

Patient Relationship Management as a Strategic Capability for Economic Sustainability in Ayurvedic Clinics: A Conceptual Framework

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ABSTRACT

This study examined how Patient Relationship Management contributed to the economic sustainability of independent Ayurvedic clinics operating under resource constraints. A conceptual research design was adopted, focusing on independent Ayurvedic clinics as the setting and using theoretical literature as the basis for analysis rather than an empirical sample. The analysis synthesized Relationship Marketing Theory, the Resource-Based View, Service-Dominant Logic, healthcare service quality literature, and Ayurveda-related healthcare studies to develop a conceptual model and propositions linking Patient Relationship Management with sustainability outcomes. The analysis indicated that relationship-oriented practices, including trust-building, personalized communication, responsiveness, continuity of care, and patient engagement, strengthened patient satisfaction and patient retention. Higher retention was further associated with repeat consultations, referral-driven patient acquisition, and greater revenue stability, indicating a positive pathway toward economic sustainability. The study contributed theoretically by extending customer relationship management thinking to traditional, resource-constrained healthcare and by positioning relationship capital as a strategic capability and potential source of sustainable competitive advantage. Practically, the framework provides guidance for independent Ayurvedic clinics to strengthen patient relationships and improve long-term economic sustainability through relationship-centred managerial practices.

Keywords: Patient Relationship Management, Ayurvedic Clinics, Economic Sustainability, Relationship Marketing, Patient Retention, Service Quality, Healthcare Management

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1. Introduction

The healthcare industry is undergoing significant transformation driven by technological advancement, patient awareness, increasing service expectations, and intensifying competition across healthcare systems. Patients today are more informed, more selective, and increasingly expect personalised, responsive, and experience-oriented healthcare services similar to those encountered in other service industries. This transformation has intensified competition not only among healthcare providers within modern medicine but also across alternative and traditional healthcare systems such as Ayurveda (Bodeker & Kronenberg, 2002; Payyappallimana, 2010). Within this changing environment, small and independent Ayurvedic clinics face growing economic and operational vulnerability (Ministry of Micro, Small and Medium Enterprises, 2024; Ramesh, 2023). Unlike technologically intensive hospitals and corporate healthcare institutions, most Ayurvedic clinics operate with limited financial resources, minimal digital infrastructure, and highly personalised treatment systems. These clinics often lack sophisticated diagnostic technologies, advanced automation systems, and large-scale institutional support. Consequently, sustaining long-term patient relationships and ensuring economic continuity becomes a critical managerial challenge. Despite these limitations, Ayurvedic healthcare possesses distinctive characteristics that differentiate it from mainstream healthcare systems (Patwardhan et al., 2005). Ayurvedic treatment is fundamentally relationship-oriented, trust-dependent, and continuity-driven.

Treatment protocols frequently require prolonged engagement, lifestyle modifications, repeated consultations, behavioral adherence, and emotional reassurance. As a result, therapeutic success in Ayurveda depends not solely on clinical intervention but also on the quality of the patient-practitioner relationship (Rao et al., 2011; Shankar & Manohar, 2017). In modern business environments, Customer Relationship Management (CRM) has emerged as a strategic approach for improving customer satisfaction, retention, loyalty, and organisational performance (Buttle, 2004; Payne & Frow, 2005; Peelen & Beltman, 2013). However, existing CRM literature largely emphasises technological systems, automation platforms, data analytics, and operational efficiency within corporate and institutional contexts (Baird et al., 2011). Limited attention has been given to low-technology healthcare environments where relational and managerial capabilities function as substitutes for technological superiority. This paper argues that for independent Ayurvedic clinics, Patient Relationship Management (PRM) functions not merely as an administrative or technological tool but as a strategic managerial capability directly linked to economic sustainability. The study proposes that in resource-constrained healthcare ecosystems, relationship-centered managerial practices such as personalised communication, trust-building, follow-up systems, continuity of care, and patient engagement become primary determinants of patient retention and long-term clinic sustainability. The paper therefore seeks to reposition PRM from a technology-driven operational system to a relationship-based strategic capability embedded within Ayurvedic clinical practice.

2. Review of Literature

The conceptual foundation of this study is grounded in multiple complementary theoretical perspectives. Relationship Marketing Theory emphasises long-term relational exchanges rather than transactional interactions (Berry, 1983; Morgan & Hunt, 1994). The theory argues that sustained customer relationships generate loyalty, trust, satisfaction, and long-term value creation. Within Ayurvedic healthcare systems, where prolonged treatment cycles and emotional trust are central, relationship-oriented interactions become strategically significant. The Resource-Based View proposes that organisations achieve competitive advantage through valuable, rare, inimitable, and non-substitutable resources (Dangelico et al., 2017; Ramesh, 2023). This paper conceptualises PRM as an intangible managerial capability capable of functioning as a sustainable competitive advantage for low-technology Ayurvedic clinics. Service-Dominant Logic positions value creation as a collaborative process between provider and consumer (Vargo & Lusch, 2004). In Ayurvedic treatment systems, patient participation, adherence, communication, and lifestyle engagement directly influence therapeutic outcomes, making co-created service experiences highly relevant. The SERVQUAL model highlights dimensions such as reliability, empathy, responsiveness, assurance, and tangibility as critical determinants of service quality (Parasuraman et al., 1988). These dimensions form essential operational components of effective PRM systems in healthcare environments (Dagger et al., 2007; Mosadeghrad, 2014). Customer Relationship Management originally emerged as a business strategy focused on managing customer interactions, enhancing loyalty, and improving profitability through technology-enabled systems (Buttle, 2004; Payne & Frow, 2005).

Traditional CRM systems emphasised customer databases, sales automation, analytics, and multichannel communication management (Peelen & Beltman, 2013). However, healthcare environments differ fundamentally from conventional business settings. Patients are not merely consumers purchasing transactional services. Healthcare relationships involve emotional vulnerability, trust dependence, ethical responsibility, and continuity of care (Andaleeb, 2001; Rao et al., 2011). Consequently, CRM within healthcare evolves into Patient Relationship Management (PRM), a more human-centered and continuity-oriented managerial framework focused on long-term patient engagement, personalised care, communication quality, and therapeutic trust. The Ayurvedic healthcare system is characterized by a holistic treatment philosophy, personalized care, long consultation durations, and enduring practitioner-patient relationships (Patwardhan et al., 2005; Shankar & Manohar, 2017). Unlike conventional healthcare settings that increasingly rely on technology-mediated interactions, Ayurvedic practice places considerable emphasis on trust, empathy, communication, and continuity of care. Studies within the AYUSH sector suggest that patient choice and continued engagement are strongly influenced by practitioner credibility, perceived treatment effectiveness, interpersonal trust, and personalized attention (Bodeker & Kronenberg, 2002; Payyappallimana, 2010; Rao et al., 2011).

The therapeutic relationship itself is often regarded as an integral component of the healing process. Consequently, patient relationship management assumes greater strategic significance in Ayurvedic clinics, particularly in independent and resource-constrained settings where patient retention and referral-based growth constitute important determinants of sustainability. Existing literature further indicates that healthcare quality in small and traditional healthcare establishments is frequently evaluated through dimensions such as responsiveness, communication quality, empathy, accessibility, and practitioner competence (Andaleeb, 2001; Mosadeghrad, 2014). These dimensions closely align with the proposed Patient Relationship Management (PRM) construct and provide contextual support for conceptualizing PRM as a strategic capability within Ayurvedic healthcare enterprises. In Ayurvedic healthcare environments, this transformation becomes even more significant because therapeutic effectiveness often depends on prolonged patient adherence, behavioral modifications, and repeated consultations. Thus, PRM becomes deeply integrated with clinical and economic sustainability. Ayurvedic healthcare possesses several characteristics that increase the importance of relationship-centered managerial practices. Many Ayurvedic treatments require extended therapeutic engagement involving dietary regulation, behavioral modifications, repeated consultations, and gradual healing processes. Unlike technologically intensive healthcare systems, Ayurvedic practice depends heavily upon patient trust in practitioner expertise, observation, and personalised care (Rao et al., 2011). Ayurveda emphasises individual constitution, lifestyle, and holistic assessment, naturally aligning with personalised relationship management approaches. Small Ayurvedic clinics frequently rely upon referrals, community credibility, and patient advocacy rather than large-scale advertising systems. Since most independent Ayurvedic clinics lack sophisticated technological infrastructure, managerial relationship capability becomes a substitute mechanism for sustaining competitiveness and continuity.

3. Theoretical Foundation

Independent Ayurvedic clinics operate within highly competitive healthcare environments dominated by technologically advanced hospitals, digital healthcare systems, and corporate medical institutions. Most small and medium Ayurvedic clinics lack the financial and technological resources necessary to compete through advanced infrastructure, diagnostic systems, or automation-based CRM technologies (Ministry of Micro, Small and Medium Enterprises, 2024). Existing healthcare CRM literature predominantly focuses on large institutional healthcare systems and technology-enabled customer management platforms (Baird et al., 2011; Payne & Frow, 2005). Consequently, limited research exists regarding how relationship-oriented managerial practices contribute to the economic sustainability of low-technology healthcare environments such as independent Ayurvedic clinics. The absence of structured Patient Relationship Management practices often results in poor patient retention, weak continuity of care, limited follow-up systems, declining treatment adherence, and unstable revenue streams. Therefore, there is a need to examine how managerial PRM practices can function as strategic capabilities capable of improving patient satisfaction, retention, and economic sustainability in independent Ayurvedic clinics.

4. Operationalisation of Economic Sustainability

In the context of independent Ayurvedic clinics, *Economic Sustainability* refers to the clinic's ability to maintain long-term operational viability and financial continuity through sustained patient relationships and stable service demand (Gupta & Lehmann, 2003). Unlike large healthcare institutions that may rely on extensive infrastructure, technology, or external funding, independent Ayurvedic clinics predominantly depend on patient retention, repeat consultations, and referral-based growth for their economic survival. For the purpose of this study, Economic Sustainability is conceptualised as a multidimensional construct comprising the following measurable indicators:

- Patient Retention Rate – the extent to which patients continue to seek treatment and follow-up consultations from the same clinic over time (Bhatnagar, 2007; Sivakumar & Thiagarajan, 2024).
- Repeat Consultation Frequency – the frequency of recurring patient visits for continued treatment, preventive care, or wellness services.
- Referral-Driven Patient Acquisition – the proportion of new patients acquired through recommendations

and word-of-mouth referrals from existing patients.

- Revenue Stability – the consistency and predictability of clinic revenue across operating periods (Yahoo Finance, 2025).
- Average Revenue per Patient – the economic value generated through sustained patient relationships and treatment continuity (Gupta & Lehmann, 2003).
- Clinic Continuity and Survival – the clinic's ability to sustain operations, maintain patient volumes, and remain financially viable over an extended period.

Collectively, these indicators provide a measurable representation of economic sustainability and enable empirical examination of how Patient Relationship Management (PRM) contributes to the long-term viability of independent Ayurvedic clinics. Economic Sustainability in this study is operationalised through patient retention, referral generation, and revenue stability, as these indicators directly reflect the ability of an independent Ayurvedic clinic to sustain operations and achieve long-term viability. Accordingly, the present study proposes that effective Patient Relationship Management practices enhance patient satisfaction and retention, which subsequently contribute to improved economic sustainability outcomes. Drawing upon Relationship Marketing Theory (Berry, 1983; Morgan & Hunt, 1994), the Resource-Based View (RBV) (Dangelico et al., 2017; Ramesh, 2023), Service-Dominant Logic (Vargo & Lusch, 2004), and healthcare service quality literature (Andaleeb, 2001; Dagger et al., 2007; Parasuraman et al., 1988), the present study proposes that Patient Relationship Management (PRM) functions as a strategic organisational capability that contributes to the economic sustainability of independent Ayurvedic clinics. The following propositions are advanced for future empirical validation:

P1: Higher levels of communication quality in Patient Relationship Management will be positively associated with patient satisfaction in independent Ayurvedic clinics (Andaleeb, 2001; Mosadeghrad, 2014).

P2: Greater trust between patients and Ayurvedic practitioners will be positively associated with patient satisfaction (Morgan & Hunt, 1994; Rao et al., 2011).

P3: Higher levels of responsiveness to patient needs and concerns will positively influence patient satisfaction (Parasuraman et al., 1988).

P4: Personalised care and individual attention provided by Ayurvedic clinics will positively influence patient satisfaction (Patwardhan et al., 2005).

P5: Patient satisfaction will be positively associated with patient retention (Andaleeb, 2001; Gupta & Lehmann, 2003).

P6: Patient satisfaction will be positively associated with patient referral intentions and positive word-of-mouth behavior (Berry, 1983; Morgan & Hunt, 1994).

P7: Patient retention will positively influence the economic sustainability of independent Ayurvedic clinics (Gupta & Lehmann, 2003).

P8: Patient referrals and repeat visits will positively contribute to the economic sustainability of independent Ayurvedic clinics.

P9: Patient satisfaction will mediate the relationship between Patient Relationship Management practices and patient retention (Dagger et al., 2007).

P10: Patient retention will mediate the relationship between Patient Relationship Management practices and economic sustainability.

P11: Patient Relationship Management, when developed as a strategic organizational capability, will positively influence the economic sustainability of independent Ayurvedic clinics.

Above propositions collectively indicate that Patient Relationship Management extends beyond an operational activity and functions as a strategic capability that enables independent Ayurvedic clinics to achieve sustainable economic outcomes through enhanced patient relationships, retention, and referral generation.

5. Patient Relationship Management Practices

Patient Satisfaction reflects the extent to which patients perceive that their expectations regarding treatment quality, communication, responsiveness, trust, and overall care experience have been fulfilled (Andaleeb, 2001; Parasuraman et al., 1988). Effective Patient Relationship Management practices are expected to enhance patient satisfaction by fostering meaningful interactions, personalized care, and positive service experiences. Patient Retention refers to the ability of a clinic to maintain ongoing relationships with existing patients through repeat consultations, treatment continuity, and sustained engagement (Bhatnagar, 2007; Sivakumar & Thiyagarajan, 2024). Satisfied patients are more likely to remain loyal to the clinic, adhere to treatment plans, and continue seeking healthcare services from the same practitioner over time. Accordingly, the study posits that Patient Relationship Management practices do not directly influence economic sustainability alone; rather, their impact is transmitted through higher levels of patient satisfaction and patient retention. These mediating mechanisms enable clinics to generate repeat visits, strengthen referral behavior, improve revenue stability, and ultimately achieve long-term economic sustainability.

5.1 Dimensions of Patient Relationship Management

The study conceptualises PRM through 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

The paper argues that effective PRM contributes to economic sustainability through multiple mechanisms. Retained patients generate stable revenue streams and reduce dependence on costly patient acquisition activities (Gupta & Lehmann, 2003). Satisfied patients contribute to word-of-mouth promotion, improving clinic reputation and patient inflow (Berry, 1983). Effective communication and follow-up reduce treatment discontinuation rates. Engaged patients are more likely to complete long-term treatment cycles. Long-term patient relationships create predictable consultation patterns and revenue continuity. A practical and low-cost Patient Relationship Management (PRM) framework specifically designed for independent Ayurvedic clinics operating under resource constraints. Unlike technology-intensive CRM systems commonly adopted by large healthcare organizations (Baird et al., 2011; Peelen & Beltman, 2013), the framework emphasizes relationship-centered practices that can be implemented with minimal financial investment while leveraging the inherent strengths of Ayurvedic care delivery. Patient acquisition in independent Ayurvedic clinics can be enhanced through community-oriented and relationship-based approaches. Clinics may utilize WhatsApp-based health awareness campaigns to disseminate educational content and increase public awareness regarding preventive healthcare and Ayurvedic treatments. Improving visibility through Google Business profiles can further enhance discoverability among prospective patients seeking healthcare services online. Participation in community health camps, wellness programs, and local outreach initiatives can strengthen public engagement and establish practitioner credibility.

Additionally, encouraging satisfied patients to provide referrals and maintaining active networking relationships within local communities can contribute significantly to patient acquisition at relatively low cost. Effective patient engagement represents a critical component of Patient Relationship Management (Sivakumar & Thiyagarajan, 2024; Vargo & Lusch, 2004). Ayurvedic treatment often involves prolonged interaction between practitioner and patient, creating opportunities for meaningful engagement beyond clinical consultations. Personalized discussions regarding treatment progress, lifestyle modifications, dietary recommendations, and preventive healthcare can strengthen patient involvement in the therapeutic process. The provision of educational materials and regular follow-up communication through calls or messaging platforms can reinforce patient commitment to treatment plans. Reminder systems for consultations and follow-up visit further support continuity of care and enhance the overall patient experience.

Communication management forms the foundation of successful Patient Relationship Management in independent clinics (Andaleeb, 2001). Given the limited technological resources available in many Ayurvedic practices, low-cost digital tools such as WhatsApp Business, Google Forms, SMS-based reminders, and spreadsheet-based patient records can provide effective mechanisms for maintaining patient communication. These tools facilitate appointment scheduling, treatment follow-up, patient feedback collection, and information dissemination without requiring substantial technological investments. Even manual patient registers, when systematically maintained, can support relationship continuity and service personalization. Patient retention is essential for the long-term economic sustainability of independent Ayurvedic clinics. Retention strategies should focus on maintaining ongoing relationships with patients beyond the immediate treatment episode. Periodic wellness follow-ups, post-treatment guidance, and continued health monitoring can reinforce patient confidence and encourage repeat consultations. Emotional reassurance, empathetic interactions, and consistent communication contribute to stronger practitioner-patient relationships. Furthermore, extending engagement to family members can help establish broader relationship networks that encourage long-term loyalty and referral behavior.

The physical and interpersonal environment of the clinic plays a significant role in shaping patient perceptions of service quality. Maintaining high standards of cleanliness, providing a comfortable waiting area, and ensuring respectful interactions by staff members can significantly enhance patient satisfaction (Mosadeghrad, 2014). Professional reception practices, courteous communication, and a calm treatment atmosphere aligned with Ayurvedic healing principles contribute to a positive patient experience. Such environmental factors reinforce trust and support the relationship-building process central to patient relationship management. A structured approach to feedback and complaint management is necessary to support continuous service improvement. Independent Ayurvedic clinics should establish mechanisms for regularly collecting patient feedback regarding service quality, treatment experiences, and overall satisfaction. Complaints should be addressed promptly and transparently to demonstrate responsiveness and commitment to patient welfare. Systematic recording of recurring concerns can assist clinics in identifying service gaps and implementing corrective measures. By treating patient feedback as a valuable source of organizational learning, clinics can strengthen relationships, improve service quality, and enhance long-term sustainability.

7. Research Methodology

The study adopted a conceptual research design because its purpose was to develop and theoretically position Patient Relationship Management as a strategic organisational capability contributing to the economic sustainability of independent Ayurvedic clinics. The study did not seek to test causal relationships empirically; instead, it integrated established theoretical perspectives and relevant healthcare literature to develop a contextual framework and propositions for subsequent empirical validation. The conceptual approach was appropriate because Patient Relationship Management remains insufficiently developed as a healthcare-specific construct within traditional and resource-constrained Ayurvedic healthcare settings. As this was a conceptual study, no primary empirical population or sampling frame was defined and no human participants were recruited (Kothari & Garg, 2019). Consequently, probability or non-probability sampling was not undertaken, and no sample size or response rate was applicable.

The unit of conceptual analysis was the independent Ayurvedic clinic operating within a resource-constrained healthcare environment. The proposed framework was developed specifically for this organisational context. No primary data-collection instrument was administered in the present study. Accordingly, item-level measurement scales, response formats, scale reliability and construct validity were not assessed. The conceptualisation of Patient Relationship Management was informed by relationship-oriented dimensions identified from the literature, including communication quality, personalised care, continuity of care, trust building, service environment, patient engagement, and responsiveness (Andaleeb, 2001; Dagger et al., 2007; Mosadeghrad, 2014; Parasuraman et al., 1988). Economic sustainability was conceptually represented through patient retention, repeat consultation frequency, referral-driven patient acquisition, revenue stability, average revenue per patient, and clinic continuity and survival. The study relied exclusively on secondary theoretical and scholarly literature and did not involve the collection of primary data from patients, practitioners, clinic owners, or other human participants. Relevant literature was synthesised to establish the theoretical foundation and develop the proposed relationships among Patient Relationship Management, patient satisfaction, patient retention, and economic sustainability. Since no human participants were involved and no identifiable or confidential primary data were collected, participant consent and institutional ethics approval were not applicable to this conceptual study. No statistical analysis was conducted because the study did not generate a primary empirical dataset. Instead, conceptual and theoretical synthesis was used to integrate insights from Relationship Marketing Theory, the Resource-Based View, Service-Dominant Logic, and healthcare service quality literature. The synthesis was used to identify the principal dimensions of Patient Relationship Management, establish their proposed relationships with patient satisfaction and patient retention, and develop the conceptual pathway linking these variables to economic sustainability. The resulting framework generated eleven propositions for future empirical testing. The proposed relationships are structured as Patient Relationship Management practices → patient satisfaction → patient retention → economic sustainability. Because no empirical observations were analysed, assumptions associated with regression, structural equation modelling, normality, multicollinearity, or common method bias were not applicable. Future empirical research may test the proposed framework using validated measurement instruments and structural equation modelling.

8. Discussion

This paper reconceptualizes Patient Relationship Management (PRM) as a strategic organizational capability rather than a technology-driven Customer Relationship Management (CRM) system (Buttle, 2004; Payne & Frow, 2005). While conventional CRM literature predominantly emphasizes digital platforms, data analytics, and automated customer interactions, the present study argues that in the context of independent Ayurvedic clinics, PRM is fundamentally embedded in practitioner–patient interactions, trust-building processes, continuity of care, personalized engagement, and long-term relationship development. The paper further proposes that relationship-centered managerial practices play a significant role in influencing patient satisfaction, treatment adherence, retention, and referral behavior. These relational outcomes are particularly important in Ayurvedic healthcare settings, where treatment effectiveness often depends on sustained patient engagement and continuity of therapeutic relationships (Shankar & Manohar, 2017). Consequently, PRM is conceptualized as a strategic capability capable of contributing to the long-term sustainability, competitiveness, and performance of independent Ayurvedic clinics. In resource-constrained healthcare environments, where access to sophisticated technologies, large-scale advertising campaigns, and extensive marketing budgets may be limited, relationship management capabilities can function as an alternative source of competitive advantage.

Strong practitioner–patient relationships have the potential to generate repeat consultations, positive word-of-mouth referrals, and patient loyalty, thereby reducing dependence on resource-intensive marketing expenditure and technological superiority. To translate these concepts into managerial practice, the paper proposes a practical PRM framework encompassing communication management, patient engagement, continuity-of-care mechanisms, systematic follow-up practices, trust-building initiatives, and service quality enhancement strategies. These interventions are designed to be feasible for independent clinics operating with limited financial and technological resources while remaining consistent with the relationship-oriented philosophy that characterizes traditional Ayurvedic healthcare delivery (Bodeker & Kronenberg, 2002; Payyappallimana, 2010).

Collectively, these arguments position Patient Relationship Management as a strategic organizational capability that contributes to both therapeutic effectiveness and organizational performance within independent Ayurvedic clinics. By extending traditional CRM theory into the healthcare-specific domain of Patient Relationship Management, the study contributes to the growing body of healthcare management literature and offers a conceptual foundation for future empirical research. Furthermore, it provides a practical roadmap for clinic owners and healthcare practitioners seeking to enhance patient loyalty, service quality, and long-term sustainability within low-technology and resource-constrained healthcare ecosystems. The proposed framework suggests that Patient Relationship Management should be viewed not merely as an administrative activity but as a strategic organizational capability. In the context of independent Ayurvedic clinics, patient relationships represent an intangible resource capable of generating sustained competitive advantage through trust, continuity, and patient loyalty. Unlike conventional healthcare CRM systems, which frequently depend on technological platforms, databases, and automated communication mechanisms, Ayurvedic clinics predominantly rely on interpersonal interactions and relationship-centered service delivery. The proposed framework therefore extends CRM theory into resource-constrained healthcare environments where human relationships constitute the primary source of competitive differentiation. The framework argues that relationship capital generated through effective PRM practices enhances patient satisfaction, encourages repeat consultations, strengthens referral behavior, and ultimately contributes to economic sustainability. This perspective shifts attention from transactional healthcare delivery toward long-term relational value creation (Berry, 1983; Vargo & Lusch, 2004).

9. Contributions to the Literature

First, it extends traditional CRM theory into a healthcare-specific Patient Relationship Management framework suitable for relationship-intensive healthcare environments (Payne & Frow, 2005; Peelen & Beltman, 2013). Second, it challenges the prevailing technology-centric view of CRM by positioning relationship capability as a strategic organisational resource (Dangelico et al., 2017; Ramesh, 2023). Third, it integrates Relationship Marketing Theory (Berry, 1983; Morgan & Hunt, 1994), Resource-Based View, Service-Dominant Logic, and SERVQUAL (Parasuraman et al., 1988) into a unified explanatory framework for Ayurvedic healthcare sustainability. Fourth, it introduces economic sustainability as a key outcome of effective PRM practices, thereby expanding the theoretical scope of healthcare relationship management research. (Gupta & Lahmann, 2003).

10. Limitations and Directions for Future Research

The proposed framework has several practical implications for independent Ayurvedic clinics operating in resource-constrained environments. First, clinics should establish formal patient follow-up mechanisms to ensure continuity of care and strengthen long-term patient relationships. Structured follow-up systems can improve treatment adherence, enhance patient satisfaction, and encourage repeat consultations. Second, practitioners and support staff should receive training in interpersonal communication, empathy, and patient engagement practices. Given the relationship-intensive nature of Ayurvedic healthcare, the quality of human interaction represents a critical determinant of patient experience and loyalty. Third, clinics should focus on strengthening continuity of care through regular monitoring, personalised guidance, and sustained engagement throughout the patient journey. Such practices reinforce trust and contribute to the development of enduring practitioner-patient relationships (Patwardhan et al., 2005).

The findings further suggest that even resource-constrained clinics can benefit from adopting low-cost digital communication tools such as WhatsApp Business, SMS reminders, and simple patient record management systems. These tools facilitate efficient communication while preserving the personalised nature of Ayurvedic care. In addition, clinics should strive to create patient-centered service environments characterised by cleanliness, comfort, professionalism, and respectful interactions. Service quality perceptions are influenced not only by treatment outcomes but also by the overall experience encountered by patients during their interactions with the clinic. Finally, systematic feedback and complaint management mechanisms should be implemented to support continuous service improvement. By proactively gathering patient feedback and addressing concerns in a timely manner, clinics can strengthen trust, improve service quality, and enhance patient retention.

Collectively, these findings suggest that Patient Relationship Management should be treated not merely as an operational activity but as a strategic organizational priority capable of contributing to long-term economic sustainability. The proposed framework is conceptual and requires empirical validation (Kothari & Garg, 2019). The relationships may vary according to clinic size, practitioner experience, geographic location, patient demographics, and the degree of integration between traditional and modern healthcare practices. Future research should investigate these contextual factors and examine potential moderating influences. My conceptual argument is that managerial PRM capability functions as a sustainable competitive advantage within low-technology Ayurvedic healthcare ecosystems. Unlike technologically intensive hospitals that compete through infrastructure, diagnostics, and automation, independent Ayurvedic clinics compete primarily through trust, continuity, emotional engagement, and personalised care relationships. Therefore, PRM should not be viewed merely as software implementation but rather as a strategic managerial orientation embedded within every stage of patient interaction. Clinics possessing strong PRM capabilities may economically outperform clinically superior but relationally weak competitors because patient continuity and trust directly influence treatment adherence, loyalty, and referral generation (Berry, 1983; Morgan & Hunt, 1994). The paper further suggests that in traditional healthcare systems, relationship-centered management may compensate for technological limitations and contribute significantly to long-term clinic sustainability. The present study provides a conceptual foundation for understanding Patient Relationship Management as a strategic capability in independent Ayurvedic clinics. However, several opportunities exist for future research.

Most importantly, the proposed conceptual framework requires empirical validation through qualitative and quantitative investigations involving Ayurvedic practitioners and patients. Future studies may focus on the development and validation of standardized measurement scales for assessing Patient Relationship Management practices in traditional healthcare settings. Such instruments would facilitate more rigorous examination of the relationships proposed in the present framework. Comparative studies across different healthcare systems, including allopathic, Ayurvedic, and other AYUSH sectors, may provide valuable insights into the relative effectiveness of relationship-based management practices. Similarly, investigations examining regional, cultural, and demographic variations may improve understanding of contextual influences on Patient Relationship Management effectiveness. Further research may also employ advanced quantitative techniques, including Structural Equation Modelling (SEM), to examine the direct and indirect relationships between PRM dimensions, patient satisfaction, patient retention, and economic sustainability outcomes. Such studies would contribute to the refinement and validation of the proposed model. Finally, future scholars may explore the development of Patient Relationship Management maturity models for the AYUSH sector, enabling clinics to assess their current capabilities, identify improvement opportunities, and establish systematic pathways for relationship-centered organizational development.

11. Conclusion

The study extends traditional CRM theory into healthcare-specific relational contexts and argues that in low-technology treatment ecosystems such as Ayurveda, trust-building, continuity of care, personalised communication, and patient engagement become central determinants of sustainability (Berry, 1983; Patwardhan et al., 2005; Payne & Frow, 2005). The paper proposes that PRM functions not merely as an operational support system but as a sustainable competitive advantage capable of improving patient satisfaction, retention, referral generation, and long-term economic viability. By reframing PRM as a relationship-centered managerial philosophy rather than a technology-driven software system, this study contributes both theoretically and practically to healthcare management literature and Ayurvedic clinical practice.

Declarations

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Ethics approval and consent. This is explicitly a conceptual study based entirely on secondary literature and does not involve human participants or primary data collection.

Data availability. None

Use of generative AI. Generative artificial intelligence was used as a language and editorial assistance tool during the preparation of this manuscript, primarily for language refinement, grammatical correction, improvement of clarity, and organization of the presentation. The conceptualization of the study, development of the research objectives. Used ChatGPT for this purpose.

Author contributions. Author A — conceptualisation, analysis, original draft. Author B- secondary data curation, review and editing.

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