

Selection of Care: A Literature-Based Examination of Hospital Preferences Among Patients in India

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Abstract

India's dual healthcare system, comprising public and private sectors, presents patients with complex choices regarding hospital selection. This exploratory review synthesizes findings from recent empirical studies and national datasets (2018–2025) to investigate why patients prefer one type of hospital over another. The review identifies several influencing factors, including cost, perceived quality, accessibility, insurance coverage, and socio-demographic characteristics. Additionally, it explores regional disparities and cultural nuances. The findings have implications for health policy, system strengthening, and equitable care delivery.

Keywords:

- Hospital Preference
 - Healthcare Utilization
 - Public vs. Private Hospitals
 - Patient Choice
 - Perceived Quality of Care
 - Out-of-Pocket Expenditure
 - Health System Responsiveness
 - Primary Health Care
 - Healthcare Access
 - Health Insurance (PM-JAY)
 - Socioeconomic Determinants
 - Urban-Rural Disparities
 - India Health System
 - Health-Seeking Behavior
 - Referral Pathways
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I. Introduction

India's healthcare landscape is vast and diverse, encompassing publicly funded hospitals offering free or subsidized services, and private providers delivering specialized, often costlier care. Many patients choose private facilities over public ones because they are less expensive. This occurrence raises crucial concerns, such as: What factors influence patients' preferences for hospitals? What effects do socioeconomic and regional factors have on these choices?

II. Methodology

A broad literature search was conducted using PubMed, Scopus, Google Scholar, and institutional repositories from 2018 to 2025. Inclusion criteria:

Studies focused on patient preferences for hospital types (public vs private) in India.

Quantitative, qualitative, and mixed-method studies.

Sources from the government, national reports (NSSO, NFHS-5), and obscure literature 10 core peer-reviewed studies and 5 national-level reports were selected for detailed analysis.

This review aims to explore the determinants of hospital preference in India by examining literature from the past 5–7 years. It examines perceptual as well as rational (trust, satisfaction, and quality) factors (cost, distance, availability). It also reflects on systemic inefficiencies that may influence patient choice.

III. Findings and Thematic Analysis

3.1 Cost and Financial Burden

The most important factor in hospital selection is cost. While public hospitals offer free or low-cost services, hidden costs such as transportation, waiting time, and informal payments can deter patients. In contrast,

private hospitals often provide predictable service at a higher but transparent cost.

In a cross-sectional study in urban slums, over 93% of patients preferred private facilities due to faster service and higher costs (Sahoo et al., 2023) NSSO Data (75th Round): More than 55% of rural and urban patients sought care from private hospitals despite higher out-of-pocket expenditure.

3.2 Perceived Quality of Care

Hospital preferences are significantly influenced by perceptions of cleanliness, staff behavior, infrastructure, and diagnostic facilities. Chatterjee and others In 2021, patients rated private hospitals higher than government institutions for their "staff responsiveness" and "quality of amenities." Northeast India Cancer Care Study (2024): Patients reported higher satisfaction in private centers despite incurring greater costs and traveling farther.

3.3 Accessibility and Geographic Location

Patients in urban areas generally have greater access to both public and private hospitals. In contrast, rural areas often lack quality public services, and private options may be distant or unaffordable.

NFHS-5 (2019–21): In rural areas, where 35% of respondents did not live near a secondary-level government facility, service availability was a more pressing issue.

Kerala study (2023): Patients bypassed nearby PHCs in favor of better-equipped district hospitals, even when further away (BMCHHealthServicesResearch).

3.4 Insurance Coverage and Government Schemes

Because it made it possible for low-income patients to access private hospitals, the implementation of Ayushman Bharat (PM- JAY) has had an impact on hospital selection. However, awareness and availability of empanelled hospitals remain uneven.

PRS Legislative Review (2024): Approximately 46% of PM-JAY beneficiaries are unaware of their coverage benefits.

Nandi et al. Highlighted delays in reimbursement as a reason some private hospitals decline to admit PM-JAY patients.

3.5 Demographics: Income, Gender, and Education

Wealth and education are the most reliable predictors of preference for private hospitals. Private hospitals are frequently associated with greater technical proficiency by educated individuals. Gender Sensitivity: Women tend to prefer private facilities due to better interpersonal communication, cleanliness, and presence of female staff.

MPRA Assam Study (2024): Found a 70% private preference rate among wealthier households and educated female respondents.

3.6 Public Sector Limitations

Public hospitals are often viewed as inefficient due to overcrowding, inadequate staffing, long wait times, and lack of modern equipment. These systemic constraints push patients toward private care, even when financial capacity is limited.

According to the PMC Study (2023), forty percent of urban patients went directly to private providers instead of government PHCs and CHCs (PMC10479939).

IV. Discussion

This review reveals that hospital preference is not merely a function of price or proximity—it is shaped by a complex matrix of perceptions, experiences, and socio-political realities. Key takeaways include:

Despite their higher price, private facilities are preferred due to their perceived superior quality. Public hospitals are still important for the poorest patients, but they need to improve a lot to meet demand and keep people's trust. Insurance programs help fill in the gaps, but they need to be better integrated, monitored, and made more aware. Gender, income, and literacy differences continue to have a significant impact on care-seeking behavior.

V. Policy Recommendations

Improve Public Hospital Infrastructure

Invest in hygiene, diagnostic labs, and patient amenities.

Train Frontline Staff in Empathy and Communication

The way employees act is a big factor in how satisfied they are. Enhance the Networks of # Primary and Secondary Care Reduce patient overload in tertiary centers.

- # Expand and streamline the use of insurance Monitor empanelled private hospitals and reduce denial of treatment.
- # Planned Equity in the Region Focus on underserved rural and tribal areas with mobile or digital outreach.
- # Public Feedback Mechanisms
- # Create transparent rating systems to help people be more accountable and make better decisions.

VI. Conclusion

Hospital preference in India is the result of a combination of rational thinking and personal experience. While private hospitals dominate in terms of popularity, particularly among wealthier and urban patients, public hospitals are irreplaceable for millions. A truly equitable healthcare system must improve patient participation in healthcare governance, regulate private practices, and strengthen public institutions.

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