The International Journal of Indian Psychology
ISSN 2348-5396 (Online) | ISSN: 2349-3429 (Print)
Volume 13, Issue 4, October- December, 2025
DIP: 18.01.148.20251304, DOI: 10.25215/1304.148
https://www.ijip.in

The International Journal of INDIAN PSYCHOLOGY

Research Paper

Psychological Barriers to Learning Transfer Among Pharma Salespersons

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ABSTRACT

Training is a critical investment for pharmaceutical companies seeking to equip sales managers and teams with updated knowledge and skills. However, the transfer of learning—the application of training in the workplace—remains inconsistent. This study aimed to identify psychological barriers to learning transfer among first- and second-line managers in the Indian pharmaceutical industry and to recommend strategies for enhancing training effectiveness. A mixed-methods design was employed. Quantitative data were collected through a structured survey of 54 managers, while qualitative insights were gathered from semi-structured interviews with 10 managers. The survey included 36 Likert-scale items across seven constructs: training relevance and design, motivation and usefulness, resistance to change, cognitive overload, organisational support, self-efficacy and intentions, and training outcomes. Data were analysed using descriptive statistics, reliability tests, and correlations. Thematic analysis was applied to interview transcripts. Findings indicate that managers perceive training as relevant, motivating, and outcome-driven, with high self-efficacy to coach teams. However, barriers include resistance to change, cognitive overload, competing field priorities, attrition, lack of appraisal linkage, and limited recognition for training application. Reliability analyses confirmed strong internal consistency across constructs. Qualitative findings highlighted cultural gaps between senior leaders' rhetoric on learning and their actual reinforcement behaviours. The study concludes that while individual readiness for transfer is strong, systemic and organisational barriers undermine implementation. The research contributes to the literature by contextualising psychological barriers within the Indian pharmaceutical sector and offers practical guidance for organisations to maximise returns on training investment.

Keywords: *Learning transfer, pharmaceutical industry, psychological barriers, training effectiveness, organisational support, resistance to change, cognitive overload*

1.1 Background and Rationale

The pharmaceutical industry is characterised by rapid product innovation, strict regulatory frameworks, and a highly competitive market landscape. Sales teams serve as the interface between the company and healthcare professionals, making their knowledge, skills, and adaptability critical to commercial success. To meet these demands, pharmaceutical

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Received: October 06, 2025; Revision Received: November 25, 2025; Accepted: November 30, 2025

companies invest heavily in learning and development (L&D) programs that aim to equip salespersons and managers with updated product knowledge, effective communication strategies, and customer engagement skills.

However, investment in training does not always translate into workplace performance. A persistent challenge in the industry is the *transfer of learning*—the extent to which knowledge and skills acquired in training are applied to job tasks. Studies show that while participants often report high satisfaction with training, the actual application in the field is inconsistent. This gap reduces the return on investment for training initiatives and undermines business outcomes.

A key factor influencing learning transfer is the presence of psychological barriers. These include individual-level factors such as motivation, self-efficacy, resistance to change, and cognitive overload, as well as organisational influences such as cultural norms and managerial support. In the pharmaceutical context, where field operations are often dominated by sales targets and time pressure, these barriers may prevent effective implementation of training. Understanding the nature and impact of such psychological barriers is crucial for designing interventions that ensure training translates into practice.

1.2 Problem Statement

Despite the structured training frameworks implemented in pharmaceutical companies, managers frequently observe that salespersons fail to consistently apply what they learn. Many factors contribute to this gap. For example, field priorities often shift focus away from training application; resistance to change may discourage experimentation with new skills; and the absence of strong reinforcement or recognition can lead to a decline in motivation. Additionally, organisational challenges such as high attrition rates, lack of cultural emphasis on learning, and senior management's focus on outcomes rather than processes exacerbate the problem.

Unless these psychological and organisational barriers are identified and addressed, training initiatives will continue to suffer from poor transfer, limiting their effectiveness and value to the organisation.

1.3 Aim of the Study

This study aims to identify and analyse psychological barriers to learning transfer among pharmaceutical salespersons and managers in India and to propose strategies that can enhance the effectiveness of training programs.

1.4 Objectives of the Study

1. To identify the key psychological barriers that prevent learning transfer among pharmaceutical salespersons.
2. To analyse the impact of these barriers on perceived training effectiveness and sales performance.
3. To explore managerial and organisational strategies that mitigate these barriers and foster learning transfer.

1.5 Research Questions and Hypotheses

Research Questions:

- RQ1: What psychological barriers are most prevalent among pharma managers and salespersons?

- RQ2: How do these barriers impact training effectiveness and transfer intentions?
- RQ3: What organisational supports or managerial practices can mitigate these barriers?

Hypotheses:

- H1: Perceived managerial support will be positively associated with transfer intentions.
- H2: Higher levels of cognitive overload will negatively predict transfer intentions.
- H3: Resistance to change will mediate the relationship between training relevance and transfer outcomes.

1.6 Significance of the Study

The significance of this research lies in its dual contributions. First, it extends the academic literature on learning transfer by focusing on psychological barriers in a highly competitive and regulated industry—Indian pharmaceutical sales. Most prior research has focused on manufacturing or service industries in Western contexts, leaving a gap in emerging markets and sales-driven settings.

Second, the study has practical implications for L&D practitioners, HR managers, and business leaders. By identifying specific barriers and linking them to outcomes, the findings can inform the design of more effective training interventions, including coaching frameworks, reinforcement mechanisms, and recognition strategies. Strengthening learning transfer will ultimately enhance field performance, improve customer engagement, and maximize the return on training investments.

1.7 Scope and Delimitations

The scope of this research is limited to first-line and second-line managers working in Indian pharmaceutical companies. While the study primarily focuses on the managerial perspective, it acknowledges that learning transfer is a multi-level phenomenon involving salespersons, teams, and senior leadership. The findings may not be generalizable to other industries, though they may have relevance in other sales-driven sectors with similar training challenges. Time and resource constraints limited the sample size to 54 survey participants and 10 in-depth interviews, but the mixed-methods design ensures that both quantitative and qualitative insights are captured.

1.8 Operational Definitions

- **Learning Transfer:** The extent to which skills, knowledge, and attitudes learned in training are applied and sustained in the workplace.
- **Resistance to Change:** Reluctance or refusal by employees to adopt new behaviours or practices introduced through training.
- **Cognitive Overload:** The experience of being overwhelmed by excessive information, reducing the ability to retain and apply training content.
- **Managerial Support:** Active involvement of supervisors in reinforcing training through coaching, feedback, and follow-up.
- **Training Effectiveness:** The perceived usefulness, relevance, and impact of training on individual performance and organisational outcomes.

1.9 Organisation of the Dissertation

The dissertation is structured as follows:

- **Chapter 1** introduces the research background, objectives, and significance.

- **Chapter 2** reviews literature on learning transfer, psychological barriers, and organisational influences.
- **Chapter 3** details the methodology, including design, participants, instruments, and analysis procedures.
- **Chapter 4** presents the results of both quantitative and qualitative data analysis.
- **Chapter 5** discusses the findings in light of existing literature and practical implications.
- **Chapter 6** concludes the study, highlighting recommendations, limitations, and directions for future research.

LITERATURE REVIEW

2.1 Introduction

This chapter reviews the literature on learning transfer with a focus on psychological barriers that affect the application of training in the workplace. It begins by introducing theoretical frameworks that explain learning transfer, followed by a discussion of key psychological and organisational barriers. The chapter then examines research in sales and pharmaceutical contexts, leading to the identification of the research gap this study addresses.

2.2 Theoretical Perspectives on Learning Transfer

2.2.1 Holton's Model of Learning Transfer

Holton (1996) proposed a model of learning transfer that emphasises three categories of factors influencing transfer: (a) ability, motivation, and environment at the individual level; (b) the quality of the training design; and (c) organisational context. The model highlights that successful transfer depends not only on what is taught but also on the learner's readiness and the support system available in the workplace. In the pharmaceutical context, this model is highly relevant because sales managers face competing pressures from field operations that can limit their ability to prioritise training application.

2.2.2 Kirkpatrick's Four-Level Model

Kirkpatrick (1994) introduced a widely used framework for evaluating training effectiveness, consisting of four levels: reaction, learning, behaviour, and results. The behaviour level refers to the degree to which participants apply learning in their jobs, which is equivalent to transfer. The results level measures organisational outcomes resulting from this application. Many organisations evaluate training at the first two levels but fail to assess transfer, leading to a disconnect between training investments and business outcomes.

2.2.3 Lewin's Change Model

Lewin's (1951) three-step model—unfreezing, changing, and refreezing—offers insights into resistance to change, a common barrier to transfer. In pharmaceutical companies, managers and salespersons may find it difficult to move from established practices to new approaches introduced in training. Without managerial reinforcement and organisational commitment, changes often fail to sustain, resulting in weak transfer.

2.2.4 Expectancy Theory of Motivation

Vroom's (1964) expectancy theory explains that employees are motivated to perform when they believe their effort will lead to performance and that performance will yield valued outcomes. In the context of learning transfer, salespersons will apply training only if they perceive the effort as worthwhile and linked to recognition, incentives, or improved results.

If the training application is not part of appraisal systems or is not noticed by leadership, motivation declines.

2.2.5 Cognitive Load Theory

Sweller's (1988) cognitive load theory emphasises that learners have limited working memory capacity. Training sessions that overload participants with information reduce their ability to retain and apply new skills. This is especially relevant in pharma training, which often involves complex medical knowledge delivered within short time frames, making cognitive overload a significant barrier.

2.3 Psychological Barriers to Learning Transfer

2.3.1 Resistance to Change

Resistance is one of the most frequently cited barriers to learning transfer. It manifests as reluctance to adopt new behaviours, preference for established routines, or scepticism toward training content (Oreg, 2003). In pharma sales, resistance is reinforced by strong traditions of "this is how we have always done it." Managers may themselves display resistance, which discourages frontline staff from experimenting with new practices.

2.3.2 Cognitive Overload

Cognitive overload occurs when the quantity or complexity of training material exceeds the learner's processing capacity (Young et al., 2014). This results in poor retention and low application. Pharma training, often packed into intensive sessions, risks overwhelming learners, particularly when combined with field pressures and sales targets.

2.3.3 Motivation Deficits

Motivation plays a central role in whether learning is applied. Intrinsic motivation (desire to improve performance) and extrinsic motivation (recognition, rewards, appraisal) both influence transfer (Deci & Ryan, 2000). Studies show that when training is not tied to performance evaluation, employees deprioritise application (Baldwin & Ford, 1988).

2.3.4 Perceived Irrelevance of Training

Employees may fail to transfer learning if they perceive training as irrelevant or disconnected from real-world challenges (Rouiller & Goldstein, 1993). In sales roles, practical tools and field-relevant content are critical. The perception of irrelevance weakens both motivation and effort.

2.4 Organisational and Managerial Influences

2.4.1 Managerial Support

Managerial support is consistently linked with higher transfer (Chiaburu & Marinova, 2005). Managers who coach, provide feedback, and encourage experimentation foster an environment where employees feel safe to apply new skills. In pharma, first- and second-line managers play a key role in reinforcing training for their teams.

2.4.2 Organisational Culture

Culture sets the tone for learning. A culture that values continuous improvement and experimentation encourages transfer (Marsick & Watkins, 2003). In the present study, interviews revealed that senior managers often talk about learning culture but do not model it in practice, creating a gap between espoused values and actual behaviour.

2.4.3 Systemic and Structural Factors

Structural issues, such as high attrition, reduce the opportunity for sustained application. Employees who leave shortly after training prevent organisations from realising returns on investment. Furthermore, if training is not integrated into appraisal systems, employees have little incentive to prioritise application.

2.5 Learning Transfer in Pharmaceutical Sales Context

Training transfer research in pharmaceutical sales is limited but growing. Studies in the Indian context indicate that field realities—such as aggressive sales targets, physician access issues, and regulatory constraints—often overshadow training application (Gupta & Mehta, 2020). Pharma managers frequently juggle competing priorities, making it difficult to focus on coaching and reinforcement. In addition, attrition rates in the industry are high, which further undermines continuity in learning transfer.

Globally, research shows similar issues. For example, Clardy (2018) noted that in high-pressure sales environments, transfer is often compromised by short-term focus on outcomes. Training impact is maximised when senior leadership visibly supports learning, integrates training into performance reviews, and rewards behavioural change.

2.6 Identified Research Gap

While learning transfer has been studied extensively in Western contexts, research in the Indian pharmaceutical sector remains scarce. Few studies have specifically examined *psychological barriers* to transfer, with most focusing on training design or organisational systems. Moreover, little is known about how first- and second-line managers perceive these barriers and how their perspectives influence transfer in their teams. By addressing this gap, the present study contributes to both theory and practice, offering insights into the unique challenges of learning transfer in the Indian pharma industry.

METHODOLOGY

3.1 Introduction

This chapter describes the research methodology adopted for the study. It outlines the research design, participants, instruments, data collection procedures, data analysis techniques, and ethical considerations. The study followed a mixed-methods approach to capture both the breadth and depth of psychological barriers to learning transfer in the pharmaceutical industry.

3.2 Research Design

A **mixed-methods design** was chosen for this study, combining quantitative surveys and qualitative interviews. The quantitative survey provided measurable insights into the prevalence of psychological barriers, while the qualitative interviews added depth and contextual understanding of managerial perceptions.

- **Quantitative Component:** Cross-sectional survey using a structured questionnaire with Likert-scale items.
- **Qualitative Component:** Semi-structured interviews with managers to explore lived experiences and organisational realities influencing learning transfer.

This approach enabled triangulation of data, increasing the reliability and richness of findings.

3.3 Participants

3.3.1 Survey Respondents

A total of **54 first-line and second-line managers** working in Indian pharmaceutical companies participated in the survey. Participants represented diverse regions, levels of experience, and designations (e.g., Regional Business Managers, Area Managers, Sales Managers). The target population included managers responsible for coaching and overseeing sales teams who frequently participate in and facilitate training programs.

- **Gender:** Majority male (as is typical in Indian pharma field roles).
- **Age Range:** 27–45 years.
- **Experience:** 4–15 years in pharmaceutical sales and management roles.

3.3.2 Interview Respondents

In addition to the survey, **10 managers** participated in personal interviews. These interviews explored perceived barriers to learning transfer in greater detail. The managers were selected purposively to represent different companies, experience levels, and geographies.

3.4 Sampling Technique

A **purposive sampling** method was adopted for interviews to ensure diverse perspectives. For the survey, a **convenience sampling** approach was used, leveraging professional networks and company contacts to access respondents. While probability sampling would have enhanced generalisability, the chosen methods were appropriate given time and access constraints.

3.5 Research Instruments

3.5.1 Survey Questionnaire

The survey instrument consisted of three sections:

1. **Demographics**: Age, gender, experience, role, and training frequency.
2. **Likert-Scale Items**: 36 statements across seven constructs, measured on a 5-point scale (1 = Strongly Disagree to 5 = Strongly Agree).
    - *Training Relevance & Design (5 items)*
    - *Motivation & Usefulness (5 items)*
    - *Resistance to Change (5 items)*
    - *Cognitive Overload (4 items)*
    - *Organisational Support (5 items)*
    - *Self-Efficacy & Intentions (4 items)*
    - *Training Outcomes (4 items)*
3. **Open-Ended Questions**: Two items inviting respondents to describe barriers and suggest improvements.

The instrument was developed by adapting validated scales (Holton's transfer factors, Oreg's resistance to change, and Sweller's cognitive load) and tailoring items to the pharma sales context.

3.5.2 Interview Guide

The semi-structured interview guide included open-ended questions on:

- Cultural and organisational factors affecting training transfer.
- Field realities and operational priorities.
- Managerial support and recognition of the training application.
- Barriers such as attrition, workload, and appraisal systems.

3.6 Data Collection Procedure

The survey was administered online using Microsoft Forms. The link was circulated among pharmaceutical managers through professional networks. Respondents were informed about the purpose, confidentiality, and voluntary nature of participation before giving consent. Data collection was completed over two weeks.

Interviews were conducted via phone and video calls at times convenient to participants. Each interview lasted 20–30 minutes, was recorded with permission, and later transcribed for analysis.

3.7 Data Analysis

3.7.1 Quantitative Analysis

Survey data were exported into Excel and SPSS for analysis. The following techniques were used:

- **Descriptive Statistics**: Means, standard deviations, and frequencies for each item.
- **Reliability Analysis**: Cronbach's alpha for each construct.
- **Correlation Analysis**: Relationships between barriers and transfer intentions.
- **Regression Models**: To test hypotheses about predictors of transfer (where sample size allowed).

3.7.2 Qualitative Analysis

Interview transcripts and open-ended survey responses were analysed thematically. Thematic coding identified recurring patterns, such as cultural barriers, managerial priorities, attrition, and recognition gaps. Themes were integrated with quantitative findings for triangulation.

3.8 Ethical Considerations

Ethical guidelines were strictly followed:

- Informed consent was obtained before participation.
- Anonymity was maintained; no identifying information was reported.
- Data were stored securely and used solely for academic purposes.
- Participants could withdraw at any stage without consequences.

Approval for the study was obtained from the research supervisor at Jain University.

3.9 Limitations of the Methodology

- **Sample Size:** Limited to 54 survey respondents and 10 interviewees, restricting generalisability.
- **Sampling Bias:** Reliance on convenience and purposive sampling may not fully capture industry-wide diversity.
- **Self-Report Measures:** Responses may be subject to social desirability bias.

Despite these limitations, the mixed-methods approach strengthens validity by combining numerical trends with qualitative insights.

3.10 Conclusion

The methodology adopted for this study was designed to balance feasibility with rigour. By combining survey data with in-depth interviews, the study provides both statistical evidence and contextual understanding of the barriers to learning transfer in the pharmaceutical industry. The next chapter presents the findings from this analysis.

RESULTS

4.1 Introduction

This chapter presents the results of the study. Findings are reported in two parts: (a) quantitative survey data collected from 54 first- and second-line managers and (b) qualitative insights from 10 interviews. The results are organised around the main constructs of the study: training relevance, motivation, resistance to change, cognitive overload, organisational support, self-efficacy, and training outcomes.

4.2 Quantitative Results

4.2.1 Demographic Profile of Respondents

The 54 survey participants included first-line managers (Area/Regional Business Managers) and second-line managers (Regional Sales Managers, Business Heads). The average age of respondents was **31 years**, with **7–10 years of experience** in pharmaceutical sales. Almost all participants had attended at least 2–3 training programs in the last year.

4.2.2 Reliability of Constructs

Cronbach's alpha was calculated for each construct to assess internal consistency:

- Training Relevance & Design: $\alpha = 0.82$
- Motivation & Usefulness: $\alpha = 0.84$
- Resistance to Change: $\alpha = 0.79$
- Cognitive Overload: $\alpha = 0.76$
- Organisational Support: $\alpha = 0.85$
- Self-Efficacy & Intentions: $\alpha = 0.81$
- Training Outcomes: $\alpha = 0.80$

All values exceeded 0.70, indicating good reliability.

4.2.3 Descriptive Statistics of Constructs

Table 4.1 summarises mean scores (1 = Strongly Disagree, 5 = Strongly Agree).

Table 4.1: Mean Scores of Constructs

Construct	Mean	Interpretation
Training Relevance & Design	4.2	Training is considered highly relevant and practical
Motivation & Usefulness	4.3	Respondents reported a strong motivation to apply the training
Resistance to Change	3.6	Moderate resistance observed within teams
Cognitive Overload	3.3	Training is sometimes overwhelming, with field pressures limiting application
Organisational Support	3.5	Mixed perceptions of managerial and cultural support
Self-Efficacy & Intentions	4.3	Managers are confident in their ability to coach and apply learning
Training Outcomes	4.1	Training is perceived as improving performance and retention

4.2.4 Key Barriers Identified

- **Resistance to Change:** 65% agreed that their teams often resist changes suggested after training.
- **Cognitive Overload:** 54% felt that training sessions pack too much content to be fully absorbed.
- **Field Pressure:** 60% agreed that time pressure prevents consistent application.
- **Recognition Gaps:** Only 46% strongly agreed that applying new skills is recognised by the organisation.

4.2.5 Transfer Intentions

Despite barriers, 88% of managers expressed a strong intention to implement at least one change from future training. This suggests that while barriers exist, managerial motivation and self-efficacy remain strong.

4.3 Qualitative Results

4.3.1 Overview

Ten semi-structured interviews provided deeper insights into barriers to learning transfer. Thematic analysis identified six recurring themes.

4.3.2 Emerging Themes

- **Theme 1: Cultural Barriers** Managers reported that while senior leaders often talk about building a learning culture, their actions do not reflect commitment. This gap between rhetoric and practice reduces employees' motivation to transfer learning.
- **Theme 2: Field Priorities Overshadow Training** Operational demands and sales targets frequently take precedence over the application of training. As one manager noted, *"In the field, numbers dominate everything; training comes second."*
- **Theme 3: Attrition as a Barrier** High turnover in sales teams was cited as a significant obstacle. Trained employees often leave before they can fully apply their learning, leading to repeated training cycles and wasted investment.
- **Theme 4: Outcome-Focused Upper Management** Senior managers are perceived as more concerned with immediate results than with processes. This discourages systematic follow-up on training applications.
- **Theme 5: Lack of Appraisal Linkage** Since training and development are not integrated into appraisal systems, employees have little incentive to prioritise application. Training remains disconnected from career progression.
- **Theme 6: Lack of Recognition for Implementation** Several managers felt that implementation efforts went unnoticed. Without appreciation or recognition, employees lack motivation to persist with new behaviours.

4.4 Integration of Quantitative and Qualitative Findings

The integration of survey and interview data highlights both strengths and gaps:

- **Strengths:** Training is viewed as relevant and motivating; managers are confident in their ability to coach; outcomes are broadly positive.
- **Barriers:** Resistance to change, cognitive overload, competing field priorities, attrition, and lack of organisational reinforcement limit transfer.
- **Gap between espoused and enacted culture:** Organisations speak about learning but fail to operationalise it through recognition and appraisal systems.

4.5 Conclusion

The results demonstrate that while managers recognise the value of training and express strong transfer intentions, multiple psychological and organisational barriers hinder consistent application. Resistance to change, cognitive overload, and lack of managerial reinforcement emerge as the most pressing challenges. The next chapter discusses these findings in relation to the literature and explores their implications for theory and practice.

DISCUSSION

5.1 Introduction

This chapter discusses the findings of the study in light of the existing literature. The discussion is organised around the main constructs of learning transfer: training relevance, motivation, resistance to change, cognitive overload, organisational support, self-efficacy, and outcomes. The results from both the survey and interviews are integrated with theoretical frameworks, highlighting consistencies, contradictions, and implications for practice.

5.2 Training Relevance and Motivation

The study found that managers perceived training to be highly relevant and motivating (mean = 4.2–4.3). Respondents agreed that training provides practical tools and expressed a strong intention to apply the learning. This finding aligns with **Kirkpatrick's (1994) model**, which emphasises the importance of relevance and practical utility at the behavioural level of transfer. It also supports **Vroom's Expectancy Theory (1964)**: when participants perceive that applying training will improve performance and is valued by the organisation, they are motivated to transfer learning.

However, qualitative data revealed that despite motivation, field realities often deprioritise training. This reflects the "intention–behaviour gap" noted in past research (Baldwin & Ford, 1988). Managers may intend to apply training, but contextual factors (sales targets, time pressure) interfere.

5.3 Resistance to Change

Moderate levels of resistance were reported (mean = 3.6). Interviews highlighted a strong "this is how we have always done it" culture, echoing **Lewin's (1951) model** of organisational change, where unfreezing established behaviours is difficult. Resistance is also consistent with **Oreg's (2003) resistance to change scale**, which links individual disposition and organisational inertia to low transfer.

The findings suggest that both cultural resistance and peer discouragement weaken the adoption of new practices. This aligns with research by Chiaburu & Marinova (2005), who showed that peer and team-level norms significantly affect transfer.

5.4 Cognitive Overload and Work Pressure

Survey results showed moderate cognitive overload (mean = 3.3), with more than half of respondents agreeing that training sessions pack too much content. This supports **Sweller's Cognitive Load Theory (1988)**, which emphasises the limits of working memory. In pharma training, where complex medical knowledge must be absorbed quickly, overload is a serious barrier.

Field priorities further exacerbate this issue. As managers reported, operational pressures and immediate sales demands reduce opportunities to experiment with new methods. This

finding mirrors research by Young et al. (2014), who found that high workloads reduce transfer by limiting cognitive resources for application.

5.5 Organisational and Managerial Support

Organisational support scored moderately (mean = 3.5), reflecting mixed perceptions. Managers agreed that reinforcement exists in some cases but pointed out significant gaps:

- Senior leadership talks about learning but does not model it (Theme 1).
- Training implementation is not linked to appraisals (Theme 5).
- Efforts to apply training often go unnoticed (Theme 6).

These findings resonate with **Holton's Model (1996)**, which stresses the importance of work environment and supervisory support for transfer. They also echo **Marsick & Watkins (2003)**, who argue that learning culture must be enacted, not just espoused.

The lack of integration between training and appraisal systems weakens motivation, confirming earlier findings by Rouiller & Goldstein (1993), who emphasised the role of organisational signals in shaping transfer behaviour.

5.6 Self-Efficacy and Transfer Intentions

Managers reported high confidence in their ability to coach and adapt training (mean = 4.3). This is encouraging, as **Bandura's theory of self-efficacy (1997)** identifies confidence as a strong predictor of behavioural application. The high self-efficacy scores also explain why transfer intentions were very strong (88% of respondents).

However, as interviews revealed, self-efficacy alone is insufficient when organisational systems do not reinforce learning. This highlights the interaction between individual and organisational factors—consistent with Holton's multi-level model of transfer.

5.7 Training Outcomes

Managers generally perceived training as improving performance, long-term skill retention, and sales results (mean = 4.1). This aligns with **Kirkpatrick's results level**, indicating that training has measurable outcomes when applied. Yet, the lack of systematic measurement systems (only 46% strongly agreed that training impact is reviewed) weakens accountability. This gap confirms Clardy's (2018) observation that organisations often fail to evaluate training beyond satisfaction levels.

5.8 Integration of Findings

The integration of quantitative and qualitative data suggests the following pattern:

1. **Strengths:** High perceived relevance, motivation, and self-efficacy among managers.
2. **Barriers:** Resistance to change, cognitive overload, lack of managerial reinforcement, and structural issues like attrition.
3. **Cultural Gap:** Organisations espouse learning but fail to reward or model it.

This duality explains why managers intend to transfer training but often struggle to follow through. It highlights that interventions must go beyond content design to address systemic and cultural barriers.

5.9 Theoretical Implications

- The study validates **Holton's model** by showing how psychological and environmental factors jointly affect transfer.
- It extends **cognitive load theory** into the pharma context, demonstrating how information-heavy training undermines retention.
- It supports **expectancy theory**: when recognition and appraisal are missing, motivation suffers despite positive perceptions of training.
- It demonstrates the persistence of **Lewin's change dynamics**, where entrenched culture resists new practices.

5.10 Practical Implications

For pharmaceutical companies, the findings highlight several actionable steps:

1. **Design Training for Application:** Simplify sessions, reduce overload, and provide job aids.
2. **Strengthen Managerial Reinforcement:** Equip first- and second-line managers with coaching frameworks.
3. **Align Training with Appraisal:** Integrate learning transfer into performance reviews and promotions.
4. **Address Cultural Gaps:** Senior leaders must model learning behaviours.
5. **Recognise Application:** Celebrate and reward employees who implement training in the field.
6. **Reduce Attrition Impact:** Provide retention incentives post-training to maximise ROI.

5.11 Conclusion

This discussion has shown that while training is valued and managers are motivated, systemic and cultural barriers limit transfer. The study contributes by contextualising psychological barriers within the Indian pharmaceutical sector, bridging theoretical models with field realities. The next chapter summarises the study, presents recommendations, and outlines directions for future research.

CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

This chapter summarises the major findings of the study, highlights the key conclusions, and offers practical recommendations for enhancing learning transfer in pharmaceutical organisations. It also outlines the study's limitations and proposes directions for future research.

6.2 Summary of Findings

The study set out to identify psychological barriers to learning transfer among pharmaceutical sales managers in India. Using a mixed-methods design with 54 survey respondents and 10 in-depth interviews, the research produced the following insights:

- **Training Relevance & Motivation:** Training is perceived as relevant and useful. Managers report strong motivation to apply training and high self-efficacy in coaching their teams.
- **Resistance to Change:** A cultural preference for established practices and scepticism toward new methods limits transfer.
- **Cognitive Overload:** Intensive sessions and information-heavy content overwhelm participants, reducing retention and application.

- **Organisational Support:** Mixed perceptions exist, with many managers reporting a lack of reinforcement, appraisal linkage, and recognition for applying training.
- **Systemic Barriers:** High attrition, competing field priorities, and outcome-focused senior management further obstruct transfer.
- **Transfer Intentions:** Despite barriers, most managers express intent to apply at least one learning, showing readiness if organisational conditions improve.

These findings confirm that while individual readiness is high, systemic and cultural issues reduce actual transfer.

6.3 Conclusions

The study concludes that psychological barriers to learning transfer in pharmaceutical sales are multi-dimensional, involving both individual and organisational factors. Specifically:

1. **Motivation and self-efficacy are strong enablers** but require reinforcement through recognition and appraisal systems.
2. **Resistance to change and cognitive overload are significant psychological barriers**, especially in a high-pressure, sales-driven environment.
3. **Organisational culture and leadership behaviour play a decisive role**; when leaders fail to model or reward learning, transfer weakens.
4. **Systemic challenges such as attrition and field priorities** exacerbate the problem, making sustained transfer difficult.

Overall, the findings validate established theories (Holton's model, expectancy theory, cognitive load theory, Lewin's change model) while contextualising them in the Indian pharmaceutical industry.

6.4 Recommendations

6.4.1 For Training Design

- Break complex content into modular sessions to reduce overload.
- Use blended learning (digital + field practice) to reinforce concepts.
- Provide job aids, case studies, and role-play exercises linked to field realities.

6.4.2 For Managerial Practice

- Train first- and second-line managers in coaching frameworks to support transfer.
- Conduct structured post-training follow-ups and joint field visits.
- Recognise and reward managers who successfully implement training.

6.4.3 For Organisational Systems

- Integrate training outcomes into performance appraisals.
- Create formal metrics to measure training transfer, not just attendance.
- Build a culture of learning by having senior leaders model application.
- Address attrition through retention strategies, ensuring ROI on training.

6.5 Limitations

- **Sample size:** The study surveyed 54 managers; larger samples would allow stronger statistical generalisation.
- **Sampling approach:** Convenience and purposive sampling limit representativeness.
- **Scope:** The study focused on managers' perspectives; including frontline salespersons could provide additional insights.
- **Self-reporting bias:** Survey responses may be influenced by social desirability.

6.6 Directions for Future Research

- Expand the study to include a larger and more diverse sample (100–150+ participants).
- Incorporate frontline salespersons to capture bottom-up perspectives.
- Conduct longitudinal research to assess transfer over time rather than cross-sectional snapshots.
- Explore the role of digital learning platforms and gamification in enhancing transfer.
- Test intervention models (e.g., coaching programs, appraisal integration) to evaluate their impact on transfer outcomes.

6.7 Final Remark

This research has shown that while training is valued and managers are motivated, psychological and organisational barriers hinder consistent transfer. For pharmaceutical companies, addressing these barriers through systemic support, managerial reinforcement, and cultural change can unlock the full potential of training investments. The study contributes to both theory and practice by contextualising learning transfer within the Indian pharmaceutical sector and offering actionable recommendations for enhancing training effectiveness.

REFERENCES

Baldwin, T. T., & Ford, J. K. (1988). Transfer of training: A review and directions for future research. *Personnel Psychology, 41*(1), 63–105. https://doi.org/10.1111/j.1744-6570.1988.tb00632.x

Bandura, A. (1997). *Self-efficacy: The exercise of control*. W.H. Freeman.

Chiaburu, D. S., & Marinova, S. V. (2005). What predicts skill transfer? An exploratory study of goal orientation, training self-efficacy and organisational supports. *International Journal of Training and Development, 9*(2), 110–123. https://doi.org/10.1111/j.1468-2419.2005.00225.x

Clardy, A. (2018). 70-20-10 and the dominance of informal learning: A fact in search of evidence. *Human Resource Development Review, 17*(2), 153–178. https://doi.org/10.1177/1534484318772246

Deci, E. L., & Ryan, R. M. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist, 55*(1), 68–78. https://doi.org/10.1037/0003-066X.55.1.68

Gupta, R., & Mehta, S. (2020). Sales training effectiveness in Indian pharmaceutical companies: An exploratory study. *Journal of Management Research, 20*(3), 145–160.

Holton, E. F. (1996). The flawed four-level evaluation model. *Human Resource Development Quarterly, 7*(1), 5–21. https://doi.org/10.1002/hrdq.3920070103

Kirkpatrick, D. L. (1994). *Evaluating training programs: The four levels*. Berrett-Koehler.

Lewin, K. (1951). *Field theory in social science: Selected theoretical papers*. Harper & Row.

Marsick, V. J., & Watkins, K. E. (2003). Demonstrating the value of an organisation's learning culture: The dimensions of the learning organisation questionnaire. *Advances in Developing Human Resources, 5*(2), 132–151. https://doi.org/10.1177/1523422303005002002

Noe, R. A., & Schmitt, N. (1986). The influence of trainee attitudes on training effectiveness: Test of a model. *Personnel Psychology, 39*(3), 497–523. https://doi.org/10.1111/j.1744-6570.1986.tb00950.x

Oreg, S. (2003). Resistance to change: Developing an individual differences measure. *Journal of Applied Psychology, 88*(4), 680–693. https://doi.org/10.1037/0021-9010.88.4.680

Rouiller, J. Z., & Goldstein, I. L. (1993). The relationship between organizational transfer climate and positive transfer of training. *Human Resource Development Quarterly, 4*(4), 377–390. https://doi.org/10.1002/hrdq.3920040408

Sweller, J. (1988). Cognitive load during problem solving: Effects on learning. *Cognitive Science, 12*(2), 257–285. https://doi.org/10.1207/s15516709cog1202_4

Tracey, J. B., Tannenbaum, S. I., & Kavanagh, M. J. (1995). Applying trained skills on the job: The importance of the work environment. *Journal of Applied Psychology, 80*(2), 239–252. https://doi.org/10.1037/0021-9010.80.2.239

Acknowledgment

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Kumar, R. & Evangeline, S. (2025). Psychological Barriers to Learning Transfer Among Pharma Salespersons. *International Journal of Indian Psychology*, *13*(4), 1605-1620. DIP:18.01.148.20251304, DOI:10.25215/1304.148