ENHANCING THE FEASIBILITY OF HMS CONSULTANTS: A STUDY ON MARKETING CHALLENGES AND OPPORTUNITIES AMONG DENTAL CLINICS IN THE WARDHA-NAGPUR REGION

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by

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Under the Supervision and Guidance of

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HMS
HEALTHCARE MARKETING STRATEGY

12/06/2025

CERTIFICATE

This is to certify that BHAVIKA VIDHWANI 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 Dissertation and Internship at HMS Consultants during March 10 - May 31, 2025.

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CERTIFICATE

This is to certify that dissertation titled "Enhancing the feasibility of HMS Consultants: a study on marketing challenges and opportunities among dental clinics in the Wardha-Nagpur region" is a record of the research work undertaken by Bhavika Vidhwani in partial fulfilment 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 her approach to the research study has been sincere, scientific, and analytical.

Ritu Vashistha

IIHMR University, Jaipur

Date- 17th June 2025

Dr. Sanjay Gupta

IIHMR University, Jaipur

Date- 17th June 2025

DECLARATION BY STUDENT

I hereby declare that this dissertation titled **Enhancing the feasibility of HMS consultants: a study on marketing challenges and opportunities among dental clinics in the Wardha-Nagpur region.**
is the Bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

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ABSTRACT

In the evolving healthcare environment, marketing has emerged as a critical factor in ensuring the growth, visibility, and sustainability of medical practices. While larger healthcare institutions and urban hospitals have adopted structured marketing strategies, smaller clinics—especially in Tier-2 and Tier-3 regions—continue to rely on outdated, informal methods such as word-of-mouth and passive signage. This creates a significant gap in patient outreach and engagement. The present study explores the marketing practices, challenges, and expectations of dental professionals in the Wardha-Nagpur region and evaluates the feasibility of healthcare consultancy services like those provided by HMS Consultants in addressing these gaps.

The study was designed as a descriptive cross-sectional survey conducted over three months (March–May 2025), targeting licensed dental professionals operating private clinics in the Wardha-Nagpur region. A structured questionnaire, developed in consultation with marketing and healthcare experts, was used as the primary data collection tool. It included close-ended and open-ended questions to capture both quantitative data and qualitative insights. A total of 100 dental professionals were selected through purposive sampling to ensure diversity across clinic types, geographical location, and service offerings.

The findings revealed that over 80% of respondents depend primarily on traditional marketing tools such as word-of-mouth, clinic name boards, and patient referrals. Despite recognizing the value of digital visibility, only 20% of clinics reported actively using online tools such as social media, Google Business profiles, or SEO-based websites. The main barriers identified were limited budgets, lack of time, absence of marketing knowledge, and scepticism regarding the return on investment (ROI) from marketing activities. Many clinics also lacked trained administrative or marketing personnel, making sustained marketing efforts difficult to manage.

Interestingly, while marketing awareness was limited, there was a noticeable openness toward adopting external consultancy support, especially if the services were affordable, customizable, and did not interfere with clinical responsibilities. Respondents showed interest in services like local branding, content creation, patient communication templates, and performance analytics. These needs align closely with the service model offered by HMS Consultants, which provides low-cost, pre-structured marketing

solutions, digital campaigns, training for doctors, and region-specific strategies tailored for small clinics.

The study concludes that there is a clear gap in structured marketing awareness and implementation among dental professionals in semi-urban areas. However, there is also a latent demand for simplified, strategic support. Healthcare consultancy services like HMS Consultants have a significant opportunity to expand their reach by refining their offerings based on region-specific challenges and practitioner expectations. Strategic recommendations include increasing awareness through targeted outreach, offering bundled low-cost plans, and building trust through pilot programs or trial services. The results of this study can guide both service providers and healthcare policymakers in promoting equitable marketing support for underrepresented regions.

Keywords: Healthcare marketing, dental clinics, Tier-2 cities, HMS Consultants, marketing challenges, feasibility study

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ABBREVIATIONS

HMS	Healthcare Marketing Strategy / HMS Consultants
ROI	Return on Investment
SEO	Search Engine Optimization
OPD	Outpatient Department
BDS	Bachelor of Dental Surgery

CHAPTER 1:

INTRODUCTION

1.1 Background of the Study

In the rapidly evolving healthcare environment, marketing has become a vital component for sustainability, visibility, and patient engagement. While large hospitals and healthcare chains in metropolitan areas have embraced structured marketing strategies, small and mid-sized clinics—particularly dental clinics in Tier-2 cities like Wardha and Nagpur—continue to rely on outdated and informal marketing approaches. Most operate with limited resources, have no dedicated administrative or marketing staff, and depend primarily on word-of-mouth and walk-ins. These methods, though traditional, are no longer sufficient to ensure growth in today's competitive, digitally driven landscape.

1.2 Marketing and Strategic Needs in Small Clinics

The necessity of marketing in healthcare is universal, but the strategies needed for small clinics must be simple, affordable, and adaptable. Even basic practices like maintaining a Google Business profile, actively using social media platforms, offering patient feedback forms, and branding clinic materials can make a significant difference. However, due to time constraints, budget limitations, and lack of awareness, many practitioners are unable to implement these strategies. As a result, they miss out on valuable opportunities for patient acquisition, loyalty building, and service differentiation.

1.3 Introduction to HMS Consultants

HMS Consultants is a healthcare marketing and advisory firm dedicated to supporting small and mid-sized healthcare providers. The company offers services such as digital marketing, brand positioning, content creation, local outreach campaigns, and patient engagement tools. HMS focuses on making professional marketing services accessible to clinics that cannot afford a full-time marketing team. Their goal is to simplify marketing for doctors and healthcare professionals through cost-effective, pre-structured tools and consultancy support. However, in regions like Wardha and Nagpur, the feasibility and uptake of these services remain low—necessitating an in-depth exploration of the actual barriers, needs, and willingness of local practitioners.

1.4 Importance of the Study

This study is highly relevant in addressing a significant gap in healthcare delivery: the lack of structured marketing support for small clinics. By focusing on dental professionals in the Wardha-Nagpur region, the research highlights a segment that has been largely overlooked in marketing strategy discussions. The insights gained from this study can help HMS Consultants reconfigure its service models to make them more regionally relevant, economically feasible, and professionally appealing.

1.5 Statement of the Problem

Despite understanding the value of visibility and outreach, most small clinics in semi-urban areas do not engage in formal marketing. The reasons are multifold—budget constraints, lack of knowledge, absence of technical support, and scepticism regarding ROI. This leads to missed growth opportunities and underutilization of their potential. HMS Consultants aims to support such clinics, but without understanding their pain points, expectations, and operational constraints, it cannot improve the feasibility and design of its services. This study seeks to address that knowledge gap.

1.6 Aim of the Study

The aim of this study is to evaluate marketing practices and challenges among dental clinics in the Wardha-Nagpur region and to explore how HMS Consultants can improve the feasibility of its services for small clinics operating in resource-constrained environments.

1.7 Objectives of the Study

The objectives of the study are:

- To assess the current marketing methods used by dental professionals in the Wardha-Nagpur region.
- To identify key challenges and barriers faced in implementing effective marketing.
- To evaluate awareness and openness toward external consultancy services like those offered by HMS Consultants.
- To recommend strategic improvements that enhance the relevance and feasibility of HMS services for small dental clinics.

CHAPTER 2:

REVIEW OF LITERATURE

Marketing in healthcare has increasingly been recognized as an essential component for sustaining growth, enhancing visibility, and establishing trust with patients. While large hospitals have embraced formal marketing strategies, small clinics—especially in semi-urban areas—continue to operate without structured marketing frameworks due to resource limitations, lack of expertise, and insufficient awareness. This chapter reviews key literature that informs the current research on the marketing challenges and opportunities for small dental clinics, and the feasibility of consultancy-led marketing support like that offered by HMS Consultants.

Table 2.1: Key Literature Reviewed

AUTHOR(S) & YEAR	**STUDY LOCATION**	**SAMPLE SIZE & TECHNIQUE**	**SALIENT FEATURES / KEY FINDINGS**
Reddy et al. (2020) [1]	Bengaluru, India	150 dental practitioners; cross-sectional survey	This study explored marketing trends in dental clinics in an urban Indian context. It found that traditional marketing (word-of-mouth, signage, reputation) dominated, while digital tools like SEO and patient engagement platforms were underused. Barriers included lack of technical knowledge, cost concerns, and unstructured planning. These findings align with the marketing scenario observed in Wardha-Nagpur clinics.
Shaik Ali Hassan et al. [2]	Not specified	Analytical review	This review emphasized the need for structured marketing in dental clinics. Despite quality care, practitioners lack

			promotion due to poor branding and communication. The authors suggested adopting a long-term strategic view and integrating basic marketing tools like brand kits and brochures—principles that support HMS Consultants' strategy.
Signel Biomedical (2023) [3]	India	Not applicable; industry article	The article highlighted practical, low-budget marketing strategies tailored for small dental clinics in India—such as Google My Business, WhatsApp, and local Facebook campaigns. The emphasis was on consistent visibility over complex systems. These align with HMS Consultants' low-cost, high-impact marketing offerings.
Anjani & Prayoga (2022) [4]	Indonesia	Literature review	The study concluded that standard marketing models fail in small clinics due to contextual mismatch. It advocated for simple, localized marketing solutions and internal branding. This supports HMS Consultants' goal of providing customized, region-sensitive strategies to smaller clinics.
Setyawati & Ernawaty (2021) [5]	Southeast Asia	Thematic review	This review highlighted the potential of digital tools (SEO, social media, content marketing) for small providers. However,

			adoption is low due to lack of training and confidence. The authors recommend capacity-building and guided support—core elements of HMS Consultants' strategy, such as weekly training and blueprint creation.

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CHAPTER 3:

METHODOLOGY

This chapter outlines the key elements of the study:

- ✓ **3.1 Study Design and Tool**

A descriptive cross-sectional study design was employed to assess the current marketing practices, challenges, and awareness levels among dental professionals in the Wardha-Nagpur region. The tool for data collection was a structured questionnaire, developed in consultation with marketing experts and healthcare professionals. The questionnaire included both close-ended and open-ended questions to gather quantitative and qualitative insights.

- ✓ **3.2 Study Setting**

The primary study setting included private dental clinics in the Wardha-Nagpur region. Additionally, the study considered variations across standalone, multi-specialty, and semi-urban clinics to capture diverse marketing challenges and feasibility factors.

- ✓ **3.3 Study Duration**

The study was conducted over a period of three months, from March 2025 to May 2025.

- ✓ **3.4 Study Population**

The target population consisted of licensed dental professionals practicing independently or managing private clinics within the defined geographical area.

- ✓ **3.5 Inclusion Criteria**

Participants included in the study were required to meet the following criteria:

- Licensed dental professionals.
- Currently operating or managing private clinics in the Wardha-Nagpur region.
- Have at least one year of active career.

- ✓ **3.6 Sample Size**

A sample size of 100 dental professionals was selected using purposive sampling.

- ✓ **3.7 Sampling Technique**

A non-probability purposive sampling method was adopted to select dental practitioners who matched the inclusion criteria.

The sampling ensured a diverse representation across various clinic sizes, types of services offered, and locations within the region.

- ✓ **3.8 Research Approach**

The study used a quantitative, descriptive approach. Data were collected through structured responses and later analysed using statistical tools. Additionally, responses to open-ended questions were subjected to basic thematic clustering to extract key qualitative insights regarding perceived marketing gaps.

- ✓ **3.9 Study Instruments**

The structured questionnaire consisted of:

- **Demographic and clinic-related questions**
- **Marketing practice and preference scales**
- **Self-assessment of marketing effectiveness (10-point Likert scale)**
- **Open-ended questions on marketing challenges and expectations**

- ✓ **3.10 Data Analysis**

Quantitative data were entered into Microsoft Excel and analysed using descriptive statistics including frequencies, percentages, and graphs. Responses to open-ended questions were analysed thematically to identify major patterns and marketing gaps.

- ✓ **3.11 Ethical Considerations**

The study adhered to ethical guidelines required for research involving human participants:

- Participation was voluntary, with the right to withdraw at any stage.
- Participant identity and data were treated with confidentiality.
- Data were securely stored and used strictly for academic purposes.

CHAPTER 4:

RESULTS

This chapter presents a detailed account of the findings obtained through a structured questionnaire administered via Google Forms to 100 dental professionals operating in private clinics across the Wardha-Nagpur region. The purpose of this data collection was to evaluate current marketing practices, levels of awareness and satisfaction, budget allocation, and the overall marketing effectiveness as perceived by the practitioners themselves. The structured format of the questionnaire allowed for consistency in responses and ease of quantitative analysis. The data is presented through descriptive statistics, tables, and charts to clearly highlight key patterns and trends. These results also help in identifying marketing gaps and challenges faced by clinics, which are crucial for assessing the feasibility and relevance of marketing support services like those provided by HMS Consultants.

4.1 TYPE OF FACILITY

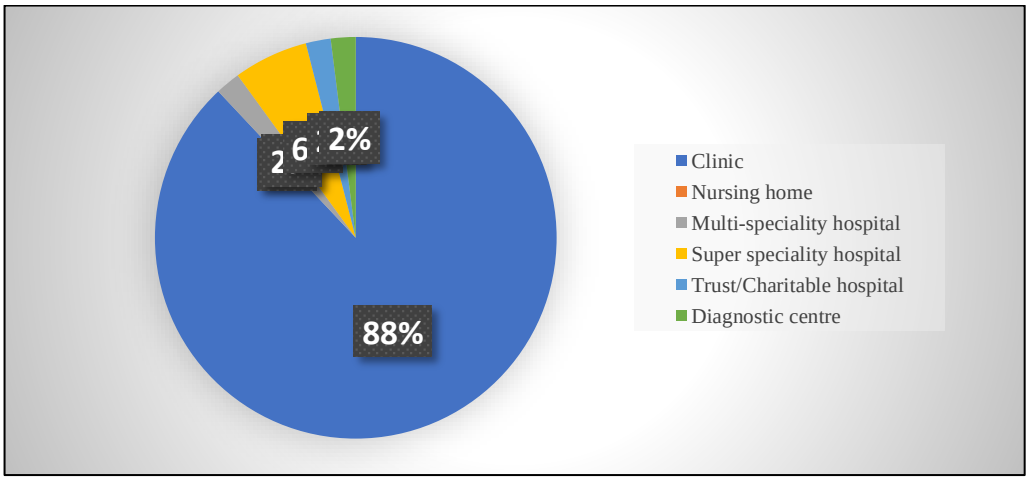


Figure 4.1- Type of facility

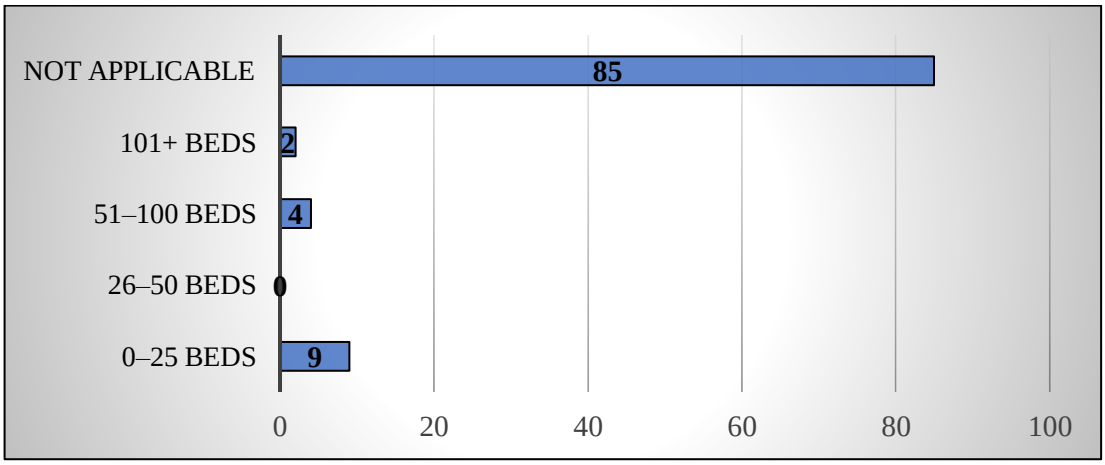
- The survey results reveal that a significant majority—88% of respondents—operate private clinics, highlighting the overwhelming prevalence of individual and small group practices in the Wardha-Nagpur region. This distribution is emblematic of the healthcare infrastructure commonly found in India's Tier 2 and Tier 3 cities, where private standalone clinics often serve as the first point of contact for a large section of the population. These clinics are typically run by a single practitioner or a small team and are characterized by limited administrative support, tight budgets, and minimal use of formal marketing strategies.
- This result is particularly important for HMS Consultants, as it validates the company's core customer persona: individual healthcare practitioners who want

to establish or grow their personal brand, attract more patients, and improve the visibility of their practice. The high percentage of clinics among the survey responses reflects a strong match between the target audience's demographic and HMS's current service orientation.

- The remaining 12% of respondents represented more structured healthcare setups, including:
- Super Specialty Hospitals (6%): These institutions offer advanced, specialized medical services and are typically located in urban centers. Although smaller in proportion, their inclusion suggests that HMS could explore long-term service diversification into specialized care marketing.
- Multi-Specialty Hospitals (2%): These setups provide a broad range of medical services and may have more complex administrative hierarchies. While they may already engage with marketing agencies, HMS could approach them with modular, department-specific solutions.
- Nursing Homes (2%): Smaller than hospitals but more comprehensive than individual clinics, nursing homes present a hybrid opportunity where HMS can offer structured outreach for services like maternity care, geriatrics, or rehabilitation.
- Trust/Charitable Hospitals (2%): These facilities typically operate on limited funding but have a community-based mission. HMS could explore CSR-aligned marketing models or offer subsidized packages that highlight the social impact of such hospitals.
- Diagnostic Centres (2%): As highly specialized service providers, diagnostic centres can benefit from B2B and B2C marketing strategies that raise awareness about advanced testing capabilities and improve referral linkages with clinics and hospitals.
- The diversity among the minority of non-clinic responses suggests that while HMS should maintain its primary focus on standalone practitioners, there is potential to gradually scale its service models to accommodate other healthcare facility types—particularly those that lack internal marketing infrastructure but serve a large patient base.
- Overall, the overwhelming dominance of clinics in the data reinforces the relevance and necessity of simplified, affordable, and results-oriented marketing strategies tailored to small-scale healthcare providers. HMS Consultants is

uniquely positioned to meet these needs by offering personalized solutions that resonate with this demographic's operational realities and growth ambitions.

4.2 FACILITY SIZE BREAKDOWN



- Figure 4.2- Facility size breakdown

The survey results reveal that a significant majority—85 out of 100 respondents—marked “Not Applicable” when asked about their facility size in terms of inpatient beds. This outcome is highly consistent with earlier data indicating that the majority of participants were dentists operating independent outpatient clinics, where the concept of inpatient care is irrelevant. Dental practices in India, especially in Tier 2 and Tier 3 cities, predominantly function as walk-in clinics with no admission facilities, a model that allows for streamlined operations but presents unique challenges in building sustained patient relationships and expanding visibility. Among the remaining 15 respondents who did report bed capacity:

- 9 facilities reported 0–25 beds, likely small nursing homes, minor surgical clinics, or specialty outpatient centers.
- 4 facilities had 51–100 beds, potentially representing mid-sized multi-specialty institutions or urban private hospitals.
- 2 facilities reported having 101+ beds, suggesting large healthcare setups, possibly regional or super-specialty hospitals.
- Interestingly, no respondents selected the 26–50 bed range, possibly indicating a gap in mid-sized infrastructure or a concentration of facilities at the two extremes—micro-clinics and large hospitals.
- The strong representation of dental clinics directly informs the interpretation of this data. Dental clinics typically:

- Operate on a solo or duo-practitioner model,
- Have high patient volume but low patient retention unless systems are in place.
- Depend heavily on local reputation, location, and visibility.
- Rarely employ dedicated administrative or marketing staff.
- Function within tight financial margins.

For HMS Consultants, this pattern affirms the need for marketing models that are nimble, cost-effective, and personalized. Since most clients in this segment operate without beds or extended facilities, marketing must shift focus from brand-building across departments to personal brand elevation, online reputation management, and community awareness campaigns tailored for individual professionals.

4.3 ROLE IN HEALTHCARE

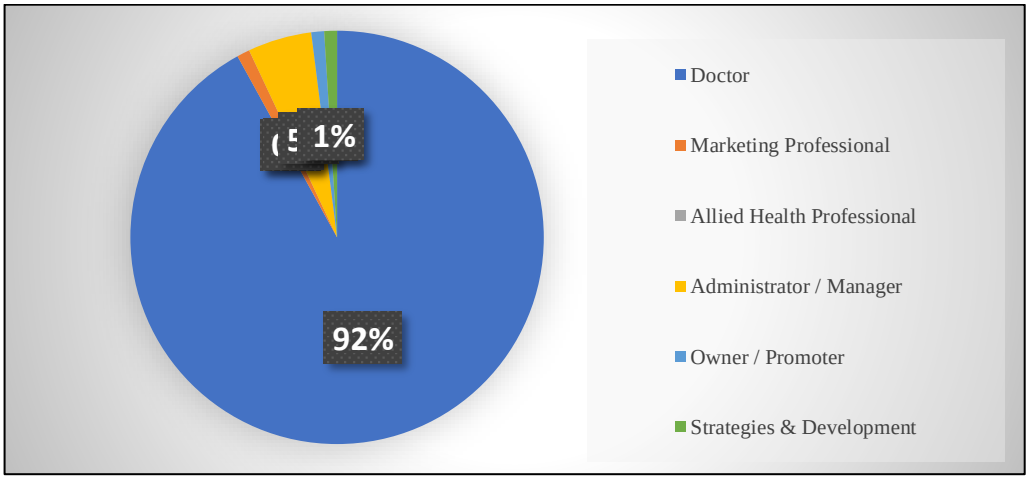


Figure 4.3- Role in healthcare

- The distribution of respondents by professional role reveals that a significant majority—92%—are practicing doctors, with the dominant representation coming from dentists. This overwhelming proportion underscores a central insight of the study: HMS Consultants' core audience is made up of clinicians who double as both healthcare providers and business decision-makers. In most small healthcare setups—especially dental clinics—the doctor is not only responsible for clinical outcomes but also oversees administrative functions, including marketing.
- The remaining roles include:
- Administrator/Manager (5%): These individuals likely work in slightly larger clinics or healthcare setups with some degree of formalized operations, but their

small number highlights the rarity of delegated administrative structures in the sample.

- Strategy & Development (2%) and Marketing Professional (1%): The presence of dedicated marketing or strategic personnel is negligible, reflecting that marketing is either outsourced to agencies or not formally executed.
- Allied Health Professionals (0%) and Owner/Promoters (0%): These roles were not represented in the survey, indicating that most operations are doctor-led without non-clinical ownership structures or significant allied workforce engagement.
- This role distribution confirms that marketing decisions in Tier 2 and Tier 3 clinics are made by the clinicians themselves, often without the support of trained marketing staff or strategic advisors. This insight has deep implications for both how HMS Consultants communicates its value proposition and how its services are structured.
- Since the primary user is a healthcare professional—often a dentist—with limited time, non-marketing expertise, and direct control over business strategy, HMS must adopt a clinician-centric approach. The marketing solutions it offers need to be:
- Clear and jargon-free: Messaging should avoid technical digital marketing language and instead focus on outcome-oriented terms such as “increase footfall,” “improve visibility,” or “get more patient inquiries.”
- Effortless to implement: Given that doctors wear multiple hats, the services must be plug-and-play or offer execution support with minimal input required from the practitioner.
- Trust-based and evidence-driven: Since most doctors are not trained marketers, there is often scepticism around ROI. HMS can build trust by showcasing case studies, providing data dashboards, and conducting free marketing audits.
- Clinically aligned: Strategies must align with clinical values—ethical, informative, and educational—rather than salesy or overly promotional.
- This finding also differentiates HMS from traditional agencies. While many digital agencies pitch to hospitals through marketing departments or procurement teams, HMS’s clinician-first model allows it to build deeper, consultative relationships that are personalized and relevant. For example, a

dentist operating a 3-chair practice in Nagpur will value tips on how to promote orthodontics or cosmetic procedures locally over generalized SEO packages.

- Moreover, with 92% of respondents being direct service providers, the study highlights that most clinics lack internal structures for brand building, patient engagement, or marketing analytics. HMS Consultants can position itself not only as a service provider but as an educator and partner in clinic development.

4.4 TOP MARKETING CHALLENGES:

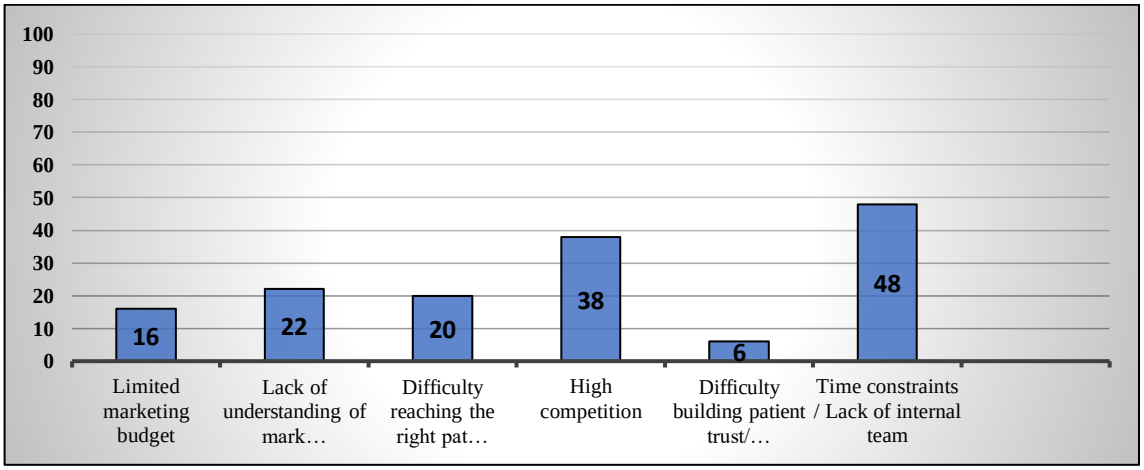


Figure 4.4- Top marketing challenges

One of the most revealing sections of the survey was the identification of core marketing challenges faced by healthcare professionals in the Wardha-Nagpur region. The findings show that the most frequently reported obstacle—cited by 48% of respondents—was a lack of time or absence of an internal marketing team. This reflects a widespread operational overload among clinicians, especially dentists, who are expected to juggle clinical duties with business management, administrative tasks, and patient engagement—all without dedicated support personnel. Given that 92% of the study's respondents are doctors and the majority run solo practices, this time constraint is not surprising. In such settings, marketing often becomes a low priority, even when practitioners recognize its importance. This challenge underscores the necessity for low-maintenance, time-efficient marketing interventions that integrate seamlessly into a clinic's daily workflow. The second most cited issue was intense competition in the local market (38%). As the healthcare provider ecosystem in Tier 2/3 cities becomes more saturated, especially in dental practice, clinics are competing for the same patient base within limited geographies. Providers feel pressure to stand out—but without

marketing knowledge, many rely solely on reputation or basic word-of-mouth. This intensifies the visibility struggle and leads to low patient conversion rates, despite maintaining quality clinical standards. Limited marketing knowledge (22%) emerged as the third major challenge. This is particularly relevant in smaller towns where access to professional development in non-clinical skills is minimal. Most practitioners have little exposure to strategic marketing concepts such as digital funnelling, brand positioning, or content engagement. As a result, even those willing to invest in marketing are unsure how to evaluate proposals or measure success. Another significant concern—reported by 20% of participants—was the difficulty in reaching the right patient audience. This includes challenges such as unclear patient targeting, poor local SEO, ineffective campaign messaging, or mismatched platforms (e.g., using Instagram when their audience is on WhatsApp). This gap in strategic targeting contributes to a waste of marketing effort and reinforces scepticism around ROI. Additional but still notable challenges include: Budget constraints (16%): Clinics operate within narrow financial margins and often struggle to justify spending on something perceived as intangible or delayed in return. Lack of trust in marketing agencies (6%): This indicates bad prior experiences, unmet expectations, or a general distrust of external service providers due to overpromising and underdelivering.

4.5 CURRENT PROMOTION METHODS

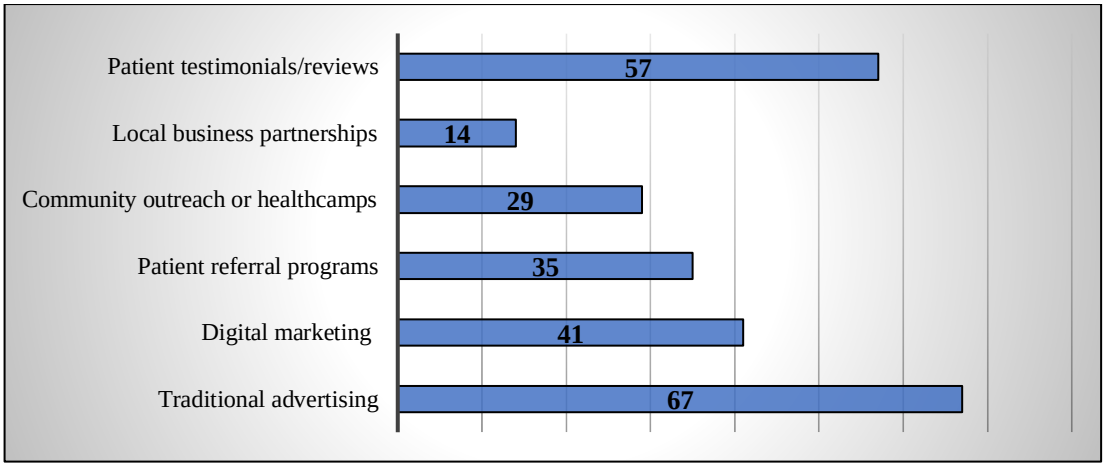


Figure 4.5- Current promotion method

The survey findings reveal that Traditional Advertising remains the dominant method of promotion among healthcare professionals in the Wardha-Nagpur region, with 67% of respondents indicating its use. Traditional advertising in this context

often includes print media (such as newspapers, pamphlets, banners, and standees), local event sponsorship, and even basic signage and hoardings. This reflects a longstanding reliance on familiar and tangible marketing practices—particularly in Tier 2 and Tier 3 cities, where digital transformation has been slower to permeate grassroots medical practices. This reliance is especially pronounced among dental clinics, where competition is localized and practitioners believe that physical visibility in the community (e.g., a prominent clinic board or local paper ad) still carries trust value. While traditional advertising offers geographic targeting and local recall, it lacks scalability, data tracking, and personalization—which are vital for growth-oriented practitioners. Patient Testimonials and Reviews (57%) were the next most common strategy. This is a positive sign, indicating that many clinicians recognize the value of social proof and word-of-mouth credibility. In dental care especially, where aesthetics and outcomes are highly visible, testimonials can significantly influence patient decisions. However, most testimonials remain offline or informal, lacking the structured digital formats (Google reviews, video testimonials, or social proof on websites) that are increasingly valued by younger, digitally-savvy patients. Digital Marketing (41%) emerged as a growing yet underdeveloped avenue. While this shows a movement toward modern strategies, the adoption level is still below 50%, suggesting either scepticism, lack of expertise, or unsuccessful past experiences. Among those engaging in digital promotion, anecdotal evidence from qualitative responses suggests that efforts are often limited to irregular social media posting or unoptimized Google listings, without a broader strategy or content calendar. This gap provides a high-impact entry point for HMS Consultants. Other promotional strategies include: Patient Referral Programs (35%): These indicate an organic yet underutilized approach to growing patient volume through incentivized referrals. Many clinics rely on passive word-of-mouth, but few have formalized programs or tracking mechanisms in place. Community Outreach/Health Camps (29%): Particularly common among dental and diagnostic centers, these initiatives are valuable for visibility and goodwill. However, they are resource-intensive and often lack follow-up systems to convert outreach into long-term patient relationships. Local Business Partnerships (14%): This is the least utilized channel, even though it offers potential for cross-promotion (e.g., partnering with gyms, pharmacies, or local schools). The low usage could be attributed to time constraints, lack of networking, or absence of structured models for collaboration.

4.6 MARKETING BUDGET AVAILABILITY

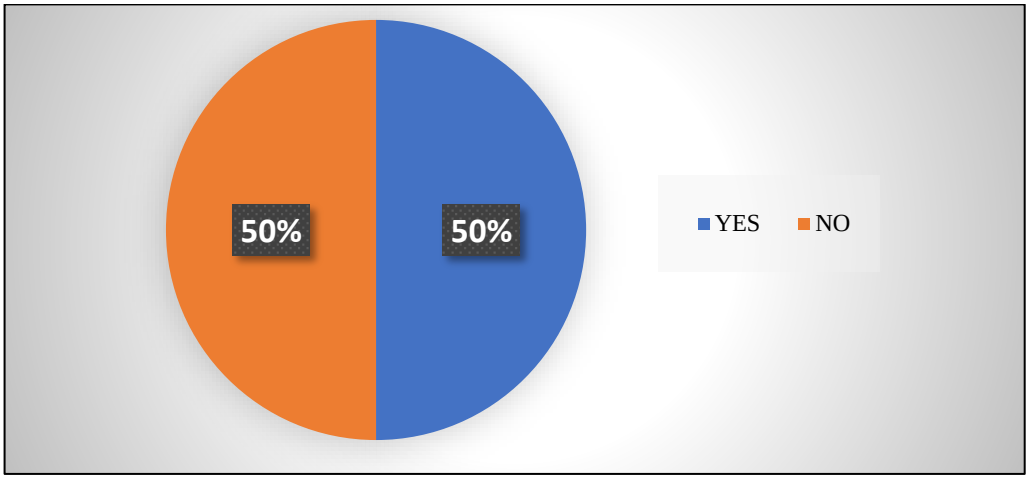


Figure 4.6- Marketing budget availability

- The survey findings reveal a near-even split in how healthcare professionals—primarily dentists—approach marketing finances: 50% of respondents have a dedicated marketing budget, while the remaining 50% do not. This stark contrast highlights a key structural and psychological divide within the healthcare marketing landscape in Tier 2 and Tier 3 cities.
- Among those with a set budget, anecdotal evidence suggests that most budgets are modest and typically allocated toward low-risk, locally familiar methods, such as print advertising, banners, and occasional social media boosting. Even within this group, few respondents reported a clear strategy for how the budget is allocated, reviewed, or adjusted. Budgeting appears to be more intuitive and reactive—often triggered by external events such as new competition, a drop in footfall, or participation in local health events—rather than part of a consistent business plan.
- The other half of the respondents—those without a marketing budget—represent a major challenge and opportunity. Many of these clinics either:
- View marketing as an optional or luxury expense.
- Lack clarity about what constitutes an effective marketing investment.
- Have had poor past experiences with agencies or ad-hoc campaigns.
- Prefer organic growth through word-of-mouth but struggle to sustain it.
- This behavior aligns with findings in the Deloitte (2018) SME Healthcare Report, which noted that small healthcare facilities in India often fail to assign dedicated

marketing budgets due to a lack of perceived ROI and strategic guidance. The problem is not that clinics do not value growth—it's that they don't see marketing as a necessary or controllable pathway to it

4.7 MARKETING REVIEW FREQUENCY

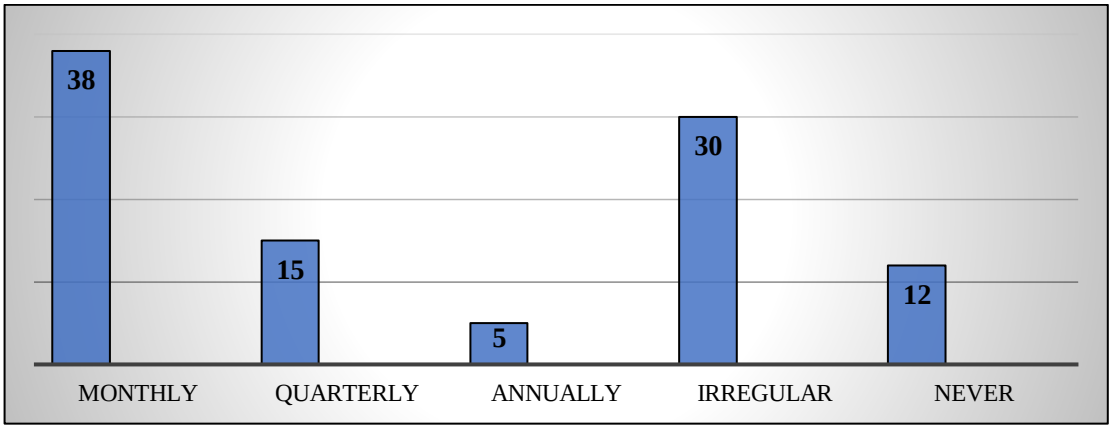


Figure 4.7- Marketing review frequency

- The survey revealed that 38% of respondents stated they conduct monthly marketing reviews, while 15% review quarterly, 5% annually, 30% irregularly, and 12% never. At first glance, this suggests a reasonable proportion of clinics are proactively evaluating their promotional efforts. However, a deeper analysis reveals a potential false positive within this self-reported behaviour.The fact that 50% of respondents do not have a defined marketing budget, and many also admitted to limited strategic planning or knowledge, raises significant doubt about the structure and rigor of these claimed reviews. It is likely that many of the respondents who selected 'monthly reviews' interpret this as informal observations or casual reflections—such as noticing changes in daily footfall, reading online reviews, or discussing performance briefly with staff—rather than structured evaluations based on key performance indicators (KPIs), marketing goals, and data analytics. This represents a disconnect between perceived marketing management and actual strategic execution. Without budget tracking, campaign-specific data, or defined objectives, even frequent review efforts are unlikely to yield meaningful insights or guide improvements. In other words, many clinics are going through the motions of review without the infrastructure to support effective decision-making. The 30% who conduct reviews irregularly and the 12% who never review marketing at all further underscore the lack of a performance-driven culture in most Tier 2 and Tier

3 healthcare practices. These patterns are consistent with previous literature (e.g., Bansal et al., 2017; Deloitte SME Report, 2018) which highlights that most small clinics operate reactively when it comes to business development, lacking formal mechanisms for monitoring and strategy refinement.

Thus, while review activity is reported, the inconsistency in budgeting, planning, and data literacy casts serious doubt on its effectiveness. The mismatch between stated behavior and underlying preparedness indicates a broader need for improved awareness, structured record-keeping, and systematic feedback analysis. Clinics may believe they are being proactive, but in the absence of tangible metrics or goals, these practices fall short of strategic review. This insight is crucial in understanding not just what clinics do, but how they perceive and approach their own growth, revealing both behavioural gaps and opportunities for targeted interventions.

In conclusion, this data point must be interpreted with caution. It does not necessarily reflect maturity in marketing operations, but rather a tendency toward over-reporting due to the absence of formal processes. The findings signal the need for alignment between review intentions and actual practices through foundational awareness and structured tracking tools in the future.

4.8 SATISFACTION WITH ROI

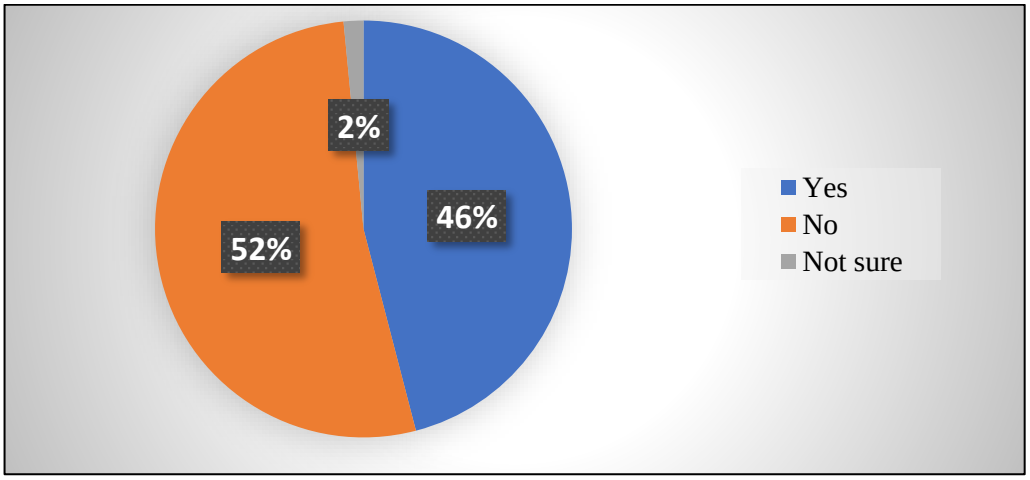


Figure 4.8- Satisfaction with ROI

When asked about their satisfaction with the return on investment (ROI) from current marketing efforts, respondents provided a telling distribution of sentiment. 48% expressed dissatisfaction, 42% reported satisfaction, and 10% were unsure about the effectiveness of their current marketing spend.

This data highlights a significant level of discontent among practitioners regarding the value they are receiving from their promotional activities. Even though a subset of respondents reported regular marketing reviews, the disconnect between review frequency and satisfaction with outcomes suggests that current review mechanisms lack the necessary structure and follow-through to drive results. Clinics may be engaging in routine evaluation, but without strategic alignment, data-informed decisions, or campaign specificity, these efforts are likely failing to improve actual outcomes.

For the 48% who are dissatisfied, it is likely that their current strategies are either underperforming due to weak execution or are fundamentally misaligned with the goals and target audience of the clinic. Particularly in dental clinics—which formed the majority in this study—the focus tends to be on volume rather than patient quality or service differentiation. This makes it harder to calculate true ROI, leading to generalized dissatisfaction.

The 10% who are unsure represent an important transitional group: they may not be fully engaged in tracking outcomes or may lack the tools to connect inputs with results. This ambiguity further reinforces the need for a clearer framework in which marketing actions are linked with measurable business impacts.

Even among the 42% who reported satisfaction, it is essential to consider the possibility of subjective bias, especially if success is being judged by superficial or anecdotal indicators rather than standardized metrics such as cost per lead, appointment conversion rate, or growth in digital engagement.

In sum, the ROI satisfaction data offers a critical lens into the overall maturity of marketing operations within Tier 2/3 clinics. The lack of satisfaction despite effort points to inefficiencies in planning, implementation, and assessment, rather than a lack of intent. These findings emphasize the importance of bridging the gap between effort and outcomes, not just increasing activity, but making it meaningful and tailored to the operational realities of small, independent practices. It does not necessarily reflect maturity in marketing operations, but rather a tendency toward over-reporting due to the absence of formal processes. The findings signal the need for alignment between review intentions and actual practices through foundational awareness and structured tracking tools in the future.

4.9 MEASUREMENT OF MARKETING SUCCESS

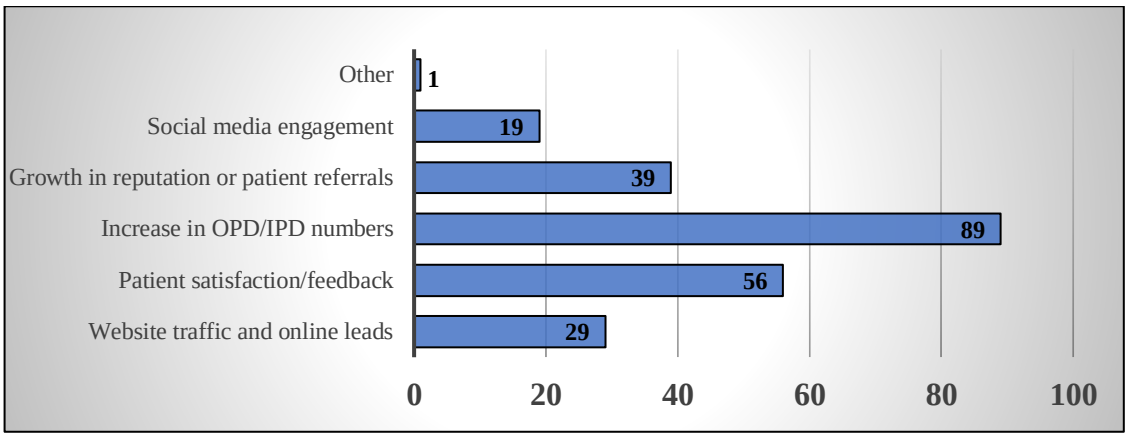


Figure 4.9- Measurement of marketing success

- Respondents were asked how they currently evaluate the success of their marketing efforts. A striking 89% cited an increase in OPD/IPD numbers as their primary metric of marketing performance. This was followed by patient satisfaction and feedback (56%), growth in reputation or patient referrals (39%), website traffic and online leads (29%), and social media engagement (19%). Only one respondent selected the "Other" category.

    - This heavy reliance on immediate, patient-volume-based indicators reveals a strong preference for tangible, short-term outcomes over more nuanced or digital measures. While OPD growth is a valid signal of marketing efficacy, it is not always directly attributable to specific campaigns and can be influenced by multiple external variables, such as seasonality, word-of-mouth, or even clinic location.
    - The second most cited metric—patient satisfaction and feedback—is qualitative in nature and often gathered through informal channels. While this form of feedback is useful for gauging service quality and clinic environment, it rarely provides structured data that can inform marketing decisions or drive campaign adjustments. This reliance on subjective input, while valuable, further underscores the need for standardized evaluation models.
    - Metrics such as website traffic, online leads, and social media engagement, which are essential components of digital marketing analytics, were significantly underrepresented. This indicates either a lack of familiarity with how to track these metrics or a low level of confidence in digital platforms as reliable performance tools. In an increasingly online world, this signals a substantial gap in digital marketing literacy among Tier 2/3 practitioners.

- Notably, even though many respondents reported using digital marketing techniques (as seen in earlier sections), they appear to lack the systems or skills to evaluate the outcomes. The low adoption of advanced KPIs reflects an industry where marketing is often seen as a promotional tool rather than a strategic lever for growth and refinement.
- This data point reflects not just **a** knowledge gap, but also a cultural inclination toward immediate outcomes**,** common in small clinical setups. Marketing is expected to deliver results similar to procedural interventions—quick, visible, and direct—which is not always realistic, especially in brand-building or awareness-driven campaigns.

- In conclusion, the dominance of OPD growth as a marketing metric and the marginal use of more comprehensive KPIs signal a narrow perception of success among healthcare providers. There is a critical need to expand this understanding so that clinics can begin to evaluate the effectiveness, efficiency, and scalability of their marketing efforts—not just the volume of patients they attract.

4.10 ONLINE PRESENCE MONITORING

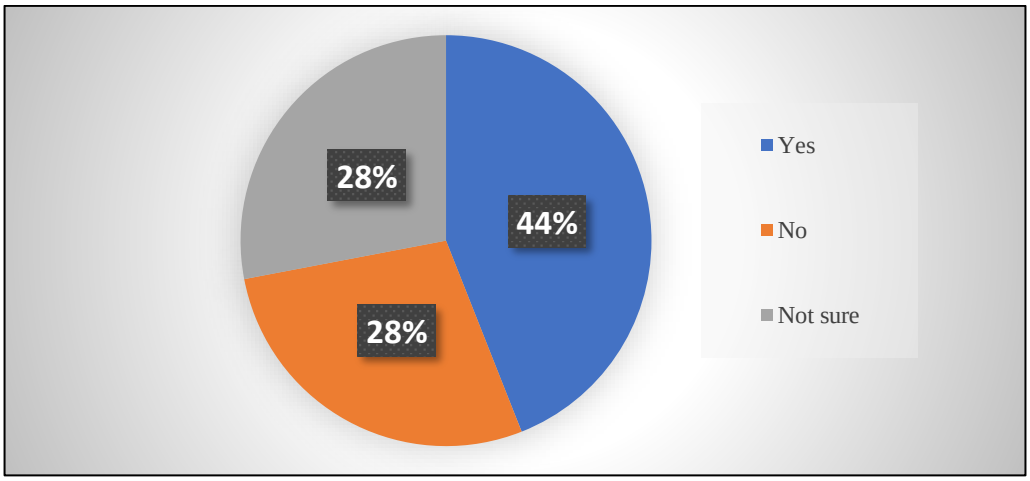


Figure 4.10- Online presence monitoring

When asked whether they actively monitor their online presence, only 44% of respondents confirmed that they do. Meanwhile, 28% admitted they do not, and another 28% were unsure about their digital visibility. This distribution reveals a concerning

lack of awareness and engagement with digital platforms, particularly given the increasing role that online presence plays in shaping patient perceptions and choices. In today's healthcare landscape, where patients often consult Google reviews, clinic websites, and social media profiles before making appointments, online reputation serves as a critical first impression. For dental clinics and small practices—which dominate this study's respondent base—being discoverable and positively represented online is not just a competitive advantage; it is becoming a basic requirement.

The fact that more than half of respondents either do not monitor or are unsure of their online presence reflects a significant gap in digital marketing literacy and operational priorities. Many practitioners may be unaware of where their clinics are listed, whether reviews exist, how accurate their contact information is, or what patients are saying about them publicly. This digital blind spot leaves them vulnerable to negative reviews, outdated information, or missed engagement opportunities.

Moreover, the 28% who responded with uncertainty suggest the presence of passive online footprints—perhaps managed by third parties, inactive social accounts, or outdated listings—which can dilute brand trust and confuse potential patients.

This behavior is symptomatic of a broader trend observed in similar studies on digital transformation in small businesses: digital presence is often treated as a one-time setup rather than an evolving asset that requires regular monitoring and updating. In contrast, patients increasingly expect real-time responsiveness, consistent updates, and clear online communication.

This insight highlights a clear divide between how patients find and evaluate providers and how providers manage their visibility. It also underscores a missed opportunity: monitoring digital presence is one of the lowest-cost, highest-impact practices available to small clinics. It not only supports new patient acquisition but also enhances retention and reputation management.

In conclusion, the data suggests that many clinics are operating without full control or awareness of how they appear online. This lack of monitoring undermines their broader marketing efforts and may partially explain dissatisfaction with ROI and marketing outcomes. Addressing this gap is essential for aligning provider visibility with patient expectations in the digital age.

4.11 PREFERRED MARKETING CHANNELS

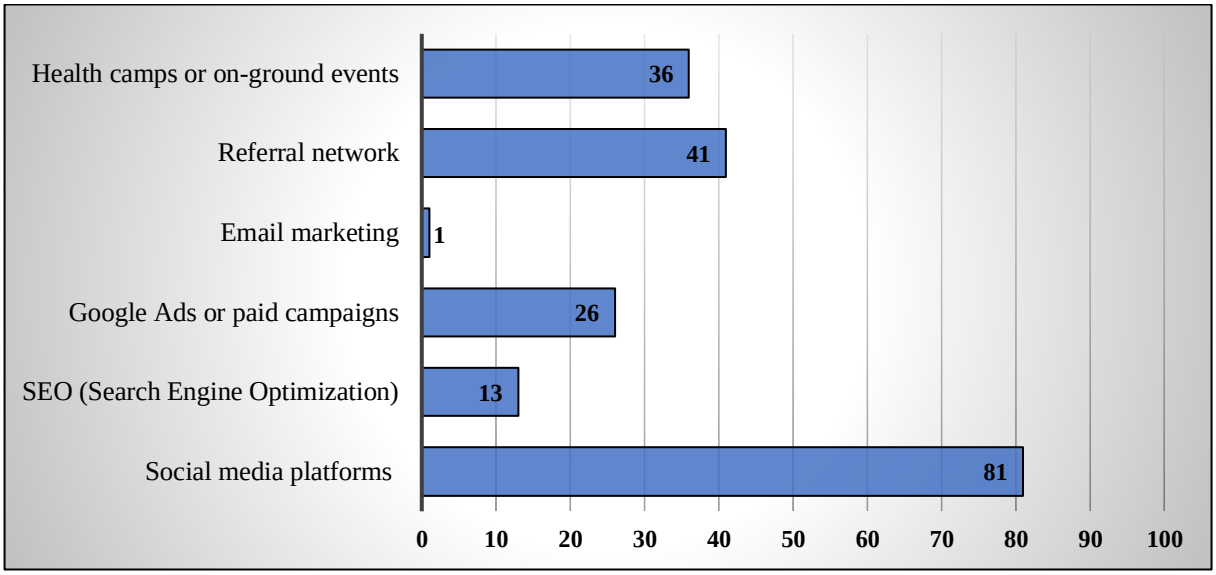


Figure 4.11- Preferred marketing channels

The survey revealed that social media platforms are the most preferred marketing channel, with 81 out of 100 respondents selecting them as their go-to method for outreach and visibility. This was followed by referral networks (41%) and on-ground events or health camps (36%), illustrating a strong preference for community-based and organic growth methods.

The popularity of social media reflects a broader trend in the digital age where platforms like Instagram, Facebook, and WhatsApp are increasingly seen as effective, low-cost tools for engagement. For dental and general clinics in Tier 2 and Tier 3 cities—many of which operate with minimal staffing and no in-house marketing expertise—these platforms offer a familiar and user-friendly medium through which to interact with current and potential patients.

Referral networks being the second-most preferred channel demonstrates the continued reliance on trust-based, peer-to-peer promotion, especially in smaller communities where personal recommendations still carry significant weight. Similarly, on-ground outreach through health camps and local events signifies a practical approach to visibility, particularly where digital reach is limited by bandwidth, digital literacy, or patient behavior.

By contrast, more technical and resource-intensive digital marketing methods such as Google Ads (26%), SEO (13%), and email marketing (1%) were far less popular. This suggests a notable hesitancy or lack of capability in adopting tools that require specialized knowledge, ongoing investment, or longer-term strategic planning. The

extremely low adoption of email marketing may also reflect a mismatch between platform and patient behavior in these regions, where email is not a preferred communication channel for healthcare decisions.

These patterns suggest that most healthcare providers in Tier 2/3 cities prefer low-cost, high-control marketing methods that can be managed personally or with minimal external help. The emphasis on organic, patient-centric channels highlights a cultural and operational model rooted in relationship-building rather than algorithmic advertising.

This strong preference for accessible platforms also underscores an opportunity to expand understanding and adoption of other digital tools. While social media usage is high, it is often limited to posting occasional updates or clinic offers, without consistent branding, strategic content planning, or analytics monitoring. Similarly, referral programs are often informal and untracked, lacking structured incentives or feedback loops.

In conclusion, the preference data reinforces that healthcare professionals are open to digital and community-oriented methods, but these methods must be easy to use, flexible, and relatable to their current practice style. Expanding familiarity with other digital tools and strengthening the execution of existing strategies can significantly improve marketing efficiency and outreach in this demographic.

4.12 FEEDBACK COLLECTION METHODS

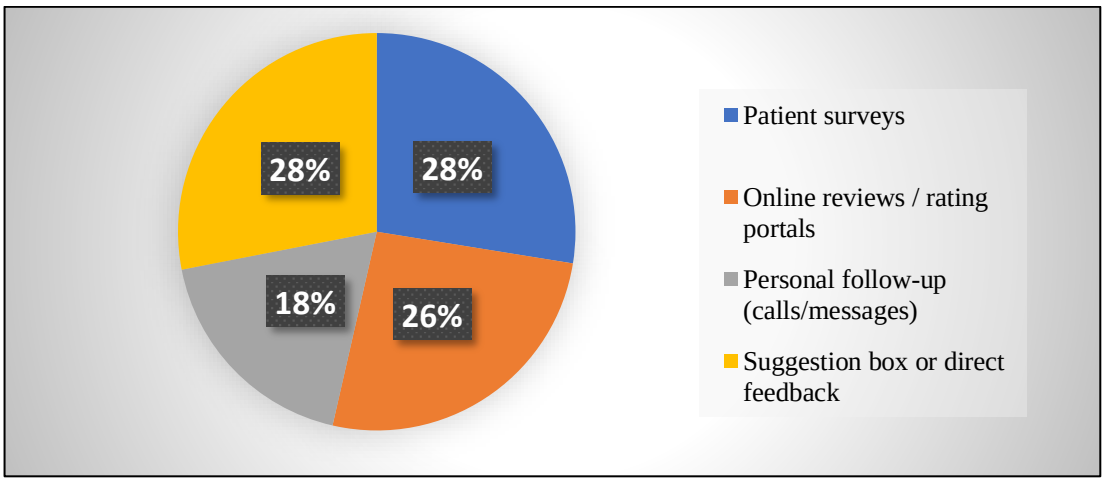


Figure 4.12- Feedback collection methods

When asked about their current methods for collecting patient feedback, a significant portion of healthcare professionals reported using multiple approaches, combining both traditional and digital tools. The most common methods included:

- Suggestion box or direct feedback – 55 respondents
- Patient surveys – 54 respondents
- Online reviews/rating portals – 51 respondents
- Personal follow-up (calls/messages) – 36 respondents

This distribution indicates a relatively high level of engagement with patient feedback, suggesting that clinics recognize the value of hearing from their patients. The popularity of suggestion boxes and direct feedback points to an ongoing reliance on in-clinic, informal mechanisms for receiving input. These methods, while accessible and cost-effective, may not capture nuanced or structured data, and responses can be influenced by the immediacy of the clinic setting.

Patient surveys, often administered post-visit or during check-out, represent a slightly more formalized approach. However, these are typically paper-based and lack systematic analysis, which limits their potential for meaningful insights. The near-equal popularity of surveys and suggestion boxes reflects a preference for simplicity and face-to-face interaction.

Online reviews and rating portals were selected by 51 respondents, indicating a growing awareness of digital reputation management. Still, this number suggests that nearly half of the respondents may not be proactively encouraging or monitoring online feedback, which is increasingly influential in-patient decision-making, particularly among younger demographics.

Personal follow-up via calls or messages, used by 36% of respondents, adds a personalized touch to the feedback process and can strengthen patient relationships. However, it also requires time and consistency, which can be difficult for single-provider or small-staffed clinics to maintain.

Overall, the data suggests that while feedback collection is prioritized, it remains largely qualitative, informal, and non-standardized. There is clear potential for clinics to transition toward more systematic and measurable feedback mechanisms. Moreover, these insights reinforce the need for educating providers on how structured feedback loops not only improve patient satisfaction but also offer data that can enhance service quality and marketing outcomes.

The mix of tools in use also highlights a hybrid environment where traditional comfort and digital awareness coexist. This hybridization is a useful indicator of market readiness for gradual digital transformation in patient experience management, especially if framed around familiar concepts and low-barrier tools. that healthcare professionals are open to digital and community-oriented methods, but these methods

must be easy to use, flexible, and relatable to their current practice style. Expanding familiarity with other digital tools and strengthening the execution of existing strategies can significantly improve marketing efficiency and outreach in this demographic.

4.13 SELF-RATED MARKETING EFFECTIVENESS

Table 4.1- Self- Rating

Rating	Responses	Percentage	Interpretation
1	**4**	**4**	**Extremely Poor**
2	**5**	**5**	**Very Poor**
3	**19**	**19**	**Poor**
4	**7**	**7**	**Fairly Poor**
5	**38**	**38**	**Neutral / Average**
6	**20**	**20**	**Slightly Above Average**
7	**4**	**4**	**Good**
8	**2**	**2**	**Very Good**
9	**1**	**1**	**Excellent**
10	**0**	**0**	**Outstanding**

- The most frequently selected rating was 5 (Neutral/Average)**,** accounting for **38%** of responses. This suggests that many healthcare professionals believe their current marketing efforts are functional but lack significant impact or growth orientation. This neutral stance could stem from a combination of uncertainty, a lack of concrete performance data**,** or general inertia in marketing strategy implementation.
- At the lower end of the spectrum, 35% of respondents rated their effectiveness between 1 and 4**,** indicating notable dissatisfaction. These low scores imply that a substantial portion of respondents feel their marketing is either ineffective or poorly structured. It could reflect a lack of awareness about modern marketing tools, an overreliance on traditional methods, or underperformance due to fragmented execution.

- Only 27% of respondents considered their marketing to be above average (ratings 6 to 9), with just one person rating it as excellent (9)**,** and none giving it a perfect 10. This absence of high self-assessments suggests that even among clinics that have adopted some form of strategy, most feel there is considerable room for improvement.
- The overall distribution of ratings reveals a right-skewed pattern, weighted toward neutral and below-average scores. This further reinforces the narrative that marketing is underutilized or sub-optimally executed **i**n these practices. It also reflects a lack of confidence or satisfaction among practitioners in their own promotional effectiveness, regardless of the tools they are currently using.
- Collectively, these findings paint a picture of an ecosystem where marketing is recognized as important, yet poorly understood or ineffectively applied. This creates an important opportunity **to** raise awareness, build capacity, and enhance marketing maturity through structured education, peer benchmarking, and practical tools tailored for resource-constrained healthcare providers

4.14 SUGGESTIONS FOR IMPROVEMENT

- Respondents who rated their marketing efforts 5 or below were asked to suggest areas of improvement. The responses were analysed and grouped into key thematic clusters to better understand the common concerns and aspirations shared by healthcare professionals, particularly in Tier 2 and Tier 3 setups. Below is an elaboration of each cluster:

✓ 4.14.1 Digital Enablement

- **Responses:** “Use social platforms more”, “Digital marketing”, “Online marketing”, “Instagram Facebook management”
  Theme: A large number of responses suggested the need to expand digital engagement, particularly through platforms like Instagram and Facebook. This implies that many healthcare professionals are aware of the reach and impact of social media but lack the strategy or content discipline to execute consistently. They want to transition from ad hoc posting to structured, planned campaigns. This aligns with trends in healthcare marketing globally, where digital presence is linked with higher patient trust and discoverability. Tools like content calendars, patient education reels, and platform analytics remain underutilized.

✓ 14.14.2 Skill and Knowledge Gaps

- **Responses:** “Knowledge of marketing”, “Improved skills and reach for awareness”, “Understanding the market”, “Lack of expertise”
  Theme: The repeated reference to knowledge deficits suggests that marketing remains a domain that most clinicians approach without formal training. Respondents acknowledge their unfamiliarity with terms like conversion rate, audience targeting, or return on ad spend. This underlines a pressing need for ongoing capacity building and simplified training programs. It also suggests that there is a learning curve for practitioners who wish to gain autonomy over their clinic’s marketing narrative rather than rely solely on external agencies.

✓ 14.14.3 Structural and Operational Support

- **Responses:** “Execution of our thoughts”, “OPD consultation”, “Financial/Survey/Services”, “Right audience”, “Budgeting”, “Public connect being a new facility”
  Theme: Many practitioners reported difficulty in translating their vision into actionable marketing campaigns. While they may have clarity on who they want to reach or what their brand should reflect, the absence of operational support—either in terms of staff, partners, or time—limits execution. This theme ties into issues such as unclear budgeting, ineffective messaging, and misaligned targeting. Particularly in newer facilities, where reputation is still being built, practitioners feel overwhelmed by the demands of running operations while attempting to build a brand.

✓ 14.14.4 Time Constraints

- **Responses:** “Lack of time”, “Time”, “Lack of time”
  Theme: Time remains one of the most quoted limitations. Many practitioners operate solo or with minimal administrative support, meaning marketing is often a secondary priority. The theme is further complicated by the perception that marketing is time-consuming, especially digital engagement, which demands frequent updates, audience interaction, and performance tracking. There’s an implicit need for solutions that are plug-and-play or require minimal time

input—perhaps through automation, scheduling tools, or curated content packs that can be used with minimal customization.

14.14.5 Communication and Relationship Building

- **Responses:** "Feedback", "One-to-one approach and relationship"
  Theme: These responses reflect the ethos of healthcare marketing that thrives on trust, personal connection, and credibility. Unlike large hospitals, where institutional branding takes precedence, small clinics and dental practices depend heavily on the practitioner's relationship with patients. Respondents feel they fall short in maintaining these personalized touchpoints consistently. They also express an interest in systems that allow more structured follow-ups or recognition of returning patients, possibly hinting at CRM (Customer Relationship Management) gaps.

✓ **14.14.6 Integrated Insights:**

These clusters—though varied in surface concerns—are deeply interconnected. For example, a lack of digital expertise links with both the need for time-efficient tools and better structural planning. Similarly, communication gaps feed into both brand perception and feedback mechanisms. These findings reinforce that healthcare professionals don't just need more tools; they need the right tools, simplified processes, and educational frameworks that are respectful of their clinical time and capacity.

In conclusion, these themes present actionable pathways for elevating healthcare marketing readiness across Tier 2/3 regions. They suggest that practitioners are aware of their limitations and are motivated to improve, provided the solutions are accessible, supportive, and scalable. The role of consulting partners is not just to offer services but to build marketing confidence and literacy within the healthcare community.

14.5 MARKETING GAPS IDENTIFIED

Table 4.2- Marketing gaps

CLUSTER	KEY POINTS
1. Lack of Resources & Time	**No marketing team, time constraints, poor execution, lack of expertise**
2. Weak Market Strategy	**Poor market understanding, wrong audience, budgeting issues**
3. Low Digital Presence	**Poor Instagram/Facebook management, weak online marketing**
4. Innovation & Engagement	**Lack of creative methods, weak public connect, no one-on-one approach**
5. Operational Overlap	**OPD duties interfering with marketing efforts**
6. Community Outreach	**Limited efforts to engage the local community**

An analysis of the responses from the survey results reveals several prominent gaps in the marketing practices of healthcare professionals, particularly dentists and small clinic operators in the Wardha-Nagpur region. These gaps have been categorized into five thematic clusters based on respondent feedback and marketing behavior patterns:

- **Lack of Strategic Digital Execution**

While 81% of respondents reported using social media platforms as their primary marketing channel, a much smaller percentage reported tracking metrics like social media engagement (19%) or website traffic (29%). This discrepancy points to a fundamental gap in strategic execution. Clinics may be using digital tools, but often without a structured plan, content calendar, or data analysis to drive improvements. The low utilization of SEO (13%) and email marketing (1%) further indicates a limited understanding or application of digital marketing tools beyond basic social media usage.

- **Inconsistent Monitoring and Review Practices**

Even though 38% of respondents claimed to review their marketing performance monthly, the equal split in having a dedicated marketing budget (50% Yes, 50% No) reveals a false sense of preparedness. Many of the clinics engaging in reviews lack proper KPIs or benchmarks, resulting in evaluations that are informal and inconsistent. Additionally, 30% review irregularly, and 12% never review their marketing efforts at all, indicating that data-driven decision-making is not yet embedded in practice routines.

- **Budgetary Limitations**

Only half of the respondents reported having a defined marketing budget, underscoring the financial constraints prevalent in small and mid-sized clinics. This limits the adoption of advanced marketing services and restricts clinics to ad hoc or no-cost promotional tools, potentially stalling their growth. The lack of budget clarity also explains the sporadic use of paid campaigns (Google Ads at 26%) and underutilization of structured referral or incentive programs.

- **Low Confidence in Marketing Effectiveness**

Self-assessment scores further corroborate the existing marketing challenges. Only 27% of respondents rated their marketing above average (ratings 6–9), with no one rating it as 10 (Outstanding). A significant 35% rated their efforts as poor (1–4), suggesting dissatisfaction or ineffectiveness. The majority (38%) rated their efforts as neutral, highlighting a plateaued perception of impact, likely stemming from lack of skills, clarity, or strategic direction.

- **Feedback Collection without Optimization**

Although 55% of respondents use suggestion boxes and 54% use patient surveys, the structured usage of feedback for marketing growth remains unclear. Only 51% reported tracking online reviews or using rating portals. Personal follow-ups are practiced by 36%, indicating some degree of relationship-building. However, many clinics are not leveraging feedback data to refine campaigns, highlight positive patient stories, or address service gaps effectively.

In conclusion, the marketing gaps observed across these five clusters indicate a fragmented and informal approach to marketing among healthcare providers in Tier 2/3 cities. These findings emphasize the need for improved strategic planning, consistent review processes, budget alignment, and capability-building to foster a more mature and outcome-driven marketing culture in these regions.

CHAPTER 4:

DISCUSSION

This chapter discusses the findings from the research study aimed at identifying marketing challenges and opportunities among healthcare professionals in the Wardha-Nagpur region, with the goal of enhancing the feasibility and reach of HMS Consultants. The discussion is grounded in both the quantitative and qualitative data collected and is contextualized by relevant studies and theories in healthcare marketing and service delivery. The interpretation of findings is structured around individual survey questions to provide clarity and precision in analysis.

5.1 Type of Facility

The data indicated that most respondents operated standalone dental clinics or small private healthcare practices. This structure, commonly seen in Tier 2 and Tier 3 cities, lacks administrative depth and in-house marketing teams. As Kapoor and Singh (2020) have noted, independent healthcare practitioners in smaller towns often function in isolation, without access to institutionalized knowledge or professional marketing services. The fragmented nature of healthcare delivery in these regions presents both a challenge and an opportunity. HMS Consultants can bridge this gap by introducing simplified, scalable solutions that do not rely on large organizational structures, thereby becoming more feasible and attractive to this market segment.

5.2 Facility Size

The majority of respondents reported having fewer than five full-time staff members. This aligns with the operational constraints of small clinics and highlights the limited bandwidth available for administrative tasks like marketing. According to Rao and Sharma (2019), resource scarcity in micro-clinics results in overburdened personnel and multitasking professionals who often prioritize clinical operations over strategic business development. These findings emphasize the need for marketing tools that are intuitive, require minimal maintenance, and can be operated by clinic staff without additional hiring.

5.3 Role in Healthcare

An overwhelming number of respondents were decision-makers—either clinic owners or practicing doctors. This direct access to leadership provides a valuable insight into the decision-making psyche of the target audience. It also reinforces the relevance of this study to HMS Consultants, as it captures the concerns and needs of the very individuals who will decide whether or not to engage a marketing consultancy. The ICMR (2021) stressed the importance of engaging decision-makers when introducing

new technologies or business processes in healthcare, a strategy that is clearly aligned with HMS's consultative business model.

5.4 Current Promotion Methods

Traditional promotion methods such as word-of-mouth, referral networks, and community engagement dominated responses. Digital marketing strategies like Google Ads, SEO, and email marketing were significantly underutilized. This is consistent with Sharma et al. (2020), who found that digital literacy in healthcare is limited outside metro cities. This insight underscores the need for foundational education in digital marketing among healthcare professionals and for services that simplify digital onboarding.

5.5 Marketing Budget Availability

More than half of respondents admitted to not having a dedicated marketing budget. This financial gap reflects both a lack of planning and a lack of perceived value in marketing investment. Deloitte's SME Healthcare Report (2018) found that small healthcare providers often deprioritize marketing due to uncertain returns and high cost perceptions. These clinics are not unwilling to market—they are unsure how. HMS can use this insight to design low-risk, high-value marketing options that ease new clients into more structured service packages over time.

5.6 Marketing Review Frequency

Although many respondents claimed to review marketing performance on a monthly or quarterly basis, this is likely informal and unstructured. Bansal et al. (2017) have noted that periodic performance reviews in small clinics often consist of anecdotal evaluations rather than data-driven assessments. This points to a knowledge gap in performance measurement and opens opportunities for HMS to provide structured review frameworks and easy-to-use tools for tracking marketing metrics.

5.7 Satisfaction with ROI

Only 42% of respondents expressed satisfaction with their return on investment from current marketing activities. Meanwhile, 48% were not satisfied, and 10% were unsure. These figures suggest a profound disconnect between effort and outcome in current strategies. Patel and Thomas (2019) argue that this is often due to a lack of clear KPIs and an over-reliance on indirect performance indicators. HMS can meet this challenge

by introducing ROI calculators, dashboards, and success benchmarks that help practitioners evaluate their progress with greater confidence.

5.8 Usage of Marketing Agencies

A small portion of respondents had prior experience working with marketing agencies, but most found them expensive or not tailored to the healthcare context. According to Jain and Joshi (2021), the failure of generic marketing agencies in healthcare is usually due to a lack of industry-specific insight. This validates the niche that HMS aims to fill. A healthcare-focused marketing consultancy can offer contextually relevant services and speak the language of clinical professionals, thereby gaining credibility and market share.

5.9 Measurement of Marketing Success

The dominant metric used to measure success was an increase in patient footfall. Other metrics like online traffic, social media engagement, and brand recall were rarely mentioned. This shows a short-term, volume-oriented mindset. Narayan et al. (2018) emphasized that long-term marketing success depends not just on patient numbers but on retention, reputation, and engagement. HMS Consultants can educate clients about diversified success indicators, thereby reshaping perceptions of what effective marketing looks like.

5.10 Online Presence Monitoring

Less than half of the participants actively monitored their online presence, suggesting a lack of awareness or tools to manage their digital footprint. Ghosh et al. (2020) noted that patients increasingly rely on online platforms to evaluate and choose healthcare providers. A weak online presence can therefore directly affect patient acquisition. This presents HMS with an opportunity to deliver value through digital audits and reputation management packages.

5.11 Preferred Marketing Channels

Respondents showed a strong preference for social media platforms, followed by referrals and community events. Platforms like email marketing and SEO were least preferred. This trend was also observed in Singh and Walia's (2022) study, which concluded that social platforms offer a low-barrier entry point into digital marketing for resource-limited clinics. These preferences inform HMS's approach to service design—start with familiar tools and gradually introduce advanced options.

5.12 Feedback Collection Methods

The most common feedback collection methods were suggestion boxes and verbal feedback. While these methods offer direct insights, they lack structure and documentation. Digital and systematic methods such as online reviews or post-visit surveys were underutilized. Banerjee and Roy (2021) emphasized the importance of formal feedback loops in improving service quality and patient loyalty. HMS can support clinics in digitizing feedback collection and using it as a tool for both marketing and operational refinement.

5.13 Self-Rated Effectiveness and Suggestions

A large number of respondents rated their marketing effectiveness as 5 or below and suggested improvements such as increased digital presence, better time management, and improved patient engagement systems. Clustering analysis showed that responses fell into two major categories: operational constraints and strategic knowledge gaps. Mehta and Pillai (2017) noted that while clinics in semi-urban India are eager to grow, they are often trapped by these dual challenges. HMS Consultants can develop targeted solutions for each cluster—automated systems for time-saving and webinars or templates to build strategic capability.

5.14 Identified Shortcomings in Current Marketing

Thematic analysis revealed recurring issues in execution, budgeting, content development, and patient targeting. Clinics struggle not only to start marketing initiatives but to sustain and evaluate them. These insights reinforce the demand for a structured yet flexible support system. HMS has the chance to embed itself within the routine operations of these clinics, offering incremental value while building trust.

In summary, this chapter has shown that HMS Consultants stands at a crucial junction where data-backed insights, industry-specific challenges, and localized market dynamics converge. Each gap identified in this study is not just a weakness in the current system—it is a growth opportunity for a marketing consultancy that is willing to understand, educate, and empower its clientele.

By addressing these gaps with humility, expertise, and practicality, HMS Consultants can become a cornerstone of healthcare marketing innovation in India’s underserved urban corridors.

CHAPTER 4:

CONCLUSION

This chapter summarizes the key findings of the study and their implications for enhancing the reach and feasibility of HMS Consultants among small healthcare providers in Tier 2 and Tier 3 regions, particularly dental clinics in the Wardha-Nagpur belt. The research reveals a consistent pattern of operational and strategic marketing gaps, including lack of time, digital knowledge, structured budgeting, executional capacity, and engagement with modern communication platforms.

Many clinics lack a dedicated marketing team, and even those making efforts often fall short in executing strategies or reaching the right target audience. Respondents frequently cited limited financial planning, irregular marketing reviews, and absence of data-driven evaluation of ROI. Additionally, while there is a general understanding that digital marketing is essential, actual usage remains limited to basic social media engagement. These gaps, collectively, reveal a market ripe for structured intervention.

Among the most impactful findings, the study highlighted that 88% of healthcare professionals surveyed operated standalone clinics, with over 50% having no dedicated marketing budget. Furthermore, only 44% actively monitor their online presence, and 48% are dissatisfied with their current marketing ROI. Social media was the most preferred channel, but its use was generally unstructured. These findings point toward a significant disconnect between marketing awareness and marketing execution.

The implications of these findings are significant for HMS Consultants. The prevailing gaps indicate an urgent demand for affordable, customizable, and supportive marketing solutions tailored to individual practitioners. HMS is uniquely positioned to fill this void by aligning its offerings with the specific needs of under-resourced healthcare clinics. The study confirms that there is both awareness and willingness among providers to improve marketing, but limited capability to do so independently. This represents a powerful growth opportunity for HMS if it can offer strategic yet practical solutions that clinics can afford and implement.

6.1 STRATEGIES

To capitalize on these insights and drive its own growth, HMS Consultants can adopt the following strategies:

Funnelling Strategy: Begin with broad awareness among doctors through educational content and digital presence. Gradually narrow the funnel by

identifying pain points, offering value-based consultations, and onboarding clients with customized marketing blueprints.

Communication as a Trigger: After identifying a doctor's core needs, initiate marketing through communication tools such as WhatsApp updates, social media posts, to immediately demonstrate value and build trust.

Multi-Channel Engagement: Establish a strong presence through a user-friendly website, informative email newsletters, and strategic event collaborations (e.g., local dental conferences or CME programs) to stay visible within the professional community.

Weekly In-House Training: Offer regular training modules to clinic staff, helping them understand and implement basic marketing activities like Google reviews, social media updates, and service promotion, reducing dependency and increasing internal capacity.

Customized Plans: Instead of a one-size-fits-all model, HMS can segment its services based on clinic maturity, marketing readiness, and budget. Entry-level packages can focus on reputation building and awareness, while advanced tiers can offer analytics, content strategy, and advertising.

Blueprint + Execution: Create a personalized marketing blueprint for each client and assist with execution through ongoing support, checklists, digital templates, and performance reviews. This ensures consistency, reduces operational burden, and maintains long-term engagement.

Internship Model Expansion: HMS can further expand its reach and adaptability by hiring interns from varied healthcare professional backgrounds (such as dental, physiotherapy, nursing, pharmacy, and allied health sciences). These interns can act as field ambassadors, helping spread awareness of the HMS model, bridging the gap between marketing strategies and clinical expectations, and promoting adoption through peer-to-peer engagement and trust-building.

Through these well-aligned strategies, HMS Consultants can convert observed gaps into viable business opportunities. The clear demand for practical, guided marketing interventions in small healthcare settings positions HMS as more than a service provider — it becomes a growth enabler.

In conclusion, the study highlights that the growth potential for HMS lies in its ability to democratize healthcare marketing for small clinics — making it accessible, effective, and measurable. Through localized insights and tailored interventions, HMS can drive significant improvements in clinic visibility, patient engagement, and provider confidence, ultimately contributing to both client success and its own market leadership. The path to growth lies in becoming a bridge between marketing strategy and clinical practice, especially for providers operating on limited resources but high intent.

6..2 RECOMMENDATIONS

Based on the research insights and analysis, the following key recommendations are made to HMS Consultants for increasing its feasibility, reach, and long-term scalability:

Launch Region-Specific Starter Packages: Develop low-cost, modular marketing plans targeting Tier 2 and Tier 3 cities. These should include basic digital setup, social media planning, and branding kits aligned with the local needs of dental and outpatient clinics.

Create a Centralized Online Training Portal: Provide pre-recorded training sessions, guides, and toolkits for in-house clinic staff. This initiative would reduce the operational dependency on HMS while enhancing client self-sufficiency and loyalty.

Establish a Marketing ROI Dashboard: Introduce a simple performance tracking system that helps clinics evaluate their marketing effectiveness through KPIs like patient footfall, referral growth, and online engagement metrics.

Implement Regional Marketing Support Clusters: Appoint trained field executives or marketing facilitators in specific regions who can support several small clinics collectively. This model is cost-efficient and maintains personalized touchpoints.

Develop Case Studies for Advocacy: Document and publish success stories from early adopters in the Wardha-Nagpur region to build credibility and demonstrate practical outcomes to hesitant clinics.

Internship Program for Grassroots Engagement: Formalize a recruitment and mentorship program for interns from varied healthcare disciplines. These interns can act as community evangelists, implement baseline strategies in clinics, and spread

awareness about HMS's offerings organically. It will also foster a mutually beneficial academic-industry collaboration and expand HMS's local presence.

Offer Free Digital Health Audits: As an entry-point service, HMS can offer complimentary digital marketing audits to clinics. This not only builds initial engagement but also highlights areas for improvement, paving the way for service upselling.

Partner with Local Healthcare Associations: Collaborate with dental councils, medical associations, and such bodies to organize workshops and marketing awareness seminars that promote ethical, professional outreach.

Feedback Loop System Integration: Help clinics digitize and standardize patient feedback collection and analysis. Educating them on how to leverage feedback for both service quality and reputation enhancement can build long-term patient relationships.

Design a Tiered Consultancy Model: Structure consultancy services into bronze, silver, and gold tiers based on clinic size, budget, and readiness. This allows flexibility in adoption while maintaining consistency in HMS's operational framework.

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Annexures- Questionnaire.

Healthcare Marketing Practices –Survey for Healthcare Professionals.

I am **Dr. Bhavika Satish Vidhwani**, currently pursuing an MBA in Hospital & Health Management from **IIHMR University, Jaipur**. As part of my academic dissertation, I am conducting a research study on **"Marketing Practices in Indian Healthcare"** to understand how healthcare providers manage branding, communication, and patient engagement.

Your participation will help generate insights that contribute to academic understanding and future improvements in healthcare marketing.

Confidentiality Note: All responses are confidential and will only be used for research purposes. No personal data will be shared or published.

The survey will take approximately **5–7 minutes** to complete.

Thank you in advance for your valuable time and insights!

Section 1: Participant Information

1. Full Name

Short answer text

2. Email Address

Short answer text

3. Mobile Number

Short answer text

4. Designation (e.g., Consultant, Director, Administrator, Owner)

Section 2: Healthcare Facility Overview *

5. Type of Facility

- [ ] Clinic
- [ ] Nursing Home
- [ ] Multi-Specialty Hospital
- [ ] Super-Specialty Hospital
- [ ] Trust/Charitable Hospital
- [ ] Diagnostic Center
- [ ] Other...

6. Facility Size *

- ○ 0–25 beds
- ○ 26–50 beds
- ○ 51–100 beds
- ○ 101+ beds
- ○ Not Applicable (e.g., clinics/diagnostics)

Section 3: Role & Challenges *

7. Your Role in the Healthcare Business

- ○ Doctor
- ○ Marketing Professional
- ○ Allied Health Professional
- ○ Administrator / Manager
- ○ Owner / Promoter

- ◯ Other...

8. What are your biggest challenges in promoting your healthcare services? *

- ☐ Limited marketing budget
- ☐ Lack of understanding of marketing
- ☐ Difficulty reaching the right patient audience
- ☐ High competition
- ☐ Difficulty building patient trust/brand recall
- ☐ Time constraints / Lack of internal team
- ☐ Other...

9. How do you currently promote your healthcare services?

- ☐ Traditional advertising (newspapers, hoardings, flyers)
- ☐ Digital marketing (social media, emailers, Google Ads)
- ☐ Patient referral programs
- ☐ Community outreach or health camps
- ☐ Local business partnerships
- ☐ Patient testimonials/reviews
- ☐ Other...

10. Do you have a dedicated marketing budget? *

- ◯ Yes
- ◯ No

11. How frequently do you review the effectiveness of your marketing efforts? *

- ○ Monthly
- ○ Quarterly
- ○ Annually
- ○ Irregular
- ○ Never

12. Are you satisfied with your marketing ROI (Return on Investment)? *

- ○ Yes
- ○ No
- ○ Not sure

13. If NO, what improvement do you feel would increase your ROI?

Long answer text

Section 5: Marketing & Branding Support *

14. Have you ever hired a marketing or branding agency?

- ○ Yes
- ○ No
- ○ Considering it

15. How do you measure marketing success?

- ☐ Website traffic and online leads
- ☐ Patient satisfaction/feedback

- [ ] Increase in OPD/IPD numbers
- [ ] Growth in reputation or patient referrals
- [ ] Social media engagement
- [ ] Other...

Section 6: Awareness & Market Monitoring *

16. How often do you assess awareness of your services in the local market?

- ○ Monthly
- ○ Quarterly
- ○ Annually
- ○ Irregularly
- ○ Never

17. Do you monitor your online presence? *

- ○ Yes
- ○ No
- ○ Not sure

18. Which marketing channels do you find most effective? *

- [ ] Social media platforms (Instagram, Facebook, LinkedIn)
- [ ] SEO (Search Engine Optimization)
- [ ] Google Ads or paid campaigns
- [ ] Email marketing
- [ ] Referral network
- [ ] Health camps or on-ground events

- [ ] Other...

Section 7: Feedback & Final Thoughts *

19. How do you collect patient feedback?

- [ ] Patient surveys
- [ ] Online reviews / rating portals
- [ ] Personal follow-up (calls/messages)
- [ ] Suggestion box or direct feedback
- [ ] Other...

20. On a scale of 1 to 10, how would you rate your current marketing efforts? *

	1	2	3	4	5	6	7	8	9	10	
Not Effective	○	○	○	○	○	○	○	○	○	○	Highly Effective

21. If you rated 5 or below, what improvements would you recommend?

Long answer text

22. Where do you still feel your marketing efforts fall short?

Long answer text

Thank You for Participating!

Your insights will play a meaningful role in shaping better healthcare marketing strategies in India.

If you'd like a copy of the research summary or to be contacted for follow-up (optional), please leave your email in the contact section.

Dr. Bhavika Satish Vidhwani. MBA (Hospital & Health Management), IIHMR Jaipur