

An empirical investigation of marketing strategy quality in medical markets

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Abstract This is the first in a trilogy of papers reporting a five-year research project into marketing strategy making in medical markets. This first paper reports an empirical assessment of marketing strategy quality in 18 companies in the pharmaceutical, medical device, diagnostic and equipment sectors. It concludes that the marketing strategy of many medical companies is weak and that their survival is therefore dependent upon their competitors having even weaker strategies. The second and third papers in this trilogy explore the reasons for this weakness and develop a model for the improvement and testing of marketing strategy.

THE INCREASING IMPORTANCE OF MARKETING STRATEGY IN MEDICAL MARKETS

This work addresses that group of industry sectors known as the medical market, including pharmaceuticals, medical devices, *in vitro* diagnostics, medical equipment and so on. While these sectors differ greatly in products, structure and other characteristics, they hold in common one important feature: their customer base. Whatever the differences in product type (and each of the above labels masks a huge amount of sector fragmentation), all of the companies operating in the medical market sell to clinicians or related professionals. This factor alone makes it reasonable to consider them together when considering marketing strategy.

A second, and not unrelated, shared characteristic of these industries is market maturation. Across the broad range of

sectors and sub-sectors in the medical market, the distinctive traits of maturing markets can be seen easily: decreasing product differentiation, industry consolidation, slower growth and intensifying competition. Such market maturation compares markedly with the embryonic and growth phases in which many industry executives learnt their skills and formed their assumptions about how to compete. As any good marketing strategy textbook will explain,¹ growing markets differ from mature markets in the relative importance of the different management skills needed. Growing markets favour product development skills, while more mature markets favour expertise in marketing strategy making. Hence, as the medical market matures, the marketing strategy making process becomes an important, arguably the most important, management process.

Despite this increasing importance of

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marketing strategy making in medical markets, there is a paucity of research-based knowledge in the area. Although industry specific textbooks exist,^{2,3} no empirical work exists which examines marketing strategy content and process in medical markets. This trilogy of papers arises from a five-year research project aimed at filling that gap in management knowledge. Although complementary and to some extent overlapping, the three papers attempt to answer three questions, the relevance of which is emphasised by the maturation of the medical market:

- How good is marketing strategy in medical markets? Paper one presents an assessment of marketing strategy quality in medical markets against a set of context-independent quality criteria derived from the literature.
- Why is marketing strategy in medical markets of variable quality? Paper two considers the underlying reasons for variability in the quality of marketing strategy in medical markets and develops a model to explain that variability.
- How might marketing strategy in medical markets be improved. Paper three develops the empirical work into a management process by which to improve marketing strategy making in medical markets and to test the outputs of that process prior to the incurring the costs and risks of implementation.

MARKETING STRATEGY QUALITY: A CONTEXT-INDEPENDENT CONSTRUCT

Any investigation into the quality of marketing strategy implicitly assumes that we can define the content of a marketing strategy and differentiate the properties of a strong strategy from those of a weak one. In short, that we can recognise a strong marketing strategy independent of its organisational or market context. Fortunately, the extant literature covers these topics well.

While definitions of marketing strategy vary in detail among authors, the literature seems to hold a strong consensus about the content of marketing strategy. At its simplest, marketing strategy is agreed to have two necessary components: a definition of the target 'market', and a statement of the 'product' or 'value proposition' aimed at that target.^{4,5} This dual-component view of marketing strategy is sufficient to differentiate marketing strategy from strategies relating to other, non-marketing functions, such as research and development or manufacturing, and from other non-strategy aspects of marketing management, such as tactical actions. It provides little guidance however, as to the quality of a marketing strategy. Even a weak marketing strategy can be stated in terms that contain definitions of market and product. The literature concerning marketing strategy content is noticeably lacking in providing indications of desirable marketing strategy properties.

Fortunately, the marketing strategy literature is complemented in this respect by the broader strategic management literature. Careful consideration suggests that there is much overlap between the two and that distinctions are largely a matter of semantics. In the strategic management literature, there is an observable consensus about the ideal properties of a good strategy. Different authors emphasise different aspects of strategy, but a consolidation of this work identifies nine different criteria by which to assess strategy and, therefore, predict effectiveness. These nine properties of an effective strategy and, by extension, marketing strategy are summarised in Table 1.

This list of marketing strategy properties therefore provides the basis by which to assess objectively the quality of a marketing strategy independent of its organisational or market context.

Table 1 The properties of a strong marketing strategy

Strategy property	References
<i>Market definition</i> Effective strategies direct resource allocation across markets by making explicit those markets that will receive resources and those that will not.	'domain' ⁶ 'identifiable' ⁷ 'product market scope' ⁸ 'decision on concentration' ⁹ 'market positioning' ¹⁰ 'market definition' ¹¹
<i>Definition of intended competitive advantage</i> Effective strategies direct resource allocation across internal functions by making explicit the nature of intended competitive advantage.	'competitive advantages' ¹² 'advantage' ¹³ 'competitive advantages' ¹⁴ 'decision on concentration' ¹⁵ 'product positioning' ¹⁶ 'the value proposition' ¹⁷ 'market discipline' ¹⁸
<i>Internal consistency and synergy</i> Effective strategies enable efficiency by minimising internal conflicts between areas of activity and optimising synergy between areas of activity.	'synergy' ¹⁹ 'consistency' ²⁰ 'synergy parenting' ²¹
<i>Degree of uniqueness</i> Effective strategies minimise the effects of competition by focusing resources and activity in a way that is significantly different from that of competitors.	'unique' ²² 'rests on unique activities' ²³ 'as different as legitimately possible' ²⁴
<i>Fit with the external environment</i> Effective strategies leverage relative organisational strengths against relevant market opportunities and either negate or correct relative organisational weaknesses against likely market threats.	'resource deployments' ²⁵ 'fully exploits opportunities' ²⁶ 'consonance' ²⁷ 'suitability' ²⁸ 'synergy' ²⁹
<i>Consistency with the organisation's objectives</i> Effective strategies define a target market that is sufficiently large, and a value proposition that is sufficiently strong, relative to the competition, to win a market share that is in accordance with the organisation's objectives.	'appropriate to the values of the key managers' and 'appropriate to the desired level of contribution to society' ³⁰ 'consistency' and 'attractiveness' ³¹
<i>Acceptability of risk level</i> Effective strategies involve a level of risk that is within the organisation's limits of acceptability.	'level of risk feasible' ³² 'acceptability' ³³
<i>Feasibility within the organisation's resources</i> Effective strategies are executable within the resources available to the organisation.	'consistent with competencies and resources' ³⁴ 'feasible' ³⁵ 'feasibility' ³⁶
<i>Provision of a level of guidance to tactical activity</i> Effective strategies facilitate their own implementation by providing clear guidance as to what tactical activity is necessary for and appropriate to the execution of the strategy.	'stimulate organisational activity' and 'internally consistent' ³⁷ 'growth vector' ³⁸ 'marketing mix' ³⁹ 'the key relationships' ⁴⁰

RESEARCH QUESTION AND METHODOLOGY

Given that it is possible, using the literature derived criteria above, to assess objectively marketing strategy quality, the research question becomes 'How well do the marketing strategies of medical companies meet the criteria of a strong strategy?' This question was the basis of the research reported in this paper.

The research methodology for this work was developed after pilot work, which indicated clearly that the subject was not accessible to quantitative questionnaire methods. Pilot work using self-administered questionnaires followed by focus group triangulation showed that respondents were not able to assess their own strategy. As a result, a qualitative approach was adopted.

The method used in this work is described in detail below. Broadly, it involved the structured interviewing of three executives in each of 15 medical companies (in fact, 50 interviews were eventually completed in 18 companies). Each executive was selected as being closely involved in the organisation's marketing strategy making process. The interviews were guided by a structured questionnaire, the structure and construction of which was based upon the theory suggested by the literature review. The interviews were then analysed using a template matrix derived from the theory to be tested. Construct operationalisation was based on the reviewed literature, using deliberately ordered open and directed questions in order to both test and develop theory. Although the method was fixed, the interview structure was tested and modified before use and the analysis template was applied, revised and re-applied during the interviews.

Unit of analysis

The unit of analysis was taken as the marketing strategy making team. Since this was not always well defined, and access to entire teams was problematic, respondent companies were asked to provide interviews with three managers 'closely involved with the development of the strategic marketing plan'. Typically, this involved an SBU head (or Sales and Marketing Director), a marketing manager and a sales manager. This triumvirate was designated as the unit of analysis in order to avoid problems of single-respondent research.⁴¹

Sampling

Sampling was deliberate, although necessarily influenced to some degree by access constraints. The medical products industry was chosen as the arena for the research, primarily in order to facilitate a good understanding of the context and

deep structure of the interviews. The researcher had more than 20 years experience in this sector and therefore was conversant with the industry jargon and market structure. This proved to be important at a number of levels. First, it facilitated relatively fast and effective elucidation of the facts of the case, without spending a great deal of time on understanding jargon. Secondly, it encouraged the interviewees to speak openly to a 'peer' who understood their situation. Finally, it meant that supplementary probing could be much more effective, when based on a knowledge of the underlying market structure and technology. Examples of this included being able to probe for complexity and turbulence associated with recent health service reforms, and clarifying real differences in propositions between competitors. A secondary, but important reason for this sector choice was that it offered a large variety of case types, beneficial for proving or falsifying theory. Although all companies in the sector sold to the same or similar customer groups (ie, health-care providers such as hospitals), the sector was very fragmented. Each of the main sub-sectors (pharmaceuticals, *in-vitro* diagnostics, medical consumables and medical equipment) was largely distinct from the others, reducing the risk of homogeneity in either sector culture or market conditions. A tertiary reason for selecting this sector was the pragmatic one of access, in which the researcher's industry knowledge and contacts were able to provide suitable samples. A descriptive, anonymous, list of participating companies is given in Table 2.

Sources of data

Although it was originally hoped to collect both interview transcripts and documentary evidence, the latter source was not used. Primarily, this was because case companies strongly resisted providing

Table 2 A descriptive list of participating companies

Case	Company description	Respondents
A	The UK subsidiary of a global <i>in vitro</i> diagnostics company, specialising in one type of technology	Marketing and Sales Director, Sales Manager, Marketing Manager
B	The UK Headquarters of a global medical device company, part of a larger conglomerate	Commercial Director, Sales Manager, Marketing Manager
C	The UK Headquarters of a mostly UK medical disposables company	Managing Director, Sales Director, Marketing Director
D	The UK Sales and Marketing subsidiary of a global pharmaceutical company, specialising in one therapeutic area	General Manager, Sales Director, Marketing Director
E	The Global Headquarters of a first rank pharmaceutical company, with many therapeutic areas	Sales Director, Marketing Director, Business Development Director
F	The UK Sales and Marketing subsidiary of a first rank pharmaceutical company, with many therapeutic areas	General Manager, Sales Director, Director of Strategic Planning, Financial Controller
G	The UK Headquarters of a first rank pharmaceutical company, with many therapeutic areas	Business Information Director
H	The UK Headquarters of a small medical equipment company, part of a larger multinational group with global interests	Marketing Director, International Sales Manager, UK Sales and Service Manager.
I	The UK Headquarters of a medium-sized medical equipment company, part of a larger multinational group with global interests	Managing Director, Marketing Director, Sales Director
J	The UK Sales and Marketing subsidiary of a first rank pharmaceutical company, with many therapeutic areas	General Manager of Hospital Division, Group Product Manager
K	The UK Headquarters of a first rank medical disposables company with global interests	Marketing Manager, Internal Product Manager, UK Product Manager
L	The UK Sales and Marketing subsidiary of a first rank medical devices company	General Manager, Sales Manager, Marketing Manager
M	The UK Sales and Marketing subsidiary of a second tier global pharmaceutical company	General Manager, Marketing Manager, Sales Manager
N	The UK Sales and Marketing subsidiary of a first rank medical devices and pharmaceutical company	General Manager, Business Development Manager, Marketing Manager
O	The UK Headquarters of a small medical equipment company	Managing Director, Sales and Marketing Director, Marketing Manager
P	The UK Sales and Marketing subsidiary of a first rank pharmaceutical company, with many therapeutic areas	Marketing Director
Q	The UK Sales and Marketing subsidiary of a second tier pharmaceutical company, with many therapeutic areas	Marketing Director, Sales Manager, Medical Director
R	The UK Sales and Marketing subsidiary of a second rank medical devices and pharmaceutical company	Sales and Marketing Director, Sales Manager, Medical Affairs Manager

it. Corporate confidentiality policies played some part in this reticence, but the primary reason was the sensitivity of the individual. It rapidly became clear that granting a verbal, even taped, interview was within the remit of all managers, but that release of printed material inevitably required much higher authority. Sensitivity to this often threatened the entire case access and, interestingly, many respondents stated that the written plans

were largely financial control documents and revealed little about the marketing strategy. Hence the transcribed interviews (and the accompanying notes) were the only sources of data used. This approach to data sources, while potentially foregoing some of the benefits of multiple sources, allowed extensive and usually very honest access to the case companies and the respondents.

Questionnaire design

The semi-structure interview guide covered not only marketing strategy content and properties, but also other factors influencing marketing strategy making. The data gathered beyond marketing strategy content and properties will be discussed in the second paper in this series. The ordering and wording of the questions was developed using various texts on the subject,⁴² to ensure effective questioning. The development of the interview guide then involved an initial script, based on the explicit questions, which was then pre-tested on numerous non-respondent marketing managers. This resulted in minor changes to question wording and order and more significant changes to the supplementary questions and explanations used. In particular, it was found necessary to define marketing strategy explicitly as 'that set of management decisions about which customers to focus upon and what to offer them', and to differentiate that carefully from purely promotional strategy. Further, it was clear that the extensive list of properties that distinguish strong marketing strategies from weak was too long, and in some cases not understood by the respondents. Hence four key areas of strategy content were selected, based on their importance (assessed from their use in the literature) and the ability of the respondents to discuss them. These were:

- *Target market definition*: the homogeneity in terms of benefits sought or buying behaviour.
- *Proposition differentiation*: the degree to which propositions were aligned to the specific needs of the target market.
- *SWOT alignment*: the degree to which the choice of targets and propositions was intended to leverage the relative strengths and minimise the relative weaknesses of the organisation.
- *Strategy uniqueness*: the degree to which target markets and value propositions differed from that of the competition.

Transcription and analysis of interviews

Each interview was tape recorded and transcribed. Transcription was carried out by a qualified, independent marketer in order to better capture specialist terms and avoid interpretation bias by the researcher during transcription. These transcripts formed the raw material for subsequent analysis.

Note that, after initial experimentation, the decision was made not to use a specialised qualitative data analysis software package such as NUDIST or NVIVO. This decision was informed by a consideration of the literature discussing this choice^{43–46} but also on the basis of those initial experiments. It was felt that the advantages of the software (eg, convenience, consistency of approach) were outweighed by the disadvantages (eg, inflexibility). Further, the researcher felt that the use of software would reduce the sensitivity of the analysis and place, to some extent, process before task. Hence a decision was made only to use Microsoft Word and its standard capabilities for adding comments and highlights. Data reduction was carried out in five stages to minimise loss of detail and texture of the interviews:

- 1 Each interview transcript was heavily annotated using hand-written notes made at the time of the interview, while re-listening to the original interview tape. At this stage, every individual question and answer was annotated to explain its purpose (for questions) and interpretation by the researcher (for answers).
- 2 Each annotated interview was then coded using a coding matrix derived from the interview guide. Hence each meaningful statement was allocated an individual code and a mark. The mark corresponded to the degree to which the statement supported or refuted a

- statement in the analysis matrix. Typically, 30–50 statements were derived from each interview. This coding analysis of each interview was recorded on an interviewee-specific coding form. Qualitative comments were also included on this sheet.
- 3 For each respondent company, the coding forms for all interviewees were collated and summated. The combined results for each case were recorded on a coding form identical to that used for individual interviewees. The values arising from this collation and summation were used as the basis for the assessments of variables in the research. Hence a semi-quantitative assessment of strategy quality, strategy process, market turbulence and complexity, macrocongruence and microcongruence was made.
 - 4 A summary of all cases was recorded in a summary of results table, to enable easier cross-case comparison.
 - 5 For each respondent company, a narrative description of the case was created using both the results of the matrix analysis and the qualitative comments made during the interview analysis.
- As the above description shows, data was gathered, reduced and analysed in a manner both to optimise insight and reduce bias.

RESEARCH RESULTS

A reasonably clear division was found between those cases that met the conditions of a strong strategy and those that did not. Comparison of the cases revealed distinct differences in the four areas of strategy quality used for evaluation. These are summarised in Table 3.

Note that these characteristics are broadly in line with the properties suggested in the strategy content literature, but with some important degrees of

Table 3 A comparison of strategy properties

Strategy properties examined, in terms of idealised description from the literature	Characteristics of strong strategies found in this study	Characteristics of moderate strategies found in this study	Characteristics of weak strategies found in this study
The target market(s) are defined as groups of customers that are broadly homogeneous in their needs. The value proposition(s) are tailored to the specific needs of the target(s), across the breadth of the marketing mix.	Target markets are defined by a tight product definition, but with additional focussing according to behaviour and attitudes. A core product proposition is clearly 'tiered' by levels of augmented product such as service and support. Alternatively, target customers allowed to 'tailor' propositions individually. There is clear evidence of alliances or other means of enabling the augmented product.	Target markets are defined by product, but systematic targeting of resource is according to sales potential. There is crude 'rationing' of a fairly standard service and support offer according to potential, usually carried out at sales team level.	Target markets are defined by a product definition and no sub-targeting is visible within that. The proposition is largely standard across the customer base, with minimal tailoring of price at sales team level.
The choice of target(s) and proposition(s) allows leverage of organisational strengths and minimisation of organisational weaknesses.	There is tightly defined focus, based on a combination of tangible and 'cultural' strengths, combined with de facto avoidance of less attractive segments.	'Accidental' alignment is caused by the <i>de facto</i> selection by customers in the context of differentiated competitors.	There is poor appreciation of relative strengths and weaknesses, with alignment only at sales level.
The choice of target(s) and proposition(s) is significantly different from that of the competition.	Initial targeting is similar to that of the competition, but with sub-targeting on different motivational criteria. There are similar core product propositions but with distinctly different augmented products.	Very similar explicit targeting and propositions to the competition is improved by targeting and proposition refinement, within narrow limits, at sales team level.	Target description is identical to that of the competition and there is little proposition differentiation; often driven by 'market follower' or benchmarking activity.

difference. Hence, the findings of this work not only support, but also add interesting depth to, the generalised assertions of that literature.

These results suggest that the general principles of strategy quality suggested by the literature are supported by this work but that they are moderated by the constraints of the industry setting. That is:

- Target market definition is rarely seen to consist of multiple homogeneous, distinct motivator-based segments as found in, for instance, consumer markets. Instead, strong strategies bear an initial resemblance to weaker strategies in their target definition. Closer examination, however, reveals tighter target definition both in product terms (for instance, sub-sets of product categories) and, importantly, by motivators. Strong strategies were notable for their use of 'intangible' behavioural and attitudinal factors in defining their target markets. Weaker strategies were notable for failing to target at any level of detail below product or job-title category. The literature implies that such targets are neither homogeneous, nor distinct. Despite not meeting the idealised target market definition of the literature however, this property of marketing strategy strength would still appear to be a useful differentiator of strong and weak strategies.
- Value proposition differentiation is not seen to be as distinct as the literature would ideally have it. In particular, the core products (for instance, therapeutic agent, device or instrument) offered to different target groups were not seen to be highly differentiated. This would appear to be a result of technical limitations and regulatory constraints. Similarly, pricing flexibility was limited by contractual and legal controls. Instead, strong strategies differentiated themselves in the nature of their augmented product with components of service and support. The best examples allowed for customer-specific proposition tailoring of an extensive augmented product, including logistics management, financial management tools and training/educational packages. Examples of this included the uses of strategic alliances with third parties to enable such augmented propositions. At the other extreme, while weaker strategies included elements of service and support, they were only marginally differentiated between customers or target groups. Most frequently, this limited differentiation of the augmented product involved effectively rationing support on the grounds of business potential. This marked difference between proposition tailoring and service level rationing provided a useful distinction between strong and weak strategies.
- Alignment of relative strengths and weaknesses to external opportunities and threats was apparent in this work, but was again limited by the tightly product-defined nature of much of the targeting. The best examples of SWOT alignment combined active focus and passive de-focussing. By this is meant that targets were selected and propositions defined to make best use of both tangible advantages (eg, product features) and intangible, often culturally based, strengths (eg, management skills, knowledge of sector economics). By contrast, the minimising of relative weaknesses was not done by actively withdrawing from certain customer groupings, but by the creation of a value proposition, which effectively alienated those groups. For example, the proposition comprised a combination of price, performance and service that was seen by cost-sensitive segments as unattractive. In cases of weaker strategy, the notable feature was ignorance of relative weaknesses (eg, economies of scale, sales team size, support infrastructure) and a distorting subjectivity concerning the strength of product design or, commonly, customer relationships. This combination of ignorance and subjectiveness distinguished strategies with poor SWOT alignment.
- Strategy uniqueness was also limited by practical constraints, but remained a tangible difference between stronger and weaker strategies. The literature suggests that strong strategies both target different

customers and offer different propositions when compared with competitors. In practice, the degree to which this happens is limited by the size of the market and its product-defined constraints. At first, it appeared that even strong strategies defined the same targets as their competitors' strategies. However, closer examination revealed a sub-targeting, usually based on intangible motivators, that was distinctly different from competitors' strategies. In terms of the value proposition, the uniqueness of strong strategies was clearer. The value proposition was usually distinct and this differentiation was achieved, rarely, in the core product and, more usually, in the augmented service and support element. Hence the level of strategy uniqueness was confirmed as a valuable measure of strategy quality.

This work therefore, provided clear examples of both strong and weak strategy. None of the cases fully met all of the criteria of a strong strategy, but there was a clear and distinct difference observable between strong and weak strategies.

CONCLUSIONS AND SCOPE FOR FURTHER WORK

The work reported in this paper, part of a much larger research effort, provides a valuable contribution to our understanding of market strategy in medical markets. Compared with a well-founded (and to a large degree self-evident) set of ideal properties of marketing strategy, those of the 18 companies examined varied from the very strong to the very weak. It can be concluded from this that, despite the increasing importance of marketing strategy making in the maturing medical market, many companies, perhaps the majority, have weak or at best, sub-optimal strategies. In such cases, their survival and growth depends on having competitors that are still less effective at marketing strategy making. This would seem to be a vulnerable position.

As can be seen from Table 2, the respondent companies varied greatly in size and industry sector. Despite this usefully varied sample, no simple correlation could be seen between strategy quality and company description. This work therefore begs two further questions: 'What is it that causes marketing strategy quality to be weak in medical markets?' and 'What might medical marketing practitioners do to improve their strategy making?'

Those two questions are the subjects of the following two papers in this work.

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