ISSN: 3116-3475
International Journal
of Education, Research, and Innovation Perspectives
Volume 2 Issue 8 (August 2026)

Mapping the Sales Journey: Understanding the Obstacles Medical Representatives Face During Physician Engagement in Legazpi City

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Date Submitted:
March 25, 2026

Date Accepted:
June 15, 2026

Date Published:
August 08, 2026

DOI:
10.5281/zenodo.21846193

ABSTRACT

This qualitative transcendental phenomenological study mapped the physician sales journey of medical representatives in Legazpi City and examined the obstacles, contextual variations, adaptive practices, and developmental meanings that shape physician engagement. Sixteen actively practicing medical representatives were selected through purposeful criterion-based and maximum-variation sampling. Data were generated through one-on-one semi-structured interviews, demographic questionnaires, field notes, reflexive journaling, and research memos, and were interpreted through thematic analysis supported by phenomenological reduction, bracketing, within-case analysis, and cross-case comparison. Obstacles occurred across the entire journey: preparation was weakened by information and time limitations; access was constrained by physician time, institutional gates, and competition; face-to-face detailing required compressed communication; follow-up was affected by structural and information gaps; and prescription conversion encountered loyalty, habit, and evidence barriers. Public hospitals presented stronger administrative barriers, whereas private settings intensified competition for physician time. Representatives responded through cognitive resilience, behavioral adaptation, and organizational navigation. Novices tended to personalize rejection and reported more limited networks and confidence, whereas experienced representatives interpreted barriers more systemically and used broader, proactive coping resources. The study concludes that physician engagement is a cumulative relational process in which professional resilience and identity develop through repeated experience. The findings support structured mentoring, field coaching, ethical scientific communication, standardized access procedures, and resilience-oriented professional development.

Keywords: *medical representatives, physician engagement, pharmaceutical sales, sales journey, professional resilience, transcendental phenomenology*

INTRODUCTION

Medical representatives occupy a distinctive position between pharmaceutical organizations and healthcare professionals. Their work combines scientific communication, relationship development, market intelligence, and ethical promotional practice while operating within increasingly complex health systems. In the Philippine setting, the profession is shaped by regulatory requirements, competition among pharmaceutical firms, and continuing expectations that representatives communicate accurate and responsible therapeutic information. Current professional and policy guidance increasingly emphasizes scientific integrity and patient-centered interaction rather than purely transactional promotion (Department of Health [DOH], 2023; International Federation of Pharmaceutical Manufacturers & Associations [IFPMA], 2023; Pharmaceutical and Healthcare Association of the Philippines [PHAP], 2023; Professional Regulation Commission [PRC], 2024).

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International Journal
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The conditions of physician engagement have also changed. Hybrid healthcare delivery, digital communication, restricted facility access, and physicians' limited consultation time require representatives to condense scientific messages, use multiple communication channels, and build professional credibility under pressure. Relationship quality and sustained trust are therefore central to contemporary pharmaceutical engagement, while physician attitudes toward industry representatives remain sensitive to relevance, credibility, ethics, and the perceived value of the interaction (Alshurideh et al., 2023; Koplovitz et al., 2023; Soliman & Erakat, 2023). These pressures are particularly salient in provincial healthcare settings where institutional structures and geographic realities may differ from those of large metropolitan systems.

Legazpi City provides a useful setting for examining these dynamics because it functions as a regional healthcare center with public and private hospitals, primary care facilities, and specialty practices. Representatives working in the city encounter differences in administrative access, physician workload, facility rules, competition, and specialty-specific expectations. The Philippine health system's regional variation and continuing transformation make it important to understand how these conditions are experienced by field professionals rather than treating pharmaceutical detailing as a uniform activity across settings (DOH, 2023, 2024; World Health Organization [WHO], 2023).

A key gap concerns the sales journey as an interconnected experience. Prior work has often examined access, communication, digital engagement, relationship quality, and resilience as separate concerns. The source study instead followed physician engagement from pre-call preparation to access/prospecting, face-to-face interaction, post-call follow-up, and prescription conversion while also examining institutional context, professional experience, and coping. This stage-based yet relational approach is consistent with contemporary selling perspectives that emphasize knowledge management, relationship maintenance, problem solving, and value creation across the customer journey (Moncrief & Marshall, 2005). Accordingly, the study aimed to map the obstacles encountered by medical representatives in Legazpi City, identify contextual differences and adaptive practices, and explain how time constraints, access limitations, and career stage shape professional meaning, resilience, and identity.

Literature Review

Pharmaceutical Sales and Physician Engagement in the Philippine Context

Pharmaceutical detailing involves more than presenting products. Medical representatives are expected to communicate scientific information, respond to clinical inquiries within the boundaries of their role, develop professional relationships, and comply with organizational and regulatory requirements. In the Philippines, professional practice is further shaped by registration, advertising, and ethical standards that seek to protect the integrity of healthcare decision-making. These requirements heighten the need for representatives to combine commercial responsibilities with scientific literacy, transparency, and responsible professional conduct (IFPMA, 2023; PHAP, 2023; PRC, 2024).

Physician engagement is increasingly understood as a relationship-quality problem rather than a single promotional encounter. Empirical work in pharmaceutical settings indicates that trust, communication quality, responsiveness, and long-term relationship management influence the effectiveness of engagement (Alshurideh et al., 2023; Mohammed et al., 2023). Studies of physicians' interactions with pharmaceutical representatives also show that access and receptiveness are shaped by perceived usefulness, professional boundaries, workload, and institutional norms (Koplovitz et al., 2023). This literature supports examining the field experience from the representative's perspective, particularly in regional settings where organizational procedures may strongly structure access.

Relationship-Centered Selling Across the Physician Sales Journey

The Evolved Sales Process Model reframed traditional linear selling around relationship maintenance, database and knowledge management, problem solving, value creation, and customer retention (Moncrief & Marshall, 2005). This orientation is especially relevant to pharmaceutical fieldwork because physician

ISSN: 3116-3475
International Journal
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engagement rarely proceeds as a simple sequence in which presentation immediately produces conversion. Each encounter depends on accumulated knowledge of physician preferences, prior access, institutional routines, scientific concerns, and the credibility established through previous interactions. Thus, obstacles that emerge early in the journey can shape the viability of subsequent stages.

Omnichannel and digitally mediated engagement further reinforce the need to view the journey as dynamic. Representatives increasingly combine face-to-face communication with digital follow-up, relationship management tools, and concise scientific messaging. Evidence from specialty pharmaceutical markets suggests that coordinated engagement across channels can influence prescribing-related interactions, while contemporary physician-engagement research emphasizes alignment and sustained professional relationships rather than isolated contact frequency (Prenestini et al., 2023; Soliman & Erakat, 2023). The present study therefore treated pre-call preparation, access, interaction, follow-up, and conversion as analytically distinct but experientially interconnected stages.

Job Demands, Resilience, and Adaptive Engagement

The Job Demands-Resources perspective explains how demanding work conditions can produce strain when they exceed the resources available to employees, while adequate resources support motivation, learning, and sustained engagement (Bakker & Demerouti, 2023). Medical representatives routinely encounter rejection, target pressure, restricted physician access, travel demands, competition, and uncertainty. These conditions make psychological and organizational resources—such as mentoring, peer support, communication competence, preparation systems, and managerial coaching—important for maintaining performance and well-being. Research on resilience similarly emphasizes that adaptive capacity is strengthened through repeated encounters with difficulty and the development of effective coping responses (Roslan et al., 2022).

Behavioral adaptation can also be understood through the Theory of Planned Behavior, which links behavior to intentions, attitudes, social norms, and perceived control (Ajzen, 2021). In physician engagement, representatives continually decide how to approach gatekeepers, adapt messages, use digital channels, prioritize routes, respond to rejection, and invest in relationships. These choices are constrained by institutional systems but are also shaped by perceived efficacy and available resources. Soft skills such as communication, negotiation, adaptability, and relationship management therefore constitute practical resources for effective pharmaceutical fieldwork (Qashlan et al., 2024).

Institutional Context, Ethics, and Regional Practice

Healthcare institutions create distinct opportunity structures for representatives. Public facilities may impose layered visitor controls, security procedures, and high patient volumes, while private institutions may offer simpler administrative entry but greater competition for a physician's limited time. Ethical practice requires that these constraints be navigated without compromising professional boundaries or patient care. International and Philippine guidance therefore places responsibility on representatives and companies to maintain truthful, evidence-based, and appropriately regulated communication with healthcare professionals (IFPMA, 2023; PHAP, 2023; World Medical Association, 2022).

Methodologically, understanding these contextual differences requires approaches capable of preserving meaning, variation, and lived experience. Transcendental phenomenology emphasizes disciplined attention to participants' descriptions, while contemporary qualitative inquiry highlights reflexivity, rich contextualization, purposeful sampling, and transparent analytic procedures (Creswell & Poth, 2024; Moustakas, 1994; Patton, 2023; van Manen, 2023). The literature reviewed in the thesis identified unresolved gaps in provincial Philippine settings, stage-specific sales-journey barriers, novice-versus-experienced comparisons, and the subjective meaning of time scarcity and limited access. These gaps provided the basis for the present phenomenological mapping of physician engagement in Legazpi City.

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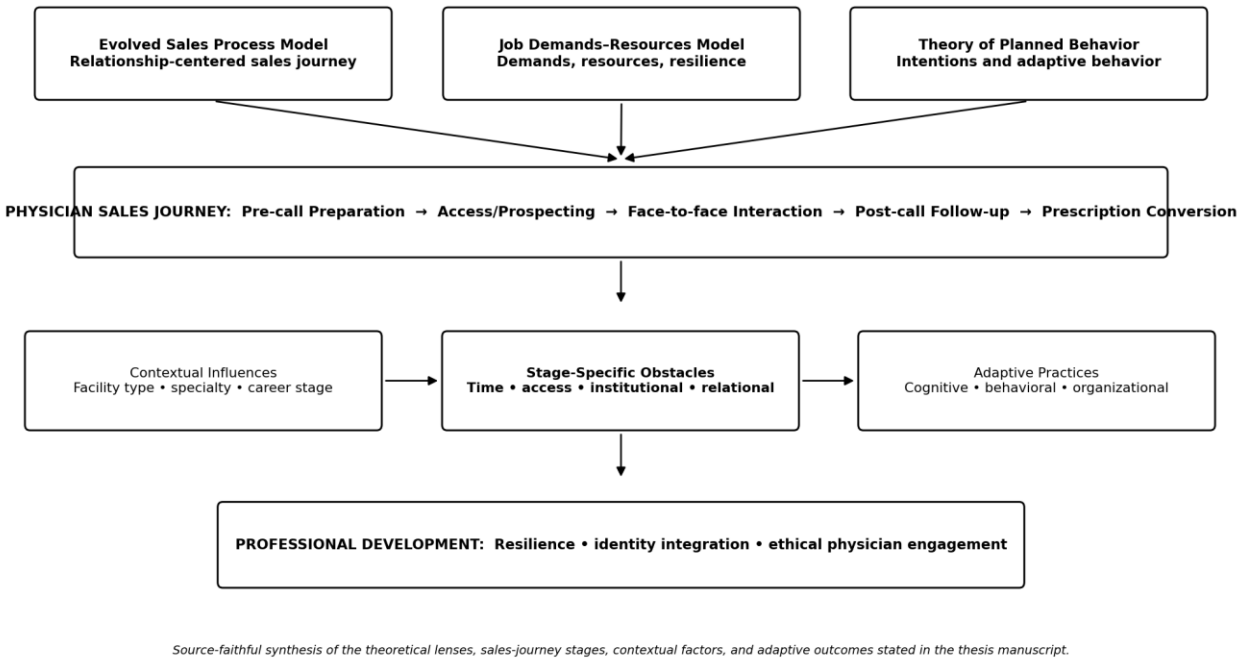

Figure 1. *Conceptual framework of the study synthesized from the theoretical lenses and constructs stated in the source manuscript.*

METHODS

Research Design

The study used a qualitative transcendental phenomenological design to describe the lived experience of medical representatives as they encountered and interpreted barriers during physician engagement. The design followed the phenomenological orientation of Moustakas (1994), including epoche or bracketing, phenomenological reduction, horizontalization of significant statements, imaginative variation, and synthesis of meanings. These procedures were appropriate because the research questions focused on experience, perception, contextual meaning, and professional development rather than measurement of predetermined variables (Creswell & Poth, 2024; van Manen, 2023).

Research Locale

The study was conducted in Legazpi City, Albay, Philippines, the regional center of the Bicol Region and an important provincial healthcare hub. The participants covered a range of public and private hospitals, primary care clinics, and specialty centers in the city and its immediate vicinity. This setting enabled the study to examine how physician engagement differed across institutional environments and medical specialties while remaining within one geographic healthcare market.

Participants and Sampling Technique

The final dataset comprised 16 actively practicing medical representatives operating in Legazpi City. Participants were selected through purposeful criterion-based sampling and maximum-variation sampling. Eligibility required current employment as a medical representative, active coverage of Legazpi City or its immediate vicinity, at least six months of professional experience, voluntary informed consent, and the ability to communicate in English, Filipino, or Bicolano. Variation was sought across years of experience, facility coverage, and physician specialties. For developmental comparison, novice representatives were defined as those with less

ISSN: 3116-3475
International Journal
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than three years of experience and experienced representatives as those with more than five years. Qualitative sampling was guided by information richness and meaning saturation rather than statistical representativeness (Guest et al., 2021; Hennink & Kaiser, 2022; Patton, 2023).

Research Instrument

Data were generated primarily through a researcher-developed semi-structured interview guide aligned with the research questions, conceptual framework, and literature on pharmaceutical sales and physician engagement. The guide collected demographic and professional information and used open-ended prompts to examine the five stages of the sales journey, contextual variations, coping practices, perceptions of physician access and time, and differences across career stages. The guide underwent expert review by a panel of at least three individuals with relevant methodological or professional expertise and was pilot-tested with one or two comparable medical representatives who were excluded from the final study. The validation and pilot process refined clarity, sequencing, relevance, and the capacity of questions to elicit rich accounts (Kallio et al., 2022; Creswell & Poth, 2024).

Data Gathering Procedure

Following institutional and ethical permissions, participants were recruited and provided with information about the study and written informed-consent materials. One-on-one semi-structured interviews were conducted either at a participant-convenient location or through a secure online platform. With consent, interviews were audio-recorded and generally lasted approximately 15 to 20 minutes. Participants could respond in English, Filipino, or Bicolano and could pause, reschedule, or terminate participation without consequence. Field notes documented nonverbal cues and contextual observations, while reflexive journals and research memos captured bracketing efforts and emerging analytic insights. Member checking was used to clarify or verify statements and interpretations.

Data Analysis

Interview data were analyzed through thematic analysis using a hybrid deductive-inductive strategy. Initial attention was informed by the research questions and sales-journey framework, while codes and themes were allowed to emerge from participants' narratives. The analysis involved familiarization, coding, theme construction, theme review, definition and naming of themes, and preparation of the analytic narrative (Braun & Clarke, 2022). Consistent with the phenomenological design, the researcher practiced epoche, repeatedly returned to participants' descriptions, treated significant statements with initial equality, and synthesized textual and structural meanings. Within-case analysis preserved individual narratives before cross-case comparison examined similarities and differences across years of experience, facility type, and physician specialization (Miles et al., 2020).

Credibility and analytic transparency were strengthened through member checking, reflexive journaling, an audit trail, documentation of coding and theme decisions, and consultation with qualitative research experts or the research adviser. These procedures supported credibility, dependability, confirmability, and authenticity by allowing interpretations to remain traceable to participants' accounts (Nowell et al., 2021; Creswell & Poth, 2024).

Ethical Consideration

The study observed voluntary participation, informed consent, confidentiality, privacy, respect for autonomy, and the right to withdraw. Audio files, transcripts, field notes, and identifying information were handled as confidential research materials, and participant identities were represented through codes in the analysis. The researcher also maintained reflexive awareness of positionality and committed to accurate reporting without fabrication, falsification, or distortion. These procedures were consistent with the ethical principles stated in the study protocol and with contemporary guidance on research involving human participants (World Medical Association, 2022; Creswell & Poth, 2024).

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RESULTS AND DISCUSSION

Obstacles Across the Physician Sales Journey

The findings showed that barriers were present at every stage of physician engagement and were experienced as interconnected rather than isolated problems. Pre-call preparation was weakened by incomplete physician and market information, limited preparation time, and organizational inadequacies. Access/prospecting emerged as the most difficult stage because representatives encountered physician time scarcity, institutional gatekeeping, and intense competitor presence. Once access was obtained, face-to-face detailing was shaped by compressed communication, communication gaps, and difficulty closing the interaction. Post-call follow-up introduced sample-management, structural, and information gaps, while prescription conversion was impeded by physician loyalty to established products, prescribing habits, and demands for convincing evidence.

Table 1. *Stage-Specific Obstacles Across the Physician Sales Journey*

Sales-journey stage	Major obstacle clusters	Phenomenological meaning
Pre-call preparation	Information deficiency; time poverty; organizational inadequacies	A fragile foundation in which incomplete preparation can weaken later engagement.
Access / prospecting	Physician time barrier; institutional gate; competitor capture	Access becomes a negotiation for opportunity, visibility, and legitimacy.
Face-to-face interaction	Compressed communication; communication gaps; closing challenges	Scientific messages must be delivered rapidly without losing relevance or credibility.
Post-call follow-up	Sample-management challenges; structural disconnects; information gaps	Continuity is difficult when follow-up systems and communication pathways are fragmented.
Prescription conversion	Loyalty barriers; habit barriers; evidence barriers	Conversion is delayed and cumulative, depending on trust, habit change, and perceived evidence.

These findings reinforce the relationship-centered logic of contemporary selling. Conversion was not described as the immediate result of a single persuasive presentation; instead, later outcomes depended on the quality of earlier preparation, access, communication, and follow-up. The results therefore extend the Evolved Sales Process perspective by showing how relationship maintenance and value creation are disrupted by stage-specific constraints in pharmaceutical fieldwork (Moncrief & Marshall, 2005). They also align with research emphasizing that physician-representative relationships depend on relevance, credibility, trust, and communication quality rather than contact frequency alone (Alshurideh et al., 2023; Mohammed et al., 2023).

Contextual Variation Across Facilities and Physician Specialties

Obstacles changed according to institutional setting and medical specialty. Public hospitals were experienced as an “access gauntlet,” with layered administrative requirements, security procedures, high patient volumes, and changing personnel making physician access slow and relationship-building cumulative. Private hospitals generally presented fewer administrative barriers, but representatives competed more intensely for physicians’ limited time and attention. Specialty also shaped the content and form of engagement: general practitioners generated volume-related challenges, obstetricians heightened safety concerns, pediatricians were perceived as more risk-averse, internists presented access difficulties, and surgeons required messages directly connected to surgical priorities and outcomes.

Table 2. *Contextual Variation in Physician Engagement Obstacles*

Context	Dominant obstacle	Required adaptation
Public hospitals	Bureaucratic access, security controls, approvals, high patient volume	Patience, consistent presence, knowledge of institutional pathways, long-term relationship building
Private hospitals	Competition for short physician time windows	Concise, differentiated, high-value interactions and careful scheduling
General practice	High patient and engagement volume	Prioritization and rapid relevance
Obstetrics / pediatrics	Safety sensitivity and risk aversion	Evidence-focused, cautious communication

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Internal medicine	Access and competing clinical demands	Timing, persistence, and tailored scientific relevance
Surgery	Procedural focus	Link product value to perioperative or outcome-related priorities

The contextual findings demonstrate why uniform sales scripts are insufficient. Representatives had to interpret the rules, priorities, and expectations of each setting and then adjust communication accordingly. This differentiated adaptation is consistent with research that conceptualizes physician engagement as an organizationally embedded relationship rather than an unrestricted interaction between two individuals (Prenestini et al., 2023). It also underscores why regional health-system context matters when interpreting pharmaceutical field practice.

Adaptive Practices and Practical Workarounds

Representatives responded to recurring barriers through three broad forms of adaptation. Cognitive resilience involved reframing rejection, recognizing physician workload as a systemic rather than purely personal cause of unsuccessful encounters, and sustaining motivation through small wins. Behavioral adaptation included shortening and tailoring scientific messages, planning routes and schedules more efficiently, and combining in-person contact with digital engagement. Organizational navigation involved using managerial guidance, peer learning, established networks, and strategic relationships with other healthcare personnel to identify appropriate access points and engagement opportunities.

Table 3. *Adaptive Practices Used to Navigate Physician Engagement*

Adaptive domain	Representative practices	Function
Cognitive resilience	Reframing rejection; persistence; celebrating incremental progress	Protects motivation and reduces personalization of occupational setbacks.
Behavioral adaptation	Concise detailing; tailored messages; route planning; digital follow-up	Improves fit between communication strategy, physician needs, and available time.
Organizational navigation	Managerial support; peer collaboration; networking; strategic workarounds	Expands access to information, support, and legitimate engagement pathways.

These adaptive practices are consistent with the JD-R perspective: high demands were more manageable when representatives could draw on psychological, interpersonal, and organizational resources (Bakker & Demerouti, 2023). The patterns also show that resilience was not simply a fixed personality attribute; it emerged through repeated exposure, learning, and access to supportive resources. Communication and relationship-management competence therefore functioned as practical job resources that allowed representatives to remain effective within constrained environments (Qashlan et al., 2024; Roslan et al., 2022).

Meaning of Physician Time Constraints and Limited Access

Time scarcity was experienced as both an operational and symbolic constraint. Participants described extremely brief interactions—sometimes measured in seconds—as limiting their ability to explain evidence, respond to questions, build relationships, and demonstrate professional expertise. For some, this brevity communicated professional devaluation and produced frustration, anxiety, and emotional fatigue. Participants also believed that insufficient interaction could reduce the amount of therapeutic information available for consideration during prescribing decisions.

Table 4. *Perceived Effects of Time Constraints and Limited Access*

Dimension	Perceived effect	Adaptive consequence
Professional meaning	Feelings of marginalization or undervaluation	Need to maintain self-efficacy and professional purpose
Communication quality	Reduced depth of scientific discussion and fewer opportunities to clarify evidence	Sharper prioritization of key messages

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Relationship development	Less time for rapport and sustained exchange	Greater reliance on continuity and follow-up
Emotional experience	Frustration, anxiety, repeated rejection	Development of patience, emotional regulation, and persistence
Professional growth	Pressure to perform within very short encounters	More concise, focused, and strategically prepared communication

Importantly, experienced participants also interpreted time scarcity as a developmental pressure that improved professional competence. Limited access forced them to prioritize key messages, prepare more selectively, and communicate with greater efficiency. Thus, the same condition that reduced interactional depth also stimulated adaptive expertise. The finding illustrates the dual nature of occupational demands: constraints can generate strain, but repeated successful adaptation can contribute to learning and resilience when sufficient personal and organizational resources are available (Bakker & Demerouti, 2023).

Developmental Differences Between Novice and Experienced Representatives

Career stage substantially shaped the meaning assigned to physician engagement obstacles. Novice representatives tended to interpret rejection, poor access, and communication difficulties through a personal lens and were more likely to question their own competence. Their professional networks were still developing, their coping repertoires were more limited and reactive, and their confidence was comparatively fragile. Experienced representatives described many of the same external barriers, but they interpreted them as systemic features of pharmaceutical practice rather than proof of personal inadequacy. They had broader networks, more varied coping strategies, and stronger self-efficacy.

Table 5. *Developmental Comparison of Novice and Experienced Medical Representatives*

Dimension	Novice representatives (<3 years)	Experienced representatives (>5 years)
Interpretation of obstacles	More personal; setbacks may be interpreted as inadequacy	More systemic; barriers are viewed as normal features of the work
Resources and networks	Limited networks; stronger dependence on managers or immediate peers	Established networks and quicker access to information and support
Coping repertoire	More limited, reactive, and situation-specific	Broader, proactive, and strategically flexible
Confidence / self-efficacy	Higher uncertainty and anxiety	Greater confidence and tolerance for rejection
Narrative orientation	Survival-focused and identity-forming	Mastery-focused and identity-integrated
Resilience	Fragile and still developing	More robust through accumulated experience

The narrative comparison revealed a broader developmental trajectory from survival toward mastery. Across years of experience, professional identity became more integrated as representatives increasingly understood themselves not simply as salespeople but as healthcare educators and contributors to informed patient care. This shift helps explain why experienced representatives derived purpose from scientific communication and relationship quality even when prescription conversion was delayed. The findings support the study's broader conclusion that physician engagement is also a process of professional identity construction and resilience development.

Overall Phenomenological Essence

Across the six research questions, the composite essence of physician engagement was an evolving relational journey characterized by continuous negotiation, adaptation, delayed gratification, and professional growth. Preparation, access, interaction, follow-up, and conversion were not independent tasks; each stage carried forward the consequences of the previous one. Institutional structures and specialty expectations shaped opportunity, while time scarcity compressed communication and increased emotional demands. Successful representatives persisted by developing adaptive expertise, relational credibility, and stronger networks. In this

sense, the sales journey simultaneously represented a pathway toward commercial outcomes and a longitudinal process through which professional identity and resilience were formed.

CONCLUSION

The study concludes that physician engagement among medical representatives in Legazpi City is best understood as a cumulative, relationship-centered professional journey rather than a linear promotional process. Obstacles occur throughout the five stages of engagement and are intensified or moderated by facility rules, physician specialty, competition, and limited time. The most difficult barriers center on access and time scarcity, yet these constraints also compel representatives to become more selective, concise, and adaptive in their communication. Effective engagement therefore depends on sustained credibility, ethical scientific exchange, relationship continuity, and the capacity to navigate institutional systems rather than on persuasive technique alone.

The findings further show that resilience and professional identity develop through experience. Novice representatives are more vulnerable to personalizing rejection and have fewer resources for coping, whereas experienced representatives draw on broader networks, stronger self-efficacy, and a systemic understanding of field barriers. Over time, the professional narrative shifts from survival to mastery and from a narrow sales identity toward a more integrated sense of contribution to healthcare. The study contributes a stage-specific and phenomenological map of pharmaceutical field practice in a provincial Philippine setting and highlights the importance of organizational support, mentoring, ethical communication, and structured access in strengthening physician engagement.

Recommendation

*Pharmaceutical companies and field managers***.** Training should combine scientific product knowledge with concise communication, negotiation, ethical marketing, emotional resilience, relationship management, digital engagement, and field-based problem solving. Structured mentoring for novice representatives, regular coaching, peer learning, and performance systems that recognize professional development and well-being—not only prescription or sales outcomes—are recommended.

Physicians and healthcare institutions. Where clinically appropriate, healthcare facilities should establish transparent visitor and physician-engagement procedures, designated access periods, and structured scientific forums that protect patient care while allowing responsible evidence-based communication. Brief but purposeful engagement opportunities can improve efficiency without implying increased promotional influence.

*Regulatory and professional organizations***.** Competency standards and continuing professional development for medical representatives should continue to emphasize scientific literacy, communication ethics, evidence appraisal, resilience, digital engagement, and relationship management. Clear ethical guidance can simultaneously protect physician independence and support responsible dissemination of therapeutic information.

*Future researchers***.** Subsequent studies may compare other Philippine regions, incorporate physicians' perspectives, use mixed methods to examine relationships among resilience, organizational support, accessibility, and performance, or follow newly hired representatives longitudinally. The growing influence of digital detailing, customer-relationship technologies, hybrid communication, and artificial intelligence-assisted engagement also warrants focused investigation.

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