



Published By:
**Green Publications Services
Private LTD.**

ISSN(Online): **2455-6114**
DOI:10.53555/bma.v12i3.2527
Volume 12 Issue 03 August 2026

**Amit Roy^{1*}, Dr. Chandibai
Potsangbam²**

*¹Research Scholar, Department
of Management Studies,
Manipur International
University, Imphal, Manipur,
India Email:
amitrays29@gmail.com*

*²Associate Professor,
Department of Management
Studies, Manipur International
University, Imphal, Manipur,
India Email:
chandibaipotsangbam26@gmail.com*

***Corresponding author; Amit
Roy**
***EmailID:**
amitrays29@gmail.com ORCID
ID: 0009-0001-0011-6084

International Journal for Research in Business, Management, and Accounting

Omnichannel Orchestration through Dynamic Capabilities in Pharmaceutical Marketing: A Precision Engagement Framework

Article History:

Article Type: Research

Received Date: 09/07/2026 **Revised Date:** 10/08/2026

Acceptance Date: 17/08/2026 **Published Date:** 24/08/2026

Abstract

The shift toward omnichannel engagement in pharmaceutical marketing has been widely discussed, yet its practical outcomes remain uneven. Many firms have adopted digital tools alongside traditional channels, but the expected improvements in engagement quality and efficiency are not always realised. This raises a broader question: is the challenge really about channel integration, or does it lie deeper in how organisations adapt their capabilities?

This paper explores that question by linking omnichannel marketing with the dynamic capabilities perspective. It develops a conceptual framework that brings together sensing, orchestration, personalisation, and reconfiguration as interconnected processes shaping what is described here as precision engagement. The emphasis, however, is not on technology alone. Instead, the analysis focuses on how firms interpret signals, coordinate actions, and adjust over time under practical constraints.

Drawing on a structured review of academic and industry sources, the paper highlights recurring gaps between intended strategy and actual execution, particularly in emerging markets. In such settings, regulatory pressures and resource limitations make alignment more difficult, but also more necessary.

Rather than presenting a definitive model, the paper offers a way of thinking about omnichannel engagement that is grounded in organisational behaviour. It concludes by outlining implications for managerial practice and identifying areas where further empirical work is needed.

1. Introduction

Pharmaceutical marketing is in the middle of a noticeable transition. Traditional models built around field-force interactions are gradually being supplemented—sometimes replaced—by more complex omnichannel systems. On paper, this shift appears straightforward: combine digital and physical channels, improve coordination, and achieve better engagement. In practice, things have been less smooth.

Many organisations have invested heavily in digital platforms, yet the results often fall short of expectations. Engagement remains inconsistent, and in some cases, even declines despite increased activity across channels. This suggests that the issue may not lie in the availability of channels themselves, but in how firms manage and adapt the capabilities behind them.

Research on omnichannel marketing tends to emphasise integration across touchpoints, focusing on continuity in the customer journey. While useful, this perspective does not fully explain why similar strategies produce very different outcomes across firms. At the same time, the dynamic capabilities framework—particularly the ideas of sensing, seizing, and reconfiguring—offers a way to understand how organisations respond to change. Yet, its application to pharmaceutical marketing remains relatively limited. This paper takes the view that the gap lies in connecting these two strands. More specifically, there is a need to understand how adaptive capabilities translate into day-to-day marketing decisions, especially in environments shaped by regulatory constraints, limited physician access, and diverse engagement preferences.

To address this, the study develops a precision engagement framework that links dynamic capabilities with omnichannel execution. Engagement is treated not simply as a function of channel presence, but as an outcome of how effectively firms interpret signals, coordinate resources, personalise interactions, and adjust their approach over time.

The analysis is based on a structured review of academic literature and selected industry insights, with particular attention to emerging markets such as India. These contexts bring the underlying challenges into sharper focus, as firms must balance innovation with compliance and efficiency with relevance. The intention here is not to provide a complete solution, but to offer a clearer way of understanding the problem and its implications for both research and practice.

2. Literature Review: The Shift in Marketing Theory

The pharmaceutical industry's marketing challenges cannot be fully understood without examining the broader evolution of strategic management and marketing thought. Over the past few decades, the field has moved from a relatively static view of competitive advantage toward more dynamic perspectives that better reflect today's fast-changing environment. This review traces that journey and highlights its relevance to omnichannel engagement in pharma.

2.1 From Resource-Based View to Dynamic Capabilities

For a long time, the **Resource-Based View (RBV)** dominated strategic thinking. Proposed by scholars like Barney (1991), RBV argued that a firm's competitive edge comes from possessing resources that are valuable, rare, difficult to imitate, and non-substitutable. In the pharmaceutical context, this translated into advantages such as strong patent portfolios, large sales forces, established physician relationships, and robust manufacturing capabilities.

While this perspective remains relevant, it has clear limitations in turbulent markets. Owning superior resources is no longer enough if a company cannot adapt them quickly when conditions change. This realisation led to the emergence of **Dynamic Capability Theory**, primarily developed by Teece and colleagues (Teece et al., 1997; Teece, 2007). Dynamic capabilities refer to a firm's ability to integrate, build, and reconfigure internal and external competences to address rapidly evolving environments.

In marketing terms, this shift gave rise to the concept of **Dynamic Marketing Capabilities** — the processes through which firms sense market changes, mobilise resources to seize opportunities, and transform their marketing approaches to stay competitive. For pharmaceutical companies operating under strict regulatory oversight, these capabilities are especially important. They help bridge the

persistent tension between the need for innovative, engaging communication and the rigid demands of compliance.

2.2 Dynamic Capabilities in the Pharmaceutical Context

Dynamic capabilities are commonly understood through three core processes — sensing, seizing, and transforming (or reconfiguring). These are not abstract academic ideas; they have practical implications for how pharma companies approach HCP engagement today.

- Sensing involves scanning the external environment to detect emerging trends, shifts in HCP behaviour, new digital platforms, or regulatory changes. In India, this might mean noticing the growing adoption of telemedicine or changing preferences among younger physicians for digital content over traditional detailing.
 - Seizing is about mobilising resources quickly to act on sensed opportunities. This could involve rapidly developing new digital content, training field teams for hybrid engagement models, or reallocating budgets toward high-potential channels.
 - Transforming (Reconfiguring) focuses on renewing the organisation's asset base and routines. Examples include breaking down data silos between marketing and sales teams, updating outdated IT systems, or reshaping organisational culture to support more agile ways of working.
- These three processes provide a useful lens for understanding why some pharmaceutical firms succeed in omnichannel initiatives while others struggle despite heavy technology investments.

2.3 Multichannel vs Omnichannel: Why the Distinction Matters

In industry conversations, the terms “multichannel” and “omnichannel” are often used interchangeably, but the difference is significant.

Multichannel strategies focus on presence across many touchpoints — emails, sales visits, webinars, websites, and more. However, these channels frequently operate in isolation, each with its own objectives, messaging, and data. The result is often a fragmented experience for the healthcare professional, marked by repetition and inconsistency.

Omnichannel orchestration, by contrast, emphasises integration and continuity. As Verhoef et al. (2015) noted, it seeks to create a seamless customer journey where each interaction builds intelligently on the previous one. For example, insights from a physician's webinar attendance or app usage can inform and enrich the next field visit, rather than repeating the same introductory information. Achieving this level of coordination requires more than technology. It demands strong dynamic capabilities — particularly in seizing opportunities and reconfiguring organisational processes. Without these, even the most sophisticated digital platforms tend to deliver disappointing results.

3. Methodology: Literature Review Protocol

This study is based on a systematic narrative review that brings together existing research on omnichannel marketing, dynamic capability theory, and pharmaceutical marketing. Rather than conducting a purely quantitative meta-analysis, a narrative approach was chosen because the topic sits at the intersection of strategy, marketing, and healthcare — fields where conceptual synthesis and contextual understanding are often more valuable than statistical aggregation.

The review was guided by one central question: How can dynamic capabilities help pharmaceutical companies implement more effective, compliant, and physician-centric omnichannel engagement? The methodology was designed to be transparent, reproducible, and focused on producing practically relevant insights, particularly for the Indian pharmaceutical context.

3.1 Search Strategy and Databases

A structured search was carried out across major academic databases including Scopus, Web of Science, Google Scholar, and PubMed. The search covered peer-reviewed articles, book chapters, and conference papers published in English between 2000 and 2025, with stronger emphasis on

post-2015 literature to capture the rapid shift toward digital engagement during and after the COVID-19 period. Key Boolean search strings included combinations of terms such as “omnichannel” OR “multichannel” with “pharmaceutical” OR “healthcare marketing,” as well as “dynamic capabilities” paired with “marketing” or “digital transformation.” Additional searches focused on “HCP engagement,” “precision marketing,” and “personalisation.” Where peer-reviewed literature was limited — especially on Indian market realities — we also drew upon high-quality industry reports from sources such as IQVIA and Indegene.

3.2 Inclusion and Exclusion Criteria

Studies were included if they addressed omnichannel or multichannel strategies in healthcare or B2B settings, engaged meaningfully with dynamic capability theory, or offered relevant insights into pharmaceutical marketing in emerging markets like India. Preference was given to work published after 2015 and to studies that combined theoretical and practical perspectives.

We excluded purely consumer-focused retail omnichannel studies with little relevance to regulated industries, papers without full-text availability, and work from predatory or non-indexed sources. Grey literature was included selectively when it came from reputable organisations and offered valuable practitioner perspectives not yet available in academic journals.

3.3 Screening and Selection Process

The initial search returned approximately 340 records. After removing duplicates, 274 unique sources were screened by title and abstract. Of these, 98 articles and reports were selected for full-text review. Ultimately, 42 peer-reviewed sources and 6 industry reports (48 in total) were included in the final synthesis.

Both authors independently screened the material, with differences resolved through discussion. The overall process was informed by the PRISMA 2020 guidelines (Page et al., 2021), adapted appropriately for a narrative rather than systematic quantitative review.

3.4 Analytical Framework and Synthesis Approach

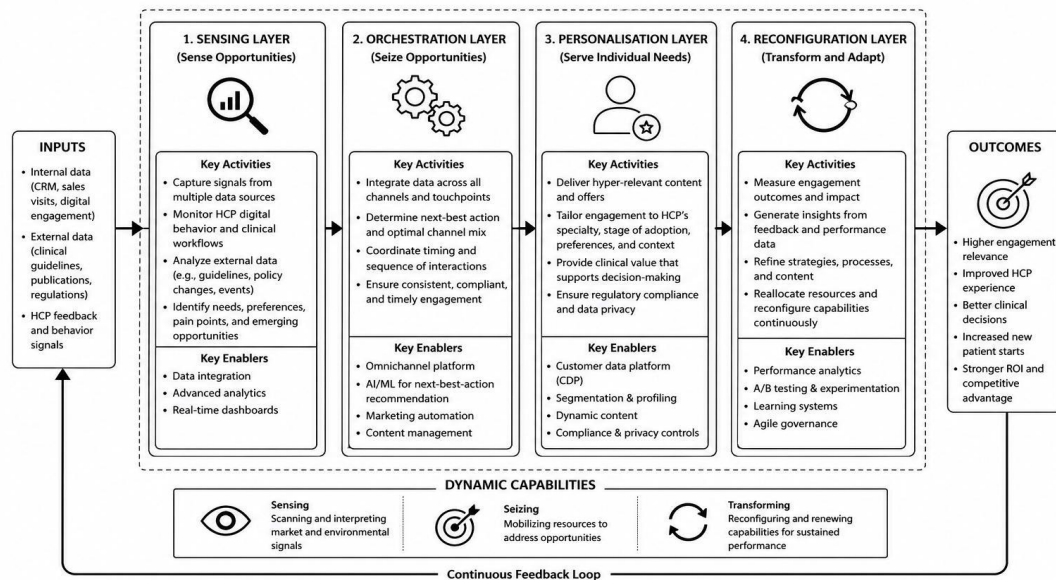
The selected literature was analysed thematically around three main domains: strategic management theory (particularly dynamic capabilities and the Resource-Based View), omnichannel and multichannel marketing frameworks, and technology-enabled engagement in regulated healthcare settings.

Through iterative reading and coding, we identified recurring themes, points of convergence, and important gaps — especially the limited India-specific academic research on omnichannel orchestration. Quantitative claims from industry reports were cross-checked against available academic evidence for credibility. This synthesis directly informed the development of the Precision Engagement Framework presented in Section 5.

It is important to acknowledge the limitations of this approach. Like most literature reviews, there is a risk of publication bias toward successful or technology-positive cases. Additionally, the relatively modest body of rigorous academic work on omnichannel strategies in the Indian pharmaceutical industry highlights the need for more primary empirical studies in the future.

4. The Pharmaceutical Marketing Context in India

Figure 1
The Precision Engagement Framework for Omnichannel Orchestration
(Dynamic Capabilities Perspective)



4.1 Regulatory Hurdles and Compliance

The Indian pharmaceutical market is governed by complex regulations that directly impact marketing agility. Privacy laws and promotional codes necessitate that every message undergoes a rigorous medical and legal review. This "rigidity" often acts as a bottleneck for digital marketing. Dynamic capabilities allow firms to develop "compliant yet flexible" processes—such as pre-approved modular content blocks—that can be assembled in real-time based on HCP preferences.

4.2 The Productivity Gap

Despite significant investments in digital tools, the "engagement gap" remains wide. Industry reports suggest that fewer than 20% of HCPs feel truly engaged by current pharma efforts. Most communications remain generic and "non-clinical" in nature. The transition to omnichannel aims to close this gap by moving from "volume-based" messaging to "value-based" precision engagement.

5. The Precision Engagement Framework

This framework is not intended as a purely theoretical model. It has been developed to reflect the practical realities of how pharmaceutical companies coordinate marketing activities in a highly regulated environment, where physician access is limited, compliance requirements are strict, and expectations for clinical relevance continue to rise.

The framework builds on dynamic capability theory and organises four key capabilities — sensing, orchestration, personalisation, and reconfiguration — that together enable more effective omnichannel engagement.

5.1 Sensing: Building Real-Time Market Awareness

The foundation of any successful omnichannel strategy is the ability to understand what healthcare professionals actually need at any given moment. The sensing capability involves continuously gathering and interpreting signals from multiple sources: digital footprints (website visits, webinar attendance, email engagement), interactions with clinical tools and platforms, and broader external developments such as regulatory changes or shifts in treatment practices.

Rather than depending on outdated customer segments, companies can use analytics and AI to identify emerging patterns and "engagement moments." For example, if a group of physicians begins exploring new data on combination therapies, the system can flag this interest early. In the Indian context — where doctors often juggle heavy patient loads and have limited time — this timely awareness makes the difference between relevant communication and ignored messages.

5.2 Orchestration: Coordinating Touchpoints Effectively

Sensing is only valuable if the organisation can act on it. The orchestration capability brings together insights and resources to determine the most appropriate next step for each healthcare professional.

It functions as a central coordinator that decides the best channel, timing, and content for the next interaction — whether that is a field visit by a medical representative, a virtual detailing session, a targeted clinical email, or a peer-to-peer discussion. Importantly, it breaks down silos between sales, marketing, and medical affairs teams so that all functions work from a shared understanding of the physician's journey.

A doctor who recently engaged with a webinar on diabetes management, for instance, should receive follow-up information that builds on that interest rather than starting from the beginning. This coordinated approach reduces repetition and improves the overall quality of engagement.

5.3 Personalisation: Delivering Clinically Relevant Experiences

True personalisation goes well beyond addressing a doctor by name or segmenting by specialty. It involves tailoring content to the individual physician's clinical interests, patient profile, practice setting, and preferred ways of receiving information.

Some doctors may value concise updates via WhatsApp, while others prefer detailed literature or interactive webinars. By combining clinical context with behavioural preferences, the framework helps deliver messages that feel relevant and respectful of the physician's time.

This capability is dynamic — the system learns from each interaction, gradually improving its ability to match content and channels to individual needs.

5.4 Reconfiguration: Ensuring Long-Term Adaptability

The final capability focuses on continuous renewal and adaptation. Markets, regulations, technologies, and physician expectations do not stand still, and neither can the engagement system.

This layer uses feedback and performance data to evaluate what is working and what is not. Underperforming channels or approaches can be scaled back, while successful ones receive more resources. At the same time, the entire system is regularly updated to remain compliant with evolving regulations such as the UCPMP and the Digital Personal Data Protection Act.

Reconfiguration is what allows the framework to stay relevant over time rather than becoming another rigid, eventually outdated marketing platform.

6. Quantitative Analysis and Financial Impact: The Logic of Precision

While the conceptual appeal of omnichannel orchestration is clear, many pharmaceutical leaders understandably ask a more practical question: does it actually deliver measurable financial returns? Moving from fragmented multichannel approaches to a more coordinated model requires investment in technology, data integration, and capability building. The real question is whether these investments are justified by tangible improvements in efficiency and revenue.

This section examines the potential economic impact of adopting the Precision Engagement Framework, drawing on industry case studies and reported benchmarks, while acknowledging the variability that exists across companies and therapeutic areas.

6.1 Efficiency Gains and Resource Allocation

One of the most immediate benefits of better orchestration is the reduction of wasted marketing effort. In traditional pharmaceutical promotion, the same physician often receives overlapping and sometimes contradictory messages across channels — a generic email, followed by a sales visit repeating the same points, and perhaps even printed material on the same product. This redundancy leads to significant inefficiency.

Industry observations suggest that in conventional multichannel setups, a substantial portion of the marketing budget — often estimated between 25% and 40% — delivers little to no impact due to poor coordination, low message relevance, and physician fatigue. When measured in the Indian context, for every ₹1 crore spent on marketing, a considerable amount is effectively lost through unread communications and misaligned efforts.

By implementing stronger sensing and orchestration capabilities, companies can direct their resources more intelligently. Instead of broadcasting broadly, they focus on high-relevance interactions at the right time and through the preferred channel. Early adopters have reported meaningful improvements in engagement efficiency, with some recovering a significant share of previously wasted spend. These efficiency gains free up resources that can be redirected toward clinical innovation, field team development, or expansion into new markets.

6.2 The Revenue Multiplier Effect

Beyond cost savings, a well-executed precision engagement approach can also drive top-line growth. When companies reach physicians with clinically relevant information at moments of genuine need — for instance, when a doctor is actively seeking data on side-effect management or real-world outcomes — the likelihood of influencing prescribing behaviour increases.

Case studies from leading pharmaceutical firms in India and other emerging markets have shown notable improvements. Some organisations implementing advanced omnichannel strategies reported increases in new patient starts in the range of 20–30% for key brands. For a mid-to-large therapeutic franchise, this kind of improvement can translate into substantial additional revenue — in some documented cases running into tens of crores annually.

Similarly, return on investment (ROI) tends to improve. While exact figures vary, several industry reports (including work by Axtria and IQVIA) indicate that well-orchestrated omnichannel campaigns can deliver incremental ROI lifts of 8–15% compared to traditional approaches. These gains come not primarily from increasing budgets, but from better utilisation of existing resources and more effective timing of interactions.

6.3 Cost Reduction through Automation and Smarter Processes

The reconfiguration capability also contributes to long-term cost control. By shifting from static, campaign-specific content to modular, pre-approved clinical content blocks, companies can reduce the time and expense involved in content creation and medical-legal review. Estimates suggest potential reductions in content development costs ranging from 15% to 35%, depending on the maturity of the system.

Automated compliance checking and workflow tools further reduce administrative burden and speed up the deployment of new materials — a critical advantage in India's fast-moving generic and branded-generic markets. More importantly, these efficiencies lower regulatory risk by ensuring greater consistency and traceability in promotional activities.

These estimates should be interpreted as indicative ranges rather than precise forecasts and may vary across firms and therapeutic areas.

It is worth noting that these financial benefits are not automatic. They depend heavily on successful implementation, change management within the organisation, and the ability to integrate new ways of working across sales, marketing, and medical teams. Companies that treat omnichannel simply as a technology project rather than a capability-building journey often see more modest results.

7. Discussion: Navigating the Strategic Paradox

The transition toward omnichannel orchestration in pharmaceutical marketing is often presented as a logical next step in digital transformation. However, the reality inside organisations tends to be far more complex. Firms are not simply adopting new tools; they are trying to reconcile two demands that do not always sit comfortably together — the need for strict regulatory compliance and the expectation of increasing responsiveness and flexibility in engagement.

This creates what might be described as a strategic paradox. On the one hand, pharmaceutical companies operate within tightly controlled environments where every communication must pass through rigorous medical and legal scrutiny. On the other hand, effective omnichannel engagement requires speed, adaptation, and a degree of real-time decision-making that traditional structures were not designed to support. In practice, this tension is often where implementation efforts begin to slow down.

A recurring challenge is organisational inertia. Many firms continue to rely on familiar models of engagement, particularly those centred around high-frequency field force activity, even when these approaches are no longer delivering the same level of impact. This persistence is not always a matter of resistance in a deliberate sense; in many cases, it reflects deeply embedded routines and performance systems that are difficult to change quickly. Shifting toward an orchestrated model therefore involves more than introducing new technology — it requires rethinking roles, incentives, and, to some extent, organisational identity.

The role of artificial intelligence further complicates the picture. While AI is frequently positioned as the engine of omnichannel orchestration, its practical application is rarely as seamless as theoretical models suggest. Predictive systems can identify patterns and recommend next actions, but their effectiveness depends heavily on data quality, integration across systems, and user trust. In the Indian pharmaceutical context, where data fragmentation remains a concern, the benefits of AI-driven orchestration may take time to materialise fully.

At the same time, there are signs that hybrid approaches are emerging organically. Field representatives increasingly combine in-person interactions with digital follow-ups, using platforms such as messaging applications or virtual detailing tools to maintain continuity. These practices do not always follow a formally designed omnichannel strategy, but they illustrate how elements of orchestration can develop incrementally within existing constraints.

Taken together, these observations suggest that the move toward precision engagement is unlikely to be linear. Progress may be uneven, with periods of experimentation, partial adoption, and adjustment. Rather than viewing omnichannel transformation as a one-time shift, it may be more realistic to understand it as an ongoing process of capability development, shaped by both technological possibilities and organisational realities.

8. Managerial and Policy Implications

8.1 Implications for Marketing Managers

Managers should view the transition to omnichannel as a journey of capability building rather than a one-time software installation. In practice, these shifts are gradual and often uneven across organisations.

1. *Develop Sensing Routines:* Invest in unified data layers that connect CRM, email, and website data.
2. *Modularise Content:* Move away from static PDFs to modular, "tagged" clinical content that AI can easily categorise and deploy.
3. *Incentivise Orchestration:* Change the Key Performance Indicators (KPIs) for sales teams. Instead of measuring "number of calls," measure "engagement quality" and "journey completion."

8.2 Policy and Regulatory Considerations

As the Digital Personal Data Protection (DPDP) Act in India takes full effect, firms must ensure that their "Precision Engagement" does not cross the line into intrusive tracking. The framework suggests a "Privacy by Design" approach, where HCP consent is managed centrally within the "Reconfiguration Layer."

9. Conclusion and Future Directions

This paper set out to examine how pharmaceutical firms can better navigate the growing complexity of omnichannel marketing by looking beyond channel integration and focusing instead on underlying organisational capabilities. The analysis suggests that many of the inefficiencies observed in practice are not simply technological gaps, but reflect limitations in how firms sense market changes, coordinate resources, and adapt their engagement strategies over time.

By bringing together insights from the dynamic capabilities framework and omnichannel marketing literature, the study proposes a "precision engagement" perspective that places greater emphasis on alignment and adaptability. In doing so, it offers a way to understand why similar technological investments can produce very different outcomes across firms.

At the same time, the framework presented here remains conceptual and is intended as a starting point rather than a definitive solution. The relationships between sensing, orchestration, personalisation, and reconfiguration require further empirical validation, particularly across different therapeutic segments and market environments. There is also scope to explore how digital platforms and data-driven decision systems influence these capabilities in practice.

From a managerial standpoint, the findings suggest that improving engagement outcomes may depend less on expanding channel presence and more on strengthening the processes that connect insight generation with execution. In resource-constrained and highly regulated contexts, such as emerging markets, this alignment becomes even more critical.

Overall, the paper contributes to the ongoing discussion on pharmaceutical marketing by offering an integrated perspective that links theory with practice, while also highlighting areas where further research is needed. The framework should therefore be seen as evolving rather than fixed.

References

1. Axtia. (n.d.). Up to 10% higher return on investment (ROI) from omnichannel-led digital engagement for a top ten pharma [Case study]. [https://insights.axtria.com/hubfs/Case-Studies/Axtia-Insights-Case-Study-Up-to-10%25-Higher-Return-on-Investment-\(ROI\)-from-an-Omnichannel-led-Digital-Engagement-for-a-Top-Ten-Pharma.pdf](https://insights.axtria.com/hubfs/Case-Studies/Axtia-Insights-Case-Study-Up-to-10%25-Higher-Return-on-Investment-(ROI)-from-an-Omnichannel-led-Digital-Engagement-for-a-Top-Ten-Pharma.pdf)
2. Barney, J. B. (1991). Firm resources and sustained competitive advantage. *Journal of Management*, 17(1), 99–120. <https://doi.org/10.1177/014920639101700108>
3. Cui, T. H., Kurup, A., Li, S., Ma, L., Post, C., Skiera, B., & Srivastava, R. K. (2021). AI and corporate strategy: AI-based data-driven decision making. *Journal of the Academy of Marketing Science*, 49, 941–964. <https://doi.org/10.1007/s11747-020-00747-0>
4. Eisenhardt, K. M., & Martin, J. A. (2000). Dynamic capabilities: What are they? *Strategic Management Journal*, 21(10–11), 1105–1121. [https://doi.org/10.1002/1097-0266\(200010/11\)21:10/11 <1105::AID-SMJ133>3.0.CO;2-E](https://doi.org/10.1002/1097-0266(200010/11)21:10/11 <1105::AID-SMJ133>3.0.CO;2-E)
5. Indegene. (2025, April 23). Omnichannel strategies pharma needs in 2025. <https://www.indegene.com/what-we-think/reports/omnichannel-strategies-pharma-needs>
6. IQVIA. (2024). The state of omnichannel engagement in India. <https://www.iqvia.com/locations/india/library/white-papers/omnichannel-engagement-in-india>
7. Kaiponen, T. (2021). Omnichannel marketing in a pharmaceutical company: How to optimally reach customers in the COVID-19 era (Master's thesis, Theseus). https://www.theseus.fi/bitstream/handle/10024/507398/Kaiponen_Tommi_FINAL_THESEUS_VERSION.pdf
8. Morgan, N. A., Vorhies, D. W., & Mason, C. H. (2009). Market orientation, marketing capabilities, and firm performance. *Strategic Management Journal*, 30(8), 909–920. <https://doi.org/10.1002/smj.764>
9. Page, M. J., et al. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *BMJ*, 372, n71. <https://doi.org/10.1136/bmj.n71>
10. Teece, D. J. (2007). Explicating dynamic capabilities: The nature and microfoundations of (sustainable) enterprise performance. *Strategic Management Journal*, 28(13), 1319–1350. <https://doi.org/10.1002/smj.640>
11. Teece, D. J., Pisano, G., & Shuen, A. (1997). Dynamic capabilities and strategic management. *Strategic Management Journal*, 18(7), 509–533. [https://doi.org/10.1002/\(SICI\)1097-0266\(199708\)18:7 <509::AID-SMJ882>3.0.CO;2-Z](https://doi.org/10.1002/(SICI)1097-0266(199708)18:7 <509::AID-SMJ882>3.0.CO;2-Z)
12. Vorhies, D. W., & Morgan, N. A. (2005). Benchmarking marketing capabilities for sustainable competitive advantage. *Journal of Marketing*, 69(1), 80–94. <https://doi.org/10.1509/jmkg.69.1.80.55505>