

INTERNSHIP  
AT  
IIHMR University, Jaipur

Submitted to



**The IIHMR University, Jaipur**

for the partial fulfillment for the award of the degree of

Master of Business Administration (MBA) in

**Healthcare Analytics**

by

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# **Internship Report**

## **Introduction**

This report outlines and presents the objectives of the internship, provides an organizational profile of IIHMR University, Jaipur, and describes the services provided by the organization. It also documents the timeline of activities undertaken during this tenure. Finally, the key learnings are listed based on three broad areas: Research Process and Methodology, Public Health Systems and Policy Learnings, and Topic-Focused Learnings on Digital Health Transformation in India.

## **Objectives**

The primary objective of this internship (dissertation) was to investigate the current status, perceived impact, and future trajectories of digital health transformation within India's healthcare ecosystem. The study focused on five primary digital health modalities—telemedicine, electronic health records (EHRs), mobile health (mHealth) applications, artificial intelligence (AI)-based diagnostics, and the Internet of Medical Things (IoMT)—with the overarching aim of understanding adoption dynamics, barriers, and pathways toward Universal Health Coverage (UHC) in the post-ABDM, post-COVID-19 context.

The goals included:

- Evaluating the current adoption and utilization levels of digital health technologies across diverse user groups including healthcare professionals, students, and the general public.
- Assessing perceived benefits and barriers among patients, healthcare professionals, and students, using a cross-sectional mixed-methods survey design guided by the Technology–Organisation–Environment (TOE) Framework and Rogers' Diffusion of Innovation (DOI) Theory.

- Analysing digital health readiness across regions and demographic segments, with particular attention to the pronounced urban–rural divide in awareness, adoption, and access.
- Examining user perceptions, trust levels, and satisfaction with digital health tools among both healthcare providers and patients, covering attitudinal and behavioral dimensions of adoption.
- Proposing evidence-based, multi-stakeholder strategies to accelerate sustainable and equitable integration of digital health in India, including infrastructure investment, digital literacy programs, data privacy governance, and user-centred platform design.

## **Organizational Profile**

The genesis of the IIHMR University, Jaipur dates back to October 05, 1984, when its sponsoring body, the Indian Institute of Health Management Research (IIHMR) was established and registered as a non-profit Society under the Rajasthan Societies Registration Act, 1958. IIHMR University, Jaipur, has been established and incorporated as a postgraduate research University by the Government of Rajasthan vide the IIHMR University Ordinance, 2013 (Ordinance No. 30 of 2013) promulgated on September 27, 2013, by the Governor, which was replaced by the IIHMR University, Jaipur Act, 2014 (Act No. 3 of 2014) passed by the State Legislature on February 07, 2014. The IIHMR University, Jaipur Act, 2014 (Act No. 3 of 2014) received the assent of the Governor on February 25, 2014, and was notified in the Rajasthan Gazette Extraordinary on February 26, 2014. It has been deemed to have come into force on and from September 27, 2013.

### **Vision**

To become a world-class higher education institution by promoting education and research for the betterment of society.

### **Mission**

IIHMR University is dedicated to the improvement in standards of health through better management of health care and related Programs. It seeks to accomplish this through management education, research, training, consultation, and institutional networking in a national and global perspective.

As defined in Section 4 of the IIHMR University, Jaipur Act, 2014, the objects of the University shall be to undertake only postgraduate education and research in the disciplines specified in Schedule II and such other disciplines as the University may with prior approval of the State Government, determine from time to time and to achieve excellence and impart and disseminate knowledge in the said disciplines.

The disciplines in which the University shall undertake post-graduate study and research are:

1. Public Health 2. Health and Hospital Management 3. Population and Reproductive Health 4. Nursing Management 5. Pharmaceutical Management 6. Rural Management 7. Health Economics and Finance 8. Urban Health 9. Nutrition and Health 10. Health Communication 11. Social and Behavioral Sciences 12. Environmental Health 13. Information Technology in Health Sector 14. NGO Management and Entrepreneurship 15. General and Human Resource Management 16. Health Research Ethics

### **Services Provided by Organization**

The University has five Schools:

- Institute of Health Management Research
- School of Pharmaceutical Management
- School of Development Studies
- SD Gupta School of Public Health
- School of Digital Health

IIHMR University has a multi-disciplinary faculty team that is extensively engaged in academics, research, training, consultancy, partnerships, and collaborations. IIHMR University offers the following postgraduate programs: MBA (Hospital and Health Management), MBA (Pharmaceutical Management), MBA (Healthcare Analytics) and MBA (Development Management). The Johns Hopkins Bloomberg School of Public Health, USA, offers an MPH program in cooperation with IIHMR University, Jaipur.

IIHMR University offers an MPH (Implementation Science) program under the WHO-TDR postgraduate training scheme. IIHMR University offers Ph.D. programs in public health, health management, hospital management, digital health, and development studies. IIHMR University has significantly contributed to the Executive Development and Management Development Programs by consistently engaging in EDPs/MDPs for national and international participants. Participants from more than 40 countries benefitted from the EDPs/MDPs. IIHMR University offers the following executive programs: MPH (Executive), MHA (Executive), MBA (CSR & ESG Management) (Executive), MBA Sustainable Business Management (Executive), MBA Pharmaceutical Management (Executive).

Student diversity at IIHMR University reflects the institution's commitment to providing a holistic and inclusive learning environment. This diversity, spanning geography, culture, academic backgrounds, gender, career aspirations, age, and experience, is a testament to the University's dedication to preparing future healthcare leaders who are well-rounded, culturally sensitive, and equipped to address the complex challenges of the healthcare sector on a global scale.

### **Activities Undertaken**

- Drafted an initial synopsis outlining the dissertation title, objectives, research methodology, research questions, theoretical frameworks (TOE Framework and DOI Theory), inclusion/exclusion criteria, and chapter structure.
- Conducted an extensive review of over 35 academic and policy literature sources published between 2016 and 2025, using databases such as PubMed, Scopus, Web of

Science, and Google Scholar, covering global digital health discourse, the Indian policy and implementation landscape, and emerging technologies.

- Developed and deployed a structured online questionnaire through Google Forms, distributed to a purposively selected sample of 120 respondents across three stakeholder groups: healthcare professionals (n = 35), healthcare management and pharmacy students (n = 52), and members of the general public (n = 33).
- Designed a multi-section questionnaire encompassing demographic profiling, digital health awareness and knowledge, utilization patterns, perceived benefits (via 5-point Likert scales), and barriers to adoption, including open-ended qualitative items to capture experiential insights.
- Conducted primary data analysis using descriptive statistics (frequencies, proportions, and cross-tabulations) and thematic analysis of qualitative open-ended responses, generating nine data visualizations for urban–rural, age-group, and stakeholder-specific comparisons.
- Applied the Technology–Organisation–Environment (TOE) Framework (Tornatzky & Fleischer, 1990) and Rogers' Diffusion of Innovation (DOI) Theory (2003) as complementary analytical lenses for a multi-level interpretation of digital health adoption dynamics.
- Summarized findings into thematic chapters covering digital health awareness and usage patterns, perceived benefits, barriers and challenges, and theoretical interpretation, with comparative analysis against the existing body of literature.
- Drafted comprehensive chapters on introduction, literature review, methodology, results and discussion, multi-stakeholder recommendations, and conclusions for future research and policy directions.

## **Key Learnings from Internship**

### **A. Research Process and Methodology**

- Gained practical experience in conducting a cross-sectional, mixed-methods research study, integrating quantitative survey data with qualitative thematic analysis to generate holistic, actionable findings.
- Learned to design and pilot a structured questionnaire for digital health research, including Likert-scale, closed-ended, and open-ended items, with expert review, pilot testing, and iterative refinement prior to full deployment.
- Developed proficiency in applying two complementary theoretical frameworks—the TOE Framework and Rogers' DOI Theory—to analyze multi-level adoption dynamics spanning individual users, healthcare organizations, and the broader policy environment.
- Enhanced skills in descriptive quantitative data analysis (frequencies, proportions, cross-tabulations) and inductive thematic coding of qualitative open-ended responses for structured and nuanced reporting.
- Built competence in synthesizing a large, multi-disciplinary evidence base (academic journals, government reports, international health agency publications) into a coherent and analytically rigorous literature review spanning global and Indian digital health discourse.

## **B. Public Health Systems and Policy Learnings**

- Gained an in-depth understanding of India's flagship Ayushman Bharat Digital Mission (ABDM), its federated architecture including the ABHA Health ID, Healthcare Professionals Registry, Health Facility Registry, and Personal Health Record system, and the significant gap between its policy ambitions and ground-level adoption outside metropolitan areas.
- Identified the pronounced urban–rural digital health divide in adoption, awareness, and access—driven by inconsistent internet connectivity, limited device ownership, and digital literacy gaps—as the most critical systemic barrier to achieving Universal Health Coverage through digital means.

- Understood the legal and governance landscape shaping digital health in India, including the Digital Personal Data Protection Act (DPDPA) 2023, the Telemedicine Practice Guidelines (2020), and the National Digital Health Blueprint, and recognized persistent regulatory ambiguities around data sharing and cross-border health information flows.
- Appreciated the transformative scale of government-run platforms such as eSanjeevani, which had facilitated over 250 million teleconsultations by 2024, and CoWIN, which managed over two billion COVID-19 vaccine doses—demonstrating India's technical capacity for population-level digital public health operations.
- Recognized the critical role of public–private partnerships (PPPs), community health workers (ASHAs and ANMs), and the National Health Mission in scaling digital health to underserved rural communities, and understood the enabling conditions—infrastructure, literacy, and incentive alignment—required for their effective engagement.

### **C. Topic-Focused Learnings on Digital Health Transformation in India**

- Found that telemedicine emerged as the most widely adopted digital health tool among respondents, followed by mobile health applications, electronic health records, wearable devices, and AI-based diagnostics, with higher adoption concentrated among urban, educated, and younger demographic groups.
- Observed that enhanced healthcare accessibility and time savings were the most prominently perceived benefits among rural respondents, while convenience and efficiency gains were more salient for urban users—underscoring the importance of tailoring communication strategies and platform design to distinct user contexts.
- Recognized that digital literacy deficits—affecting both patients (particularly older adults) and healthcare workers (particularly in rural primary health centres)—represented the second most significant adoption barrier after infrastructure, with important implications for mandatory health informatics curricula and CPD programmes.

- Highlighted the multi-dimensional nature of trust and data privacy concerns as adoption barriers, encompassing fears of health data misuse, scepticism about the quality of remote diagnoses, and the perceived absence of effective grievance redressal mechanisms—all requiring targeted governance and patient communication responses.
- Understood that sustainable and equitable digital health transformation depends on simultaneously advancing four interdependent dimensions: infrastructure investment (particularly rural broadband and solar-powered kiosks), inclusive platform design (vernacular language support, voice interfaces, accessibility compliance), robust data governance (DPDPA operationalization, independent security audits), and multi-stakeholder capacity building (from specialist physicians to frontline community health volunteers).