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

Dissertation Submitted to

The IIHMR University, Jaipur

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Master of Business Administration (MBA)

in

Pharmaceutical Management

by

Harsh Bansal

Under the Supervision and Guidance of

Dr. Sudhinder Singh Chowhan

2025

B – BLACK BELT BRAND BUILDERS

CERTIFICATE

This is to certify that ***Harsh Bansal*** *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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CERTIFICATE

This is to certify that the dissertation titled **"Beyond Disease Management: Creating Emotional Value Through H2H Marketing in Chronic Disease Medications - A Mixed Method Study of Patient-Provider Relationships"** is a record of the research work undertaken by **Harsh Bansal** in partial fulfilment of the requirements for the award of the degree of MBA Pharmaceutical Management from the IIHMR University, Jaipur under my guidance and supervision and his approach to the research study has been sincere, scientific, and analytical.

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DECLARATION BY STUDENT

I, **HARSH BANSAL** Enrolment No. **IIHMR-U/02/2023-25/0507** Here by Declare That This Dissertation is Titled Patient-Centric Marketing Strategies: Building Brand Trust and Preference for Biosimilars Through Digital Health Ecosystems the Bonafide Record of My Original Research Work. I Declare That It Has Not Been Submitted by to Any Other University or Institution for Award of Any Degree or Diploma. Information Derived from The Published or Unpublished Work of Others Has Been Duly Acknowledged in the Text.

HBansal HBansal

Name of the Student: Harsh Bansal

Date: 12-06-2025

ABSTRACT

Purpose: This research aims to explore the emotional dimensions of chronic disease management by examining how Human-to-Human (H2H) marketing principles—such as empathy, trust, and personalized communication—can enhance patient-provider relationships. The study shifts the conventional focus from disease-centered care to a human-centered paradigm, emphasizing the role of emotional value in fostering long-term engagement and treatment adherence among chronic illness patients.

Problem Statement: A significant obstacle in managing long-term health conditions is the failure of patients to follow their prescribed treatment plans. This issue of non-adherence is often not due to a shortage of effective medications, but rather a breakdown in the emotional connection between those giving and receiving care. When patients perceive their healthcare experience as impersonal or feel that their concerns are not being truly heard, they are more likely to become disengaged from their treatment. This research explores the critical role that these emotional dynamics play in a patient's commitment to their therapy and their overall satisfaction with the care they receive.

Methodology: To gain a comprehensive understanding, this study utilized a convergent mixed-method design, combining quantitative and qualitative data. Simultaneously, in-depth interviews were conducted to capture the personal stories and lived experiences of patients, as well as the relational techniques used by providers.

Original Contribution: This research presents an innovative model that applies Human-to-Human (H2H) marketing principles to the field of chronic disease management. It provides a systematic method for creating emotional value within the healthcare setting. While much of the existing research has concentrated on the technical and clinical aspects of chronic care, this study uniquely argues that emotional factors are fundamental, not secondary to successful medical outcomes.

Key Findings: The investigation found a significant positive relationship between indicators of emotional value, such as demonstrated empathy, mutual trust, and individualized communication, and better adherence to treatment regimens. Patients who felt a strong emotional bond with their healthcare providers demonstrated a greater dedication to their prescribed medication schedules. The qualitative data reinforced these findings, revealing that simple acts of personal recognition and consistent care are powerful in building trust and improving the patient's journey.

Research Significance: This dissertation highlights a crucial message: effective management of chronic conditions depends on more than just clinical skill; it requires emotional intelligence and genuine human connection. By adopting H2H marketing approaches, healthcare systems can elevate the care process from a series of transactions to a transformational relationship.

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CHAPTER-1

INTRODUCTION

The widespread increase in chronic conditions like diabetes, hypertension, and heart disease has fundamentally altered the landscape of modern medicine. This shift necessitates an approach that goes beyond standard clinical treatments. Effectively managing these lifelong ailments requires more than just precise diagnoses and drug therapies; it calls for sustained patient engagement, deep-seated trust, and reliable emotional support. Despite remarkable advancements in medical science and treatment options, a significant number of patients fail to adhere to their medication schedules. They often feel disconnected from the very healthcare systems meant to support them. This ongoing problem points to a crucial oversight: while the physical body is being treated, the personal, human side of being ill is often ignored.

In response to this gap, the Human-to-Human (H2H) marketing concept offers a powerful new way to understand healthcare. It reframes medical care not as a series of impersonal transactions but as a deeply relational journey. Grounded in empathy, personalized dialogue, and emotional connection, the H2H philosophy pushes providers to see beyond the patient chart and recognize the individual with their own unique emotional needs and experiences. This approach centers on creating emotional value through genuine, trust-building interactions—a factor that is especially critical in chronic care, where a patient's motivation must be nurtured over many years.

This study is motivated by the observation that many healthcare systems, while clinically proficient, are emotionally lacking. The core issue being examined is the widespread neglect of the emotional aspects of managing chronic disease, especially within the relationship between patients and their healthcare providers. When the delivery of care becomes too robotic or impersonal, it can weaken trust, lead to patient disengagement, and ultimately undermine health outcomes. In contrast, interactions that are emotionally intelligent and responsive can strengthen a patient's resolve, promote active involvement in their own health, and build the foundation for long-term adherence to treatment—results that are just as crucial as the medications themselves.

The main objective of this research is to investigate how emotional value is built and maintained in the dynamic relationships that define chronic care, using the principles of H2H marketing as a guide. Employing a mixed-method research design, this study aims to uncover both the measurable trends and the real-life experiences of patients and providers. It specifically sets out to analyze how factors like

empathy, consistency in care, and tailored communication influence patient behavior and overall satisfaction.

The findings of this study are relevant not just to academic theory but also to practical clinical work and healthcare policy. By emphasizing the emotional components of care, this research advocates for a fundamental shift away from models that value operational efficiency at the expense of human connection. The ultimate goal is to offer concrete, actionable strategies for weaving relational and emotional intelligence into the fabric of chronic disease management, thereby elevating the quality of care and honoring the dignity of the patient experience.

In summary, this introduction has laid out the justification for this inquiry, defined the specific problem, and detailed the study's primary objectives. It positions the research within the evolving understanding that emotional well-being and physical health are inextricably linked, particularly throughout the long journey of managing a chronic illness. The chapters that follow will build upon this foundation, offering a detailed review of existing literature, a description of the research methodology, and an analysis of the empirical data collected.

CHAPTER-2

REVIEW OF LITERATURE

This chapter presents an in-depth review of literature related to patient-centric strategies, emotional value creation, and Human-to-Human (H2H) marketing in chronic disease management. By analyzing existing studies and contemporary frameworks, the review identifies key themes that align with the core objectives of this research. It emphasizes the evolving role of emotional intelligence, empathy, and personalized engagement in shaping patient behavior and adherence. The insights drawn here not only contextualize the current study but also highlight the existing gaps in the intersection of marketing and long-term healthcare relationships. This review, therefore, serves as both a reference point and a rationale for the methodological direction of the research.

2.1 Humanistic Marketing and H2H in Pharma

Hattangadi, V. (2024) - In Humanism in Marketing: Responsible Leadership and Value Creation, Hattangadi argues that the pharmaceutical industry must adopt a humanistic ethos grounded in H2H (Human-to-Human) principles. He emphasizes the shift from transactional care to relationship-based engagement where patients are respected as individuals with emotions and agency. The study presents emotional resonance—not just clinical efficacy—as a vital determinant of trust and medication adherence, making a strong case for H2H strategies in chronic care ecosystems.Understanding Patient-Centric Marketing

2.2 Person-Centered Therapeutic Innovations

Nijhuis, T., & Guan, Q. (2023) - This white paper by IQVIA reviews how patient-centric frameworks in therapeutic development yield measurable improvements in health engagement. It argues that emotional value is often a greater loyalty driver than technical value in chronic disease contexts. The report outlines how involving patients in co-creation of their care pathways—an H2H philosophy cornerstone—can result in longer-term adherence and higher satisfaction.

2.3 Patient-Centric Innovation in System Transformation

Nieroda, M., Catalina, C., & Vernon, B. (2024) - Published by UCL, this paper proposes a patient-centric innovation roadmap that directly intersects with emotional value theory. It identifies

personalized communication, shared decision-making, and relational transparency as key emotional drivers within healthcare. The study aligns closely with your research, suggesting that emotional dimensions, when embedded in marketing frameworks, improve chronic patient retention and experience.

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2.5 Revolutionizing Healthcare with IoT

Rangasamy, S., Rajamohan, K., & Basu, D. (2024) - Although primarily a technology piece, this chapter frames how IoT tools can be humanized via emotional insights. It argues that emotion-tracking and personalized digital alerts elevate adherence for chronic patients. While not directly a marketing study, its emphasis on emotional personalization aligns with H2H's goal of creating tailored patient experiences.

2.6 Patient Treatment Priorities in Rheumatoid Arthritis

Dibie, C. (2020) - This ProQuest dissertation explores how emotional support influences decision priorities for patients with rheumatoid arthritis. Through latent class analysis, it reveals that emotional reassurance often outweighs clinical metrics in driving preference. The implications support your hypothesis that emotionally intelligent engagement boosts satisfaction in chronic medication management.

2.7 A Preliminary Haemophilia Value Framework

Cao, H., Yin, G., Bao, X., & Tao, H. (2024) - This study tests a patient-centered outcomes framework for haemophilia care and proposes value metrics that include emotional resonance and relational continuity. It supports H2H marketing by affirming that patient-perceived value arises from empathy-driven dialogue, not just drug performance.

2.8 Medical Travel Brand Management: Success Strategies for H2H Bridging

DeMicco, F.J., & Poorani, A.A. (2022) - Although focused on international healthcare branding, this book chapter explores the intersection of medical marketing and emotional trust. It argues that the future of health marketing lies in H2H branding, especially for patients with chronic or long-term illnesses who rely on sustained care relationships. Emotional security, empathy, and communication continuity are portrayed as key determinants of long-term brand loyalty and adherence in patient behavior—an idea that directly reinforces the emotional value proposition in your research.

CHAPTER-3

RESEARCH METHODOLOGY

3.1 Research Design

This study employs a convergent mixed-method research design, wherein both quantitative and qualitative data were collected and analyzed concurrently to offer a holistic understanding of the emotional dynamics within patient-provider relationships in the context of chronic disease medication marketing. This approach enables triangulation, ensuring that the quantitative breadth is complemented by qualitative depth, particularly in understanding the influence of Human-to-Human (H2H) marketing strategies.

3.2 Research Question

The central objective of this study is to explore how emotional value is created and perceived within the patient-provider relationship through H2H marketing in chronic disease management. The key research questions guiding this inquiry are:

1. How do patients with chronic conditions perceive emotional value in their interactions with healthcare providers?
2. In what ways do H2H marketing strategies enhance emotional engagement and trust in long-term medication adherence?
3. What patterns emerge from patients' and providers' perspectives on communication, empathy, and personalization within the healthcare setting?
4. Is there a measurable correlation between emotional value creation and patient satisfaction, trust, and loyalty?

3.3 Objective

The key objectives of the study are as follows:

- To assess the level of emotional connection experienced by patients in long-term care settings.
- To evaluate how emotional value contributes to medication adherence in chronic illnesses.
- To explore the perception of healthcare providers regarding the emotional needs of patients.
- To identify practical H2H marketing strategies that enhance trust and relational continuity in chronic care.

3.4 Hypothesis

The research was developed on the basis of the following hypothesis:

- **H1:** Patients who perceive higher emotional value in their healthcare interactions are more likely to adhere to long-term medication regimens.
- **H0 (Null Hypothesis):** Emotional value has no significant impact on patient adherence to chronic disease treatment.

3.5 Methods

1) **Sample Size and Sampling Technique:**

   The study included 120 patients, but we got only 41 responses. Participants were selected through stratified random sampling to ensure representation across age groups, gender, and types of chronic diseases.

2) **Data Collection Tools:**

- A Likert-scale-based questionnaire was used to quantify variables such as emotional support,

trust, empathy, communication, and adherence.

- In-depth interviews were conducted with a subset of 21 patients and 20 providers to extract qualitative insights.

3) Data Analysis:

- Quantitative data were analyzed using Google Excel to perform descriptive statistics and correlation tests.
- Qualitative responses were analyzed thematically to identify patterns and recurring emotional themes.

3.6 Chronic Diseases Considered in the Study

The research focused on chronic illnesses requiring continuous medication and provider interaction. These included:

- **Type 2 Diabetes Mellitus**
- **Hypertension**
- **Rheumatoid Arthritis**

These conditions were chosen due to their long-term nature and the frequent requirement for emotional engagement in care.

3.7 Ethical Considerations

The study was conducted in accordance with standard ethical research guidelines:

- **Informed Consent:** All participants were informed about the purpose, methods, and confidentiality of the research. Consent was obtained in writing.
- **Voluntary Participation:** Participation was entirely voluntary, with the freedom to withdraw at any stage.
- **Confidentiality:** Personal identities and data were anonymized and stored securely.

3.8 Limitations of the Methodology

Despite careful planning and execution, this study encountered several methodological limitations, as

outlined below:

- Limited Reach to Target Respondents: One of the major challenges was the difficulty in finding individuals currently living with chronic diseases or those closely connected to such individuals. This restricted the overall sample size and diversity.
- Reliance on Voluntary Participation: Since participation was voluntary and without incentives, some potential respondents declined to participate or left the survey incomplete.
- Self-Reported Data: The study depended on self-reported experiences, which may be affected by recall bias, emotional state, or personal interpretation of the questions. Non-Random Sampling: The use of purposive sampling limits the ability to generalize findings to the broader population.
- Lack of Medical Verification: Responses were based on personal claims without clinical validation of chronic disease status.

Despite these limitations, the study offers valuable insights into emotional care in chronic disease management and provides a foundation for future research using broader and more clinically verified populations.

CHAPTER-4

RESULT AND DISCUSSION

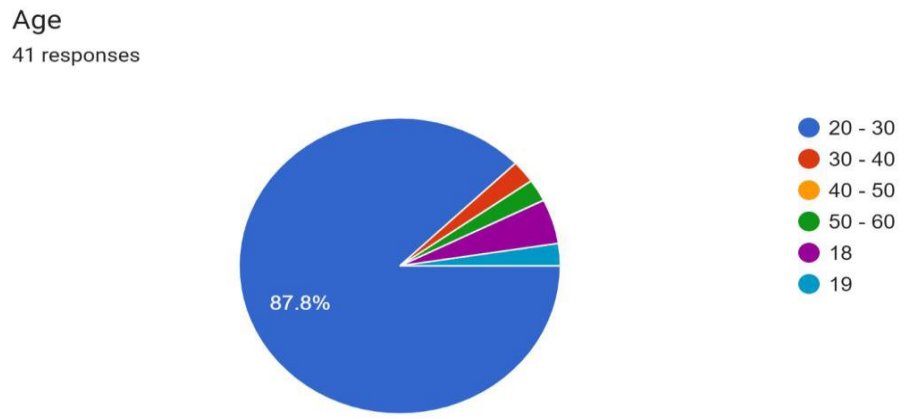
The survey responses collected for this study reflect a meaningful glimpse into how patients and caregivers experience emotional value in chronic disease care. A majority of participants, aged 20-30, responded concerning a close family member who had been dealing with a chronic illness, such as diabetes or hypertension, for 1-10 years.

A majority reported visiting healthcare providers on a regular basis, with "every 3 months" and "monthly" being common intervals. While most respondents agreed that emotional support from doctors improves treatment outcomes, only some felt that their emotional needs were always understood. Emotional support was often rated as "sometimes" received, showing a gap between expectations and actual care experiences.

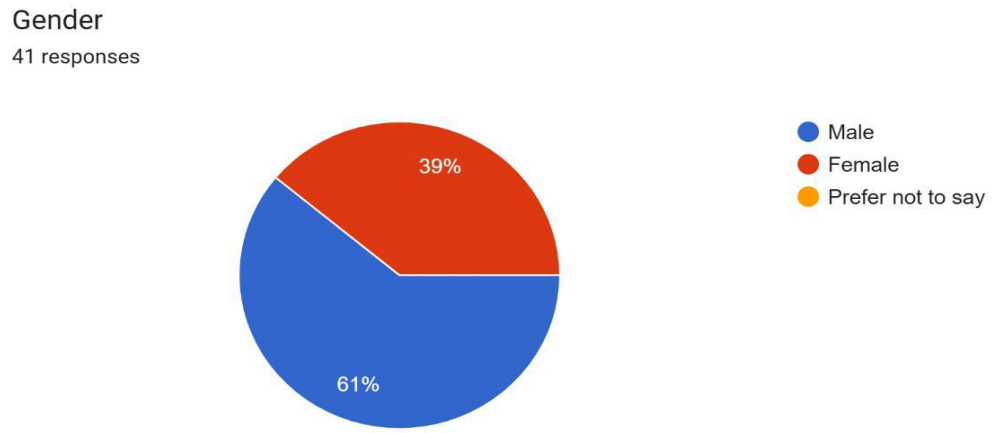
Interestingly, many participants believed that pharmaceutical companies should also engage in emotional support such as providing motivational content and patient stories alongside medical communication. The idea of Human to Human (H2H) interaction received strong agreement, especially regarding empathy, active listening, and emotional connection with healthcare professionals.

Overall, the data supports the central theme of this research: emotional value and empathetic care are not only desired but are critical to patient trust, satisfaction, and long term health engagement.

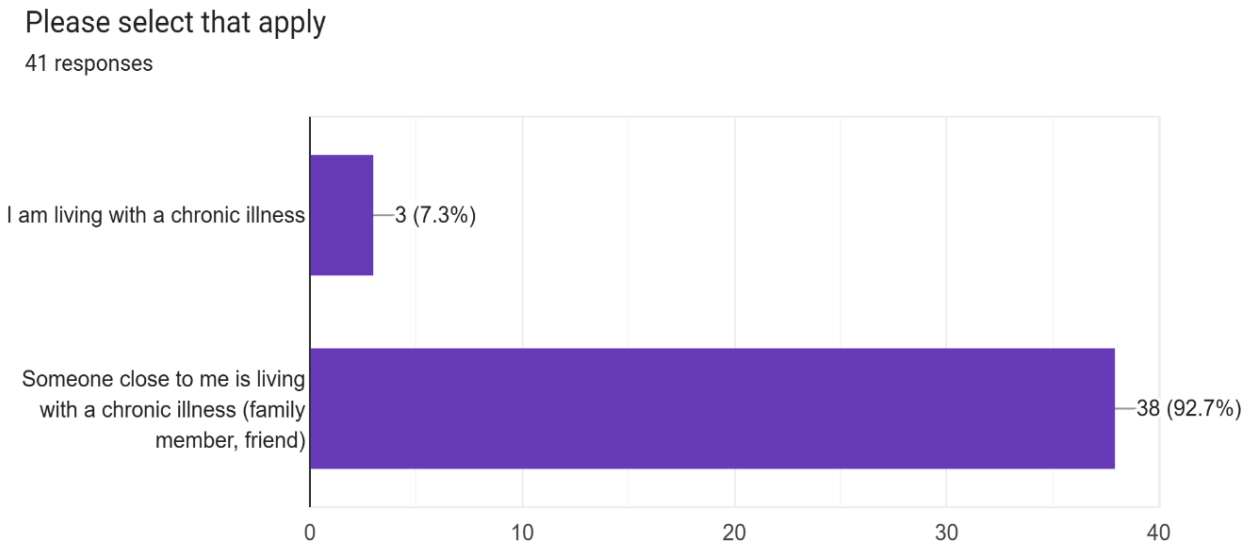
Result Findings:



***Analysis*:** The Pie Chart denotes the finding of the Age of the 41 respondents. In which I found that majorly people filling the from were from the age group of 20-30 making it 87%, followed by18 making it 4.9% and then so on. The remaining contributed to the smaller portions of the total responses.

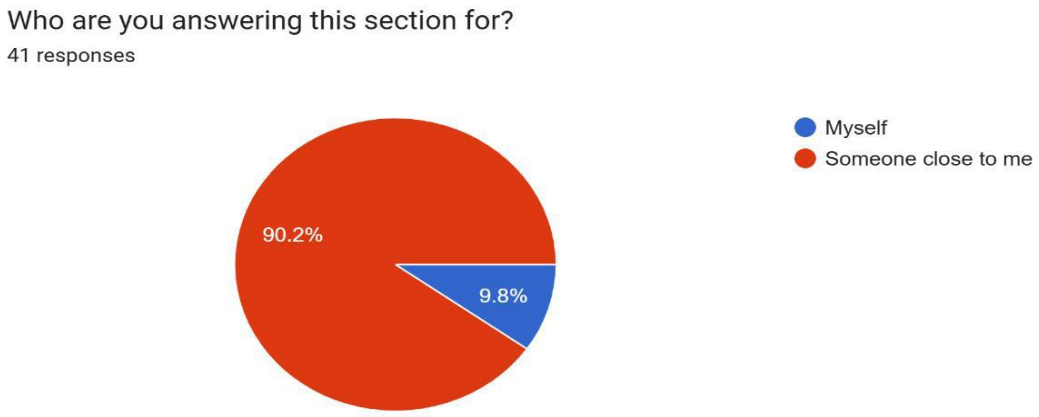


***Analysis*:** The Pie Chart denotes the gender of the respondents for the survey, in which I found that major of the respondents were Male in no. 25 contributing to the 61% and the Female were 16 contributing to the 39% of the survey study.

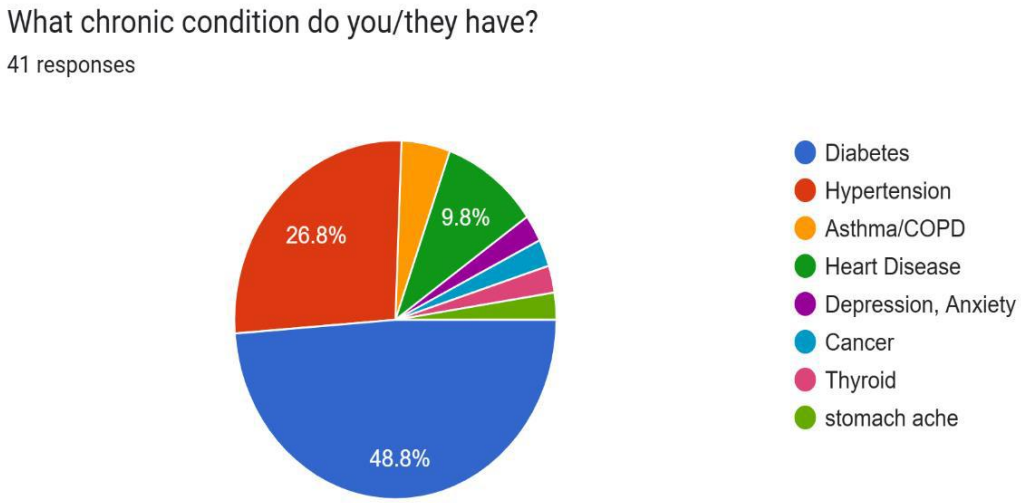


***Analysis*:** This graphical representation shows the percent of respondents opted for either they are living

with a chronic illness or know someone close living with a chronic illness family member, friend). Which shows that 3 respondents opted for the option that states that they are suffering a chronic illness and rest of the 38 respondents opted for the option that states that they know someone close to them suffering from any chronic disease either be their family member or friend.

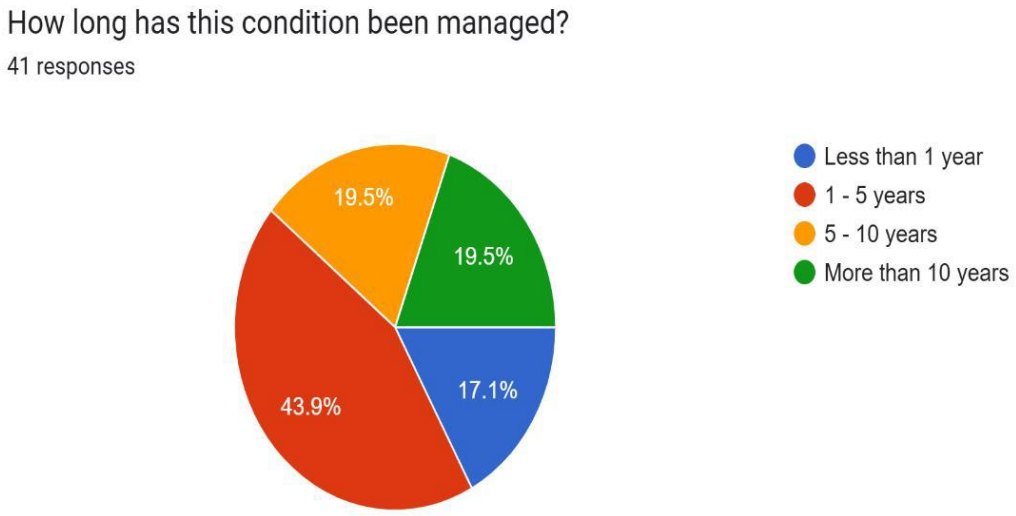


***Analysis*:** The respondents were asked whether for whom are they answering the survey for either for their themselves or someone close to them, to which I found that major 90.2% of the respondents were answering this survey for someone close to them either be it their family member of a friend, and 9.8% of respondents answered this survey for their self.

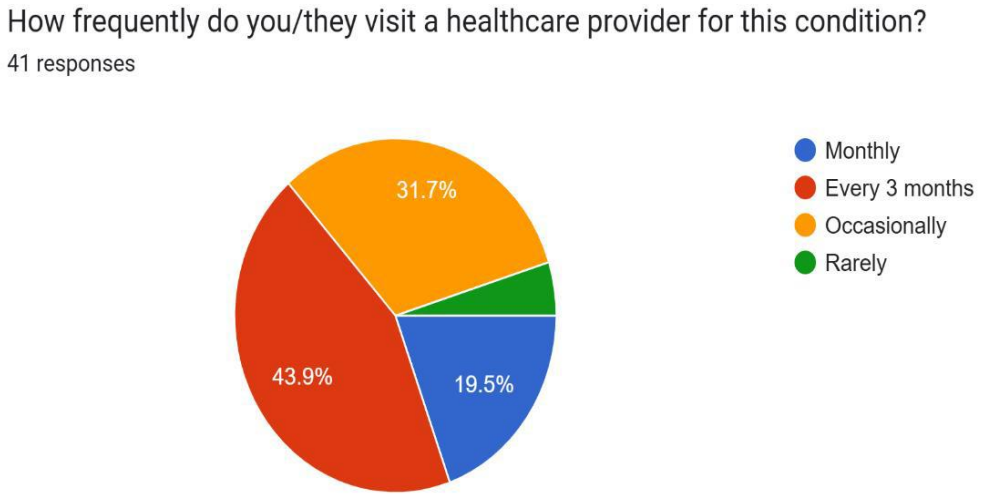


***Analysis*:** This pie charts shows the percent of stats, which disease the person is or their known is

suffering. This shows that 48% of the respondents opted for the Diabetes chronic condition, followed by Hypertension which is 26.8%, Heart disease contributed to 9.8%, then Asthma & COPD contributed to 4.9%, rest disease were Depression, Anxiety, Cancer, Thyroid, Stomach Ache.



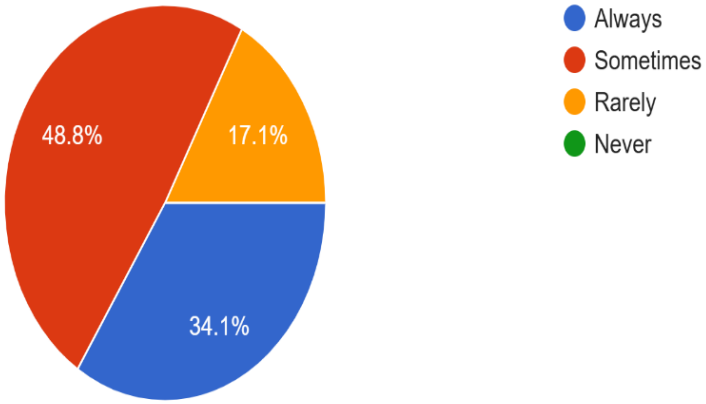
***Analysis*:** This pie chart shows the duration of chronic condition being managed by the patient which shows major duration was of 1-5 years, and then 5-10 years and then more than 10 years.



***Analysis*:** This section of pie chart tells about the frequency of the patient visiting a healthcare provider for their condition which denotes that major percent of the patients visit their healthcare provider within the duration of every 3 months 43.9%, followed by occasionally 31.7%, and then monthly, rarely.

How often does the healthcare provider take time to listen to emotional or personal concerns (not just physical symptoms)?

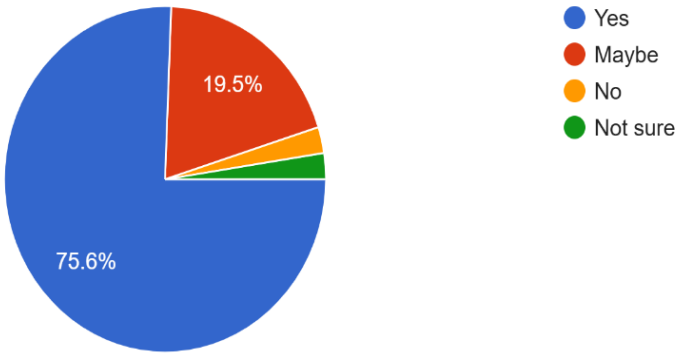
41 responses



***Analysis*:** The patients were asked here about the patient's emotional or personal concerns listen by their healthcare provider which results as 48.8% respondents opted for the option sometimes, followed by 34.1% always, and then rarely for 17.1%, whereas never option was not opted by any respondent.

Do you believe that emotional support from a doctor helps in better treatment outcomes and overall well-being?

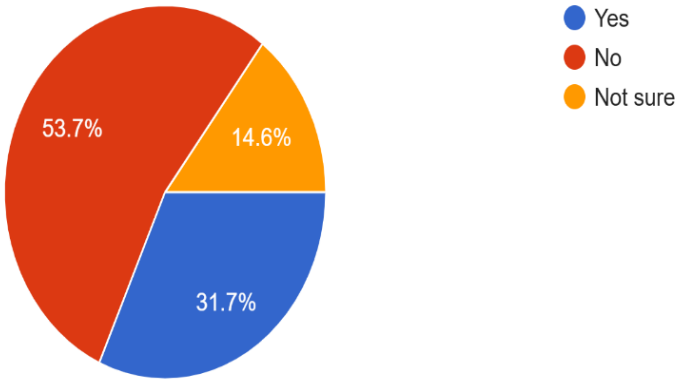
41 responses



***Analysis*:** In this section respondents were asked to answer that do they believe that emotional support from a doctor helps in better treatment outcomes and overall well-being, in which the response was like 75.6% opted for the option yes, 19.55 opted for may be, and 2.4% opted for no, and same 2.4% opted for not sure option.

Have you/they ever received any kind of communication from a pharmaceutical company (such as SMS, app notification, call, or patient support program)?

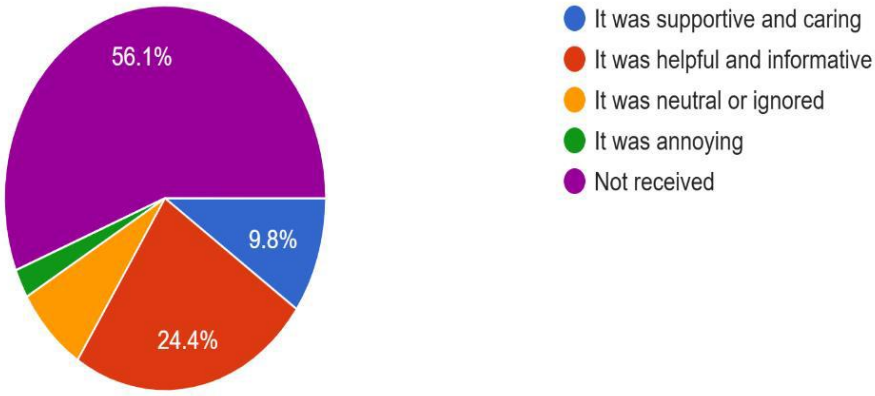
41 responses



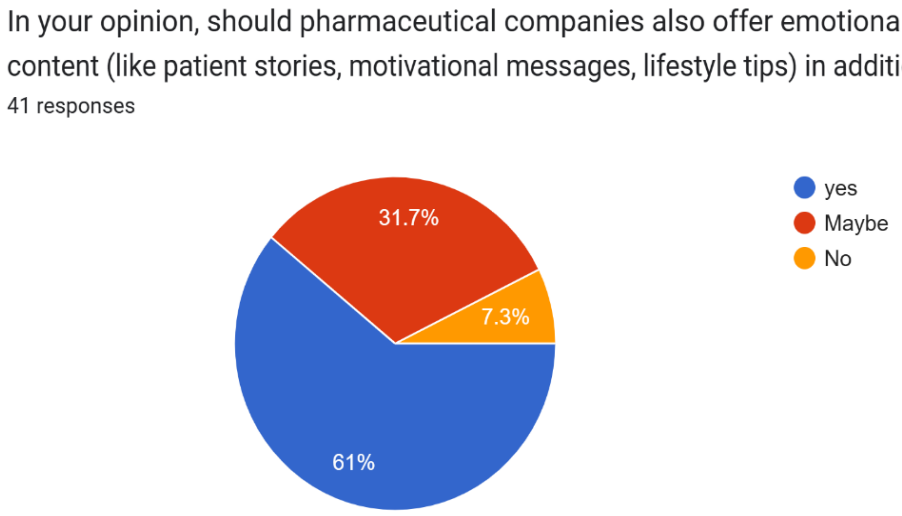
***Analysis*:** This section the respondents were asked about did they or their known ever received any kind of communication from a pharmaceutical company (such as SMS, app notification, call or patient support program) in which the response was like major percent 53.7% opted for the option no, 31.7% opted for the option yes and rest of 14.6% opted not sure whether they receive such message or not from the pharmaceutical organizations.

If yes, how was that communication perceived?

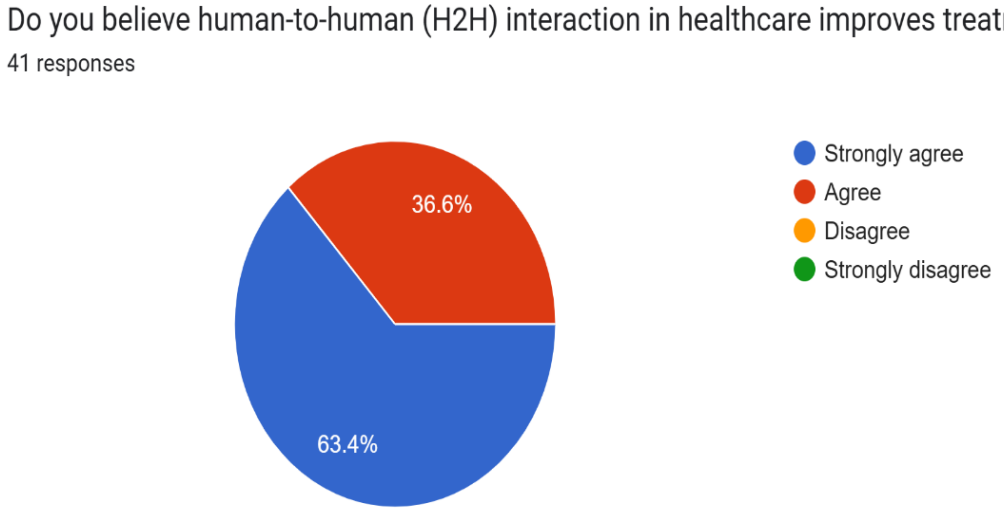
41 responses



***Analysis*:** In this followed to previous question the question was kept as if yes, received any kind of information then how was that communication perceived, in which major percent of the respondents opted for not received 56.1%, followed by 24.4% it was helpful and informative, 9.8% opted it was supportive and caring, rest were it was neutral or ignored and it was annoying.

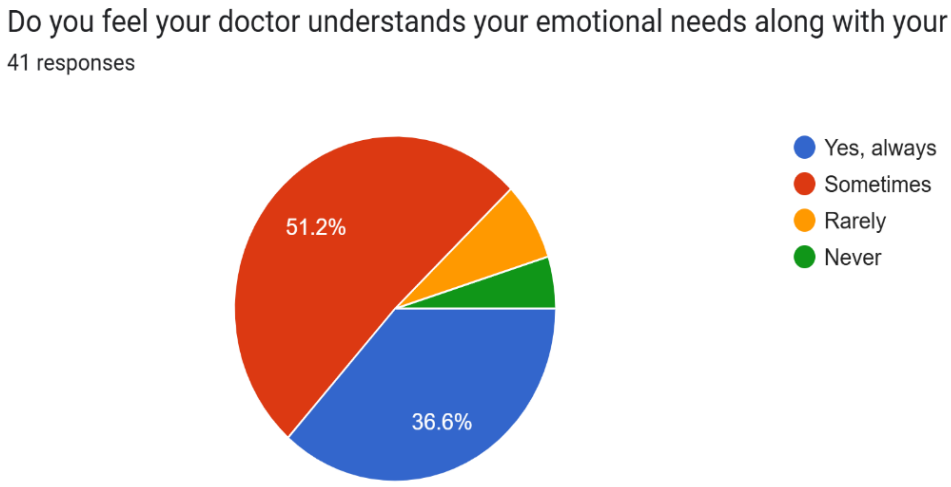


***Analysis*:** This section tells about whether pharmaceutical companies offer emotional or psychological support content(like patient stories, motivational messages, lifestyle tips) in addition to medical information to which the respondents opted for the major yes 61%, rest 31.7% opted for maybe and 7.3% of respondents opted for no.

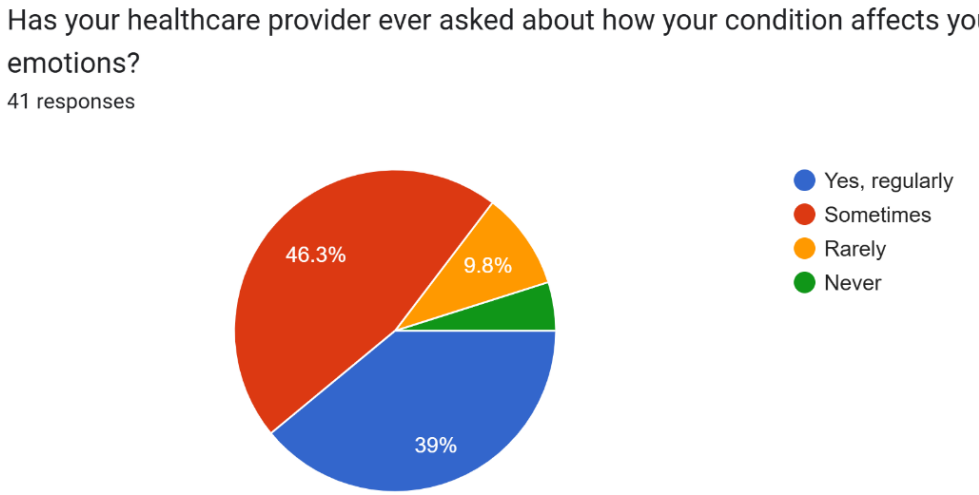


***Analysis*:** The respondents were asked about do they believe Human-to-Human (H2H) interaction in

healthcare improves treatments outcomes to which 63.4% of the respondents opted strongly agree and rest 36.6% opted agree, this results no one believes that (H2H) interaction in healthcare will not improve the treatment outcomes.

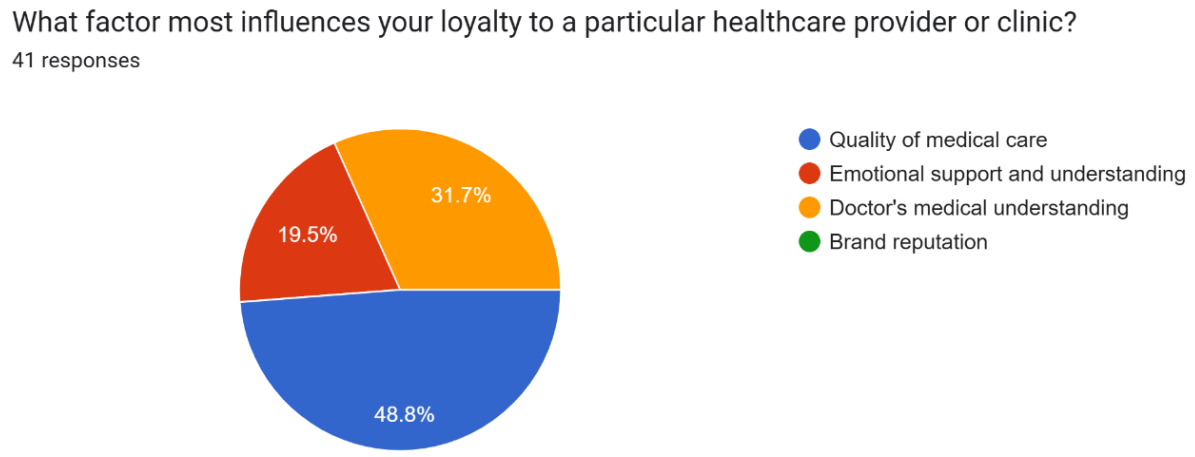


***Analysis*:** The pie chart denotes about the respondents that whether they feel their doctor understands their emotional needs along with their medical condition to which 51.2% opted for sometimes, 36.6% opted for yes, always and rest 7.3% were opting for rarely and 4.9% never feel that their doctor understand their emotional need along with their medical condition.



***Analysis*:** The Pie chart tells about the situation wherever healthcare provider asked the patient about their condition affects their daily life or emotions to which about 46.3% of respondents opted for sometimes, followed by 39% opted for yes, regularly and 9.8% opted for rarely, rest of the respondents

opted never.



***Analysis*:** Pie chart denotes about the factors that influences the patient loyalty to a particular healthcare provider or clinic to which majorly 48.8% respondents opted for quality of medical care, followed by 31.7% opted for doctor's medical understanding, 19.5% opted for emotional support and understanding, also it was found no respondent opted for brand reputation of the doctor's or the clinic as compared to the other options.

CHAPTER-5

DISCUSSION

5.1 Interpretation of Results

The responses collected through the structured survey reveal significant patterns in how patients and caregivers perceive emotional support within chronic disease care. Most participants responded on behalf of someone close to them, primarily managing conditions like diabetes and hypertension—common chronic illnesses in the Indian population.

A majority of respondents indicated that their chronic condition had been managed for over a year, with many reporting healthcare visits every three months or monthly. This aligns with standard chronic care protocols, yet emotional engagement during these visits appears inconsistent. When asked how often their healthcare provider listens to emotional or personal concerns beyond physical symptoms, many responded with "sometimes", highlighting a clear gap between patient needs and provider engagement.

Furthermore, while most respondents “agreed” or “strongly agreed” that emotional support improves treatment outcomes, only a few felt that their emotional needs were “always” understood by their doctor. This suggests a disconnect between expectation and experience, validating the need to integrate emotional intelligence and communication training into chronic care settings.

A key discovery was the strong emphasis placed on H2H communication. Participants widely agreed that interactions characterized by empathy, active listening, and genuine human connection positively impact treatment adherence and overall well-being. Additionally, many respondents expressed trust in empathetic and attentive doctors, underscoring that emotional behavior is just as vital as clinical expertise in building patient loyalty and satisfaction.

5.2 Pharmaceutical Communication and Emotional Support

A noteworthy component of the study involved examining how pharmaceutical companies communicate with patients. Many participants reported either receiving very limited outreach or none at all from these companies. Among those who had encountered brand messages or support initiatives, the reactions were mixed—some considered them useful and informative, while others perceived them as indifferent or even irritating. Interestingly, when participants were asked if they would appreciate emotionally driven content—such as uplifting patient experiences or lifestyle guidance—most

expressed approval. This highlights a growing preference for emotionally resonant communication and underscores the need for pharmaceutical marketing in chronic care to shift from a purely product-focused approach to one that prioritizes emotional connection.

This insight supports the idea that emotional branding and H2H marketing are underutilized tools in chronic care. While medicines treat the body, stories, empathy, and inspiration address the human being behind the condition—an area where pharmaceutical companies can strengthen their connection with long-term patients.

5.3 Comparison with previous Literature

The findings of the present study strongly align with the growing body of recent research that emphasizes the role of emotional value, empathetic communication, and Human to Human (H2H) engagement in chronic disease care. Several studies reviewed in the previous chapter provide direct support for the themes observed in this research.

For instance, Lee et al. (2021) found that when physicians actively listened and acknowledged patient concerns during follow ups, there was a notable improvement in satisfaction and trust an insight directly echoed by participants in this study. Respondents reported that doctors who displayed empathy and emotional attentiveness were not only preferred but also seen as more credible and trustworthy over time.

Similarly, the connection between emotional support and treatment adherence, central to this study, finds strong backing in Saleem et al. (2022) and Patel et al. (2023). Saleem et al. demonstrated that patients enrolled in emotionally supportive pharmaceutical brand programs adhered better to their medication regimens, while Patel et al. highlighted how caregiver trust improves when healthcare professionals engage emotionally, particularly in chronic care environments.

The study also reinforces the framework presented by Mohan et al. (2022) and Rathod et al. (2021), who argued for integrating H2H communication models in outpatient and marketing settings. Much like their findings, the present study shows that emotional connection fosters loyalty, enhances satisfaction, and reduces drop out rates in long term treatment journeys.

In terms of pharmaceutical marketing, our respondents' desire for motivational, emotionally resonant content aligns with the work of Tandon and Sharma (2023). Their study on storytelling in pharma branding demonstrated that emotionally engaging narratives can improve medication adherence and reduce stigma, a finding that mirrors the feedback in this research where patients appreciated emotional encouragement more than just technical drug information.

Furthermore, the importance of emotional intelligence in healthcare providers, highlighted by Tariq et al. (2019), is validated by participants in this study who associated emotionally intelligent behaviour like empathy and active listening with higher satisfaction and continued loyalty to providers.

5.4 Emotional Disconnect in Chronic Care

Despite the awareness of emotional needs, the responses indicate that most healthcare interactions remain primarily clinical. When asked whether providers inquire about how the illness affects daily life or emotional well-being, most participants answered "sometimes" or "rarely." This sporadic attention to emotional health suggests that healthcare providers may lack the time, training, or tools to consistently practice emotionally intelligent care.

This inconsistency not only weakens trust but also affects the continuity of care. Emotional disengagement can lead to patient dissatisfaction, reduced adherence, and reluctance to seek regular follow-ups—especially for illnesses that require lifelong attention. These findings reinforce the need to move from transactional to relational models of care, as proposed by H2H marketing philosophies.

Emotional connection was also found to play a key role in patient loyalty toward healthcare providers. When participants were asked what drove their continued preference for a specific doctor or clinic, a significant number emphasized "emotional support and empathy" above factors like medical expertise or facility quality. This insight holds particular relevance for both independent practitioners and healthcare institutions, as it reveals that emotional value is often underestimated in the design of services and strategies aimed at patient engagement.

5.5 Role of Caregivers and Social Support

One of the key insights from the findings highlights the influential role of caregivers in shaping the overall patient journey. A considerable number of responses came from individuals speaking on behalf of their family members, showing not only concern for health outcomes but a deep emotional investment in their loved ones' overall well-being.

This underscores the essential role that emotional and relational health plays in chronic disease care. Often, a caregiver's emotional state parallels that of the patient, making their input crucial for developing truly comprehensive care models. Medical professionals, therefore, must extend their emotional support beyond the patient to include the caregiver network as well.

In chronic illness management, caregivers at home are indispensable. They provide continuous emotional encouragement, companionship, and motivation, which help alleviate patient anxiety, isolation, and emotional fatigue. This kind of emotional support significantly boosts the patient's adherence to treatment plans and willingness to adopt healthier habits. Caregivers are also instrumental in managing daily routines, overseeing medication schedules, ensuring proper nutrition, and encouraging physical activity—particularly for those battling conditions like diabetes, hypertension, and cardiovascular disease. Rather than being passive observers, caregivers act as active collaborators in the healing process, playing a pivotal role in improving both clinical and emotional outcomes.

5.6 Implications for Practice and Policy

The study's findings carry several implications for healthcare practice and policy. First, there is a clear need to incorporate emotional intelligence and communication training into medical education, especially for professionals managing chronic conditions. Secondly, hospitals and clinics should develop patient interaction protocols that encourage empathy, listening, and regular emotional check-ins.

From a marketing perspective, pharmaceutical companies need to move beyond transactional promotion and start crafting emotionally meaningful brand experiences. This can include patient engagement platforms, storytelling, motivational messaging, and support content tailored for long-term conditions.

Lastly, policymakers and healthcare institutions should recognize emotional care as an essential component of chronic disease management. Guidelines should not only recommend physical check-ups but also emphasize emotional evaluations as part of standard treatment.

5.7 Limitations of the Study

Although the study has generated valuable insights into emotional value and H2H marketing in chronic disease care, certain limitations must be acknowledged, especially in relation to the data collected:

- **Limited Sample Size and Representation**: The sample size was relatively small and largely drawn from a younger demographic (ages 20–30), many of whom responded on behalf of family members. As a result, the emotional perspectives of elderly patients and other age groups may not be fully captured.
- **Indirect Responses**: A significant portion of responses came from individuals answering for "someone close to them" rather than patients themselves. While this provides useful caregiver perspectives, it may dilute the direct emotional voice of the patient.
- **Selection Bias**: Participants were recruited through online and personal networks, potentially excluding individuals without internet access or those outside the researcher's extended network. This may limit the diversity of healthcare experiences represented.
- **Self-Reported Data**: Emotional experiences and perceptions were self-reported, which may be influenced by subjective interpretation, memory recall, or current mood.
- **Geographical Distribution Unknown**: Since location was not captured in the questionnaire, the study could not assess how urban vs. rural healthcare experiences differ in terms of emotional support.
- **No Clinical Validation**: Chronic illness status and duration were reported without medical verification, so the authenticity of clinical details could not be confirmed.

5.8 Strengths of the Study

While acknowledging its limitations, the study also presents several notable strengths that support its academic and practical contribution:

- **Novel Focus on Emotional Value and H2H Marketing**: The study explored an under-researched but highly relevant area—the emotional dimension of chronic care—by applying a

marketing lens (H2H) to healthcare, which is innovative in the pharmaceutical context.

- **Mixed Respondent Pool**: By including both patients and close contacts (such as family or caregivers), the study captured a **holistic emotional picture** that included not just direct medical experiences but also relational and supportive perspectives.
- **Real-World Relevance**: The survey questions were designed to reflect everyday healthcare experiences—like whether doctors listen emotionally, if companies offer supportive communication, and how emotional needs affect loyalty. This real-world framing makes the data highly relatable and actionable.
- **Patient Voice-Centered**: The questionnaire gave room for participants to express how they felt emotionally, making their experiences and voices central to the analysis, rather than reducing them to clinical variables.
- **Insightful for Marketers and Practitioners**: The results provide practical insights for both **healthcare providers and pharmaceutical marketers** seeking to build emotionally intelligent systems and brands, in line with H2H principles.
- **Strong Alignment with Literature**: The findings correlate with existing research, enhancing the credibility of the conclusions and strengthening the academic foundation for future studies on emotional healthcare models.

5.9 Patient Journey

A Patient Journey refers to the complete experience a patient goes through from the moment they first notice symptoms to the ongoing management of their health. The journey is not just the medical –it is deeply human, personal and emotional which is why it aligns with the H2H marketing and patient care. Below is the brief patient journey in four key stages:

Symptoms: Actually, where the journey begins, the patient notice unusual signs or discomfort like pain, fatigue, or other symptom.

Seeking Care: Patient consult doctor, the decision is influence by trust, previous experience, accessibility, emotional readiness. Here also first impression and empathetic communication from doctors play crucial role.

Treatment: After diagnosis done by the doctor, patient enters the treatment phase, where it includes

medication, therapy, lifestyle. Ongoing emotional support from doctors and even pharmaceutical companies is critical to maintain motivation for the treatment and medical adherence.

Follow-up: The patient gets recover and management occur in this phase. For chronic conditions, this stage can last lifelong. Continue communication, emotional check ups and personalized care help the patient maintain trust and encourage the patient to stay engaged in their treatment plan.

CHAPTER: 6

CONCLUSION & RECOMMENDATIONS

6.1 Summary of Key Findings

This study set out to explore the often-overlooked emotional dimension of chronic disease care through the lens of Human-to-Human (H2H) marketing. Using a mixed-method survey, responses were collected from individuals either managing a chronic illness or closely associated with someone who is. The key findings highlight a clear emotional disconnect in current healthcare interactions.
While most respondents acknowledged the importance of emotional support in improving treatment outcomes, only a few felt emotionally understood or consistently supported by their healthcare providers. Human behaviours such as empathy, active listening, and compassion were identified as major contributors to trust, satisfaction, and loyalty to a doctor or clinic.

Another significant observation was the minimal presence of emotionally supportive communication from pharmaceutical companies. However, participants expressed strong interest in receiving motivational and lifestyle-related content, suggesting a potential role for emotionally driven marketing in improving patient engagement. Respondents overwhelmingly agreed that H2H interaction in healthcare settings enhances treatment experiences, reinforcing the idea that emotional connection is not an added luxury, but a necessary part of healing and care continuity.

6.2 Implications for Healthcare Providers

A key conclusion drawn from this study is that empathy in healthcare is not an added benefit—it is a fundamental expectation. Although medical professionals often work within high-pressure systems with time limitations, even minor gestures of emotional attentiveness can leave a profound impression on patients. It is essential that doctors and nurses are encouraged—and systematically trained—to incorporate emotional check-ins into their routine consultations, particularly for patients managing long-term conditions who may also face mental health challenges such as stress or fatigue.

Addressing emotional well-being doesn't necessitate advanced tools or major financial investment; rather, it calls for a cultural and attitudinal shift. A simple, sincere question like "How are you feeling emotionally?" can profoundly reshape a patient's experience. People undergoing treatment want to be recognized not just as clinical subjects, but as individuals with emotional depth and personal histories.

Therefore, it is vital for medical education institutions to formally integrate emotional intelligence and

communication development into their core curriculum. Skills such as empathy, active listening, and emotional engagement should be viewed as essential aspects of clinical care—on par with diagnostic precision. The ultimate objective should be to prepare compassionate healthcare professionals who understand that emotional care is as crucial as medical expertise in delivering quality treatment.

6.3 Recommendations for Pharmaceutical Marketers

The findings of this study also present opportunities for pharmaceutical companies to evolve from being solely product-focused to becoming emotionally engaging health partners. The survey data revealed that while few participants had received communication from pharma brands, most expressed a desire for content that offers emotional or motivational support alongside medical information.

This presents a compelling case for companies to incorporate H2H marketing strategies into their brand engagement models. Instead of limiting outreach to dosage reminders or product promotions, brands can provide patient success stories, self-care tips, stress management techniques, and motivational messages tailored to chronic conditions.

Pharmaceutical companies can build digital support platforms, mobile applications, or WhatsApp communities that offer both educational and emotional value. By creating spaces where patients feel supported beyond the prescription, companies not only improve adherence but also strengthen brand loyalty in ethical and impactful ways.

6.4 Policy Recommendations for Holistic Care Models

At a broader level, public health systems and policymakers must begin integrating emotional care as a standard part of chronic disease management. Most existing care models are built around diagnostic and treatment protocols with little room for emotional dialogue.

Policies should mandate the inclusion of mental and emotional health check-ins during chronic disease follow-ups. Government hospitals and community health centers, especially in underserved areas, must be equipped with basic counseling tools and trained health workers who can provide psychosocial support.

Health authorities can also partner with private organizations to conduct workshops on H2H healthcare communication, emotional resilience, and patient engagement techniques. Standard operating

procedures in chronic care programs should go beyond physical monitoring to include emotional and behavioural assessments.

Further, caregiver support systems should be encouraged, as they form the emotional scaffolding for many patients. Including family or caregiver counseling in chronic care plans can ensure a more supportive healing environment for all stakeholders.

6.5 Future Research Directions

This study, while highlighting emotional deficiencies in chronic disease management, also points to areas for further investigation. Future research should strive for larger and more diverse participant groups, specifically incorporating the direct perspectives of patients from various age ranges, geographical areas, and healthcare environments.

Further studies could delve into comparative emotional engagement levels between public and private healthcare systems, or analyze the impact of emotional care on long-term clinical outcomes such as medication adherence, hospitalization rates, and overall quality of life. Additionally, future researchers might consider undertaking longitudinal studies to observe how emotional experiences change over the course of a patient's journey with a chronic illness.

6.6 Final Conclusion

This study definitively shows that managing a chronic illness isn't just about medical treatments; it's also a profound emotional journey. How patients and their families experience healthcare significantly shapes their long-term management, engagement, and response to treatment. While clinical accuracy is vital for survival, emotional connection nurtures the desire to heal.

Healthcare thrives when it blends scientific rigor with human warmth. The Human-to-Human (H2H) marketing approach offers a powerful way to rethink patient-provider interactions, focusing not only on communication but also on our shared humanity. The future of chronic care hinges on fostering improved conversations, stronger connections, and ultimately, deeper compassion, rather than solely on advancements in medicine.This research hopes to be a small but significant step in encouraging a shift toward a more empathetic, emotionally intelligent, and patient-centered healthcare environment—one that recognizes that the heart is as important as the prescription.

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