

Patient Behavior in Hospital Selection: A Review of Evidence from India

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Abstract

The Indian healthcare system has both public and private providers, each with its own advantages and disadvantages. A significant number of patients in both urban and rural India choose private hospitals due to their reputation for quality, responsiveness, and trustworthiness. National surveys, peer-reviewed research, and program data (2014–2024) are combined in this review to investigate the primary factors that influence hospital selection. Out-of-pocket expenses (OOPE), perceptions of care quality, Insurance coverage, accessibility, socio-demographic, and regional variations are all discussed. The review concludes with policy recommendations aimed at strengthening patient trust in public systems, improving equity, and rationalizing hospital utilization behavior.

Keywords

Hospital selection | Public vs private healthcare | Patient behavior | Health insurance | Perceived quality | Out-of-pocket expenditure | Socioeconomic factors | India | Healthcare utilization | Urban–rural disparity

I. Introduction

The choice of a hospital is a crucial factor in how people use healthcare. In India, despite extensive government-run health infrastructure, patients frequently choose private healthcare services, even when costs are substantially higher. This review explores why patients make these choices, examining the interplay between financial, perceptual, institutional, and social factors.

II. Methodology

This review synthesizes the findings from:

National surveys (NFHS-5, NSSO 75th round),

Peer-reviewed articles (BMC Public Health, IJHCM, Lancet Regional Health, etc.),

Grey literature and policy reviews (Ayushman Bharat reports, PRS Legislative Research),

Studies were published between 2014 and 2024.

1. Factors Influencing Hospital Selection

1.1 Financial Burden and OOPE

According to the NSS 75th round, 55% of Indians seek private care for inpatient services.

According to Ranjan et al. (2018), the average OOPE for private hospitalization is 20,445, whereas the OOPE for public facilities is 3,994. Private maternal care cost is 5x higher than public facilities (NFHS-5 analysis).

1.2 Perceived Quality of Care

Cleanliness, staff behavior, waiting times, and infrastructure are important private care drivers. A Delhi–Chandigarh survey (Chatterjee et al., 2021) found that 83% of patients ranked treatment quality as their top priority.

Public hospitals are perceived by patients as overcrowded and lacking in comfort and dignity.

1.3 Access and Health System Responsiveness

In urban areas, up to 40% of patients bypass government PHCs and CHCs to access higher-tier facilities directly (Verma et al., 2023).

In rural districts, lack of nearby specialists leads patients to delay care or seek unqualified private providers.

1.4 The Function of Health Insurance

50 crore people are covered by Ayushman Bharat (PM-JAY), but hospital enrollment and awareness vary. According to Suresh et al. (2023), despite the fact that insured patients had an 18% lower OOPE, many patients still preferred private hospitals due to trust gaps in public

institutions. Reports of delayed reimbursements have discouraged some private hospitals from honoring PM-JAY claims.

1.5 The Effects of Socioeconomic and Demographic Factors Wealthier, more educated, and urban residents are more likely to prefer private hospitals (NFHS-5).

Gendered preferences are evident: women frequently cite better hygiene, privacy, and female staff in private hospitals.

Scheduled caste and tribal populations rely more on public care due to financial constraints.

1.6 Disparities Between Urban and Rural Areas In states like West Bengal and UP, urban private hospital use exceeds 70%, while rural areas show mixed behavior.

Kerala’s public-first model has reduced private dominance by maintaining high public care standards.

2. Regional Trends

Region	% Private Hospital Use	Key Drivers
South India	60–75%	High literacy, strong public systems
North India	65–80%	Poor public trust, low access
Northeast	45–60%	Limited availability, high OOPE
Urban Slums	90%+	Proximity and speed of private clinics

III. Discussion

Patient behavior around hospital selection in India reflects both rational decisions (cost, distance, services) and subjective perceptions (trust, treatment experience). This behavior reveals not only preferences but systemic failures. While private hospitals fill accessibility and quality gaps, an excessive reliance on them exacerbates health disparities.

Give patients the authority to evaluate, review, and report facilities.

IV. Conclusion

Policy Recommendations

Upgrading the Infrastructure of Public Hospitals Improve diagnostics, sanitation, and waiting areas.
 Boost Insurance Program Trust and Implementation
 Ensure prompt PM-JAY enrollment and reimbursement. Improve Staff Communication and Dignity Training
 Focus on interpersonal care and respectful treatment.
 Enhance the Systems of Primary Care Referral Reduce tertiary hospital congestion and urban bypass.
 Promote Community Awareness and Feedback Systems

Economic, infrastructure, and perceptual factors all play a role in India's hospital selection patterns. To shift patient trust back to public healthcare, reforms must target quality, responsiveness, and equity. With better integration of insurance, infrastructure investment, and patient engagement, India can realign patient behavior with sustainable and inclusive health systems.

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