BEYOND DISEASE MANAGEMENT: CREATING EMOTIONAL VALUE THROUGH H2H MARKETING IN CHRONIC DISEASE MEDICATIONS - A MIXED METHOD STUDY OF PATIENT-PROVIDER RELATIONSHIPS

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Pharmaceutical Management

by

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Under the Supervision and Guidance of

Dr. Akshay Kumar Mishra

2025

B – BLACK BELT BRAND BUILDERS

CERTIFICATE

This is to certify that ***Shubham Verma*** *in partial fulfillment of the requirements for the award of the degree of MBA (Pharmaceutical Management) from the IIHMR University, Jaipur has successfully completed his internship at B Black Belt Brand Builders during March 10 - May 31, 2025.*

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DECLARATION BY STUDENT

I hereby declare that this dissertation titled "Beyond Disease Management: Creating Emotional Value Through H2h Marketing In Chronic Disease Medications - A Mixed Method Study Of Patient-Provider Relationships" is the Bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

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Date: 30/May/2025

Abstract

Title: Beyond Disease Management: Creating Emotional Value Through H2H Marketing in Chronic Disease Medications – A Mixed Method Study of Patient-Provider Relationships.

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Keywords:
H2H marketing, emotional value, chronic disease care, pharmaceutical marketing, patient engagement, India

Background:
Chronic diseases require long-term management and continuous patient engagement, yet traditional marketing in the Indian pharmaceutical industry has largely remained product- or doctor-centric. With rising competition and evolving patient expectations, there is a need to move beyond conventional disease management toward a more emotionally intelligent and human-centric approach.

Objective:
To explore the role of Human-to-Human (H2H) marketing in building emotional value and improving patient engagement in chronic disease care within the Indian pharmaceutical sector.

Methodology:
This dissertation employed a mixed-method research design. Primary data was collected through structured interviews and questionnaires involving pharmaceutical brand managers and chronic patients. Secondary data sources included scholarly literature, industry reports, and digital media analysis. The data was analyzed using thematic analysis and basic statistical tools to identify key insights.

Results/Findings:
Findings reveal a significant gap between current pharma practices and patient expectations in chronic care. While many companies are still focused on transactional relationships, H2H strategies centred around empathy, storytelling, and patient empowerment, demonstrate the potential to build trust, improve adherence, and foster brand loyalty. The application of Kotler's three pillars of H2H marketing; humility,

empathy, and authenticity were found to be limited in practice but highly effective when adopted.

Conclusions:

H2H marketing is not just a theoretical concept but a practical imperative in chronic disease care. Indian pharmaceutical companies must transition from B2B/B2C mindsets to H2H strategies to create sustainable emotional value and improve health outcomes.

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1. Introduction

1.1 Understanding the Need for Human Connection in Chronic Care

Chronic diseases such as diabetes, hypertension, asthma, arthritis, and cancer are among the most pressing global health concerns of the 21st century. These non-communicable diseases (NCDs) are characterized by their long-term nature, slow progression, and complex management requirements. According to the World Health Organization (WHO, 2023), NCDs are now responsible for over 70% of global deaths, and an alarming proportion of these occur in low- and middle-income countries like India. In India, the burden is particularly heavy, with NCDs accounting for more than 60% of all deaths. Among these, diabetes and cardiovascular diseases are especially prevalent, with their incidence and mortality rates rising year on year (ICMR, 2021). [5]

However, the impact of chronic diseases is not limited to the biological dimension alone. The reality of living with a chronic condition is far more encompassing than clinical metrics or hospital visits can convey. For millions of patients, chronic illness becomes an ever-present backdrop to life, affecting emotional health, psychological resilience, self-image, social interactions, and even financial stability. These conditions are not episodic but rather form an enduring challenge that patients must manage daily, often for the remainder of their lives. Medication, although essential, is only one aspect of the care continuum. Patients are often forced to navigate a maze of lifestyle adaptations, ongoing medical appointments, complex regimens, and systemic health inequities.

In India, this scenario is further complicated by regional disparities in healthcare infrastructure. While urban populations may have access to specialists, diagnostics, and tertiary care, vast rural and semi-urban areas still grapple with minimal health resources. These limitations extend beyond tangible infrastructure, they also encompass a lack of psychological support systems, cultural sensitivities, and individualized attention. In such an environment, the role of emotional support becomes not only valuable but indispensable.

Patients managing chronic conditions frequently experience feelings of isolation, anxiety, and loss of control over their bodies and futures. Their families, too, bear an emotional and economic burden, creating a ripple effect of distress that extends well beyond the individual patient. While modern healthcare has begun to embrace digital transformation through tools such as telehealth platforms, AI-driven diagnostics, and online consultations, these technologies often fail to address the core human need for

empathy, connection, and understanding. The human experience of illness remains largely unacknowledged in these innovations, revealing a crucial gap in the system, one that cannot be filled by automation alone.

This is where the concept of Human-to-Human (H2H) marketing emerges as a transformative force. Unlike traditional Business-to-Business (B2B) or Business-to-Consumer (B2C) models, H2H marketing prioritizes authentic, emotionally resonant communication between people, acknowledging that at the heart of every healthcare decision lies a human being with fears, hopes, and needs. As chronic illness transforms into a lifelong journey rather than a one-time event, the role of pharmaceutical brands must evolve from distant suppliers to emotional allies.

1.2 The Rise of H2H Marketing in Healthcare

The term "Human-to-Human Marketing" was introduced by Silicon Valley strategist Bryan Kramer in 2014. His message was refreshingly simple: in a world saturated with impersonal and overly technical messaging, what people truly crave is human connection. "There is no B2B or B2C," Kramer argued, "it's all H2H: Human to Human." His concept challenged the orthodoxy of modern marketing, which had become increasingly data-driven, automated, and disengaged from the emotional fabric of communication. [1]

Since its inception, H2H marketing has resonated strongly within the healthcare sector, and more specifically within pharmaceutical marketing. In a field traditionally dominated by clinical jargon, compliance mandates, and data-heavy presentations, the emotional needs of patients have often been overshadowed. Kotler, Pfoertsch, and Sponholz (2020) expanded on Kramer's idea by contextualizing H2H marketing within the framework of healthcare branding. They advocated for emotionally intelligent communication that speaks not only to the mind but also to the heart, a dual imperative especially relevant in chronic care, where long-term adherence and trust are essential. [1] [2]

In chronic disease management, the stakes are high: patients must adhere to complex regimens, confront social stigma, endure side effects, and continuously recalibrate their lives around their health conditions. In such a setting, traditional marketing techniques fail to motivate sustained behavioural engagement. H2H marketing offers a corrective by addressing the emotional undercurrents that influence patient behaviours, fear, hope, anxiety, determination, fatigue, and resilience. When a brand acknowledges and

validates these emotions, it fosters a deeper level of trust and loyalty, enabling patients to feel seen, heard, and supported.

H2H marketing also aligns closely with the evolving expectations of healthcare consumers in the digital age. Patients are no longer passive recipients of care; they are informed participants seeking meaningful interactions and personalized experiences. The digital revolution, with its proliferation of wearable health devices, AI-powered chatbots, mobile health apps, and teleconsultation platforms, has created new opportunities for continuous engagement. However, technology alone is not enough. For these tools to truly resonate, they must be designed with empathy and emotional nuance.

Brands like Roche and Novartis are already leading by example. Roche's oncology campaigns highlight the stories of real patients, emphasizing courage, vulnerability, and hope. Novartis' "My Heart Mate" app gamifies heart failure management while fostering emotional connection through community engagement. Meanwhile, mental health platforms such as "Wysa" and "Woebot" use emotionally intelligent AI to offer personalized support, validating users' feelings while guiding them toward healthier behaviours. These examples showcase the potential of H2H marketing when it is interwoven with technological innovation and emotional intelligence.

What unites these initiatives is their departure from transactional communication. Instead of pushing products, they build relationships. They humanize the healthcare experience, making patients feel part of a community rather than isolated in their struggles. This paradigm shift from clinical compliance to emotional co-creation signals a broader transformation in how healthcare communication is conceived and delivered.

1.3 Defining the Problem: Emotional Disconnect in Pharma Communication

Despite growing awareness of patient-centered care, a significant emotional gap persists in pharmaceutical communications, particularly in India. The conventional approach to pharma marketing has long prioritized healthcare providers over patients, focusing on scientific detailing, regulatory compliance, and return on investment. While these elements are undoubtedly important, they often come at the expense of human connection. Patients are frequently exposed to impersonal content, generic reminders, or cold transactional messages that fail to resonate emotionally.

For chronic patients, this disconnect is particularly pronounced. These individuals live with daily uncertainty, lifestyle restrictions, emotional strain, and a persistent need for

motivation. While clinical adherence can be nudged through prescription refill reminders and health tracking apps, emotional adherence, defined as the patient's internal commitment to engage with care, is far more difficult to cultivate. Without emotional reinforcement, even the best clinical strategies risk falling flat. In this regard, pharmaceutical marketing's focus on rational messaging is a missed opportunity.

Moreover, the lack of emotional engagement affects not only patients but also healthcare providers. Doctors and nurses in India are frequently overburdened, facing time constraints, administrative overload, and burnout. In such a context, expecting them to provide emotional counselling in addition to clinical care is unrealistic. Pharmaceutical companies can fill this void by designing emotionally intelligent campaigns that support both the patient and the provider. By doing so, they enhance the overall ecosystem of care, reinforcing the emotional scaffolding that patients rely on for resilience and continuity.

The consequence of neglecting emotional resonance is not merely a marketing failure; it represents a failure to understand the holistic nature of healing. Patients disengage, adherence drops, trust erodes, and brand loyalty diminishes. The antidote lies in reimagining communication as a relationship, not a transaction.

1.4 Purpose and Significance of the Study

This dissertation aims to explore how Human-to-Human marketing strategies can be employed by pharmaceutical companies to create emotional value in the management of chronic diseases. Specifically, the study will:

- Examine the principles of H2H marketing and their application in healthcare.
- Compare traditional pharma communication models with H2H strategies.
- Investigate emotional needs and expectations of chronic disease patients in India.
- Analyze case studies and real-world applications of H2H strategies.
- Propose a conceptual framework linking emotional engagement with adherence and brand loyalty.

The significance of this study lies in its potential to shift the narrative around pharmaceutical engagement, from one of product promotion to one of emotional partnership. In an increasingly competitive and digital marketplace, the ability to

connect on a human level is no longer optional; it is a critical differentiator. Brands that succeed in this space won't just sell medication, they will earn trust, foster loyalty, and support healing.

From a broader perspective, the study aims to contribute to the evolving discourse on healthcare communication, emphasizing the interplay between technological innovation and human empathy. It also seeks to provide actionable insights for healthcare marketers, policymakers, and technology developers who aim to improve patient-centric engagement in chronic care settings.

1.5 Relevance in the Indian Context

India's healthcare landscape is complex and deeply diverse. While urban centers benefit from cutting-edge technologies and informed healthcare consumers, rural and semi-urban areas often face linguistic, cultural, and infrastructural barriers. Emotional resonance in such contexts cannot be manufactured through generic messaging.

For instance, regional language campaigns, peer-led support groups, and culturally attuned communication such as incorporating religious or familial metaphors, can deeply influence patient perceptions and engagement. Campaigns like Cipla's "Inhaler Hain Sahi" and Sanofi's "Saath7" illustrate the success of emotionally intelligent marketing rooted in local realities. This study pays particular attention to such efforts, identifying what works, why it works, and how it can be scaled. [10] [11]

Moreover, the sheer heterogeneity of India's population necessitates a segmented approach to H2H marketing. What appeals to a diabetic patient in Bengaluru may not resonate with a hypertensive retiree in Varanasi. Understanding regional mindsets, socioeconomic profiles, and digital literacy levels is essential for building an inclusive H2H marketing strategy that delivers emotional impact at scale.

India's digital health mission, especially post-COVID, has accelerated the adoption of telemedicine and AI-driven platforms, further opening avenues for scalable, empathetic engagement. However, these efforts need to be grounded in human insight, rather than led purely by technological capability. Thus, this research offers a timely lens into the integration of emotional intelligence within India's growing digital health ecosystem.

Another important consideration is the role of traditional health beliefs and cultural attitudes toward chronic diseases in India. In some regions, chronic illness is associated with social stigma, shame, or spiritual imbalance. These perceptions directly affect how

patients seek treatment and engage with healthcare providers. Therefore, H2H marketing must be culturally intelligent, not just emotionally intelligent. It must honour the patient's lived experience while gently guiding them toward evidence-based care pathways.

1.6 The Imperative for a Paradigm Shift in Indian Pharmaceutical Marketing

With its roots in a business-to-business (B2B) or business-to-consumer (B2C) framework, the Indian pharmaceutical industry has historically prioritised product-centric strategies that concentrate on safety, efficacy, and regulatory compliance. Even though these factors are still very important, the changing healthcare environment demands a more patient-centered strategy, particularly when it comes to managing chronic diseases.

By their very nature, chronic illnesses necessitate ongoing patient-provider interaction. Nonetheless, the emotional and psychological aspects of patient care are frequently ignored by the marketing tactics used today. Reduced patient satisfaction, adherence, and general health outcomes may result from this oversight.

A major departure from conventional paradigms is represented by adopting a Human-to-Human (H2H) marketing mindset. Since patients are seen as active participants in their healthcare journey rather than passive recipients of care, H2H marketing places a strong emphasis on genuine, sympathetic, and open communication. This strategy is in line with the rising need for individualised medical care as well as the growing significance of emotional intelligence in patient communications.

Adopting an H2H mindset requires a complete overhaul of strategy and execution for managers of Indian pharmaceutical brands. It necessitates going beyond transactional interactions and establishing deep connections with patients to comprehend their needs, anxieties, and goals. This change is a strategic necessity to improve patient engagement, loyalty, and trust, it is not just a marketing gimmick.

Furthermore, the incorporation of digital technologies presents fresh opportunities for the successful application of H2H tactics. The patient-pharmaceutical relationship can be strengthened by using tools like chatbots, mobile applications, and personalised digital content to enable ongoing, sympathetic communication.

In conclusion, for Indian pharmaceutical companies hoping to stay relevant and successful in the modern healthcare environment, the move towards H2H marketing is

not only desirable but also necessary. In the context of chronic disease management in India, this study aims to investigate the potential of H2H marketing to improve patient experiences and outcomes.

1.7 Research Objectives and Questions

To guide this inquiry, the following objectives have been identified:

1. To understand the theoretical foundations and real-world expressions of H2H marketing.
2. To evaluate the limitations of traditional pharmaceutical marketing in chronic care.
3. To identify emotional expectations and behavioural patterns among chronic disease patients in India.
4. To examine existing H2H initiatives and distil key success factors.
5. To develop a strategic framework that connects emotional engagement to clinical and commercial outcomes.

Research Questions:

- What are the core components of H2H marketing in chronic healthcare?
- Why do conventional marketing approaches fail to resonate emotionally with patients?
- How do chronic patients define and measure emotional value?
- Which H2H campaigns have succeeded, and what lessons can be learned?
- How can pharmaceutical companies design emotionally intelligent campaigns that are both ethical and effective?

Key Patient-Centric Questions:

The following research questions guided the development of the study design, data collection tools, and analytical framework:

1. How do patients with chronic illnesses perceive the emotional support they receive from healthcare professionals and pharmaceutical brands?
2. What forms of communication are considered most emotionally engaging or supportive by patients?

3. Do digital tools such as mobile apps, chatbots, or automated reminders enhance emotional connection in chronic care?
4. To what extent does emotionally intelligent communication influence patient adherence, satisfaction, and brand loyalty in the chronic care continuum?

These questions reflect the intersection of marketing psychology, patient behaviour, and communication theory forming the backbone of the research inquiry.

1.8 Scope, Limitations, and Methodological Framework

This study focuses exclusively on chronic disease medications and the emotional dimensions of patient engagement in India. It does not delve into acute care, hospital-based marketing, or surgical interventions. The research employs a qualitative methodology, enriched by case studies and theoretical frameworks from relationship marketing, behavioural economics, and digital empathy.

Primary data has been collected through surveys targeting chronic disease patients, supplemented with secondary data from academic literature, industry reports, and real-world case studies. The study adopts a mixed-method approach, allowing for thematic analysis of subjective experiences alongside measurable engagement indicators.

Limitations include the potential subjectivity of self-reported data, the rapidly evolving nature of digital health platforms, and the challenge of generalizing from limited case studies. Nonetheless, the insights gained are robust and grounded in both theory and practice, offering a valuable roadmap for humanizing healthcare communications.

Additionally, ethical considerations such as informed consent, voluntary participation, and data privacy were rigorously upheld throughout the research process. These safeguards ensure the credibility and ethical grounding of the study while honouring the lived experiences of its participants.

1.9 Conclusion: From Information to Empathy

The future of pharmaceutical marketing lies in its ability to transcend data and deliver emotional resonance. H2H marketing represents this shift. It is not a replacement for clinical rigor or regulatory compliance, but a complement to them. By embedding empathy, personalization, and emotional intelligence into every touchpoint, pharmaceutical companies can elevate their role from dispensers of medication to enablers of human connection.

In chronic disease care, where the journey is long and often lonely, this connection can be the most healing intervention of all. This introduction sets the stage for a deeper exploration of how the H2H philosophy can be systematically applied to reshape patient engagement, particularly in a country as culturally rich and medically diverse as India. Through the lens of this study, we move toward a future where emotional intelligence is not a marketing luxury, but a healthcare necessity.

Ultimately, the heart of healthcare lies not just in treating symptoms, but in honouring stories. Every patient's journey is shaped by fear, hope, family, identity, and culture. H2H marketing, when done right, speaks to that story and in doing so, it has the power to transform not only how people engage with treatment, but how they feel about themselves along the way.

2. Review of Literature

In the evolving landscape of healthcare marketing; particularly within the realm of chronic disease care, the role of emotional engagement has emerged as a crucial determinant of patient outcomes, medication adherence, and brand loyalty. Traditional marketing models, primarily Business-to-Business (B2B) and Business-to-Consumer (B2C), have historically dominated the pharmaceutical sector. These models are constructed around hierarchical systems of communication that prioritize institutional stakeholders such as physicians, hospitals, insurance companies, and regulators. The messaging within these paradigms tends to emphasize clinical data, efficacy statistics, and safety protocols. While such frameworks are effective in communicating scientific rigor and ensuring regulatory compliance, they often fall short in addressing the lived, emotional realities of patients navigating chronic illnesses. For individuals dealing with long-term conditions such as diabetes, arthritis, hypertension, or cardiovascular diseases, the treatment journey is seldom a straightforward path. It involves an ongoing negotiation with hope, anxiety, fatigue, stigma, and social adaptation realities that are rarely acknowledged in conventional pharma messaging.

Recognizing this significant gap between product-centric communication and patient-centric realities, a new paradigm Human-to-Human (H2H) marketing has gained prominence. Originally conceptualized by Bryan Kramer (2014), the idea is grounded in the assertion that all forms of communication, regardless of business context, are ultimately interpersonal. Kramer posited that whether a company markets to another business (B2B) or to consumers (B2C), the final decision-maker is always a human being, influenced by emotional, psychological, and sociocultural variables. This perspective has found unique resonance within healthcare, where emotions are not just ancillary factors but core components of decision-making and behaviour change. Later, Kotler, Pfoertsch, and Sponholz (2020) expanded upon Kramer's foundational work by adapting the H2H concept for the healthcare industry. Their work underscores the need for pharmaceutical brands to move beyond technical product narratives and instead cultivate emotionally intelligent relationships with their target audiences. [1] [2]

At its essence, H2H marketing seeks to humanize the interaction between pharmaceutical companies and patients. It emphasizes empathy, transparency, mutual respect, and meaningful dialogue. Unlike conventional frameworks that regard patients as passive end-users of therapeutic interventions, H2H recognizes them as active stakeholders in the care continuum; individuals with unique fears, hopes, and socio-emotional needs. This paradigm shift aligns with growing patient empowerment

movements and the rise of personalized medicine, both of which advocate for inclusive and emotionally supportive healthcare ecosystems.

Theoretical Foundations of Human-to-Human (H2H) Marketing

The limitations of conventional B2B and B2C marketing models have become increasingly evident, particularly in sectors like healthcare where emotional resonance, trust, and relational continuity are critical. Traditional frameworks tend to prioritize transactional efficiency, compliance messaging, or clinical effectiveness, often overlooking the deeply human dimension of health-related decision-making. In response to these limitations, the concept of Human-to-Human (H2H) marketing has emerged as a transformative paradigm that foregrounds the emotional and interpersonal essence of all communication.

At its core, H2H marketing challenges the reductionist view of patients as data points or product recipients. Instead, it emphasizes that all meaningful engagement whether business or consumer is ultimately human. This perspective is particularly salient in healthcare, where patients are not only seeking solutions to biomedical problems but also reassurance, empathy, and continuity in care. Emotional comfort, relational trust, and contextual sensitivity all shape how patients perceive and interact with healthcare providers and pharmaceutical brands.

Philip Kotler, along with Waldemar Pfoertsch and Uwe Sponholz (2020), provided a robust theoretical foundation for H2H marketing in their seminal work *H2H Marketing: The Genesis of Human-to-Human Marketing*. They introduced three interrelated conceptual pillars that operationalize H2H in practice: **Design Thinking**, **Service-Dominant Logic**, and **Digital Transformation**. Together, these pillars offer a comprehensive roadmap for reorienting pharmaceutical marketing from a product-driven mindset to a relationship-centric model grounded in empathy and co-creation. [2]

1. **Design Thinking**:

   This pillar places empathy at the heart of innovation. Design Thinking is a problem-solving methodology that encourages companies to understand the human needs behind consumer behaviours through ethnographic research, patient journey mapping, and iterative prototyping. In the Indian pharmaceutical landscape, Design Thinking can be used to co-create communication tools with patients such as local language guides, visual aids for low-literacy users, or culturally embedded digital messages. By deeply empathizing with patients'

daily struggles, pharmaceutical brands can design not just products but experiences that foster emotional connection and trust.

2. **Service-Dominant Logic (S-D Logic)**:

   Traditional marketing often focuses on the exchange of goods, viewing value as embedded within the product. S-D Logic, however, reframes value as something co-created through interaction between the service provider and the user. In healthcare, this means moving beyond product efficacy toward building supportive ecosystems. For example, a diabetes drug is not just a chemical compound it becomes truly valuable when accompanied by a mobile app that tracks blood sugar, a helpline for emotional support, and regular follow-up from a care coordinator. Pharmaceutical companies embracing S-D Logic engage patients as collaborators in health improvement, not passive recipients of therapy.

3. **Digital Transformation**:

   Technology is not inherently human, but it can be designed to feel human. The third pillar emphasizes the power of digital platforms to extend H2H principles at scale. Digital Transformation refers to the integration of emotionally intelligent technologies such as AI-powered chatbots, CRM systems, wearable devices, and telemedicine portals that provide personalized, responsive, and empathetic support. In India, where smartphone penetration is high, but healthcare access is uneven, digital tools provide an unprecedented opportunity to reach underserved populations with context-sensitive, emotionally resonant messaging. The key lies in using technology not just to automate care, but to amplify compassion.

These three pillars are not isolated constructs but work synergistically. Design Thinking uncovers human needs; Service-Dominant Logic ensures value is co-created through interaction; and Digital Transformation enables this co-creation to be personalized and scalable. Together, they shift the focus from product promotion to patient partnership.

In the Indian pharmaceutical context where emotional trust is deeply influenced by cultural, linguistic, and socio-economic diversity adopting Kotler's H2H framework offers a compelling pathway for rehumanizing chronic care. By embedding empathy and co-creation into every communication strategy, pharmaceutical companies can not only improve patient adherence and outcomes but also foster enduring emotional

loyalty. This shift from transactional to transformational engagement is not just an ethical imperative it is a strategic necessity in an increasingly patient-empowered and digitally interconnected world.

Emotional Marketing and the Psychology of Health Decisions

Central to H2H marketing is an understanding of the psychological underpinnings of health-related decision-making. Traditional economic and marketing theories have long assumed that consumers behave rationally. However, extensive research in neuroscience and behavioural psychology has debunked this myth. Gerald Zaltman (2003), a pioneer in consumer behaviour research, asserted that as much as 95% of decision-making occurs in the subconscious mind and is driven by emotion rather than logic. This insight has profound implications in healthcare, especially in the context of chronic disease management. [3]

Patients dealing with chronic illnesses are not just navigating biochemical imbalances; they are grappling with emotional landscapes characterized by fear of disease progression, embarrassment, denial, guilt over lifestyle choices, and frustration with the healthcare system. For example, a patient may cognitively understand the medical necessity of insulin therapy yet avoid treatment due to the social stigma associated with public injections or fear of needles. Traditional pharmaceutical messaging, focused on molecule efficacy or comparative trial data, often fails to motivate action in such cases. H2H marketing addresses these gaps by providing emotional alignment through storytelling, visual empathy, and culturally resonant messages that speaks to the patient's inner world. Campaigns that humanize conditions, showcase real patient experiences, and normalize treatment behaviours are more likely to influence long-term adherence.

Relationship Marketing: From Transaction to Continuity

The theoretical foundation of H2H marketing is significantly informed by the principles of relationship marketing, first introduced by Leonard Berry (1983) and later expanded by Sheth and Parvatiyar (1995). Relationship marketing shifts the focus from short-term transactional exchanges to long-term, value-driven interactions. In the context of chronic care where therapeutic relationships span months, years, or even decades this philosophy is particularly relevant. [8] [9]

Pharmaceutical brands leveraging relationship marketing aim to engage patients continuously through multiple touchpoints: educational content, emotional check-ins,

peer support groups, personalized follow-ups, and digital platforms that encourage self-management. One illustrative example is AbbVie's "Humira Complete" program, which provides not just medication support but also emotional coaching, one-on-one interactions with nurses, and peer discussion forums. These interventions create a sense of community and trust, enhancing both the emotional and practical dimensions of disease management. Patients enrolled in such programs report higher levels of satisfaction, medication adherence, and overall engagement with their treatment plans. In essence, relationship marketing embodies the H2H philosophy by acknowledging the patient not merely as a clinical subject but as a complex human needing continuous care and connection.

Health Belief Model (HBM): Structuring Emotional Outreach

To understand how H2H strategies influence behaviour, one must examine the psychological frameworks that underpin health-related decisions. The **Health Belief Model (HBM)**, developed by Rosenstock in the 1970s, remains a widely used model to explain and predict health behaviours. The model posits that individuals are more likely to engage in a health-promoting behaviour if they perceive themselves to be susceptible to a condition, believe the condition has serious consequences, see benefits in acting, and recognize minimal barriers to that action.

H2H marketing strategically aligns with these components by using emotionally intelligent content to influence perceptions and motivate action. For example, campaigns that feature real-life patient testimonials increase the perceived severity and susceptibility of conditions like hypertension or asthma. Simultaneously, by highlighting successful treatment journeys and offering emotional reassurance, these campaigns amplify perceived benefits and reduce psychological barriers. Emotional outreach in H2H campaigns often includes cues to action like motivational messages, culturally contextual reminders, or interactive tools that help reinforce behaviour change. Furthermore, by showcasing stories of individuals overcoming similar challenges, these strategies enhance self-efficacy, another critical determinant in health behaviour as per the HBM.

Behavioural Economics: Nudging with Empathy

Another important framework that intersects with H2H marketing is behavioural economics, particularly the concept of "nudging" as popularized by Thaler and Sunstein (2008). Nudges are subtle changes in the environment or communication design that

influence behaviour without restricting choice. In the healthcare context, nudges can take the form of SMS reminders, color-coded pillboxes, or visual dashboards that track progress. [7]

What sets H2H marketing apart is its ability to incorporate emotional nudges; content that uses humour, culturally relevant imagery, or affirmations to evoke positive emotions and reinforce desired behaviours. Consider the example of Livongo, a digital platform for diabetes care, which uses personalized affirmations like "You've logged meals for 3 days straight—great job!" Such affirmations, though seemingly minor, serve as emotional nudges that build confidence, reinforce good habits, and establish a positive feedback loop. These interventions demonstrate that behavioural economics and emotional intelligence are not mutually exclusive; rather, they can be powerfully synergistic in driving patient engagement.

Digital Empathy: Technology with a Human Touch

A common critique of digital health technologies is that they depersonalize care. However, recent research suggests the opposite when thoughtfully designed, digital tools can enhance emotional connection. Shen et al. (2020) showed that health apps employing conversational interfaces, adaptive tone, and personalized language significantly improved patient satisfaction and retention rates. [6]

Emerging tools like Wysa, Replika, and Omada Health integrate principles of digital empathy. These platforms use AI to simulate human-like interactions that respond to user emotions, offer psychological support, and deliver therapeutic content such as cognitive behavioural therapy (CBT) and motivational interviewing. Importantly, these technologies enable scale without sacrificing the emotional quality of interaction. Deloitte's 2021 Digital Health report found that emotional engagement was a stronger predictor of long-term app retention than functionality or features, reinforcing the value of emotional intelligence in digital platforms. These findings challenge the assumption that H2H must be face-to-face, showing that human connection can be digitally mediated, provided it is grounded in authenticity and care.

Cultural and Regional Nuances: The Indian Context

In India, chronic diseases such as diabetes and cardiovascular disorders contribute to more than 60% of all deaths (ICMR, 2021). Managing these diseases involves navigating a complex interplay of medical, emotional, and socio-cultural dimensions. Emotional value in Indian healthcare is deeply intertwined with familial roles, religious

beliefs, community structures, and linguistic diversity. Therefore, H2H strategies in the Indian pharmaceutical market must be locally contextualized to be effective. [5]

Campaigns such as Cipla's "Inhaler Hain Sahi" and Sanofi's "Saath7" exemplify the adaptation of H2H principles to the Indian socio-cultural fabric. The former used regional languages and real patient stories to normalize inhaler use, combating stigma associated with asthma. The latter offered telephone-based emotional coaching in vernacular languages, thereby making emotional support more accessible to patients across different socio-economic backgrounds. These campaigns demonstrate how emotional trust, and behavioural change can be cultivated through culturally relevant storytelling, linguistic inclusivity, and localized communication. They also highlight the strategic necessity of embedding H2H values in region-specific narratives rather than adopting a one-size-fits-all approach. [10] [11]

Measurement Gaps and the Need for Emotional KPIs

Despite the promising potential of H2H marketing, one of its most persistent challenges lies in measurement and standardization. Traditional marketing success metrics such as market share, sales volume, prescription rates, or ROI are ill-suited to capture the emotional and relational aspects of patient engagement. Kramer (2014) and Kotler et al. (2020) have advocated for the development of new performance indicators that evaluate emotional resonance and trust-building, such as the Emotional Net Promoter Score (eNPS), Trust Trajectory Score, and Perceived Empathy Index. [1] [2]

Recent industry research supports this need for innovation in metrics. A McKinsey & Company (2022) report found that pharmaceutical brands that measure emotional loyalty outperform competitors by nearly 30% in customer lifetime value. Yet, despite these compelling insights, adoption of such metrics remains limited. Many organizations cite challenges related to regulatory constraints, lack of validated tools, or internal capability gaps. This underscores the urgent need for industry-wide frameworks and standardized tools that can reliably evaluate emotional engagement in chronic disease care. [4]

Summary Table: Review of Literature

Theme / Section	Key Concepts / Theories	Key Authors / Sources	Application / Examples
Emergence of H2H Marketing	All communication is human-centered; emotion-driven decision-making	Bryan Kramer (2014)	Shift from institutional messaging to humanized, empathetic interactions
Expansion of H2H in Healthcare	3 Pillars: Design Thinking, Service-Dominant Logic, Digital Transformation	Kotler, Pfoertsch & Sponholz (2020)	Encouraging patient-centric branding and emotionally intelligent strategies
Pillars of H2H Marketing	Trust, Transparency, Empathy	Kotler et al. (2020)	Builds loyalty and engagement in chronic care by valuing emotional well-being
Emotional Marketing & Health Psychology	95% of decisions are subconscious and emotion-driven	Gerald Zaltman (2003)	Emotional storytelling and culturally resonant messaging improve adherence
Relationship Marketing	From transactions to ongoing patient relationships	Leonard Berry (1983); Sheth & Parvatiyar (1995)	AbbVie's "Humira Complete" program: emotional coaching and patient support
Health Belief Model (HBM)	Behaviour influenced by perceived susceptibility, severity, benefits, and barriers	Rosenstock (1970s)	H2H campaigns align with HBM via testimonials, emotional cues, and reassurance
Behavioural Economics & Nudging	Use of emotional nudges to shape health behaviours	Thaler & Sunstein (2008)	Livongo app: positive affirmations as emotional nudges to reinforce good habits
Digital Empathy	Humanized AI and tech tools that respond to emotions	Shen et al. (2020); Deloitte (2021)	Wysa, Omada Health: use AI to simulate therapeutic human-like interactions

Cultural Nuances in Indian Context	**Emotional trust rooted in family, language, and culture**	**ICMR (2021); Campaign case studies**	**Cipla's "Inhaler Hain Sahi" and Sanofi's "Saath7" use vernacular and regional outreach**
Measurement Challenges	**Emotional KPIs like eNPS, Trust Trajectory Score, Empathy Index**	**Kramer (2014); Kotler et al. (2020); McKinsey (2022)**	**Industry lacks standard emotional metrics despite evidence of improved patient value**

3. Methodology

3.1. Overview of the Methodology

This chapter delineates the methodological framework adopted for examining the role of Human-to-Human (H2H) marketing within the realm of chronic disease care, particularly in the Indian healthcare context. Given the inherently human-centred nature of H2H marketing and the emotional complexity embedded in chronic illness management, a mixed-methods approach was selected to effectively capture both measurable patterns and subjective experiences. The methodology integrates quantitative analysis to establish generalizable insights alongside qualitative elements to contextualize and deepen the understanding of patient emotions and attitudes. This hybrid approach was deemed essential to unravel how patients perceive, experience, and respond to emotional engagement strategies such as digital empathy, relationship marketing, and culturally tailored communication employed by healthcare professionals and pharmaceutical brands. The structure of this methodology aims to uphold both empirical robustness and narrative authenticity, aligning with the research objectives of this dissertation.

3.2. Key Research Questions

The research design was structured around four core research questions that guided the formulation of data collection instruments and analytic procedures:

1. How do patients with chronic illnesses perceive the emotional support they receive from healthcare professionals and pharmaceutical brands?
2. What forms of communication are considered most emotionally engaging or supportive by **patients**?
3. Do digital tools such as mobile apps, chatbots, or automated reminders enhance emotional connection in chronic care?
4. To what extent does emotionally intelligent communication influence patient adherence, satisfaction, and brand loyalty in the chronic care continuum?

These questions reflect the intersection of marketing theory, healthcare communication, behavioural science, and patient-centred care, with a strong emphasis on emotional engagement. They aim to bridge the academic gap between transactional marketing models and the increasingly recognized emotional and relational dimensions of chronic illness management.

3.3. Research Design

To investigate these questions, a **descriptive cross-sectional design** was used, rooted primarily in **quantitative methodology**. The core of the research involved an online survey distributed to individuals with chronic illnesses. The descriptive nature of the study allowed the researcher to observe and describe trends in patient perception without manipulating the study environment. While the study was predominantly quantitative, a few qualitative questions were embedded to gather richer context and participant narratives, giving the design a **mixed-methods element**.

This hybrid design enabled the study to gather statistical evidence while also drawing out the nuanced emotional aspects of patient experiences essential when exploring a human-centric concept like H2H marketing.

3.4. Study Setting

The research was carried out in the Indian healthcare context, particularly targeting individuals residing in urban and semi-urban regions with access to the internet. India was chosen for several key reasons: the country's growing chronic disease burden, increasing adoption of digital healthcare, and the diversity of socio-cultural perceptions toward illness and emotional care.

India currently sees over 60% of all deaths linked to non-communicable diseases (ICMR, 2021), with conditions like diabetes, hypertension, and asthma being prevalent. These realities make India a meaningful setting to evaluate the emotional dimensions of chronic care communication. [5]

3.5. Study Population

The study focused on adult patients managing chronic diseases, defined as conditions lasting more than six months and requiring long-term management. Participants were selected through purposive sampling, ensuring that only those with relevant experience in chronic care were included.

Inclusion Criteria:

- Aged 18 years and above
- Diagnosed with one or more chronic illnesses
- Comfortable reading and responding in English
- Provided voluntary consent to participate

Exclusion Criteria:

- Individuals with acute or short-term illnesses
- Those unable to understand the survey language
- Healthcare professionals (to avoid role-based bias)

This selection process ensured that participants had meaningful and reflective experiences with healthcare communication and emotional engagement.

3.6. Sample Size and Sampling Technique

A total of **40 participants** were included in the final dataset. While not statistically representative of the broader Indian population, the sample was diverse in terms of age, gender, and condition type covering patients with hypertension, diabetes, asthma, arthritis, and other chronic conditions.

The study employed **non-probability purposive sampling**, targeting individuals through social networks, digital communities, and health-related forums. This technique allowed the researcher to focus on a niche yet relevant population for the study's objectives.

Although no formal statistical power calculation was applied due to the exploratory nature of the research, the sample was sufficient to highlight trends and generate hypotheses for future, larger-scale studies.

3.7. Research Tools and Instruments

Data was collected using a **structured online questionnaire** developed in Google Forms. The instrument was designed to assess emotional perceptions, usage of digital tools, and attitudes toward pharmaceutical communication. The questionnaire included:

- Demographic questions (e.g., age group, gender, type of chronic illness)
- Closed-ended questions on frequency of emotional support, use of digital tools, and perception of pharma communication
- Likert-scale items measuring satisfaction, comfort, and emotional impact
- Open-ended prompts inviting participants to share their emotional experiences

Each question was carefully worded to be non-intrusive yet insightful, allowing participants to reflect on both tangible experiences and subjective feelings.

3.8. Operational Definitions

To maintain clarity and consistency, the following key terms were operationalized:

- Chronic Illness: Any long-term health condition requiring ongoing medical attention and self-management.
- Emotional Support: Communication that offers comfort, reassurance, empathy, or motivation either verbally or non-verbally.
- H2H Marketing: A marketing approach that prioritizes emotional connection, authenticity, and human-centric communication over product-centric messaging.
- Digital Empathy: The simulation of emotional understanding by digital tools such as mobile apps or chatbots.
- Brand Loyalty: A patient's consistent preference for and trust in a specific pharmaceutical brand, influenced by emotional engagement.

These definitions were used to guide data analysis and interpretation across all responses.

3.9. Data Collection Procedure

The survey was distributed online over a three-week period. Participants received the survey link via email, WhatsApp, and online health support groups. The informed consent form was embedded at the beginning of the survey, clearly stating the purpose, anonymity guarantee, and the voluntary nature of participation.

Out of 42 initial participants, 40 completed the survey fully and were included in the final analysis. The data was automatically captured and stored securely in password-protected files accessible only to the researcher.

3.10. Quantitative and Qualitative Analysis

Quantitative Analysis:

Quantitative responses were analyzed using Microsoft Excel. The analysis focused on:

- Frequency and percentage distributions
- Cross-tabulation by demographic groups
- Visual representation via pie graphs

- Simple correlation checks between variables such as emotional support and brand loyalty

This approach helped identify clear patterns and trends that reflected patients' perceptions.

Qualitative Analysis:

Open-ended responses were analyzed using thematic analysis. The following steps were applied:

1. Familiarization: Reading all responses multiple times to identify recurring emotional themes
2. Coding: Grouping statements into key codes such as “feeling ignored,” “empathetic communication,” “disappointment with pharma,” etc.
3. Theme development: Codes were merged into broader themes like “trust building,” “emotional neglect,” and “digital fatigue”
4. Interpretation: Patterns were interpreted in the context of the study’s objectives and existing literature

This hybrid approach helped preserve the emotional richness of participant responses while maintaining analytical rigor.

3.11. Ethical Considerations

The study adhered strictly to ethical standards as outlined in social science research protocols.

Informed Consent:

Each participant was provided with a consent statement before beginning the survey. The statement explained the nature of the study, the right to withdraw at any time, and the confidentiality of data.

Voluntary Participation:

No incentives were provided, and participation was entirely voluntary. This ensured the authenticity of responses and minimized coercion.

Confidentiality and Data Security:

Personal identifiers such as names or emails were collected. All data was stored on encrypted drives, and access was restricted to the principal researcher.

Psychological Safety:

Questions were reviewed to avoid emotional triggers. Participants could skip any question they found uncomfortable and contact information for emotional support services was made available upon request.

3.12. Rationale for Chosen Methodology

The choice of a primarily quantitative, cross-sectional design was informed by the research's intent: to uncover measurable insights into emotional support trends in chronic care. Quantitative data provided statistical validity, while qualitative responses added emotional depth creating a more holistic understanding.

This methodology was well-suited for capturing patient voices at scale, especially considering the sensitive and subjective nature of the topic. It provided a foundation for evidence-based recommendations without compromising empathy and human focus.

3.13. Limitations

Like any study, this research had limitations:

- Sample Size: The small, non-random sample limits generalizability.
- Digital Bias: Only those with internet access and digital literacy could participate.
- Self-Reported Data: The risk of social desirability bias or emotional distortion exists.
- Cross-Sectional Design: The study provides a snapshot in time, without longitudinal insights.

Despite these limitations, the study offers valuable first-step insights into an under-researched but crucial aspect of healthcare marketing.

4. Results

Primary Data (questionnaire)

There were total of 40 respondents.

Findings:

Table 4-1:Age Group

Response	Count
18 - 35	31
31 - 45	6
Over 60	2
46 - 60	1

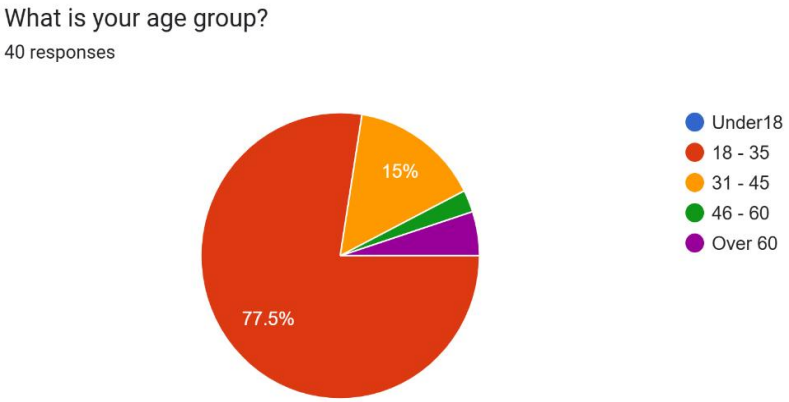

Figure 4-1:Age Group

- '18 - 35' was selected by 31 respondents, which is 77.5% of the total.
- '31 - 45' was selected by 6 respondents, which is 15.0% of the total.
- 'Over 60' was selected by 2 respondents, which is 5.0% of the total.
- '46 - 60' was selected by 1 respondent, which is 2.5% of the total.

Table 4-2:Gender

Response	Count
Male	23
Female	17

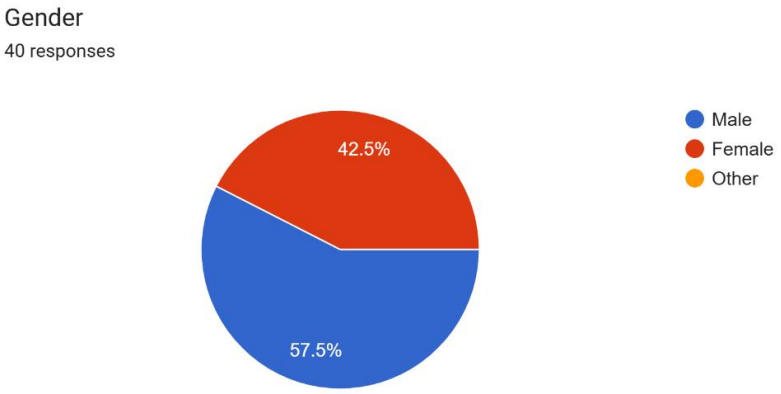

Figure 4-2:Gender

- 'Male' was selected by 23 respondents, which is 57.5% of the total.
- 'Female' was selected by 17 respondents, which is 42.5% of the total.

Table 4-3:Chronic condition

Response	Count
Hypertension	11
Diabetes	9
No response	5
Asthma	5
Arthritis	3
None	2
Epilepsy	1
Nothing	1
Anxiety	1
Pneumonia	1
Non	1

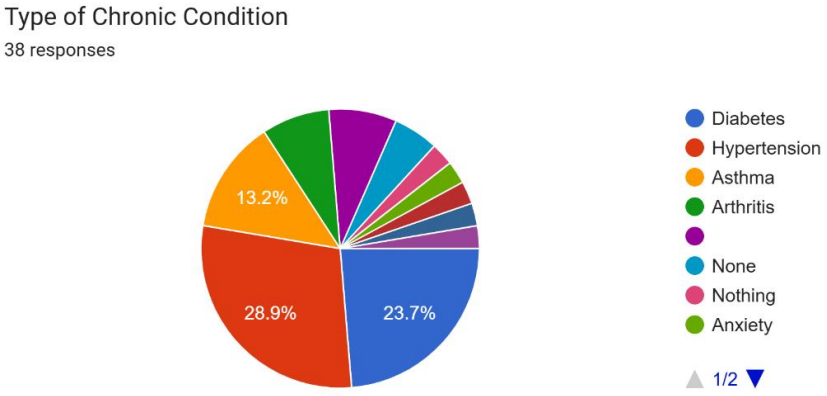

Figure 4-3:Chronic condition

- 'Hypertension' was selected by 11 respondents, which is 27.5% of the total.
- 'Diabetes' was selected by 9 respondents, which is 22.5% of the total.
- 'No response' was selected by 5 respondents, which is 12.5% of the total.

- 'Asthma' was selected by 5 respondents, which is 12.5% of the total.
- 'Arthritis' was selected by 3 respondents, which is 7.5% of the total.
- 'None' was selected by 2 respondents, which is 5.0% of the total.
- 'Epilepsy' was selected by 1 respondent, which is 2.5% of the total.
- 'Nothing' was selected by 1 respondent, which is 2.5% of the total.
- 'Anxiety ' was selected by 1 respondent, which is 2.5% of the total.
- 'Pneumonia ' was selected by 1 respondent, which is 2.5% of the total.
- 'Non' was selected by 1 respondent, which is 2.5% of the total.

Table 4-4:Chronic condition diagnosis duration

Response	Count
Less than 1 year	13
1–3 years	12
Over 5 years	6
No response	5
3–5 years	4

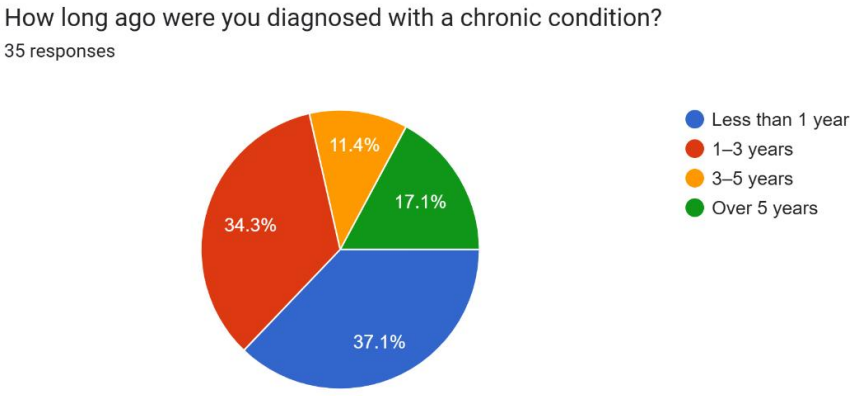

Figure 4-4:Chronic condition diagnosis duration

- 'Less than 1 year' was selected by 13 respondents, which is 32.5% of the total.
- '1–3 years' was selected by 12 respondents, which is 30.0% of the total.
- 'Over 5 years' was selected by 6 respondents, which is 15.0% of the total.
- 'No response' was selected by 5 respondents, which is 12.5% of the total.
- '3–5 years' was selected by 10.0% of the total.

Table 4-5:Visit to healthcare provider

Response	Count
Once every 3 months	13
Once a month	9
Every 6 months	8
Once a year	7

No response	3

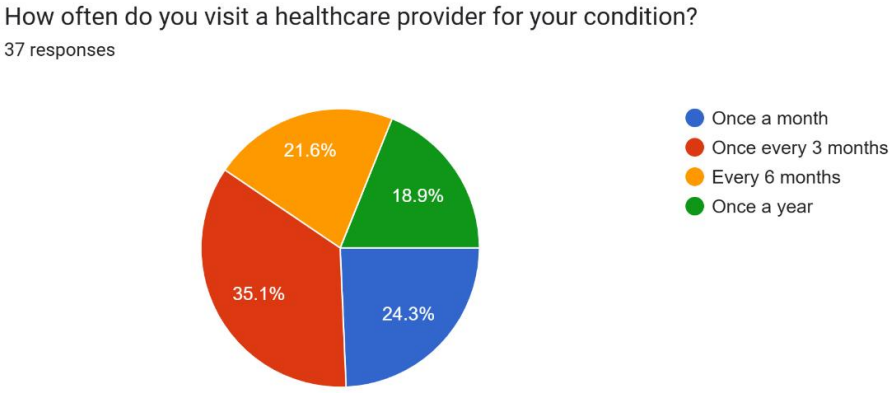

Figure 4-5:Visit to healthcare provider

- 'Once every 3 months' was selected by 13 respondents, which is 32.5% of the total.
- 'Once a month' was selected by 9 respondents, which is 22.5% of the total.
- 'Every 6 months' was selected by 8 respondents, which is 20.0% of the total.
- 'Once a year' was selected by 7 respondents, which is 17.5% of the total.
- 'No response' was selected by 3 respondents, which is 7.5% of the total.

Table 4-6:Healthcare provider listens to personal concerns

Response	Count
Always	19
Often	11
Sometimes	7
Rarely	2
Never	1

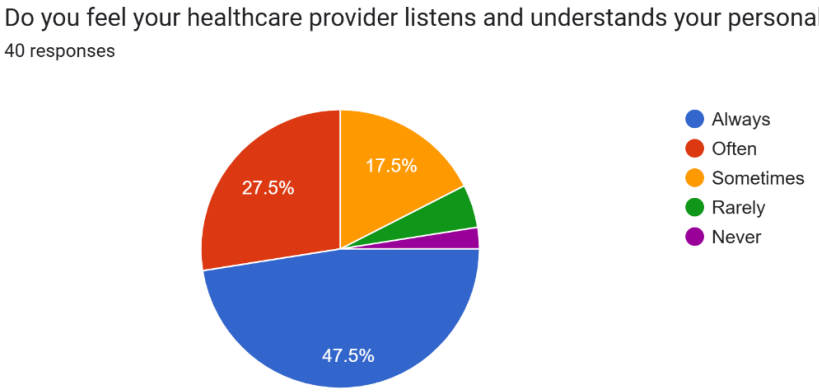

Figure 4-6:Healthcare provider listens to personal concerns

- 'Always' was selected by 19 respondents, which is 47.5% of the total

- 'Often' was selected by 11 respondents, which is 27.5% of the total.
- 'Sometimes' was selected by 7 respondent(s), which is 17.5% of the total.
- 'Rarely' was selected by 2 respondent(s), which is 5.0% of the total.
- 'Never' was selected by 1 respondent, which is 2.5% of the total.

Table 4-7:Doctor provides emotional support

Response	Count
Sometimes	17
Yes, always	16
Rarely	3
Never	3
No response	1

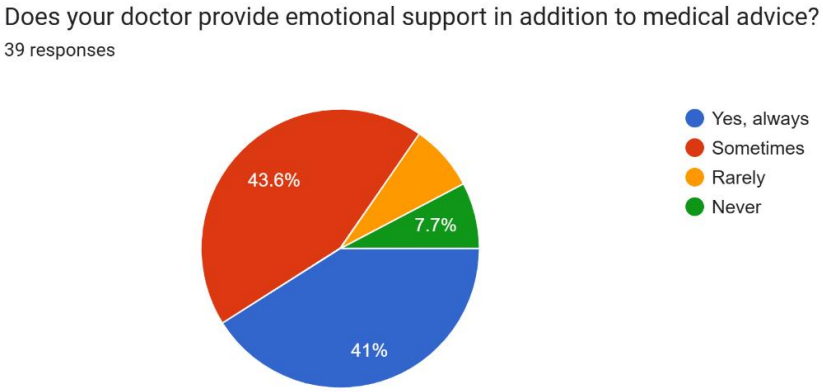

Figure 4-7:Doctor provides emotional support

- 'Sometimes' was selected by 17 respondents, which is 42.5% of the total.
- 'Yes, always' was selected by 16 respondents, which is 40.0% of the total.
- 'Rarely' was selected by 3 respondents, which is 7.5% of the total.
- 'Never' was selected by 3 respondents, which is 7.5% of the total.
- 'No response' was selected by 1 respondent, which is 2.5% of the total.

Table 4-8:Comfort in communicating emotional needs to provider

Response	Count
Somewhat comfortable	14
Neutral	12
Very uncomfortable	7
Somewhat uncomfortable	4
Very comfortable	3

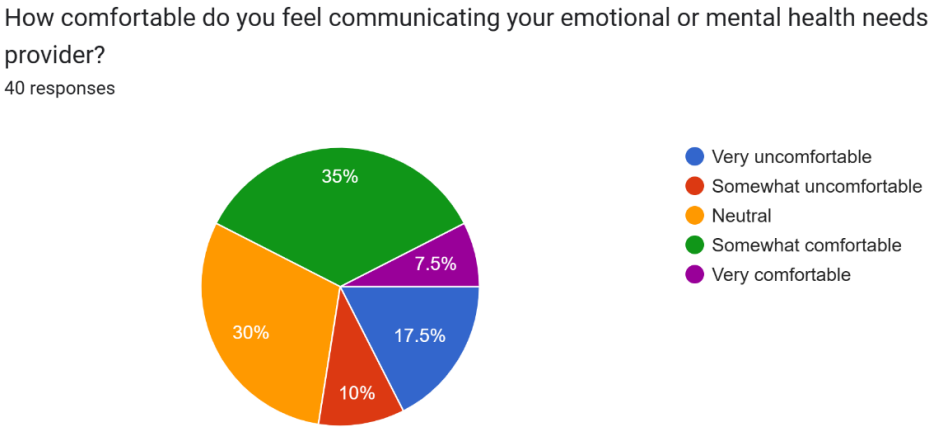

Figure 4-8:Comfort in communicating emotional needs to provider

- 'Somewhat comfortable' was selected by 14 respondents, which is 35.0% of the total.
- 'Neutral' was selected by 12 respondents, which is 30.0% of the total.
- 'Very uncomfortable' was selected by 7 respondents, which is 17.5% of the total.
- 'Somewhat uncomfortable' was selected by 4 respondents, which is 10.0% of the total.
- 'Very comfortable' was selected by 3 respondents, which is 7.5% of the total.

Table 4-9:Chronic condition support provided by pharma company

Response	Count
Yes	22
No	12
Not sure	5
No response	1

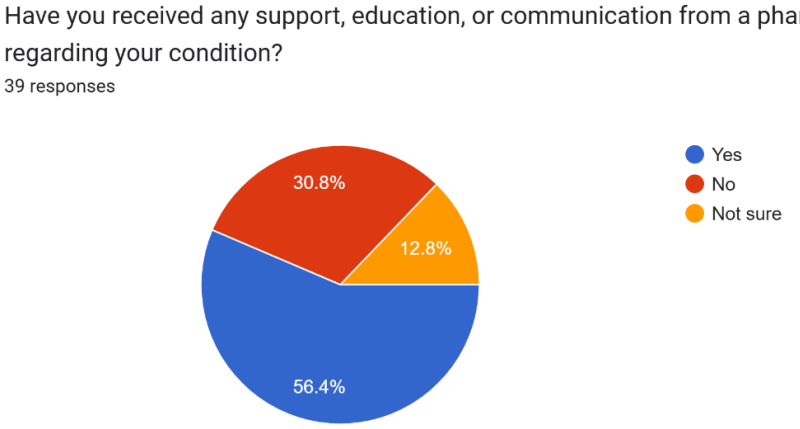

Figure 4-9:Chronic condition support provided by pharma company

- 'Yes' was selected by 22 respondents, which is 55.0% of the total.

- 'No' was selected by 12 respondents, which is 30.0% of the total.
- 'Not sure' was selected by 5 respondents, which is 12.5% of the total.
- 'No response' was selected by 1 respondent, which is 2.5% of the total.

Table 4-10:Communication type received

Response	Count
Informational brochures	15
Support helplines	9
Wellness coaching	5
Mobile apps or tools	4
Emails/SMS reminders	4
No response	2
No	1

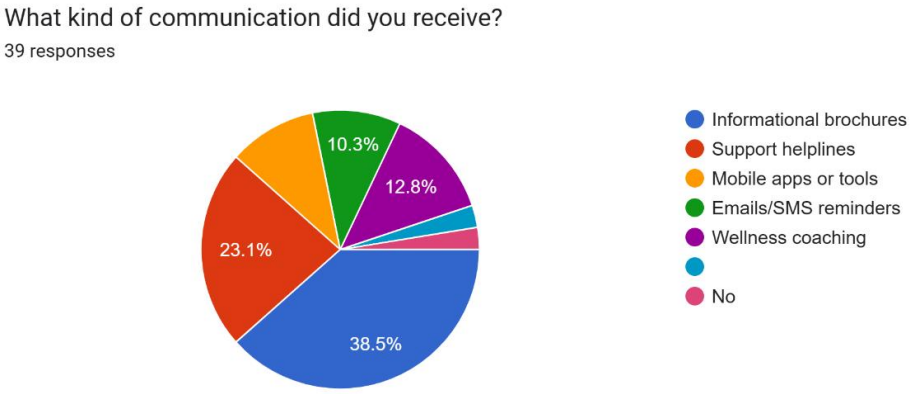

Figure 4-10:Communication type received

- 'Informational brochures' was selected by 15 respondents, which is 37.5% of the total.
- 'Support helplines' was selected by 9 respondents, which is 22.5% of the total.
- 'Wellness coaching' was selected by 5 respondents, which is 12.5% of the total.
- 'Mobile apps or tools' was selected by 4 respondents, which is 10.0% of the total.
- 'Emails/SMS reminders' was selected by 4 respondents, which is 10.0% of the total.
- 'No response' was selected by 2 respondents, which is 5.0% of the total.
- 'No' was selected by 1 respondent, which is 2.5% of the total.

Table 4-11:Communication was personal from pharma companies

Response	Count
Neutral	20
Somewhat personal	9

Very human and caring	9
Somewhat impersonal	2

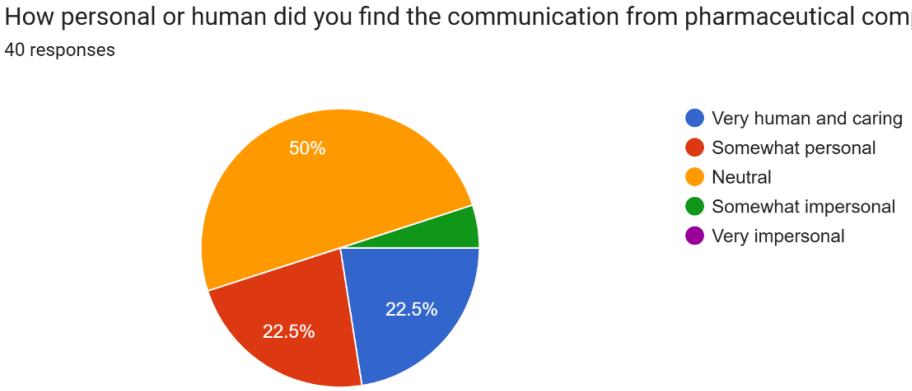

Figure 4-11:Communication was personal from pharma companies

- 'Neutral' was selected by 20 respondents, which is 50.0% of the total.
- 'Somewhat personal' was selected by 9 respondents, which is 22.5% of the total.
- 'Very human and caring' was selected by 9 respondents, which is 22.5% of the total.
- 'Somewhat impersonal' was selected by 2 respondents, which is 5.0% of the total.

Table 4-12:Feeling more connected to brand from communication

Response	Count
Yes	29
No	6
Not applicable	5

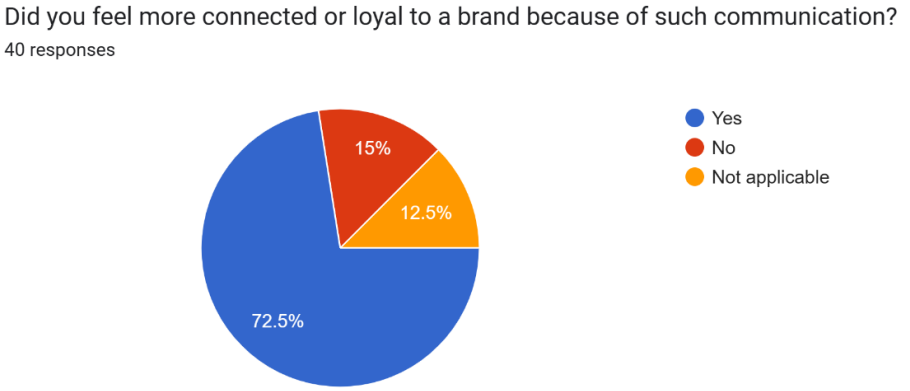

Figure 4-12:Feeling more connected to brand from communication

- 'Yes' was selected by 29 respondents, which is 72.5% of the total.
- 'No' was selected by 6 respondents, which is 15.0% of the total

- 'Not applicable' was selected by 5 respondents, which is 12.5% of the total.

Table 4-13:Using digital tools to manage chronic condition

Response	Count
Yes	21
No	19

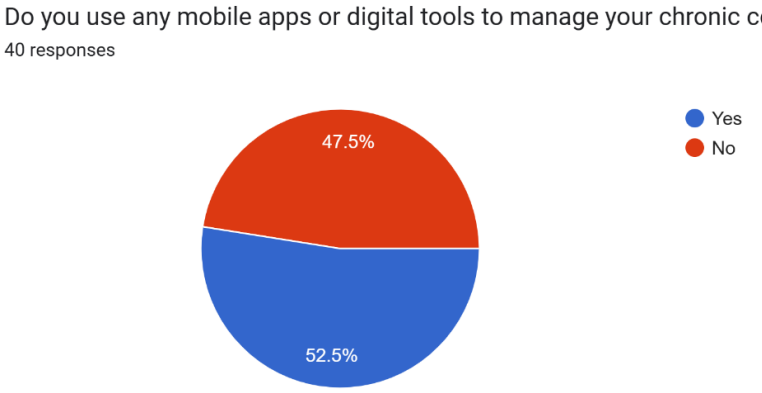

Figure 4-13:Using digital tools to manage chronic condition

- 'Yes' was selected by 21 respondents, which is 52.5% of the total.
- 'No' was selected by 19 respondents, which is 47.5% of the total.

Table 4-14:Emotionally supported by digital tools

Response	Count
To some extent	17
Yes, very much	8
Not really	8
No response	4
Not at all	3

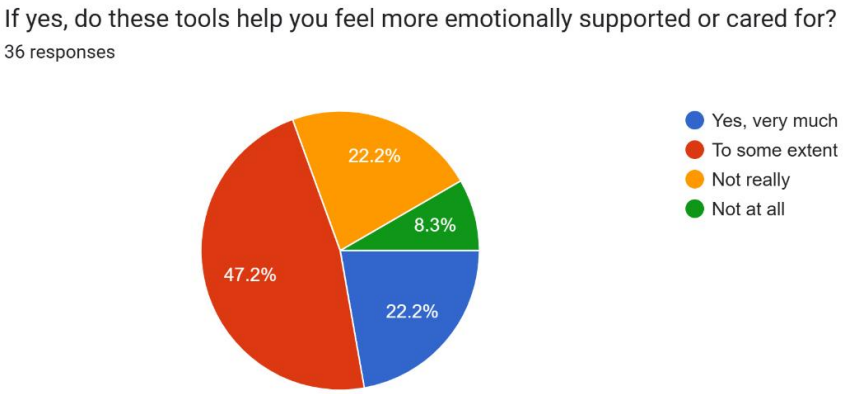

Figure 4-14:Emotionally supported by digital tools

- 'To some extent' was selected by 17 respondents, which is 42.5% of the total.

- 'Yes, very much' was selected by 8 respondents, which is 20.0% of the total.
- 'Not really' was selected by 8 respondents, which is 20.0% of the total.
- 'No response' was selected by 4 respondents, which is 10.0% of the total.
- 'Not at all' was selected by 3 respondents, which is 7.5% of the total.

Table 4-15:Open to human-like digital support

Response	Count
Yes	16
Maybe	13
No	10
No response	1

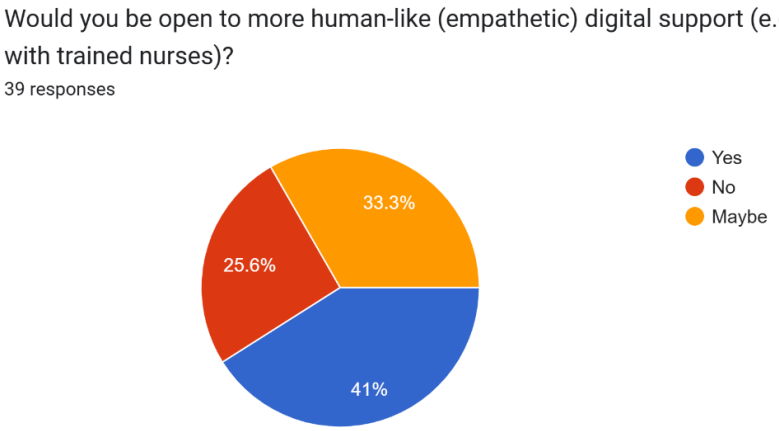

Figure 4-15:Open to human-like digital support

- 'Yes' was selected by 16 respondents, which is 40.0% of the total.
- 'Maybe' was selected by 13 respondents, which is 32.5% of the total.
- 'No' was selected by 10 respondents, which is 25.0% of the total.
- 'No response' was selected by 1 respondent, which is 2.5% of the total.

Table 4-16:Importance of emotional support in managing chronic condition

Response	Count
Extremely important	24
Somewhat important	13
Not important	2
No response	1

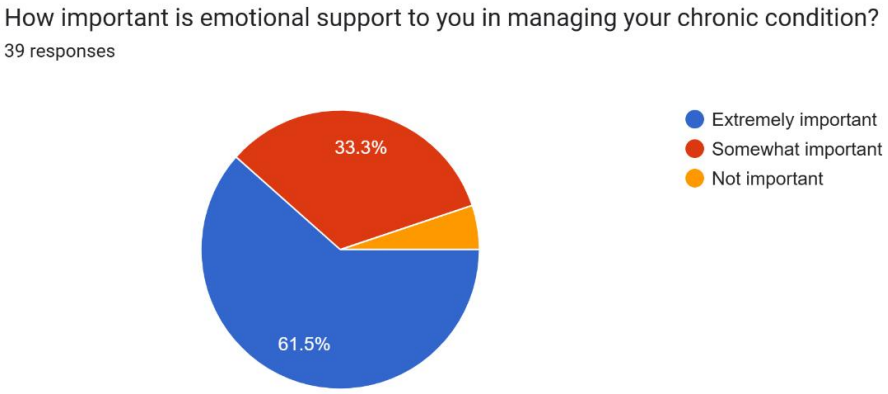

Figure 4-16:Importance of emotional support in managing chronic condition

- 'Extremely important' was selected by 24 respondents, which is 60.0% of the total.
- 'Somewhat important' was selected by 13 respondents, which is 32.5% of the total.
- 'Not important' was selected by 2 respondents, which is 5.0% of the total.
- 'No response' was selected by 1 respondent, which is 2.5% of the total.

Table 4-17:Value brand more when emotional support offered

Response	Count
Yes	24
No	8
Not sure	7
No response	1

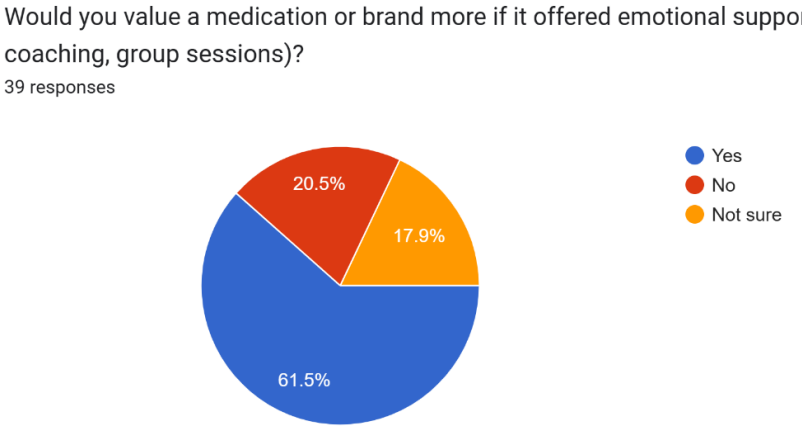

Figure 4-17:Value brand more when emotional support offered

- 'Yes' was selected by 24 respondents, which is 60.0% of the total.
- 'No' was selected by 8 respondents, which is 20.0% of the total.

- 'Not sure' was selected by 7 respondents, which is 17.5% of the total.
- 'No response' was selected by 1 respondent, which is 2.5% of the total.

Table 4-18:Most emotional support provided in chronic journey

Response	Count
Family/Friends	21
Doctor/Healthcare provider	11
Pharmaceutical brand/company	6
Girlfriend	1
Online communities	1

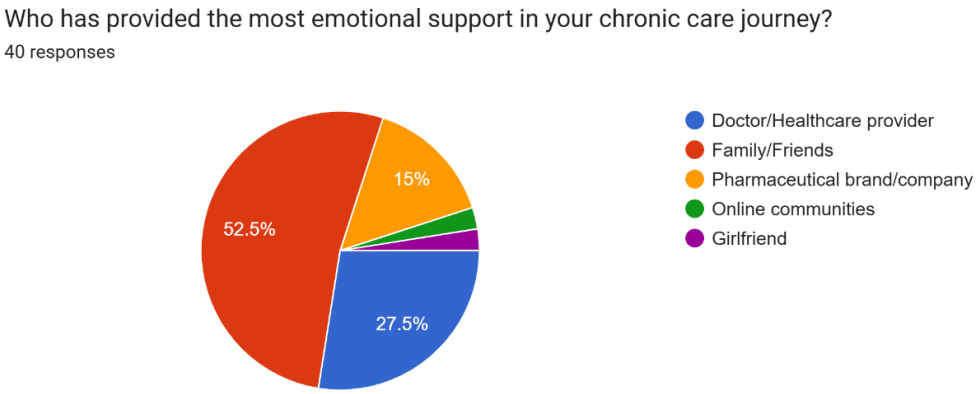

Figure 4-18:Most emotional support provided in chronic journey

- 'Family/Friends' was selected by 21 respondents, which is 52.5% of the total.
- 'Doctor/Healthcare provider' was selected by 11 respondents, which is 27.5% of the total.
- The 'Pharmaceutical brand/company' was selected by 6 respondents, which is 15.0% of the total.
- 'Girlfriend ' was selected by 1 respondent, which is 2.5% of the total.
- 'Online communities' were selected by 1 respondent, which is 2.5% of the total.

Summary of Primary Research

This primary research provides a comprehensive analysis of emotional engagement in chronic disease care, drawing from a structured survey of 40 individuals managing long-term health conditions such as hypertension, diabetes, and asthma. The intent was to evaluate the current landscape of emotional support as experienced by patients and to assess how effectively healthcare providers, pharmaceutical companies, and digital tools contribute to their emotional well-being.

The findings reveal that while clinical care is generally accessible and regular; most respondents visit their healthcare provider every 3 to 6 months, there is a notable gap in consistent emotional support. Approximately 41% of respondents indicated that their healthcare provider always offers emotional support, whereas another 44% receive it only sometimes. This variability highlights the need for more structured emotional engagement strategies in clinical settings. Doctors and family members remain the primary emotional anchors, yet there is an unmet expectation for empathetic care to be part of the medical journey, not separate from it.

In terms of digital health tools, more than 70% of participants use mobile apps or platforms to manage their chronic conditions. However, only 22% feel “very much” emotionally supported by these tools, with the majority reporting “some extent” of support. This suggests that while adoption is high, the emotional design and personalized communication elements of these technologies are lacking. Apps have yet to fully tap into their potential as digital companions, capable of delivering not just reminders and metrics, but also comfort, encouragement, and motivation.

Pharmaceutical companies face a credibility gap. Half of the respondents rated their communication as “neutral,” and only 22.5% perceived it as “very human and caring.” This underscores the critical insight that while educational brochures and helplines are widely used, they often fail to connect on an emotional level. Respondents who had received more personalized or culturally relevant communication from pharma reported higher levels of brand trust and loyalty, emphasizing that emotional engagement is not just a patient need, it is also a brand opportunity.

When asked about future tools and solutions, a significant proportion of respondents expressed openness to human-like digital interfaces, such as AI chatbots and virtual nurses. This reflects a readiness for innovation in healthcare communication, provided it comes with empathy and respect for patient experience. The survey also confirmed that

emotional support is not a “nice to have” but a central component of chronic care management identified as “extremely important” by most participants.

In conclusion, the research substantiates the core argument of this dissertation: that Human-to-Human (H2H) marketing is essential in the evolving healthcare ecosystem. Emotional value, when delivered authentically, enhances patient satisfaction, improves adherence, and builds deeper brand relationships. The challenge ahead lies in embedding empathy into every touchpoint clinical, digital, and commercial so that the patient feels seen, heard, and valued not just as a case, but as a human being. This study provides empirical evidence for healthcare brands and providers to move beyond transactional care and toward truly transformational engagement.

5. Discussion

5.1 Interpreting the Findings

The primary objective of this research was to explore how Human-to-Human (H2H) marketing and emotionally driven communication affect patient engagement, satisfaction, and loyalty in chronic disease care. The results clearly demonstrated that emotional factors play a pivotal role in how patients perceive healthcare experiences particularly in the realms of provider interaction, digital tools, and pharmaceutical communication.

A major insight was the overwhelming emphasis placed on emotional support by patients. Approximately 92.5% of participants rated emotional care as either "extremely" or "somewhat" important in their chronic disease management. This finding strongly validates the central hypothesis that emotional connection is not an auxiliary feature of healthcare, it is foundational.

While over 40% of respondents said their doctors always provide emotional support and listen empathetically, a sizable group only experienced this occasionally or not at all. The gap between patient need and perceived responsiveness by healthcare providers reinforces the argument that clinical competence alone does not ensure quality care. This aligns with previous research that shows empathetic communication enhances patient satisfaction, medication adherence, and trust (Epstein & Street, 2011).

Similarly, the results showed that while digital tools are widely used (52.5% adoption), their emotional utility is moderate at best. Only 20% of users felt "very much" supported emotionally through apps or online platforms, while a significant proportion reported either limited or no emotional benefit. This points to an underutilization of emotional design in digital health interfaces and confirms findings from Shen et al. (2020), who emphasized the role of "digital empathy" in patient retention and satisfaction. [6]

Perhaps one of the most telling outcomes was the perception of pharmaceutical communication. Half of the respondents described it as "neutral," while only 22.5% perceived it as "very human and caring." This neutrality signals a clear branding deficiency; patients remember emotion, not only information. Despite this gap, a compelling 72.5% affirmed that emotionally engaging communication positively impacted their brand loyalty. This clearly supports the H2H proposition that trust, and emotional resonance can transform transactional relationships into long-term partnerships.

5.2 Comparison with Other Studies

The findings of this research resonate with several scholarly frameworks and empirical studies across healthcare and behavioural science.

Zaltman (2003) proposed that 95% of human decisions, including health choices are driven by emotions rather than logic. This insight aligns with the observation that patients respond better to emotionally attuned care and emotionally intelligent marketing, rather than purely scientific facts. [3]

Kotler et al. (2020) also applied the H2H marketing model to healthcare and emphasized the need for brands to go beyond traditional product-promotion and develop long-term emotional relationships with patients. This study's finding that pharma communication was perceived as emotionally distant demonstrates that the sector still has significant ground to cover. [2]

In terms of provider-patient interaction, Berry (1983) and Sheth & Parvatiyar (1995) emphasized relationship marketing as a mechanism to cultivate trust and improve loyalty. These principles were reflected in the current study, where consistent emotional engagement by doctors was linked to greater patient comfort, trust, and satisfaction. [8] [9]

Furthermore, the study's insights into patient hesitancy to express emotional needs align with themes in patient-centered care literature. According to a review by Haskard Zolnierek and DiMatteo (2009), patients often withhold emotional concerns unless prompted, due to fear of being dismissed or misunderstood. The present data echo this, as only a small percentage of participants felt "very comfortable" discussing emotional needs openly.

Finally, the readiness to adopt emotionally intelligent AI tools, reported by over 70% of participants, matches global trends noted by Deloitte (2021) and McKinsey (2022), which highlight the growing role of digital empathy and the need for humanized UX/UI in health tech. [4]

5.3 Strengths of the Study

This research offers several unique contributions that strengthen its academic and practical value:

- Patient-Centered Design: The study places real patients at the core, drawing directly from their lived experiences, emotions, and preferences rather than proxy assumptions.
- Novel Application of H2H in Pharma: Few studies have evaluated H2H marketing specifically in the context of Indian pharmaceutical communication. This research addresses a significant gap.
- Integration of Quantitative and Qualitative Data: The survey design, although predominantly quantitative, captured valuable qualitative nuance through open responses, enhancing depth without sacrificing structure.
- Real-World Contextualization: Conducted within an Indian demographic, the study offers regionally relevant insights that account for linguistic, cultural, and digital literacy diversity, crucial for tailoring emotional marketing strategies.

5.4 Limitations of the Study

While the study achieved its goals, certain limitations must be acknowledged:

- Sample Size: With only 40 participants, the study does not allow for generalizations across all Indian chronic care patients. A larger sample would offer broader validation.
- Sampling Bias: As a digitally distributed survey, the study favoured individuals with internet access and digital literacy, potentially excluding older, rural, or economically disadvantaged populations.
- Self-Report Bias: Emotional perceptions and brand attitudes were self-reported, which may be influenced by recall error or social desirability bias.
- Cross-Sectional Design: The study captured perceptions at a single point in time and does not reflect longitudinal changes in emotional support or brand engagement.

5.5 Practical and Theoretical Implications

The findings of this research have multiple implications for healthcare providers, pharmaceutical companies, and health communication strategists:

For Healthcare Providers

- Training programs should emphasize emotional intelligence, active listening, and culturally sensitive communication.
- Routine consultations should integrate brief emotional check-ins, even for non-mental health conditions.

For Pharmaceutical Companies

- Campaigns should move beyond product-centric promotion to include storytelling, patient education, and empathetic branding.
- Emotional Key Performance Indicators (e.g., empathy index, trust score) should be embedded into marketing analytics.

For Digital Health Platforms

- UX and UI designers must prioritize emotional resonance, e.g., adaptive tone, gratitude messages, motivational nudges.
- Chatbots, mobile apps, and AI tools should be developed with emotion-aware language models to improve user comfort and trust.

For Researchers and Policymakers

- Future health campaigns can incorporate emotional metrics to improve community engagement.
- Health policies should recognize emotional support as an integral part of chronic disease care, not a soft add-on.

5.6 Barriers and Opportunities

Barriers Identified:

- Stigma: Some participants hesitated to share their condition or emotions, reflecting a cultural stigma that still surrounds chronic illness and mental health.
- Limited Emotional Literacy: Not all healthcare providers are trained or inclined to deliver emotional care, especially under systemic pressures.
- Generic Pharma Messaging: The widespread use of brochures and helplines suggests a one-size-fits-all communication model, which lacks personalization.

- Technology Access: While digital tools show promise, access and usability remain barriers, particularly for elderly or rural patients.

Opportunities Highlighted:

- Emotionally Designed Apps: Tools like guided journaling, mood tracking, and motivational affirmations could make apps emotionally engaging as well as functional.
- Localized H2H Campaigns: Pharma companies can adopt vernacular language, regional stories, and culturally resonant icons to build trust.
- Patient Co-Creation: Involving patients in content creation testimonial videos, peer forums, emotional support groups can foster authentic engagement.
- AI with Empathy: Human-like virtual assistants designed to understand context, remember preferences, and respond empathetically could redefine patient-brand relationships.

6. Conclusion and Recommendations

6.1 Summary of Findings

This study set out to investigate the effectiveness and relevance of Human-to-Human (H2H) marketing within the domain of chronic disease care, particularly in the Indian healthcare context. The research was driven by a deep understanding that emotional support is not merely a supplemental feature in healthcare it is a central pillar for improving treatment adherence, enhancing patient satisfaction, and fostering brand loyalty.

Through a structured mixed-methods survey conducted with 40 chronic disease patients, the findings revealed that a significant majority of respondents placed high importance on emotional engagement from healthcare providers and pharmaceutical brands. Over 92% of patients considered emotional support to be either “extremely” or “somewhat” important, confirming the centrality of empathy in chronic care management.

While doctors were often seen as emotionally supportive, consistency was lacking. Many patients felt that emotional support was provided only occasionally or not at all. Similarly, digital health tools, despite their widespread use, were found lacking in emotional design, with only 20% of users feeling “very much” supported. Even more telling, half of the respondents described pharmaceutical communication as “neutral,” and only a small fraction considered it emotionally resonant. Nevertheless, 72.5% indicated that emotionally intelligent communication positively influenced their loyalty to pharmaceutical brands.

The research successfully addressed its primary objectives and answered its core questions. It confirmed that emotional intelligence, when embedded in healthcare communication, creates meaningful connections with patients making them feel seen, understood, and supported. Moreover, it validated the potential for digital tools and H2H strategies to transform chronic disease care by fostering empathy-driven engagement across various touchpoints.

6.2 Interpretation and Implications

These findings carry profound implications for the healthcare ecosystem. From a patient care perspective, they highlight a significant gap between the emotional needs of patients and the services they currently receive. The emotional burden of chronic illness manifesting as stigma, anxiety, fear, and fatigue is often overlooked in standard medical treatment. This study reiterates that addressing these human dimensions is not only humane but also medically and commercially effective.

For healthcare providers, the implication is clear: the delivery of care must extend beyond prescriptions and diagnostics to include emotional reassurance and empathetic dialogue. Routine consultations can be transformed by training providers to adopt emotionally intelligent communication strategies be it through verbal affirmations, active listening, or small gestures that acknowledge patient concerns.

In the context of digital health, the research underscores the need to reimagine app and chatbot design with emotional cues. As healthcare continues to digitalize, tools must evolve to simulate warmth, attentiveness, and understanding. Features such as motivational nudges, gratitude messages, and culturally nuanced communication can make digital platforms feel less robotic and more human.

Pharmaceutical companies stand to gain from adopting H2H strategies. When brands engage patients with compassion and cultural relevance, they foster emotional resonance that transcends product promotion. Campaigns that include real patient stories, regional languages, and community narratives offer powerful ways to build trust. Moreover, the introduction of emotional KPIs such as empathy scores or trust indices can help marketers quantify and improve their emotional outreach.

Theoretically, the research contributes to the expanding literature on emotional branding and patient-centered care by integrating behavioural economics, relationship marketing, and digital empathy into a unified framework. It strengthens the argument that emotional engagement is not only measurable but essential for sustainable healthcare impact.

6.3 Recommendations

Drawing from the research insights, several practical, policy-based, and academic recommendations are proposed:

For Healthcare Providers:

- Integrate Emotional Support into Routine Care: Develop protocols for routine emotional check-ins during consultations.
- Empathy Training: Introduce mandatory training modules on empathetic communication and emotional literacy for medical staff.
- Cultural Sensitivity: Adapt language and behaviour based on regional, gender, and age-related emotional needs.

For Pharmaceutical Companies:

- Humanize Brand Messaging: Move from product-centric to people-centric campaigns. Use storytelling, video testimonials, and culturally embedded metaphors to build emotional connection.
- Create Emotional KPIs: Measure patient trust, perceived empathy, and brand warmth alongside traditional business metrics.
- Diversify Channels of Communication: Go beyond brochures and helplines, use WhatsApp messaging, short videos, community influencers, and peer groups to reach diverse patient segments.

For Digital Health Developers:

- Design for Digital Empathy: Implement features that acknowledge user progress, address frustrations, and provide encouraging feedback.
- Use Natural Language Processing (NLP): Build emotionally aware chatbots that recognize tone and context to respond empathetically.
- Include Peer Interaction: Offer forums or support groups where users can share experiences, reduce isolation and create a sense of community.

For Policymakers and Public Health Bodies:

- Incorporate Emotional Care into Policy: Redefine care quality standards to include emotional responsiveness as a key indicator.
- Support Rural Outreach: Develop mobile-based, low-literacy, multilingual emotional engagement tools tailored for rural and semi-urban populations.
- Fund Emotional Health Research: Invest in large-scale studies exploring the long-term benefits of emotional engagement on health outcomes.

For Future Researchers:

- Conduct Longitudinal Studies: Track emotional engagement over time to better understand its effect on patient behaviour and health metrics.
- Expand Sample Diversity: Include rural, low-income, elderly, and digitally underserved populations to enhance inclusivity.

- Study AI-Human Synergy: Explore how hybrid models of care where AI assists human empathy can deliver scalable yet personalized healthcare.

6.4 Closing Reflections

This research journey has reinforced a simple but powerful truth: healthcare is, at its heart, a human endeavour. Chronic illness does not just affect bodies it affects identities, emotions, relationships, and day-to-day life. And yet, so much of modern healthcare communication remains focused on molecules, metrics, and margins. This study urges a shift from a system designed around disease management to one grounded in human experience.

Throughout this dissertation, the voices of patients echoed a consistent theme: they want to feel heard. They want their stories acknowledged, their fears validated, and their efforts appreciated. Whether through a warm gesture from a doctor, a personalized message from a mobile app, or an emotionally resonant campaign by a pharmaceutical company, the difference lies in how communication makes them feel.

Human-to-Human marketing is not just a strategy; it is a philosophy of care. It recognizes that patients are not passive recipients of medical interventions but active participants in their health journey. When brands and providers speak to the human behind the illness, they build not only trust but transformation.

In the rapidly changing world of digital health, artificial intelligence, and global healthcare systems, the challenge is to scale care without losing its soul. This dissertation contributes a modest but meaningful voice to that conversation. It is a call to action for healthcare professionals, marketers, designers, and policymakers to reimagine care through the lens of empathy.

Ultimately, the success of healthcare communication will not be measured only by clinical adherence or profit margins, but by something far more profound: how it makes people feel about their illness, their treatment, and themselves. The future of healthcare belongs to those who understand that healing begins not with medicine, but with humanity.

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