

PATIENT-CENTRIC MARKETING IN HEALTHCARE: ENHANCING THE CONSUMER EXPERIENCE IN A DIGITAL AGE

¹Dr Gangadhar G Hugar

Designation - Director – SRIMCA MBA Department & **Dean** – Faculty of Commerce & Management, UKA TARSADIA UNIVERSITY, BARDOLI, GUJARAT.

Department - MBA

University - UKA TARSADIA UNIVERSITY

Email – gangadharhugar@gmail.com

ABSTRACT

Particularly in the field of marketing, the medical industry confronts the formidable problem of balancing commercial goals with ethical procedures. In order to bring business objectives into line with ethical concerns, this study investigates the paradigm change towards patient-centred marketing. The opening establishes the scene by discussing the evolution of patient care and the marketing strategies used in the past. The literature review explores what is already known about pharmaceutical marketing, ethics, and patient-centred methods. What follows is an analysis of patient-centred marketing ideas, ethical marketing techniques, and the most common pharmaceutical industry commercial objectives. Healthcare businesses may better cater to patients' individual needs and preferences via the use of virtual care choices, easily accessible digital platforms, and individualized communication. Strong patient-provider relationships are built on trust, openness, and a focus on the patient's experience. By using digital technology and social media, healthcare practitioners may establish meaningful connections with their patients, present them with important health information, and ask for input to enhance their services. In the ever-changing world of healthcare, providers may improve health outcomes, increase patient loyalty, and boost consumer experience by focusing on patient-centric marketing methods.

Keywords: *medical Industry, Patient-Centered Marketing, Ethical Practices, digital transformation, artificial intelligence, health care, marketing*

I. INTRODUCTION

Conflicts between corporate goals and the need for responsible, patient-centred procedures are common in the ever-changing pharmaceutical sector, where technological progress is closely tied to complex ethical concerns. In pharmaceutical marketing, where the emerging paradigm of patient-centred marketing is a focal point, this study sets out to decipher the knotty problems of how to balance commercial objectives with ethical concerns [1].

In the modern international economy, digital transformation is of paramount importance. Client orientation and the satisfaction of client demands and expectations are the primary goals of its operations. As with other industries experiencing significant change, marketing is also playing an increasingly important role in these transitions (Mazurek, 2019). It is critical to highlight the social-creative function of medical service

Research paper © 2012 IJFANS. All Rights Reserved, UGC CARE Listed (Group -I) Journal Volume 10, Iss 03, 2021

marketing within the framework of the health sector's digitalization. The modern public views marketing as primarily concerned with improving people's lives. This is shown by the fact that marketing value is now more closely linked to the end-user experience, making it more personalized [2]. Digital innovation in healthcare also gives rise to the phenomena of co-creating value with the client. Patients, being the most important people involved in healthcare, have their wants and expectations met by e-health platforms and solutions. Innovative technical and technology solutions in medical records, medical services, and preventative health care have increased as a result of the rapid acceleration of digital transformation [3] in several sectors, including the health sector [4]. Marketing communication is crucial for reaching the target audience for these solutions. There has been a shift in the medical services industry and, with it, the marketing product. Patients' expectations for high-quality healthcare services are evolving in tandem with their level of digital maturity. New, universally accessible medical services should result from the convergence of medical science, information technology, and communication networks. From alerting patients about new goods and services to letting them learn about new features and even obtaining input on digital solutions, marketing plays a large role here.

II. RESEARCH OBJECTIVES

Define the specific objectives of the analysis, such as:

1. Assessing the prevalence and types of patient-centric marketing strategies employed by healthcare providers.
2. Identifying key factors influencing the adoption and implementation of patient-centric marketing approaches.
3. We are evaluating the impact of patient-centric marketing strategies on patient engagement, satisfaction, and health outcomes.

III. CHALLENGES IN IMPLEMENTING PATIENT-CENTERED MARKETING

1. Regulatory Constraints: The medical field is very controlled. Engaging in patient-centred marketing while navigating regulatory restraints is challenging. When using digital platforms and social media to engage patients, companies must follow specific standards to stay out of legal trouble.
2. Juggling Privacy Issues: Although digital platforms provide opportunities for patients to get involved, there are legitimate privacy issues around the gathering and use of patient data. Finding a middle ground between patient privacy and targeted marketing might be challenging. Pharmaceutical businesses must use strong data security measures and follow privacy laws to establish and keep customers' confidence.
3. Obstacles related to health literacy: Patient-centered marketing is built on strong communication, yet everyone has different levels of health literacy. Crafting communications that are factual and understandable for a wide range of people could be challenging. To ensure that patients with different levels of health literacy can comprehend and use the information given, pharmaceutical firms should use simple and straightforward language in their products.
4. Being Culturally Sensitive: When marketing to patients, it's important to keep in mind that different cultures have different tastes and subtleties. It takes cultural competency and thoughtful thinking to create content and messages that connect with people of many cultural backgrounds. To prevent misunderstandings or disinterest, please address these subtleties.

Research paper © 2012 IJFANS. All Rights Reserved, **UGC CARE Listed (Group -I) Journal Volume 10, Iss 03, 2021**

5. **Shifting Organizational Culture:** a change in organisational culture is necessary for pharmaceutical companies to adopt patient-centered marketing. A shift from a focus on products to one on patients is necessary to achieve this goal. Building a culture that puts patients' needs first and getting others to accept change are not easy tasks.
6. **Measuring Impact and ROI:** Impact and Return on Investment (ROI) Measuring the ROI of patient-centered marketing activities is not always an easy task. Quantifying the effect of patient-centered tactics on patient outcomes and satisfaction could be a lengthy process, unlike typical marketing measurements. Though important, developing meaningful key performance indicators (KPIs) that are in line with patient-centric objectives may be somewhat challenging.
7. **Interacting with a Wide Range of Patients:** Patients come in all shapes and sizes, and they have different wants, requirements, and communication styles. It takes subtlety to engage these disparate groups in a meaningful way. Pharmaceutical firms may need assistance in crafting strategies that appeal to various demographic groups, which calls for continuous research and flexibility.
8. **Harmonising Stakeholder Interests:** Healthcare providers, payers, and advocacy organisations are all parties involved in patient-centered marketing. When goals and points of view diverge, it may be particularly difficult to bring together the many interests of these many parties. A comprehensive and well-coordinated strategy for patient-centered initiatives can only be achieved via teamwork.
9. **Making a Firm Dedication:** A long-term commitment is required to build and sustain patient-centered solutions. Keeping patient demands front and centre in the face of shifting market dynamics, organisational shifts, or conflicting agendas may be challenging for certain businesses. To get the most out of patient-centered marketing, you need to be consistent and committed over time. Notwithstanding these obstacles, patient-centered marketing has the potential to improve patient outcomes, boost company reputation, and forge closer ties to the healthcare community if executed well. A combined effort of forethought, teamwork, and a sincere desire to satisfy patients' ever-changing demands will be necessary to overcome these challenges.

IV. LITERATURE REVIEW

The literature review delves deeply into the medical industry's marketing strategies from a historical, ethical, and modern perspective. Analyses of the past show how the industry shifted its focus from products to patients, illuminating the revolutionary path that culminated in the present-day importance of ethical issues [5]. The pharmaceutical industry's ethical concerns are examined, including a range of issues like honesty, openness, and patient safety. Examining the regulatory environment that influences industry conduct, this part delves into the ethical frameworks and standards that control marketing tactics. Emphasizing a paradigm shift towards prioritizing patient demands and well-being, patient-centred marketing emerges as a major subject in the literature [6]. Case studies provide concrete examples of ethical practices that have produced beneficial results by showcasing situations when corporations have effectively used patient-centric techniques in their marketing campaigns. The poll explores the difficulties of patient-centred marketing, such as legislative hurdles and industry opposition. Taking into account the possible advantages for patients and pharmaceutical businesses, it also considers the larger consequences of implementing such techniques [7]. This literature review lays the groundwork for the rest of the study by providing background on relevant historical events, ethical issues, and current trends that all add to the conversation around pharmaceutical companies' efforts to balance profit and ethics. While we are on the subject of medical industry business objectives, let us take a look at the current state of affairs and see how profit maximization, expanding

Research paper © 2012 IJFANS. All Rights Reserved, UGC CARE Listed (Group -I) Journal Volume 10, Iss 03, 2021 market share, and competitive positioning rule the day. There has been a conflict between corporate interests and ethical issues since traditional marketing tactics have often emphasized these objectives [8]. Scholars have highlighted the need to follow values like honesty, openness, and social responsibility when it comes to pharmaceutical marketing ethics. An increasing amount of public scrutiny and demands for corporate accountability highlight the need for pharmaceutical corporations to understand the ethical complexities of marketing, according to the literature. There is an increased focus on comprehending the basic movement towards making patients the centre of marketing initiatives as we delve further into patient-centred marketing ideas [9]. Patient trust, brand reputation, and engagement might all see significant improvements with this strategy, according to the research. We shed light on the obstacles to patient-centred marketing strategy implementation, which include legislative restrictions and internal industry opposition. The literature acknowledges the complexity of navigating this transformational path by engaging with the complexities of achieving a balance between commercial aims and patient-centric methods. The practical ramifications of patient-centred marketing strategies may be better understood via case studies, which provide insights into real-world instances of organizations that have effectively matched their objectives with it. The industry is grappling with the ethical requirement of prioritizing patient well-being, and these case studies bring essential insights and best practices [10]. The complex interplay between pharmaceutical companies' financial objectives and their employees' moral obligations is better understood as the literature study progresses because it draws on a wide range of sources, including historical accounts, ethical dilemmas, and modern patient-centred methods.

V. METHODOLOGY

Patients are categorized as either public or private sector since this research focuses on how patients perceive different service quality at public and private hospitals. 72.34 per cent of the patients in the sample responded to the interview schedule at an acceptable level. Table 1 shows the distribution of patients according to the kind of Hospital.

Table 1: Distribution of Patients on the basis of Hospital

Sl. No.	Nature of Hospital	Number of patients	Percentage to the Total
1.	Private health care (PRHC)	256	55.29
2.	Public health care (PUHC)	207	44.71
	Total	463	100.00

At most, 55.29 per cent of patients are associated with private healthcare facilities, while 44.71 per cent are associated with public healthcare facilities.

Age Group Represented One crucial aspect of patients is their age. It may shed light on the healthcare industry's many hospitals and the services they provide. They are able to compare the services provided by healthcare organizations with those provided by others in the business with better analytical capacity. Modern healthcare facilities and services are readily available, as the younger generation is aware, thanks to the healthcare industry's many organizations. Therefore, it is considered a patient profile in this investigation. Patients must be thirty years old or under, thirty-one to forty-one, forty-one to fifty, fifty-one to sixty, and sixty and over. Tabulated in Table 2 shows the age distribution of the patients.

TABLE 2: Age of the Patients

Sl. No.	Age (in years)	Number of patients		Total
		PRHC	PUHC	
1.	Less than 30	19	32	51
2.	30-40	41	19	60
3.	41-50	40	48	88
4.	51-60	89	69	158
5.	Above 60	67	39	106
	Total	256	207	463

The most significant age groups among patients are those between 51 and 60 years old (34.13 per cent) and those above 60 years old (22.89%). Of the total, 11.02 percent are patients less than 30 years old. Patients between the ages of 51 and 60 make up 34.76% of the overall population, while those above the age of 60 account for 26.17%. The patient demographics of PUHC are as follows: 33.33% are between the ages of 51 and 60, while 23.18% are between the ages of 41 and 50. According to the data, patients in the PRHC who live in urban areas tend to be older than those in the PUHC.

Sexual Orientation of Patients

The degree to which healthcare organizations are perceived depends on the gender of the patients. Male patients may have a better understanding of the services provided by hospitals than their female counterparts. Therefore, they are in a better position than the female members to evaluate the healthcare organization's service quality.

Sl. No.	Gender	Number of patients		Total
		PRHC	PUHC	
1.	Male	160	134	294
2.	female	96	73	169
	Total	256	207	463

VI. RESULTS

Patients Perception on Tangibility.

The study considers tangibility as one of the essential core service aspects of hospitals. Six related factors were used to quantify the patients' sense of tangibility. On a five-point scale, patients are asked to rank these characteristics in the order of their impression. The values range from 5 to 1, correspondingly. Patients at the PRHC and the PUHC had their mean scores on the tangibility factors calculated independently.

Sl.No.	Variables	Number of patients		t-statistics
		PRHC	PUHC	
1.	Modern equipment	3.1445	2.5033	2.0892*

2.	Visually appealing facilities	3.4889	2.1177	3.3896*
3.	Professionals appearance	3.6081	2.3082	3.6563*
4.	Visually appealing materials	3.3841	2.2961	2.9192*
5.	Informative brochure	3.4082	2.3117	2.9044*

*Significant at a five per cent level

Reliability and Validity of Variables in Tangibility

In order to assess the dependability and accuracy of tangible factors, their ratings have been included. We have used the Confirmatory Factor Analysis (CFA) to achieve this goal. A number of useful metrics are derived from a CFA, including standardized factor loadings, composite reliability, average variance, and "t" statistics. The reliability of the tangibility variables has been assessed using Cronbach's alpha.

Sl. No.	Variables Standardized	factor loading	't' statistics	Composite reliability	Average variance extracted
1.	Informative brochure	0.8994	4.3362*	0.7884	54.04
2.	Professional appearance	0.8621	4.0664*		
3.	Visually appealing materials	0.7917	3.9117*		
4.	Modern equipment	0.7669	3.7664*		
5.	Privacy doing treatment	0.7311	3.5081*		
6.	Visually appealing facilities	0.6987	3.2887		
Cronbach alpha: 0.8089					

*Significant at a five per cent level

Tangibility is a content-valid concept, as the standardized factor loadings of its variables range from 0.6987 to 0.8994. The convergent validity is shown by the substantial "t" statistics of the standardized factor loadings of the tangibility variables at the 5% level. Also lending credence to it are the composite reliability and average variance that were recovered, both of which exceeded the minimal thresholds of 50% and 50%, respectively. Based on the results, the concrete factors adequately describe it.

Perceptions of Responsiveness by Patients

Five relevant factors were used to gauge the patients' views on responsiveness. At their hospitals, patients were asked to rank these factors on a five-point scale based on their assessment. Each response variable's mean score for PRHC and PUHC patients has been calculated independently. The "t" test was used to analyze the significant difference between the patients in the PRHC and the PUHC.

Sl. No.	Variables	Number of patients		t-statistics
		PRHC	PUHC	
1.	Offer prompt services to	3.6587	2.4542	3.4086*

	patients			
2.	Willing to help patients	3.5009	2.6088	3.1172*
3.	Responsive doctors / nurses	3.4468	2.4147	3.0997*
4.	Build confidence among patients	3.3891	2.5089	2.8411*
5.	Lesser waiting time	3.2664	2.3998	2.9969*

*Significant at five per cent level.

Offering timely services to patients and eager to assist patients are the highly regarded variables in responsiveness among PRHC patients, with mean scores of 3.6587 and 3.5099, respectively. The mean scores for these variables are 2.6088 and 2.5089, respectively, indicating that patients at the PUHC are eager to receive assistance and have faith in the healthcare system. Concerning the perception of responsiveness measures, there are notable variations between PRHC and PUHC patients for all five of these factors, as shown by their respective t-statistics, which are significant at the 5% level.

VII. CONCLUSION

To better understand the present state of healthcare marketing and how it relates to patients' wants and requirements, it is helpful to examine patient-centric marketing tactics. Some important results have come out of a comprehensive review of patient contact channels, internet platforms, and marketing materials.

When it comes to healthcare marketing, one thing is clear: patient-centricity is becoming more important. Many companies have put plans in place to make sure that patients can easily access tailored, educational, and user-friendly material via patient portals, social media, and websites.

On the other hand, the study also shows where things may be improved. In order to strengthen the organization's identity and establish confidence with patients, there has to be more uniformity and harmony in the branding and message across all communication platforms. To further guarantee a smooth and pleasant experience for patients, it is essential to improve the accessibility and usability of digital platforms for patient involvement.

Additionally, further improvement is needed in customizing marketing messages to target patient preferences and demographics, although progress has yet to be achieved in this regard. Healthcare firms should maintain their investment in data analytics and market research to create more personalized and efficient marketing efforts. This will help them better understand their patients' wants and habits.

According to the results of this investigation, patient-centric marketing tactics should be continuously evaluated and improved in healthcare. When healthcare organizations prioritize patients' needs, preferences, and experiences, they may achieve improved health outcomes, stronger patient-provider relationships, and higher-quality care overall. Organizations must maintain a high degree of flexibility and responsiveness in the face of a constantly changing healthcare environment by regularly adjusting their marketing tactics to cater to patients' changing digital requirements.

VIII. REFERENCES

- [1]. D. du Plessis, J.-K. Sake, K. Halling, J. Morgan, A. Georgieva, and N. Bertelsen, (2017). "Patient Centricity and Pharmaceutical Companies: Is It Feasible?," *Therapeutic Innovation & Regulatory Science*, vol. 51, no. 4, pp. 460–467, Jul. 2017, doi: 10.1177/2168479017696268.
- [2]. G. Baran, *Marketing współtworzenia wartości z klientem. Społecznotwórcza rola marketingu w procesie strukturacji interakcyjnego środowiska doświadczeń*. Instytut Spraw Publicznych Uniwersytetu Jagiellońskiego. 2013.
- [3]. V., Baudier, P., Kondrateva, G., Ammi, C., Chang, & F. Schiavone, Digital transformation of healthcare during the COVID-19 pandemic: Patients' teleconsultation acceptance and trusting beliefs. *Technovation*, 102547. 2022. [https://doi.org/ 10.1016/J.TECHNOVATION.2022.102547](https://doi.org/10.1016/J.TECHNOVATION.2022.102547)
- [4]. E. W., Marx, & P. Padmanabhan, *Healthcare digital transformation: How consumerism, technology and pandemic are accelerating the future (1st ed.)*. Productivity Press. 2020. <https://doi.org/10.4324/9781003035695>
- [5]. R. Steinbrook, "Disclosing the Conflicts of Interest of US Food and Drug Administration Advisory Committee Members," *JAMA Internal Medicine*, vol. 177, no. 7, p. 919, Jul. 2017, doi: 10.1001/jamainternmed.2017.2093.
- [6]. S. E. Nissen, "Report From the Cardiovascular and Renal Drugs Advisory Committee," *Circulation*, vol. 112, no. 13, pp. 2043–2046, Sep. 2005, doi: 10.1161/circulationaha.105.573105.
- [7]. C. L. Gilliss, "Setting priorities for health reform," *Nursing Outlook*, vol. 58, no. 4, pp. 171–173, Jul. 2010, doi: 10.1016/j.outlook.2010.05.003.
- [8]. H. A. DeVon, M. Rice, R. H. Pickler, C. A. Krause-Parello, and T. S. Richmond, "Setting nursing science priorities to meet contemporary health care needs," *Nursing Outlook*, vol. 64, no. 4, pp. 399–401, Jul. 2016, doi: 10.1016/j.outlook.2016.05.007.
- [9]. F. Hellmann, M. Verdi, S. Caponi, and B. R. Schlemper Junior, "Putting patients first? Reflections concerning the 'Consensus Framework for Ethical Collaboration,'" *Indian Journal of Medical Ethics*, Oct. 2014, Published, doi: 10.20529/ijme.2014.070.
- [10]. "Global healthcare organizations commit to ethical collaboration," *The Pharmaceutical Journal*, 2014, Published, doi: 10.1211/pj.2014.11132835.