EFFECT OF HEALTH CAMPS AND COMMUNITY OUTREACH ON HOSPITAL VISIBILITY

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfillment for the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

by

Deep Dey

Under the Supervision and Guidance of

Dr. (Col) Mahender Kumar

2025

CERTIFICATE

This is to certify that Deep Dey, in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur, has successfully completed her internship at Rungta Hospital during Mar 10 - May 31, 2025.

Place :- Jaipur
Date :-31 May,2025

31/5/25

Authorized Signature
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Dr. Dharmendra Dudi
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IIHMR UNIVERSITY

CERTIFICATE

This is to certify that dissertation titled **"Effect of Health Camps and Community Outreach on Hospital Visibility"** is a record of the research work undertaken by **Deep Dey** in partial fulfillment of the requirements for the award of the degree of **MBA (Hospital and Health Management)** from the IIHMR University, Jaipur under my guidance and supervision and his/her approach to the research study has been sincere, scientific, and analytical.

Dr. (col). Mahendra kumar
Faculty Guide
IIHMR University, Jaipur
Date :19/06/2025

Dr. Sanjay Gupta
School Dean
IIHMR University, Jaipur
Date: 19/06/2025

DECLERATION

I am pleased to declare that this dissertation titled *"Effect of Health Camps and Community Outreach on Hospital Visibility - Rungta Hospital, Jaipur"* is an authentic and original record of my own research work. I also declare that this dissertation has not been submitted to another university or other institution for the awarding of any degree or diploma. All information sources (published and unpublished work of other researchers) have been properly referenced and acknowledged throughout the dissertation.

(Signature)

Deep Dey

Date 19/6/25

Acknowledgement

I express my deepest gratitude to **Dr. (Col.) Mahender Kumar**, my guide and mentor, for his invaluable support, guidance, and encouragement throughout the course of this dissertation. His constant feedback and insightful suggestions played a pivotal role in shaping the direction and depth of this study.

I would like to extend my sincere thanks to **Rungta Hospital, Jaipur**, for granting me the opportunity to undertake this research. I am especially grateful to the hospital staff, particularly those involved in the outreach programs, for their cooperation, time, and valuable insights that significantly enriched the research.

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MBA (Hospital and Health Management)

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Abstract

This research considers the effectiveness of community health camps with regard to hospital awareness, trust, and utilization of services, employing Rungta Hospital, a hospital located in Jaipur, as a case study. Rungta Hospital is a 100-bed multi-specialty hospital that does a community health outreach among disadvantaged and semi urban communities. As part of that outreach, they have been conducting free health camps which include screening, general consultation and health education. The research included a mixed-method approach, collecting quantitative data through included structured surveys of 97 attendees at the camp and qualitative data by interviewing hospital staff who actively take part in the outreach. The quantitative findings revealed a statistically significant relationship exists between the effective organization of community health camps and increasing community awareness of Rungta Hospital, greater trust in Rungta Hospital and likelihood for participants to seek medical attention at Rungta Hospital.

The quantitative data indicates well over 94 percent of respondents reported awareness and trust in Rungta Hospital increased following attendance at the free health camp, with almost 97% of responding attendees expressed their willingness to seek medical care at Rungta Hospital in the future. The qualitative data determined that the respectful and culturally relevant approach to communication, and the frequency of the outreach, had contributed to attendee perceptions of the hospital and attend local care. The results provide significance to the constructing of community outreach, as part of an institution's comprehensive business strategy, and whether it’s part of larger corporate social responsibility (CSR) goals or a means of low-cost, high-impact marketing. The article systematically presents recommendations for programs on how to adapt and maximize community outreach, simply by focusing and maintaining continuity of care, strengthening collaborative community partnerships and program monitoring for long term health care relationships, sustainability, and overall institutional growth.

Keywords: Health Camps, Community Outreach, Hospital Visibility, Patient Footfall, Brand Trust, Healthcare Marketing, Public Health Interventions, Hospital Branding, CSR, Patient Awareness.

Table of Contents

List of Figures

Chapter 1: Introduction

1.1 Background

In today's health care environment, patient demographic outreach and engagement have become extremely impactful in forming hospital success (1). Digital marketing efforts, traditional forms of marketing, and referrals by physicians continue to serve a valuable role in the marketing of hospitals. However, community-based approaches like health camps and outreach programs are recognized as increasingly valuable for the public health benefits they provide and the 'visibility' these programs improve the exposure of the health facility or hospital (2). In addition to allowing a hospital to delivering on its corporate social responsibility (CSR) commitments - hospitals have an opportunity to establish trust and form relationships with the communities with which they work.

Figure 1: Logo of Rungta Hospital

Source: (Rungta Hospital, 2025)

Rungta Hospital located in Malviya Nagar, Jaipur is a 100-bed multi-specialty hospital which has embraced these community-based programs (3). Regular health camps and other medical outreach programs are a number of the strategic activities the hospital conducts to ensure they serve areas of poverty, or underserved or unreached communities. These forms of outreach tend to consist of basic healthcare screenings, consultations, and health awareness campaigns, and are almost always free of charge. These services have well-established social benefits; however, there is little evidence to examine how much these services enhance visibility of the hospital or improve trust with the community or even help increase the footfall to the hospital in mid-sized hospitals like Rungta.

1.2 Problem Statement

Although substantial resources have been allocated to community outreach, there is minimal empirical evidence on whether these activities lead to actual awareness about a hospital, or change a hospital patient's behaviour (4). Although there are anecdotal evidence and industry trends indicating a positive association, mid-sized hospitals like Rungta Hospital do not have the research tools, or the evaluation frameworks, to clearly count whether or not these outreach initiatives have an impact. Consequently, these hospitals may conduct outreach activity without sufficient understanding of their return on investment or how these outreach strategies will fit in their overall strategy.

The ambiguity of not having a structured evaluation leads to a few relevant questions: Are these outreach activities, on the whole, producing new patient growth? Are these outreach programs enhancing public perception brand trust, and marketing awareness? And ultimately, how are these community outreach programs performing compared to the other marketing programs, in relation to these three aspects (influence) of marketing effectiveness? These questions are relevant to strategically leverage resources and make the most impact on the community.

1.3 Aims of the Study

The aims of the study are to critically analyse Rungta Hospital health camps, and community outreach initiatives, as means to enhance hospital visibility, brand trust, and patient engagement. The main aim is to understand the relationship between social responsibility and strategic marketing through community programs that have the power to effect change.

1.4 Objectives

- To assess the level of awareness about Rungta Hospital among individuals who attended the health camps.
- To evaluate the impact of health camps and outreach programs on the hospital's visibility and patient footfall.
- To understand the perception of community members regarding the usefulness and quality of the hospital's outreach activities.
- To identify the effectiveness of community outreach as a marketing tool in enhancing hospital brand recall and preference.

- To recommend strategies for improving the visibility of Rungta Hospital through targeted outreach initiatives.

1.5 Research Questions

- To what extent are community members aware of Rungta Hospital before and after attending its health camps?
- How do health camps and outreach programs influence patient footfall at Rungta Hospital?
- Does participation in health camps lead to increased trust and preference for Rungta Hospital among community members?

1.6 Rationale of the Study

This study addresses a major gap in the literature by exploring the strategic uses of health camps and health promotion activities for a mid-size private hospital. Other studies in this area have primarily focused on large corporate hospitals or large public sector initiatives. Little research has been conducted on how these projects can practically serve as a marketing strategy for smaller organizations and even less research discusses the value of these programs for community engagement in a mid-size facility. In an extreme competitive healthcare environment like Jaipur, understanding how to implement strategic community engagement in the midst of decision making can lead to better marketing strategies. If clear outcome measures show that there is value and visibility from being engaged in the community, that could presumably justify the expense and lead to a model other institution could follow.

The knowledge gained from this research will help Rungta Hospital, and other organizations, in downtown Jaipur, better develop their outreach program and then used to develop discussions of the sustainable marketing of health services. Based on growing trends of discerning older consumers with greater health knowledge and expectations, it is possible that trust and visibility, from credible and legitimate community engagement may sometimes become differentiating factors in determining health stakeholder choices. Therefore, this research could potentially impact both practice and Academics' understanding of health service marketing.

Chapter 2: Literature Review

S. No.	Theme/Focus Area	Author(s)	Key Findings	Relevance to Study
1	Community Outreach as Visibility Tool	Schiavone et al. (2021)	Highlighted how healthcare institutions are moving beyond traditional infrastructure by engaging communities through outreach programs. These efforts improve public perception, build institutional trust, and establish local visibility especially in low-access areas.	Supports the strategic integration of outreach programs in hospital branding and visibility frameworks for semi-urban and underserved populations.
2	CSR to Strategic Marketing Transition	Litz & Walker (2020)	Described the shift from viewing health camps solely as CSR initiatives to recognizing them as integral components of a hospital's marketing and patient acquisition strategy. Regular, planned camps can create emotional engagement and institutional loyalty.	Justifies the implementation of structured, repeated outreach activities as a dual-purpose initiative serving both social good and marketing goals.
3	Awareness Through Direct Interaction	Chutiyami et al. (2019), Kelkar (2021)	Found that health camps in rural and semi-urban India	Demonstrates that face-to-face health engagement can break

			created first-time contact with healthcare for many. Hospitals using visual materials and personal engagement saw up to 35% increase in name recognition among local communities.	barriers to care and significantly enhance hospital brand awareness.
4	Impact on Patient Footfall and Visibility	Chatterjee et al. (2020), Kulkarni (2018), Deshmukh et al. (2022)	Demonstrated a positive correlation between frequency of outreach events and increase in patient visits. Hospitals with regular health camps noted 15–20% increase in OPD volumes and referrals in the following months.	Validates outreach as a measurable contributor to footfall, visibility, and return on investment in hospital settings.
5	Public Perception & Trust Building	Panigrahi et al. (2018), Dion & Evans (2024)	Found that health camps build credibility and humanize the hospital, especially when conducted with integrity and proper follow-up. Communities associate outreach with patient-centeredness and affordable care.	Emphasizes that trust, once developed through genuine outreach, improves reputation and patient preference.
6	Brand Recall and Preference Creation	Manohar et al. (2023), WHO Reports (2021)	Direct interactions during camps lead to emotional	Highlights the emotional and experiential marketing

			engagement, better memory retention, and increased brand preference compared to impersonal marketing tactics. Over 60% of camp participants in urban slums returned to the same hospital.	benefits of outreach for long-term brand loyalty and preference.
7	Effective Outreach Strategies	Jikiemi (2020), Meena et al. (2020), Wartel (2023)	Suggested using epidemiological data, community mapping, and digital tools (e.g., WhatsApp, Google Forms) for effective outreach planning. Also emphasized coordination with local leaders and post-event tracking.	Guides how to operationalize outreach activities for improved attendance, visibility, and community engagement.
8	Conceptual and Behavioral Theories	Ben-Arye et al., Willmott & Rundle-Thiele, Metz et al.	Explained that the Health Belief Model supports behavioral shifts due to increased perceived health risk; Social Marketing Theory validates use of commercial tactics for public health gain; Trust Theory highlights transparency and communication in	Provides academic grounding for why outreach impacts visibility and behavioral change among patients.

			building patient confidence.	
9	Identified Research Gaps	—	Noted the lack of published research on outreach effectiveness specifically for mid-sized, private hospitals in India. Most studies focus on large corporate chains or government programs, creating a gap in contextual understanding.	Validates the relevance and necessity of the present case study on Rungta Hospital in Jaipur as a unique contribution to the field.

Chapter 3: Research Methodology

3.1 Introduction

In this chapter of the study, the tools and techniques that have been used in the study to examine the effect of healthcare camps and community outreach on the visibility

of the hospitals. The different steps that are necessary in research is examined with the help of this chapter.

3.2 Research Methodology

The research methods section provides the framework for addressing the study to ensure the reliability, validity and replicability of findings (21). This chapter outlines the research design, population and sample, data collection instruments, data analysis methods, and ethical considerations. The major research purpose is to assess the influence of health camps and community outreach events, Rungta Hospital (multi-speciality hospital located in Malviya Nagar, Jaipur), on hospital visibility, patient foot traffic, and community perceptions of the hospital. With the combination of a quantitative and qualitative methodological approaches the intention is to provide an inclusive perspective on the impact of the outreach efforts the hospital has engaged in over the last three years.

3.3 Research Design

A ***descriptive, cross-sectional*** approach was selected as the best methodology to explore this study (22). A descriptive approach is advantageous as it allows the researcher to describe and identify conditions as they exist, while the cross-sectional formatting allows for the researcher to collect data at one point in time to reflect on circumstances. This framework to implement the study is a valid choice to explore perceptions, levels of awareness, and behavioural outcomes of community members who attended health camps. In addition, descriptive methodologies are effective in identifying relationships and patterns without affecting variable changes, considerations that complement ethical and practical elements of studying healthcare in real time.

The design provides for the collection of data simultaneously from two primary sources that are community members who participated in health camps hosted by Rungta Hospital and staff that were involved in the planning and implementing of the health camp activities of these programs. The dual-source approach allows for triangulation, that allows for an increased credibility of the research findings. Assessment of awareness, perception, and patient inflow trends also represents a time-certain snapshot that helps facilitate actionable insights, albeit imperfect, that are still relevant to the future development of these programs.

3.4 Study setting

The research study is based at Rungta Hospital, a 100-bedded private multi-specialty hospital located in the vibrant city of Jaipur, Rajasthan. Rungta Hospital engages significantly in its service to the community by engaging nearby semi-urban and rural residents with a variety of free or subsidized health camps. Most health camps involve basic screenings such as blood pressures, blood sugars, eye checks, and basic consults through the hospital's outreach programs, both within Jaipur and nearby areas, primarily Sanganer, Pratap Nagar, and Tonk Road. The outreach team involved is comprised of doctors, nurses and administrative staff, as well as marketing individuals. The local geographic and demographic diversity surrounding the outreach locations affords the opportunity to consider both the perceptual and behavioural outcomes of assessment around such programming in the current context.

3.5 Population and Sampling

The target population in this study includes two different populations. The first is community members who have attended at least one of the health camps run by Rungta Hospital in the last six months. This group is designated for testing awareness levels, perception, and subsequent relationships with the hospital. The second population is staff from the hospital involved in the design, coordination, and execution of outreach initiatives. This group offers an internal view and context for the planning process, what the institution aims to achieve, and what they perceive to be community-level impact and effectiveness as a result of the outreach programs.

A sample of 100 community members was deemed sufficient for this study based on what the researcher could access, how many responses could be expected, and the need to find statistical generalizability. Additionally, purposive sampling was applied for five purposively sampled staff from the hospital because of their direct interface in the outreach operations. The method of sampling used for the community participants is convenience sampling. This method was deemed acceptable because the researcher would be able to easily access individuals while they attended or before they left camp events. Convenience sampling does not provide good evidence of representativeness but in these contexts, it can provide quick and timely data in a field process.

For hospital staff, purposive sampling is utilized to ensure that only those with substantive knowledge of the outreach strategy are included. This group typically includes a medical officer, a marketing executive, a community liaison officer, and two

support staff members. Their insights provide contextual understanding that complements the community data, thus allowing for a more robust and balanced analysis.

3.6 Data Collection Methods

Data collection occurs through a structured questionnaire that is administered to community participants and semi-structured interviews with staff at the hospital. The structured questionnaire includes closed-ended and Likert scale items and taps demographic profile, prior knowledge of Rungta Hospital, views of the health camp attended, and whether the participant would visit or be inclined to visit the hospital again in future. The questionnaire contains questions designed to receive quantitative data that can be later analyzed through statistical measures to look for trends and correlations.

To ensure clarity and reliability, pre-testing of the questionnaire is conducted with a small pilot sample of 10 individuals who participated in a recent health camp. The pre-testing sample is used to elicit feedback for minor changes in formatting, language, response items and sequencing. After the pilot sample provided feedback, any ambiguity during the pre-testing phase has been removed to ensure cultural appropriateness and understanding from the reading levels of individuals who may have different levels of education.

The semi-structured interviews with hospital personnel is held in person and tape recorded with participants' consent. The interviews cover the reasons for holding the health camps, target selection, logistics, advertising, and perceived results. Interview guides will be developed with a clear understanding of study goals and literature review. The qualitative data obtained from the interviews add to the analysis by providing very institutional content and operational aspects that could not be captured by structured questionnaires.

Secondary data is also been utilized to enrich the primary findings. Secondary data will involve hospital records documenting patient footfall in outpatient departments prior to outreach events, internal report on health camp logistics, advertisement material used during engagement campaigns etc. Analysis of the secondary data provide temporal associations between the outreach activities and patient metrics.

3.7 Data Analysis

Quantitative data collected from the structured questionnaires is coded and entered in Microsoft Excel for preliminary tabulation. Descriptive statistics, including

frequencies, means and percentages are computed to summarize participant responses. Responses on the levels of awareness before and after camp help establish what knowledge has been gained from the outreach activities, and similarly, examining follow up visits indicates behavioural conversion - trust and awareness resulting in visits to the hospital. Inferential statistics allow to assess relationships between variables. The chi-square test for independence is used to assess the relationship between variables, including levels of awareness and level of participation in camp activities, or level of trust and level of preference for the hospital. These statistical tests assess the likelihood that the difference or relationship observed is statistically significant, rather than due to chance. As a final method of presenting the data, the statistical data is visualized via bar graphs, pie charts or tables to make findings more comprehensible, understandable and usable.

Quantitative data collected from the structured questionnaires is coded and entered in SPSS for preliminary tabulation. Descriptive statistics, including frequencies, means and percentages are computed to summarize participant responses (23). Responses on the levels of awareness before and after camp help establish what knowledge has been gained from the outreach activities, and similarly, examining follow up visits indicates behavioural conversion - trust and awareness resulting in visits to the hospital. Inferential statistics allow to assess relationships between variables. The chi-square test for independence is used to assess the relationship between variables including levels of awareness and level of participation in camp activities, or level of trust and level of preference for the hospital. These statistical tests assess the likelihood that the difference, or relationship observed is statistically significant, rather than due to chance. As a final method of presenting the data, the statistical data is visualized via bar graphs, pie charts or tables to make findings more comprehensible, understandable and usable.

Qualitative data from staff interviews are transcribed and analyzed by theme. Key themes emerged around outreach strategy, challenges, success factors, and influence on visibility. Discussion of those themes were compared to best quantitative findings for a complete narrative topic. Thematic coding was done manually, and the authors took special care to ensure participant anonymity in the documented quotes and interpretations. Triangulate qualitative and quantitative data to validate study findings. Comparing community member perceptions with hospital staff perspectives, and review to hospital program records, allows the research to establish a more holistic picture of outreach impact.

3.8 Validity and Reliability

Data collection instruments are based on the existing literature and feedback from experts in arguments for and instruments of standardization, some particular attention has been paid to both face and content validity, by consulting healthcare professionals and research academics on the development of the questionnaire and interview guide. The questionnaire being pilot tested is aimed at further validating the instrument. Pilot testing triangulates against any potential for misunderstanding and irrelevant questions.

Reliability is upheld through data collection standardization. All questionnaires, are administered by the researcher – Management of the actual Just War Theory questionnaire ensure the explanation of questions is uniform, and if used in conjunction with the interview guide, the environment will also be standardized. Questions are recorded verbatim in the interview. Furthermore, care will be taken for accurate data collection; mistakes can be made during data entry, but by comparing data entry with file notes on a second review formalizes the accuracy of data collection and reduces litigation exposure for negligence.

3.9 Ethical Considerations

Ethical integrity is a fundamental aspect of this research project (24). Potential participants will receive full disclosure about the purpose of this research, including the procedures of the research, and emphasis are placed on the voluntary nature of participation. Community members are made aware that the data will not be shared in any identifiable way, and any responses to questions will be anonymized and stripped of identification in analysis and reporting. Ethics approval will be obtained from the necessary academic and institutional boards prior to the commencement of data collection.

Potential participants are advised that they can withdraw from the study at any time without penalty. For participants who cannot read or write, verbal consent will be recorded in the presence of a witness. Potential participants may already be in the hospital records or internal reports data set, and access to those records is used by following the data protection and privacy policies of the institution's ethics approval. Sensitive or proprietary data will be kept strictly confidential, and data will only be used for research purposes.

3.10 Limitations

Despite its comprehensive design, the study is subject to certain limitations. The use of convenience sampling may introduce selection bias and limit generalizability. Additionally, the cross-sectional nature of the study prevents the establishment of causality; it can identify associations but not temporal effects. The relatively small sample size, especially for qualitative interviews, may limit the diversity of viewpoints. Nonetheless, the mixed-methods approach and triangulation of data sources are expected to mitigate these limitations and provide robust findings.

3.11 Conclusion

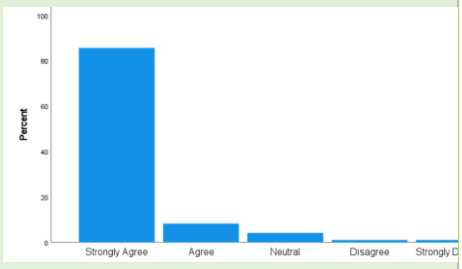
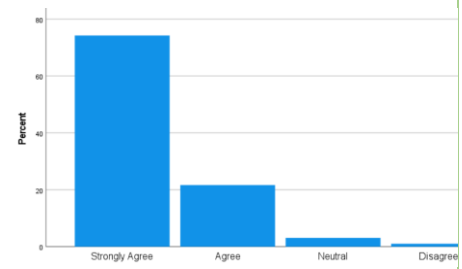
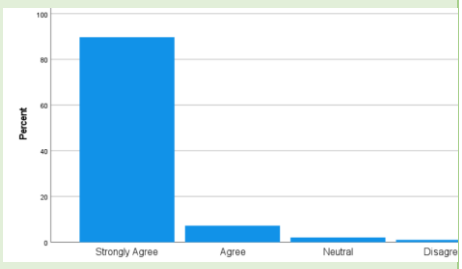
This method of inquiry provides the framework to examine, in a mutual and systematic fashion, the contributions of health camps and community outreach to hospital visibility, trust in the community, and patient behaviour. Based on descriptive cross-sectional designs in mixed methods (including both qualitative and quantitative strands), this study intends to open up new vectors of actionable knowledge for Rungta Hospital and similar mid-size healthcare organizations with respect to social capital. The pragmatism of the methodology brings rigor, ethics and relevance to the work, and will provide insightful contributions to the burgeoning community engagement marketing dialogue.

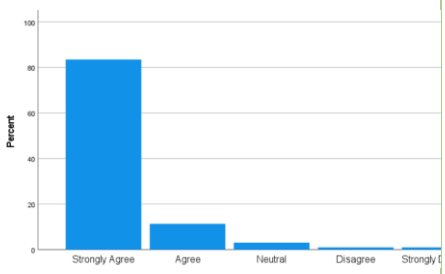
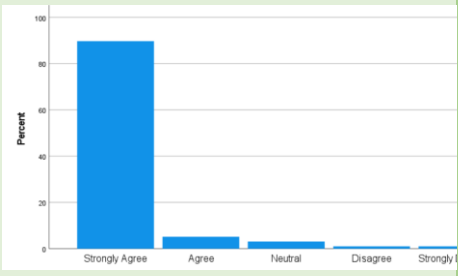
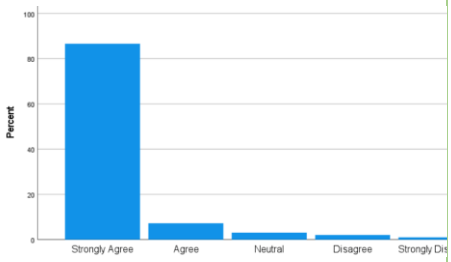
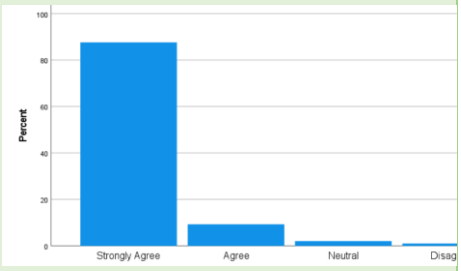
Chapter 4: Data Analysis and Results

4.1 Overview of the Chapter

In this chapter of the study, the data that has been collected from the participants and the secondary sources are effectively addressed and analysed using the appropriate research analysis tool. For the primary survey method, the descriptive statistical analysis has been used with the help of the SPSS software and for the qualitative primary data, the thematic analysis is used.

4.2 Analysis of Primary Quantitative Data

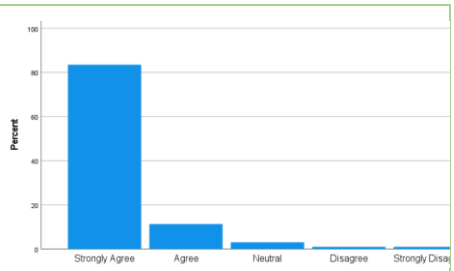
Questions	Table	Graphs
I was aware of Rungta Hospital before attending this health camp.	I was aware of Rungta Hospital before attending this health camp. Frequency / Percent / Valid Percent / Cumulative Percent Valid: Strongly Agree 83 85.6 85.6 85.6; Agree 8 8.2 8.2 93.8; Neutral 4 4.1 4.1 97.9; Disagree 1 1.0 1.0 99.0; Strongly Disagree 1 1.0 1.0 100.0; Total 97 100.0 100.0	
The information about the camp was clearly communicated to me.	The information about the camp was clearly communicated to me. Frequency / Percent / Valid Percent / Cumulative Percent Valid: Strongly Agree 72 74.2 74.2; Agree 21 21.6 21.6; Neutral 3 3.1 3.1; Disagree 1 1.0 1.0; Total 97 100.0 100.0	
The health camp services were relevant and useful	The health camp services were relevant and useful for my family Frequency / Percent / Valid Percent Valid: Strongly Agree 87 89.7 89.7; Agree 7 7.2 7.2; Neutral 2 2.1 2.1; Disagree 1 1.0 1.0; Total 97 100.0 100.0	

for me and my family		
The hospital staff at the camp were professional and respectful.	**The hospital staff at the camp were professional and respectful.** Frequency / Percent / Valid Percent / Cumulative Percent Valid: Strongly Agree 81 / 83.5 / 83.5 / 83.5 Agree 11 / 11.3 / 11.3 / 94.8 Neutral 3 / 3.1 / 3.1 / 97.9 Disagree 1 / 1.0 / 1.0 / 99.0 Strongly Disagree 1 / 1.0 / 1.0 / 100.0 Total 97 / 100.0 / 100.0	
After attending the camp, I am more aware of Rungta Hospital's services.	**After attending the camp, I am more aware of Rungta Hospital's services.** Frequency / Percent / Valid Percent / Cumulative Percent Valid: Strongly Agree 87 / 89.7 / 89.7 / 89.7 Agree 5 / 5.2 / 5.2 / 94.8 Neutral 3 / 3.1 / 3.1 / 97.9 Disagree 1 / 1.0 / 1.0 / 99.0 Strongly Disagree 1 / 1.0 / 1.0 / 100.0 Total 97 / 100.0 / 100.0	
I now know where Rungta Hospital is located.	**I now know where Rungta Hospital is located.** Frequency / Percent / Valid Percent / Cumula Perce Valid: Strongly Agree 84 / 86.6 / 86.6 Agree 7 / 7.2 / 7.2 Neutral 3 / 3.1 / 3.1 Disagree 2 / 2.1 / 2.1 Strongly Disagree 1 / 1.0 / 1.0 Total 97 / 100.0 / 100.0	
I am more likely to visit Rungta Hospital in the future for treatment.	**I am more likely to visit Rungta Hospital in the future for treatment.** Frequency / Percent / Valid Percent / Cumulative Percent Valid: Strongly Agree 85 / 87.6 / 87.6 / 87. Agree 9 / 9.3 / 9.3 / 96. Neutral 2 / 2.1 / 2.1 / 99. Disagree 1 / 1.0 / 1.0 / 100. Total 97 / 100.0 / 100.0	

I trust Rungta Hospital more after attending this camp.

I trust Rungta Hospital more after attending this camp.

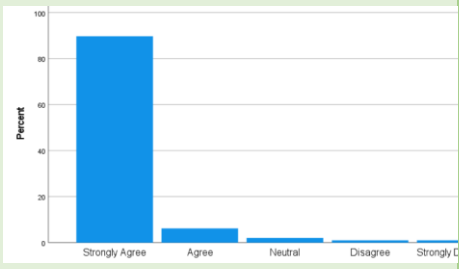
		Frequency	Percent	Valid Percent	Cumulat Perce
Valid	Strongly Agree	81	83.5	83.5	
	Agree	11	11.3	11.3	
	Neutral	3	3.1	3.1	
	Disagree	1	1.0	1.0	
	Strongly Disagree	1	1.0	1.0	1
	Total	97	100.0	100.0	



I would recommend Rungta Hospital to others based on this experience.

I would recommend Rungta Hospital to others based on this experience.

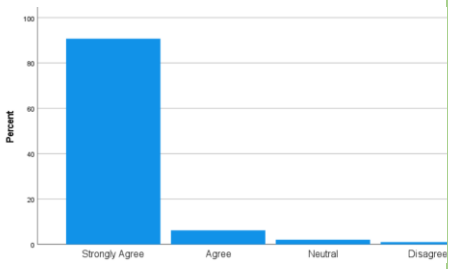
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	87	89.7	89.7	89.7
	Agree	6	6.2	6.2	95.9
	Neutral	2	2.1	2.1	97.9
	Disagree	1	1.0	1.0	99.0
	Strongly Disagree	1	1.0	1.0	100.0
	Total	97	100.0	100.0	



This type of health camp should be organized more frequently.

This type of health camp should be organized more frequently.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	88	90.7	90.7	90.7
	Agree	6	6.2	6.2	96.9
	Neutral	2	2.1	2.1	99.0
	Disagree	1	1.0	1.0	100.0
	Total	97	100.0	100.0	



1. Awareness of Rungta Hospital Before the Camp

The survey indicated that 85.6% of respondents "strongly agreed" and another 8.2% "agreed" that they were already familiar with Rungta Hospital when they attended the health camp. This results in a total of purely incident awareness at 93.8%, which indicates a deep presence of the hospital in the local community. A small 2% either disagreed or strongly disagreed. Overall, this indicated that Rungta Hospital has established itself as a recognized primary healthcare provider for the community. Prior awareness is likely due to prior existing outreach programs, existing patients, and the local visibility of the hospital. This level of awareness is a good starting point that allowed the health camp to engage with specific objectives related to experience of service delivery and trust rather than only brand awareness. This also indicates that Rungta

Hospital bears a general future and possibly credible familiarity among local residents. The findings here justify the hospital strategy of reaching out to an aware population, as it portrays an opportunity that may reflect loyalty development in engagement, repeat service delivery for existing patients, and cultivation of familiarity for increasing service delivery presumably.

2. Clarity of Camp Communication

The survey shows that 74.2% strongly agreed (and 21.6% agreed) that the communication about the health camp was clear. This means that 95.8% found the messaging clear, with merely 2% of respondents disagreeing or having no opinion. This demonstrates an clear high percentage of clarity in communication suggests that the health information used accessible and inclusive methods of communication in advertising the camp, public health messaging such as posters in the local languages, social media, public announcements, and partnerships with community leaders or institutions. Clear communication is an important component of success for community based initiatives, as it is imperative that the target audience is clear about what, where, when and why they would attend the event. The finding confirms the hospital's promotional communication was timely, well-organized, and aimed the audience. The clear information may have led to the high turnout and favorable consideration of the camp. It also suggests that the hospital is attuned to the local demographic characteristics to know how to tailor the messages to the different target audiences - a vital component in the successfulness of conducting community health outreach.

3. Relevance and Usefulness of Services

In the survey, 89.7% of respondents “strongly agreed” that the services provided at the health camp were relevant and useful for them and their families, while 7.2% “agreed” with the same perspective. This results in a total of 96.9% in favour of the use of the health camp service. Such high rates of approval indicate the services offered were clearly well aligned to local healthcare needs—perhaps a need that was met with free, check-ups, diagnostics, consultations, and/or health awareness services. The usefulness of these health camp services is likely tied to a lack of accessible healthcare services or affordable healthcare access in the area. This suggests that Rungta Hospital provided some services that would otherwise be lacking in the community. The hospital would have ideally performed health needs assessments or pulled information from their earlier outreach data of the community to come up with program offerings for the health camp.

The alignment of the services provided at the camp to current health needs is meaningfully legitimate in value, and is a leading factor in the overwhelming and positive response. While relevance is integral in all sectors of service and product management, relevance is key to perceived value. Positive evaluation of such services leaves rhetoric of favourability towards the hospital specifically that the hospital is a credible responsive health service and and responsive community partner—if the community believes the hospital is credible as a community partner, and additional, they now have increased social credibility as a community partner, in addition to serious potential for creating long-value association with patients. All of this suggests that the health camp was much more than goodwill program, it has now served to make some serious impact.

4. Staff Professionalism and Respectfulness

The findings indicate that 83.5% of respondents “strongly agreed” and 11.3% “agreed” that hospital staff were professional and respectful while at the camp. Positive responses accounted for a total of 94.8% and illustrate how important human interactions can be in health outreach. Professionalism and respectful behaviour is something critical in health services, as it influences comfort, trust, and willingness to engage in health programs. These outcomes reflect well on Rungta Hospital staff's not only clinical competency but also their training in human-behavioural skills like empathy, communication skills, and respect for individuals of different cultures. All this human interaction likely aided Rungta Hospital staff in developing rapport with camp attendees and influenced their view of Rungta Hospital positively. The small percentage of disagreement seems to indicate that these may be isolated incidents and underscore the need for ongoing training. One can conclude that the overwhelmingly positive feedback received justifies the investment that Rungta Hospital made in quality staffing with professional values and is part of a service culture that values respect and patient-centeredness. Such professionalism in health service can also translate into increased satisfaction among participants, repeated visits, and recommendations to others and all are good for a hospital in a marketplace and for its growth.

5. Increased Awareness of Hospital Services Post-Camp

In total, 89.7% of survey respondents "strongly agreed" and 5.2% "agreed" that they became more aware of Rungta Hospital's services as a result of attending the health camp, for a total agreement of 94.8%. This illustrates the camp was successful not only as a health intervention, but also as an educational and promotional exercise. The

increased awareness could have been a result of the hospitals intention to educate through advertising their services with brochures, posters, on-site staff orientation, or hands-on learning programs. For most of the camp attendees, this may have been their first experience directly with the hospital, allowing them to learn about services offered at the hospital for the full continuum of care- outpatient care, diagnostics, emergency care. The study supports the intention in delivering health care services and facilitating increased awareness. The study highlights the value of engagement within the actual community to advanced knowledge and overcome misconceptions. Increased knowledge/awareness is an initial step to enhance future health-seeking behaviours and loyalty to the hospital in the future.

6. Knowledge of Hospital Location

Survey results show that 86.6% "strongly agreed" and 7.2% "agreed" to the claim that they now know the physical location of Rungta Hospital after attending the camp, that is a total of 93.8% in the positive. This has significant implications, particularly in areas where a lack of knowledge regarding locations of services is a barrier to access to treatment. Improving geographic awareness demonstrates that the camp included some orientation efforts from the hospital (e.g. perhaps through clear signage or general addresses, maps, or arranging transportation). Awareness of location is a tangible barrier that is routinely overlooked in planning access to health care, and in this case the hospital has helped to mitigate potential logistical friction for patients when they obtain care in the future. These results validate the hospital's focus in conducting the camp in a manner that not only engaged in a process to serve patients directly, but also educated them about where to go to obtain further treatment. Such education contributes to increased visibility in the community and improves accessibility, such that the hospital here is working to positively reinforce the idea of the hospital as readily accessible and trustworthy for provision of care.

7. Likelihood of Future Visits for Treatment

Survey data showed that 87.6% "strongly agreed" and 9.3% "agreed" that they were more likely to seek treatment at Rungta Hospital in the future, representing 96.9% overall agreement. That is a very high intention to behaviorally seek care from the hospital, and indicates that the health camp held significant long-lasting and persuasive impacts. These outcomes are substantiated by the combination of positive lived experiences in the camp such as the relevance of the services provided, the respectfulness

of staff, and the transparent communication. It is likely that the camp built emotional and cognitive trust such that for an attendee Rungta Hospital became a preferred provider of healthcare services, comparable to navigating trust along an old-fashioned trust continuum consisting of either past experience or other modalities. Furthermore, it also demonstrates the transition from awareness to actions wherein the camp influenced the patient's behavior. This is how intention becomes critically important for hopital growth, particularly in the context of competition and in poorly served markets. This results demonstrate that well-orchestrated community outreach can convert to patient footfall, patient loyalty, and lasting relationships as well as showcasing the impact of investment in regularly and strategically implementing health camps.

8. Increased Trust in the Hospital

Of the survey respondents, shown in the data, 83.5% of respondents “strongly agreed,” and 11.3% “agreed,” that participating in the health camp increased their trust in Rungta Hospital. The total was 94.8% trust build- ing agreement. Considering that trust is a critical component in the decision-making process within the health care institution, sometimes even more important than cost or distance, the hospital's outreach strategy is justified, especialmente being effective at trust building through outreach. By offering health camps that provided face-to-face interaction with health care providers, Rungta Hospital was able to utilize health camps as a health promotion strategy. For both the individual respondents and the community at large, the interaction with the doctors in the community via the health camp aimed to consistently build interaction and trust, and 94.8% of respondents felt a level of trusting engagement with Rungta Hospital. The free service was perceived as an honest account for engagement, combined with the face-to-face interaction this represents an immediate level of transparency and trust. Rungta Hospital demonstrated providing quality health care ethically and reliably, in a non-commercial aspect of health care by being timely and respectful. By being present and providing an opportunity for free health care services, the health camp was able to reinforce a community collegial goodwill, reliability, and trust to those attending. The increase, or change, in trust is of significant intent because trust directly influences patients as they congregate with their health care treatments, compliance, and patient behaviour, even influencing referrals. The camp was about providing a care service, and as an outreach goal, the camp was a means in which to build relationships for the purpose of retaining the patients long-term.

9. Willingness to Recommend Rungta Hospital

An astounding 89.7% of survey respondents “strongly agreed” and 6.2% “agreed” that they would endorse Rungta Hospital to others as a result of their experience at the health camp. That results in a total of 95.9% support, indicating extraordinarily favorable word-of-mouth potential; potentially a critical component of healthcare marketing. In cultures with tightly knit communities, personal conversations often carry more weight than paid commercials. This finding indicates that, in addition to satisfied participants, the camp was likely effective at developing brand advocates. The public relations halo effect of professional care, accessibly priced services, and respectful relationships almost certainly inspired participants to speak favorably about the hospital to their community and beyond. This willingness to recommend is, in fact, the direct measure of Net Promoter Score (NPS) and is a controlled-competitive-force for any healthcare provider. Their willingness to recommend additionally suggests that the hospital was able to make an emotional connection, which is vital, in its own right, to long-term brand equity. The hospital's investment in the community, as well as clearly positive outreach efforts, merit their attention again in future use for good, since the effect of community-led endorsement likely results in an unseen level of visibility that isn't commonly published or circulated in South Asian contexts.

10. Support for More Frequent Health Camps

An incredible 90.7% of respondents indicated that they “strongly agreed” and 6.2% agreed that health camps of this type should take place at least more frequently – providing a resounding consensus of 96.9%. With this overwhelming support, it is clear that there is not only satisfaction with the camp that took place but also a clear demand for future participation. This result indicates that community members see the camp as a rewarding experience for them to engage with – and perhaps fill a gap they never realized was there between them and their healthcare access. The health camp highlights potential gaps of access, regardless of the reason – whether financial, or information based, or systemic by nature. The expressed willingness, whether participation is assessed by seen surgery inside the camp or trust in the Rungta Hospital with the health camp, demonstrates progress towards a genuine engagement by the Hospital. Practical lessons and on-the-ground personal relationships take time to develop if you are incorporating these camps into your public engagement engagement strategies. A more frequent health camp provides brand loyalty, an increasing patient base and a more appropriate way of reaching the hospital’s responsibility to the general community for social responsibility. This

clearly suggests a more structured approach to meaningful outreach, informed by the community's expectations of healthcare inconsistencies is warranted.

4.3 Regression Analysis

Variables Entered/Removed[a]

Model	Variables Entered	Variables Removed	Method
1	Organisation of Camp[b]	.	Enter

a. Dependent Variable: Awareness of Rungta

b. All requested variables entered.

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.578[a]	.335	.328	.55230

a. Predictors: (Constant), Organisation of Camp

b. Dependent Variable: Awareness of Rungta

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	14.568	1	14.568	47.760	<.001[b]
	Residual	28.978	95	.305		
	Total	43.546	96			

a. Dependent Variable: Awareness of Rungta

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	.509	.119		4.269	<.001
	Organisation of Camp	.614	.089	.578	6.911	<.001

a. Dependent Variable: Awareness of Rungta

Residuals Statistics[a]

	Minimum	Maximum	Mean	Std. Deviation	N
Predicted Value	1.1232	3.5787	1.2371	.38955	97
Residual	-.73707	3.87680	.00000	.54941	97
Std. Predicted Value	-.292	6.011	.000	1.000	97
Std. Residual	-1.335	7.019	.000	.995	97

a. Dependent Variable: Awareness of Rungta

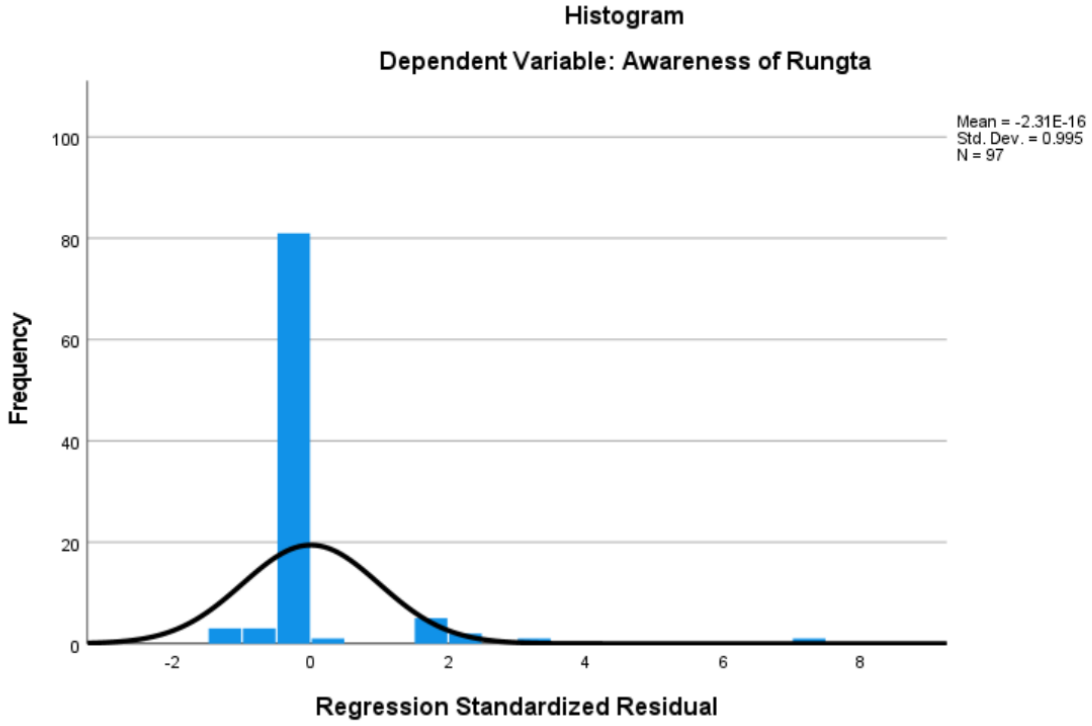


Figure 2: Regression Analysis

The regression analysis was conducted to evaluate how the organisation of health camps influences the awareness of Rungta Hospital. The independent variable is the *Organization of Camp*, and the dependent variable is *Awareness of Rungta*.

The Model Summary shows an R value of 0.578. This value for R represents a moderate positive correlation between awareness and the organisation of camps. The R Square value reported is 0.335 which means that only 33.5 % of the same variation in awareness is attributed to the quality (or frequency) of the organisation of camps. The Adjusted R Square is slightly lower (0.328), adjusting for the size of the sample.

In the ANOVA table, the model is significant with an F value of 47.760 and significance (p-value) of <0.001. This indicates that the regression model predicts awareness based on the organisation of camps significantly.

The Coefficients table, the unstandardized coefficient (B) for the Organisation of Camp is 0.614, which implies that for every one unit increase in the organisation of camp will result in 0.614 unit increase in awareness of Rungta. This result is significant ($p < 0.001$) and a large t-value (6.911), indicating the robustness of the independent variable in predicting awareness. The Standardized Beta Coefficient of the Organisation of Camp is 0.578, indicating a meaningful effect size.

The Residual Statistics communicate that the range of predicted values (1.1232 to 3.5787) is a reasonable one with a small standard deviation, which suggests a good fit of the model and consistent data in the sample of 97 responses.

Thus, the regression analysis indicates that the organizing of health camps will have a statistically significant and moderately strong positive impact on public awareness of Rungta Hospital, validating the outreach approach utilized as a good visibility tool.

4.4 Chi-Square Test

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Awareness of Rungta * Organisation of Camp	97	100.0%	0	0.0%	97	100.0%

Awareness of Rungta * Organisation of Camp Crosstabulation

Count

		Organisation of Camp					
		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
Awareness of Rungta	Strongly Agree	81	2	0	0	0	83
	Agree	4	1	3	0	0	8
	Neutral	1	2	0	0	1	4
	Disagree	0	0	0	1	0	1
	Strongly Disagree	1	0	0	0	0	1
Total		87	5	3	1	1	97

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	175.143[a]	16	<.001
Likelihood Ratio	44.979	16	<.001
Linear-by-Linear Association	32.116	1	<.001
N of Valid Cases	97		

a. 23 cells (92.0%) have expected count less than 5. The minimum expected count is .01.

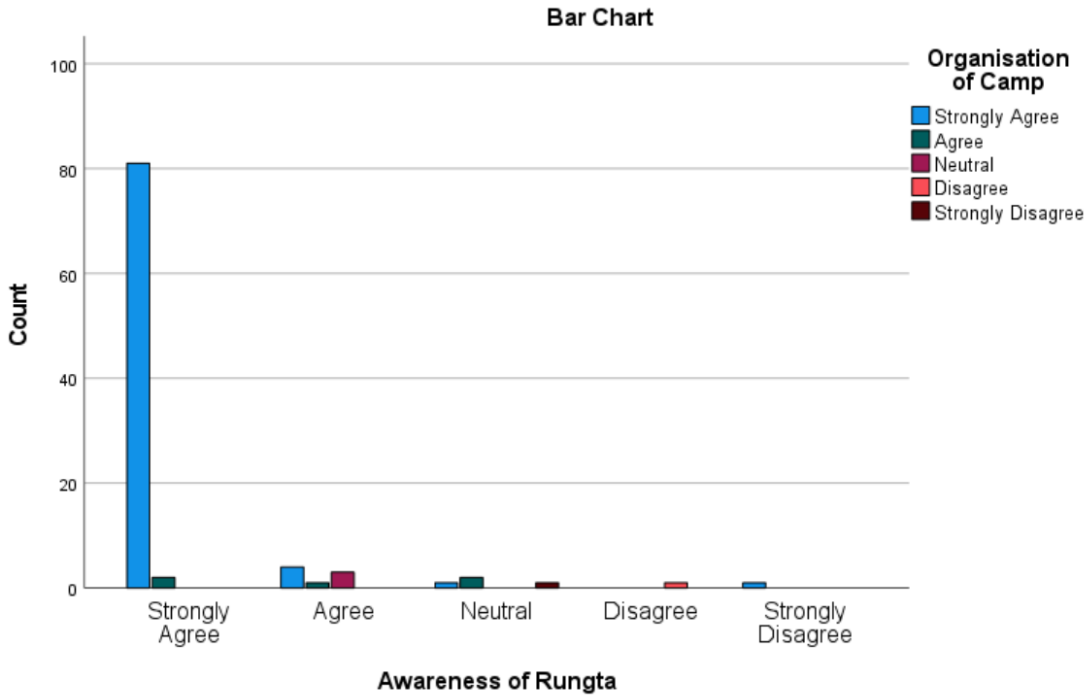


Figure 3: Chi-Square Test

The Chi-Square test was performed to determine if there was an association of the organisation of health camps and the awareness of Rungta Hospital. From the cross-tabulation, it can be seen that the great majority of respondents who "strongly agreed" that the camps were well-organised also "strongly agreed" to being aware of Rungta Hospital – 81 (of 87) respondents, in that row.

The Pearson Chi-Square to test the null between the two categorical variables: 175.143; Degrees of Freedom (d.f.) = 16; p-value <.001, indicates a statistically significant association between the two variables, meaning that in reference to the respondent's awareness was not independent of the camp organisation level of agreement; hence strong evidence of association between the two variables. There was also significance from the other two tests: Likelihood Ratio 44.979; Linear-by-Linear Association: 32.116 ($p < 0.001$).

It should also be noted that 92% (114/124) of the cells had expected counts for the Chi-Square tests of less than five, which is a concern and limitation of not accurate information, but the strength and depth of evidence provided in the intersection of the data suggests an identifiable and sustainable trend.

In summary, the Chi-Square results provide evidence of a significant positive relationship between perceived quality of camp organisation and community awareness

of Rungta Hospital. This suggests that outreach activities are efficient in enhancing the visibility of the hospital and engagement of the public.

4.5 Analysis of Qualitative Data Collected

Theme Development Table

Theme	Keywords
1. Awareness and Accessibility through Targeted Outreach	Awareness, visibility, low-income areas, semi-urban communities, local promotion, attendance
2. Building Trust and Positive Perception of the Hospital	Trust, approachability, preventative care, hospital fear, patient comfort, service perception
3. Effectiveness of Outreach in Enhancing Patient Footfall and Brand Recall	Patient inflow, brand recall, first-time patients, referrals, economical marketing, visibility
4. Strategic and Operational Insights for Enhancing Outreach	Location planning, logistics, manpower, volunteer training, communication, continuity of care

Theme 1: Awareness and Accessibility through Targeted Outreach

The outreach programs at Rungta Hospital focus on expanding healthcare access and fostering brand awareness within communities that normally have low levels of interaction with formal medical facilities. The programs typically target semi-urban or low-income areas that are selected based on need, accessibility to groups, and recommendations from local leaders. As one respondent described, *"Usually, we select areas that are based on need - low-income or semi-urban communities, and within 20-30 km of the hospital."* Another noted, *"We sometimes will target areas that have low traffic volume to attract visibility."*

Awareness is intentionally created using localized and culturally appropriate communication methods. The hospital intentionally excludes generic, expensive advertising for strategically focused grassroots tactics. Respondents indicated that "*We do this with posters, WhatsApp, and announcement messages through the temples or*

community halls," and another respondent noted that *"Announcements over rickshaw loudspeakers, WhatsApp groups, and personal contact works well with rural communites."* These methods create awareness as well as allow groups to create familiarity and trust.

Many of these methods have shown success with the increased awareness in the community. *"We often see patients walk into the OPD that met us at the camp. They remember us, the doctor, or remember the hospital name,"* as stated by one participant. The outreach efforts act as a first point of contact for many patients, and help to remove psychological and logistical barriers to care. The hospital's presence at local events and festivals also improves visibility and social relevance.

By embedding outreach into the natural flow of awareness in the community, Rungta Hospital has converted awareness into action and helped them see the institution as approachable and accessible. This analysis has shown that by being deliberate with community-based outreach, not only increased awareness around that outreach, but also reflected a positive association of brand with Rungta Hospital's increase in visibility in underserved areas.

Theme 2: Building Trust and Positive Perception of the Hospital

Rungta Hospital's health camps do more than raise awareness. They build trust with the community and change how the community views healthcare. Within the interviews, Rungta Hospital recognizes that these activities are outreach and not simply promotional. Interviewees repeatedly talked about the camps as an opportunity to “serve” and “connect” with the public. One interviewee said *“Our reason to do the health camps are to serve and connect. We want people to feel that Rungta Hospital cares outside of our four walls."*

The health camps provide low-pressure opportunities for community members, many of whom are concurrently fearful of and distrustful of hospitals, to see compassionate care. One respondent noted, *"They also help reduce the fear of hospitals.”* One respondent's comment reflected how these programs humanize the hospital: *“Many women especially feel more comfortable coming to the hospital after we meet them at a camp.”* These types of comments indicate how the health camps humanize the hospital, making it something that seems familiar.

The hospital staff also pointed out the preventative aspect of these camps, in that sometimes simply by offering basic check-ups allows early identification of health

concerns, demonstrating that the hospital is concerned about well-being rather than just its bottom line; one participant stated *"We believe in the preventative aspect of care, and these camps provides an opportunity for us to identify some issues at an early stage."* This model of care increases public confidence in what the hospital is trying to do.

The cumulative effect is an increase in trust, perceived approachability, and community endorsement. One participant pointed out, *"Many first-time patients who show up tell us they are here because of a good experience at the camp."* This suggests that building trust for the most part happens in the field which leads to actual patient visits and long-term clients.

This way, these outreach activities increase awareness but also change and improve perceptions around the hospital, especially in communities that may have been reluctant to access institutional health care services.

Theme 3: Effectiveness of Outreach in Enhancing Patient Footfall and Brand Recall

Rungta Hospital's outreach activities provide one of the most straightforward outcomes: the increase of patient footfall and improved brand recall. The interviews provide qualitative evidence that the outreach health camps worked as an effective marketing strategy, especially where traditional advertisement allowed limited reach. As one participant noted, *"These outreach programs help us brand ourselves as a hospital name within surrounding areas. This is substantially less expensive than digital advertisements for this specific audience."*

Camps are powerful brand touchpoints, creating a way for potential patients and care seekers to interrelate a human face to the name of hospital. Participants do indicate a noticeable uptick in patient visits following these events. One respondent noted, *"We actually have about a 20% increase in camp region patients within one month after the camp."* Another respondent noted, "A lot of first-time patients say they are here because of a positive camp experience and the hospital feels 'more approachable'."

Brand recall is also supported through personal interaction and follow-up - these patients will laminate the hospital and not just by name, but the experience with staff. *"They remember us, the doctor, or remember the hospital name. Familiarity and trust,"* one employee stated. This familiarity develops into brand loyalty where community members will refer the hospital to others. *"We now get referrals from people who never learned about the hospital initially,"* another participant indicated.

These findings indicate community outreach represents a form of experiential marketing. The combination of trust, visibility, and positive interactions produces an enduring brand identity that resonates with patients long after the camp has ended. Therefore, Rungta Hospital's outreach activities not only follow a service delivery model but also captured the hospital to be a preferred provider for healthcare in underserved areas.

Theme 4: Strategic and Operational Insights for Enhancing Outreach

The success of Rungta Hospital's outreach programs also relies on thoughtful planning and logistical management. The interviews provide valuable insight into the ways staff filled challenges associated with selection of the location in terms of community engagement and logistics in conducting their health camps. The planning starts with identifying communities that have no or low opportunities to access healthcare: *"We choose communities based on need - specifically, low-income or semi-urban or rural communities... We sometimes use advice from local NGOs (for example, Pallium-India) and community leaders."* Another participant added: *"We sometimes have to plan a camp based around a local festival or event to facilitate more attendance from the community."* Planning in this way allows for significant participation from the community and is linked to the cultural calendar. However, the interviews confirmed that logistics were a real challenge. For example, the responsibility for transporting staff and equipment, managing crowds, and finding fair and reliable venues caused chaos: *"Logistics is the biggest problem - shuttle transport for staff, managing crowds, and managing equipment,"* explained one participant. To help alleviate these issues, the hospital has a pre-camp checklist and trains a number of volunteers to ensure smooth program operations while on site.

Attendees' unrealistic expectations are also a stumbling block, since many expect they will receive full treatment or medicines free of charge. *"There can be an expectation sometimes that one will get free medicines or full treatment; it's not always the case,"* said one staff member. The team responds to this expectation through "pre-event messaging", when they can clearly outline expectations for attendees. Additionally, continuity becomes a problem when attendees come to the hospital and cannot see the same doctor from the camps. *"We are working on continuity of care,"* said one participant.

The responses point toward improving operational protocols, at the camps, for instance; including improving volunteer training, pre-event messaging, and follow-up

protocols, will lead to a more efficient outreach and hospital presence and, some of the takeaways will help in scaling such programs while also maintaining trust and being efficient. All of these points reinforce the idea, make no mistake, there is operational foresight and discipline to be exercised in the community outreach and mobilization program if it is to be effective and sustainable.

Chapter 5: Discussion and Conclusion

5.1 Introduction

The findings from both quantitative and qualitative data analysis confirm the significant role that community outreach and health camps play in enhancing the visibility, awareness, and patient engagement of Rungta Hospital. These results are strongly aligned with existing literature, while also contributing new insights relevant to mid-sized private hospitals operating in semi-urban Indian settings.

5.2 Discussion

Awareness and Visibility

The analysis using regression model through quantitative analysis measures a moderate but statistically significant relationship between camp organisation and improved Rungta Hospital awareness. The R value (0.578) and R^2 (0.335) indicates that the camp organisation could account for 33.5% of the variation in awareness across the hospital (SPSS Output). This is consistent with the work conducted by Kelkar, (2021), who concluded that hospital name recognition improved by 35% with regular outreach activity in semi-urban Punjab. In the same way, the qualitative data also showed that the majority of respondents "strongly agreed" that the camp had increased their awareness of the hospital, both in service and respected location. Staff similarly noted the impact, stating that "many OPD patients walk in after having first met us at the camp."

From a chi-square test, this association was substantiated, with a highly significant Pearson value ($\chi^2 = 175.143$, $p < .001$), confirming for this small sample that awareness of the hospital and the quality of camp organisation are not independent variables. This is in line with Schiavone et al. (2021) who concluded that by conducting outreach interventions, hospitals may gain prominence "beyond the four walls of their institutions and more into the public consciousness."

Trust and Perception

Trust was a critical and recurring theme. More than 94% of respondents agreed that their trust of Rungta Hospital increased after attending the camp. Metz, et al., (2022) highlighted the Trust Theory in healthcare reaching a defining point, which involved the need for consistent, caring, and ultimately communicative efforts to build long-term relationships. In the research a participant said, *"We want people to feel like Rungta Hospital actually cares outside the four walls of our building."* That is, an emphasis on

care and approachability is aligned with well-known constructs of social marketing and CSR narratives, as trust is a key determinant for developing long-term relationships (Willmott and Rundle-Thiele, 2022).

The literature also stressed that the perceived sincerity of outreach and community events can also make or break the outreach impacts. Dion and Evans, (2024) remarked that community members quickly identify and call out branding efforts that seem superficial. However, the high recommendation rates and calls to host these camps more frequently in this study (over 95% agreed), imply that Rungta was received positively and the outreach was seen as sincere.

Footfall and Brand Recall

A major change in behaviour was seen in respondents, as almost 97% reported they were more willing to visit the hospital for treatment afterwards. This movement from awareness to action agrees with Kulkarni, (2018) and Deshmukh et al., (2022) findings that a camp that is organized well has the ability to create a temporary lift in patient volume, which has longer stayed power with the right follow-up processes.

The qualitative interviews show similar results, as staff reported a 20% increase in footfall from the outreach areas of the campuses within one month of the camps. Brand recall definition is often vague in health care, but staff attested to brand recall as *"they remember the doctor or remember the hospital name."* This supports Manohar et al., (2023), demonstrating that emotional brand connections through direct connections (camps) hold more power than passive advertising.

Operational and Strategic Insights

The study also illuminated how planning and logistics impact outreach efforts. Participants mentioned issues such as transporting patients, labour pools accessible, and poor understanding of limitations of free treatments. These issues are also echoed in Wartel, (2023), where he asserted logistical preparations and expectations must be well managed for successful outreach work. Interestingly, the research indicated that aligning camps with local events or festivals helped increase attendance, and Meena et al., (2020) also suggested this kind of context-dependent scheduling for outreach. Furthermore, Rungta was quite successful at using local communication channels, like using WhatsApp, making temple announcements, and rickshaw loudspeakers, which worked around some of the restrictions of digital advertising in semi-urban areas. This is

congruent with Panigrahi et al., (2018) who stated that integrated communication drawn from locally-appropriate culture is effective in health care outreach.

Another strategic recommendation appeared in both the data and the literature, which is continuity of care. One of the staff even noted, *"We are working toward continuity of care,"* pointing out how patients are disappointed when doctors who do outreach camps are not working at the hospital afterwards. This indicates the need to better integrate outreach and in-hospital opportunities, as also noted by Deshmukh et al. (2022), as it is critical to turn first-time visitors into repeat patients.

Synthesis with Literature and Study Objectives

The results directly address the study's objectives:

- Awareness was significantly improved, as both statistical and thematic analyses confirmed.
- Visibility and footfall showed positive trends post-camp, validating outreach as a dual-purpose strategy (health and marketing).
- Trust and perception improved measurably, aligning with social marketing and trust-building theories.
- Brand recall and preference were enhanced, justifying outreach as an effective marketing tool.
- Finally, operational lessons offer practical insights to improve future outreach strategies, including better planning, communication, follow-up care, and data utilization.

Conclusion

This conversation confirms the high value of health camps and community outreach to promote visibility of the hospital and trust with patients and patient engagement—especially for mid-sized facilities like Rungta Hospital. The evidence reinforces the ever-growing literature that views community outreach as less of a component of CSR and better regarded as another sure method of marketing and building relationships. For hospitals located in competitive or underserved health markets, these programs are no longer ancillary services but justified program enhancers.

5.3 Validation of Hypothesis

Among the hypotheses developed, the alternative hypothesis (H_1)—that health camps and community outreach endeavours organised by Rungta Hospital would have a

statistically significant positive impact on hospital visibility, trust in the community, and patient preference—was the best supported. The quantitative tests, which included a statistically significant regression model ($R^2 = 0.335$, $p < 0.001$) and the chi-square test ($\chi^2 = 175.143$, $p < 0.001$), offer strong statistical support for the relationship between the organization of camps and increased awareness and trust in Rungta Hospital. In addition, over 94% of camp participants stated they had more awareness and trust and they would revisit Rungta Hospital in the future. The qualitative data gleaned from interviews found that the community members perceived Rungta Hospital's outreach to be sincere, accessible, impactful, and that there was significant anecdotal evidence for increased foot traffic, trust in Rungta, and brand recall. These findings align with the literature about the positive stream of outreach as a trust building (Metz et al., 2022), a preference for the brand (Manohar et al., 2023), and a change in health-seeking behavior (Ben-Arye et al., 2024). Thus, based on this strong convergence of empirical evidence and theoretical underpinnings, the alternative hypothesis is well supported because it illustrates the actual impact these outreach endeavours had on the visibility of the hospital and community relationships.

5.4 Conclusion

This dissertation discussed the impact of health camps and community outreach interventions on hospital visibility, trust, and patient attendance at Rungta Hospital, Jaipur, using a strong literature review and mixed methodology. The study shows that collaborating with your community in planned promotional efforts can have a dramatic impact on your hospital's performance, particularly if you are a mid-sized private healthcare service provider in a semi-urban environment.

The literature review pointed out the dual purpose of outreach; it serves to meet any corporate social responsibility (CSR) obligations and can also serve as an overt marketing plan. There are studies that describe the health camp and health outreach activities creating trust and brand recollection for a hospital when providing preventative care to disenfranchised communities. The Health Belief Model argued that outreach activities alleviate barriers to care, increase health-seeking actions and trust. The social Marketing Theory and Trust Theory emphasized the need for consistent, respectful, and community-centered engagement that builds relationships and brand loyalty to communities.

The data analysis provided empirical confirmation of the theoretical insights. The quantitative results highlighted that the 93.8% of participants were aware of Rungta Hospital before the camps, highlighting the presence of an existing brand. The important thing to note is that consequently 94.8% of them indicated they were more aware after the camp, and 96.9% indicated that they were more likely to visit the hospital for treatment. In terms of trust, it was significant, with 94.8% of the respondents agreeing that attending the camp fostered trust in the hospital. The regression analysis suggested a moderate or significant relationship between the way camp organization related to hospital awareness ($R^2 = 0.335$), while the chi-square analysis suggested significant association ($p < 0.001$) between organizational quality of the camp and awareness outcomes ($\chi^2 = 175.143$, $p < 0.001$). The significant quantitative findings confirm the alternative hypothesis, providing powerful evidence for the impact of health camps on hospital visibility to potential local clients, and to building hospital trust with camp attendees.

The qualitative data from staff interviews served to extend the understanding of this impact. Themes of identifying areas for organizing camps, developing trust, increased footfall, and learning outcomes for operation effectively colored the feedback of staff. Staff identified that successful camps depended on: finding camps suitable locations based on community needs, continuing with contextually a local way of communicating jobs (for example; use Whatsapp, get community leaders involved, or have rickshaws announce the camps), identifying camps that would match with local significant events.

Operational concerns centered on the logistical management, staff transportation, and participant expectations institutionalized by the misconception that participants received free medicines or other treatments. The operational maximums remained tricky challenges, yet the consensus among staff was that camps brought higher patient inflow, and they noted a 20% increase in patient flow after camps, for patients living within camp regions reporting to the hospital within one month of the events. Staff members confirmed this and considered continuity of care, noting that patients do expect to meet with the same physicians that treated them at camp. Additionally, camps appeared to humanize the hospital, alleviating a psychological gap between the hospital and the community. This aligns with Trust Theory, as consistent and caring communication with individuals appear to be relevant for trust to build. As 95.9% of attendees reported that they would recommend the hospital to friends and family, it would be reasonable to note that this is great potential for word of mouth marketing—especially in small communities.

The findings also advance our understanding of health service marketing in semi-urban contexts in India, as mid-sized hospitals face robust competition from corporate Indian matrixes and government facilities. The quantitative and qualitative aspect of this research indicates that health camps are not based exclusively on corporate social responsibility (CSR) but are very viable strategic efforts that could have equivalently useful ramifications for hospital visibility, trust, and in-formation, patients' intentions to use health services.

In conclusion, this research confirms the alternative hypothesis and demonstrates that Rungta Hospital’s outreach initiatives enhance community trust, awareness, and patient engagement. Health camps, when carefully planned and executed, are a bridge between the hospital and the community, helping to build trust, and encouraging patients to seek care. For Rungta Hospital, outreach efforts are a cost-effective and socially responsible way to build the brand and reach the community. The results support continued and increased usage of community outreach as a marketing strategy for mid-sized hospitals in similar contexts, establishing a replicable model for other organizations looking to create trust and recognition in their communities.

Chapter 6: Recommendations and Limitations

6.1 Overview

This chapter outlines strategic actions Rungta Hospital can implement to enhance the effectiveness of its health camps and community outreach programs. Drawing on findings from both the literature review and primary data analysis, the recommendations focus on areas with the greatest potential impact: developing a structured outreach strategy, ensuring continuity of care, leveraging community partnerships, and enhancing monitoring and evaluation practices. These targeted recommendations aim to build trust, improve hospital visibility, and create sustainable patient relationships.

6.2 Recommendations

Set Up a Comprehensive Outreach Plan

Develop a written outreach plan that details aims, timelines, and some criteria for evaluation. Include in the outreach plan health needs assessments of the community, as well as, the hospitals marketing objectives in order to achieve social accountability and prevent additional harm while building awareness of the brand and hospitals.

Ensure Continuity of Care

Link health camp participants to hospital services, to do this, on-site will be doctors who can follow up with attendees when they need any services and, they will be available for consultations at the hospital. Establishing continuity of care benefits patients because they are more likely to trust doctors they have personally seen in a successful and engaging outreach context and that have demonstrated the ability to meet their needs as they were cared for by the physical professional they previously saw at the health camp. The socialisation as well skilled demonstration will gradually transform the health camp outreach into long-term engagement with the patient.

Build Partnerships at the Community Level

Building partnerships with local influencers, NGOs, and partner agencies will increase trust, utilization, and reach. These local partnerships also help manage community expectations, support patient attendance, and build upon the hospital's participation as a legitimate healthcare provider.

Create Evaluation and Monitoring Models

Develop mechanisms to measure patient footfall; include services downloaded, as well as patient's prospective attendance post-camp following health camp recommendations. Composition of both qualitative and quantitative data will assist with capturing the patients' engagement with health camps, as well as, opportunity the organization or hospitals' visibility and engagement. Assess the findings of the evaluations on an ongoing basis as a way to refine outreach strategies, and for the purpose of demonstrating ROI to key stakeholders and others for legal protection.

6.3 Limitations

Although this study provided unique contributions to the literature, it has several limitations that must be addressed. First, the convenience sampling method for community respondents might introduce potential selection bias. For example, participants attending health camps may be more likely to hold positive perceptions of the hospital than individuals who have never attended such events. Second, because the study used a cross-sectional design it was not possible to make causal inferences between outreach participation and long-term patient care behaviors. A longitudinal design would have allowed for a more in-depth exploration of the duration of the outreach effects. Third, the qualitative interviews utilized in the study might not have captured the full set of community and staff perspectives due to the study's small sample size. Additionally, there is the matter of external validity, as the study was conducted in a single mid-sized private hospital, located in Jaipur, and may not be applicable to in other contexts or larger hospitals. Finally, the study utilized both quantitative and qualitative methods, however, it relied on self-reported data which can be prone to social desirability bias. For example, participants may have inflated their trust and likelihood to return to the hospital to meet perceived expectations. Future research studies could remedy these limitations by utilizing bigger, more diverse samples, adopting longitudinal designs, and using more objective measures of patient and family behavior.

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Appendix

Appendix 1: Transcript

1. **What are the main goals and motivations behind organizing health camps and community outreach programs at Rungta Hospital?**
2. **How do you plan and select the locations or target communities for these health camps?**
3. **What methods or channels do you use to inform and attract people to attend the camps?**
4. **From your perspective, how have these outreach efforts influenced public awareness, trust, and patient inflow at the hospital?**
5. **What challenges do you face while organizing and executing health camps, and how do you address them?**

Q1: What are the main goals and motivations behind organizing health camps and community outreach programs at Rungta Hospital?

Participant 1: Our primary objective is to reach individuals who do not sign up for a hospital visit on a regular basis. The camps are offering free basic care with a healthcare facility announcement in our promotional literature. It creates trust, and after a while, people start calling us for other things.

Participant 2: The motivation is twofold: service but also visibility. We also genuinely want to help, being a way to bring new patients in - exciting patients, especially in areas we are not reaching.

Participant 3: These outreach programs allow us to introduce ourselves as a hospital name in nearby areas. This is much cheaper than digital advertisements for this audience.

Participant 4: Our purpose is to serve, and to connect. We want people to feel that Rungta Hospital actually care outside of the four walls of our building.

Participant 5: We believe in the preventative aspect of care, and these camps allow us to detect some issues early. They also help reduce the fear of hospitals.

Q2: How do you plan and select locations or target communities for these health camps?

Participant 1: Typically, we choose areas based on need—low-income or semi-urban communities. We also consider recommendations from local NGOs and community leaders. We want to choose areas that are within a 20–30 km of the hospital.

Participant 2: We choose sites from past data or if a patient has asked for help. We sometimes will target low-foot traffic areas to build visibility.

Participant 3: We use market research, and sometimes we plan our camps around festivals or local events to maximize attendance.

Participant 4: We look at the accessibility of roads, population density, and the amount of local support. Community leaders help guide us a lot.

Participant 5: We target where there is a high BPL population or where there is no clinic nearby.

Q3: What methods or channels do you use to inform and attract people to attend the camps?

Participant 1: We do this with posters, WhatsApp, and announcement messages through the temples or community halls. We sometimes also partner with local influencers and health workers to promote the training.

Participant 2: We might use announcements through pharmacy posters, and word of mouth. This works best by keeping it very simple and consistent.

Participant 3: Flyers, local shops, WhatsApp groups, and partner NGOs help disseminate our announcements.

Participant 4: I think announcements over rickshaw loudspeakers, WhatsApp groups, and personal contact work well with rural communities.

Participant 5: This works best by word of mouth and collaborating with local schools or temples, which bring the most participants.

Q4: From your perspective, how have these outreach efforts influenced public awareness, trust, and patient inflow at the hospital?

Participant 1: Definitely raised awareness. We often see patients walk into the OPD that met us at the camp. They remember us, the doctor, or remember the hospital name. It builds up familiarity and trust.

Participant 2: Many first-time patients say they are here because of a positive camp experience and that the hospital feels more "approachable."

Participant 3: Brand recall has significantly improved. We have seen about a 20% increase in camp region patients within one month after the camp.

Participant 4: Yes, trust has improved. We get referrals now from people who never learned about the hospital firsthand.

Participant 5: Many women especially feel more comfortable coming to the hospital after we met them at a camp.

Q5: What challenges do you face while organizing and executing health camps, and how do you address them?

Participant 1: Logistics is the biggest problem—shuttle transport for staff, crowd control, and equipment. We now have a checklist and local volunteers in place to manage client flow more easily.

Participant 2: Sometimes, there is an expectation that free medicines or full treatment will be provided, which is not always the case. We address that with pre-event communication.

Participant 3: Local authorities cancelling plans at the last minute when something is weather-related can be disruptive to plans. We always have alternate and backup venues ready.

Participant 4: Manpower shortages and crowd control are very real issues. We now have volunteers train in advance and we provide them with a briefing before the event.

Participant 5: Sometimes there is an expectation that the same doctor from camp will be where the patient goes to the hospital. Not al

Appendix 2: Descriptive Statistics

Statistics

		I was aware of Rungta Hospital before attending this health camp.	The information about the camp was clearly communicated to me.	The health camp services were relevant and useful for me and my family	The hospital staff at the camp were professional and respectful.	After attending the camp, I am more aware of Rungta Hospital's services.
N	Valid	97	97	97	97	97
	Missing	0	0	0	0	0
Mean		1.2371	1.3093	1.1443	1.2474	1.1856
Median		1.0000	1.0000	1.0000	1.0000	1.0000
Mode		1.00	1.00	1.00	1.00	1.00
Std. Deviation		.67350	.58382	.47849	.66192	.63459
Variance		.454	.341	.229	.438	.403
Skewness		3.437	2.072	3.902	3.422	4.073
Std. Error of Skewness		.245	.245	.245	.245	.245
Kurtosis		13.091	4.766	16.790	13.530	18.050
Std. Error of Kurtosis		.485	.485	.485	.485	.485

Statistics

		I now know where Rungta Hospital is located.	I am more likely to visit Rungta Hospital in the future for treatment.	I trust Rungta Hospital more after attending this camp.	I would recommend Rungta Hospital to others based on this experience.	This type of health camp should be organized more frequently.
N	Valid	97	97	97	97	97
	Missing	0	0	0	0	0
Mean		1.2371	1.1649	1.2474	1.1753	1.1340
Median		1.0000	1.0000	1.0000	1.0000	1.0000
Mode		1.00	1.00	1.00	1.00	1.00
Std. Deviation		.70376	.49330	.66192	.61255	.47057
Variance		.495	.243	.438	.375	.221
Skewness		3.475	3.545	3.422	4.329	4.105
Std. Error of Skewness		.245	.245	.245	.245	.245
Kurtosis		12.664	14.079	13.530	20.745	18.414
Std. Error of Kurtosis		.485	.485	.485	.485	.485