

CASE 2: SALES FORCE MANAGEMENT

Influence of Sales Force Training in Primary Healthcare

Sameer Deshpande Anurudra Bhanot

Sales training is considered critical in a marketing organization because it improves “sales competencies such as creativity in the sales process, problem solving, ethical decision making, and effective listening skills.”¹ According to scholars such as Attia, Honeycutt, and Leach,² sales force training improves the effectiveness of marketing strategies, specifically to achieve higher sales and consumer satisfaction. Leach and Liu³ report that effective sales training programs improve organizational commitment, sales performance, and customer relations.

Studies have assessed the influence of training from the perspectives of both buyers and sellers to get 360-degree feedback.⁴ However, previous sales management studies have not explored how training influences knowledge, beliefs, and behaviors of both the sales force and consumers, attributes that are at the core of a consumer persuasion process. We contribute to the sales force training literature by exploring these influences using Donald Kirkpatrick’s model⁵ for evaluating the effectiveness of sales training. Kirkpatrick’s model recommends carrying out the process in four steps: at level 1 (the reactions stage), trainees provide information on how much they like and comprehend the training program. Level 2 (the learning stage) entails assessment of the skills and knowledge trainees have acquired and how their attitude toward the subject matter has changed. Level 3 (the transfer stage) emphasizes ascertaining whether trainees’ changes in knowledge and attitude transfer to change in sales behavior. Level 4 (the results stage) measures change in sales and consumer performance as a result of sales training.

While the influence of sales training on sales force performance has been investigated in large-, small-, and medium-sized commercial companies⁶ as well as public sector organizations,⁷ previous studies have failed to assess the influence of training efforts on social behavior change. Influencing social behaviors (e.g., replacing unsafe sex with condom use or delaying childbirth) is considered to be more challenging than influencing commercial behaviors (e.g., switching brands of soda; Lee and Kotler⁸), requiring a higher level of personal selling⁹ and hence increasing the importance of sales force training in the social sector. We thus test the Kirkpatrick model in an under-researched and rapidly growing area of the social sector. Specifically, we look at Project PRACHAR (*Promoting Change in Reproductive Behavior*) of Pathfinder International India and its efforts to assess the influence of training of Accredited Social Health Activists (ASHAs), the frontline health workers, to promote reproductive and child health services and increase their utilization among women of reproductive age.

Health services by social sector are an important component of the health sector in any society. In countries like India, healthcare is delivered by the public healthcare and commercial and noncommercial private sectors. Of these, the noncommercial private and the public healthcare systems are largely under-researched, although they cater to large sections of society, especially the poor. A study conducted in a social healthcare setting, especially among frontline health workers, will potentially benefit both the

commercial and social sectors. For the social sector, the findings will help organizations such as the central and state governments, nonprofits bodies, and funding agencies to improve their work.

But these findings also have the potential to contribute to the commercial sector. Health workers play a critical role by providing home visits, forming long-term personal relationships with women and likely the rest of their families, providing services, selling health products (such as contraceptives) at a subsidized price, and offering advice with the intent to persuade their clients to change high involvement behaviors steeped in long traditions. Word-of-mouth publicity can play a vital role in spreading positive and negative information about these workers and their messages. The nature of salesmanship of frontline health workers is comparable to that of investment consultants or pharmacists, who play a similar role when they deal with the old habits of consumers, create awareness, form personal relationships, and try to change people's behaviors in relation to savings, eating habits, and physical activity. Thus, organizations such as consulting firms and pharmacies could learn from the evaluation procedure used to assess the influence of training on various outcomes.

Project PRACHAR

Investing in frontline health workers in countries like India is considered to be the most cost-effective way to save lives of millions of mothers and children.¹⁰ These workers deliver health services to and improve the health outcomes of people living in remote areas of the country who otherwise would not have access to modern medicine.¹¹ Several studies have proposed providing training to such workers to enhance their performance.¹²

Pathfinder International project PRACHAR invested resources in the frontline health workers in Bihar, India, through training, capacity building, and supportive supervision to achieve the project goal of improving the health and welfare of young mothers and their children by changing the traditional custom of early childbearing. This study examines the role played by the training, capacity building, and supportive supervision provided to ASHAs (Accredited Social Health Activists), who, as change agents, interacted with underserved populations in rural areas to change their traditional beliefs, norms, and practices related to early marriage and childbearing.

PRACHAR has operated in three phases since 2001, when it received funding support from the David and Lucille Packard Foundation to foster changes in reproductive health among young people in Bihar. The project was designed to change beliefs, attitudes, and practices among adolescents, young married couples, parents, and influential adult figures in the community. The behavior change strategy used a mix of communication channels, including media and infotainment, community outreach activities, and interpersonal communication at the individual, household, and community levels through the ASHAs — a cadre of frontline health workers who act as the interface between the community and the public health system and are responsible for health promotion activities.

In its third phase (since 2009), the project has been working closely with the

Government of Bihar's State Health Society to incorporate successful PRACHAR approaches into the daily work of government health workers, primarily the ASHAs. As part of its intervention activities, the project conducted a performance improvement training of over 1000 ASHAs in the Gaya district. The ASHAs were trained intensively over three days to carry out interpersonal communication to promote behavior change and deliver information about family planning concepts, myths, and misconceptions and the full range of contraceptive methods and products. They were given a set of specific messages to use to communicate about the benefits of delaying and spacing with newly married women with no child as well as married women with one child. Job aids provided to them included flip books and audiovisual material containing messages on reproductive health, family planning, and contraception. A team of male communicators supervised their work and supported them by participating in discussions with community members as well as male members, in particular, of the families of the women who were being served by the ASHAs.

To assess the usefulness of the training, data were collected in December 2011 and January 2012 by Westat India using randomly sampled surveys with 160 ASHAs and 1600 female clients (community women) in the Gaya district of Bihar. Additionally, 10 focus group discussions were conducted with ASHAs to get their detailed views on how different components of the training helped them in their day-to-day work. The survey conducted with community women measured their satisfaction with the services provided by ASHAs after the training program.

FINDINGS

We present findings according to the four stages of the Kirkpatrick model.¹³

Reactions, Learning, and Transfer

Findings revealed that training had a positive influence on the performance of ASHAs, increasing their knowledge and understanding of reproductive and child health topics. The training program's use of visuals, graphics, and models helped clarify difficult concepts. Similarly, its use of simple language, local dialects, folk music and songs, storytelling, and activities to explain various topics in an entertaining way improved the learning process. These approaches helped ASHAs to understand various issues related to family planning and contraception, to retain the key messages long after the program, and to explain important health issues to their clients through stories that the village women enjoy and understand easily.

The training improved the record-keeping skills of over 90 percent of the ASHAs. These skills helped them in planning and organizing their day-to-day work, identifying and prioritizing important segments to work with, keeping information about clients at their fingertips, and using the register to follow-up with different clients. ASHAs have felt a perceptible difference in their productivity as a result of improved record keeping. Because they could identify and prioritize key client segments from the register, they were able to visit these clients more frequently — thrice a month compared to once a month before the training. Also, recording the background details of every client in the register enabled them to customize the advice to suit the needs of individual clients.

ASHAs made an effort to understand the reproductive and family planning needs of every woman based on the reproductive stage of her life cycle and offered advice specific to her needs.

The training also had a noteworthy impact on the communication skills of the ASHAs (79 percent said so). They moved from simply regurgitating health messages to all segments without understanding their background and informational needs to tailoring messages to most individual segments. In the training, they learnt that different segments have different beliefs, priorities, and barriers to change and different ways of processing information — the same argument can appeal to different people in different ways. They learnt the importance of addressing the specific concerns of each segment and using different strategies to persuade different segments. In giving examples of how they address different mind-sets, ASHAs said their strategies now included giving real-life examples from within the community, sharing their own examples when relevant, requesting help from the male communicators to garner support from the male members of a client's family, and undertaking patient approach with women who take time to make up their minds.

The training also helped ASHAs to understand the role played by the family members of the women — their parents, husbands, parents-in-law, and other family members — in influencing the women's decisions. As a result, the ASHAs started discussing various issues with the influencers as well in order to create an enabling and supporting environment for the women.

Results

To get a better picture of the influence of training, a survey was conducted with the clients of ASHAs, that is, community women. Nine in ten women knew who the ASHA in their village was, and the majority indicated that the ASHA visited their home two to three times a month. Regarding the level of services provided by the ASHAs, the majority of women reported that the ASHA answered all their questions, willingly spoke to family members when appropriate, used a flip chart to explain things to them, provided them with pills or condoms when needed, and provided them with information on other methods of contraception. They reported that discussions with the ASHA helped them make decisions related to spacing their children, providing better care of their children's health, delaying their first birth, and observing better hygiene of their sexual and reproductive organs. See Table 2 for a summary of their responses.

In summary, the training program helped the ASHAs to segment their audience (by characteristics of both the audience members themselves and those of their influencers), understand their audiences' individual situations, tailor their sales messages, improve their communication skills, and form strong and long-term relationships. All these features are essential characteristics of an effective salesperson and are required to close a deal in services marketing.¹⁴ These enhanced attributes improved the effectiveness of the performance of ASHAs and changed their clients' behaviors.

Table 2: Influence of Discussions with ASHAs on Community Women (N = 959; Figures in Percentage).

	Helped a Lot	Did Not Help At All	Can't Say
Keeping a gap of at least three years between children	78	21	2
Better care of child's health	75	22	3
Delaying the first child to 21 years of age	72	24	5
Maintaining hygiene of sexual and reproductive organs	70	27	3
Better care of family's health	65	31	3
Choosing the right contraceptive method	62	32	5
Regular and correct use of contraceptives	58	36	5

Source: Authors created the table from different reports of Westat India.

DISCUSSION

The contribution of this study is both measurement-oriented and contextual. Measuring the influence of training on the knowledge, attitudes, and behavior of the ASHAs and their clients using the Kirkpatrick model enabled the training organization to comprehensively understand the influence of training, which fed inputs back into the quality of the sales training program. These forward and backward linkages in the sales training program will eventually have a positive influence on the effectiveness of the service organization. Contextually, the study contributes to the potential for improving effectiveness in both the commercial and social sectors. In closing, this study fills an important sales force training research gap by systematically assessing the influence of sales training in a social sector context.

Pathfinder's PRACHAR Project adapted the training to meet the needs of both the salesperson (ASHA) and her clients (community women), the majority of whom have little or no education, are generally confined to the four walls of their houses, and live in traditional societies that do not encourage discussion of reproductive and sexual health matters. By using graphics and visuals to explain the female anatomy; using local motifs, folk songs, storytelling, and dialects; and by providing job aids to the ASHAs, Project PRACHAR showed the way to culturally adapt training efforts to improve the performance of community health workers.

QUESTIONS FOR DISCUSSION

1. What is the Kirkpatrick model? In what commercial and social marketing situations can this model be applied?
2. What is social marketing? How does it differ from commercial marketing? How does it differ from social communication?
3. Why is sales force training important? How does it help organizations achieve their bottom line outcomes?
4. In addition to sales force training, what other strategies should organizations utilize in order to improve sales force performance?
5. In addition to sales force performance, what other strategies should organizations utilize in order to improve organizational performance?

TIPS FOR DISCUSSION

The case study introduces readers to the importance of sales force training in the social marketing context. But before we go any further, students should be educated on the concept of social marketing, which is the application of commercial marketing principles to address social problems. It involves identifying a target audience, understanding their needs, and providing tailored and attractive environmental solutions that provide benefits and reduce barriers and thus make desired behaviors attractive. Social marketing strategy involves providing tangible product or intangible service, thus going beyond communication-only approaches (such as ads on television or circulating brochures), which increases the likelihood of adoption of desired behavior.

This case is about how to effectively provide a social service. One of the issues that arises when promoting a service is weak sales performance. To enhance sales performance, sales force training is essential, but rarely employed in the social sector. This case highlights one of those rare examples of utilizing a sales force and regularly training it. It also highlights the rare attempt to measure the influence of such a training program, especially with a theoretical model in place.

One could end the discussion by asking students the importance of sales force training and other ways to improve sales force in particular and organizational performance in general. A comparison between commercial and social marketing would be relevant again.

Answer guide Q1:

Donald Kirkpatrick's model (1994) of evaluating effectiveness of sales training recommends carrying out the process in four steps. At level 1 (reactions), trainees inform their liking and comprehension toward the training program. At the learning stage (#2), the evaluation procedure assesses what skills and knowledge trainees acquire and how does their attitude toward the subject matter change. In the transfer stage, the emphasis is on ascertaining whether the change in knowledge and attitude transfer to change in sales behavior. Level 4 (results) measures change in sales and consumer performance as a result of sales training.

One could ask students whether this model looks complete; are there any gaps in this model.

The model can be utilized in any situation where sales force was trained and sales force utilized to promote products or services. Although training and employing of sales force is common in commercial marketing setting, it is rarely used in the social marketing situation. The reason for this poor utilization lies in the fact that many social marketing programs lack promotion of tangible good or intangible service. Without goods or services, it becomes difficult to justify use of sales force.

Answer guide Q2:

It would be good to first pose these questions with students. They are very likely going to confuse social marketing with social media marketing or with communication-only effort. Then the instructor could proceed to clarify the differences.

Social marketing is an audience-oriented approach to understand why target individuals carry out current behavior and not the desired behavior and what could be done to reverse this situation. The strategy involves offering alternative opportunities that enhance benefits of desired behavior and reduce barriers.

Social marketing begs, borrows, and steals its framework from commercial marketing; however, the objectives of these behavior change initiatives differ. Commercial marketers are interested in maximizing shareholder value. Their bottom line includes maximizing sales and profit. On the other hand, social marketing initiative cares for individual and societal welfare. In commercial marketing, the competition is another brand promoting the same behavior, while in social marketing, the competition is current behavior and individuals or organizations that promote current behavior.

Social communication primarily employs communication strategies to influence behavior. Social marketing goes beyond communication. It additionally influences the environment by offering tangible goods or intangible service, by reducing barriers, and by enhancing convenience and other benefits towards the desired behavior. For example, warning labels on cigarette packets is social communication, while promoting nicotine replacement gums or patches is social marketing. Going beyond communication enables a social marketing initiative to be more attractive and thus more successful.

Answer guide Q3:

The discussion could start with the broader topic on the importance of employee training and then narrow it down to sales force training. Sales force training educates the individuals about the products and services, its technical details, about consumers, and ways to promote the offering to the consumers. Training improves motivation and ability of sales force to promote organization's products and services. Enhanced motivation and ability to promote invariably improves organizational bottom line. A motivated salesperson also improves communication with the consumer and the latter's involvement and motivation to purchase the product/service and change behavior.

Answer guide Q4:

Other strategies include incentivizing sales performance through monetary rewards, promotion, appreciation, and recognition.

Answer guide Q5:

Other strategies include incentivizing performance of employees in general, having a positive and motivational internal communication, and conducting continuous research and development to monitor changing audience interests and competition and in response to develop products and services that remain attractive to the audience members.