear of meeting the expectations
- Fear of being blamed
- Fear of unknown and untaught
- Fear of unleashing the reactions
- Fear of expressing emotions
- Fear of not knowing the all the answers

Existential anxiety

Doctor prescribes medications and has a ten minute talk with the patient within whom he explains the necessity of treatment, schedules, lifestyle and medications. Sometimes, after having a hectic schedule or having some kind of disturbance in his mind, he may not be able to explain all the things and sometimes he might miss some important points which are essential to be known by the patient. The anxiety that arises when the doctor feels that he missed some serious implications which might result in the worst

scenarios of the patients is existential anxiety. Missing any serious implication may result in loss of faith towards him and also the loss of professional identity which is an essential principle for the doctor. Existential anxiety is a factor which arises due to the internal fear.

The variables which are considered for existential anxiety are mentioned below:

- Fear of losing professional identity
- Fear of reality
- Fear of guilty
- Fear of dissatisfaction
- Fear of personal illness or death

Entitlement Anxiety

Doctor prescribes medications in the prescription which is to be followed by the patient and he has to follow the dosage accordingly. Sometimes, the drugs prescribed might cause some unwanted complications which might push the health into more negative zone. Doctor has a detailed consultation session with the patient and sometimes, due to time restrictions, he can close the session a bit earlier which might be uncomfortable to the patient. The anxiety that arise in the doctor when he starts fearing from the surrounding conditions during consultation and treatment is called Entitlement anxiety.

The variables which are considered for entitlement anxiety are mentioned below:

- Anxiety about inappropriate consulting
- Anxiety about the responsibility of maintaining the emotional levels of patient within the speculated time period
- Fear of missing some important points in consultation such as
 - Health
 - Background information (family history)
 - Pharmacodynamical aspects
 - Pharmacokinetic aspects

The anxiety levels in the case of chronic disorders like cancer are at a high level as the chances of achieving success are at a lower side. Pharmaceutical companies as discussed earlier are trying to attain a maximum share of the oncology market by coming up with new drugs and their approvals. The marketing department of the pharmaceutical companies recruits medical representatives who approach the doctors to explain about the drugs manufactured by the companies. This is called Personal selling, 5th in the list of Nine P's proposed by Subbarao.

Health care professionals dealing with patients suffering with one of the chronic disorder have less time to meet the medical representatives and have a look at the products manufactured by them. Hence, the companies can come up with a new idea of lowering the anxiety levels in both the patients and doctors with Public relations, 9th in the list of Nine P's proposed by Subbarao. The public relations can in decreasing the anxiety levels of the doctors and patients, helps in delivering the correct treatment, increases the cases of success and helps in attaining the right health care dynamic system.

LITERATURE REVIEW

Pharmaceutical Marketing in India

Subbarao Chagmati (2007) in his work "Pharmaceutical Marketing in India" critically studied the concept of Pharmaceutical marketing in Indian context. The Indian Pharmaceutical market is based on the proposed nine P systems. The nine P's mentioned in his book are Product, Price, Place, Promotion, Personal selling, Prescription, Policy, Power and Public relation. These help in creating strategies which assists in diffusing the market into the demand side. Every P has its own importance and all of them have to be given an equal importance which formulating strategies necessary to launch a product and to make it through the market filled with competitor products. Indian Pharmaceutical market is filled with foreign players. Hence the local players have to take all of these into account and formulate strategies helpful for the company and involves in successful delivering of health care. He also suggested some changes to be taken place in the marketing division of the companies. Direct to consumer advertisements, promoting products by enhanced public relations, efficient training for the sales force about the product and price related aspects and introduction of new methodologies of marketing the product can change the scenario of the Indian Pharmaceutical Market in the upcoming years.

Harrel and Frazier (1999) in their book "Marketing: Connecting with customers" provided a deep discussion over the product which is the first in the list of nine P's of Indian Pharmaceutical marketing. Product is the material which has to be provided to the consumers or customers and can be easily categorized into three dimensions. Core product, Branded Product and Augmented product are the categories that come under the first P. Basic functions and benefits provided to the consumer are indicted by the core product. Packaging, characteristics, quality, style and brand image are indicated by the brand product. Core benefit and physical being are covered under the augmented product. The companies should calculate the type of product they want to provide to the customer which helps in emphasizing importance the basic elements of the respective category. Pharmaceutical products are admixed versions of both the core product and augmented product. The companies have to lay more emphasis on the functions, core benefits, and physical being according to the necessity of the patient.

Kotler & Armstrong (2001) in their work titled "Principles of Marketing" had a discussion over the price which is the second in the list of nine P's of Indian Pharmaceutical marketing. Pricing has to be designed depending upon the material cost, product cost and manufacturing cost. Pricing has to attain the basic objectives of market survival, growth of sales, attainment of profitability, competitive pricing and enhancement of both the quality and image. Pricing varies from branded to generic versions. Branded drugs have a price higher than those of generic drugs. Companies have to concentrate on the low price versions and add quality as it helps the

customers to opt for these products. These strategies help in providing more options to the customers.

Harrel and Frazier (1999) in their book of “Marketing: Connecting with customers” highlighted the importance of Place which is in be the third in the list of nine P’s of Indian Pharmaceutical marketing. According to the authors, two strategies can be followed by companies depending upon the place of selling. The place of selling the drugs is a Pharmacy store. The two main types of strategies followed by the companies basing on the place as the main criteria are the Push and Pull strategy. The “Push” strategy uses a company sales force and trade promotion activities to create a demand for a product whereas the “Pull” strategy requires advertising and consumer promotion to build up consumer demand for the product. The strategies developed aim in creating demand for the product.

Mickey Smith (2001) in his book titled “Pharmaceutical Marketing in 21st Century” narrated the changes that has laid metamorphosis for the Pharmaceutical industry. The present scenario of the Pharmaceutical industry is the result of the metamorphosis that has taken place form the pas decades. The industry is in serious transition phase and he covered the aspects that went beyond P’s of pharmaceutical marketing. The author provided an excellent review about the excellence of Pharmaceutical industry. He laid more emphasis on direct to consumer education which plays an important role in educating the consumers about the aspects regarding health care which results in improved relationship with doctors, thus promoting the product manufactured by the company.

Anshal Kausherh (2006) in his book titled “Pharmaceutical Marketing and Emerging Trends” explained about the changing global economy which has concern over healthcare. The author emphasized more on developing new strategies for reaching out the customers. DTCA - Direct to consumer advertising is the proposed new strategy and also agreed that the Pharmaceutical companies and their agencies will come up with new creative solutions in near future. This strategy results in innovative adverting and media campaigning’s. The author warned the companies about the competition of pharmaceuticals across the boundaries and the intrusion of foreign players into the local market. He suggested in crafting a competitive strategy which is consumer centric and country specific as it aims in better consumer satisfaction.

Umesh Vyas (1994) in his paper titled “A project on innovative marketing policy” narrated the changes that has taken place in the process of pharmaceutical marketing. Pharmaceutical marketing has gained a large momentum by brand promotion and through personalized communication pharmaceutical selling process. This process involves the attention of Doctors through personalized communication where brands are promoted through audio – visual methods, printed materials and detailing. The researcher also felt that this type of approach consumes some of the

valuable time of the doctors and when this time is shifted in dealing with patients, better results are provided. He also felt that innovative marketing strategies play a vital role in making a drug successful. The demand and supply side should work together in bringing out innovative products. He suggested the utilization of P’s of the pharmaceutical market in a better way which helps to the parties involved in the health care system.

Meera Vijay (2006) in her thesis on “A study on impact of direct to consumers pharmaceutical marketing under Indian conditions,” studied the method of direct to consumer pharmaceutical advertising in chronic and major ailments in the area of Mumbai. The author highlighted the aspect of maintaining public relations in the areas of chronic disorders. Patients suffering from chronic disorders prefer to consult a doctor and then go for medications as prescribed. This study threw light over the new concept of direct to consumer advertisements where the respondents felt positive to this kind of approach. Design of Direct to consumer pharmaceutical help-seeking advertisements must be simple, attractive and motivate consumers to seek doctor opinion rather than self medication which is mainly preferred for minor ailments by a major section of people in India. The researcher also suggests changes in current marketing mix of promotional inputs to doctors. The current inputs such as samples, gifts, sponsorships and other traditional tools have to be collided with the emerging media like internet, health magazines, medical books which proves to be an effective media vehicles for dispersing information on health issues, treatment options and drug information in both doctors and patients.

Vinay Kamat & Mark Nichter (1998) in their research paper titled “Pharmacies, self medication and pharmaceutical marketing in Bombay” highlighted the role played by Pharmacists in fostering self medication to the patients. The pharmacists are a bridge between the doctors and patients. They dispense the drugs prescribed by the doctors in the prescription an act as trainers to the patients giving information on the diet to be followed after administration of the drug and several other aspects. But now days, Pharmacists are encouraging the method of self medication among public life. The researcher found many issues in the pharmacists like lack in training and correct knowledge over the products. The necessity of consulting the doctor in the cases of both major and minor ailments has been highlighted in the present study. The necessity of screening the medical representatives, marketing system of pharmaceutical companies and drug distribution system is the need of the day. Pharmaceutical companies can provide training sessions to the people who are involved in the drug distribution and dispensing system with the help of the authorities of the local governing bodies.

Burak L.J & Damico A. (2000) in their research paper titled “Effects of direct-to-consumer advertising of pharmaceutical products on college students” analyzed the impact of promotions activities on students. This study provides a view on the usage patterns of the students of

various advertised pharmaceutical products. The research was conducted on 471 students from 3 institutions and asked about the usage of products basing on the advertisements on media and journals. The results indicated that majority of the students utilized at least one of the advertised product without discussing about product with a physician or the dispenser. This attitude brings negative impact and can change the perception towards the products if they do not yield the actual desired results. Hence the system of advertising the products has to be changed. The side effects and usage patterns are to be shown while advertising the product. Public relations become strong when with the inculcation of some aspects like side effects and usage patterns while advertising the product.

Neeraj Dixit (2010) in his paper figured to find out the changes by the pharmaceutical companies regarding the 'Product'. He also laid emphasis to find the significant preference of marketing strategy changes of the Indian Pharmaceutical companies post WTO product patent regime. Introduction of new molecules is the foremost preferred marketing strategy. Pharmaceutical companies require more sales personals to maintain a relation with direct customer (doctor) of their products. He highlighted the aspect of personal selling in his article. The researcher suggested the need to bring changes in strategic and operational level issues such as increased competition, low level of customer knowledge (doctors, retailers, wholesalers), good product mix, excellent marketing strategies, poor customer acquisition, high attrition rate of the sales personnel, high territory development costs, number and quality of medical representatives, physicians giving less time for sales calls, absence of analysis on the amount of time invested on profitable and not-so-profitable customers and lack of time-share planning towards developing customer base for future markets. The above issues when addressed help in gaining the future customers which help in increased share of the market in the upcoming years. Changes in public relations are suggested to achieve the targets and fill the voids in the pharmaceutical marketing system. This study was conducted on 62 Pharmaceutical companies and majority of the companies agreed to the fact that the marketing strategies have transformed by time. The need for maximum utilization of public relations is highlighted in this study.

Elling et al., (2002) his research paper "Making more of Pharma's sales force" highlighted the problems faced by the Pharmaceutical companies. Pharmaceutical companies appoint the sales representatives to meet the doctors, have a word with him regarding the product of the company and make them prescribe in the prescriptions which will be dispensed by the retailers. This whole process aims in increasing the sales of the particular product which results in increase of revenue of the product which is the basic target of the Pharmaceutical companies. But in recent years the changing dynamics of the business have prompted a massive expansion of sales forces. The resulting system is costly, inefficient, and rife with dissatisfaction. Sales

representatives complain that they are undertrained and under rewarded, district managers are overburdened, physicians feel under constant assault and drug companies face escalating costs. On top of all that, medical-ethics committees and the media criticize sales practices such as taking physicians to dinner or to the theater and underwriting weekends at resorts as training seminars. For the above reasons, pharmaceutical companies are considering for the transformation of the sales model. The solution lies in reemphasizing the importance of forming lasting relationships with the physicians. With the spotlight back on physicians and their needs, companies would be better placed to capture more market share and pull ahead of competitors. The companies can focus upon the internal factors of anxieties and maintain a better relationship with the physicians, thus aiming for the turn of doctors towards the products manufactured by the companies. The need of changing the approach for maintaining better public relations is highlighted in this paper.

Anxieties in Doctors

Buckman (1984) in his paper "Breaking bad news: why is it still so difficult?" highlighted the fears and anxieties that exist in the doctors who deal with chronic diseases. He diversified the fears into two categories. The anxieties and fears that make it difficult for the doctors to start the conversation fall under the first category. Second category includes the factors that drive the doctors into taking the responsibility for the disease itself and making it even more difficult once the conversation has been started. Fear of being blamed, fear of the unknown and untaught, fear of unleashing a reaction, fear of expressing emotion, fear of not knowing all the answers and personal fear of illness and death are the fears and anxieties that are mentioned in the study. He concluded that necessary changes have to be taken in the way the medical aspects are being taught to the students and the aspect of looking the sick has to be considered as the most vital part of the treatment process. Talking to the seriously ill people helps the doctor to know what is expected from them by the patient and it accords to the decline the fear factors.

Barazzetti et al., (2010) in their research article "What best practice could be in Palliative Care: an analysis of statements on practice and ethics expressed by the main Health Organization" carried out an analysis on the statements related to practice and ethics of palliative care expressed by the main health organizations to show which dimensions of end-of-life care are taken into consideration. The official documents by the most representative health organizations committed to the definition of policies and guidelines for palliative and end-of-life care had been considered. The documents were analysed through a framework of the components of end-of-life care derived from literature, which was composed of 4 main areas and of 12 sub-areas. 7 International organizations and 27 organizations operating on the national level in four different countries (Australia, Canada, UK and United States) were identified and 56 documents were selected and analyzed. The found out that the consistency of end-of-life

choices with the patient's wishes, as well as completion and meaningfulness at the end of life is given only a minor relevance. An integrated model of the best palliative care practice is generally lacking in the documents. A model has to be developed which covers the basic elements like cultural settings, patient-centred variables, and family specificity has to be more focused upon. The model developed for the best palliative care has to be followed by the staff in the clinics and hospitals.

Agledahl et al., (2011) studied the care of doctors for their patients both medically and as fellow humans through observing their conduct in patient-doctor encounters and described them in their research paper "Courteous but not curious: how doctors' politeness masks their existential neglect". A qualitative study was developed where in which videotaped consultations were observed and analysed using a Grounded Theory approach, generating explanatory categories through a hermeneutical analysis of the taped consultations. A 500-bed general teaching hospital in Norway was selected for the study. Positive results came out from the study. The doctors attended to their patients with courteousness, displaying a polite and friendly attitude and emphasizing the relationship between them and actively directed focus away from their patients' existential concerns onto medical facts and rarely addressed the personal aspects of a patient's condition, treating them in a biomechanical manner. This medical focus often overrode other important aspects of the consultations, especially existential elements. The need for addressing the existential elements is necessary for any treatment condition and when it comes for chronic diseases, more emphasis has to be made. The study suggests that the main reason for failing of patient and doctor encounters is not due to lack of courteous manners, but the moral offence patients experience when existential concerns are ignored. Hence, the existential elements are to be acknowledged by the doctors and should aim for minimizing the elements within the patients.

The relatives existential concerns when caring for a seriously ill family member and interventions that meet the concerns were addressed by **Johansson et al., (2012)** in the research article "Living in the Presence of Death: An Integrative Literature Review of Relatives' Important Existential Concerns when Caring for a Severely Ill Family Member". An extensive literature review was conducted on this topic and the theme has been categorized into three categories. Responses to life close to death support when death is near and beyond the presence of death were the three divisions where in which a detailed study has been conducted by conducting primary research. A considerable demand educational intervention among professionals in various healthcare settings to increase their knowledge regarding existential concerns among relatives was the first conclusion drafted after an extensive study of the existential anxieties in relatives. The need for designing

qualified investigations regarding the effects of various interventions has to be more focused upon. An extensive literature survey has been conducted for this study. Existential needs are described in other studies as people's intense desire to infuse life and maintain a meaning in life, with freedom and relations as well as sustaining purpose and hope and a desire to obtain feelings of peace. The existential threats concern the loss of functions, control, social role functioning, continuity, relations, independency and the future. The other sources of distress mentioned are changed personality and anxiety for death, dependency and feeling emotionally unrelated or uncompleted life tasks and acceptance/preparation. Living with cancer involves issues of transcendence, and spiritual well-being is improved by a person's religion, sense of hopefulness, having a purpose in life, and other sources of spiritual support.

RESEARCH METHODOLOGY

Purpose of Study

To develop new methodologies and recommend them to the Pharmaceutical Companies which helps in improving the Public relations with the doctors of oncology division.

Research Objectives:

- 1) To study the anxieties of Doctors while dealing with patients.
- 2) To analyze the impact of anxieties over the patients.
- 3) To recommend new techniques in Public relations of Pharmaceutical companies which have an influence over the anxieties of doctors

Research Design:

The research proposed is to first conduct an intensive secondary research to understand the fears and anxieties of doctors. Then, we conducted the study which included Personal interviews with some of the respondents and using questionnaire as a tool.

Method of research	Descriptive research
Type of research	Surveys
Sampling technique	Non probability, convenient
Methods of data collection	Questionnaire and interview
Sample area	Delhi/NCR
Sample size	50 Doctors (Oncologists)
Types of data	Primary and secondary

Questionnaire for Doctors

The questions asked to the doctors are based upon the variables collected from the previous studies conducted on the anxieties of doctors and patients. The list of questions with their corresponding variables and anxieties are given below.

Table 2: List of questions asked to the doctors with their corresponding variables related to Interactional Anxiety

Sl no	Anxiety : Type	Sl no	Variables	Sl no	Question asked for the respondents
1	Interactional Anxiety	1	Fear of meeting the expectations	1	I am ready to face new challenges that rise during the process of treatment
				2	I prefer to stand as a person on which the patient can entirely trust upon
				3	Understanding the wants of the patients is the foremost thing in any kind of treatment process
				4	I feel very relaxed when I am able to cope up with the expectations of the patients
				5	Meeting the expectations of the patients might result in maximum positive outcome
		2	Fear of being blamed	1	I stand as the sole responsible person for the treatment failure
				2	I need a heartfelt conversation with the patient in order to make him understand the real scenario of the disease
		3	Fear of unknown and untaught	1	Clarifying the medical and treatment related doubts of the patient reduces his fear factor
				2	Patients might arise with doubts that are not dealt before
				3	I get myself updated with the recent advances into the health care system
		4	Fear of unleashing the reactions	1	Revealing the side effects shifts the patients into a safer zone
				2	As a health care taker, I carry the object of unleashing the reactions to the patients
				3	Explaining the real scenario about the disease may cause the patient to worry more
		5	Fear of expressing emotions	1	Handling the emotions of the patients during the consultation sessions add up to the quality of the treatment provided
				2	Balance between biomedical aspects and psychosocial aspects are to be inculcated into the consultation sessions
				3	Control over self- emotions in front of patients is the primary thing in delivering the treatment
				4	I have a great control over self-emotions in front of my patients
				5	Doctor has to make sure that the patient is not lost emotionally during the consultation session
		6	Fear of not knowing the all the answers	1	Pausing suddenly in an interactive session creates a negative impact over the patient

Table 3: List of questions asked to the doctors with their corresponding variables related to Entitlement Anxiety

Sl no	Anxiety : Type	Sl no	Variables	Sl no	Question asked for the respondents
2	Entitlement Anxiety	1	Fear of missing some important points	1	Major and minor factors are to be considered and to be clarified during the consultation sessions
				2	I make my patients undergo certain changes in their life-style in order to achieve wholesome benefit of treatment
				3	I get family and illness related information from my patients during consultation session
				4	I take necessary precautions to ensure that my patients do not miss their treatment schedule
				5	There is a chance of losing hope on the treatment process when it doesn't go as planned

Table 4: List of questions asked to the doctors with their corresponding variables related to Existensial Anxiety

Sl no	Anxiety : Type	Sl no	Variables	Sl no	Question asked for the respondents
3	Existensial Anxiety	1	Fear of losing professional identity	1	My clientage and name attracts patients which makes them more comfortable and stress free
				1	Many a times, reality is very brutal
		2	Fear of reality	2	I try to infuse a positive ray of hope even though I come to know about the severity of the health condition
				3	Though I am aware about the gruesome reality of cancer, I still make my patients optimistic about life
				4	Significant experiences of similar cases to my near ones changes my perception towards the disease
				5	Nurses act as helpers both to the doctors and patients and try to maintain the status quo
				6	I understand the relevance of co-creating a new doctor-patient dynamic consultation and treatment system
				6	I understand the relevance of co-creating a new doctor-patient dynamic consultation and treatment system
		3	Fear of dissatisfaction	1	Feeling of satisfaction makes me more determined for the next upcoming cases
				2	The more interactive session, more satisfied the patients feel

DATA ANALYSIS

The anxieties of Doctors are noted with the help of a questionnaire which addressed the all the variables regarding the three types of anxieties and marketing strategies of Pharmaceutical companies.

A deep analysis has been done taking the individual variables and the responses given by the respondents. 50 doctors who are specialists in dealing with oncology are the target population for the questionnaire.

Table 5: Frequency distribution to depict the importance of studies conducted on Doctor-Patients relationship

Studies conducted on relationship helps a lot to understand the present scenario					
	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	5	50	100.0	100.0	100.0

When asked about the studies conducted on relationship between doctor and patients and its benefit to understand the present scenario, 50 out of 50 respondents strongly agreed to the statement. They felt that these type of studies helps in evaluating the present health care system.

Table 6: Frequency distribution to depict the importance of consultation sessions

Consultation sessions act as the backbone for treatment process					
	Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	Agree	17	34.0	34.0	34.0
	Strongly agree	33	66.0	66.0	100.0
	Total	50	100.0	100.0	

33 respondents strongly agreed and 17 agreed when asked about consultation session acting as the backbone for the treatment process. A mean of 4.66 supports that majority of the respondents strongly agreed that the consultation sessions act as the backbone for any treatment process.

Interactional Anxiety – Doctors:

Table 7: List of Interactional Anxiety variables asked to doctors and their respective obtained means

Sl no	Interactional Anxiety : Doctors	Mean
1	I prefer to stand as a person on which the patient can entirely trust upon	4.7
2	Understanding the wants of the patients is the foremost thing in any kind of treatment process	4.68
3	Consultation sessions act as the backbone for treatment process	4.66
4	Handling the emotions of the patients during the consultation sessions add up to the quality of the treatment provided	4.62
5	I have a great control over self-emotions in front of my patients	4.5
6	I get myself updated with the recent advances into the health care system	4.5
7	Doctor has to make sure that the patient is not lost emotionally during the consultation session	4.42
8	Explaining the real scenario about the disease may cause the patient to worry more	4.4
9	I spend more time in answering the questions asked by the patients	4.38
10	Balance between biomedical aspects and psychosocial aspects are to be inculcated into the consultation sessions	4.34
11	Control over self- emotions in front of patients is the primary thing in delivering the treatment	4.34
12	I am ready to face new challenges that rise during the process of treatment	4.32
13	As a health care taker, I carry the object of unleashing the reactions to the patients	4.32
14	I feel very relaxed when I am able to cope up with the expectations of the patients	4.32
15	I need a heartfelt conversation with the patient in order to make him understand the real scenario of the disease	4.3
16	Meeting the expectations of the patients might result in maximum positive outcome	4
17	Clarifying the medical and treatment related doubts of the patient reduces his fear factor	3.98
18	Revealing the side effects shifts the patients into a safer zone	3.8
19	Pausing suddenly in an interactive session creates a negative impact over the patient	3.52
20	I stand as the sole responsible person for the treatment failure	2.34
21	Patients might arise with doubts that are not dealt before	1.96

The type of anxiety that arises in the doctor's when they are in a part of interaction or conversation with the patient. It becomes a difficult task to the doctor's with some patients as some of them might become unstoppable and insatiable while having a consultation. Here the doctor fears that he might miss some important points to be transferred or might fail in consoling the patient and bringing him back to a normal and comfortable state.

While starting to have a conversation with the patient, many things revolve around in the mind of the health care professional. He has to keep a balance of all the things, including his schedules, appointments etc. Amidst of their busy schedules, he has to allocate time for the consultation session, a very basic chapter of treatment. Trust is important for any conversation and while dealing with health aspects, the patient has to believe in the doctor entirely. Out of 50 doctors met for the survey, all of them strongly agree that they are ready to stand as a person upon whom the patient can entirely trust upon and they also feel that it's the basic duty of them to make the patients feel comfortable with them. A mean of 4.70 supports the statement. Many of them also agree to the statement that **consulting the patient acts as the basic step for any treatment purpose**. Necessary schedules or steps can be only planned when a deep interaction is done with the patient. **Consultation helps the doctor to know all the medical aspects of the patient and the historical background** so that he can plan accordingly. The emotional aspects are also covered in the session which helps the doctor to get to know about the basic internal levels of the patient. A mean of 4.68 supports this statement. "Treatment is a process where doctor deals with the body of the patient with the help of medicines and Consultation is the process where the doctor deals with the mental aspects of the patients. We get some time with the patient to know about the habits and their perspectives which help us more to give an idea to plan for the treatment" said a Physician who has about 20 years of experience in his domain. This gives a platform to the fact and also shows how health care professional regard consultation seriously. Most of the Health care professionals are ready to face new challenges in the process of interaction and treatment. "Providing health care to the patients is a challenging process as it has the involvement of patients whose health and mental aspects are totally different. Every day, we have to meet more than 100 patients whose background, occupation, age, biomedical and psychosocial aspects are entirely different and it's definitely a challenge to have sessions with them" replied an Oncologist upon a small discussion regarding the emotional levels and the way they plan to respond to them. A mean of 4.62 supports this fact. **Profession as a health care taker is always a challenging one.**

Interaction with patients is a process where in which the **doctor has to understand the needs of the patients and has to come up with the treatment that satisfies his wants**. Health care professional has to understand the medical needs of the patients. They approach the doctor in want of a solution that helps them to stay healthy. Most of the respondents feel that they strongly agree to the

statement of understanding the wants of the patients is the foremost thing. A mean of 4.68 supports this statement.

Health care system is a system where Health care professionals have to get updated with recent advances in the system. "We go through the system of getting updated with the technologies by various methods. Journals, Papers, Conferences conducted help us to get updated about the recent advances and helps us to utilize them in favor of the patient" stated an Oncologist. **This upgradation helps us during the process of interaction with the patients.** "During the process of interaction, we have to explain the process of treatment and also about the biomedical aspects to the patients, this makes the patient not to worry much and also he gets to know about what exactly is happening to him. We also have these emotional aspects but we prefer not to show in front of them. Patients are delicate subjects whom we have to treat and carry the object of being sensible with them" continued the Oncologist. **Most of them prefer not to show their emotional levels in front of the patients which will only result in increasing the tension factor inside them.** A mean of 4.50 and 4.50 supports the above two statements respectively. Having a control over the emotions is the primary thing a health care professional has to carry. Patients can express their emotions in front of doctor but doctor cannot. In spite of hectic schedules, health care professional has to carry the object of emotional levels within him and deliver the treatment to the patients. A mean of 4.42 supports this fact and this implies that most of the doctors agree to this. The health care professional feel that the element of **handling the emotional aspects of the patients adds up quality of treatment provided** to the patients. A mean of 4.62 to the statement lays a strong platform. "Dealing the emotional aspects of the patients add up to the quality of the treatment. Quality comes with satisfaction and the patients get satisfied only when the emotional and biomedical aspects are dealt during the interactional session with the patient" said a Physician during a discussion about the topic. The initial duty of the health care professional is to take care of the health of the patient and also make sure that he is not emotionally lost during the interactional session. Many of the biomedical and psychosocial aspects are to be dealt during the consultation session and one has to make sure that he is not emotionally lost as it creates negative impact over the patient and drives the patient towards a negative zone. When the patient gets satisfied, it ends up in giving positive results which makes the doctor feel satisfied and makes him more determined to meet more cases up in the day. A mean for 4.42 for the statements of **"Doctor has to make sure that the patients are not emotionally lost"** and "Doctors feel very relaxed when they come up with the expectations of the patients" support them. During the process of interaction, patients get time to have a word with the doctor. They come with their doubts regarding their health status and also give information regarding their previous health status. Most of the patients feel comfortable when their health care taker hands over the responsibility of hearing the patient. Mean while, the doctors who are involved in consulting the patients, spend more time in listening to the patients and also answering them. They try

to make the patients comfortable and most of the doctors strongly agree to this fact. A mean of 4.32 supports the statement. The basic thing for having a consultation session is the time factor. The Health care professional needs a heartfelt conversation with the patient so as to understand him and to provide him the necessary treatment. **Time is the main factor which acts as the base for the heartfelt conversation.** A mean of 4.3 supports this statement.

In the process of interaction, patient comes up with doubts that are both related to treatment aspects and also some pharmacological aspects. Some of the discussion also include about the experiences of their relatives or friends. The health care professional tries to clarify the doubts that have risen in the minds of the patients which comfort the patients to a maximum extent. Most of the doctors agree to the statement that the **doubts raised during the consultation process have to be clarified** and this process reduces the fear factor of the patients. A mean of 3.98 gives some support to this discussion. Most of the doctors feel that the balance has to be maintained between two main aspects during the health care delivering process. Treatment and emotions are the two main aspects that have to be discussed with the patients. **Patients comfort and satisfaction are to be aimed and are achieved only when a balance between the two above mentioned aspects are maintained.** "Patients not only expect their disease to be treated but also expect their internal elements to be dealt with. This provides them maximum satisfaction and also a hope to fight with the disease with a positive mindset" stated a female health care professional upon the question. A mean of 4.34 supports this fact.

Most of the respondents feel that the side effects of the medicines when explained to the patients shift them towards a safer zone. Medicines cause some side effects and this may cause worry in the patients. Hence, **revealing the side effects to the patients helps them to take necessary precautions.** During the interactional session, the patient asks for the reality but when he gets to know about the real scenario, it makes him to worry much. "Patients are very delicate subjects and we have to be careful while dealing with them. We have to explain the scenario of the disease; the side effects caused by the medicines, the treatment schedules and also clarify the doubts of them. Real scenario is very painful but we shouldn't explain each and everything to the patient as it increases the fear factor and might change the entire perception of the patients towards life" stated a Health care professional who has more than 20 years of experience in dealing with patients who are suffering from life threatening diseases. A mean of 3.80 for the above statement provides necessary support. Expectations of the patients are to be met and it results in perfect outcome. Patients expect their doctor to listen to them during the session, answer and clarify to the doubts that arise and assist them during the entire schedule of treatment. Most of the Health Care professionals agree to the statement that **if the expectations of the patients are met, it will result in perfect outcome.** A mean of 4.0 supports this statement.

Health care professional believes that if the patient's expectations are met, perfect outcomes are the end result and most of the respondents agree to it. "Patients believe that the health care professional will take necessary care and will provide him the correct treatment. Sometimes, he also expects the doctor to talk with him about the disease condition and enquire about the improvement. If the doctor is able to meet the above mentioned steps, it will inculcate the positiveness in the patients and gives him the positive perception to fight towards the disease" said a general practitioner during the discussion. **The health care professional carries the object of unleashing the reactions to the patient during the interactional sessions.** A mean of 4.32 for the statement supports them.

An interactive session helps the patient to get some understanding over the disease, an idea about the condition and also the sequence of treatment. Patient expects the health care professional to listen and answer the questions raised by him. He expects a continuation in the answers given by the doctor. Giving a pause during the interaction has an impact over the patient and makes him more tensed. While discussed about the above statement with some of the health care professionals, they were not sure about this statement. Giving a pause during an interactive session can be of various reasons and it doesn't imply that there is some bad news hidden in it. **Health care professionals disagree about patients coming up with doubts which are not dealt before.** "Patients come up with doubts regarding to their health condition, diet to be followed and necessary precautions to be taken during and after the treatment. They stick to what we prescribe. They also have some discussions about their relatives and friends who have faced the situation earlier. We listen and promise them good treatment. Situation varies from patient to patient as it all depends upon the biomedical aspects and how the body of the patient is reacting to the medicines; hence we cannot give justification to all those quoted situations by the patients. All we can do is giving them some hope and go on with the treatment procedures" replied an oncologist over the question asked. A mean of 1.96 supports the above statement.

Entitlement Anxiety – Doctors:

Table 8: List of Entitlement Anxiety variables asked to doctors and their respective obtained means

Sl no	Entitlement Anxiety : Doctors	Mean
1	Major and minor factors are to be considered and to be clarified during the consultation sessions	4.56
2	I make my patients undergo certain changes in their life-style in order to achieve wholesome benefit of treatment	4.54
3	I take necessary precautions to ensure that my patients do not miss their treatment schedule	4.46
4	I get family and illness related information from my patients during consultation session	4.38
5	There is a chance of losing hope on the treatment process when it doesn't go as planned	3.1

The type of anxiety that arises in the doctor while prescribing medications is called entitlement anxiety. He might fear that he is not abiding to the rules or regulations and which may result in complication that may have some negative impact over his career.

Health care professional makes sure that the medications prescribed by him do not cause any harm to the patient. The internal anxiety acts as an advantage to the patients as it makes sure that the doctor thinks about the patient and also advises him of the precautions to be taken.

Health care professional's advice the patients to undergo some changes in their life style in order to get some positive results. "We provide all the necessary medications in the treatment process but the patient also has to take care of himself. He has to make some changes in his diet, lifestyle and should stop smoking and drinking as it acts as antagonist to the medications provided which may show no improvement or may cause intense negative effects. Hence, we also allocate two minutes out of the entire interactional session to have a discussion about these issues so that it helps the patients in a supporting manner" replied an oncologist when asked about entitlement anxiety. A mean of 4.54 supports this statement.

Health care professionals also make sure that their patients do not miss their treatment schedule. Treatment for a life threatening disease like cancer is planned in different schedules and prolongs for about a period of six months to about one year. The schedules are very important and the care taker should be very conscious whether the patient is following the schedule or he is not. This has an effect over the condition of the patients which will worsen his condition more. Doctors generally transfer this responsibility to the nurse and orders her to make the schedules to be conducted as per planned. A mean of 4.46 supports this statement.

While having an interaction with the patient, **the health care professional makes sure that all the elements are discussed during the consultation.** The medical history of the patient has to be revealed by the patient and should be known by the doctor. It helps the doctor to plan the treatment schedules and provide the necessary medications to the patients. It mainly acts as a supporting medium to the doctor. A mean of 4.38 supports the statement. Illness related information is also collected from the patient.

While having a conversation with patient, many factors arise. They may include major and minor factors. **Major factors such as treatment schedules, medications and minor factors such as diet issues are to be considered and they have to be clarified.** These have to be considered as every factor is important in delivering health care. While having a conversation with the patient, simple factors should also be considered. Entitlement anxiety arises when there are any flaws in the conversation. Hence, these flaws are rectified only when the doctor has a heartfelt conversation with the patient and the factors, doubts are to be clarified. Most of the respondents felt that the consideration of the issues makes the doctors and patients more involved into the treatment process and helps the doctors to decrease the entitlement factor to a higher extent. A mean of 4.56 supports this statement and discussion.

The treatment schedule is planned according to the necessity of the patient. It is also planned to make sure that the patient gets well as soon as possible. There are many chemotherapy sessions which are to be planned and scheduled to the patient. The patient also makes sure that he is available to the sessions and they are conducted as per planned. When the treatment process doesn't go as planned, the responsibility falls entirely on the health care professional. This has two effects. Firstly, the patient may lose hope over his health condition and the fear factor inside him rises to a maximum extent as he strongly believes that the treatment schedule corrects his condition and makes him an ordinary person again. Secondly, the patient may blame the health care professional for the negligence in scheduling the required treatment schedules which may indulge the factor of entitlement factor inside the doctor. But in most of cases, the health care professionals in the case of missed treatment schedules plan immediately for the missed schedule and the patients do not try to push the blame on the health care taker as they believe the doctor and they trust that the missed schedule will be planned immediately. A mean of 3.01 states that the health care professionals were not sure in considering this factor as a cause for entitlement anxiety.

Existential Anxiety – Doctors:

Table 9: List of Existential Anxiety variables asked to doctors and their respective obtained means

Sl no	Existential Anxiety : Doctors	Mean
1	I understand the relevance of co-creating a new doctor-patient dynamic consultation and treatment system	4.66
2	The more interactive session, more satisfied the patients feel	4.54
3	Feeling of satisfaction makes me more determined for the next upcoming cases	4.5
4	Nurses act as helpers both to the doctors and patients and try to maintain the status quo	4.44
5	My clientage and name attracts patients which makes them more comfortable and stress free	4.32
6	Many a times, reality is very brutal	4.32
7	Though I am aware about the gruesome reality of cancer, I still make my patients optimistic about life	4.28
8	I try to infuse a positive ray of hope even though I come to know about the severity of the health condition	4.22
9	Significant experiences of similar cases to my near ones changes my perception towards the disease	2.72

The type of anxiety that arises inside the mind of the doctor due to the fear of missing an important diagnosis which may result in the suffering of the patient is called existential anxiety. The result of missing any serious implication may result in losing doctor's humanity, faith among the patients and also their professional identity which are the basic elements of existential anxiety.

Healthcare professionals have the internal anxiety of missing some points during the consultation. Main points related to health, diet and necessary precautions have to be discussed with the patients and when these points are missed, the entire meaning of consultation gets destroyed. Existential anxiety arises when doctors tend to miss these points as they affect the entire scenario of consultation. Consultation session should act as means where in which the patients feel satisfied. Patients feel satisfied only when his doubts regarding his health, treatment, symptoms are well discussed with the health care professional. The health care professional should also take the necessary precautions of not missing any important points during the consultations. **The patients feel better only when the consultation session goes satisfied.** "Patients come up with more worries, tension and doubts. We should take care of everything and make him comfortable. This happens only when the consultation session goes in two way communication flow manner. Patients feel better when they get to know that the doctor is taking care of them and this happens only by a satisfied consultation session" said an oncologist. A mean of 4.54 supports this statement.

Health care professionals when dealing with chronic disease treatment get experienced by years. They feel determined when the patients whom they are dealing with are satisfied. **Health care professionals are satisfied when the patients they are dealing with are satisfied.** This makes them more determined to face the next upcoming cases. A mean of 4.50 implies that most of the respondents strongly agree to that the patient's satisfaction level has something to do with their next cases.

Nurses act as mediators in the consultation process. **They act as helpers and co-ordinate between the doctors and patients.** They try to maintain the status quo and strongly play the role of helpers in the entire consultation and treatment process. Nurses also come under the category of health care professionals. The treatment process scheduled by the doctors taken care of the nurses and they make sure that the patients do not miss the schedule. They also try to maintain the anxiety levels inside the patients. For chronic disease treatment, patients spend most of the time with the nurses as they act as care takers. Hence they strive hard to maintain the status quo and also help in decreasing the anxiety levels inside the doctor. When asked about whether nurses act as helpers and maintain the status quo, most of the respondents strongly agreed to this fact. A mean of 4.44 gives some base to the statement.

Chronic disease treatment involves all the basic elements of emotion, pain, treatment and conversation. **The main motto of the doctors lies in infusing a ray of hope inside the patient as it helps him to face the situation in a bold manner.** "We provide the right treatment and medications whenever necessary to the patient. But when it comes to chronic disease treatment, we provide the treatment with two elements. Medication based and infusing a ray of hope based. We should make sure that the patient is emotionally strong to face the situation. For this, we try to inculcate positiveness by sharing some of the similar stories of co-patients. Even in the worst scenario, we infuse the element of hope inside him which might help the patient to fight till

the last second" shared one of the oncologists upon discussion. A mean of 4.22 supports this statement. A parallel question also rose during the discussion process. Many of the respondents agree to the fact that they **make the patients optimistic about life even though they come to know about the severity.** Health care professionals strongly believe that the positive attitude built up inside the patients help them to fight with the disease they are suffering with. The discussion shows that the health care professionals even when they know about the gruesome reality of cancer, they try to be positive and make the patients optimistic about life. A mean of 4.28 supports this statement.

Health care professionals when asked about their perception regarding reality, they considered it to be brutal. Cancer is the most painful disease and it hurts more when the patients undergo chemotherapy or radiation therapy. Considering all the cases of treatment and successful cases, they agree to the fact that reality is very brutal. Health care professionals have this existential anxiety in them when they know the truth but they have to disguise it in front of them and have to be positive regarding the treatment. **Doctors strive hard to inculcate the positive elements inside the cancer patients.** A mean of 4.22 supports this statement. "Even the reality is brutal, we have to disguise it and make sure that the patient is not lost emotionally. Keeping the patient in the positive zone is one of the things we have to make sure" shared a psychologist who has more than 5 years of experience in dealing the cancer patients and strives for infusing the positiveness inside the patient.

A deep discussion about existential anxiety revealed that many of the respondents felt that they have this element inside them and rises when they come to know that they have missed some important points. Many of the patients suffering with chronic diseases approach the doctor who has good clientage and name in the society. **The patients feel comfortable if the doctor is already experienced and has some success cases under his belt.** A mean of 4.32 supports this statement.

The above discussion helped us to draft the important events that arise during the different phases of consultation and treatment phases.

CONCLUSION

Indian Pharmaceutical Industry is on the verge of expansion. Both the manufacturing and marketing division are concentrating on the terms of growing their business and providing efficient health care to the people. It is composed of major and minor players concentrating on imprinting their image over the customers. Pharmaceutical companies when dealing with chronic diseases like Cardiovascular and cancer have to be more efficient in utilizing the resources. Cancer is a condition which arises when the cell lose their ability to control the cell division which may cause the formation tumors which can be benign and malignant. These tumors act as barriers to the normal functioning of other cells. Chemotherapy and radiation treatments are some of the procedures to treat the cancerous cell.

Table 10: representing the Anxieties present in different phases of treatment

Respondents	Phase	Anxieties		
		Interactional Anxiety	Existensial Anxiety	Entitlement Anxiety
Doctors	Waiting Hall			
	Consultation Chamber	Yes		Yes
	During Treatment		Yes	

RECOMMENDATIONS

The anxiety levels of doctors have a direct proportionality with the anxieties of patients. Hence if the levels of patients are kept in minimum level, it directly results in minimum level of anxiety levels of doctors. The Pharmaceutical companies can also target the doctors by acting as helpers in the process of delivering the health care. They should concentrate on building up a connection with the doctors by helping them to control the internal factors which affect the way they respond to the patients.

Pharmaceutical companies keeping the anxieties of doctors and patients can follow the below mentioned methodologies to gain the attention of both of them which results in long-term relationship among the three parties that are involved and aims in delivering their maximum in the health care system.

Waiting Hall:

While patient is in the waiting hall, following things can be done to engage him and lower his levels of anxieties:

a. Success Stories of Doctors

Oncologists involve in treating many patients and experienced to treat any kind of. The cases which have been dealt by the doctors present in the chamber can be drafted under the title of “Success Stories”. The Success stories help in inculcating the confidence levels into the patient resulting in minimal anxiety levels. It acts as a medium in providing insights about the doctors present in the hospital and introduces them to the patients

Deals With: Existensial Anxiety

Figure 1: A template showing the way of presentation for the “Success Stories of Doctors”

b. Doctors profile forms

The Profiles of the doctors can be presented in the waiting hall to the patients. The Doctor profile forms contain the basic information of the doctor like name, address, contact number, contact hours and also information regarding his experience levels, number of cases dealt etc. Profile forms act as promising options for the patients as these disclose the information related to the doctors whom he has to meet to get his treatment process. These also help the patients in evaluating the treatment levels the hospital personals can provide.

Deals With: Existensial Anxiety

Figure 2: A template showing the way of presentation for the “Profile Forms”

c. Case studies

Case studies are descriptive or exploratory analysis of the discharged patients who went through a successful treatment process. Case studies are the formats aiming to provide brief information about the patient, his journey and treatment based experiences. The patients describe about their experiences in the hospital and their journey with the staff all through the treatment phase. They disclose the intimacy levels with the doctors which provide a view of

the nature of them while dealing a patient. These case studies entirely provide information about the hospital, the health care team and facilities provided. These studies provide confidence in the patients and gear them up to fight against the disease they are suffering with.

Deals With: Entitlement Anxiety, Existential Anxiety

Figure 3: A template showing the way of presentation for the “Case Studies”

revealing some facts which cannot be told during the session has been delivered by the material provided. This also exposes the patients and changes the perception towards the disease.

Deals With: Entitlement Anxiety, Interactional Anxiety

Figure 4: A template showing the way of presentation for the “Facts Book”

Consultation chamber

Table 11: Anxieties that prevail in the minds of doctors inside the consultation chamber

Anxiety : Doctors	Reason
Interactional Anxiety	Fear of meeting the expectations
	Fear of being blamed
	Fear of unknown and untaught
	Fear of unleashing the reactions
	Fear of expressing emotions
Entitlement Anxiety	Fear of not knowing the all the answers
	Fear of missing some important points

Following things can be made available for both doctors and patients inside the consultation chamber:

a. Facts book

Facts books are the books which contain health related information, disease related aspects and biomedical material. Some facts regarding the disease and their treatment can be presented in these books. These when made available in the consultation chamber provides a broad perspective about the disease to the patients. Facts book disclose some of the information about the disease in a global manner. These help the doctor to be more comfortable while having an interaction as the work of



Figure 5: “A ribbon color chart”

These materials when made available in the chamber provide the broad view of the disease to the patient and changes the way he approaches towards the disease.

b. Questionnaire

Questionnaires aiming to find out the response of doctors towards patients can be provided in the chamber. These are to be filled by the patients after their consultation session with the doctors. The levels of anxieties inside the chamber, their experiences and the facilities provided by the hospital are some of the variables which can be considered for drafting the questionnaires. This helps in getting the feedback about the anxiety levels which are present inside the hospital. The hospital management can go through these forms and can design according to the wants of the patients. When the anxiety levels of the patients are addressed and aimed in decreasing, it has a direct effect on the anxiety levels of the doctors.

Deals With: Entitlement Anxiety, Existensial Anxiety

c. Feedback forms

Forms designed to get the feedback of the consumers or customers are called feedback forms. These can be introduced in the health care system, targeted to patients to get to know about the feedback of the health care staff and facilities in the hospitals provided to the patients. These acts as evaluators and aids for comparing different hospitals present in a city or in the country.

Deals With: Entitlement Anxiety, Existensial Anxiety

Questionnaires and feedback forms have the same positive points and are aimed to get to know the view of patients on the conditions prevailing in the hospital. Pharmaceutical companies can introduce these inside the chamber and arrange a place to collect the forms filled by the patients. The valuable feedback given by the patients help in

assessing the levels of anxieties inside the hospitals. The management can discuss about the changes which can be made inside the area and also improve in the areas where they are lagging behind. Companies can build up relations with the hospitals and improve their public relations by using the above methodologies.

During Treatment:

Table 12: showing the Anxieties that prevail in the minds of Doctors during the treatment phase

Anxiety : Doctors	Reason
Existensial Anxiety	Fear of losing professional identity
	Fear of reality
	Fear of dissatisfaction

Keep the precautionary book and any other relevant source of help/information handy.

Follow-up:

Many types of follow up sessions can be followed and Coffee session with doctors and campaigns come under follow up sessions. These two techniques can be put forth by pharmaceutical companies and can remove the barrier between the doctors and patients. These mainly aim in breaking the silence and building the rap between the two teams involved and increase the supporting act by the Pharmaceutical companies.

Figure 6: A template showing the way of presentation for the “Feedback Forms”

a. Coffee Sessions

Coffee sessions are to be planned by the hospitals under the sponsorships of the Pharmaceutical companies. The patients and the doctors who are involved in the treatment are to be given some speculated time to discuss their journey, their experiences and the modifications which can be inculcated in the next upcoming cases. Coffee sessions contribute to the patient’s education and increase awareness about the disease. Patients get the time to discuss about their fears with the doctors in these session and helpful in maintain low levels. These sessions can also be conducted with cancer suffering patients.

Fortis memorial research institute in Gurgoan is regular in organising the coffee sessions. They plan these sessions under the name “Sunday Conversations”. It s a form of health chat forum organised at various places giving opportunity for the patients to speak about their fears and get clarifications from the most specialized doctors dealing with that specializations.



Figure 7: An Article over coffee session in “Times of India – 20th April, 2014”

<http://timesofindia.indiatimes.com/india/Coffee-with-Dr-Karan-Patients-are-now-discussing-health-fears-with-doctors-over-a-cup/articleshow/33983401.cms>

These sessions mainly aiming educating the patients and making them understand that Cancer is a conquerable disease when diagnosed early and receives treatment as schedules by the doctors.

b. Campaigns

Campaigns are the places where in which a fixed number of doctors are available for consultation purposes to the patients who live in that area. These are the places where consultation sessions are provided at a lower rate or can be also provided for free. Campaigns are mainly conducted to diagnose the disease, to clarify the doubts of the patients. Pharmaceutical companies can sponsor these campaigns which increase the rapport between the two teams. The demand for doctors is growing day by day. Patients have to meet the doctors after an appointment and this is a time consuming task. These campaigns act as a stage where the patients can meet the doctors, have a consultation session

and fix the appointments with the doctors. It is also beneficial to the hospitals as it helps in increasing the direct customers. The Companies can use this stage in providing a brochure of products they manufacture, the price comparison lists and the uses of the drugs. Patients and doctors get to know about the products of the companies. This increases the confidence levels in both of the teams and imprints the presence of another party whose involvement is in manufacturing the drugs required for the treatment. The triangulation effect helps the three teams which are involved in the delivering and consuming the health care system.

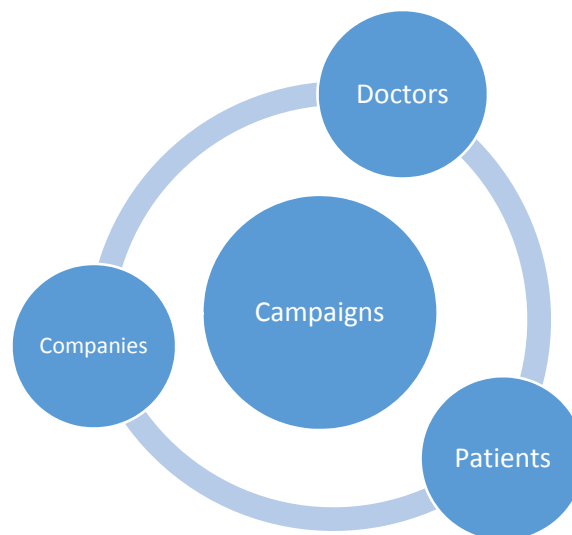


Figure 8: A figure depicting the relationship of three teams involved in campaigns

Pharmaceutical companies can decrease the anxiety levels of patients and doctors by following the new methodologies in the area of Public relations of the oncology division. The above strategies can be adopted by the Indian Pharmaceutical companies and can aim in developing the public relations by having an impact over the anxiety levels.

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