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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1) 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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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.

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.

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.

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.

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?

2) OBJECTIVES

- 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) 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.

4) METHODOLOGY

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.

Data Collection Methods:

- 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.

Data Analysis Techniques:

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.

5) TIMELINE

The research project is expected to be completed over a period of **12 weeks**, with the following major milestones:

Week	Activity / Milestone
Week 1	Finalization of research plan, review of literature, and preparation of research tools (questionnaires, interview guides)
Week 2–3	Pilot testing of tools and revisions, identification and recruitment of participants
Week 4–6	Primary data collection (surveys and interviews)
Week 7–8	Data cleaning and analysis (quantitative and qualitative)
Week 9	Interpretation of results and synthesis of findings
Week 10	Drafting of research report
Week 11	Review and incorporation of feedback
Week 12	Finalization and submission of research report

6) REFERENCES

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