

Patient Relationship Management as a Strategic Capability for Economic Sustainability in Ayurvedic Clinics

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ABSTRACT

The purpose of this research was to explore how Patient Relationship Management helped independent Ayurvedic clinics achieve economic sustainability in a resource-constrained environment. Conceptual research design was used in this study, with independent Ayurvedic clinics and theoretical literature used as the conceptual sample rather than empirical samples. Relationship marketing theory, resource-based view, service-dominant logic, health care service, and associated literature of Ayurveda were summarized into a conceptual system and propositions between Patient Relationship Management and economic sustainability. Results of analysis indicated that relationship mechanisms such as trust communication responsiveness, continuity of care leading to patient satisfaction, followed by patient retention also leading to repeat consultation, referral-based patient acquisition, in turn led to increased revenues enabled independent Ayurvedic clinics to achieve economic sustainability. Theoretical contributions of the study include 1) demonstrated the relevance of customer relationship management theories and models in the health care sector; 2) demonstrated the resource-as-asset approach to resources of health care service sectors; and 3) demonstrated the relationship capital as strategic resource of independent Ayurvedic clinics for sustainable long-term economic success. Practical implications include 1) proposed a setup for building patient relationships for independent Ayurvedic clinics; and 2) the suggested mechanisms through which the relationship capital could help independent Ayurvedic clinics achieve economic sustainability.

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1. Introduction

The health care industry is a shifting model first and foremost driven by technological advancements, increasing consumer expectations and widening competition within the industry. Patients are now more conscious, demanding, and accustomed to getting responsive and high-quality experiential service as in other sectors of the modern service industry. This has exerted external competition among health care providers both within the mainstream health care industry and outside in alternative and traditional health care systems like the Ayurveda (Bodeker & Kronenberg, 2002; Payyappallimana, 2010). The small and independent Ayurvedic clinics operate in this dynamic environment with constraints of economics and operating conditions (Ministry of Micro, Small and Medium Enterprises, 2024; Ramesh, 2023). Independent traditional clinics are usually constrained by resources of a smaller budget, fewer technological capacities, lower institutional support, while Ayurveda itself offers unique features and benefits when compared to mainstream health care system (Patwardhan et al., 2005). Ayurvedic health care is based on a relationship centered health care management way of thinking that is based on trust, continuity, and a high level of service. Ayurvedic treatment commonly involves long-term relationship with the patients with lifestyle modifications, behavior change, long-term consultations and follow-ups, and regime compliance. Because of this, good patient relationships are crucial in delivering positive health outcomes in Ayurveda (Rao et al., 2011; Shankar & Manohar, 2017). In contemporary business settings, Customer Relationship Management (CRM) has become one of

the most important managerial approaches to strengthening customer relationships and so gain competitive advantages (Buttle, 2004; Payne & Frow, 2005; Peelen & Beltman, 2013). Yet, in health care settings, CRM seems to have narrowed down to technology-based approaches like automation, analytics, and artificial intelligence for managing patients and service delivery (Baird et al., 2011). But, neglecting the non-technological approach does not seem right, mostly in independent Ayurvedic clinics. This paper aims at exploring how Patient Relationship Management (PRM) can be used as a strategic managerial capability to achieve economic sustainability. To be exact, the paper aims to establish that for low-tech health care settings, relationship-based managerial practices such as communication trust follow-ups and continuity of care are major determinants of patient retention and as a result, economic sustainability. So, this paper attempts to challenge the ideology of technology-based CRM by exploring how non-technological PRM strategy could be adopted as a managerial capability in independent Ayurvedic clinics.

2. Review of Literature

Conceptual ideas discussed in this paper are constructed based on various theoretical ideas and literatures. Relationship Marketing Theory is based on long-term relationships with customers instead of short-term focus (Berry, 1983; Morgan & Hunt, 1994). It's mainly about realization of customer delight, customer loyalty, trust, and value. RBV is one of the popular theories, which states that an entity can sustain a competitive advantage if it has resources and capabilities that are valuable, rare, inimitable, and non-substitutable (Dangelico et al., 2017; Ramesh, 2023). Service-Dominant Logic is a theory on exchange relationships, which is used as a tool to connect value co-creation between provider and consumer (Vargo & Lusch, 2004). SERVQUAL is a widely used service quality model, which assumes that service quality is the result of five dimensions: reliability, empathy, responsiveness, assurance, and tangibility (Parasuraman et al., 1988). These qualities are found together with its solution like communication, patient education and responsive patient care, providing the core cornerstone of patient relationship management (Dagger et al., 2007; Mosadeghrad, 2014).

2.1 Conceptual Evolution from CRM to PRM

In this context, there's an enormous gap of reference to the individual who incepted the concept of CRM the new definition of the CRM involves many dimensions like the new notion of the marketing management, the new marketing concept of the consumer customer, the management's ways to satisfy the customer needs and the rise of the CRM as an interactive, customer driven dynamics. Customer Relationship Management was first introduced as a business strategy for managing customers and cultivating long-term profitable relationships with them (Buttle, 2004; Payne & Frow, 2005). Conventional approaches and technologies of CRM are customer-centric and seek to maximize 'customer delight', lifetime 'value' and long-term 'loyalty' through the implementation of customer-focused systems and processes like customer database, multichannel communication, and sales-force automation (Peelen & Beltman, 2013). Though, the 'patient' relationships won't be able to be managed in the same way as the 'customer' relationships because 'patient' are not 'customers'. The doctor and patient relationship is built on dependence, trust, accountability, and even continuity of care (Andaleeb, 2001; Rao et al., 2011). So, CRM structures and implementing technologies need to be modified to meet the needs of health care market in the form of Patient Relationship Management. In short, the distinction between CRM and Patient Relationship Management is that CRM is motivated by customer satisfaction whereas the objective of Patient Relationship Management is patient satisfaction with building of long-term, trusting, and accountable relationship.

The description of the health care system itself indicate a holistic approach to treatment, with long consultation time and long term relationships with the patient Patwardhan et al. 2005 and Shankar & Manohar, 2017 (Patwardhan et al., 2005; Shankar & Manohar, 2017). Compared to the high tech short term relationships seen in the conventional, allopathic health care system, Ayurveda can be said to be "the long-doctor relationships" or even the "personal doctor connection". In the AYUSH sectors, studies evidence how the patient tends to remain loyal to a certain doctor for reasons like perception of doctor credibility, achieved health and personal attention (Bodeker & Kronenberg, 2002; Payyappallimana, 2010; Rao et al., 2011). Because of this, for an Ayurvedic treatment, the relationship with the patient plays an important role in service delivery. This is an even more relevant aspect of service management in

the Ayurvedic independent practice, where the patient retention and referrals constitute the main source of the ongoing business. Studies of quality in health care services have also highlighted the effectiveness of relationship mechanisms like communication, responsiveness, and trust in health care service delivery (Andaleeb, 2001; Mosadeghrad, 2014). On top of the importance of general mechanisms of relationship building, Ayurvedic health care is also known for more interpersonal communication and consultation between patient and practitioner. In this aspect, Patient Relationship Management draws from Customer Relationship Management, health care Relationship Management and Relationship Marketing to work as the theoretical foundation for managing patient relationships in Ayurvedic clinics. More in particular, Patient Relationship Management is focused on communication and consultation, trust, and relationship-building and focusing on long term relationships with patients in Ayurveda. Because of this when it comes to Ayurvedic health care, the economic sustainability is mainly driven by building effective and long lasting patient relationships.

3. Theoretical framework

Patient Relationship Management (PRM) in within competitive environment wherein the playing field is shared by mainstream hospital and corporate healthcare organizations who enjoy competitive advantages vis-à-vis independent clinics (Ministry of Micro, Small and Medium Enterprises, 2024). The technologically and financially resource-constrained independent Ayurvedic clinics find it difficult to compete effectively against corporate players or other extensively resource endowed corporate competitors. Most of the literature on HealthCare Relationship Management has been about the large systems or institutional health care organization CRM deals (Baird et al., 2011; Payne & Frow, 2005). The focus on institutional health care organization makes the role of relationship management based practices for sustain ability of low-tech independent Ayurvedic clinics less understood. Lack of good Patient Relationship Management mean missed opportunities for good patient retention, continuance of care, good follow-up culture and ultimately poor revenues. This signifies the need to investigate how Relationship Management Practices in the form of Patient Relationship Management (PRM) can be harnessed to bring about the advantages of competitive advantage, and Next ensure economic sustainability.

4. Operationalising the Concept of Economic Sustainability

In an independent Ayurvedic clinic context, the concept of economic sustainability refers to the ability of the clinic to sustain its operations and delivery of services to patients despite the competition prevailing in the healthcare industry. Different from the big corporate hospitals, independent Ayurvedic clinics relied mostly on patient retention and referral systems for continuous change and economic sustainment. The operational model of economic sustainability, adopted to this research, can be expressed through Patient Retention Rate, Repeat Client Visits, number of Patient Referrals, Revenue Productivity, Average Revenue per Patient, Clinic Surviving Status, ensuring the continuous productivity of the clinics. Based on this model, we can make these conceptual statement that can be a model to determine the meaning of economic sustainability when talking about this research: "A clinic will be considered economically sustainable when it has the ability to maintain enduring flow of patients and revenues for its survival and growth". The indicators mentioned above can be used to measure the degree of achievement of this sustainability in one specific Ayurvedic clinic. People assume when the independent Ayurvedic clinics experience high rates of Patient retention and referrals, they will earn stable revenues; that means, this study presumed economic sustainability as being achieved in the independent Ayurvedic clinics. This hypothesis was formulated as an estimate, which people think is supported by the data of this research:

H1: Patient Relationship Management Practice will impact on patient satisfaction, patient retention and this way the economic sustainability of independent Ayurvedic clinics. Following the theoretical discussion above, to define IBSM we could use Patient Relationship Management on the basis that it's a strategic organizational capability that could be useful in supporting the economic sustainability of independent Ayurvedic clinics. This study, proposed this hypotheses for examination:

H2: communication quality of Patient Relationship Management will be positively related to patient satisfaction on independent Ayurvedic clinics (Andaleeb, 2001; Mosadeghrad, 2014) (Andaleeb, 2001).

H3: trust will be positively related to patient satisfaction on independent Ayurvedic clinics (Morgan & Hunt, 1994; Rao et al., 2011).

H4: responsiveness will be positively related to patient satisfaction on independent Ayurvedic clinics (Parasuraman et al., 1988).

H5: personalized care will be positively related to patient satisfaction on independent Ayurvedic clinics (Patwardhan et al., 2005).

H6: Patient satisfaction will be positively related to patient retention (Andaleeb, 2001; Gupta & Lehmann, 2003).

H7: Patient satisfaction will be positively related to patient referral intentions and positive word of mouth (Berry, 1983; Morgan & Hunt, 1994).

H8: Patient retention will be positively related to the economic sustainability of independent Ayurvedic clinics (Gupta & Lehmann, 2003).

H9: patients' retention will be positively related to patient referrals and Repeat Consultation Frequency of independent Ayurvedic clinics.

H10: Patient satisfaction will mediate between Patient Relationship Management and patient retention (Dagger et al., 2007).

H11: Patient retention will mediate between Patient Relationship Management and economic sustainability.

H12: The use of as a strategic organizational capability of Patient Relationship Management will be positively related to the economic sustainability of independent Ayurvedic clinics. These hypotheses in the present paper are illustrating the benefit of Patients' Relationship Management as a strategic organizational capability for improving the economic sustainability of independent Ayurvedic clinics. Primarily, it's predicting that following Patient Relationship Management practices will lead to higher patients' satisfaction and retention that eventually yield more revenues and because of this a higher economic sustainability.

Patient Relationship Management Practices >> Patient Satisfaction>> Patient Retention>> Economic sustainability

5. Patient Relationship Management Practices

5.1 Mediating Variable: Patient Satisfaction

Patients' Satisfaction reflects the extent to which patients believe that their expectations have been met or exceeded (Andaleeb, 2001; Parasuraman et al., 1988). Because of this, if the PRM practices are implemented effectively then it should result in higher levels of patient satisfaction since they're focused on communication consultation care personalization and building permanent relationships with patients. Patient retention signifies the capacity of the clinic to retain its existing clientele (Bhatnagar, 2007; Sivakumar & Thiyagarajan, 2024). It measures how well a clinic manages to persuade patients to revisit for a follow-up visit or otherwise. Patient retention is shown to be an important component of the long-term economic viability of an independent Ayurvedic clinic. The mediating variables are separated into Patient Satisfaction and Patient retention. The literature suggests that a successful PRM practice will influence economic sustainability mainly through these two variables. These variables influence revenues mainly through the increase in Patient Satisfaction and Patient Retention bringing sustainable revenues.

5.2 Dependent Variable

5.2.1 Dimensions of Patient Relationship Management

The study conceptualized Patient Relationship Management in terms of the following dimensions:

Fig. 1. Dimensions of patient relationship management.

PRM Dimensions	Description
Communication Quality	Clarity, Empathy, Responsiveness
Personalised care	Individual attention and personalised guidance
Continuity of practice	Follow up system and treatment tracking
Trust Building	Transparency and emotional assurance
Service Environment	Comfort, hygiene, reception quality
Patient Engagement	Education and participatory care
Responsiveness	Timely communication and support

6. PRM and Economic Sustainability

In the paper it's argued that properly managing PRM practices in an efficient manner can bring economic sustainability. This means that, retained patients not only generate high and steady revenues but also imply lesser expenditure on the clinic's efforts of attracting new ones (Gupta & Lehmann, 2003). Thanks to word-of-mouth growth of satisfied patients resulting in increased demand (Berry, 1983) reputation improves, and clinic flow increases patients who are satisfied with and understand their condition are less likely to discontinue treatment. Well-informed and engaged patients should go through the entire multi-year treatment cycles. Longer-term relationships with patients allow predictable consultation flow and income few use a lot of technology and utilise customer relationship management (CRM) to optimise a business' profitability and doctor productivity (Baird et al., 2011; Peelen & Beltman, 2013).

6.1 Practical PRM for Low-Tech Ayurvedic Clinics

A low cost, practical system of Patient Relationship Management (PRM) focusing on relationship-based and patient-centred care that does not involve expensive digital CRM tools or patient segmentation techniques. With its unique skills in delivering Ayurvedic healthcare (focus not only on the medical but also the social context)

6.1.1 Patient Acquisition

An Ayurvedic clinic can grow through promotion of its services and shared interest of its patients to the health and wellbeing and community-oriented living (Gupta & Lehmann, 2003). Clinics can build health awareness programmes on WhatsApp to share information and educate people around using its services for long-term treatment. Increase visibility on Google business profiles so more people can find it when people search for health services online. Activities Like community health camps, wellness event's and other pillar effective mechanism to boost the reach and convince practitioner's competency costs that encouraging the happy customer – patient referrals and maintaining regular network with the community. local dwellers can be instrumental in acquiring the customer at lower costs. Making patient engagement the core – pillar of Patient Relationship Management (Sivakumar & Thiagarajan, 2024; Vargo & Lusch, 2004) Ayurvedic treatment last lengthier duration and enables conducting effective engagements with the patient than actual talking to the patient in the formal visit and examining them. Addressed with accountability; casual discussions around treatment progress, Life style changes, the balanced diet and diagnostic preventive with present health state can add on the participation. Through providing the educational material through call/sms/message and following up individually for refresher and appointment reminders. The Consultation clarification, and repeat checkup reminds further helps in patient active participation. Communication as management is all to Patient Relationship Management practical experience to improve. In lack of resources in form of technological tools in may effective practices low cost WhatsApp Business can be.

7. Other Significant Contributions

This paper redefines the concept of Patient Relationship Management (PRM) away from being technology driven application of Customer Relationship Management (CRM) principles (Buttle, 2004; Payne & Frow, 2005) to a strategic capability in healthcare organizational context. Unlike the mainstream CRM literature, which has yet to seriously focus on relationship management in healthcare setting, the present study suggests that PRM in independent Ayurvedic clinics rests in the practitioner–patient relationship, trust building, continuity of care, personalized contact and long term relationship building (practitioner–patient) apart from technology driven CRM tools. The current study also suggests long term relationship centered managerial practices would have a positive influence on patient satisfaction compliance recollection and recommendation behavior, which are relatively more critical for Ayurvedic clinics where treatment success is not only based on the efficacy of Ayurveda but also on the continuity of practitioners–patients relationship (Shankar & Manohar, 2017). Through the current conceptualization of PRM, I postulate that in resource constraint healthcare environment, which is a paucity of advanced technological needs, massive advertising campaigns and large marketing budgets, relationship management capabilities could provide an alternative source of sustainable competitive advantage and business performance.

8. Discussion

The fruitful practitioner–patient relationships could induce not only multiple repeat visits, and positive word-of-mouth recommendations, but also patient loyalty that would help to lessen dependence on costly marketing practices and technological over-advancement. To make these theories operational for managerial practice, the paper suggests a practical system of PRM to cover various marketing tools, namely communication management, patient involvement, continuity-of-care, follow-up tracking, trust building and service quality improvement. Together these arguments establish that Patient Relationship Management will function as an essential strategic organizational capability that improves therapeutic outcomes and organizational effectiveness of the independent Ayurveda clinics. Extending traditional CRM theory into the subject-specific practice of Patient Relationship Management, this paper has contributed new insights into the burgeoning body of healthcare management literature, as well as provided a conceptual base in the direction of future empirical investigations.

Significance of the system and, besides adding to field and action research, the outlined system is also significant of practical importance to the owners of clinics and healthcare providers who want to develop existing levels of patients' loyalty, service quality and economic sustainability in developing low technology and low resource healthcare settings. The structure proposes that CRM of Patients' Relationship Management (PRM) in independent Ayurvedic clinics should be developed as a competency of strategic organization rather than a routine activity function. In independent Ayurvedic clinics' under high relationship orientation, patient relationships can be a strategic resource and source of sustainable competitive advantage built on trust, continuity, and customers'/patients' loyalty. Unlike traditional and automation driven CRM systems in western healthcare systems, almost all Ayurvedic clinics rely heavily on face-to-face interpersonal approach to the delivery of service and the relationship with customers.

Because of this, the setup expanded CRM concept into resource-scarcity culture dominated healthcare environments where human relationships are organizational resource resources and the carriers of competitive advantage. This system implies that relationship capital derived from successful implementation of PRM activities will contribute to patients' higher satisfaction levels, higher propensity to repeat visits, stronger referrals, and more sustainable profit contribution to Indian Ayurvedic clinics. In this way, the system offers a way of thinking shift from transactional healthcare perspectives toward the relational operational logic of healthcare (Berry, 1983; Vargo & Lusch, 2004).

9. Contributions to the Literature

1. Firstly, it demonstrates the extension of traditional CRM theory into a healthcare-specific Patient Relationship Management setup appropriate for relationship-intensive healthcare contexts (Payne & Frow, 2005; Peelen &

Beltman, 2013). , 2017; Ramesh, 2023). , 1988) into a comprehensive theoretical conception of Ayurvedic healthcare sustainability.

2. Fourthly, it advances the theoretical domain of healthcare relationship management studies by conceptualising economic sustainability as another PRM outcome (Gupta & Lahmann, 2003).

10. Managerial Implications

The proposed structure has several managerial implications for independent Ayurvedic clinics in resource-limited contexts. To begin with, clinics should implement formal patient follow-up processes to maintain continuity of care and develop durable patient relationships. Formal follow-up processes can help treatment adherence, improve customer satisfaction and generate repeat visitation. Secondly, practitioners, and administrative staff should be equipped considering the inherent palliative and relationship-centred approach to Ayurvedic health care, interaction quality should be a key driver for patient satisfaction and loyalty.

Clinicians should also focus on establishing and maintaining continuity of care through regular monitoring, personalised advice and on-going practitioner contact. Such touch points contribute to community building and familiarity with Ayurvedic doctors and vice versa. , 2005) Research finds further that low-resource clinics can improve non-clinical environments by introducing low-cost and efficient digital communication apps like WhatsApp Business or simple mobile phone-cum-computer based patient records database to achieve the benefits of modern technology without jeopardising the holistic nature of Ayurvedic practice. Lastly, full interactive services characterised by adequate hygiene and comfort, courteousness, and professionalism of staff, appreciation, and respect for each patient should be promoted.

Perception of services arises not only from experience of health outcomes but also the environment of the health care service delivery process. Mechanisms for management of patient feedback and complaints should also be developed to truly boost and continuously improve patient satisfaction. So, these results support a view that PRM should be considered a strategic imperative on top of being an operational activity that can be instrumental in providing sustainable economic viability over the long term. This conceptual setup presented here remains untested empirically (Kothari & Garg, 2019); perhaps the nature of PRM relationships in these studies might also be influenced by variations across clinic size, practitioner experience, geographic location, patient profiles, or practice orientation integrative versus non-integrative.

Future empirical research should study such contextual moderators of the conceptual system of PRM. My conceptual argument is that managerial PRM capability represents a sustainable long-term competitive advantage in a low-technology Ayurvedic healthcare context. Unlike a technologically-centred, infrastructure-driven hospital where competition rests on diagnostics capacity robotics, and automation, independent Ayurvedic clinics survive through the twin pillars of trust and hierarchy of relational benefits, mostly continuous, ongoing relationships where emotion and care are central. So, PRM cannot be perceived simply as the adoption of a package of software but represents a strategic managerial orientation that is pervasive and intangible and infuses every stage of the interactive process.

Clinics with superior PRM capabilities will probably outperform financially even more clinically superior but relationally weaker competitors as prescriptive treatment regimens can result in greater patient adherence, positive word-of-mouth, and increased loyalty related to provider consistency and patient-trust (Berry, 1983; Morgan & Hunt, 1994). Finally, the paper implies that in mainstream healthcare systems where technology is mostly focused, relationship centered management could offset technological shortcomings for long-term viability of the clinics. While the current study brings conceptual underpinnings to develop a position of understanding of Patient Relationship Management as a strategic capability of the independent Ayurvedic clinics, there are several avenues for further research. Perhaps the most significant avenue would be to empirically test the proposed conceptual system by conducting qualitative and quantitative studies with Ayurvedic practitioners and their patients.

11. Limitations and Directions for Future Research

Future research would involve developing and validating a questionnaire to measure ad hoc Patient Relationship Management practices adopted by the holistic therapists in the traditional healthcare context. Such research instruments are needed to conduct a rigorous empirical test of relationships as indicated by the current system. Studying Ayurveda healthcare systems and other healthcare systems (including that of allopathic healthcare) like AYUSH sector to compare the effectiveness of relationship centered practices as a strategic capability would be noteworthy. Same here, conducting studies on the influence of regional/cultural/demographic variations on the effectiveness of Physician-Patient relationships on the Practitioner-Patient Relationship Management processes and outcomes would help improve understanding of the factors influencing their dynamics.

Finally, future research could employ advanced quantitative measures, like Structural Equation Modelling (SEM), to test the direct and indirect links between the PRM factors, the practitioner-patient relationship, business outcomes such as business retention, patient satisfaction and the long-term, economic sustenance aspect of the Ayurvedic clinics.

12. Conclusion

This research extends mainstream CRM theory and models with a focus on healthcare relationships and claim that under a low-technology treatment environment like Ayurveda trust continuity, customization, and participation have emerged as effective measures of the sustainability of a healing process (Berry, 1983; Patwardhan et al., 2005; Payne & Frow, 2005).PRM can exist as a relationship management ideology instead of an enterprise-wide information technology support system with a perspective of sustainable competitive advantage for long-term holistic care management and economic success by creating more value in patient satisfaction, length of relationship, positive WOM, and returns on investments. Knowing PRM in a brand-new managerial way in this research by positioning PRM as a relationship centric philosophy helps to extend theory on a healthcare format in the future and also contributes a practical insight for Ayurvedic clinics.