

BREAKING BARRIERS: FIELD-BASED STRATEGIES FOR DIGITAL HEALTH ADOPTION IN HOSPITALS

Dissertation Submitted to



The IIHMR University, Jaipur

for the partial fulfillment for the award of the degree of

Master of Business Administration (MBA)

in

Pharmaceutical Management

by

Rodge Nitin Madhav

Under the Supervision and Guidance of

Dr. Ashok Peepliwal

2025

Internship Letter



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TO WHOMSOEVER IT MAY CONCERN

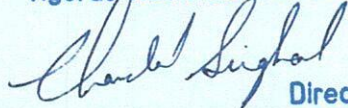
This is to certify that **Nitin Madhav Rodge** has successfully completed her **Internship** as a **Business Development Intern** at **Vigorous Healthtech Pvt. Ltd.** .

During his tenure, he was responsible for **generating leads, reaching out to prospective clients, conducting market research, assisting in sales presentations and demos, and maintaining CRM records.** He demonstrated strong communication skills, business acumen, and a proactive attitude, making a valuable contribution to our growth initiatives.

We appreciate his hard work and dedication during the internship and wish his success in his future endeavors.

Yours Sincerely,

Vigorus Healthtech Pvt. Ltd.



Director

Chanachal Goyal

Director

Vigorus Healthtech Private Limited

CERTIFICATE

This is to certify that the dissertation titled “**Breaking Barriers: Field based strategies for digital health adoption in hospitals**” is a record of the research work undertaken by Mr. Nitin Rodge in partial fulfillment of the requirements for the award of the degree of MBA (Pharmaceutical Management) from the IIHMR University , Jaipur under my guidance and supervision and her approach to research study has been sincere, scientific and analytical.

A handwritten signature in blue ink, appearing to read 'Ashok', with a long horizontal stroke extending to the right.

Mr. Ashok Peepliwal

Faculty guide

IIHMR University, Jaipur

Date:

A handwritten signature in blue ink, appearing to read 'Saurabh', with a long diagonal stroke extending from the bottom left towards the top right.

Dr. Saurabh Kumar Banerjee

School Dean

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Date:

DECLARATION BY STUDENT

I, **Nitin Rodge** hereby declare that this dissertation titled "**Breaking Barriers: Field-Based Strategies for Digital Health Adoption in Hospitals**" 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.

Signature: 

Name - Nitin Rodge

Date - 18/06/2025

Acknowledgement

I would like to take this opportunity to express my sincere gratitude to all those who contributed to the successful completion of my dissertation titled "**Breaking Barriers: Field-Based Strategies for Digital Health Adoption in Hospitals**". This journey has been both challenging and enriching, and the support I received played a vital role in shaping the outcome of this research.

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Date: 17th June, 2025

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Abstract

India's healthcare sector is changing rapidly, with digital technologies offering the potential to improve patient care, reduce workload, and make hospital systems more efficient. From digital prescriptions and AI-driven consultation tools to cloud-based medical records, these innovations are designed to support both doctors and patients. However, the reality on the ground tells a different story. Despite the availability of these tools, many hospitals—especially in Tier 2 and Tier 3 cities—have been slow to adopt them. The gap isn't just about technology; it's about people, behavior, and trust.

This dissertation explores that gap. During my internship with a healthtech company, I worked directly in the field, visiting hospitals, meeting doctors, and observing how decisions are made about adopting digital tools. I also interviewed hospital administrators, clinicians, and sales professionals trying to bridge this digital divide. What I discovered was that resistance to change often stems from simple human concerns: fear of the unknown, lack of time to learn something new, doubts about whether the technology will actually help, and past bad experiences with tech that didn't deliver as promised.

To better understand and address these concerns, I used a mixed-methods research approach—combining field visits, structured interviews, surveys, and observation. This gave a more complete picture of what works and what doesn't. The findings clearly show that success comes not from pushing a product, but from building a relationship. Hospitals responded positively when tech was explained in simple language, tailored to their needs, and when someone was physically present to guide them through setup and training.

Some of the most effective strategies I observed include:

- On-site demonstrations allowing hospital staff to experience the technology in their own environment.
- Customized solutions that fit existing workflows instead of forcing an overhaul.
- Personalized training delivered patiently, in local languages if needed.
- Consistent follow-ups to solve issues and build long-term trust.

Through this study, I learned that technology adoption isn't just a technical process—it's deeply personal. Doctors want to feel confident, not confused. Administrators want to see value, not complexity. Sales teams need to act as educators and problem-solvers, not just sellers.

This dissertation offers practical, field-tested strategies for healthtech companies, startups, and hospital administrators aiming to accelerate digital transformation. It highlights the importance of empathy, patience, and presence—qualities often overlooked in the rush to scale. In the end, breaking barriers to digital health adoption in India is less about flashy features and more about human connection. It's about meeting people where they are, understanding their world, and walking with them toward change.

Keywords: Digital Health Adoption, Healthtech, Hospital Workflow Integration, Technology Resistance, Tier 2 and Tier 3 Hospitals, Human-Centered Implementation

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Chapter 1:

Introduction

1.1 Background and Rationale

India's healthcare system is in the midst of a digital transformation. From AI-powered diagnostic tools and teleconsultations to cloud-based patient records and hospital management systems, digital health platforms are reshaping care delivery. While these innovations aim to streamline workflows, improve outcomes, and reduce administrative burden, their practical adoption remains uneven—especially in small to mid-sized hospitals across Tier 2 and Tier 3 cities.

During my internship at **Vigorous Healthtech Pvt. Ltd. (Chikitsa)**, I observed firsthand that while hospital administrators and doctors are often interested in digital solutions, they are equally cautious. Concerns around staff readiness, potential disruptions, integration with existing processes, and return on investment frequently act as barriers. This disconnect between product potential and on-ground adoption sparked the need to explore how **field-based business development efforts** can bridge this gap and make digital adoption more feasible and sustainable.



1.2 Problem Statement

Despite the increased availability and demonstrated benefits of digital health technologies, adoption at the hospital level remains limited. Many hospitals express interest during initial pitches but stall during onboarding due to operational, behavioral, and infrastructural challenges. Sales representatives and field executives often play a key role in influencing these decisions. However, their strategies, challenges, and adaptive methods in driving real-world adoption are under-researched. This study investigates the on-ground role of field engagement in enabling digital transformation within hospital settings.

1.3 Research Aim

To explore and evaluate how field-based sales enablement strategies facilitate the adoption of digital health platforms in hospitals.

1.4 Research Questions

Main Research Question:

- How do field-level strategies support digital health adoption in hospital environments?

Sub-questions:

1. What are the most common objections raised by hospitals during onboarding?
2. How do field executives tailor their pitch or strategies based on hospital type or staff response?
3. What communication techniques improve trust and adoption among healthcare professionals?

1.5 Objectives of the Study

1. To document the hospital onboarding process from the perspective of a field executive.
2. To analyze the objections and pain points encountered during product demonstrations and trials.
3. To evaluate communication and persuasion strategies used to build trust and reduce resistance.
4. To identify factors that contribute to successful onboarding and long-term platform usage.

1.6 Scope of the Study

The study is based on a three-month internship with Vigorous Healthtech Pvt. Ltd., focusing on firsthand experiences during hospital visits, onboarding meetings, CRM documentation, and client interactions. The scope is limited to mid-sized hospitals across urban and semi-urban Maharashtra and does not include clinical or patient-level outcomes.

1.7 Structure of the Dissertation

- **Chapter 1:** Introduction
- **Chapter 2:** Literature Review
- **Chapter 3:** Research Methodology
- **Chapter 4:** Results
- **Chapter 5:** Discussion
- **Chapter 6:** Conclusion

Chapter 2:

Literature Review

The integration of digital health solutions into hospital operations has become a major focus of healthcare innovation. These solutions—ranging from cloud-based records and AI diagnostics to hospital workflow platforms—promise to transform healthcare delivery by improving efficiency, patient outcomes, and resource management. However, while technological capabilities are advancing rapidly, the pace of **real-world adoption** in hospital settings remains relatively slow.

2.1 Barriers to Digital Health Adoption

A substantial body of research points to **organizational resistance** as a core barrier to digital transformation in healthcare. Health professionals often resist change due to concerns about disrupting existing workflows, increasing their administrative workload, or having to rely on unfamiliar systems. Greenhalgh et al. (2017) emphasized that such resistance is not rooted in unwillingness but often in **lack of exposure, inadequate training, or poor system fit** with real-world practices.

Infrastructural disparities also play a role, especially in **mid-tier or semi-urban hospitals** where IT support, internet connectivity, and digital literacy levels vary significantly. Many institutions in India's Tier 2 and Tier 3 cities fall into this category, creating additional friction when implementing digital systems.

2.2 Field-Based Sales Enablement and Its Role

While product development and executive-level strategy are often discussed in the literature, **field-based efforts** have emerged as equally critical to implementation success. Sales executives who work on-ground—meeting doctors, observing hospital operations, and addressing objections in real-time—function not just as salespeople but as **educators, consultants, and change agents**.

Chatterjee et al. (2018) argued that field teams help **translate the theoretical benefits of technology into operational relevance**. Their ability to provide context-specific product demonstrations, understand site-specific constraints, and iterate on feedback in the moment is key to building trust. These professionals often tailor the pitch, training, and support in ways that mass communication or remote teams cannot.

2.3 Importance of Tailored Communication and Relationship Management

Literature in digital health and change management underscores the **central role of communication** in successful adoption. Hospitals respond better to solutions that are **explained in simple, non-technical language** and positioned as support tools rather than replacements for existing systems or roles.

Personalized follow-ups and consistent relationship-building efforts also drive long-term engagement. A McKinsey report (2021) found that hospitals that received **post-demo touchpoints, site visits, and technical hand-holding** were 40% more likely to continue using digital platforms beyond the trial period. These findings reflect how **empathy-driven selling and clarity in messaging** can overcome hesitation and drive commitment.

2.4 Hospital Onboarding and the Concept of Digital Trust

Onboarding is a crucial and often underestimated phase in the digital journey of hospitals. It goes beyond system installation to involve **training, comfort-building, and cultural alignment**. According to the Deloitte HealthTech Outlook (2020), onboarding that includes phased implementation, ongoing training, and easy access to support results in significantly better platform retention and satisfaction.

Building **digital trust**—where staff feel confident that the technology will help rather than hinder—is a gradual process. Field teams, again, are instrumental in this. Their repeated visits, openness to feedback, and adaptability help **reduce anxiety**, promote familiarity, and reinforce commitment to the new system.

2.5 Research Gaps and Relevance

Despite growing interest in healthtech adoption, much of the existing literature focuses on **infrastructure, policy frameworks, or executive decision-making**. There is a clear gap in understanding how **real-time, on-the-ground strategies** impact adoption—particularly in diverse settings like India’s decentralized healthcare landscape.

This dissertation contributes to filling that gap by offering field-based observations and insights from an internship at Vigorous Healthtech Pvt. Ltd. Unlike theoretical studies, this research captures the **nuanced, person-to-person work** that underpins successful digital adoption and provides a pragmatic perspective on what actually works when technology meets reality.

Chapter 3:

Research Methodology

This research is grounded in practical field experience accumulated over a three-month internship as a Business Development Intern at **Vigorous Healthtech Pvt. Ltd. (Chikitsa)** - a growing digital health solutions provider. The central objective of the study is to understand the ground-level dynamics of digital health adoption in hospitals and how business development efforts directly shape this process. The methodology focuses on real-time strategies used for client acquisition, onboarding, product demonstrations, and relationship management, all of which are critical to scaling digital platforms in the healthcare ecosystem.

3.1 Research Design

The study adopts a **qualitative observational research design**, underpinned by experiential learning. Unlike surveys or lab-based studies, this research draws on **immersion in field operations**. It includes real-time participation in sales enablement activities and captures interactions with key stakeholders in hospital environments. The aim is to extract meaningful insights about behavioral and operational responses to digital health initiatives.

This approach is particularly effective when exploring nuanced challenges such as resistance to change, communication gaps, or user onboarding friction—factors that are often lost in purely statistical models.

3.2 Study Setting

- **Organization:** Vigorous Healthtech Pvt. Ltd. (Chikitsa), a digital health company focused on hospital SaaS solutions like EMR, IPD/OPD management, and billing systems.
- **Field Locations:** The study covered client visits across multiple hospitals and clinics in both Tier-1 and Tier-2 cities in India.
- **Internship Duration:** 3 months (April to June 2025), encompassing both remote coordination and in-person field engagements.

The setting provided diverse exposure—from hospitals in early adoption phases to those already experimenting with digital solutions—offering a layered perspective on the readiness and resistance within the healthcare system.

3.3 Data Sources

The study triangulated multiple real-world data sources to ensure validity and context-rich analysis:

- **Weekly internship reports:** Documenting goals, strategies used, and progress.
- **CRM dashboards:** Including lead tracking, follow-ups, and client status logs.
- **Client visit notes:** Observations during demos, queries raised, and post-meeting reflections.
- **Stakeholder feedback:** Verbal and written comments from doctors, administrators, and IT staff.
- **Mentor evaluations:** Guidance received from company leadership on refining field strategies.

3.4 Data Collection Methods

- **Direct Field Observations:** Shadowed and participated in hospital visits, client demos, and onboarding sessions to observe firsthand the adoption process.
- **Activity Logs and Summaries:** Daily activity sheets and structured weekly reviews provided continuity and helped identify recurring patterns.
- **Client Interaction Records:** Maintained detailed accounts of queries, objections, decision timelines, and informal feedback.
- **Mentorship Debriefs:** One-on-one discussions with internal mentors that offered perspective on industry norms, customer psyche, and business tactics.

3.5 Data Analysis Plan

- **Thematic Coding:** All observations were categorized into key themes such as resistance factors, communication effectiveness, decision-making hurdles, and engagement strategies.

- **Pattern Recognition:** Recognized common objections, onboarding delays, or interest triggers that repeatedly emerged across different hospitals.
- **Comparative Insights:** Compared outcomes based on varying communication tones, demo customization, or value propositions presented.

Rather than aiming for statistical generalization, the analysis prioritizes **practical learnings and scenario-based patterns**, more useful in field-based strategy formulation.

3.6 Ethical Considerations

- **No patient data** or confidential hospital records were used at any stage.
- All internal documents and CRM data were handled with permission and kept anonymous.
- Real names of clients, hospitals, or staff are withheld to respect privacy and organizational protocol.
- The research serves **educational purposes only** and does not reflect any corporate or commercial endorsement.

3.7 Scope and Limitations

- The findings are grounded in **a single organizational perspective** and the market strategies specific to Chikitsa.
- The internship duration restricts the scope to short-term observations and may not capture long-term digital transformation effects.
- However, the study provides **grounded, actionable insights** that are often absent in broader policy or technology adoption literature.
- It may serve as a reference point for future research on field-based digital health enablement or intern-led business development in HealthTech.

Chapter 4:

Results

This chapter is based entirely on my own field experience during the internship at Vigorous Healthtech Pvt. Ltd. (Chikitsa). Since this was a practical, on-ground internship, there was no formal data testing involved. Instead, the observations, client conversations, and hospital visits gave me a good understanding of what actually works—and what doesn’t—when it comes to digital onboarding in hospitals. These learnings were gathered through real-time exposure, client interactions, and the constant back-and-forth that happens in the sales and onboarding process.

4.1 Common Objections I Came Across

While meeting with hospital staff and decision-makers, a few objections came up repeatedly:

“Our staff won’t be able to handle this.”

Many hospital admins and clinic owners were unsure if their staff could adapt to a digital platform. They were worried about the learning curve or that it might disrupt their daily workflow. In a few cases, they mentioned past experiences where digital tools were introduced but later abandoned due to lack of training or staff resistance. This fear of technology not being user-friendly was common, especially in setups with older administrative staff.

“We’re okay with our current system.”

Some were comfortable with manual registers and didn’t see a strong reason to shift, especially if they had never used any kind of software before. In smaller hospitals and local clinics, they felt that digital tools were an extra burden rather than an upgrade. Even if they were facing delays in paperwork or billing, they still preferred sticking to what they knew best.

“What if it crashes or stops working?”

Reliability was a big concern. Hospitals wanted assurance that the software wouldn’t break down during peak hours or in front of patients. Many were afraid of data loss or technical bugs and emphasized the importance of having someone physically available to fix issues if needed. In their minds, a technical glitch could mean patient dissatisfaction.

These objections helped me realize that more than product features, people need **trust and clarity**. The product might be perfect, but if the user doesn’t feel confident or supported, they won’t adopt it.

4.2 What Actually Helped in Such Situations

From what I observed, certain approaches really helped in pushing things forward:

- **Showing them their workflow in the software**

When we customized the demo to match their setup—like OPD billing or lab entry—it became easier for them to relate and ask questions. It wasn’t enough to just show features—we had to walk them through how it would look and feel in *their* environment. A few clinics responded very positively when we included their existing formats and converted them into digital templates.

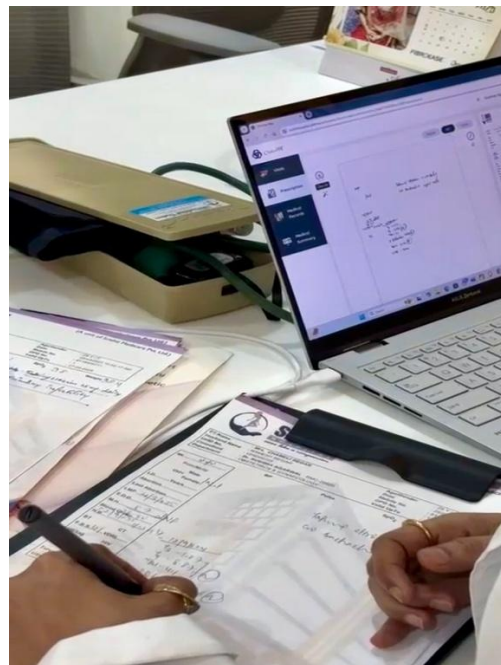
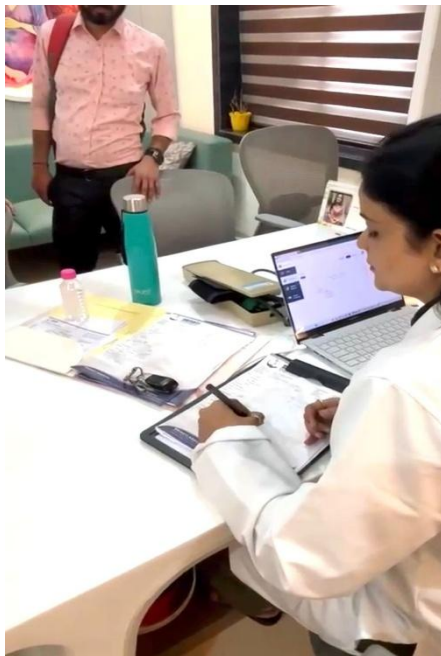
- **Being available post-demo**

When I followed up with simple videos or quick chats on WhatsApp, hospitals felt like we weren't just selling, but actually trying to help them. In one case, a clinic owner who was confused during the first demo messaged later to say the video helped him explain it better to his staff. These small acts of support made a big difference.

- **Small wins first**

Instead of pushing for complete onboarding, suggesting a trial in one department—like pharmacy or front desk—worked better. Once they got comfortable, they were more open to expanding. This “start small” approach reduced the pressure on hospital staff and allowed them to gain confidence step-by-step, rather than feeling overwhelmed by an all-at-once rollout.

These weren't strategies I learned from a textbook—they were shaped and tested in the field based on real-time reactions and improvisations.



4.3 Field Insights – Things I Heard Firsthand

Here are some actual things hospital staff told me during field visits:

“If someone could just come and show us once, we’d understand it easily.”

– OPD Manager, Local Clinic in Jaipur

“We need someone who can visit us and explain everything to the staff in person.”

– Hospital Admin, Sanganer

“The features are good, but staff cooperation is also really important.”

– Nursing Head, Small Multi-Specialty Hospital

These conversations made it clear that hospital teams are not completely against adopting digital tools—they're just unsure of how to manage the change. Most of the hesitation I observed came from a lack of confidence and support, not a lack of willingness. Having someone physically present during onboarding made a big difference in how open and comfortable they felt with the new system.

4.4 What I Noticed Over Time

Even though I wasn't tracking numerical data, I could clearly observe these patterns:

- **Hospitals that got multiple follow-ups and demos responded better** than those who only had one-time meetings. One hospital didn't respond after the first meeting, but after the second follow-up call and an in-person visit, they opened up to trying the product.
- **Using simple language and avoiding technical words** worked much better during client presentations. Many admin staff felt more confident when I explained it in Hindi or simplified terms instead of using IT jargon.
- **Hospitals that were hesitant at first became more interested** once I shared how other similar clinics had benefitted. Adding examples of nearby clinics helped reduce their fear of being the “first mover.”
- **Some leads that were inactive in the CRM became responsive again** after a personal visit or phone call—field interaction made a difference. In fact, face-to-face meetings often helped revive conversations that had gone cold over WhatsApp or email.

These patterns were consistent across most interactions and helped me understand the true value of relationship-building in digital onboarding.



4.5 What This Taught Me

Overall, this experience showed me that promoting digital platforms in healthcare isn't just about having a good product. It's about:

- **Listening patiently** – Understanding their fears, limitations, and reasons behind rejection.
- **Understanding each hospital's workflow** – No two hospitals work the same way. A customized approach builds better trust.
- **Being consistent with follow-ups** – Gentle reminders and check-ins showed them we were serious and available.
- **And most importantly, building trust through face-to-face interactions** – Nothing replaces physical presence, especially in an industry built on care and connection.

Sometimes even the best software won't move forward if there's no human support behind it. This chapter, while not statistical, captures the practical, real-world insights I gained from being on the ground and facing the challenges of digital adoption firsthand.

Chapter 5:

Discussion

This chapter reflects on my learnings from the internship and how they relate to what's already known in the field of digital health adoption. Throughout my three months at Vigorous Healthtech Pvt. Ltd. (Chikitsa), I observed how real-life hospital settings react to digital transformation and what really makes a difference on the ground. Instead of just focusing on technology or product features, I found that the **way we approach and engage with people** plays a much bigger role.

5.1 Comparison with Existing Literature

Many research papers point out that hospitals often face challenges when trying to go digital. These challenges include lack of infrastructure, resistance to change, fear of the unknown, and limited digital readiness. In particular, **Greenhalgh et al. (2017)** mention that health professionals often hesitate to adopt new systems because they feel it might interrupt their usual routine or make their jobs harder. This was something I saw clearly in my field experience. The hesitation wasn't because people didn't want to improve—but because they didn't feel confident about managing the change.

In my own interactions, most hospital staff were not against digital solutions as a concept. What held them back was the **fear of complexity**, lack of time to learn something new, or uncertainty about whether it would work for them. These are behavioral issues, not technical ones—and they're often not visible in top-level reports or strategy documents.

5.2 Interpretation of Practical Strategies

During my internship, I had the chance to test out different approaches when meeting with hospital stakeholders. I quickly learned that **small, practical steps** often worked better than lengthy presentations or product explanations. For example, showing the hospital team their exact billing or lab process within the demo software helped them see how it could actually help them, not just confuse things.

Also, follow-ups weren't just reminders—they built relationships. Something as simple as sending a short video or answering a doubt on WhatsApp made them feel supported. They realized we weren't just trying to close a sale—we genuinely wanted to help.

Another useful strategy was **starting small**. Instead of asking them to adopt the full platform at once, I suggested starting with one department. This helped build confidence slowly. Once they saw success in one area, they were more comfortable expanding usage across the hospital.

These strategies weren't part of a formal training—they were lessons I picked up by listening and observing in real situations.



5.3 Evaluation of What Worked and What Didn't

In practical terms, some things were clearly more effective than others:

What worked:

- Simplifying our messaging and using real-life examples during the demo
- Giving them time to understand without pressure
- Being present both during and after the onboarding phase
- Visiting the hospital in person instead of just calling or mailing

What didn't work:

- Talking about too many features at once—this just confused or overwhelmed them
- Using too much technical language
- Treating all hospitals the same—every hospital had its own pace and mindset

For example, in one hospital, a single demo turned into successful onboarding within days. In another, it took three visits and multiple follow-ups just to get a trial started. The difference came down to **how comfortable and supported** the hospital team felt.

5.4 Role of Human Interaction and Adaptability

If I had to choose one factor that made the biggest impact, it would be **human connection**. Hospital teams already have a lot on their plate. The idea of shifting to a new system feels risky to them. In such cases, having someone physically present, explaining things calmly, and showing empathy made all the difference.

Even when things didn't go smoothly, being adaptable helped me recover the situation. Sometimes a demo needed to be redone, sometimes the decision-maker wasn't available, or sometimes I had to completely change my approach depending on the audience. The more flexible I was, the more likely it was that the hospital would stay engaged.

This reinforces the idea that **people drive technology adoption**, not just product features.

5.5 Insights into Hospital Culture and Decision-Making Processes

One thing that stood out was how **hospital culture** influenced decisions. In some clinics, the admin staff made decisions independently, while in others, nothing moved without a doctor's go-ahead. A few larger hospitals had more structured decision chains, where even IT or nursing heads had a say.

Another cultural factor was openness to change. Hospitals that had younger teams or some existing digital tools were more ready to try something new. In contrast, setups that relied completely on paper registers were slower to adapt.

Staff cooperation also played a key role. Even when the admin was convinced, if the nursing or front desk staff resisted, onboarding stalled. This made it clear that digital adoption isn't just a management decision—it needs a **supportive culture across the team**.

Over time, I noticed that once a hospital saw even small improvements—like faster billing or fewer appointment mix-ups—they started trusting the platform more. That's when real change started to happen.

Chapter 6:

Conclusion

6.1 Recommendations

Based on my internship experience at Vigorous Healthtech Pvt. Ltd. (Chikitsa), I've gathered a few practical recommendations that could help other digital health companies improve their approach to hospital onboarding. These come not from theory, but from the field—from listening, observing, and engaging directly with hospital teams.

- **Invest in field training for sales reps to strengthen communication and empathy**
Most hospitals don't reject digital tools because they're against technology—they hesitate because they don't fully understand it, or fear it may disturb their workflow. A sales or business development person who can **connect emotionally, communicate clearly, and explain with patience** can make all the difference. Training should focus on real-life objection handling, storytelling, and active listening.
- **Customize onboarding journeys for different hospital profiles**
What works for a 50-bed hospital won't work for a solo clinic. I noticed that **one-size-fits-all demos often failed** to connect with decision-makers. Instead, tailoring our pitch and onboarding flow based on the hospital's size, specialty, and digital maturity led to better results. Even using familiar terms and examples from their day-to-day operations helped build relevance.
- **Use feedback loops to evolve product pitches and tech support**
Some hospitals gave helpful feedback, which, if ignored, would've been a missed opportunity. I learned that **documenting their doubts and suggestions**, and then adjusting how we presented the platform next time, made the pitch sharper and more relatable. Feedback also helped identify common friction points in the onboarding experience.
- **Incorporate more relatable success stories in sales narratives**
Hospitals were more open when they heard about **similar clinics or peers** who had successfully adopted the same platform. Sharing those short stories—about how one feature improved operations or how a reluctant staff member eventually came on board—made the idea of going digital feel less intimidating and more achievable.

6.2 Conclusion

This internship experience gave me a real-world view of what “digital transformation” in healthcare actually looks like—not in theory, but in action. It's not just about building a great product or offering the most features. It's about **building relationships, removing fear, and showing consistent support**.

Field-based professionals play a major role in making this possible. They are the bridge between a product and its adoption. It was clear to me that **hospitals say “yes” not just because of what the software does—but because of how someone explained it to them, supported them through onboarding, and stayed present when challenges came up**.

Breaking barriers in digital health isn't just about overcoming technology issues—it's about helping people take the first step, and walking with them until they're confident on their own.

6.3 Future Scope

While this internship gave me valuable insights, there's still a lot more that can be explored in this space. Some areas that could be studied in the future include:

- **Broader studies across different healthtech firms**
Comparing onboarding strategies and success rates across companies would help identify what consistently works across various contexts, hospital types, and geographies.
- **Quantitative metrics to measure onboarding ROI**
Though my internship was qualitative in nature, future projects could include tracking actual usage metrics, conversion rates, and customer retention numbers to clearly show the business impact of field efforts.
- **Long-term impact assessment of successful field strategies**
Some hospitals may adopt platforms quickly, but sustainability is another question. A follow-up study 6–12 months later could reveal whether the adoption was truly successful, or if users dropped off once external support ended.
- **Expansion into rural or government hospital settings**
Most of my field visits were in urban or semi-urban private hospitals. There's immense scope in understanding how digital adoption plays out in **rural or public healthcare systems**, where challenges are often more structural and resource-driven.

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