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Digital Marketing and Lead Generation in Healthcare Services A Field-Based Study at HCG Manavata Cancer Centre, Nashik

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Abstract

This paper examines digital marketing and lead generation in healthcare services through a field-based study of the On-the-Job Training (OJT) completed at HCG Manavata Cancer Centre, Nashik, from 1 June to 2 September 2026. Digital Marketing was the primary area of exposure, while Customer Relationship Management (CRM), lead calling and follow-up were supporting activities connected with the management of enquiries generated through marketing and digital touchpoints. The study focuses on how digital communication can create awareness and interest, how that interest becomes an identifiable healthcare enquiry, and how supporting CRM processes help maintain continuity after the enquiry is received.

The research follows a descriptive and exploratory qualitative design. Its evidence is drawn from the practical activities, observations, process understanding and learning documented in the original OJT report. The analysis is supported by concepts relating to digital marketing, service marketing, customer journeys, lead generation, CRM and healthcare communication. No structured patient survey, disclosed campaign dataset, verified lead-volume series or conversion-rate dataset was available. Therefore, the paper does not introduce invented statistics or make causal claims. Findings are presented as process-based and qualitative observations.

The analysis highlights the complementary roles of marketing and CRM. Digital marketing can provide information and create opportunities for interaction; lead generation connects that interaction with an enquiry; CRM supports data organisation and continuity; and calling and follow-up help clarify requirements and identify an appropriate next step. In healthcare, this process requires accuracy, empathy, confidentiality and clear professional boundaries. Recommendations include source-wise lead tracking, consistent lead statuses, timely first contact, purposeful follow-up, data-quality checks, communication guidance and integrated marketing–CRM reporting.

Keywords: Healthcare marketing; digital marketing; lead generation; customer relationship management; CRM; patient enquiry journey; healthcare communication; follow-up.



1. Introduction

1.1 Background of the study

The growth of digital communication has changed the way people search for information and interact with service organisations. In healthcare, a prospective patient or family member may begin by searching online for a hospital, a medical speciality, a doctor, a treatment service or appointment information. Websites, search engines, social media pages, online enquiry forms and other digital channels can become the first point of contact. These touchpoints make it possible for an individual to explore information and express interest before physically visiting a healthcare facility.

Healthcare marketing has a distinctive character because the service being considered may be complex, personal and emotionally sensitive. The decision to contact a cancer-care organisation may involve the patient as well as relatives or caregivers. The information seeker may need clarity about available services, consultation procedures, location, appointment access or the next step. Marketing communication must therefore be informative and responsible. It should help people access relevant information without making exaggerated promises or substituting promotional communication for professional medical advice.

1.2 OJT and organisational context

The present study is based on the OJT undertaken at HCG Manavata Cancer Centre, Nashik. The original OJT report identifies Digital Marketing as the primary area of practical exposure. CRM data management, lead calling and follow-up were supporting activities that helped the student understand how enquiries generated through marketing-related touchpoints are handled. The OJT took place from 1 June 2026 to 2 September 2026 as part of the MBA programme at the School of Business, Indira University.

The experience provided an opportunity to connect classroom concepts with the practical environment of a specialised healthcare service organisation. It also demonstrated that the marketing process does not end when a person sees digital content or submits an enquiry. The next stages—recording the enquiry, understanding its broad requirement, communicating appropriately and maintaining follow-up—are important to the continuity of the customer journey.

1.3 Research problem

A digital interaction may create awareness, but awareness alone does not ensure that the interested person receives a relevant response. If enquiry information is incomplete, if the current status is unclear, or if the next action is not identified, the interaction may lose continuity. The central research problem is therefore to understand how digital marketing, lead generation and supporting CRM activities connect in the early stages of the healthcare customer journey, and to identify practical process improvements that can be derived from the OJT experience.

1.4 Purpose and objectives

The purpose of this paper is to convert the practical OJT experience into a structured field-based research paper focused primarily on digital marketing and lead generation in healthcare services.

No.	Research objective
1	To describe the digital marketing context and activities observed during the OJT.
2	To examine how lead generation connects digital audience interaction with healthcare enquiries.
3	To analyse supporting CRM processes, including data organisation, calling, lead status and follow-up.
4	To identify recurring process, communication and healthcare-sensitivity considerations.
5	To recommend evidence-linked improvements to digital-to-lead coordination and supporting CRM.

1.5 Research questions

The study is guided by five questions: (i) How does digital marketing act as an entry point to the healthcare customer journey? (ii) How does lead generation connect digital interest with an identifiable enquiry? (iii) What role do data accuracy, calling and follow-up play after an enquiry is received? (iv) What communication and confidentiality considerations arise in healthcare lead management? (v) Which practical improvements are supported by the available OJT evidence?



1.6 Scope and significance

The scope covers the early stages of the healthcare customer journey: digital awareness, audience interaction, enquiry generation, lead capture, requirement understanding, communication and follow-up. CRM is examined as a supporting relationship process rather than the primary subject. The study does not evaluate clinical treatment outcomes, confidential patient records, internal campaign performance, hospital-wide conversion results or patient satisfaction through a formal survey. Its significance is practical and contextual: it explains how marketing communication and relationship processes interact in a healthcare service environment.

2. Healthcare Sector and Company Context

2.1 Overview of healthcare services

Healthcare includes hospitals, diagnostic facilities, specialised treatment centres, medical technology, supportive care and related services. Unlike many routine consumer services, healthcare decisions may involve high personal importance, complex information and multiple interactions. Patients and families may compare service accessibility, clinical specialities, facilities, communication, location and appointment processes. The service experience is therefore shaped by more than the core medical service; the information and support surrounding access also matter.

2.2 Cancer care as a specialised service segment

Cancer care may involve several stages and specialities, including diagnosis, medical oncology, surgical oncology, radiation oncology, imaging, supportive care and follow-up. Patients and families may need to interact with different departments over time. This makes the service journey more complex than a single transaction. Communication before the first visit can help people understand where to enquire and what next step may be appropriate, while clinical decisions remain the responsibility of qualified healthcare professionals.

2.3 HCG Manavata Cancer Centre context

The OJT was undertaken at HCG Manavata Cancer Centre, Nashik. The OJT report describes a specialised cancer-care environment in which prospective patients and family members may search for information and initiate enquiries before visiting the centre. The report refers to the wider service context of oncology care, including medical oncology, surgical oncology, radiation oncology, robotic surgery, radiology and imaging, day-care chemotherapy, home healthcare, preventive oncology, psycho-oncology, nuclear medicine and paediatric oncology. These service areas illustrate why enquiries may differ in nature and why a single generic response may not suit every requirement.

2.4 Digital transformation in healthcare

Digital transformation has created multiple ways for healthcare organisations to communicate with the public. Websites and search visibility can help people locate information; social media can support awareness and engagement; online forms and appointment channels can provide routes for enquiries. Digital communication can also help an organisation present service information in an accessible format. However, a digital channel is only one part of the journey. Its usefulness depends on the accuracy of the information, ease of enquiry and the organisation's ability to respond appropriately.

2.5 Healthcare customer journey

A simplified journey relevant to this study can be represented as: Awareness → Digital Interaction → Enquiry → Lead Capture → Requirement Understanding → Communication → Follow-up → Appointment or Other Appropriate Next Action. The journey is not always linear. A person may return to information, request a later call, seek clarification or decide not to proceed. A structured process should recognise these differences rather than assuming that every enquiry follows the same path.

Journey stage	Purpose	Marketing/CRM relevance
Awareness	Person becomes aware of the organisation or service.	Digital content and discoverability provide initial information.
Interaction	Person engages with a digital touchpoint.	Clear information and an appropriate call to action support engagement.
Enquiry	Person requests information or contact.	The expression of interest becomes an identifiable lead.
Lead capture	Available enquiry details are recorded.	Accurate and appropriate information supports the next interaction.
Requirement understanding	Broad purpose of the enquiry is clarified.	Listening and categorisation help identify the relevant next action.
Communication and follow-up	Contact is maintained where required.	CRM supports continuity and status visibility.



Next action	Enquiry may move toward appointment information or another service interaction.	The next step should be appropriate to the request and role boundaries.

2.6 External environment: PESTEL perspective

The OJT report uses a PESTEL perspective to recognise that healthcare marketing operates within a wider environment. Political and regulatory priorities influence healthcare access and organisational responsibilities. Economic conditions, treatment affordability and insurance considerations may influence decisions. Social factors include health awareness, family involvement and changing expectations. Technological developments include digital appointments, CRM systems, teleconsultation and health applications. Environmental responsibilities affect hospital operations. Legal considerations include privacy, patient information, medical regulation and advertising standards. For digital marketing, these factors reinforce the need for accurate information and responsible communication.

2.7 Competitive and service context

Healthcare organisations operate in an environment where people may compare providers, seek second opinions or consider services in different locations. Competition may relate to clinical expertise, technology, accessibility, facilities and service experience. From a marketing perspective, this means that communication should explain services clearly and help people find the right point of contact. It should not rely on unsupported superiority claims or create unrealistic expectations.

3. Literature Review and Theoretical Background

3.1 Digital marketing and marketing management

Marketing management involves creating, communicating and delivering value to a defined audience. Digital marketing extends this activity through online channels and interactive communication. It can support awareness, information access and enquiry generation. The OJT experience is consistent with the view that digital marketing is not limited to publishing content: its role is connected to audience engagement and the next action that an interested person may take. Armstrong and Kotler, and Kotler, Keller and Chernev, provide broad marketing-management foundations for understanding how communication, customer value and delivery should work together.

3.2 Service marketing in healthcare

Services are experienced through interactions, processes and people as well as through the core service itself. Zeithaml, Bitner and Gremler explain service marketing through dimensions that include people, process and physical evidence. In healthcare, the first response to an enquiry, the clarity of information and the ease of identifying the next step can contribute to the overall service experience. These elements do not replace clinical quality, but they shape how people experience access and communication.

3.3 Lead generation and customer journey

Lead generation refers to the process through which a prospective customer expresses interest or requests further information. A lead is not equivalent to a confirmed appointment, a paying customer or a treatment outcome. It represents an opportunity for an appropriate interaction. In healthcare, the enquiry may relate to treatment information, appointments, a specialist, a service or another requirement. The customer-journey perspective helps explain why lead capture, requirement understanding and follow-up should be connected.

3.4 Customer Relationship Management

Payne's CRM framework positions customer relationship management as a strategic approach involving customer information, processes and interactions. CRM should not be understood only as software or a database. Its value depends on the quality of the information recorded, the clarity of the current status and the usefulness of the next action. In the OJT context, supporting CRM included working with lead information, calling and follow-up. These activities illustrated how an enquiry can be managed after the initial marketing interaction.

3.5 Relationship marketing and trust

Relationship marketing focuses on maintaining meaningful interactions rather than treating every contact as an isolated transaction. Trust is particularly important in healthcare because the subject may be sensitive and the person making an enquiry may be under stress. Continuity, respectful communication and accurate information support the relationship process. Follow-up should be purposeful and aligned with the person's expressed requirement; repeated contact without context can undermine rather than strengthen the experience.



3.6 Communication and active listening

Communication is not simply the transfer of information. It also involves listening, clarification and checking whether the message has been understood. During a telephone interaction, a professional introduction and clear language help establish the purpose of the call. Active listening helps identify whether the person is seeking general information, appointment support or another service-related next step. In a healthcare environment, staff handling enquiries must also recognise when a question requires clinical expertise and refer it to the appropriate professional.

3.7 Research gap

The literature provides broad explanations of digital marketing, service quality, customer journeys, relationship marketing and CRM. The present paper addresses a contextual gap by organising the specific combination of digital marketing, lead generation and supporting CRM activities observed during the HCG Manavata Cancer Centre OJT. It does not test a formal hypothesis. Instead, it presents a transparent account of the practical process and derives recommendations proportionate to the available evidence.

4. Research Methodology

4.1 Research design

The study uses a descriptive and exploratory qualitative design based on field exposure and project-based observation. The descriptive component organises the activities and processes encountered during the OJT. The exploratory component interprets recurring themes relating to digital enquiry generation, lead handling, communication, data accuracy and follow-up. The study is not experimental and does not use inferential statistical testing.

4.2 Setting and period

The field setting was HCG Manavata Cancer Centre, Nashik, within the healthcare services sector. The OJT period was 1 June 2026 to 2 September 2026. The student was Samarth Vijay Jadhav, MBA student at the School of Business, Indira University. The academic guide identified in the OJT report is Dr. Mrityunjay Kumar.

4.3 Sources of evidence

The primary project evidence consists of practical tasks, observations, process understanding and learning documented in the original OJT report. This includes exposure to digital marketing and the connected stages of lead generation, lead information management, calling, status updates and follow-up. The OJT report also contains weekly learning records and fortnightly progress summaries that describe the progression of exposure from orientation and digital marketing understanding toward lead handling and communication.

Secondary context is drawn from the public organisational sources and academic concepts identified in the OJT report. These sources are used to explain the healthcare service environment and relevant management concepts. Confidential patient information, identifiable lead records, phone numbers, medical details and internal CRM screenshots are excluded.

4.4 Data collection and analysis

The analysis follows a process-oriented sequence. First, the digital marketing context is identified as the source of awareness and potential enquiries. Second, the lead-generation stage is examined to understand how interest becomes an identifiable enquiry. Third, the supporting CRM process is considered through lead information, requirement understanding, calling, status and follow-up. Finally, the communication and confidentiality requirements of healthcare are interpreted. Observations are grouped thematically rather than assigned invented frequencies.

4.5 Nature of the data

The study is based on qualitative OJT evidence, not on a structured survey or a formal statistical sample. The OJT report explicitly avoids unsupported numerical results and confidential patient information. As a result, this paper does not report campaign reach, click-through rate, cost per click, lead volume, response time, conversion rate, appointment rate or return on marketing investment. Such indicators may be useful in a future approved study, but they cannot be calculated from the available evidence.

4.6 Ethical considerations

Healthcare-related information must be handled carefully. This paper discusses processes at a general level and does not reproduce patient identities, contact details, medical information or confidential internal records. Communication recommendations recognise the boundary between marketing or CRM support and clinical advice. A person handling an enquiry should provide only accurate information within the assigned role and direct medical questions to the appropriate healthcare professional or channel.



4.7 Methodological limitations

The study is limited by the OJT duration, the practical scope of the assigned role, the absence of a formal survey and the lack of a verified campaign- or lead-level dataset suitable for disclosure. The findings are qualitative and contextual. They should not be interpreted as statistically generalisable or causal.

5. OJT Activities and Process Understanding

5.1 Progression of practical exposure

The OJT report describes a progression from orientation and understanding of the healthcare environment to digital marketing exposure, lead generation, CRM data exposure, lead handling, lead calling and follow-up. This progression is useful because it shows how the student moved from understanding the broad marketing context to observing the processes that support an enquiry after it is generated.

OJT period	Main activity focus	Learning recorded
01–14 June 2026	Orientation and organisational familiarisation	Understanding the healthcare environment, OJT role and relationship between digital marketing and CRM.
15–28 June 2026	Digital marketing exposure	Understanding digital communication, audience engagement, awareness and potential enquiry generation.
29 June–12 July 2026	Lead generation and capture	Understanding how digital or marketing interest becomes an identifiable enquiry.
13–26 July 2026	CRM data exposure	Recognising the importance of accurate lead information, context and status.
27 July–09 August 2026	Lead handling and requirement understanding	Connecting enquiry information with communication and an appropriate next action.
10–23 August 2026	Lead calling and communication	Practising professional introduction, active listening and clear communication.
24 August–02 September 2026	Follow-up and status management	Understanding continuity, follow-up discipline and the need for updated lead status.

5.2 Digital marketing activities

Digital Marketing was the primary OJT area. The practical exposure provided an understanding of how digital communication can reach an audience, create awareness and encourage people to seek further information. In healthcare, the content and channel should be aligned with the information needs of the audience. A digital message should be clear, accurate and suitable for the sensitivity of the service. The OJT's emphasis was on understanding the process rather than reporting unsupported campaign-performance figures.

5.3 Lead generation and capture

Lead generation formed the connecting stage between digital marketing and CRM. A person may respond to a digital or marketing touchpoint by requesting information or contact. At this point, the expression of interest needs to be captured in an organised manner so that the enquiry can be understood and handled. The OJT report identifies broad categories such as treatment enquiries, digital or marketing leads, appointment enquiries and other healthcare enquiries. These categories are useful for understanding that not all enquiries have the same purpose.

Lead category	General description	Possible handling consideration
Treatment enquiry	A person seeks information related to cancer treatment or services.	Provide appropriate non-clinical direction and refer medical questions to qualified personnel.
Digital/marketing lead	An enquiry originates through a digital or marketing touchpoint.	Preserve source information where available and follow the approved contact process.
Appointment enquiry	A person seeks consultation or appointment-related information.	Clarify the request and guide the person to the appropriate appointment channel.
Other healthcare enquiry	An enquiry relates to another relevant service or requirement.	Understand the broad purpose before deciding the next appropriate action.

5.4 CRM data management

CRM data management supports continuity by organising the information associated with an enquiry. The OJT experience highlighted the importance of accurate and updated lead information. A record should make it possible to understand what the enquiry relates to, what communication has already taken place and what action is pending. Incomplete or unclear records



may create repeated questions or make it difficult for another team member to continue the interaction. Data should be limited to information required for the legitimate purpose and managed under organisational policy.

5.5 Lead calling and requirement understanding

Lead calling provided practical exposure to direct communication. A telephone call may help clarify why the person made an enquiry and what information or next step is required. A professional interaction begins with an appropriate introduction and a clear explanation of the purpose of the call. The caller should listen without interrupting, avoid assumptions and confirm the broad requirement. If a person asks for clinical interpretation, diagnosis or treatment advice, the caller should not attempt to answer beyond the assigned role.

5.6 Follow-up and lead status

Follow-up is a supporting CRM activity that maintains continuity after the first contact. The OJT report identifies the importance of recording the current position of a lead rather than assuming that every enquiry has reached a final outcome. Illustrative statuses include New, Contact Attempted, Connected, Follow-up Required, Interested/Next Step, Not Reachable and Closed/No Further Action. These are process examples from the OJT report and should be aligned with the organisation's actual approved CRM terminology.

Illustrative status	Meaning	Process implication
New	Lead has been received and requires action.	Review the enquiry and identify the appropriate first step.
Contact Attempted	A call or contact attempt has been initiated.	Record the attempt according to the approved process.
Connected	Communication with the lead was established.	Capture the relevant outcome and next action.
Follow-up Required	Further communication is needed.	Record why follow-up is needed and the appropriate timing.
Interested / Next Step	The lead indicates a relevant next action.	Guide the enquiry to the relevant appointment or service process.
Not Reachable	The person could not be contacted at that point.	Use the approved retry process without assuming final closure.
Closed / No Further Action	No immediate further action is required.	Close or pause according to the applicable procedure.

6. Results, Analysis and Discussion

6.1 Digital marketing creates the initial opportunity

The OJT experience supports the interpretation that digital marketing is the entry point of the customer journey. Digital touchpoints can help prospective patients and families discover information and initiate contact. However, digital visibility alone does not demonstrate that the information has been understood or that an enquiry has progressed. A useful marketing process therefore connects content and communication with a clear and appropriate enquiry route.

6.2 Lead generation connects interest with action

Lead generation makes the transition from audience interaction to an identifiable enquiry. It is important to distinguish a lead from a completed service outcome. A lead may require clarification, additional information or a future contact. The organisation's process should preserve the context of the enquiry and make the next action visible. This is particularly relevant where the person may be comparing information or discussing the next step with family members.

6.3 CRM supports continuity rather than replacing communication

CRM is useful when it helps employees understand the history and current position of an enquiry. It is not a substitute for listening or professional judgement. A record can support continuity only when it is accurate, updated and relevant. The OJT demonstrated the importance of lead information, status management and follow-up as supporting activities after marketing has generated an enquiry.

6.4 Communication quality matters in healthcare

The healthcare context makes communication more sensitive. A person may be uncertain, worried or seeking information on behalf of a family member. A rushed or unclear response may add to confusion. Professional communication should be patient, respectful and factual. Active listening is important because different enquiries may require different next steps. The caller should avoid making promises about treatment, outcomes or availability unless the information is confirmed and within the role.



6.5 Follow-up should be structured and respectful

The findings suggest that follow-up is not simply a matter of contacting a person repeatedly. It should be based on the previous interaction, the person's expressed preference and the next action required. A clear status helps the team distinguish a new enquiry from one that has already been contacted or requires a later response. This approach can reduce unnecessary repetition and make the process more organised.

6.6 Integrated digital marketing and CRM process

The relationship between the main functions can be understood as a connected process. Digital Marketing creates awareness and engagement; lead generation captures an expression of interest; CRM organises the enquiry; calling helps understand the requirement; and follow-up maintains continuity toward an appropriate next action. Digital marketing and CRM remain distinct functions, but the lead provides the link between them. The process is most useful when the information captured at one stage is available to support the next stage.

Observation area	OJT-based evidence	Interpretation
Digital touchpoints	The OJT focused on digital communication and awareness leading to enquiries.	Marketing is the entry point, not the entire service journey.
Lead generation	The report describes lead capture and broad enquiry categories.	A lead is an expression of interest requiring appropriate handling.
Data management	Practical exposure included working with lead information and status.	Data quality supports continuity and reduces uncertainty.
Calling	The OJT included direct telephone communication with leads.	Listening and clarity help identify the actual requirement.
Follow-up	The report highlights follow-up as a supporting CRM activity.	A status-based process helps maintain continuity.
Healthcare sensitivity	The report stresses confidentiality and responsible communication.	Empathy and professional boundaries must guide interactions.

6.7 Objective-wise findings

Objective	Finding from the OJT evidence
Describe digital marketing context	Digital Marketing was the primary OJT area and was understood as a means of awareness, audience interaction and enquiry generation.
Examine lead generation	Lead generation connected digital or marketing interest with an identifiable healthcare enquiry.
Analyse supporting CRM	Lead information, calling, status and follow-up supported continuity after the enquiry was received.
Identify communication considerations	Professional tone, active listening, patience, accuracy and confidentiality were important in healthcare communication.
Recommend improvements	Source tracking, clear statuses, data checks and structured follow-up are reasonable process improvements.

6.8 Discussion in relation to theory

The practical observations align with the broad principles of marketing management because communication and delivery need to work together. They also reflect service marketing, where people and processes influence the service experience. CRM theory helps explain why information and interaction history should support relationship continuity. The OJT does not establish that any one process caused a particular conversion outcome; rather, it demonstrates how these concepts can be understood in a real healthcare-service context.

7. Challenges Observed and Learning Developed

The OJT report identifies several practical challenges associated with lead management and healthcare communication. These challenges are presented as learning areas rather than as measured organisational performance problems.

Challenge	Practical response / approach	Learning developed
Lead not immediately reachable	Follow the appropriate process and update the status rather than assuming final closure.	Patience and process discipline.
Different enquiry requirements	Listen carefully and identify the broad purpose before deciding the next action.	Active listening and customer understanding.
Maintaining accurate lead information	Review available information and maintain clear status details.	Attention to detail and data discipline.
Telephone communication	Use a professional introduction, clear language and respectful tone.	Communication confidence.



Sensitive healthcare context	Avoid clinical claims outside the assigned role and maintain confidentiality.	Empathy and responsible communication.
Pending tasks and follow-up	Keep track of the next action and update the relevant status.	Time management and continuity.

7.1 Managing unreachable leads

A lead may not be reachable at the first attempt. This can occur for several reasons, including timing or the person's availability. The appropriate learning is to follow the organisation's approved process, record the attempt and avoid treating one unsuccessful contact as proof that the enquiry is no longer relevant. At the same time, follow-up should respect the person's preferences and applicable contact rules.

7.2 Handling varied enquiries

Different enquiries require different responses. A person seeking appointment information may need a different next step from someone seeking general information about a service. The caller should first understand the broad requirement rather than using the same response for every person. This supports relevance and reduces the risk of giving information that does not address the enquiry.

7.3 Maintaining accuracy and confidentiality

Lead information should be handled carefully because healthcare enquiries may contain personal or sensitive details. Accuracy is important for continuity, while confidentiality is necessary to protect the person making the enquiry. Only relevant information should be recorded and accessed in accordance with organisational policy. The student report deliberately excludes identifiable patient data and confidential records.

8. Managerial Recommendations

The following recommendations are derived from the OJT observations. They are process-oriented proposals and should be adapted to the organisation's approved systems, data-protection requirements and operating procedures.

Recommendation	Suggested action	Expected process benefit	Priority
Source-wise lead tracking	Record the approved source or digital touchpoint associated with each enquiry where available.	Improves understanding of how digital interactions connect with enquiries.	High
Consistent lead statuses	Use a defined set of statuses and clarify the action associated with each one.	Makes pending work visible and reduces ambiguity.	High
Timely first contact	Establish a practical assignment and response process for new enquiries.	Supports continuity between enquiry receipt and communication.	High
Purposeful follow-up	Record previous interaction, next action and appropriate follow-up timing.	Reduces unplanned repetition and supports respectful contact.	High
Data-quality checks	Check essential information for completeness and correctness under approved procedures.	Improves record usefulness and continuity.	High
Communication guidance	Provide guidance on introduction, active listening, factual responses and clinical boundaries.	Encourages consistent and professional interaction.	Medium
Enquiry categorisation	Distinguish broad enquiry types where permitted and operationally useful.	Helps align the next step with the person's requirement.	Medium
Integrated reporting	Review source, contact status, follow-up completion and next action together where permitted.	Creates a shared view of the early customer journey.	Medium
Refresher training	Provide periodic practice in CRM discipline, communication and healthcare-sensitive interactions.	Strengthens confidence and consistency.	Medium

8.1 Suggested future performance indicators

If organisational policy permits and reliable data is available, future monitoring may consider the time between enquiry receipt and first contact, the proportion of enquiries with a recorded source, completeness of essential lead information, follow-up completion by due date, ageing of pending enquiries and progression to an appointment-related next action.



Definitions and denominators should be agreed before comparisons are made. These are proposed future indicators and are not results calculated from the present OJT.

8.2 Implementation considerations

Any improvement should be introduced in coordination with the relevant marketing, CRM and patient-support teams. The organisation should use its approved CRM fields and contact procedures rather than creating parallel records. Staff should understand why each field is required, who is responsible for updating it and how pending actions are handed over. Training should reinforce the distinction between providing service information and giving clinical advice.

9. Conclusion

This paper presents a field-based study of Digital Marketing and lead generation in healthcare services, based on the OJT completed at HCG Manavata Cancer Centre, Nashik. Digital Marketing was the primary area of practical exposure, while CRM data management, lead calling and follow-up were supporting activities. The experience indicates that digital communication can create awareness and encourage enquiries, but the value of that interaction depends on what happens after the enquiry is received.

Lead generation connects audience interest with an identifiable request. Supporting CRM helps organise the enquiry and maintain continuity through accurate information, clear status, communication and follow-up. In healthcare, these processes must be guided by empathy, confidentiality, factual communication and appropriate professional boundaries. The central conclusion is that Digital Marketing and CRM should be coordinated as connected stages of the customer journey while remaining distinct functions.

The study provides qualitative process insights and does not claim numerical improvements, causal effects or clinical outcomes. Its recommendations focus on source tracking, status clarity, timely contact, purposeful follow-up, data quality, communication guidance and integrated reporting. These measures may help create a more organised early-stage enquiry process when implemented within the organisation's policies and systems.

10. Limitations and Scope for Future Research

10.1 Limitations

The study is limited to the OJT period from 1 June to 2 September 2026 and to the practical exposure documented in the original report. No formal survey of patients, employees or other respondents was conducted. The paper does not use a probability sample, validated measurement scale, disclosed CRM dataset, source-wise campaign results, response-time series or conversion data. The findings are therefore descriptive and contextual rather than statistically generalisable.

The study also focuses on the early stages of the customer journey. It does not evaluate patient satisfaction after treatment, clinical outcomes, service quality across all departments or the financial return of digital marketing. The analysis should not be interpreted as a complete audit of the organisation's marketing or CRM operations.

10.2 Scope for future research

Future research could use an organisation-approved and anonymised dataset to examine enquiry sources, first-contact time, follow-up completion, lead ageing and progression to appointment-related actions. A structured survey could separately assess perceptions of digital communication or service responsiveness, provided it is designed and administered as a new study with appropriate approvals. Comparative research across different healthcare service categories may also help understand how enquiry needs vary. Any future work should continue to exclude unnecessary patient-identifiable and clinical information.

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Appendix: Evidence and interpretation framework

Evidence type	Examples in this paper	Treatment in analysis
OJT-based context	Organisation, OJT period, primary and supporting work areas.	Presented as documented facts from the original OJT report.
Practical process exposure	Digital marketing, lead capture, lead information, calling and follow-up.	Described as practical learning and process observations.
Qualitative interpretation	Importance of data accuracy, empathy, status and continuity.	Grouped into themes without invented counts or percentages.
Academic concepts	Digital marketing, service marketing, CRM and relationship management.	Used to explain and interpret the OJT context.
Recommendations	Source tracking, status clarity, data checks and communication guidance.	Presented as proposed improvements, not completed interventions.

Evidence note: No confidential patient information, identifiable lead details, internal CRM extracts or unsupported campaign-performance figures have been reproduced. All findings are limited to the OJT evidence and its qualitative scope.