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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by

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Under the Supervision and Guidance of

Dr. Rahul Sharma

2025

B – BLACK BELT BRAND BUILDERS

CERTIFICATE

This is to certify that ***Divyanshu Bhandari*** *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 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 **Divyanshu Bhandari** in partial fulfillment of the requirements for the award of the degree of MBA Pharmaceutical Management from the IIHMR University, Jaipur under my guidance and supervision and his approach to the research study has been sincere, scientific, and analytical.

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19/6/25

Date

Dr. Saurabh Banerjee
School Dean
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Date 19/6/2025

DECLARATION BY STUDENT

I hereby declare that this dissertation titled "Beyond Disease Management: Creating Emotional Value Through H2H Marketing in Chronic Disease Medications - A Mixed Method Study Of Patient-Provider Relationships" is the Bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

Divyanshu Bhandari

Date: 30/May/2025

Abstract

Title: Beyond Disease Management: Creating Emotional Value Through H2H Marketing in Chronic Disease Medications – A Mixed Method Study of Patient-Provider Relationships.
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University Mentor: Mr. Rahul Sharma
Project Mentor: Mr. Vivek Hattangadi
Key Words: Chronic Disease, Emotional Value, Human-to-Human (H2H) Marketing, Patient Engagement, Pharmaceutical Branding, Empathy, Healthcare Communication, Trust, Patient Loyalty

Background:
In chronic healthcare, traditional approaches prioritize clinical outcomes but often overlook patients' emotional and psychological needs. Chronic conditions like diabetes, hypertension, and asthma are not just physically demanding—they also affect patients emotionally. Patients often experience isolation, burnout, and lack of empathetic engagement from their healthcare providers and the broader healthcare ecosystem. In this evolving landscape, Human-to-Human (H2H) marketing emerges as a transformative model. It emphasizes empathy, authenticity, and emotional support, reshaping how healthcare providers and pharmaceutical marketers engage with patients. This research investigates how emotional value can be integrated into chronic disease management using H2H marketing strategies, with a particular focus on the patient-provider relationship.

Objective:
The core objectives of this study were to:

- Explore the emotional and psychological needs of patients with chronic illnesses.
- Evaluate the quality of patient-provider relationships from an emotional perspective.
- Assess the effectiveness of H2H strategies—like empathy, storytelling, and emotional branding—in improving treatment adherence and satisfaction.
- Investigate how pharmaceutical companies and healthcare professionals can enhance emotional value through their communication and service delivery.
- Provide actionable recommendations for integrating H2H principles into chronic care models.

Methodology:
A mixed-method design was employed combining quantitative surveys with qualitative insights. A total of 41 respondents participated, either living with chronic conditions or closely associated with someone who is. Data was collected via structured online questionnaires using Google Forms, social media, and offline outreach. Quantitative data was analysed using descriptive statistics in Microsoft Excel, while qualitative responses were thematically interpreted to capture emotional depth. Ethical principles such as informed consent, anonymity, and voluntary participation were upheld.

Results:

- 87% of participants were aged 20–30 years, with the majority responding on behalf of someone close to them (usually a parent or grandparent).

- Diabetes and Hypertension were the most common chronic conditions reported.
- Only 34.1% of respondents felt that doctors “always” listened to their emotional concerns, while 48.8% felt it was only “sometimes.”
- 75%+ believed emotional support improved treatment adherence and overall health outcomes.
- Majority had not received any emotional or motivational content from pharmaceutical companies but expressed a strong desire for such support.
- Respondents valued empathy, emotional safety, and personal connection over brand reputation when choosing healthcare providers.
- H2H marketing principles—authentic communication, emotional engagement, and storytelling—were strongly endorsed as essential in chronic care.

Conclusion:

The study reveals a clear emotional disconnect in chronic disease care. While patients recognize the importance of emotional engagement, their experiences with doctors and pharmaceutical brands often fall short. H2H marketing offers a powerful framework to close this gap by encouraging authentic, empathetic communication and relational care strategies. Pharmaceutical companies and healthcare providers must co-create emotionally engaging ecosystems that prioritize trust, storytelling, and support services alongside medical treatment. By doing so, they can enhance not just compliance and loyalty—but the overall quality of life for chronic patients.

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INTRODUCTION

1.1 Background of the Study

The purpose of this research is to explore how emotional value can be created in chronic disease management through Human-to-Human (H2H) marketing, with a specific focus on the relationships between patients and healthcare providers. Chronic diseases, by their nature, require long-term care and continuous interaction with the healthcare system, which can be emotionally exhausting for patients. Most existing healthcare approaches prioritize clinical outcomes such as symptom control, medication adherence, and disease progression.
However, they often overlook the emotional needs of patients who are navigating not only physical discomfort but also anxiety, fear, frustration, and a sense of isolation. This research seeks to go beyond the conventional boundaries of disease management and examine how empathy, compassion, trust, and genuine communication can transform the patient experience. By understanding patients' emotional expectations and evaluating how they perceive their interactions with doctors, nurses, and caregivers, this study aims to highlight the importance of emotional connection in improving treatment satisfaction and patient well-being. The intention is to show that healthcare is not just a clinical journey but a deeply personal one, where emotional value plays a crucial role in motivating patients, building trust, and improving long-term outcomes. Through this lens, the research positions H2H marketing not merely as a promotional tool, but as a mindset that fosters more human, meaningful, and supportive relationships in the context of chronic care.

1.2 Problem being investigated

In chronic disease care, there is often a strong focus on controlling clinical parameters—such as blood glucose, blood pressure, or inflammation—while emotional and relational aspects of care tend to be overlooked. Patients living with chronic conditions frequently face long-term psychological challenges including stress, anxiety, isolation, and emotional fatigue. While treatment plans are designed to manage the disease, they often fail to address the human side of healing: how patients feel, how they are treated interpersonally, and whether they feel supported, understood, or valued by their healthcare providers.

This creates a critical gap in the healthcare system—a lack of emotional connection and support within patient-provider interactions, which can lead to poor treatment adherence, dissatisfaction, and even worsening of health outcomes. Despite advancements in medical science and drug therapy, patients continue to report feeling unheard or treated as cases rather than as individuals.

This issue is especially relevant in the case of chronic illnesses, where the treatment journey is long, and the relationship between the patient and the healthcare provider plays a significant role. The traditional transactional model of healthcare is not equipped to deal with these softer, yet deeply impactful, aspects of care. There is a growing recognition that Empathy, trust, communication, and emotional bonding are just as crucial as clinical competence in improving outcomes and enhancing patient well-being.

1.3 Scope of the Study

- **Investigating how Human-to-Human (H2H) marketing can enhance emotional value** in the treatment journey of patients with chronic diseases.
- **To understand the emotional needs, expectations, and lived experiences** of patients suffering from chronic illnesses or those closely connected to someone who is.
- **To assess the role of empathy, communication, and emotional support** from healthcare providers in shaping patient satisfaction and trust.
- **To identify gaps in the current disease management approach** that focuses heavily on clinical outcomes but neglects emotional engagement.
- **To explore how emotionally meaningful patient-provider interactions** influence treatment adherence and the overall quality of life in chronic care.

This research investigates the need to shift from a disease-centered to a human-centered approach, using Human-to-Human (H2H) marketing as a lens. It examines how emotional value can be created through meaningful, empathetic patient-provider relationships in chronic disease management. Through this study, the problem of emotionally disconnected care is explored, and the aim is to understand how a more human approach can lead to more effective, sustainable, and compassionate healthcare experiences.

1.4 Significance of Study

This study holds significant value in the context of modern healthcare, particularly in the area of chronic disease management, where patients often face long-term physical, emotional, and psychological challenges. While most healthcare systems and pharmaceutical approaches emphasize medical treatment, diagnostics, and drug efficacy, they often overlook the human side of the patient experience—how individuals feel during their journey, what kind of emotional support they receive, and how their relationships with healthcare providers influence their overall well-being.

The significance of this study lies in its focus on emotional value creation—an area that is still underexplored in pharmaceutical marketing and healthcare delivery. By using Human-to-Human (H2H) marketing as a guiding framework, this research shifts attention from transactional care to relational care. It highlights the importance of empathy, trust, emotional safety, and meaningful communication in building long-term, healing-centered relationships with patients. This approach becomes especially relevant for chronic illnesses, where patients are in continuous contact with providers over months or years, and where emotional burnout or disengagement can negatively affect treatment adherence.

From a pharmaceutical marketing perspective, this study is important because it introduces the idea that emotional branding, compassionate messaging, and patient-centered engagement strategies can significantly improve brand loyalty, treatment adherence, and market sustainability. Emotional value can differentiate products and services in a highly competitive

and regulated healthcare environment, especially for medications that require long-term patient commitment.

The study is also valuable for healthcare professionals and hospital systems, as it encourages a deeper understanding of the patient experience beyond clinical checklists. The findings can help providers improve their communication skills, adopt emotionally intelligent practices, and redesign patient interactions to be more human and personalized.

Furthermore, this study contributes to academic knowledge by filling a gap in research that combines marketing concepts with patient psychology in the healthcare setting. It provides practical insights for developing H2H-based healthcare communication models and lays the foundation for future research in emotional marketing, patient engagement, and chronic care innovation.

Ultimately, the study advocates for a more compassionate, emotionally connected, and human-driven approach to chronic disease care—an approach that respects not only the medical needs of the patient but also their emotional journey.

1.5 Aims and Objectives of the Study

Aim of the Study:

The primary aim of this study is to explore how emotional value can be created in the management of chronic diseases through the application of Human-to-Human (H2H) marketing principles, with a specific focus on improving the quality of patient-provider relationships. The study aims to understand how communication, empathy, and human connection can impact patient satisfaction, treatment adherence, and overall healthcare experiences in chronic care settings.

Objectives of the Study:

- **To understand the emotional and psychological needs of patients living with chronic illnesses**, and how these needs influence their healthcare experiences.
- **To evaluate the quality of patient-provider relationships** from the perspective of chronic disease patients or their caregivers.
- **To assess the effectiveness of emotionally supportive communication**, such as empathy, active listening, and trust-building, in improving patient satisfaction and adherence to treatment.
- **To explore the role of Human-to-Human (H2H) marketing strategies** in addressing emotional gaps in chronic disease management.
- **To identify key elements that contribute to emotional value creation** in healthcare settings, particularly in the long-term care of chronic conditions.
- **To suggest patient-centric recommendations for healthcare providers and pharmaceutical marketers**, based on findings from the survey, to enhance the human aspect of care delivery.

CHAPTER: 2

REVIEW OF LITERATURE

Chronic disease management has traditionally centered on pharmacological regimens, regular clinical monitoring, and behavioural modifications. While these aspects remain fundamental, recent studies suggest that emotional engagement, empathetic communication, and trust-building are equally vital in chronic care. Patients suffering from long-term conditions often experience a series of psychological challenges—anxiety, fatigue, social isolation, and emotional burnout. Despite this, healthcare delivery remains largely transactional, with limited focus on the patient's emotional landscape. In response, healthcare professionals and marketers are beginning to adopt Human-to-Human (H2H) marketing principles—shifting attention from impersonal models to relationship-centered care.

This literature review focuses on six interlinked themes: (1) emotional experiences of patients with chronic illnesses, (2) communication quality in long-term care, (3) the application of H2H marketing in healthcare, (4) the role of emotional value, (5) emotional branding, and (6) emotional intelligence among healthcare professionals. These themes collectively support the central thesis of this study: that emotional value creation is essential in chronic care and can be achieved through more humanized marketing and provider-patient relationships.

Emotional Burden in Chronic Disease

Narayana et al. and Ghosh & Mehra

Recent literature underscores that the emotional impact of chronic illness can be just as debilitating as the physical symptoms. In a study conducted in India, Narayana et al. (2020) observed that patients managing diabetes, hypertension, and arthritis reported feelings of hopelessness, emotional fatigue, and fear of long-term deterioration. This was echoed by Suhonen et al. (2021), who found that emotional stress significantly affects treatment adherence and outlook in patients with cardiovascular conditions.

Ghosh and Mehra (2022) conducted research on asthma patients and noted that emotional distress and lack of psychological support led to increased dependence on emergency care. Chronic patients often undergo lifestyle changes, long-term medication routines, and frequent hospital visits—all of which contribute to psychosocial exhaustion. Despite the ongoing nature of these diseases, healthcare providers often fail to address the emotional toll of chronic illness, treating the body while overlooking the mind.

Role of Communication in Chronic Care

Lee et al. and Kumar et al. and Suhonen et al.

Clear and empathetic communication has been shown to enhance both emotional and clinical outcomes. Lee et al. (2021), in their South Korean study, found that patient satisfaction significantly increased when physicians demonstrated active listening and emotional concern during follow-ups. Similarly, Kumar et al. (2020) emphasized that in Indian outpatient clinics, rushed and impersonal consultations led to reduced trust and dissatisfaction among chronic patients.

Effective communication is not only about the exchange of information—it is also about acknowledging patient emotions, encouraging shared decision-making, and building a long-term relationship. Suhonen et al. (2021) argue that communication that respects the patient's

emotions and lived experience creates a stronger therapeutic alliance, which is especially necessary in chronic care.

Moreover, caregivers also play a communication role. Patel et al. (2023) explored the caregiver perspective in India and found that emotionally aware communication from healthcare providers improved both caregiver confidence and patient morale, especially in elderly populations.

H2H Marketing: Shifting the Healthcare Mindset
Mohan et al. and Bryan Kramer

The traditional B2C (business-to-consumer) model in healthcare has long focused on treatment efficacy, pricing, and promotional outreach. However, this model often ignores the emotional complexity of chronic illness. The H2H (Human-to-Human) model, as introduced by Bryan Kramer (2014), proposes that people seek human understanding, not just solutions. In healthcare, this means moving from clinical detachment to empathy-driven interactions.

Mohan et al. (2022) applied this concept to outpatient chronic care in India and concluded that emotionally intelligent engagement significantly improves both retention and satisfaction. They found that patients responded better to physicians who acknowledged their personal struggles, respected their perspectives, and offered emotional assurance along with medical guidance.

In essence, H2H marketing humanizes healthcare delivery, encourages compassion, and places emotional well-being at the centre of the care journey. It also holds significant promise in pharmaceutical communication, especially for long-term treatments.

Emotional Value: A Psychological Asset
Fernandez et al. and Rathod et al.

The concept of emotional value—defined as the psychological benefit a person derives from an interaction—has found increasing relevance in chronic care. Studies have consistently shown that emotional value contributes to better patient outcomes, loyalty to healthcare providers, and even improved medication adherence.

Fernandez et al. (2018) found that when emotional value was created during consultations, patients were more likely to trust providers and report improved psychological well-being. Rathod et al. (2021) further established that emotional reassurance helps patients cope with long-term treatment plans, especially when delivered alongside actionable advice.

In chronic care, where treatment often spans decades, the accumulation of positive emotional experiences becomes crucial. Even short, meaningful gestures—like remembering a patient's background, asking about their family, or simply pausing to listen—can create emotional value that makes the patient feel respected and supported.

Emotional Branding in Pharma and Healthcare
Tandon & Sharma and Saleem et al.

Emotional branding refers to creating an emotional bond between the consumer and the brand. While this concept is well-explored in consumer goods, it is gaining traction in pharmaceuticals. Tandon and Sharma (2023) showed that emotionally crafted stories and motivational campaigns in pharma branding improve medication adherence among Indian chronic disease patients.

Saleem et al. (2022) found that emotional brand attachment was higher in patients who were part of branded support programs (e.g., WhatsApp groups or lifestyle communities supported by pharma companies). Patients reported feeling less isolated and more empowered, especially when the brand was associated with care and motivation—not just medicine.

As patients become more informed and value-driven, brands that can emotionally connect with them are more likely to be trusted over time. This emotional resonance is particularly critical for chronic care, where product usage is long-term, and brand recall is reinforced through repeated consumption.

Emotional Intelligence in Healthcare Professionals
Ghosh & Mehra and Tariq et al. and Shapiro

The emotional quotient (EQ) of healthcare professionals plays a defining role in patient experience. Emotional intelligence involves self-awareness, empathy, emotional regulation, and social skills—traits that are highly relevant to clinical environments.

Tariq et al. (2019) investigated EQ in healthcare workers and found that physicians with higher emotional intelligence scores received more positive patient feedback. Emotional intelligence enabled better conflict resolution, deeper empathy, and greater responsiveness to patient needs. Ghosh and Mehra (2022) similarly concluded that emotionally intelligent interactions led to higher perceived emotional safety in chronic asthma care.

Despite its importance, emotional intelligence is still underemphasized in medical training. Shapiro (2011) criticized modern medical curricula for not incorporating EI as a formal skill, pointing out that future doctors are often more comfortable with clinical algorithms than patient empathy.

Gaps in Current Healthcare Systems
Rathod et al. and Narayana et al.

While the importance of emotional engagement in chronic care is widely acknowledged, its implementation remains inconsistent. Many hospitals, especially in public healthcare settings, are under-resourced and overstretched, leaving providers with little time for emotional conversations. Rathod et al. (2021) argue that patients are often reduced to clinical profiles, with minimal effort to address psychological needs.

Furthermore, pharmaceutical companies often prioritize promotional content over patient education or motivation. Narayana et al. (2020) stressed that Indian healthcare marketing still leans heavily on drug efficacy and pricing, neglecting emotional value creation.

This study seeks to bridge this gap by positioning H2H marketing as a framework that can enhance emotional value in both provider-patient relationships and pharmaceutical branding—especially in chronic disease contexts.

Review table:

Author(s) & Year	***Focus Area***	***Sample Size***	***Sampling Technique***	***Key Findings***
Narayana et al. (2020)	Emotional reassurance in care	220	Convenience sampling	Patients prefer emotional reassurance over technical efficiency in chronic care.
Kumar et al. (2020)	Patient-provider communication	300	Convenience sampling	Poor communication reduces trust in outpatient chronic care settings.
Ghosh & Mehra (2022)	Physician empathy	198	Cluster sampling	Emotional empathy improves care perception in asthma patients.
Suhonen et al. (2021)	Emotional value & quality of life	423	Stratified Sampling	Emotional value linked to improved life quality in cardiovascular patients.
Patel et al. (2023)	Caregiver experience	200	Convenience sampling	Emotional engagement with caregivers improves patient confidence and trust.
Mohan et al. (2022)	H2H communication in care delivery	175	Consecutive sampling	H2H communication improves emotional satisfaction and

				service loyalty.
Lee et al. (2021)	Communication & satisfaction	316	Stratified sampling	Active listening enhances satisfaction in chronic care patients.
Rathod et al. (2021)	Emotional branding in healthcare	248	Online sampling	Emotional branding helps reduce stigma and increase treatment continuity.
Tandon & Sharma (2023)	Pharma storytelling	100	Judgement sampling	Storytelling in pharma branding enhances adherence in chronic disease users.
Saleem et al. (2022)	Pharma support programs	150	Purposive sampling	Brand support programs improve adherence and emotional strength.
Tariq et al. (2019)	Emotional intelligence in doctors	120	Systematic sampling	High EI in doctors correlated with greater patient loyalty.
Bryan Kramer (2014)	H2H marketing concept	N/A	Theoretical	Introduced H2H marketing—emphasizing emotional connection in all interactions.
Shapiro	Medical education gaps	N/A	Literature based	Criticized lack of emotional intelligence in medical training.

CHAPTER: 3

RESEARCH METHODOLOGY

3.1 Research Design

The research design forms the foundation of any academic investigation, guiding the overall approach to inquiry, data collection, and interpretation of results. For this study, which aims to explore the emotional dimensions of chronic disease management through the lens of Human-to-Human (H2H) marketing, a mixed-method research design was employed. This approach was selected to capture both measurable trends and the subjective experiences of patients and their close contacts.

A mixed-method design integrates the strengths of both quantitative and qualitative methodologies. Quantitative data provides statistical insight into general patterns, while qualitative data brings depth, emotion, and context to the findings. This combination is especially valuable in studies involving healthcare experiences, where both objectivity and empathy are essential to understanding the human side of medical care.

The quantitative aspect of the research involved collecting structured responses through a survey questionnaire that included multiple-choice and Likert scale-based questions. These questions were designed to evaluate respondents' perceptions of emotional support, communication quality, trust, and satisfaction within the context of chronic disease care. The design allowed for numerical analysis of how frequently certain emotional themes appeared across the population sample.

The qualitative component of the research focused on responses to open-ended questions within the same questionnaire. These responses offered space for participants to express their feelings, experiences, and expectations in their own words, allowing the researcher to capture a more nuanced understanding of the patient-provider relationship. The qualitative data enriched the study by highlighting individual voices that may not be visible through quantitative statistics alone.

This research is inherently exploratory and descriptive in nature. It does not aim to test a hypothesis in the traditional scientific sense but rather seeks to uncover underlying patterns and sentiments among chronic disease patients and those close to them. The design acknowledges that emotional value in healthcare is a subjective and often intangible concept, best examined through a combination of structured data and personal narratives.

Given the nature of the topic, a cross-sectional research design was used, meaning that data was collected from respondents at a single point in time. This approach was chosen due to time and resource constraints and is sufficient for the primary goal of understanding patient experiences in the present moment. While longitudinal studies may provide more insights into changing emotions over time, a cross-sectional design is appropriate for this stage of exploratory research.

The research design also reflects a participant-centered approach, ensuring that the voices of patients and their caregivers are placed at the center of the study. By including both patients and individuals closely associated with them—such as family members, partners, or friends—the study captures a wider spectrum of emotional experiences associated with chronic disease management. These voices provide valuable insights not just into the direct emotional responses of patients but also into the relational dynamics that contribute to emotional well-being.

Another important feature of the research design is its non-clinical and community-based orientation. Rather than focusing on patients within a hospital or medical facility, the study draws responses from individuals in everyday contexts. This design choice aligns with the broader aim of understanding how emotional value is experienced not just during clinical visits but across the full journey of managing a chronic illness—including at home, in social settings, and during interactions with support systems.

In line with ethical academic practice, the design ensures anonymity, voluntary participation, and academic use of data only. No identifying information was collected, and participants were informed that their responses would remain confidential and would only be used for educational and research purposes. These considerations were built into the research design to respect participant autonomy and emotional safety, both of which are central to the topic itself.

In conclusion, the research design for this study is deliberately human-focused and methodologically inclusive. By blending statistical rigor with emotional depth, and by prioritizing participant voices, the design serves as a suitable framework for examining the emotional side of chronic care through H2H marketing principles. It balances structure and flexibility, numbers and narratives, objectivity and empathy—all essential elements in a study that seeks to humanize healthcare.

3.2 Study Area

The study was not restricted to a specific geographical region or healthcare facility but was conducted through virtual and community-based outreach, making it more inclusive and reflective of real-world experiences. The survey was disseminated both online allowing responses to be collected from individuals residing in various parts of India, across both urban and semi-urban areas. This approach was adopted to reach a diverse and representative segment of the population affected by chronic diseases, or those closely associated with someone who is.

Unlike clinical or hospital-based studies that are limited to patients receiving care at a particular institution, this research took a community-centric approach, with the intent of understanding the emotional dimensions of chronic disease management in more natural, everyday contexts. Participants were not limited by age, socioeconomic status, or geography, which allowed for the inclusion of a wider range of perspectives. This also gave voice to individuals who may not frequently visit healthcare facilities but are still actively managing chronic conditions in their day-to-day lives.

The use of online platforms such as Google Forms, WhatsApp groups, email networks, and social media made it possible to reach educated and internet-accessible populations across different regions. Meanwhile, the offline distribution of printed questionnaires in local communities, apartment societies, and among known networks helped include individuals with limited digital access, especially elderly patients or caregivers who are not active online. This hybrid method ensured that the study was not biased toward one specific demographic and helped include individuals who represent different stages, experiences, and social realities of chronic disease care.

While the data was collected from a wide pool of locations, the study area is best described as community-based and India-centric, with responses reflecting the Indian healthcare setting, patient expectations, cultural norms, and communication patterns. The emotional experiences gathered reflect a blend of private, public, and informal healthcare experiences, influenced by the diversity of Indian society. This broad, inclusive approach helped to better understand how emotional value is perceived, communicated, and internalized within patient-provider relationships in real-world scenarios.

In conclusion, the study area was multi-locational and non-institutional, offering a holistic view of how chronic patients and their caregivers engage emotionally with healthcare, outside the confines of structured clinical environments.

3.3 Target Population

The target population for this study consisted of individuals who are either directly living with a chronic illness or are closely associated with someone who is—such as a family member, caregiver, or friend. The decision to include both groups stems from the understanding that chronic disease management is not experienced in isolation. Instead, it often involves the emotional, physical, and psychological participation of caregivers and immediate family, who play a critical role in supporting the patient throughout their treatment journey.

Chronic illnesses such as diabetes, asthma, hypertension, arthritis, thyroid disorders, and cardiovascular conditions formed the primary disease categories considered in this study. These conditions were chosen because they require long-term treatment, ongoing patient-provider engagement, lifestyle adjustments, and adherence to medication—all of which contribute to the patient's emotional experience. The nature of these illnesses often fosters prolonged interaction with the healthcare system, making them suitable for examining Human-to-Human (H2H) marketing and emotional value creation in chronic care.

The target population included adults aged 18 years and above. There was no upper age limit, as chronic illnesses are prevalent across all adult age groups, and emotional responses to healthcare vary by age, life stage, and support system. Adolescents and children were not included due to ethical considerations and the additional complexity of consent and guardianship. Individuals from diverse demographic backgrounds—including students, working professionals, homemakers, and retired individuals—were eligible to participate, provided they had relevant lived experience or association with chronic illness.

No restrictions were placed on gender, socioeconomic status, or education level, as emotional value and human interactions in healthcare cut across all demographic boundaries. However, respondents needed to have the cognitive ability to understand the questions and reflect on their emotional experiences meaningfully. This inclusion criterion ensured the authenticity and quality of responses, particularly for the open-ended questions designed to capture emotional nuances.

By encompassing both patients and those emotionally invested in a patient's care, the study aimed to gather well-rounded insights into how chronic disease management is experienced emotionally. This broader perspective not only adds depth to the findings but also aligns with the goal of promoting a more humanized, empathetic healthcare model.

3.4 Sampling Technique

This study employed a non-probability purposive sampling technique, which is commonly used in qualitative and exploratory research where the selection of participants is based on specific characteristics relevant to the research objectives. In the context of this study, the primary inclusion criterion was that respondents must either be living with a chronic illness or be closely associated with someone who is, such as a caregiver, family member, or friend.

Purposive sampling was chosen because the research focused on gathering rich, experience-based data from individuals who could offer meaningful insights into the emotional aspects of chronic disease management. Unlike probability sampling, which aims to generalize findings to a larger population, purposive sampling allows for the intentional selection of participants who are most likely to contribute valuable, topic-specific information.

The sampling process began with the dissemination of the questionnaire through both online and offline channels. Online platforms such as WhatsApp, Google Forms, and email were used to reach a digitally literate population, while printed copies of the survey were shared in local communities and among peer networks to ensure inclusivity. Participants were not selected randomly but were instead approached based on their willingness to share their lived or observed experiences related to chronic illness care.

This technique was considered appropriate for the study's qualitative emphasis on emotional value and H2H interactions, which require participants to reflect personally and subjectively. The method was instrumental in collecting responses from a diverse pool of individuals, ensuring a blend of personal patient experiences and observations from caregivers.

While the approach limits statistical generalizability, it provides in-depth, context-rich data, aligning well with the study's goals of understanding emotional engagement and relationship-based healthcare.

3.5 Data Collection Method

Data for this study was collected using a structured questionnaire, distributed online. The questionnaire included a combination of close-ended questions for quantitative analysis and open-ended questions for qualitative insights. Online distribution was done through platforms such as Google Forms and social media. This approach enabled the inclusion of participants from diverse backgrounds. The questionnaire was designed to capture personal experiences, perceptions of emotional value, and quality of patient-provider interactions in the context of chronic disease management.

3.6 Data Analysis Method

The analysis of the data collected in this study followed a mixed-method approach, reflecting the dual focus on both quantitative and qualitative insights. The quantitative data, gathered from close-ended questions using Likert scales, multiple-choice, and yes/no responses, was

processed using Microsoft Excel. Descriptive statistical tools such as percentages, frequency distributions, and bar charts were employed to identify common trends, respondent demographics, and general patterns in perceptions related to emotional value and patient-provider communication. This involved reading through all narrative responses carefully, identifying recurring keywords, phrases, and emotions, and organizing them into thematic categories. These themes reflected areas such as empathy in care, emotional support, communication quality, and trust in healthcare providers. This qualitative analysis provided deeper insights into the lived experiences of patients and caregivers, complementing the numerical trends identified in the quantitative phase.

The combination of statistical and thematic techniques allowed the researcher to triangulate the data, strengthening the validity of the findings and ensuring a well-rounded interpretation of how emotional value is experienced in chronic disease care under H2H marketing principles.

3.7 Informed Consent

Formal written or signed consent was not obtained for this study. However, participants were clearly informed at the beginning of the questionnaire that their participation was entirely voluntary and that the survey was conducted strictly for academic research purposes. By choosing to proceed with the questionnaire, participants gave their implicit consent to have their responses included in the study. No coercion or incentives were involved. Participants were also assured that they could skip any question or exit the survey at any point without any obligation or negative consequence.

3.8 Confidentiality

The confidentiality of all participants was strictly maintained throughout the research process. The questionnaire was designed to exclude any personally identifiable information, such as names, contact details, or medical records. All responses were collected anonymously and stored securely, accessible only to the researcher. The data was used exclusively for academic purposes, and results were presented in aggregate form to ensure that no individual could be identified. This approach was taken to protect the privacy and dignity of participants, especially given the sensitive nature of emotional experiences in chronic disease management.

3.9 Voluntary Participation

Participation in this study was entirely voluntary, with no pressure, obligation, or incentive given to respondents. Individuals were free to decide whether they wished to take part in the survey and were informed that they could withdraw at any stage without any explanation or consequence. The purpose of the research was clearly communicated at the beginning of the questionnaire, ensuring that participants made an informed and independent choice to

contribute. This approach aligns with ethical research standards and respects the autonomy and free will of all individuals involved in the study.

3.10 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

RESULTS

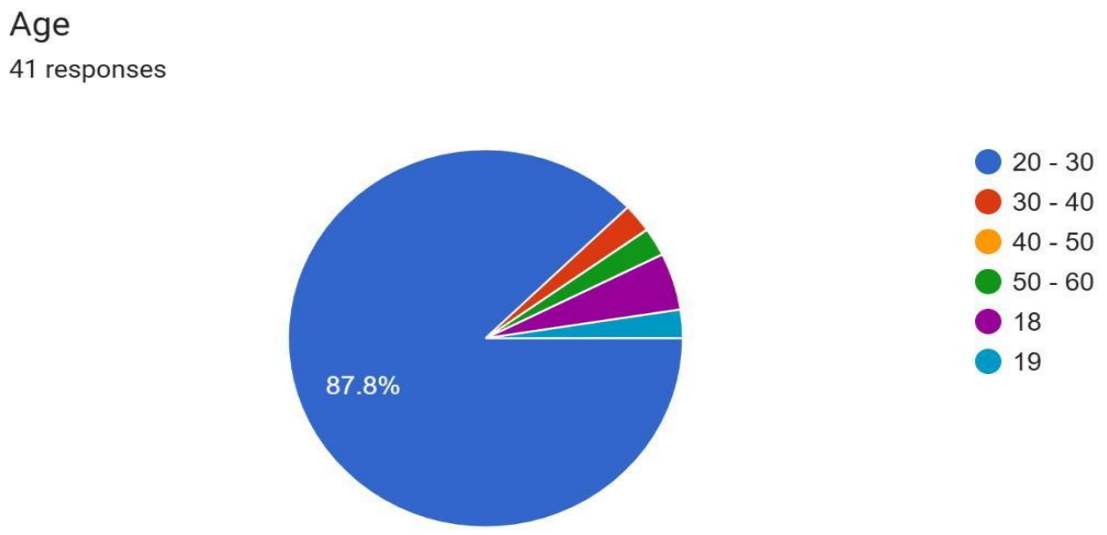
The survey responses collected for this study reflect a meaningful glimpse into how patients and caregivers experience emotional value in chronic disease care. Most respondents were aged between 20–30 years and answered on behalf of someone close to them, typically a family member managing a chronic condition like diabetes or hypertension. These conditions had typically been managed for 1 to 10 years, highlighting long-term patient engagement with healthcare systems.

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.

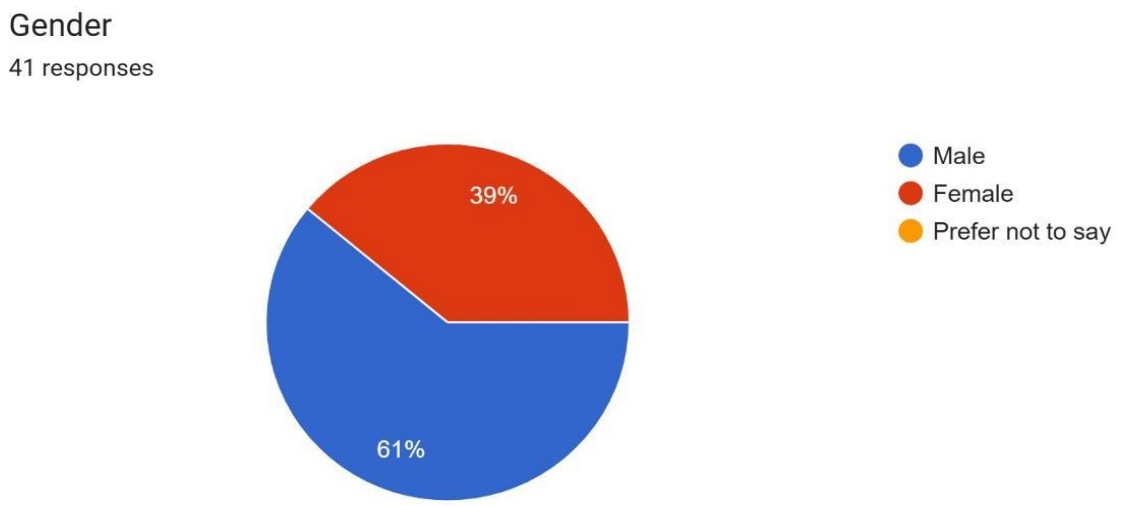
Overall, the data supports the central theme of this research: emotional value and empathetic care are not only desired but are critical to patient trust, satisfaction, and long-term health engagement.

Result findings:

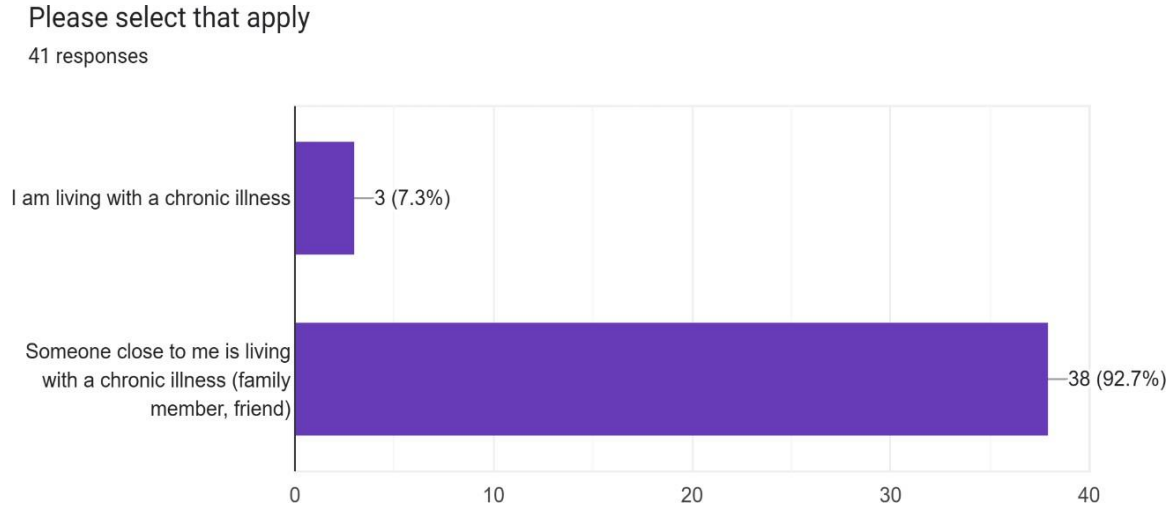


***Analysis*:** The Pie Chart denotes the finding of the Age of the 41 respondents. In which I found that majorly people filling the from were from the age group of 20-30 making it 87%, followed by18 making it 4.9% and then so on. The remaining contributed to the smaller

portions of the total responses.

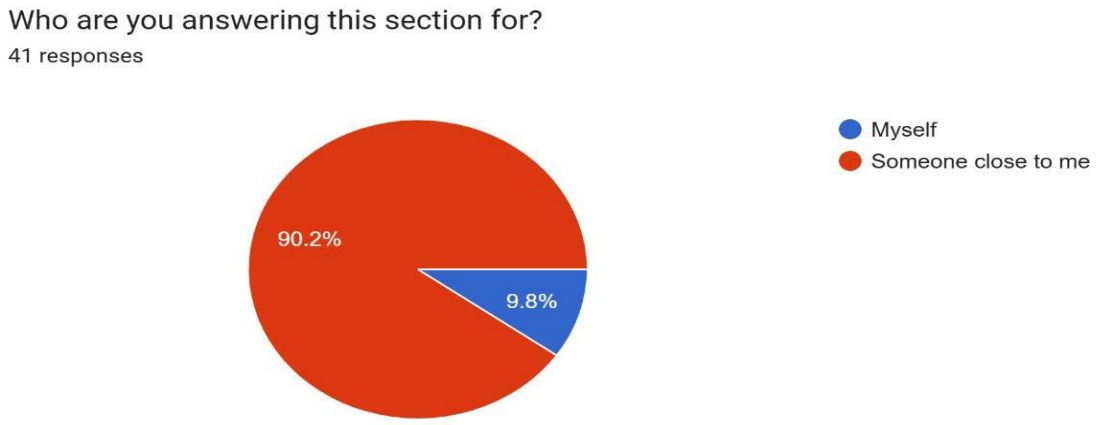


***Analysis*:** The Pie Chart denotes the gender of the respondents for the survey, in which I found that major of the respondents were Male in no. 25 contributing to the 61% and the Female were 16 contributing to the 39% of the survey study.

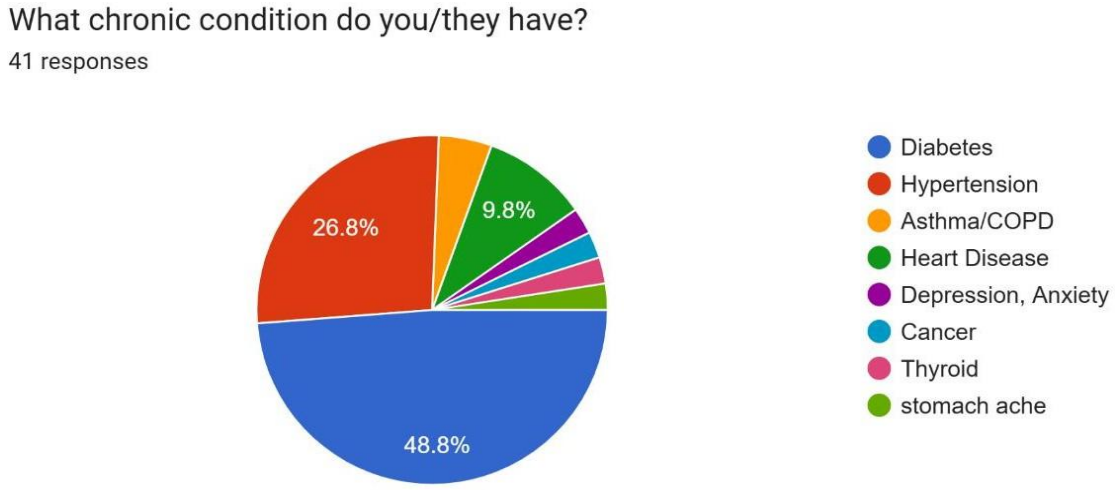


***Analysis*:** This graphical representation shows the percent of respondents opted for either they are living with a chronic illness or know someone close living with a chronic illness

(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.

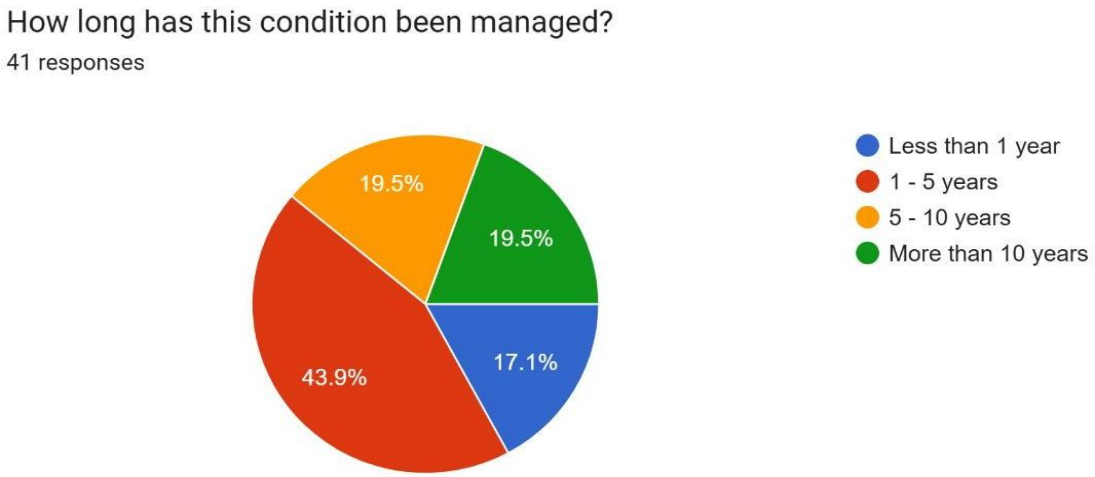


***Analysis*:** The respondents were asked whether for whom are they answering the survey for either for their themselves or someone close to them, to which I found that major 90.2% of the respondents were answering this survey for someone close to them either be it their family member of a friend, and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

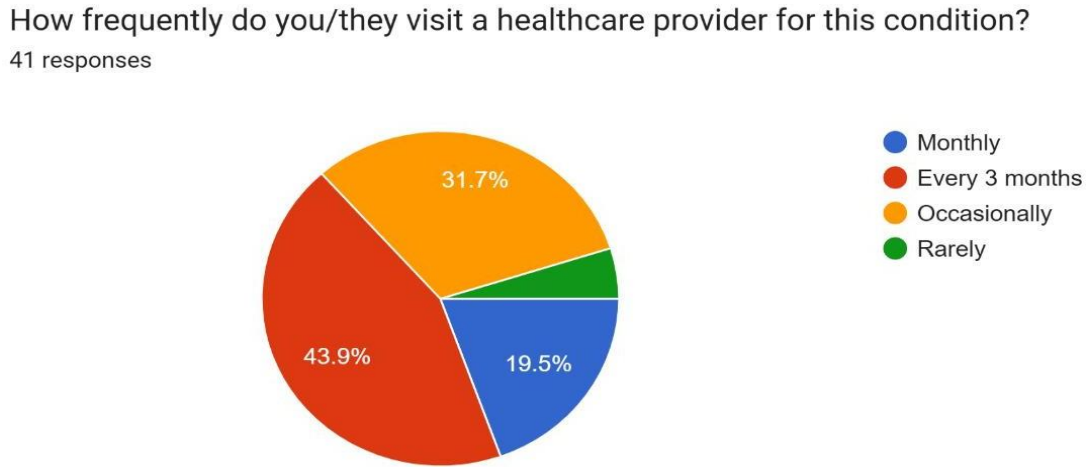


***Analysis*:** This pie charts shows the percent of stats, which disease the person is or their known is suffering. This shows that 48% of the respondents opted for the Diabetes chronic condition, followed by Hypertension which is 26.8%, Heart disease contributed to 9.8%, then

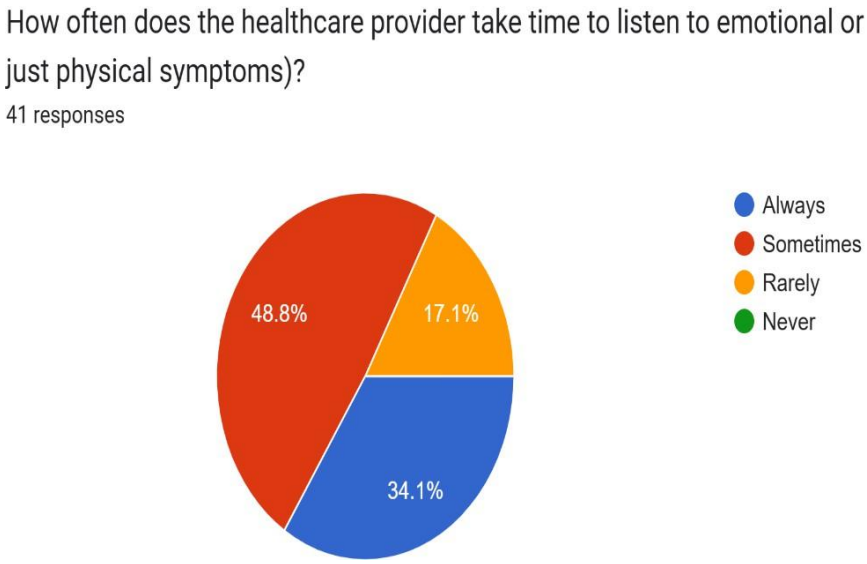
Asthma & COPD contributed to 4.9%, rest disease were Depression, Anxiety, Cancer, Thyroid, Stomach Ache.



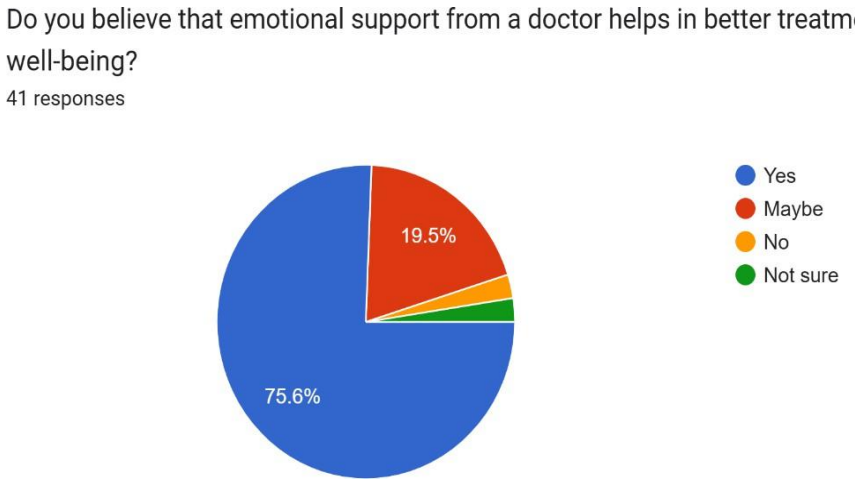
***Analysis*:** This pie chart shows the duration of chronic condition being managed by the patient which shows major duration was of 1-5 years, and then 5-10 years and then more than 10 years.



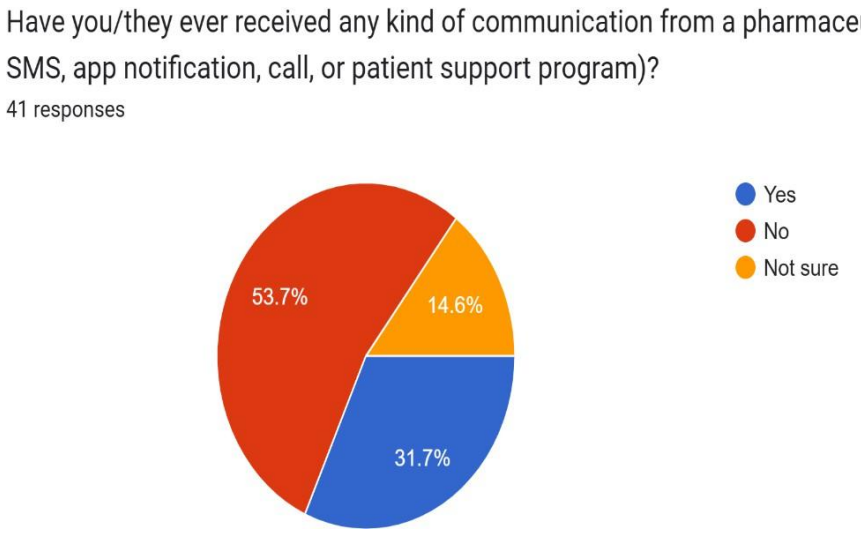
***Analysis*:** This section of pie chart tells about the frequency of the patient visiting a healthcare provider for their condition which denotes that major percent of the patients visit their healthcare provider within the duration of every 3 months 43.9%, followed by occasionally 31.7%, and then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



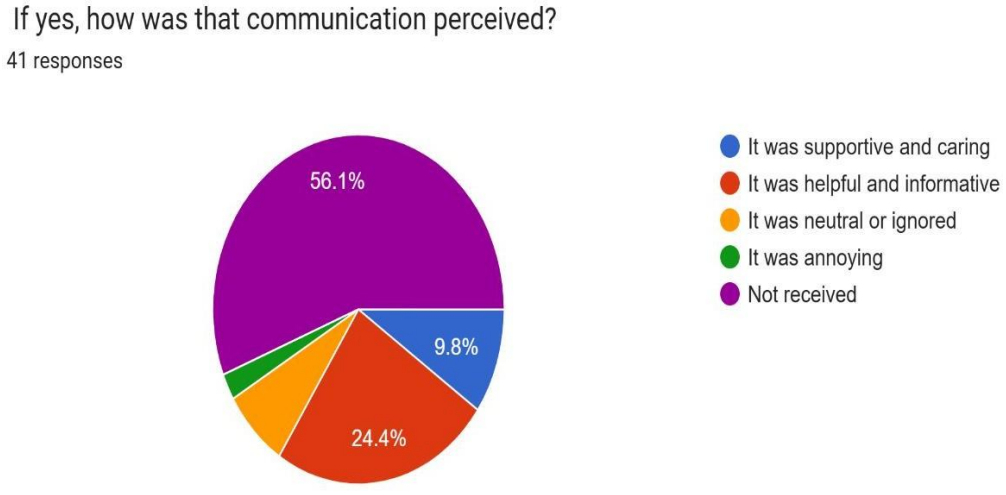
***Analysis*:** The patients were asked here about the patient's emotional or personal concerns listen by their healthcare provider which results as 48.8% respondents opted for the option sometimes, followed by 34.1% always, and then rarely for 17.1%, whereas never option was not opted by any respondent.



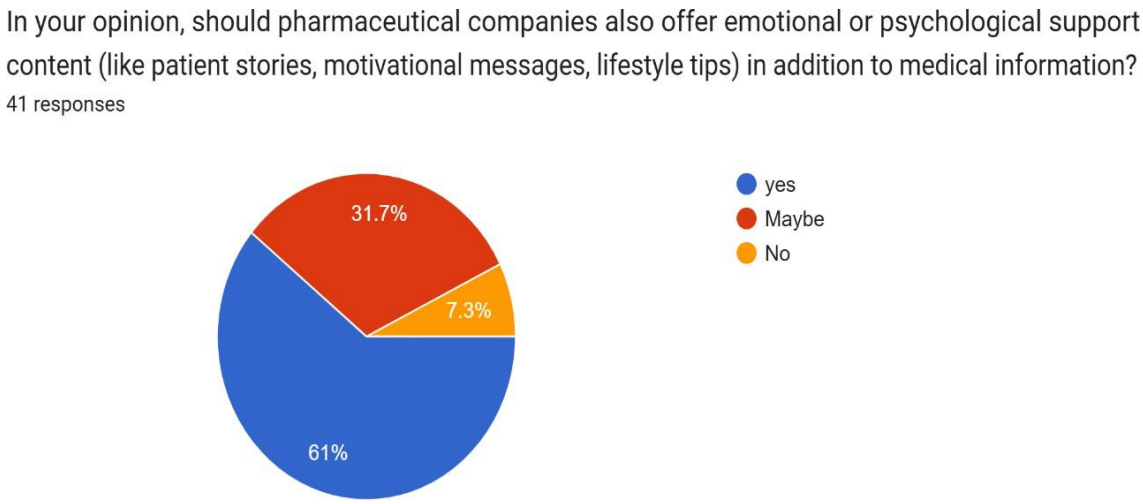
***Analysis*:** In this section respondents were asked to answer that do they believe that emotional support from a doctor helps in better treatment outcomes and overall well-being, in which the response was like 75.6% opted for the option yes, 19.55 opted for may be, and 2.4% opted for no, and same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



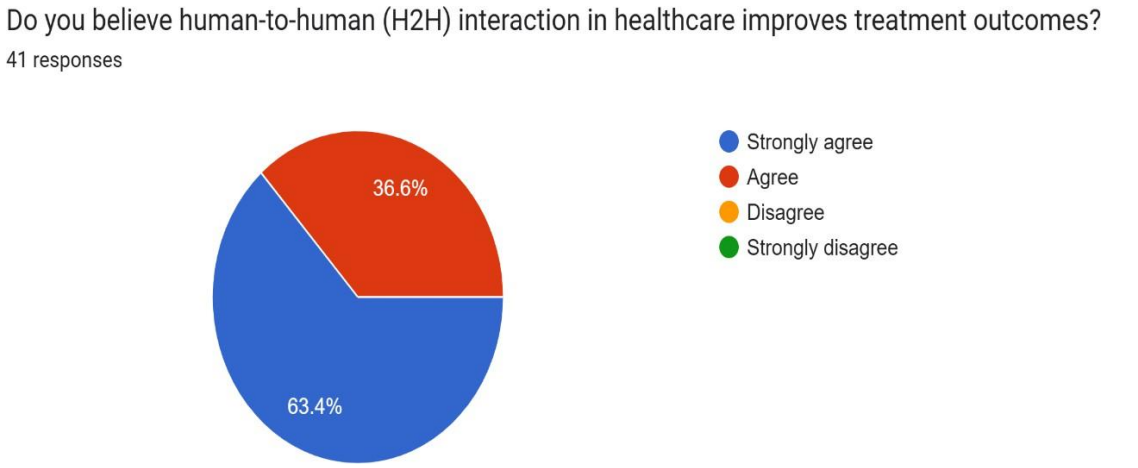
***Analysis*:** This section the respondents were asked about did they or their known ever received any kind of communication from a pharmaceutical company (such as SMS, app notification, call or patient support program) in which the response was like major percent 53.7% opted for the option no, 31.7%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



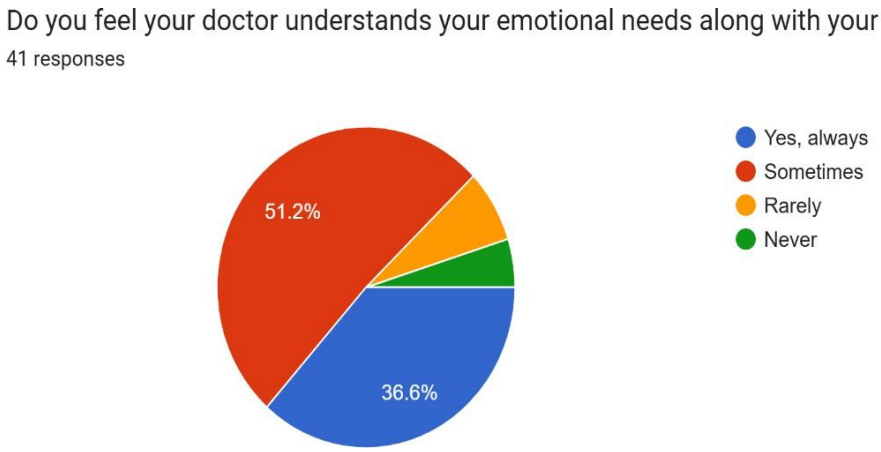
***Analysis*:** In this followed to previous question the question was kept as if yes, received any kind of information then how that communication was perceived, in which major percent of the respondents opted for not received 56.1%, followed by 24.4% it was helpful and informative, 9.8% opted it was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



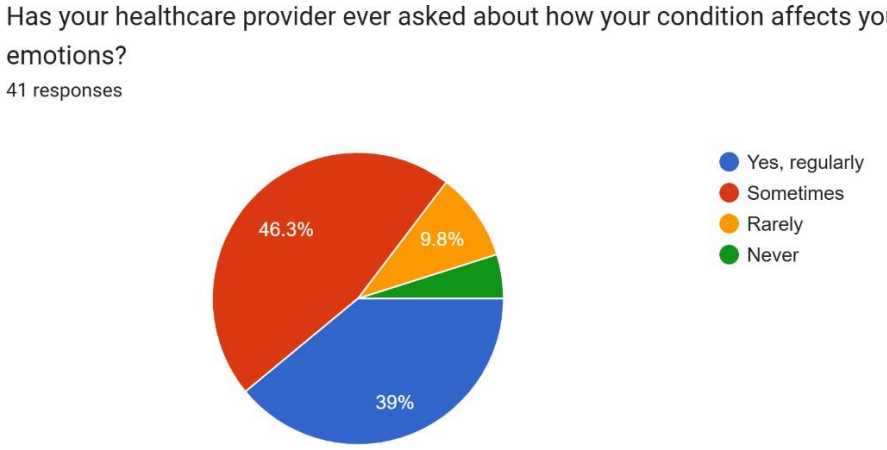
***Analysis*:** This section tells about whether pharmaceutical companies offer emotional or psychological support content(like patient stories, motivational messages, lifestyle tips) in addition to medical information to which the respondents opted for the major yes 61%, rest 31.7% opted for maybe and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



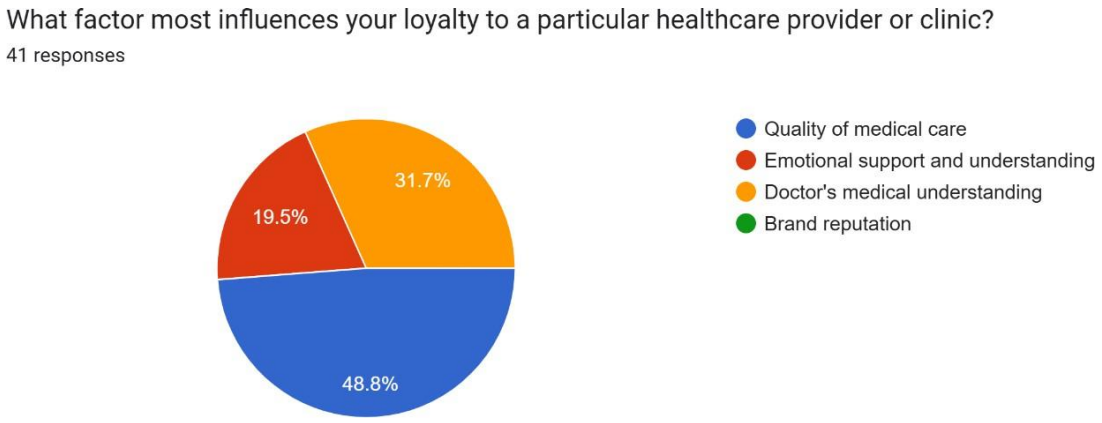
***Analysis*:** The respondents were asked about do they believe Human-to-Human (H2H) interaction in healthcare improves treatments outcomes to which 63.4% of the respondents opted strongly agree and rest 36.6% opted agree, this results no one believes that (H2H) interaction in healthcare will not improve 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's 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

DISCUSSIONS

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.

One of the most significant findings was related to the perceived value of H2H interactions. Participants largely supported the belief that H2H communication—characterized by empathy, listening, and human connection—contributes positively to treatment adherence and overall well-being. Moreover, many respondents expressed trust in doctors who show empathy and listen to their concerns, demonstrating that emotional behaviour is as critical as clinical expertise in shaping patient loyalty and satisfaction.

5.2 Pharmaceutical Communication and Emotional Support

An interesting aspect of the study was the evaluation of pharmaceutical company communication. A substantial number of participants mentioned receiving no or minimal communication from pharmaceutical brands. Those who had received messages or support programs had mixed responses: some found them helpful and informative, while others described them as neutral or even annoying.

However, when asked whether pharmaceutical companies should include emotional or motivational content in their communications—such as patient success stories or lifestyle tips—the majority responded positively. This indicates a clear demand for emotionally engaging content, suggesting that pharmaceutical marketing in chronic care must evolve from being product-centered to emotion-centered.

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.

The importance of emotional understanding also extended to provider loyalty. When asked what factors most influenced their loyalty to a particular doctor or clinic, many respondents prioritized "emotional support and understanding" over purely clinical competence or infrastructure. This is a critical insight for both private practitioners and healthcare organizations, who often overlook emotional value in their service design and patient engagement strategies.

5.5 Role of Caregivers and Social Support

Another notable theme from the data is the role of caregivers in shaping the patient experience. A significant portion of the responses came from people answering on behalf of someone close to them. These participants expressed emotional concern not just for the medical outcome, but for the overall well-being of their loved ones.

This reaffirms the importance of relational health in chronic disease management. The emotional health of the caregiver often mirrors the patient's journey, and their feedback is vital in shaping holistic care strategies. Emotional support from doctors, therefore, must extend not just to patients but also to their immediate circle of care.

Caregivers at home play a vital role in the journey of patients, mainly those suffering from chronic illnesses. They are often the patients primary source of emotional support, offering companionship, encouragement, and psychological reassurance that help reduce feelings of loneliness, anxiety, and depression. This emotional support makes patient motivated for the treatment adherence and make necessary lifestyle changes. Caregivers are also responsible for maintain patients daily routine, timely medication administration, dietary control, and physical activity, especially for patients like suffering from diabetes, hypertension, heart disease. Overall, caregivers are not just supporters but integral partners in the patients's recovery and long-term health management, playing a critical role in improving both medical 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

One of the most important takeaways from this research is that empathy is not optional—it is expected. Healthcare providers often operate in fast-paced, system-constrained environments, but even small acts of emotional acknowledgment can leave a lasting impact on patients. Doctors and nurses should be encouraged and trained to include emotional assessments during consultations, especially with chronic patients who may experience anxiety, burnout, or depression over time.

Creating space for emotional conversations does not require extra equipment or costly infrastructure—it requires a shift in mindset. Something as simple as asking, “How are you coping emotionally?” can be a game-changer in the patient experience. Patients want to be seen not just as cases, but as human beings with feelings, stories, and emotional needs.

Medical colleges and training institutions should include emotional intelligence and communication skills as core components of clinical training. Soft skills should be viewed as clinical tools, not just as professional etiquette. The goal should be to nurture emotionally responsive healthcare providers who value both clinical accuracy and emotional care equally.

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

While this study has shed light on the emotional gaps in chronic disease management, it also opens doors for further exploration. Future research should aim for larger and more diverse samples, especially including direct patient voices across age groups, regions, and healthcare settings.

Studies could also explore comparative emotional engagement levels in public versus private healthcare systems or examine how emotional care influences long-term clinical outcomes like medication adherence, hospitalization rates, and quality of life. Moreover, future researchers may consider conducting longitudinal studies to assess how emotional experiences evolve over time throughout a patient's chronic illness journey.

Research can also extend into healthcare providers' perspectives, exploring barriers they face in providing emotional support and how systemic or institutional changes can better equip them for H2H care delivery.

6.6 Final Conclusion

In conclusion, this study affirms that chronic disease care is not just a clinical journey—it is an emotional one. The way patients and their loved ones experience healthcare deeply influences how they manage, engage with, and respond to treatment over time. While clinical precision saves lives, emotional connection preserves the will to heal.

Healthcare is at its best when it is both scientific and human. Human-to-Human (H2H) marketing provides a valuable framework to reimagine patient-provider relationships—not just in terms of communication, but in terms of shared humanity. The future of chronic care lies not just in better medicines, but in better conversations, better connections, and ultimately, better compassion.

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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