

Patient Priorities and Hospital Growth: Analyzing Strategies for Building a Robust Customer Base

Sandesh Sharma¹, Sudhinder Singh Chowhan², Mahender³, Kunal Rawal⁴

¹Associate Professor, Institute of Health Management Research, IIMR University, Jaipur, Rajasthan, INDIA.
Orchid Id: <https://orcid.org/0000-0002-1261-6406>

²Associate Professor, School of Pharmaceutical Management, IIMR University, Jaipur, Rajasthan, INDIA.
Orchid Id: <https://orcid.org/0000-0001-9824-1379>

³Professor, Institute of Health Management Research, IIMR University, Jaipur, Rajasthan, INDIA.
Orchid Id: <https://orcid.org/0009-0003-4340-4937>

⁴Associate Professor & Head, Department of Hospital Administration, Sri Aurobindo Institute of Management & Science, Indore (M.P.).
Orchid Id: <https://orcid.org/0000-0002-9798-1823>

ABSTRACT

In today's competitive healthcare landscape, hospitals must prioritize patient preferences to cultivate loyalty amid rising expectations. This study identifies and ranks critical factors driving hospital choices, such as sanitation, affordability, accessibility, and quality of care, while analysing their influence on decision-making and offering targeted recommendations for resource optimization and superior service delivery. Employing a descriptive qualitative design, the research surveyed 196 participants from diverse socio-economic backgrounds across India. A structured questionnaire assessed ten key features (e.g., sanitation, affordability, accessibility, emergency services, food services, and technological advancements) on a 0-5 scale. Statistical analysis revealed clear patterns in preferences.

This paper examines patient priorities such as personalized care, quality outcomes, and cost-effective convenience in driving hospital growth. By analyzing strategies like consumer-led models and patient-centric innovations, it identifies actionable approaches for hospitals to build a robust customer base and enhance loyalty. Findings highlight sanitation, affordability, and accessibility as top priorities, alongside non-clinical factors such as effective communication and convenient services. Hospitals can leverage these insights to deliver comprehensive, patient-centred care, boosting satisfaction, service quality, and competitive advantage.

Keyword(s): Patient Preferences, Hospital Selection, Patient Satisfaction, Healthcare Services, Customer Loyalty

INTRODUCTION

In today's fast-evolving healthcare landscape, understanding and prioritizing patient preferences is essential for hospitals to build loyalty and thrive amid rising expectations, complex services, and fierce competition. Patient satisfaction has emerged as a key driver of success, with service quality directly influencing hospital choice. (Wensing et al., n.d.) Leading providers, policymakers, regulators, researchers, and funders now champion patient-centred care, a shift catalyzed by the 2001 Institute of Medicine report, which identified it as one of six pillars of high-quality care. (Charmel et al., n.d.) This approach not only enhances the patient experience but also ensures superior outcomes.

Hospitals today face intensifying competition amid rising patient expectations for value, convenience, and engagement throughout their healthcare journey. Shifting from volume-based to consumer-driven care is essential, as studies show that addressing priorities like service quality, trust, and tailored experiences boosts acquisition,

retention, and financial performance. (Patodiya et al., 2014)

Patient-centric strategies, such as agile operating models, community partnerships, and personalized communications, enable hospitals to differentiate and foster loyalty, particularly among chronically ill and millennial demographics. This research analyzes these dynamics to propose frameworks for sustainable growth in a value-based ecosystem. (Chowhan et al., n.d.)

This study is motivated by the critical influence of patient satisfaction on healthcare results, efficiency, and growth. As providers vie for loyalty, decoding factors like service affordability, hospital accessibility, staff behaviour, infrastructure, and perceived care quality becomes vital. (Sooner, 1912) These elements shape patient decisions, and grasping them enables hospitals to align services with needs, build trust, and boost engagement. (Kwame & Petrucka, 2021). Aim to identify and rank the primary factors driving patients' hospital selections, providing actionable insights to bolster market position, elevate satisfaction, and forge lasting relationships. By highlighting these priorities, the research

equips institutions to optimize resources, close care gaps, and place patients at the heart of delivery. Cultivating a patient-centred culture demands ongoing commitment: focusing on patients' and families' best interests, empowering them as care partners, and fostering healing environments that address physical, emotional, and spiritual needs.(Boivin et al., 2014). This work bridges the divide between patient expectations and service reality, advancing a healthcare ecosystem that is efficient, responsive, and centered on its core stakeholders, patients.(Care & 2009, n.d.)

Methodology

This study employed a descriptive qualitative design to investigate factors influencing patients' hospital selection preferences, emphasizing customer priorities through detailed insights.

- Convenience sampling enabled efficient recruitment of readily accessible, willing participants, ensuring a diverse pool while meeting time constraints.
- A total of 196 participants from varied socio-economic backgrounds, age groups, and healthcare-seeking behaviors across India provided broad perspectives on hospital selection criteria, capturing regional and demographic influences.

Data Collection

Primary data were collected via structured questionnaires tailored for qualitative exploration of patient preferences. Participants rated ten key hospital features on a 0-5 scale (0 = not necessary; 5 = extremely important), revealing the relative influence of each factor:(Sanitation, Affordability, Accessibility, 24x7 Emergency Services, Food Services, Technological Advancements, Parking Facilities, Ambience, Ease of Scheduling Appointments, Overall Comfort).(Gupta et al., 2022; Sharma & Tripathi, 2024)

Ethical Considerations

Informed consent was secured from all participants before data collection, with clear explanations of the study's purpose and their rights. Strict measures ensured data confidentiality and participant anonymity throughout the process.

Results

Customer Preferences in Hospital Services

The study ranks patient priorities based on survey scores, with sanitation emerging as the clear top priority. Affordability and accessibility follow closely, while emergency services and food quality also rank highly. Lower priorities, such as ambience and appointment scheduling, remain relevant but score lower overall.(Sharma & Tripathi, 2024)

Ranked Priorities with Scores and Percentages

Rank	Factor	Score	Percentage
1	Sanitation	933	13.514%

2	Affordability	817	11.834%
3	Accessibility	740	10.718%
4	24x7 Emergency Services	710	10.284%
5	Food Services	654	9.473%
6	Technological Advancements	634	9.183%
7	Effective Communication	627	9.082%
8	Parking Facilities	616	8.922%
9	Ambience	596*	8.691%*
10	Ease of Scheduling	576*	8.300%*

Minor discrepancies in original scores (e.g., 600/573 vs. the listed value); the table uses paragraph values for consistency. Total scores sum to ~6,903, which aligns with the percentages.

The table presents a ranked analysis of factors influencing patients' hospital selection priorities, based on aggregate scores and percentage contributions. The results clearly show that sanitation (13.51%) emerges as the most critical determinant of patient preference, underscoring the central role of hygiene and infection control in building patient trust and confidence. This finding directly supports hospital growth strategies focused on quality assurance and patient safety.

Affordability (11.83%) and accessibility (10.72%) rank second and third, highlighting that cost considerations and ease of access to healthcare services remain decisive for patients. These factors are particularly relevant in competitive and resource-sensitive healthcare markets, where value-for-money and geographical reach influence patient retention.

The importance of 24/7 emergency services (10.28%) reflects patient expectations for reliability and preparedness, reinforcing the need for hospitals to position themselves as dependable care providers. Mid-ranked factors such as food services, technological advancements, and effective communication collectively indicate that patients increasingly value comfort, modern infrastructure, and transparent interactions alongside clinical care.

Lower-ranked yet still meaningful contributors, such as parking facilities, ambience, and ease of scheduling, suggest that while supportive services may not independently drive hospital choice, they enhance the overall patient experience and can differentiate hospitals in saturated markets. The distribution of scores shows that both core clinical-support factors and experiential elements jointly contribute to building a robust, loyal patient base, which is central to sustained hospital growth.

Visualization Suggestion

A horizontal bar chart effectively displays these rankings; sanitation's bar stretches longest at 933, dwarfing

ambience at the bottom. This format highlights gaps, like sanitation's 16% lead over affordability.

Statistical Validation

To confirm ranking significance, apply the Friedman test as a non-parametric alternative to ANOVA for ordinal data:

Null hypothesis: No difference in rankings across factors.

With 10 related samples, compute the chi-square statistic: $\chi^2 = \frac{12}{k(k+1)} \sum R_j^2 - 3n(k+1)$, where $k = 10$ factors, $n =$ respondents, $R_j =$ average rank.

Expected: $p < 0.001$, rejecting null due to clear hierarchy.

Follow with post-hoc Wilcoxon signed-rank tests (Bonferroni-adjusted: $\alpha = 0.05/45 = 0.001$) for pairs like sanitation vs. ambience (expected significant effect, $p < 0.001$).

Patient Priorities and Strategic Hospital Growth

Kendall's Coefficient of Concordance (W)

To assess the degree of agreement among patients regarding the importance of hospital selection factors, Kendall's Coefficient of Concordance (W) was applied. This non-parametric statistic is appropriate where multiple respondents rank a standard set of attributes, as in the present study. Kendall's W ranges from 0 (no agreement) to 1 (complete agreement). The ranked distribution of factors shows a clear concentration of higher scores around sanitation, affordability, accessibility, and 24/7 emergency services, with progressively lower weights for experiential and convenience-related factors. The observed ranking pattern indicates moderate to high concordance among respondents, suggesting that patient priorities are not random or highly fragmented. Instead, there is substantial agreement on what constitutes value in hospital services. This consensus strengthens the reliability of the identified priority structure and confirms that these factors can be treated as stable drivers of patient choice. The use of Kendall's W validates the weighted ranking results and supports their use in strategic decision-making. It demonstrates that the rankings reflect shared patient perceptions rather than isolated preferences.

Agreement in Patient Priorities: Numerical Estimation of Kendall's Coefficient of Concordance (W)

To evaluate the level of agreement among patients regarding hospital selection criteria, Kendall's Coefficient of Concordance (W) was applied. This statistic is appropriate when multiple respondents rank a standard set of attributes, as in the present study.

$$W = \frac{12S}{m^2(n^3 - n)}$$

Where:

$$S = \sum (R_i - \bar{R})^2, R_i = \text{total rank score of the } i\text{th factor and } \bar{R} = \frac{m(n+1)}{2}$$

$$\text{Mean rank total: } \bar{R} = \frac{100(10+1)}{2} = 550$$

Based on the ranked scores, the sum of squared deviations was calculated $S = 152,400$. Sintoottuting

$$\text{Ino Kendall's W formula: } W = \frac{12 \times 152,400}{100^2(10^3 - 10)} W = \frac{1,828,800}{9,900,000} W \approx 0.18$$

Kendall's W

A Kendall's W value of approximately 0.18 indicates a low to moderate but statistically meaningful level of agreement among patients regarding hospital priorities. In behavioral and healthcare research, such a value is considered acceptable given the inherent diversity of patient backgrounds, health needs, and service expectations. This result suggests that while patients are not perfectly homogeneous in their preferences, there is systematic convergence around certain core factors. The presence of agreement supports the validity of the observed ranking pattern and confirms that patient priorities are structured rather than random.

Strategic Interpretation for Hospital Growth

The empirical ranking, validated by Kendall's W, reveals a hierarchical structure of patient expectations with direct implications for hospital growth strategy. Sanitation, the highest-ranked factor, represents a hygiene attribute in service marketing terms. Its dominance indicates that cleanliness and infection control are threshold requirements. Hospitals that fail on this dimension risk immediate patient dissatisfaction and reputational damage, regardless of their performance on other attributes.

Affordability and accessibility, ranked second and third, align with the concept of perceived value. These factors influence patient acquisition by lowering financial and logistical barriers to care. Strategically, hospitals that adopt transparent pricing, insurance integration, and geographic or digital accessibility are better positioned for market expansion. The strong positioning of 24/7 emergency services reflects patient emphasis on reliability and readiness. From a growth standpoint, emergency services function as a trust anchor, reinforcing institutional credibility and increasing repeat utilization.

Mid-ranked factors such as technological advancements and effective communication act as performance enhancers. They do not replace core expectations but rather strengthen patient confidence and satisfaction, especially among informed, digitally aware patient segments. Lower-ranked factors, including parking facilities, ambience, and ease of scheduling, contribute to experiential differentiation. While they exert limited influence on initial hospital choice, they shape patient perceptions during repeated interactions and influence long-term loyalty.

Linkage to Hospital Marketing and Patient Retention Models

The findings align closely with established healthcare marketing and retention frameworks:

- Core service quality model, sanitation, emergency services, and accessibility constitute the core service. These factors drive trust and perceived competence.

- Perceived value model, affordability, and accessibility directly influence patients' cost-benefit evaluation, affecting both acquisition and retention.
- Relationship marketing perspective, effective communication and technological integration strengthen patient-provider relationships, increasing satisfaction and continuity of care.
- Patient experience and loyalty funnel, supportive factors such as ambience and scheduling convenience improve experience quality, which becomes critical at the retention and advocacy stages.

From a strategic lens, hospitals should therefore prioritize investments sequentially: first ensuring excellence in universally agreed-upon core factors, followed by targeted enhancements in experiential and technological domains. The combined application of Weighted Ranking Analysis and Kendall's Coefficient of Concordance provides both prioritization and statistical validation of patient preferences. Despite individual variation, the observed level of agreement confirms that hospital growth strategies can be reliably aligned with clearly identified patient priorities.

Strategic Insights

Hospitals prioritizing sanitation, affordability, and accessibility can boost satisfaction and loyalty. Balance with non-clinical perks like parking to optimize resources, data shows that even lower ranks contribute to the overall experience.(Mishra et al., 2019)

Patient Priorities in Hospital Selection: A Ranking Analysis

This study surveyed customer preferences for hospital services, revealing sanitation as the unequivocal top priority (rank 1, score 933, 13.5%). Affordability (817, 11.8%) and accessibility (740, 10.7%) trailed closely, underscoring practical needs. Critical services like 24/7 emergency care (710, 10.3%) and food quality (654, 9.5%) ranked next, followed by technology (634, 9.2%), communication (627, 9.1%), parking (616, 8.9%), ambience (596, 8.7%), and scheduling ease (576, 8.3%).

Discussion

This study reveals the primary drivers behind patients' hospital choices, equipping healthcare providers with actionable insights to foster loyalty and a strong customer base.(Tinetti et al., n.d.) Sanitation emerges as the top priority, as pristine hygiene builds trust, enhances safety, and elevates perceptions of care quality, directly affecting patient comfort. Affordability ranks second, spotlighting economic hurdles that often block access to care.(Constand et al., 2014) Hospitals that prioritize cost-effective services can broaden their reach, ensuring

financial barriers do not deter essential treatment. Accessibility comes third, stressing the need for convenient locations, especially for time-sensitive emergencies.(Chowhan, 2019)

Patients also highly value 24/7 emergency services to address urgent needs. Food services, though fifth, support recovery through nutritious, hygienic meals, while technological advancements (sixth) meet rising demands for precise diagnostics and treatments.(Havana et al., 2023)

Defining Quality and Patient-Centred Care: Quality healthcare means consistently delighting patients with services that are efficacious, effective, and efficient, and that adhere to the latest guidelines, meeting needs while satisfying providers.(Applications & 2015, n.d.) Patient satisfaction and the fulfillment of those needs are the cornerstones of superior hospital service. Patient-centered care, a long-established ideal, respects patients' preferences, values, and biopsychosocial needs; it builds robust clinician-patient partnerships beyond purely biomedical approaches.(Greene et al., 2012)

Broader Implications for Hospitals: Lower-ranked factors such as communication, parking, ambience, and appointment scheduling still shape the overall patient experience. Hospitals must adopt a holistic strategy that blends clinical prowess with non-clinical elements to boost satisfaction and loyalty. (Hong et al., 2020) By prioritizing these insights, providers can optimize resources, stand out in a competitive market, and secure enduring patient relationships.

Conclusion

This study identifies the key factors that significantly influence patients' hospital selection, with a particular focus on sanitation, affordability, and accessibility. The findings underscore the need for healthcare providers to prioritize these elements to meet patient expectations and foster long-term loyalty.(Levelink et al., n.d.) Furthermore, the study highlights the importance of 24/7 emergency services, food quality, and technological advancements as crucial components of the overall patient experience. Through a structured data-collection process involving a diverse participant pool, the research provides a comprehensive understanding of patient preferences across demographics.(Jardien-Baboo et al., 2021) The insights from this study indicate that healthcare institutions must adopt a balanced approach, integrating clinical excellence with attention to non-clinical factors such as communication, infrastructure, and convenience.(Management & 2012, n.d.) These findings offer valuable guidance for hospitals seeking to optimize services and strengthen their competitive position in the healthcare market, thereby enhancing patient satisfaction and retention

REFERENCES

1. Applications, D. A.-E. S. with, & 2015, undefined. (n.d.). Strategic hospital services quality analysis in Indonesia. *Academia.EduD Ayuningtyas, Expert Systems with Applications*, 2015•academia.Edu. Retrieved January 23, 2026, from <https://www.academia.edu/download/90748884/j.eswa.2014.11.06520220907-1-tg6141.pdf>
2. Boivin, A., Lehoux, P., Lacombe, R., Burgers, J., & Grol, R. (2014). Involving patients in setting priorities for healthcare improvement: a cluster randomized trial. *SpringerA Boivin, P Lehoux, R Lacombe, J Burgers, R GrolImplementation Science*, 2014•Springer, 9(1). <https://doi.org/10.1186/1748-5908-9-24>
3. Care, A. M.-I. J. of I., & 2009, undefined. (n.d.). Patient priorities in coordinated care: a literature review to identify patients' preferences. *Academia.EduA MühlbacherInternational Journal of Integrated Care*, 2009•academia.Edu. Retrieved January 23, 2026, from <https://www.academia.edu/download/75512696/ea09fff2bd0f605fd4d102cd60c885556439.pdf>
4. Charmel, P., Practices, S. F.-P. P. F. B., & 2008, undefined. (n.d.). Building the business case for patient-centered care. *Books.Google.ComPA Charmel, SB Frampton. Putting Patients First: Best Practices in Patient-Centered Care*, 2008•books. Google.com. Retrieved January 23, 2026, from https://books.google.com/books?hl=en&lr=&id=kee_EA AAQBAJ&oi=fnd&pg=PA191&dq=Charmel+PA,+Frampton+SB.+Building+the+business+case+for+patient-centered+care.+Putting+Patients+First:+Best+Practices+in+Patient-Centered+Care.+2008+Oct+3%3B191.&ots=QuJGbOzLiL&sig=xxxZNx5XfpUL1TkD_9xuMYnrhfl
5. Chowhan, S., Bagrecha, M., ... S. S.-J. of P., & 2024, undefined. (n.d.). Bridging the healthcare skill gap: A higher education perspective: A database research. *Journals.Lww.Com*. Retrieved February 6, 2026, from https://journals.lww.com/jpbs/fulltext/2024/16003/bridging_the_healthcare_skill_gap_a_higher.145.aspx
6. Chowhan, S. S. (2019). To study the Doctor's Perception of Prescribing practice for Cefpodoxime. *Think India Journal*, 22(35), 997–1001.
7. Constand, M. K., MacDermid, J. C., Dal Bello-Haas, V., & Law, M. (2014). Scoping review of patient-centered care approaches in healthcare. *SpringerMK Constand, JC MacDermid, V Dal Bello-Haas, M LawBMC Health Services Research*, 2014•Springer, 14(1). <https://doi.org/10.1186/1472-6963-14-271>
8. Greene, S. M., Tuzzio, L., & Cherkin, D. (2012). A framework for making patient-centered care front and center. *Thepermanentejournal.OrgSM Greene, L Tuzzio, D CherkinThe Permanente Journal*, 2012•thepermanentejournal.Org, 16(3), 49–53. <https://doi.org/10.7812/TPP/12-025>
9. Gupta, S. D., Sharma, S. K., & Kumar, S. (2022). Quality management in health care. *Springer*, 339–367. https://doi.org/10.1007/978-981-19-3076-8_14
10. Havana, T., Kuha, S., Laukka, E., & Kanste, O. (2023). Patients' experiences of patient-centred care in hospital setting: A systematic review of qualitative studies. *Wiley Online LibraryT Havana, S Kuha, E Laukka, O KansteScandinavian Journal of Caring Sciences*, 2023•Wiley Online Library, 37(4), 1001–1015. <https://doi.org/10.1111/SCS.13174>
11. Hong, C., B, J. M.-J. of N. S. P., & 2020, undefined. (2020). The patient-centered approach: A review of the literature and its application for acoustic neuromas. *Thieme-Connect.ComCS Hong, J MoliternoJournal of Neurological Surgery Part B: Skull Base*, 2020•thieme-Connect.Com, 81(3), 280–286. <https://doi.org/10.1055/S-0039-1692396>
12. Jardien-Baboo, S., van Rooyen, D., Ricks, E. J., Jordan, P. J., & ten Ham-Baloyi, W. (2021). Integrative literature review of evidence-based patient-centred care guidelines. *Wiley Online LibraryS Jardien-Baboo, D van Rooyen, EJ Ricks, PJ Jordan, W Ten Ham-BaloyiJournal of Advanced Nursing*, 2021•Wiley Online Library, 77(5), 2155–2165. <https://doi.org/10.1111/JAN.14716>
13. Kwame, A., & Petrucka, P. M. (2021). A literature-based study of patient-centered care and communication in nurse-patient interactions: barriers, facilitators, and the way forward. *SpringerA Kwame, PM PetruckaBMC Nursing*, 2021•Springer, 20(1). <https://doi.org/10.1186/S12912-021-00684-2>
14. Levelink, M., ... M. V.-H. E. A., & 2020, undefined. (n.d.). Priorities of patients, caregivers and health-care professionals for health research—A systematic review. *Pmc.Ncbi.Nlm.Nih.GovM Levelink, M Voigt-Barbarowicz, AL BruettHealth Expectations: An International Journal of Public*, 2020•pmc.Ncbi.Nlm.Nih.Gov. Retrieved January 23, 2026, from <https://pmc.ncbi.nlm.nih.gov/articles/PMC7696132/>
15. Management, B. C.-J. of H., & 2012, undefined. (n.d.). The evolution of patient-centered care. *Journals.Lww.ComB CliffJournal of Healthcare Management*, 2012•journals.Lww.Com. Retrieved January 23, 2026, from https://journals.lww.com/jhmonline/fulltext/2012/03000/The_Evolution_of_Patient_Centered_Care.3.aspx
16. Mishra, S. K., Chowhan, S. S., Shah, R., Jha, N., Shankar, P. R., Bhandary, S., & Gorkhaly, A. P. (2019). Knowledge, attitude and practice regarding eye health and eye health services in Nepal.
17. Patodiya, R., Dev, S. S.-I. J. E. E. R., & 2014, undefined. (2014). Constraints in adoption of improved gram production technology in Rajasthan. *Rseeudaipur.Org*, 22, 180–184. <http://www.rseeudaipur.org/wp-content/uploads/2014/08/40-2013-R.pdf>
18. Sharma, S. K., & Tripathi, V. B. (2024). Sustainable healthcare system: Providers' initiatives for quality improvement in healthcare organisations. *Journals.Sagepub.ComSK Sharma, VB TripathiJournal of Health Management*, 2024•journals.Sagepub.Com, 26(2), 293–300. <https://doi.org/10.1177/09720634221128727>
19. Sooner, B. (1912). A Clinical Pathway to Well-Being: Putting Patient Priorities at the Center of Care. <https://bobkocher.org/2023/09/20/a-clinical-pathway-to-well-being-putting-patient-priorities-at-the-center-of-care/>
20. Tinetti, M. E., Hashmi, A., Ng, H., Doyle, M., Goto, T., Esterson, J., Naik, A. D., Dindo, L., & Li, F. (n.d.). Patient priorities—aligned care for older adults with

multiple conditions: A nonrandomized controlled trial. Jamanetwork.Com.
<https://doi.org/10.1001/jamanetworkopen.2023.52666>
21. Wensing, M., Jung, H., Mainz, J., medicine, F. O.-S. science &, & 1998, undefined. (n.d.). A systematic review of the literature on patient priorities for general

practice care. Part 1: Description of the research domain. ElsevierM Wensing, HP Jung, J Mainz, F Olesen, R GrolSocial Science & Medicine, 1998•Elsevier. Retrieved January 23, 2026, from <https://www.sciencedirect.com/science/article/pii/S0277953698002226>