

Why marketing to nurses matters

By Quinn Grundy, PhD, RN

The perception that we're influenced by commercial interests may threaten the public's confidence in us.

CONFLICTS OF INTEREST are among the biggest challenges in health care. Yet nurses rarely talk about them, especially in the context of their own interactions with sales representatives from medical device and other companies. Most nurses understand conflict of interest in theory but struggle to see how it affects their everyday practice.

Marketers are targeting nurses increasingly because we wield tremendous influence over healthcare interventions and purchasing decisions. Because those with great power have great responsibility, we need to acknowledge and take responsibility for this influence in our interactions with industry.

Conflicts of interest are an ethical issue because nurses commonly are called to provide expert advice to others. A conflict of interest isn't a moral failing; it's a set of circumstances that puts professional judgment at risk of being unduly influenced by a secondary interest. Because it's a situation rather than an action, a conflict of interest (or a biased judgment that can result from it) can occur subconsciously.

In health care, conflicts of interest have created a crisis of cost, safety, and confidence. A ProPublica study showed physicians who receive industry payments, such as free meals, speaker payments, or reimbursement for conference travel, are likely to prescribe a higher percentage of costly brand-name drugs than those who don't receive payments. And these heavily marketed brand-name drugs are more likely to be recalled than older medications with proven safety track records.

The perception that healthcare professionals are influenced by pharmaceutical companies threatens the public's con-

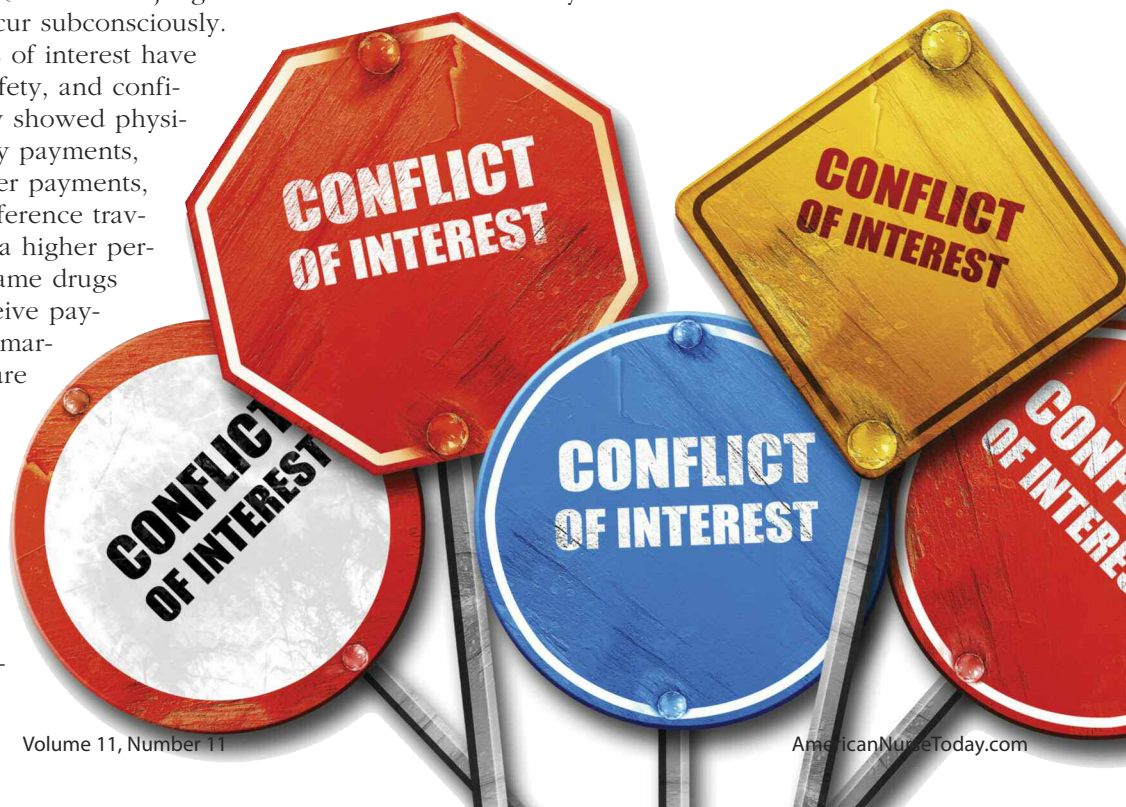
fidence in us. In reaction, some people have turned to celebrities or the Internet for health information—for instance, on such issues as childhood vaccinations. And as we all know, website information isn't necessarily reliable.

Nurses' contact with sales reps

Nurses frequently come in contact with sales representatives from pharmaceutical, medical device, wound care, infant formula, and health technology companies. This contact may range from 5-minute in-service sessions with sales reps introducing new products to sponsored drug-company dinners at high-end restaurants. Some of this contact is part of the job; for example, perioperative nurses may meet with sales reps about products used in the operating room. But interacting with industry representatives isn't typically part of nurses' official job description or included in the nursing curriculum.

Yes—it matters

I recently conducted a study of nurses' interactions with industry in clinical practice. During the study, friends, family, colleagues, and participants asked me, "If nurses don't prescribe, why does marketing to nurses matter?" I responded that nurses' influence extends around the clock and from the hospital to the home, yet it's often invisible



Taking back the trust

To help create a nursing revolution around conflict of interest, keep the following points in mind:

- **There's no such thing as a free lunch.** Bring your own, or have a potluck with colleagues.
- **Be an independent thinker.** Don't limit your continuing education to industry-sponsored programs.
- **Read the fine print.** Check for industry sponsorship of research articles, teaching materials, and continuing education.
- **Do your homework.** Seek current best-evidence syntheses from independent sources like the Cochrane Library. Don't rely only on what sales representatives provide.
- **Bypass sales reps.** Share product feedback with your peers at other hospitals and through professional associations.

To help change policies toward conflict of interest, consider these actions:

- **Take products for a test run.** Advocate for creation of product-testing centers in hospitals or clinics that let nurses try new products without sales reps present.
- **Advocate for conflict-of-interest free zones.** Stop sales reps' gifts, samples, and free food at your facility's door.
- **Put it out in the open.** Advocate for policies that would require speakers to disclose all funding and creation of processes requiring nurses to disclose receipt of gifts or payments from industry.

or taken for granted by administrators, policymakers, and the public.

In my study, I found that by forming relationships with nurses, sales reps gain behind-the-scenes access to and influence over decisions ranging from the bedside to the hospital boardroom. This often happens under the radar because administrators generally believe nurses have little contact with sales reps.

Nurses as arteries

Perhaps more troubling was that nurses in the study wondered why they were invited to pharmaceutical company-sponsored dinners, given that they don't prescribe. I interviewed a marketing executive who described nurses as "arteries" within the hospital and stressed how important it is for her company to form relationships with nurses. Although staff nurses don't write orders or sign off on hospital purchases, they have the power to make or break a product's success in the hospital, help sales reps navigate the system, and introduce new products to their managers, physicians, or patients.

Consider these cases based on anecdotes

from qualitative data I collected in the study. (Nurses' names have been changed.)

Jill, RN, likes to learn about new wound-care products at the trade show of her annual professional conference. She collects free samples to take back to her unit, even though she doesn't have a say as to which products her hospital stocks. But at every booth, the sales rep scans her conference badge, which gives the company information about where she works. By the time she returns from the conference, the sales rep has contacted her educator, explaining that staff nurses on her unit are interested in these new products, and has set up a one-one-one sales appointment.

Jeff's unit just purchased a new stool-collection system that works well. But it costs more than \$200 per set and patients try to jump out of bed when anyone tries to insert one. The sales rep has come by several times with lunch for the break room to give nurses a chance to ask questions about it. Jeff wonders why, since the hospital already purchased the device. But the hospital stocks only 100 at a time. If nurses get comfortable with the device and start using it more frequently, the hospital is likely to purchase more of them.

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Nurses rarely accept big-ticket items like ski trips, large consulting payments, or personal gifts from sales reps. More commonly, pens, coffees, flip books, squishy eyeballs, and donuts find their way into conference tote bags or break rooms. But research with prescribers shows healthcare professionals who accept even these small gifts have more positive views of industry, sales reps, and the quality of the information they provide. Gift giving is deeply embedded in our culture, and these gifts create powerful feelings of reciprocity. Many nurses end up taking sales reps' gifts, pamphlets, or samples so as not to be rude.

Besides offering gifts and samples to nurses, sales reps are built into hospitals' day-to-day functions by

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LT Dorothy Mulhern (June 19, 1926 to January 25, 2014)



LT Dorothy M. Mulhern during her active-duty years

Growing up on a farm in rural Pennsylvania Dutch country, Dorothy Mulhern enjoyed working with people and developed a desire to help others. She became an RN in November 1948.

Mulhern was one of the first two nurses granted a direct commission in the USAF Nurse Corps Reserve after being certified as flight nurse in November 1950. She met her husband while stationed at Iceland Defense Force Hospital in 1951; they married in 1952. Mulhern was honorably discharged from the Air Force in 1953.

According to her husband, George Mulhern, she enjoyed flying with wounded soldiers from Korea to hospitals near their U.S. homes. She also worked with memory-scarred veterans as a psychiatric nurse at Boston Veterans Hospital, helping them rebuild their lives.

Mulhern's military experiences were central to her many contributions later in life. She enjoyed working with patients from poverty-stricken areas of Philadelphia. She became a leader in the Assistance League of Los Altos, California, where she served three terms as

president. Her leadership helped tackle difficult local problems. She also served as co-chair for the development committee of an apartment complex that provided low-cost housing for patients undergoing medical treatment at Stanford Medical Center in California. In addition, she was a long-time supporter of the Women in Military Service for America Memorial in Washington, DC. Her legacy lives on in the lives of her husband, three sons, grandchildren, and community.



Mulhern later in life

Dedicated and selfless

Nebergall and Mulhern exemplify the dedication and selfless service representative of the other 139 nurses buried in Arlington. They continued to serve their communities and were greatly admired long after they took off their military uniforms.

Today, the women and men serving as military nurses still answer our nation's call and provide superior care to all of America's heroes. May we follow SAFN's pledge to never forget the nurses who served, and continue to serve, our nation. ★

Vickie Hughes is an associate professor of nursing at Appalachian State University College of Health Sciences in Boone, North Carolina.

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providing in-service education and product support. Although their function remains primarily sales, their presence in clinical settings on a daily basis blurs the boundaries between patient care and medical sales.

Creating conflict-free spaces

Relationships between nurses and manufacturers are essential for driving safety, quality, and innovation in clinical practice. As direct arteries from the company to the bedside, nurses provide valuable feedback to sales reps on how products and equipment hold up in the real world.

But without independence from commercial interests, these boundaries become blurred and nurses can become promotion vehicles. When sales reps partner with nurses, they may capitalize on nurses' credibility. In this way, they secure an "inside man" (as one nurse in my study put it) to the hospital. This allows them to introduce high-cost brand-name products and equipment (which may be supported by little evidence of safety or efficacy) into routine patient care. Education becomes disease-focused rather than health-focused—and increasingly oriented in support of products instead of practice. (See *Taking back the trust*.)

As the largest group of healthcare professionals,

nurses form the hub of multidisciplinary teams, making us desirable targets for industry marketing. And as members of the most trusted profession, we hold enormous power and need to take the lead in creating conflict-free spaces in the healthcare system. Whether you work at the bedside or create policy, you can begin the revolution to ensure healthcare decisions are free of commercial influence. ★

Quinn Grundy is a postdoctoral research associate at the Charles Perkins Centre of The University of Sydney, New South Wales, Australia.

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