

ETHICAL BARRIERS TO PROMOTING OWN LABELS IN PHARMACEUTICAL RETAIL

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The article comprehensively analyzes the attitudes of pharmaceutical workers to own labels (OLs) of pharmacy chains, identifies motivation and demotivation factors in promotion of OLs, and assesses the relevance of OLs by product categories and ethics of established sales practices. As a result of an anonymous survey of pharmaceutical workers, a rating was formed on the relevance of presenting OLs in various product categories of the pharmacy range. Barriers, motivators for promotion for pharmaceutical workers when working with OLs, and tools for building customer trust when choosing OLs have been identified. The phenomenon of systemic cognitive dissonance has been established. According to it, professional doubts are suppressed by financial incentives, which looks like a conflict of interests. A model of transition from bonus promotion to an expert-oriented system is proposed.

Keywords: own labels, pharmacy chains, pharmaceutical ethics, conflict of interest, cognitive dissonance, pharmaceutical retail

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ЭТИЧЕСКИЕ БАРЬЕРЫ ПРОДВИЖЕНИЯ СОБСТВЕННЫХ ТОРГОВЫХ МАРОК В ФАРМАЦЕВТИЧЕСКОЙ РОЗНИЦЕ

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Статья посвящена комплексному анализу отношения фармацевтических работников к товарам собственных торговых марок (СТМ) аптечных сетей, выявлению факторов мотивации и демотивации при их продвижении, оценке уместности СТМ по ассортиментным категориям и этической оценке сложившейся практики. В результате анонимного анкетирования фармацевтических работников был сформирован рейтинг уместности представления СТМ в различных товарных категориях аптечного ассортимента. Выявлены барьеры, мотиваторы к продвижению для фармацевтических работников при работе с СТМ, инструменты по формированию доверия у покупателей при выборе СТМ. Установлен феномен системного когнитивного диссонанса: профессиональные сомнения подавляются материальной заинтересованностью, что создает признаки конфликта интересов. Предложена модель перехода от бонусного продвижения к экспертно-ориентированной системе.

Ключевые слова: собственные торговые марки, аптечные сети, фармацевтическая этика, конфликт интересов, когнитивный диссонанс, фармацевтическая розница

Вклад автора: автор внес существенный вклад в подготовку работы: разработал концепцию и дизайн исследования, провел сбор и обработку материала, написал и отредактировал текст с целью придания целостности всем частям статьи.

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The Russian pharmaceutical retail market is going through intensive consolidation. Thus, by the end of 2025, the top 20 pharmacy chains had consolidated roughly 75% of the retail market, whereas the top companies earned a total of 1.58 trillion rubles. In the first nine months of 2025, the total market volume reached 1,663 billion rubles [1, 2]. Facing tough competition, large pharmacy chains are actively developing their own labels (OLs), i.e. products which are manufactured by the outside factory and sold under the brand name of the retail chain. OLs offer higher profit margins than selling outside brands, let chains create unique product selections, and help lower prices for customers [3–5].

The literature contains almost no analysis on how pharmacy staff, who offer own label solutions, view this

practice. Meanwhile, OLs are promoted in pharmacy primarily by a pharmacist. Good advice is the most effective tool to make customers trust these OLs. This requires knowing the ethical rules for the current practice, especially the regulations concerning conflicts of interest in Article 74 of Federal Law No. 323-FZ “On the fundamentals of protection of the public health in Russia” [6, 7].

This study aims to examine the views of pharmacy staff on pharmacy chain OLs, find what motivates or discourages staff from promoting the OLs, check how relevant the OLs are by category, and evaluate current practices using pharmaceutical ethics and legislation in effect.

Table 1. OL presentation relevance within a wide pharmacy product range ($n = 352$)

Reference number	Product category	Mean score $\pm$ standard dev.	Range
1	Hygiene and medical products	4.10 ± 0.82	1
2	Dietary supplements and vitamins	3.98 ± 0.91	2
3	Cosmetic products	3.88 ± 0.96	3
4	Non-prescription drugs	3.49 ± 1.12	4
5	Baby and diet food	3.24 ± 1.18	5

Table 2. Demotivation factors of pharmacy workers engaged in OLs promotion ($n = 352$, multiple choice is possible)

Reference number	Demotivation factor when promoting OLs	Abs.	%
1	Concerns about product quality	228	64,7
2	Lack of financial motivation	193	54,9
3	Lack of product awareness and trouble handling objections	172	49,0
4	Pressure from management to implement the sales plan	158	45,0
5	Unwillingness to sell a cheaper or unknown product	152	43,1

Table 3. Motivation factors of pharmacy workers while promoting OLs ($n = 352$, multiple choice is possible)

Reference number	Motivation factors while promoting OLs	Abs.	%
1	Sales bonus	311	88.3
2	Certainty regarding customer advantages	207	58.8
3	Interesting promotional offers and marketing materials	207	58.8
4	Sales plan and management requirements	138	39.2
5	Simple product line	76	21.6

MATERIALS AND METHODS

The study was conducted at the Institute of Pharmacy of Yaroslavl State Medical University of the Ministry of Health of the Russian Federation (Yaroslavl) between 2024 and 2025. The researchers used an anonymous questionnaire survey composed by the author and completed by pharmacy staff. The questionnaire included 15 questions covering product category rankings by relevance of OL presentation (1 is the least relevant, 5 is the most relevant), selecting motivation and demotivation factors (multiple choice, no more than three options), evaluation of trust-building tools; attitude to the sale of OLs through marketplaces; questions regarding the role of the manager and the pharmacist in the promotion of OLs.

Inclusion criteria were as follows: active pharmaceutical workers occupying any position and being employed by any type of pharmacy who have given voluntary informed consent to participate in the survey. Exclusion criteria were not applied.

The study involved 352 pharmacy workers, including pharmacy technicians and pharmacists (71.2%), and heads of pharmaceutical organizations (28.8%). Statistical processing used descriptive statistics methods. Thus, arithmetic means and standard deviations were computed for quantitative data, while absolute and relative frequencies were used for categorical variables. The calculations were done using Microsoft Excel 2019.

The survey was completely voluntary and anonymous. All study participants gave their consent before the survey was initiated.

RESULTS AND DISCUSSION

According to the ranking results, hygiene products and medical products scored highest (4.10 ± 0.82 points) for OL presentation relevance in pharmacies. As shown in Table 1, they are followed by dietary supplements and vitamins (3.98 ± 0.91 points), cosmetic products (3.88 ± 0.96 points), non-prescription drugs (3.49 ± 1.12 points), and baby and diet food (3.24 ± 1.18 points).

Uncertainty about product quality was identified by respondents as the biggest (64.7%) barrier when dealing with OLs. It was followed by the lack of financial motivation (54.9%), lack of product awareness and trouble handling objections (49.0%), pressure from management to implement the sales plan (45.0%), and unwillingness to sell a cheaper or unknown product (43.1%) (Table 2).

The main factor that makes pharmacy workers promote OLs is represented by sales bonus (88.3%). Being certain regarding customer advantages (58.8%), interesting promotional offers and marketing materials (58.8%), sales plan and management requirements (39.2%), and a simple product line (21.6%) are viewed as significant factors as well (Table 3).

According to those surveyed, the most effective tool for building customer trust includes an active consultation by a pharmacist (82.4%), followed by sample offers (74.5%), social media reviews (60.8%), visual material (49.0%), and positioning beside the top brand (23.5%).

The data show that the current way of promoting OLs is structurally dysfunctional from the point of view of professional ethics. The basic collision is that pharmacists both promote OLs (82.4%) considering their private consultation as the key element of trust, and still have doubts about their quality (64.7%). This contradiction leads to three types of cognitive dissonance.

The first type relates to Concerns about product quality (64.7%) vs Sales bonus (88.3%). Getting paid prevents pharmacists from worrying about professional risks. This mechanism works best in areas with very low health risks, such as hygiene, medical items, and beauty products. This matches their high relevance scores of 4.10 and 3.88 points respectively.

The second type deals with Lack of product awareness (49.0%) vs Certainty regarding customer advantages (58.8%). Lack of product-related information is compensated by mentioning a profitable price. Thus, saying that it's better to buy the OL as it is cheaper, but has the same qualities, the pharmacist transforms uncertainty into pseudo-certainty.

The third type concerns Unwillingness to impose a product (43.1%) vs Interesting promotional offers (58.8%). Owing to the promotion, the focus is changed from quality to benefit. This is how a pharmaceutical worker doesn't feel responsible for a doubtful recommendation.

International research reports similar conflicts between professional values and commercial interests in relation to the promotion of generic and over-the-counter drugs [8, 9]. OL economic incentives are built directly into the organization of pharmacy chain instead of coming from outside drug manufacturers, making government rules much harder to apply.

Federal Law No. 323-FZ defines a conflict of interest as a situation in which a pharmaceutical employee's personal desire for money affects or may affect the proper performance of professional duties. With regard to the bonus promotion of OL, all three conflict rules occur simultaneously. They include a personal financial interest (bonus), the impact on the consultation quality (recommendation of a product that raises professional doubts) and a contradiction to the interests of the buyer (replacement of the preferred brand).

Meanwhile, a legal conflict exists. Thus, Article 74 of that law prohibits payment for promoting outside items, whereas bonuses for OLs of own chain are not officially included in this restriction [9, 10].

The ethical recommendations of the World Health Organization on the promotion of medicines (1988) explicitly state that promotion must be open, accurate, and complete. Failure to disclose that a pharmacist has a financial interest

in selling a particular product meets the criteria of hidden promotion [11].

Comparing the relevance rating and the nature of the consumer's decision allows us to distinguish between three zones of an ethical conflict. Hygiene goods, medicines, and cosmetics belong to the lowest risk group because a choice of the wrong item causes no major harm to health, and the buyer can directly evaluate the functional properties of the product. Dietary supplements belong to the medium-risk area as high variability of bioavailability and composition makes independent quality verification difficult. Over-the-counter medicines and baby food carry high risks because shoppers view the recommendation regarding over-the-counter medicines as professional health guidance, while babies belong to sensitive groups. It is significant that these categories received the lowest relevance scores (3.49 and 3.24 points), which shows that the professional community has instinctive moral awareness of the problem [9–11].

CONCLUSIONS

1. Hygiene products, medical products and dietary supplements have the greatest potential for the development of OLs in the pharmacy range; baby and dietary nutrition is the least promising from the point of view of the professional community.
2. Financial bonuses drive staff motivation most at 88.3%, while doubt about product quality is the main barrier at 64.7%. These factors happen at the same time and create steady cognitive dissonance. This dissonance shows up in three conflicting pairs such as quality against bonus, lack of knowledge against buyer profit, and not wanting to push others against promotional offers.
3. The established practice of bonus promotion of OLs contains signs of a conflict of interest, despite the existing legal conflict, formally removing in-network bonuses from the scope of this provision.
4. The ethical risk in promoting OLs is differentiated by categories. Thus, it is minimal for hygiene products and cosmetics, moderate for dietary supplements, and high for over-the-counter medicines and baby food, which correlates with the relevance rating according to pharmaceutical workers.
5. For the sustainable and ethically responsible development of OLs, a transition from the "bonus for sale" model to the "expert confidence" model is necessary. To do that, provision of staff with verified product information, internal product testing, and a balanced system of performance indicators, including customer satisfaction indicators, are required.

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