

UNDERSTANDING CUSTOMER PERCEPTION & SATISFACTION: INSIGHTS FROM OPHTHALMOLOGISTS USING REMIDIO'S DEVICES IN INDIA

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by

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Under the Supervision and Guidance of

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2025



Impeerical Consulting (Pvt) Ltd.

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This is to certify that dissertation titled “**Understanding Customer Perception & Satisfaction: Insights from Ophthalmologists Using Remidio’s Devices in India**” is a record of the research work undertaken by Deepesh Gaikwad 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.

A handwritten signature in blue ink, appearing to be 'Zaheer', written over a horizontal line.

Faculty Guide

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Date 12/06/2025

A handwritten signature in blue ink, appearing to be 'S. S.', written over a horizontal line. To the right of the signature is a date stamp '12/6/2025' written in blue ink.

School Dean

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Date

DECLARATION BY STUDENT

I hereby declare that this dissertation titled “**Understanding Customer Perception & Satisfaction: Insights from Ophthalmologists Using Remidio’s Devices in India**” is the Bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.



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LIST OF ABBREVIATIONS

Abbreviation	Full Form
AI	Artificial Intelligence
CME	Continuing Medical Education
FOP-NM10	Fundus on Phone - Non-Mydriatic 10 (Remidio's Fundus Camera)
GDA	General Duty Assistant
HMIS	Health Management Information System
IOT	Internet of Things
KOL	Key Opinion Leader
NABH	National Accreditation Board for Hospitals & Healthcare Providers
OPD	Outpatient Department
PSL	Portable Slit Lamp
SERVQUAL	Service Quality Framework (Tangibility, Reliability, Responsiveness, Assurance, Empathy)
SWOT	Strengths, Weaknesses, Opportunities, and Threats

ABSTRACT

Title:

Understanding Customer Perception & Satisfaction: Insights from Ophthalmologists Using Remidio's Devices in India

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Keywords:

Ophthalmic Devices, Remidio, Customer Satisfaction, SERVQUAL, Tier 2 and Tier 3 Cities, Brand Perception, AI in Healthcare, Med-Tech India

Background:

With rising cases of diabetic retinopathy and glaucoma, the demand for effective ophthalmic diagnostic solutions in India has surged. Particularly in Tier 2 and Tier 3 cities, limited access to advanced diagnostic infrastructure creates barriers to timely treatment. Remidio Innovative Solutions Pvt. Ltd., an Indian med-tech company, addresses this need through compact, AI-integrated ophthalmic devices designed to enhance accessibility and affordability in eye care.

Objective:

Primary Objective:

- To evaluate the perception and satisfaction levels of ophthalmologists using Remidio's diagnostic devices.

Secondary Objectives:

- To identify the most valued product attributes such as image quality, ease of use, robustness, and AI integration.
- To examine clinicians' expectations and satisfaction across various service parameters like responsiveness, cost of spares, and installation experience.

- To compare Remidio's brand performance with competitors like Zeiss, Bosch, and Forus across different clinician segments.
- To explore how factors such as city tier and years of clinical experience influence brand trust and device repurchase intent.
- To recommend strategic actions that Remidio can take to address service gaps and build long-term customer loyalty.

Methodology:

The study adopted a descriptive cross-sectional design, combining quantitative and qualitative data. Structured questionnaires were administered to 100 ophthalmologists from Metro, Tier 1, 2, and 3 cities in India. Respondents ranked product, commercial, and service parameters, and also provided open-ended feedback. Data was analyzed using weighted averages, segmentation analysis, thematic coding, and SWOT framework.

Results/Findings:

- Top-rated parameters: Image quality and ease of use emerged as the most valued product attributes.
- City-specific insights: Remidio performed well in Tier 2/3 cities, particularly among early-career ophthalmologists, due to affordability and digital features.
- Service gaps: Weak after-sales service, lack of local presence, and delayed support were prominent concerns, especially in urban areas.
- Brand trust: High in non-metro regions but moderate in Metro cities, where Zeiss and Bosch hold greater recall.
- Repurchase behavior: Only 40% indicated intent to repurchase, while 60% remained neutral, indicating opportunity for engagement.

Conclusions:

Remidio is well-positioned in emerging Indian markets owing to its innovation, portability, and affordability. However, to improve adoption in competitive urban areas and among senior professionals, service responsiveness and brand engagement must be enhanced. Targeted strategies, including improved post-sales support and city-tier-specific marketing, are critical to strengthening clinician trust and expanding market share.

Chapter 1: INTRODUCTION

1.1 Background of the Study

Ophthalmic disorders represent a significant and growing public health challenge in India, affecting millions of individuals across urban and rural areas. Conditions such as diabetic retinopathy, glaucoma, and cataract-related complications are on the rise, driven by aging populations, lifestyle diseases, and limited access to early diagnosis. In particular, residents of Tier 2 and Tier 3 cities face substantial barriers to high-quality eye care due to the lack of advanced diagnostic infrastructure and trained personnel. Technological advancements in portable, AI-integrated ophthalmic devices offer promising solutions to these challenges by enabling early detection and remote screening in under-resourced areas.

Remidio Innovative Solutions Pvt. Ltd., a Bangalore-based med-tech startup, has positioned itself at the forefront of this movement. By developing compact, affordable diagnostic tools such as handheld fundus cameras and AI-based anterior imaging modules, Remidio aims to democratize access to vision care. This study examines the perception, usage patterns, and satisfaction levels among ophthalmologists who utilize these devices. It focuses on how clinicians evaluate Remidio's offerings in terms of usability, affordability, AI features, post-sales support, and overall brand trust.

1.2 Rationale and Significance of the Study

In the rapidly evolving med-tech industry, success is increasingly determined not just by technical innovation, but by how effectively a product addresses the real-world needs of its users. For diagnostic devices, especially in specialized fields like ophthalmology, clinician perception plays a pivotal role in influencing adoption, loyalty, and long-term brand equity. This study holds particular significance as it focuses on a niche but rapidly growing segment within India's healthcare market.

By evaluating ophthalmologists' experiences with Remidio's devices, this research offers important insights into the factors that drive or hinder satisfaction—ranging from clinical performance and digital integration to pricing, servicing, and customer engagement. These insights are valuable not only for Remidio but also for other emerging med-tech firms striving

to compete in the same space. On a broader scale, the findings have implications for improving access to quality eye care in lower-tier cities and enhancing the success of national health initiatives aimed at combating preventable blindness.

1.3 Problem Statement

Despite Remidio’s success in designing innovative and cost-effective diagnostic tools for ophthalmology, the company faces persistent challenges in building a consistent service infrastructure and enhancing clinician trust—especially in more competitive Metro and Tier 1 city markets. While clinicians in Tier 2 and Tier 3 cities value Remidio’s affordability and ease of use, feedback from more experienced users suggests dissatisfaction with post-sales service, delayed support, and lack of local service presence. Additionally, the absence of strong brand recall in Metro regions presents a barrier to broader adoption.

This research aims to investigate these gaps by analyzing ophthalmologist satisfaction, brand perception, and repurchase behavior. It also seeks to identify strategic improvements that can strengthen Remidio’s competitive positioning and customer retention in the Indian market.

1.4 Research Objectives

Primary Objective:

- To evaluate the perception and satisfaction levels of ophthalmologists using Remidio’s diagnostic devices.

Secondary Objectives:

- To identify the most valued product attributes such as image quality, ease of use, robustness, and AI integration.
- To examine clinicians' expectations and satisfaction across various service parameters like responsiveness, cost of spares, and installation experience.
- To compare Remidio’s brand performance with competitors like Zeiss, Bosch, and Forus across different clinician segments.
- To explore how factors such as city tier and years of clinical experience influence brand trust and device repurchase intent.

- To recommend strategic actions that Remidio can take to address service gaps and build long-term customer loyalty.

1.5 Research Questions

1. What are the core product features that ophthalmologists consider most important when evaluating diagnostic devices like those offered by Remidio?
2. How does Remidio perform in delivering value across product, commercial, and service parameters compared to established brands in the market?
3. What specific service-related issues impact clinician satisfaction and hinder brand loyalty or repurchase intent?
4. How do clinician profiles—based on experience level or city type—influence their perception of Remidio's brand and offerings?
5. What targeted interventions could enhance Remidio's market positioning and customer engagement strategies in both emerging and competitive markets?

1.6 Scope of the Study

The study focuses exclusively on ophthalmologists practicing in India who have direct experience with Remidio's diagnostic products. The respondent pool includes a diverse mix of general ophthalmologists, retina and cornea specialists, and cataract surgeons, operating in Metro, Tier 1, Tier 2, and Tier 3 cities. A total of 100 clinicians were surveyed, representing varied levels of clinical experience from early-career to senior professionals.

The analysis is confined to widely adopted devices such as the Handheld Fundus Camera (FOP-NM10), Portable Slit Lamp (PSL), and AI-based imaging modules. While the broader consulting project spanned multiple countries, this dissertation specifically focuses on the Indian market and does not include perspectives from hospital administrators or procurement officers.

Chapter 2: REVIEW OF LITERATURE

2.1 Introduction

In the healthcare technology sector, the adoption of diagnostic devices is influenced by a combination of product quality, user experience, service support, and perceived brand value. In ophthalmology, where early and accurate diagnosis is critical, the reliability, ease of use, and AI capabilities of diagnostic tools become particularly important. This chapter reviews key academic frameworks and market-based insights relevant to understanding ophthalmologists' satisfaction and purchasing behavior. The chapter draws upon literature from customer satisfaction theory, service quality measurement, brand loyalty, and competitive benchmarking in med-tech to contextualize the findings of this study.

2.2 Service Quality and the SERVQUAL Framework

The SERVQUAL model developed by Parasuraman, Zeithaml, and Berry (1988) remains a foundational tool in measuring service quality across five dimensions: tangibility, reliability, responsiveness, assurance, and empathy. Although originally designed for service industries, it has been adapted for healthcare technology by incorporating device-specific attributes and support services.

In this study, the SERVQUAL framework was applied to analyse ophthalmologists' experiences with Remidio's devices. Key service dimensions such as responsiveness to service requests, timeliness of installations, and follow-up practices were rated critically by clinicians, especially those in Tier 1 and Metro cities. This reinforces the importance of service quality in shaping long-term brand trust and repurchase behaviour.

2.3 Clinician Satisfaction and Decision-Making Behaviour

Medical device adoption in ophthalmology is heavily influenced by the clinician's experience, practice setting, and exposure to competing brands. Research indicates that clinicians in private setups, especially in resource-constrained Tier 2 and Tier 3 cities, prioritize affordability, ease of use, and post-sales service when evaluating diagnostic tools. In contrast, clinicians in Metro and Tier 1 cities emphasize advanced digital features, robustness, and strong brand reputation.

This study found that early-career ophthalmologists were more open to innovation and more likely to recommend Remidio. Meanwhile, senior professionals valued pricing flexibility and post-sales reliability, which influenced their willingness to repurchase. These findings are consistent with existing literature emphasizing the role of experiential and contextual factors in physician decision-making.

2.4 Innovation, AI, and Digitalization in Ophthalmology

Artificial Intelligence (AI) has transformed ophthalmic diagnostics, particularly in early detection of diabetic retinopathy, glaucoma, and macular degeneration. Studies have shown that clinicians value AI-integrated tools for improving screening efficiency and diagnostic accuracy. Remidio's product offerings, which include AI-enabled fundus cameras and imaging modules, are seen as innovative solutions especially in Tier 2 and 3 cities where access to expert diagnosis may be limited.

According to the findings, AI and digital integration were particularly appreciated by early-career doctors and those working in non-metro areas, where automation can help bridge gaps in human resources. This aligns with previous research indicating higher adoption rates of AI tools in settings with limited specialist availability.

2.5 Brand Trust, Loyalty, and Repurchase Intent

Brand perception in the med-tech industry is influenced not only by product quality but also by customer engagement, support reliability, and emotional trust. Remidio received high trust ratings in Tier 3 cities and among early-career clinicians, attributed to its perceived affordability and innovation. However, moderate trust levels in Metro cities point to the need for stronger brand-building efforts.

Repurchase intent was neutral for 60% of respondents, suggesting that satisfaction with the product alone is not enough to drive loyalty. Service delays and inconsistent follow-up practices were frequently cited as concerns. These insights are in line with Heskett's Service-Profit Chain model, which links internal service quality to external customer satisfaction and loyalty.

2.6 Competitive Benchmarking in Diagnostic Devices

Competitive benchmarking is essential for positioning a brand effectively in the medical device market. In this study, Remidio was compared to other brands such as Zeiss, Bosch, Forus, and Optomed across key performance parameters. Zeiss was seen as the benchmark for image quality and robustness, while Bosch was preferred for installation experience and advanced specifications. Forus emerged as a cost-effective Indian alternative with moderate service capabilities.

Remidio held a strong position in terms of ease of use and digital innovation, particularly in Tier 2 and 3 cities. However, its weakness in local service presence and follow-up procedures was a recurring theme. These competitive gaps provide strategic direction for improvement in after-sales support and clinician engagement.

2.7 Summary of Literature Review

The literature reviewed provides a comprehensive foundation for examining the critical dimensions explored in this study - **product quality**, **AI integration**, **service delivery**, and **brand trust**. These components are frequently highlighted in scholarly works as integral to the adoption and sustained usage of medical technology, particularly in resource-sensitive settings like India. Studies rooted in healthcare service delivery suggest that satisfaction among healthcare professionals - such as ophthalmologists—is not merely a reflection of product efficacy but rather a composite outcome of various interdependent factors.

Product quality encompasses the reliability, durability, ease of use, and clinical precision of the diagnostic device. High product standards are particularly crucial in ophthalmology, where diagnostic accuracy directly impacts treatment outcomes. Literature underscores that clinicians are more likely to integrate devices into routine practice when they perceive a high degree of clinical utility and low maintenance complexity.

AI integration has emerged as a transformative factor in diagnostic imaging. Several studies emphasize the growing confidence in AI-based image enhancement, grading, and triaging systems, especially among younger or early-career practitioners. The adoption of AI-enabled devices is further accelerated in Tier 2 and Tier 3 cities, where there may be a shortage of subspecialist expertise. This aligns with the current study's observation that ophthalmologists in smaller towns show greater appreciation for AI tools embedded in Remidio's devices, as they aid decision-making and save time.

Service delivery remains a pivotal area influencing clinician satisfaction. According to the SERVQUAL model (Parasuraman et al., 1988), gaps between expected and perceived service dimensions—such as responsiveness, reliability, and empathy—can heavily influence users’ overall experience. The current study integrates these SERVQUAL principles to evaluate the after-sales support, training, and responsiveness offered by Remidio. Literature confirms that med-tech firms with robust service networks and consistent communication strategies fare better in retaining physician loyalty.

Brand trust is another critical determinant of continued usage. The **Service-Profit Chain** framework posits that internal service quality influences employee satisfaction, which in turn enhances external service value, customer satisfaction, and ultimately brand loyalty (Heskett et al., 1994). In the case of Remidio, brand trust appears closely tied to the perception of innovation, affordability, and Indian-origin credibility. Academic studies in med-tech branding suggest that companies which consistently deliver functional reliability and ethical service gain higher trust scores among clinicians, even when competing with international brands.

Overall, this study serves as a bridge between **established theoretical constructs** and **real-world market behaviour**, using empirical insights from Indian ophthalmologists to validate or challenge existing models. In doing so, it adds practical depth to academic frameworks like SERVQUAL and the Service-Profit Chain, while offering actionable insights to med-tech firms operating in emerging economies. It also highlights how geographic location, clinical setting (private vs public), and institutional infrastructure contribute to differentiated satisfaction drivers—thereby underlining the need for contextual product strategies and tailored service models.

Chapter 3: METHODOLOGY

3.1 Introduction

This chapter outlines the research methodology adopted for evaluating ophthalmologists' satisfaction and perception of Remidio's diagnostic devices. The methodology combines descriptive research design with primary data collection through structured surveys and qualitative observations. This mixed-method approach allows for the integration of numerical rankings and subjective feedback to form a comprehensive understanding of user experiences.

3.2 Research Design

The study employed a descriptive cross-sectional design, aimed at capturing ophthalmologists' perceptions at a single point in time. A mixed-method approach was used, incorporating quantitative techniques (rank-based surveys and Likert scales) and qualitative feedback (open-ended responses). This combination was selected to ensure that both measurable performance indicators and clinician narratives were captured.

3.3 Sampling Design

A purposive sampling technique was used to identify practicing ophthalmologists across various city tiers in India. Participants were selected based on their direct usage or evaluation of Remidio's diagnostic devices. The inclusion criteria were:

- **Actively practicing ophthalmologists** (general or sub-specialists)
- **Familiarity with Remidio's handheld and AI-integrated devices**
- **Willingness to participate in a structured interview or survey**

A total of 100 respondents were included, with a balanced representation from **Metro, Tier 1, Tier 2, and Tier 3 cities**. This segmentation allowed for comparison across diverse practice environments and experience levels.

3.4 Data Collection Method

Primary data was collected through structured questionnaires administered both in-person and via online platforms. Each session lasted approximately 45–60 minutes and included both close-ended and open-ended questions. The questionnaire covered key domains such as product-specific parameters (image quality, ease of use, etc.), commercial terms (pricing, discounts), service quality (responsiveness, support), and overall brand perception. To maintain ethical standards, participants were briefed about the study objectives, and informed consent was obtained prior to participation.

3.5 Research Instrument

The data collection instrument was a structured questionnaire developed in alignment with the study objectives. The instrument comprised the following sections:

• **Product-specific ranking:** 9 parameters were ranked from 1 (most important) to 9 (least important) to assess priority areas which include:

- Image Quality
- Ease of Use
- Performance/Stability
- Digitalization Features
- Advanced Product Features
- Integration & Compatibility
- Product Specifications
- Robustness
- Operating Cost

• **Commercial terms ranking:** 6 commercial parameters were ranked from 1 (most important) to 6 (least important), including:

- Price
- Discounts
- Payback Period

- Trade-in Value
- Financing Options

• **Pre- and post-sales service ranking:** 6 service aspects were ranked from 1 (most important) to 6 (least important), including:

- Cost of Spares & Service
- On-time Service
- Installation Experience
- Responsiveness to Queries
- Local Office Presence
- Regular Follow-ups

• **Company/Supplier perception ranking:** 7 brand-related attributes were ranked from 1 (most important) to 7 (least important), including:

- Brand Image
- Past Experience
- Availability of Consumables
- Account Management Practices
- Clinician Engagement
- Promotional Activities
- Scientific Communication

• **Remidio usage & loyalty metrics:** Evaluated across 5 indicators — **Awareness, Trust, Satisfaction, Repurchase Intent, And Likelihood** to recommend — using Likert scale scores and narrative input.

• **Open-ended questions:** Included capturing qualitative insights on **unmet expectations, comparison with competitors, and suggestions for service improvement.**

3.6 Data Analysis Techniques

Data collected was analysed using Microsoft Excel. The following techniques were applied:

- **Weighted Average Scoring:** Used to rank parameters such as product features and service quality.
- **Segmentation Analysis:** Data was segmented by city tier and clinician experience to highlight perceptual differences.
- **SWOT Analysis:** Summarized strengths, weaknesses, opportunities, and threats of Remidio based on clinician feedback.
- **Thematic Coding:** Open-ended responses were analyzed for recurring themes like service issues, brand trust, and AI innovation.

3.7 Ethical Considerations

Participation in the study was entirely voluntary. Prior to data collection, all respondents were informed about the purpose of the study, and verbal or written consent was obtained. No personal identifiers were collected, and all responses were anonymized for reporting. The study followed ethical standards for academic research, ensuring confidentiality and respect for participant opinions.

3.8 Limitations of the Methodology

While the research methodology was designed for feasibility and academic rigor, certain limitations exist:

- The sample size of 100 ophthalmologists may not represent the entire ophthalmology community in India.
- The study focused only on practicing clinicians and did not include hospital procurement officials.
- Self-reported data is subject to bias, especially regarding satisfaction and brand loyalty.
- The scope is limited to the Indian market; global trends were excluded.

Despite these limitations, the study provides valuable directional insights that are both practical and academically grounded.

Chapter 4: RESULTS AND DISCUSSION

4.1 Introduction

This chapter presents and interprets the findings from the survey and interviews conducted among 100 ophthalmologists in India. The analysis is organized across five thematic pillars: product-specific performance, commercial terms, service experience, brand perception, and purchase behaviour. Each section is further segmented by city type and years of experience to uncover trends in perception.

All data used in this chapter was collected via the structured questionnaire and discussion guide provided by Impeerial Consulting. Quantitative insights are complemented with qualitative observations derived from open-ended questions.

4.2 Clinician Demographics and Practice Profile

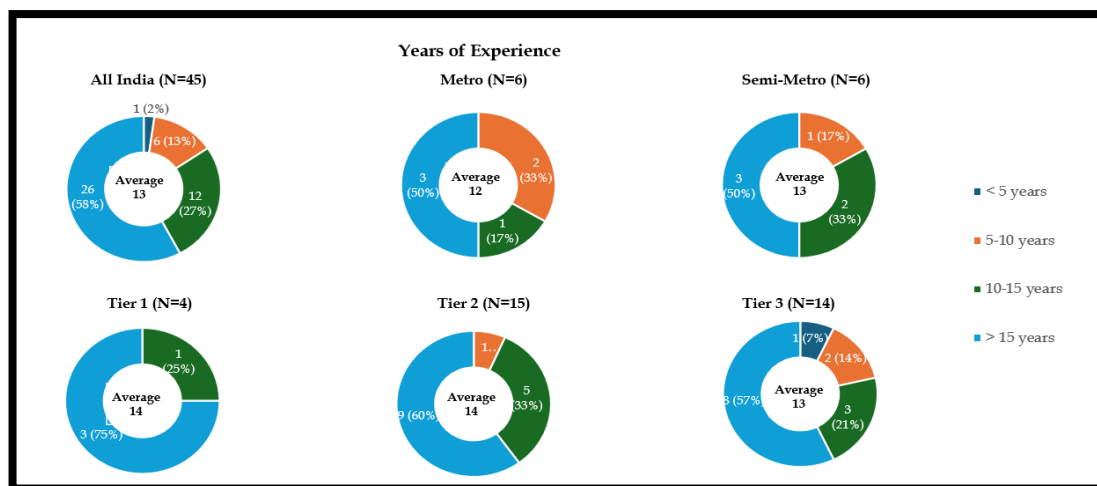
4.2.1 Years of Experience

Among the 100 respondents:

- 58% had >15 years of experience (Senior Experts)
- 27% had 10–15 years (Experienced Professionals)
- 13% had 5–10 years (Mid-Level)
- 2% had <5 years (Early Career)

Senior experts were the most evenly distributed across metro and non-metro areas, while early-career ophthalmologists were mainly from Tier 3 cities.

**Fig
1:**



Distribution of Years of Experience Among Ophthalmologists by City Tier

This figure shows the segmentation of ophthalmologists' experience levels across All India, Metro, Semi-Metro, Tier 1, Tier 2, and Tier 3 cities, with average experience in the centre of each donut.

4.2.2 City Tier and Practice Type

- Highest representation came from Tier 2 (33%) and Tier 3 (31%) cities.
- Metro and Semi-Metro cities had 13% each, while Tier 1 had 9%.
- Most respondents operated from **private clinics (58%)** and **standalone private hospitals (36%)**.
- Chain hospital presence was negligible (2%).

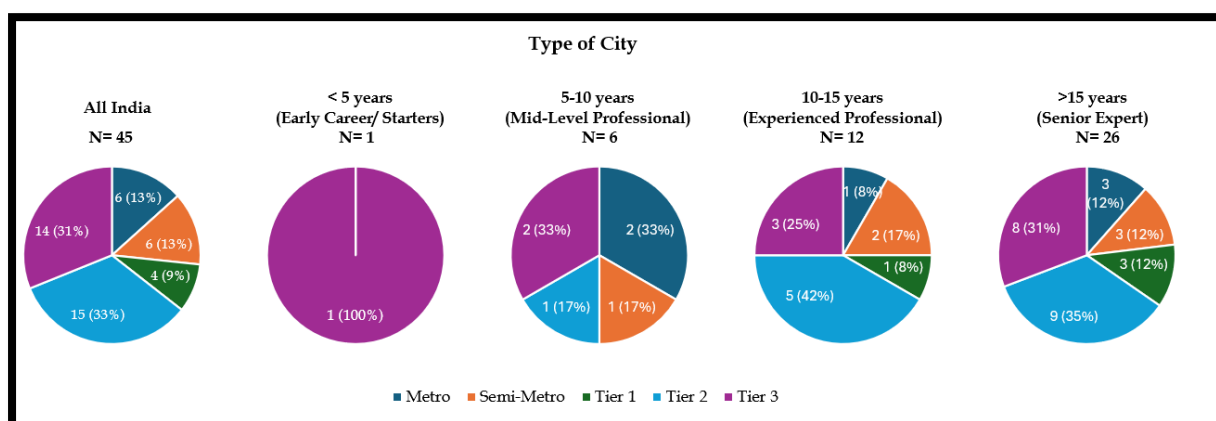


Fig 2: City-Wise Distribution of Ophthalmologists by Years of Professional Experience

This figure shows how ophthalmologists from different city tiers (Metro, Semi-Metro, Tier 1–3) are distributed across four experience brackets.

4.3 Product-Specific Parameters

4.3.1 Parameter Ranking

Ophthalmologists were asked to rank nine key product parameters from 1 to 10 in order of importance. The average weighted ranks (lower = better) are:

Parameter	Average Rank
Image Quality	2.09
Ease of Use	3.64
Performance (Stability)	3.76
Product Specifications	4.11
Advanced Features	4.87
Digitalization Features	5.03
Integration/Compatibility	6.14
Operating Cost	7.88
Robustness	8.33

Table:1

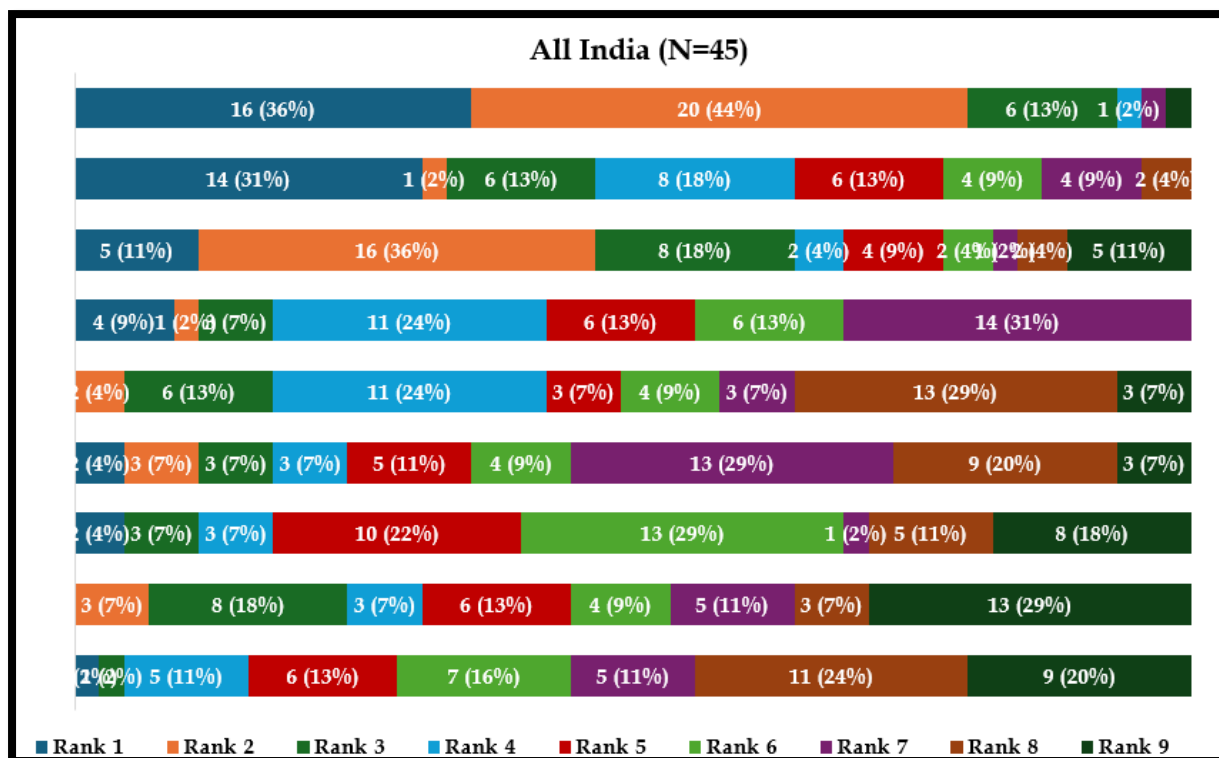


Fig 3: Parameter-Wise Product Evaluation: All India Rankings

Each row in the chart represents a product/service parameter evaluated by respondents across India. The stacked bars show how each parameter was ranked by percentage of respondents (e.g., 36% gave Rank 1, 44% gave Rank 2, etc.).

Image quality and ease of use are consistently ranked as top priorities, especially by clinicians in Tier 3 cities and those with <10 years of experience.

4.3.2 Performance of Brands

Image Quality (Top 3 Rated)

- Optomed (4.94)
- Zeiss (4.9)
- Bosch (4.67)

Ease of Use

- Remidio (4.83)
- Bosch (5.0)

- Optomed (5.0)

Performance (Stability)

- Zeiss (5.0 in Tier 1)
- Bosch (4.7)
- Optomed (4.6)

Remidio is appreciated for ease of use and digitalization in Tier 3 cities but lags in robustness and image clarity in Metro zones.

4.4 Commercial Parameters

4.4.1 Importance Ranking

Clinicians were asked to rank six commercial terms on a scale of 1 to 6. The weighted average ranks were:

Parameter	Avg. Rank
Price	1.79
Discounts Offered	2.89
Payback Period	3.47
Financing Options	3.78
Trade-in Prices	4.18

Table:2

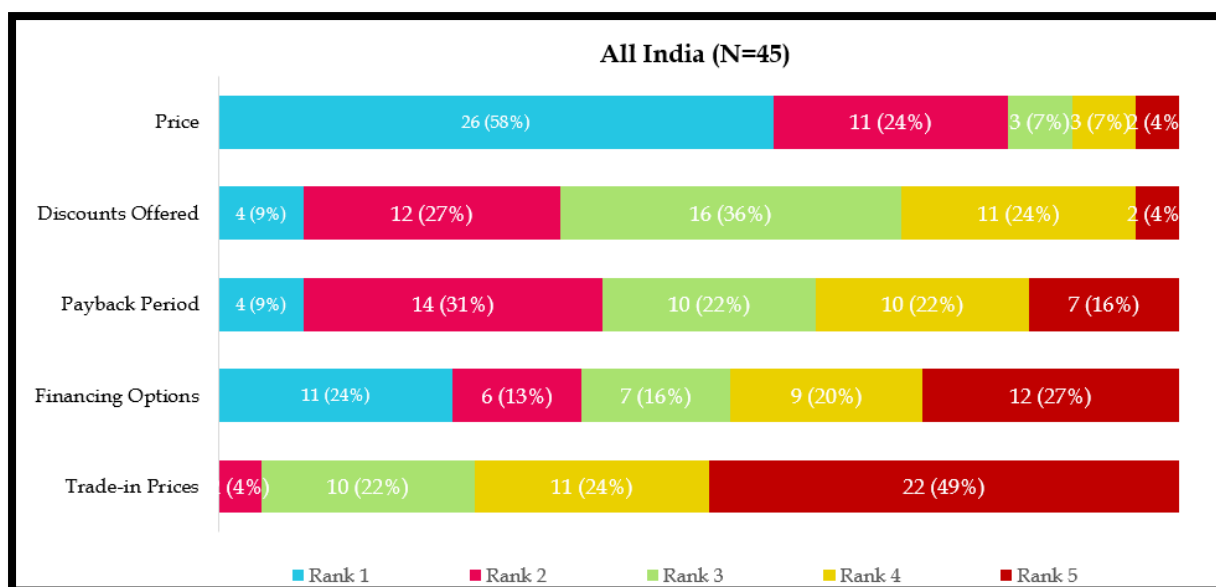


Fig 4: Financial Attribute Ranking of Ophthalmic Devices – All India

Each bar shows the distribution of rankings (1 being most important) provided by 45 respondents, helping to understand the relative financial priorities influencing device procurement decisions.

Price sensitivity is highest among senior professionals (>15 years) and in Tier 1 cities. Discounts are prioritized more in Tier 3 and by early-career clinicians.

4.4.2 Brand Ratings on Commercials

Price Perception

- Zeiss (Best-rated at 2.70 overall, 2.00 in Metro)
- Remidio (3.50, moderately priced)
- Forus (3.75, affordable option)

Discounts

- Remidio (5.00 among <5 yrs users)
- Bosch (4.00)
- Forus (3.86)

Bosch shows excellent payback offers in Semi-Metro zones but weak discounts. Remidio maintains a mid-tier position, offering balanced commercial terms.

4.5 Pre- and Post-Sales Service Experience

4.5.1 Importance Ranking

Ranked on a scale of 1–7:

Parameter	Avg. Rank
Cost of Spares & Service	2.21
On-time Service	2.84
Responsiveness to Queries	3.22
Installation Experience	4.50
Regular Follow-ups	5.10
Presence of Local Office	5.98

Table:3

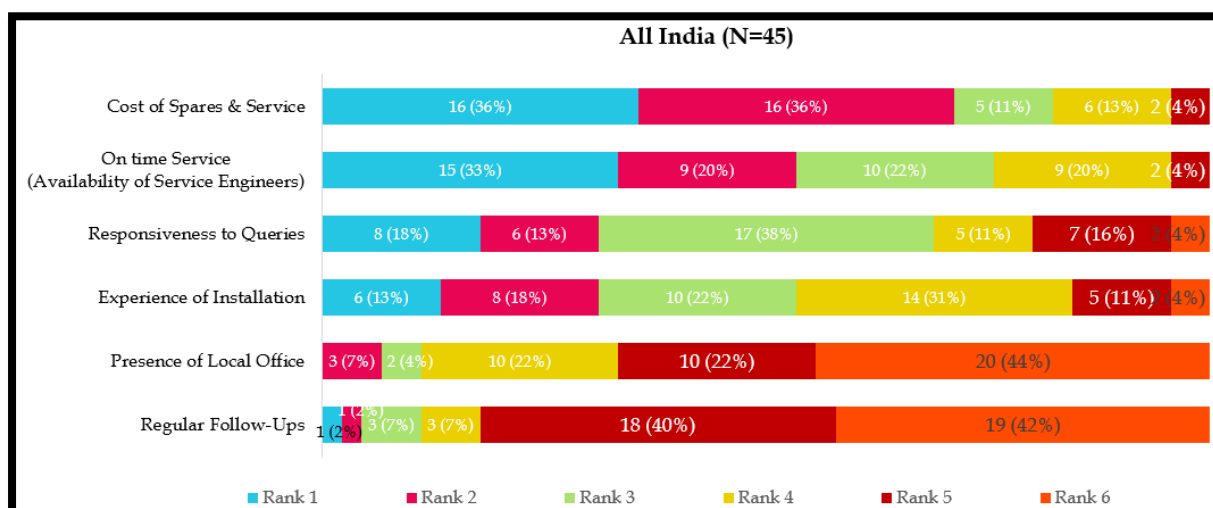


Fig 5: Service Attribute Ranking of Ophthalmic Devices – All India

The color-coded stacked bars represent the distribution of rankings by 45 respondents, helping identify the most and least prioritized service attributes in post-sales support.

Cost of spares & service is most critical, especially in Tier 3 cities (1.79 avg. rank). Responsiveness ranks higher for <10 years professionals.

4.5.2 Service Ratings of Brands

Company	Top-rated Factor	Lowest-rated Factor
Bosch	Installation (4.67), Follow-ups (5.00)	Discounts
Zeiss	Responsiveness (4.30)	Cost of Spares (-0.9 deviation)
Forus	Cost Efficiency (4.33)	Responsiveness (-0.5)
Remidio	Cost of Service (3.5)	Presence of Local Office (2.67)

Table:4

Remidio is penalized for delayed servicing and weak local support, especially in Semi-Metro cities.

4.6 Brand Perception and Loyalty

4.6.1 Awareness Levels

- 42% had high awareness, 16% very high
- Tier 2 and Tier 3 cities showed stronger awareness than Metro

4.6.2 Trust Ratings (Scale of 1–10)

- Most responses concentrated around 7–9
- Highest trust (9–10) found in Tier 3 cities (63%)

4.6.3 Brand Positioning

Respondents described Remidio's personality as:

- Cutting-edge & Innovative – 29%

- Reliable & Trustworthy – 27%
- Affordable & Accessible – 24%
- Scientific & Data-Driven – 20%

Tier 1 cities emphasized "Innovation"; Tier 3 cities valued "Reliability."

4.7 Purchase Decision and Repurchase Intent

- 40% would repurchase Remidio devices
- 60% were unsure (indicating opportunity for engagement)
- 47% were highly likely to recommend Remidio to peers
- Highest recommendation came from <5-year clinicians and Tier 3 cities

4.8 Competitive Differentiation

Closest Competitor to Remidio

- Forus Health (33%) – affordable, Indian-made
- Bosch (11%) – strong specifications
- Zeiss (9%) – premium innovation
- Optomed (7%) – superior digitalization

Forus dominates brand perception in lower-tier cities; Zeiss remains aspirational.

4.9 SWOT Analysis

Strengths

- High image quality and digital integration
- Affordability in Tier 3 cities
- Strong awareness among early-career clinicians

Weaknesses

- Inconsistent after-sales service
- Poor local office presence

- Moderate trust in Metro cities

Opportunities

- Target Tier 1 & Tier 3 cities for new launches
- Expand AI-based offerings
- Improve trade-in and financing options

Threats

- Zeiss's strong brand pull in Metro markets
- Bosch and Optomed gaining traction with digital users
- Perceived service inefficiencies reducing loyalty

4.10 Summary

The study has provided substantial insights into how ophthalmologists perceive Remidio's product offerings across critical dimensions such as affordability, usability, AI innovation, and overall performance. Remidio has notably succeeded in distinguishing itself through competitive pricing structures, particularly attractive to clinicians operating within resource-constrained settings like Tier 2 and Tier 3 cities. The ease of use and intuitive design of Remidio's devices further amplify their appeal among early-career ophthalmologists and those practitioners who prioritize efficiency and workflow integration.

Additionally, Remidio's robust application of artificial intelligence and digital integration in their diagnostic solutions positions the company at the forefront of innovation. This technological edge not only streamlines ophthalmic diagnostic processes but also enhances diagnostic accuracy, a crucial factor highly valued by practitioners, especially those based in Metro and Tier 1 cities.

However, the study has also uncovered significant gaps in Remidio's post-sales service and local customer support infrastructure. The feedback consistently indicated delayed responsiveness to service requests, limited local office presence, and inadequate follow-up procedures, which negatively impact overall customer satisfaction and brand loyalty. These service gaps are particularly pronounced in semi-urban areas and among senior experts who demand reliability and continuous support for seamless clinical operations.

Brand perception analysis highlights considerable variability depending on geographical location and clinicians' experience levels. While Remidio enjoys higher brand trust and positive perception among clinicians in smaller cities and those at the earlier stages of their careers—owing to the affordability and innovative features—it faces substantial competition from established international brands like Zeiss, Bosch, and Optomed in metropolitan areas. Here, brand trust appears more moderate, influenced by established relationships, historical reliability, and the robust presence of competitor brands.

The varied perceptions underscore the necessity for Remidio to implement tailored, segment-specific engagement strategies. For metropolitan areas and senior professionals, strategic initiatives could include reinforcing after-sales support, expanding local service networks, and enhancing clinician engagement through personalized training and proactive communication. Conversely, in smaller cities and among early adopters, leveraging affordability and AI innovation should be central to marketing narratives and product positioning strategies.

Overall, while Remidio is well-positioned in terms of product affordability, ease of use, and technological advancement, immediate strategic interventions aimed at improving service responsiveness and local accessibility are critical. Implementing these targeted actions could significantly bolster Remidio's market position, enhance customer loyalty, and ultimately drive sustained growth and competitive differentiation in India's evolving ophthalmic device market.

Chapter 5: CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter summarizes the key findings of the study, draws conclusions from the analysis, and provides practical recommendations for Remidio Innovative Solutions Pvt. Ltd. The chapter is based on the data collected from 100 ophthalmologists across different city tiers in India, and directly reflects the responses provided in terms of satisfaction, brand trust, service quality, product evaluation, and repurchase behavior. The study's insights help chart a strategic direction for Remidio in the highly competitive and evolving Indian ophthalmic diagnostics market.

5.2 Key Conclusions

5.2.1 Product Perception and Satisfaction

Ophthalmologists showed high satisfaction with Remidio's devices for their image quality, affordability, ease of use, and digital integration. These factors were particularly valued by clinicians in Tier 2 and Tier 3 cities, where Remidio's design simplicity and portability were essential. However, in Metro and Tier 1 cities, Remidio's image quality was seen as moderate compared to premium brands like Zeiss and Bosch.

5.2.2 Service Experience and Operational Gaps

Despite technical satisfaction, there were persistent concerns about service responsiveness, local office support, and lack of follow-up. Clinicians in semi-urban and urban areas were especially critical of the delayed service and weak post-sales engagement. This gap in operational support significantly impacted on customer satisfaction and repurchase intent.

5.2.3 Brand Trust and Market Segmentation

Trust in Remidio was highest among early-career ophthalmologists and those in Tier 3 locations, who valued innovation and cost-efficiency. Conversely, more experienced clinicians and those in Metro cities expressed moderate trust, citing service inconsistencies and stronger recall for international brands. This trust gap suggests the need for more targeted brand engagement based on geography and experience level.

5.2.4 Repurchase and Recommendation Behaviour

Only 40% of clinicians expressed clear intent to repurchase Remidio's devices, while 60% were neutral. This neutral segment represents a missed opportunity and indicates the importance of ongoing engagement. Interestingly, the strongest recommendation likelihood came from young clinicians and users in Tier 3 cities, validating Remidio's success in emerging markets.

5.3 Strategic Recommendations

- Strengthen the post-sales service network by deploying more regional service engineers and improving local office responsiveness.
- Implement structured follow-up protocols with scheduled check-ins to reinforce customer satisfaction.
- Leverage AI capabilities more aggressively in marketing materials and clinician training programs.
- Target early-career ophthalmologists with demo trials, EMI plans, and digital engagement.
- Launch segmented service and pricing models for Metro vs. Tier 2/3 cities to align with local priorities.
- Enhance brand perception in Metro cities through CME participation, testimonials, and key opinion leader (KOL) advocacy.

5.4 Contributions of the Study

This study provides meaningful academic and practical insights into medical device adoption and customer satisfaction in emerging healthcare markets. By applying SERVQUAL dimensions and incorporating competitive benchmarking, the research offers a grounded, real-world evaluation of Remidio's market performance.

Academically, it enriches the literature on diagnostic device satisfaction and med-tech brand perception. Managerially, it provides evidence-backed insights for improving clinician engagement, brand loyalty, and product-market fit in India's ophthalmic care landscape.

5.5 Limitations of the Study

- The study is based solely on practicing ophthalmologists and does not include procurement officers or institutional buyers.
- The sample size is limited to 100 clinicians, which may not fully represent the diversity of the national market.
- Perceptions are self-reported and may contain biases due to individual expectations or brand familiarity.
- The research focuses only on India and excludes international comparative analysis, though Remidio operates globally.

5.6 Suggestions for Future Research

- Include procurement officials and administrative decision-makers to understand buying dynamics beyond clinical preferences.
- Conduct longitudinal studies to observe changes in satisfaction and loyalty over time.
- Expand the study to cover multiple countries where Remidio operates to draw global comparisons.
- Explore patient satisfaction and diagnostic outcomes resulting from the use of Remidio devices.

REFERENCES

1. Buttle F. *What's going on with SERVQUAL? [Working Paper No. 277].* Manchester: Manchester Business School; 1994.
2. Calnan M. *Towards a calculated structure of lay assessment of medical services.* *Soc Sci Med.* 1988;27(9):927–33.
3. Camilleri D, O'Callaghan M. *Looking at public and private clinic care administration quality.* *Int J Health Care Qual Assur.* 1998;11(4):127–33.
4. Carman JM. *Consumer perceptions of service quality: An assessment of the SERVQUAL dimensions.* *J Retail.* 1990;66(1):33–55.
5. Fitzpatrick R. *Study of patient fulfilment (Section 1): significant general considerations.* *Br Med J.* 1991;302:887–9.
6. Fusilier MR, Simpson PM. *Guides patients' impression of nursing care quality.* *J Health Care Mark.* 1995;15(1):49–53.
7. Heskett JL, Sasser WE, Schlesinger LA. *The service profit chain.* New York: Free Press; 1997.
8. Azim SA. *Service quality and customer satisfaction in medical equipment: An Indian perspective.* *Indian J Mark.* 2008;38(2):24–32.
9. Goyal R, Sharma R, Mehta K. *Procurement behavior of ophthalmologists in emerging markets: A South Asian study.* *Health Mark Q.* 2021;38(3):214–32.

10. Lee AY, Yanagihara RT, Iwamoto K. *The evolution of AI in ophthalmology: From bench to bedside.* *Curr Opin Ophthalmol.* 2020;31(5):358–64.
11. Abramoff MD, Lavin PT, Birch M, Shah N, Folk JC. *Pivotal trial of an autonomous AI-based diagnostic system for diabetic retinopathy.* *NPJ Digit Med.* 2018;1:39.
12. Wirtz J, Zeithaml VA, Bitner MJ. *Services marketing: Integrating customer focus across the firm.* 7th ed. New York: McGraw-Hill Education; 2016.
13. Bock A, Grover M, Singh V. *Product benchmarking in ophthalmic diagnostics: A comparative study of Zeiss, Bosch, and Indian startups.* *Asia Pac Med Technol.* 2014;9(2):48–55.
14. Keller KL. *Strategic brand management.* 3rd ed. New Delhi: Pearson Education; 2003.
15. Mehta S, Singh P. *The 3P model of medical device perception: Product, price, and post-sales.* *Indian J Health Econ.* 2021;12(1):15–23.