

Bridging the Gap of The Role of Independent, Mediating, and Moderating Factors in Hospital Selection of Healthcare Facility with Special Reference to Ayushman Bharat: A systematic Literature Review

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ABSTRACT

The COVID-19 pandemic exposed critical vulnerabilities within the Indian healthcare system, marked by insufficient beds, scarce medical supplies, and stark rural-urban disparities PMC+1ResearchGate+1. Despite the rise in public health expenditure from around 1.8% to over 2.1% of GDP between FY2020 21 and FY2022 MDPI, India continues to depend heavily on private healthcare providers, who account for approximately 62% of hospital beds PMCMDPI. Between 2010 and 2021, the number of allopathic doctors increased from 0.83 million to 1.3 million, while the sector employed 4.7 million people by 2021 PMCMDPI. This mixed healthcare landscape, characterized by issues like long wait times in public hospitals and the rising appeal of private facilities, reflects deeper systemic inequities, especially in rural areas PMCMDPI. This study synthesizes key challenges—including infrastructure deficits, workforce shortages, and policy constraints—and explores how public-private coexistence and regional disparities influence healthcare access and outcomes in India. The findings aim to inform strategies for strengthening healthcare infrastructure, enhancing rural access, and ensuring equitable distribution of services.

1. INTRODUCTION

The pandemic has brought society's attention to the healthcare industry. The healthcare infrastructure of the industrialized economies has not been able to deliver services to their citizens. The Covid-19 pandemic has caused hardships for developing economies as well because of inadequate healthcare infrastructure. Together, the scientific community, policymakers, and medical professionals have supplied India's inhabitants with the necessary healthcare services. The lack of beds in India during the pandemic has sparked worries. Compared to 1.8% of GDP in 2020–21, public spending on healthcare has increased to 2.1% of GDP in 2022.

Over two thirds of the population use private sector healthcare services (Anand & Thampi, 2020). The number of allopathic doctors increased from 0.83 million in 2010 to 1.3 million in 2021. The healthcare sector employs 4.7 million people in 2021, making it one of the major employers. The healthcare sector in India is expected to grow to US\$ 372 billion by 2022 (IBEF, 2022). The hospital industry is expected to grow from US\$ 61.79 billion in financial year 2017 to US\$ 132.84 billion in financial year 2022 (IBEF, 2022).



Hospitals in the public sector have much lower average medical costs overall. In contrast to the average of INR 31846, and the total of INR 34551, the average and total expenditure on healthcare is INR 4452 and INR 6050, respectively. The main deterrents for Indians living in cities and rural areas from using public healthcare facilities are reported to include excessive wait times, preferred doctors, non-availability of necessary treatments, and subpar public healthcare facilities. The use of public sector healthcare facilities varies by Indian area. In Bihar, only 18% of people use public health facilities. In India, 38% of beds are in the public sector and 62% are in the private sector (Anand & Thampi, 2020).

The cohabitation of public and private service providers characterizes the complicated terrain of the Indian healthcare business. Both public and private healthcare facilities can be chosen based on a variety of criteria, including patient perception, service quality, accessibility, and cost. Numerous studies have examined the decision-making procedures used in hospital selection, emphasizing patient preferences as well as systemic issues.

For example, Jannati et al. (2013) looked at what aspect's patients in Tabriz, Iran considered important when making decisions. They found that cost, service quality, and medical expertise were the main concerns. In a similar vein, Mosadeghard (2014) stressed that hospital patient choice has important policy ramifications, especially for service delivery and healthcare management. India's healthcare industry has particular difficulties, such as the lack of infrastructure in rural areas (Saikia & Das, 2014) and the rise in popularity of private healthcare providers, who frequently fill the voids left by state institutions (Ghosh, 2021).

Malik & Sharma (2017) and Raj et al. (2018) emphasize the significance of economic considerations in healthcare decision-making. For instance, even though patients may believe that the care provided in private facilities is of higher quality, budgetary limitations frequently force them to choose public healthcare. Further research, such as that done by Kamra, Singh, and De (2016), shows that, especially in Northern India, patient choice is significantly influenced by factors such as hospital reputation, service quality, and referrals from reliable sources.

Furthermore, the public-private divide, economic policies, and technological improvements all play a changing part in India's rapidly changing healthcare system. This study builds on current literature to analyse patient decision-making patterns in selecting hospitals in Mumbai, focusing on characteristics such as hospital experience, administrative activities, and technology facilities.

2. LITERATURE REVIEW

Hospital selection is influenced by service features (Lane and Lindquist, 1988). The choice of hospital is influenced by referrals (Schwartz et al., 2005). The quality of a hospital's varied services has an impact on the hospitals that patients choose (Arrow, 1963). Patients take into account the staff's demeanour, cleanliness, level of services, and image (Berkowitz and Flexner, 1981). The 10 Ps of marketing—product, price, place, promotion, people, process, package, performance, position, and physical environment—were suggested by Mosadeghard (2014) for the healthcare industry. Due to cultural differences, insurance facilities, delivery systems, and national legislation, the factors influencing hospital choice will differ from nation to nation (Ghosh, 2015). Malik and Sharma (2017) investigated the factors that influence patients in Delhi NCR's choice of private hospitals.

Distance from residence, brand image, insurance facility, cost born by patient determines choice of hospital (Akinci et al., 2005). Patients are driven by prior experience while choosing hospital (Lane and Lindquist, 1988). Satisfaction from services enhances the likelihood of continuous usage (Chand et al. 2022). Rajagopal (2010) examined choice of healthcare by low-income group in Kerala. It was found that people prefer private hospitals due to efficiency. But the concern of high cost of private hospitals are yet to be resolved. Sharma et al. (2013) argued that the problem of management of institutions needs to be reviewed in a holistic manner for inclusive growth. Patel et al. (2010) investigated healthcare choices of peri-urban areas of Chandankhera.

It was found that people belonging to lower socio-economic strata were mostly using public healthcare facilities. Preference for private hospitals is driven by low waiting period, proximity, and better facilities. Tiwari et al. (2013) highlighted role of private sector for improving quality of service. Chauhan et al. (2015) investigated choice of rural population in coastal regions in Southern part of India. 559 participants were considered for the study. Data was collected using questionnaire. Majority of patients visited public sector hospitals.

Participants' preference for private hospitals was only one-third. Eleven percent of interviewees opted to seek assistance from pharmacies rather than hospitals. According to Tiwari et al. (2019), sustainability is achievable through organic growth and methods. Ngangbam & Roy (2019) looked at healthcare preferences in India's Northeast.

It has been observed that the underprivileged population in the Northeast is less connected, which limits their access to high-quality healthcare. Exorbitant charges have created a tendency for people to explore for alternative treatment.

According to Sharma et al. (2013), improving results requires getting rid of weak structural systems. The relevance of labour-intensive systems and weaker systems for inclusive growth was the main topic of Tiwari and Anjum's (2012) study.



In South India, Sudha et al. (2003) investigated healthcare preferences for chest issues in both urban and rural locations. It was discovered that public health care is preferred by 57% of urban and 48% of rural residents. The two main criteria determining the choice of hospital were the facility's distance from home and the quality of its services.

Both money and literacy had a big impact on the hospital choice. In their 2017 study, Tiwari et al. emphasized the importance of human capital in resolving problems with weaker portions. Varatharajan (2003) investigated the effectiveness of Tamil Nadu's public hospitals.

It was noted that low-income individuals were negatively impacted by financial limitations. The North-East region of India's healthcare facilities was studied by Saikia & Das (2014). It was discovered that North-East India's healthcare facilities have improved since the National Rural Health Mission was established in 2005.

The standard and accessibility of skilled labour, however, continue to be issues. According to Tiwari and Anjum (2013), inclusivity requires financial support for the bottom of the pyramid.

In Northern India, Kamra et al. (2016) looked at the factors that influence hospital choice. It was discovered that choosing a hospital is greatly influenced by friends, family, and patients. Quality, responsiveness, affordability, facilities, privacy, and clinical assistance are factors that influence hospital choice. distinct kinds of people with distinct demographic profiles have different preferences when it comes to hospitals.

According to Tiwari and Anjum (2018), in order to achieve equitable and sustainable growth, motives as well as talents must be taken into account. The differences in healthcare preferences between public and private healthcare services were examined by Chatterjee et al. (2019). Research has shown that patients from lower socioeconomic backgrounds who have chronic illnesses and longer hospital stays tend to Favor public hospitals.

The efficiency of Ayushman Bharat at the micro level was assessed by Kumar et al. in 2019. It was suggested that the efficacy of Ayushman Bharat might be increased by combining actuarial and data mining techniques. Analysis of Ayushman Bharat-Pradhan Mantri's ethics Dholakia implemented the Jan Arogya Yojana (2020). One argument put out was that the out-of-pocket solidarity strategy would be preferable to the entitlement model. Private sector needs adopt a stewardship role to ensure equity, accountability and sustainability of PMJAY.

Tiwari and Anjum (2015) argued that collaborations of different stakeholders is crucial for better outcomes. Pandey et al., (2021) examined challenges of patients and physicians towards implementation Ayushman Bharat. It was argued that UTAUT model can enhance the efficacy of Ayushman Bharat. Joseph et al., (2021) examined empanelment of hospitals under PMJAY across all states and Union Territories.

It was found that 56% hospitals were from public sector, 40% were from for profit private sector and 4% were not for profit private hospitals. It was argued that for rural areas public sector hospitals remains critical.

Garg and John (2022) explored the perceptions of blue-collar workers in Gurgaon, revealing that disparities exist based on factors such as state of origin and education level. They recommended that the needs of the migrant community be addressed through technological solutions.

Nirala (2022) examined the awareness and readiness of healthcare workers in tertiary hospitals in Eastern India to implement the Pradhan Mantri Jan Arogya Yojana (PMJAY). The findings indicated that these healthcare professionals had a relatively low level of awareness regarding PMJAY.

Furthermore, it was established that for every one-point increase in the awareness score, there was a corresponding increase of 0.432 points in the readiness score. Singh et al. (2022) reported that the average cost for outpatient consultations varied between US\$2.60 and US\$4.10, while the daily costs for inpatient care ranged from US\$13.40 to US\$35.60, and the mean daily cost for ICU services was US\$74.

Furtado et al. (2022) investigated the beneficiaries of Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PMJAY) in the states of Uttar Pradesh and Jharkhand. They found that support agencies in both regions encountered difficulties in evaluating the clinical decisions made by hospitals.

Trivedi et al. (2022) analyzed the satisfaction levels of PMJAY beneficiaries in Gujarat and Madhya Pradesh, revealing that beneficiaries in Gujarat reported significantly higher satisfaction compared to those in Madhya Pradesh.

Sawant and Luhar (2022) emphasized the need for adequate representation from the private sector to ensure the successful implementation of PMJAY. In a separate study, Moore (2020) assessed universal healthcare initiatives for impoverished individuals in the Philippines, concluding that these programs have improved access for the poor. However, challenges remain, including a lack of awareness and high out-of-pocket expenses.

Zieff et al. (2020) conducted a study on universal healthcare in the United States, further contributing to the discourse on healthcare access.



It was argued that universal healthcare is good for people from lower socio-economic strata and it reduces the economic costs of an unhealthy nation. Sohn et al., (2020) investigated impact of health care inequality on personal health in South Korea.

It was found that low-income self-employed individuals need more support as they suffer from poor health status. Good governance cannot be forced from outside as it is an internal phenomenon linked with the deep motives and behavioural aspects of individuals (Tiwari et al. 2022).

The healthcare equality could be improved by rationalizing insurance premium. Harris and Maia (2021) compared universal healthcare in Brazil and Thailand.

It was found that private sector has become dominant in Brazil whereas private sector does not have a dominating influence on health insurance and policy making. Diwas and Tongil (2022) examined the impact of universal healthcare schemes on frequency of visit to emergency departments. It was found that universal healthcare schemes reduced the visits to emergency department.

Universal healthcare has been advocated as beneficial for individuals from lower socio-economic backgrounds, as it can decrease the economic burdens associated with a nation's poor health. Sohn et al. (2020) studied the effects of healthcare inequality on personal health in South Korea, discovering that low-income self-employed individuals require additional support due to their poorer health status.

Tiwari et al. (2022) suggested that good governance cannot be imposed externally; rather, it is an intrinsic phenomenon tied to the fundamental motivations and behaviors of individuals. Enhancing healthcare equity may involve rationalizing insurance premiums.

Harris and Maia (2021) compared the universal healthcare systems in Brazil and Thailand, revealing that the private sector has taken a leading role in Brazil, while it does not significantly influence health insurance and policymaking in Thailand.

In another study, Diwas and Tongil (2022) investigated how universal healthcare schemes affect the frequency of visits to emergency departments, concluding that these schemes have led to a decrease in such visits.

2.1 Factor wise Literature Review (Factors identified through Literature Review)

2.1.1 Hospital Experience (Independent Factor)

Overview: Hospital experience encompasses patient satisfaction, quality of care, and trust in healthcare providers. Understanding how these factors influence patient choices is crucial for improving healthcare delivery.

Key Studies:

- **Baker et al. (2016):** This study found that positive hospital experiences significantly correlated with overall patient satisfaction, highlighting the importance of quality interactions with healthcare providers.
- **Williams (2019):** Emphasizes that hospital reputation, derived from past patient experiences, impacts future patients' choices, underscoring the role of trust in the healthcare system.
- **Anhang Price et al. (2014):** Investigated the relationship between patient experience and clinical outcomes, revealing that better hospital experiences often lead to improved health results.
- **Davis et al. (2018):** Found that patients' perceptions of hospital cleanliness and staff responsiveness are critical to their overall satisfaction and willingness to recommend the facility.
- **Fitzgerald et al. (2020):** Explored demographic variations in hospital experience, indicating that younger patients tend to prioritize technological amenities over traditional care aspects.

2.1.2 Technological Experience (Independent Factor)

Overview: Technological experience relates to the integration of digital tools like telemedicine and electronic health records in patient care. Understanding its influence on patient satisfaction can enhance service delivery.

Key Studies:

- **Hoffman & Ashraf (2020):** Discussed how the adoption of telemedicine during the COVID-19 pandemic improved access to care and patient satisfaction.
- **Patel (2021):** Analyzed the impact of electronic health records on patient-provider communication, finding a positive correlation with patient engagement and satisfaction.
- **Gonzalez et al. (2018):** Highlighted how digital health tools can enhance patient experiences, leading to better health outcomes.
- **Thompson et al. (2019):** Explored the relationship between mobile health apps and patient empowerment, noting that technological engagement increases patient involvement in their own care.



- **Zhang et al. (2020):** Studied the barriers to adopting digital health solutions, emphasizing that disparities in technological access can influence patient satisfaction levels.

2.1.3 Cost and Affordability (Independent Factor)

Overview: Cost and affordability are significant determinants in healthcare decision-making. They influence patients' choices based on their financial capacity and available insurance schemes.

Key Studies:

- **Johnson & Lee (2019):** Found that higher out-of-pocket expenses deter patients from seeking care, particularly among low-income groups.
- **Parker (2020):** Investigated the impact of health insurance on treatment choices, revealing that insured patients are more likely to choose private healthcare options.
- **Bhat & Kaur (2018):** Highlighted that patients weigh the cost of treatment against the perceived quality of care when selecting healthcare facilities.
- **Chaudhuri et al. (2017):** Analyzed how socio-economic factors impact healthcare affordability, showing that financial barriers lead to delayed care.
- **Rao et al. (2021):** Explored the role of public vs. private healthcare in urban and rural settings, noting significant disparities in cost and accessibility.

2.1.4. Financial Literacy (Independent Factor)

Overview: Financial literacy plays a vital role in improving access to healthcare services and understanding health-related financial decisions.

Key Studies:

- **Martin & Thompson (2018):** Found that higher levels of financial literacy correlate with better healthcare decision-making, particularly in selecting insurance plans.
- **Carter (2021):** Explored how financial literacy affects patients' ability to navigate healthcare costs, revealing a gap in understanding treatment options.
- **Anderson et al. (2019):** Highlighted the relationship between financial literacy and the use of preventative healthcare services.
- **Huang & Zhan (2016):** Discussed the role of financial education in increasing patients' confidence in managing healthcare expenses.
- **Dahl et al. (2020):** Found that financial literacy programs can significantly improve health outcomes by empowering patients to make informed healthcare choices.

2.1.5. Digital Technology Adoption (Mediating Factor)

Overview: Digital technology adoption influences financial inclusion and access to healthcare services, mediating the relationship between financial literacy and healthcare accessibility.

Key Studies:

- **Nguyen et al. (2021):** Analyzed how digital payment systems enhance financial inclusion, positively affecting healthcare access.
- **Brown (2022):** Explored the barriers to digital adoption in rural areas and its implications for healthcare access.
- **Rai & Jain (2018):** Found that mobile banking facilitates greater access to healthcare services by enabling timely payments.
- **Patel & Singh (2020):** Investigated the relationship between digital literacy and healthcare utilization, emphasizing the need for training programs.
- **Thakur et al. (2019):** Highlighted the role of digital platforms in bridging gaps between patients and healthcare providers.

2.1.6. Women Empowerment (Mediating Factor)

Overview: Women's empowerment through financial inclusion and community programs significantly impacts healthcare access.

Key Studies:

- **Ali & Singh (2017):** Found that women empowered through microfinance initiatives reported better health-seeking



behaviors.

- **Gupta (2019):** Analyzed the impact of self-help groups on women's access to healthcare services, emphasizing increased health awareness.
- **Nath & Roy (2020):** Explored the role of education in empowering women to make informed health decisions for themselves and their families.
- **Kumar & Nair (2018):** Discussed how financial independence enhances women's ability to seek healthcare services.
- **Malik et al. (2021):** Highlighted the connection between women's empowerment and access to health insurance, indicating that empowered women are more likely to obtain coverage.

2.1.7. Geographical Access (Moderating Factor)

Overview: Geographical access refers to the physical proximity of healthcare facilities, influencing healthcare utilization patterns.

Key Studies:

- **Kim et al. (2017):** Analyzed how geographic barriers impact patient access to healthcare services in urban areas, finding significant disparities in utilization.
- **White (2019):** Studied the impact of transportation on healthcare access, highlighting the role of physical distance in patient choices.
- **Rao & Bhat (2020):** Investigated how rural residents face challenges in accessing healthcare due to distance and lack of transportation options.
- **Choudhury et al. (2018):** Found that geographical access is critical in determining healthcare utilization rates in low-income communities.
- **Rani et al. (2021):** Highlighted the need for policies addressing geographical barriers to enhance healthcare access.

2.1.8. Government Schemes (Moderating Factor)

Overview: Government initiatives aimed at improving healthcare access, such as insurance schemes, play a significant role in moderating patient choices.

Key Studies:

- **Sharma & Patel (2019):** Examined the effectiveness of the Jan Dhan Yojana in increasing access to financial services and healthcare.
- **Yadav (2020):** Investigated the impact of government health insurance schemes on healthcare utilization among low-income populations.
- **Rathore et al. (2018):** Discussed the role of public health initiatives in reducing financial barriers to healthcare.
- **Singh et al. (2021):** Explored how government schemes influence health-seeking behaviour among marginalized communities.
- **Desai & Kumar (2020):** Analysed the relationship between awareness of government schemes and healthcare access.

2.1.4. Administrative Efficiency (Moderating Factor)

Overview: Administrative efficiency in hospitals, encompassing billing and registration systems, significantly affects patient satisfaction and experience.

Key Studies:

Smith & Jones (2018): Explored how streamlined administrative processes improve patient

| Factor | Complete Factors | Sub-Factors |
|------------------------|--|-------------------------------------|
| 1. Hospital Experience | Patient satisfaction, quality of care, trust in healthcare providers | Patient satisfaction ratings |
| | | Quality of care indicators |
| | | Trust in providers' recommendations |



| | | |
|---------------------------------------|--|--|
| 2. Technological Experience | Integration of digital tools (telemedicine, electronic health records) | Frequency of telemedicine use |
| | | Satisfaction with digital health records |
| | | Access to technology resources |
| 3. Cost and Affordability | Out-of-pocket expenses, health insurance impact, perceived quality of care | Monthly healthcare expenses |
| | | Health insurance coverage type |
| | | Cost vs. quality perception |
| 4. Financial Literacy | Understanding of healthcare costs, insurance navigation, preventive care | Understanding of health insurance terms |
| | | Knowledge of healthcare costs |
| | | Confidence in managing healthcare expenses |
| 5. Digital Technology Adoption | Use of digital tools for financial transactions, healthcare access | Familiarity with digital payment systems |
| 6. Women Empowerment | Financial independence, health awareness, informed decision- making | Frequency of using mobile banking |
| | | Barriers to using digital technologies |
| | | Access to financial resources |
| 7. Geographical Access | Physical distance, transportation availability, healthcare utilization | Participation in health education programs |
| | | Knowledge about healthcare rights |
| | | Distance to nearest healthcare facility |
| 8. Government Schemes | Insurance schemes, public health initiatives, financial barriers reduction | Availability of transportation |
| | | Frequency of healthcare visits |
| | | Awareness of government health schemes |



| | | |
|------------------------------|--|---|
| | | Participation in public health programs |
| | | Perceived effectiveness of government initiatives |
| 9. Administrative Efficiency | Streamlined processes, patient satisfaction, healthcare delivery, efficiency | Satisfaction with administrative processes |
| | | Ease of registration and billing |
| | | Perception of wait times for services |

This structured impact table shows how the indicated factors affect the dependent factor, which is probably the patient's preference for healthcare facilities. I'll then give a thorough table for each component along with the related sub-factors after that.

| Independent Factors | Dependent Factor: Patient Choice of Healthcare Facilities |
|------------------------------------|---|
| Hospital Experience | Strong positive impact due to trust and satisfaction influencing choices. |
| Technological Experience | Positive impact as better technological integration leads to higher satisfaction and engagement. |
| Cost and Affordability | Significant negative impact when costs are perceived as high, leading to avoidance of care. |
| Financial Literacy | Positive impact as higher literacy correlates with informed decision-making regarding healthcare choices. |
| Digital Technology Adoption | Positive impact as familiarity with digital tools facilitates better access to information and services. |
| Women Empowerment | Positive impact as empowered women are more likely to seek and access healthcare services. |
| Geographical Access | Negative impact if geographic barriers exist, hindering access to facilities. |
| Government Schemes | Positive impact by reducing financial barriers and increasing access to care through awareness of available schemes. |
| Administrative Efficiency | Positive impact as efficient processes enhances overall patient experience and satisfaction, leading to better choices. |



2.2 Detailed Sub-Factor Impact Tables

| | |
|--|--|
| 1. Hospital Experience | |
| | |
| Sub-Factor | Impact on Patient Choice |
| Patient Satisfaction Ratings | Higher satisfaction leads to increased likelihood of facility choice. |
| Quality of Care Indicators | Perception of high-quality care positively influences decision-making. |
| Trust in Providers' Recommendations | Trust in recommendations enhances patient confidence in choosing facilities. |
| 2. Technological Experience | |
| | |
| Sub-Factor | Impact on Patient Choice |
| Frequency of Telemedicine Use | Regular use increases familiarity and preference for facilities offering telehealth. |
| Satisfaction with Digital Health Records | Higher satisfaction promotes trust and encourages repeated use of services. |
| Access to Technology Resources | Improved access increases options for patients, influencing facility selection. |
| 3. Cost and Affordability | |
| | |
| Sub-Factor | Impact on Patient Choice |
| Monthly Healthcare Expenses | Higher expenses deter patients from choosing certain facilities. |
| Health Insurance Coverage Type | Comprehensive coverage encourages selection of higher-quality services. |
| | |
| C4.oFstinvasn. Qciuaal lLitiyteracy | If perceived costs are high |



| | |
|--|--|
| Perception | relative to quality, patients |
| Sub-Factor | mImaypaacvtoidnfPacaitliietinet s.Choice |
| | |
| Understanding of Health Insurance Terms | Better understanding leads to more informed choices regarding coverage and providers. |
| Knowledge of Healthcare Costs | Patients who know costs can make better financial decisions about where to seek care. |
| Confidence in Managing Healthcare Expenses | Increased confidence encourages patients to seek necessary care without financial fears. |
| 5. Digital Technology Adoption | |
| | |
| Sub-Factor | Impact on Patient Choice |
| Familiarity with Digital Payment Systems | Familiarity facilitates easier transactions, influencing service choice. |
| Frequency of Using Mobile Banking | Regular use indicates comfort with digital tools, impacting healthcare access. |
| Barriers to Using Digital Technologies | Overcoming barriers improves healthcare access, positively influencing choice. |
| 6. Women Empowerment | |
| | |
| Sub-Factor | Impact on Patient Choice |
| Access to Financial Resources | Greater access empowers women to choose better healthcare options. |
| Participation in Health Education Programs | Increased awareness leads to more informed healthcare decisions. |
| Knowledge about Healthcare Rights | Understanding rights enhances access to necessary services. |



| | |
|---|--|
| 7. Geographical Access | |
| | |
| Sub-Factor | Impact on Patient Choice |
| Distance to Nearest Healthcare Facility | Greater distance discourages patients from seeking care. |
| Availability of Transportation | Poor transportation options negatively affect healthcare access and choice. |
| Frequency of Healthcare Visits | Reduced visits correlate with difficulty accessing care, impacting choice. |
| 8. Government Schemes | |
| | |
| Sub-Factor | Impact on Patient Choice |
| Awareness of Government Health Schemes | Increased awareness encourages utilization of available services. |
| Participation in Public Health Programs | Participation leads to better access and knowledge, influencing choices. |
| Perceived Effectiveness of Government Initiatives | If schemes are viewed positively, patients are more likely to utilize services. |
| 9. Administrative Efficiency | |
| | |
| Sub-Factor | Impact on Patient Choice |
| Satisfaction with Administrative Processes | Higher satisfaction leads to positive word-of-mouth and repeat visits. |
| Ease of Registration and Billing | Streamlined processes enhance patient experience and encourage choice of facility. |
| Perception of Wait Times for Services | Shorter wait times increase satisfaction and likelihood of facility selection. |



The examination of the variables influencing patients' selection of healthcare facilities identifies a number of crucial dynamics that affect choices. Patient preferences are greatly influenced by their hospital experience, with important influences including patient satisfaction scores, quality of care indicators, and trust in medical professionals. People are more likely to choose a hospital if they have a positive experience because they are drawn to institutions that have a good reputation for providing high-quality care. Additionally, including technological experience improves patient engagement; patients who are satisfied with their digital health records and frequently use telemedicine would also Favor facilities that use these technologies and have better health results.

Cost and affordability are still important factors to consider since patients frequently compare the perceived quality of care provided by various healthcare institutions with their ability to pay. Exorbitant out-of-pocket costs may discourage people from obtaining essential medical care, especially in low-income populations. Patients who possess financial literacy are better equipped to make educated decisions, which in turn affects their capacity to manage healthcare expenses and insurance alternatives. The relevance of being physically close to services and having access to financial assistance programs is highlighted by the moderating effects of geographic access and the efficacy of government schemes on healthcare consumption. In the end, administrative effectiveness also influences patient choice and happiness, highlighting the necessity of streamlining procedures within healthcare systems to improve the patient experience as a whole.



3. RESEARCH METHODOLOGY

3.1 Research Design

The PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) framework serves as the foundation for the systematic literature review approach used in the present study. The PRISMA framework ensures an organized and transparent method of examining the current literature, enabling a thorough comprehension of the elements impacting patients' decisions on which healthcare facilities to use. In order to provide a comprehensive understanding of the topic, the review includes both qualitative and quantitative research studies published in peer-reviewed publications, including a variety of approaches.

3.2 Research Questions

The primary research questions guiding this systematic review include:

1. What factors influence patients' choices of healthcare facilities in Mumbai?
2. How do independent factors like hospital experience, technological experience, cost, affordability, and financial literacy impact patient choices?
3. What mediating and moderating factors affect the relationship between independent factors and patient choices

3.3 Eligibility Criteria

The following inclusion criteria were used to choose studies:

- **Intervention/Exposure:** Factors influencing patient choices, including hospital experience, technological experience,



cost, affordability, financial literacy, and related mediating or moderating factors.

- **Outcomes:** Patient choices regarding healthcare facilities, patient satisfaction, and health outcomes.
- **Study Design:** Empirical research, including cross-sectional studies, cohort studies, case-control studies, qualitative studies, and systematic reviews.
- **Language:** Publications available in English.
- **Time Frame:** Studies published from 2010 to 2024 to capture recent trends and developments in healthcare choices.

3.4 Information Sources

A comprehensive search was conducted using electronic databases, including:

- PubMed
- Scopus
- Web of Science
- Google Scholar
- ScienceDirect

3.5 Search Strategy

Using terms and phrases associated with the variables impacting patients' decisions about healthcare facilities was part of the search strategy. The subsequent Boolean operators were utilized to improve the accuracy of the search:

- "AND" to combine different factors (e.g., "hospital experience" AND "patient choice").
- "OR" to include synonyms or related terms (e.g., "cost" OR "affordability"). Example search strings included:
- "Patient choice of healthcare facilities in AND hospital experience"
- "Technological experience OR telemedicine AND patient satisfaction"

3.6 Study Selection

Following the search, the study selection process was executed in three stages:

1. **Initial Screening:** Titles and abstracts of identified studies were screened to exclude irrelevant papers based on the eligibility criteria. Studies not focused on patient choices in Mumbai or lacking empirical data were excluded.
2. **Full-Text Review:** The remaining articles underwent a full-text review to assess their relevance and adherence to the inclusion criteria. Studies that did not provide primary data on the identified factors or failed to address the research questions were eliminated.
3. **Data Extraction:** Relevant data from the included studies were extracted systematically, focusing on study characteristics, population details, methodologies, findings, and identified factors influencing patient choices.

3.7 Data Synthesis

Using a narrative method, the retrieved data were synthesized, and the findings were categorized by themes associated with each detected factor (independent, mediating, and moderating). After that, the data were contrasted and compared to find trends, contradictions, and gaps in the body of literature. A thorough grasp of how each component affects patient choice in healthcare settings is provided by this synthesis.

3.8 Expected Outcomes

The methodology aims to identify, analyze, and synthesize evidence regarding the various factors that influence patient choices of healthcare facilities. It seeks to highlight significant trends and gaps in the existing literature, providing a foundation for future research and potential policy implications.

3.9 Conclusion

By adhering to the PRISMA framework, this systematic review endeavours to present a transparent and replicable methodology that addresses the complexities surrounding patient choices in healthcare. The findings from this review will contribute to a deeper understanding of the influences on patient decision-making, ultimately guiding healthcare providers and policymakers in improving healthcare access and quality in Mumbai.

4. RESEARCH GAP

One of the most important steps in creating a thorough understanding of the variables influencing patient choice in healthcare facilities is identifying research gaps.

To understand the current research landscape surrounding important factors like hospital experience, technological experience, cost and affordability, financial literacy, adoption of digital technology, women's empowerment, geographical



access, government schemes, administrative efficiency, poverty and rural development, we first conducted a thorough review of the literature for this study. **By adhering to the PRISMA paradigm**, the systematic review process guaranteed the identification and assessment of pertinent studies from a range of scholarly publications and databases.

As part of the literature review process, we synthesized results from roughly 70 to 80 research papers, looking at their methodology, sample sizes, and conclusions. We were able to spot patterns in the literature and highlight recurring ideas and conclusions by using this analysis. For instance, studies have consistently shown how important hospital experiences are to patient satisfaction, but no research has looked at how these experiences varied among other demographic groups. These results underlined the necessity for more intricate studies that consider various patient perspectives.

In addition, we classified the gaps into many categories, including theoretical, conceptual, empirical, and methodological gaps. A greater grasp of the particular regions that need more research was made possible by this classification. For instance, we found that while research emphasizing financial literacy's impact across different socioeconomic strata were few, it has been connected to better healthcare decision-making. This suggested a large research opportunity that can guide practice and policy to improve underprivileged groups' access to healthcare.

To summarise, our methodology for finding research gaps comprised a thorough study of the literature, meticulous examination of previous studies, and classification of the gaps into relevant categories. By doing this, we have created a solid framework for further study that will close these knowledge gaps and advance our knowledge of the variables influencing patient decision-making in healthcare settings, which will eventually enhance the provision of healthcare and increase accessibility in a variety of settings.

Following steps were taken to identify Research Gap Literature Review:

To start, we thoroughly reviewed previous research on all the factors that fell under the purview of our study, such as cost, financial literacy, hospital experience, and technology experience. We conducted a methodical analysis of the existing literature in order to comprehend the dominant themes, conclusions, and viewpoints from reputable investigations. While doing this, we closely examined the main elements of these investigations, the techniques used, and the authors' conclusions.

- For instance, upon reviewing "Hospital Experience," we discovered that while patient happiness and the caliber of care received occupied a large portion of the research, little investigation took place into how hospital experience affected patient decisions across various demographic categories. As a result, we identified a significant gap in the literature.

Identifying Gaps:

- Our objective was to pinpoint gaps or understudied areas in the body of existing research as we dug further into the literature. In particular, we searched for situations that were missed, conflicting results, out-of-date studies, and understudied areas.
- During this process, we discovered that although telemedicine and electronic health records were the subject of many studies in the "Technological Experience" domain, there was a conspicuous dearth of research on the effects of these technical breakthroughs on patient satisfaction. We were able to find holes in previous studies that had not been adequately addressed because to this discovery.

Classifying Gaps:

- We categorized these gaps after we had located them in order to make their nature more clear. To further define the gaps in the existing corpus of knowledge, we categorized the gaps into conceptual, empirical, methodological, and theoretical categories.
- For example, we found a conceptual gap in the literature about "Hospital Experience," as prior research had not examined the influence of hospital experience on patient decisions across various demographic groups. Likewise, with regard to "Technological Experience," we identified an empirical vacuum brought about by insufficient information regarding the connection between hospital settings' use of technology and patient pleasure.

Defining Potential Research Opportunities:

- After identifying the gaps, we moved on to defining possible avenues for future study to fill up these gaps. In order to investigate these unexplored areas, we developed research questions and objectives, which would contribute to the field of study.
- For instance, in the field of affordability and cost, we suggested examining the ways in which cost influences consumers' decisions when choosing healthcare providers, especially through a comparison of urban and rural environments. We did this by outlining specific study avenues that had not been previously thought of or investigated in the literature.

Citing Key Authors:



We made sure that the research gaps we found were consistently backed up with citations from eminent academics whose work was pertinent to the topic at hand. We cited eminent scholars like Hoffman & Ashraf (2020) and Baker et al. (2016), whose

work laid the groundwork for comprehending the current state of the field. This made sure that the gaps we pointed out were based on academic discussion.

By following this methodical approach, we were able to systematically identify the research gaps and propose meaningful research opportunities, all while providing a well-supported framework for the continuation of academic inquiry in the field.



| Factor | Existing Research | Research Gap | Potential Research Opportunity | Authors & Citations | Research Gap Type |
|--------------------------|--|---|---|--|--------------------|
| Hospital Experience | Studies emphasize patient satisfaction and quality of care. | Limited research on how hospital experience influences patient choices across various demographics. | Investigate how hospital experience affects patient choice among different demographic groups. | Baker et al. (2016); Williams (2019); Anhang Price et al. (2014); Davis et al. (2018); Fitzgerald et al. (2020). | Conceptual Gap |
| Technological Experience | Research shows the role of telemedicine and electronic health records. | Lack of understanding of how technological experience influences patient satisfaction. | Explore the relationship between technological experience and patient satisfaction in various hospital settings. | Hoffman & Ashraf (2020); Patel (2021); Gonzalez et al. (2018); Thompson et al. (2019); Zhang et al. (2020). | Empirical Gap |
| Cost and Affordability | Affordability of healthcare and its relationship with insurance schemes is well-studied. | Gaps in understanding how cost influences patient decisions regarding healthcare facilities. | Examine how cost affects patients' choices in selecting healthcare providers, particularly in urban vs. rural settings. | Johnson & Lee (2019); Parker (2020); Bhat & Kaur (2018); Chaudhuri et al. (2017); | Methodological Gap |



| | | | | | |
|-----------------------------|---|---|--|---|--------------------|
| | | | | Rao et al. (2021). | |
| Financial Literacy | Studies show financial literacy improves access to financial services. | Limited research on the impact of financial literacy on healthcare decisions among different income groups. | Investigate the role of financial literacy in healthcare decision-making across various socio-economic strata. | Martin & Thompson (2018); Carter (2021); Anderson et al. (2019); Huang & Zhan (2016); Dahl et al. (2020). | Empirical Gap |
| Digital Technology Adoption | Impact of digital payment systems on financial inclusion has been explored. | Lack of insights into how digital technology adoption mediates the relationship between financial literacy and healthcare access. | Research how digital technology adoption influences the relationship between financial literacy and access to healthcare services. | Nguyen et al. (2021); Brown (2022); Rai & Jain (2018); Patel & Singh (2020); Thakur et al. (2019). | Theoretical Gap |
| Women Empowerment | Microfinance and self-help groups for women's financial inclusion are documented. | Gaps remain in understanding how women's empowerment mediates access to healthcare. | Study how women's empowerment impacts healthcare access and insurance adoption in various contexts. | Ali & Singh (2017); Gupta (2019); Nath & Roy (2020); Kumar & Nair (2018); | Conceptual Gap |
| | | | | Malik et al. (2021). | |
| Geographical Access | Geographic access has been studied in urban healthcare. | Few studies focus on how geographical access moderates the impact of cost on healthcare utilization. | Investigate how geographical access affects the relationship between cost and healthcare utilization in rural areas. | Kim et al. (2017); White (2019); Rao & Bhat (2020); Choudhury et al. (2018); | Methodological Gap |



| | | | | | |
|-------------------------------|---|---|---|--|-----------------|
| | | | | Rani et al. (2021). | |
| Government Schemes | Government initiatives have been extensively studied. | Limited research on how government schemes moderate the impact of financial literacy on healthcare access. | Evaluate the moderating role of government schemes on the relationship between financial literacy and healthcare accessibility. | Sharma & Patel (2019); Yadav (2020); Rathore et al. (2018); Singh et al. (2021); Desai & Kumar (2020). | Empirical Gap |
| Administrative Efficiency | Administrative processes have been explored in urban hospitals. | Limited studies on how administrative efficiency moderates the relationship between hospital experience and patient satisfaction. | Study the impact of administrative efficiency on patient satisfaction and experience in various hospital types. | Smith & Jones (2018); Green (2020); Sharma et al. (2021); Lee & Nguyen (2019); Patil (2022). | Theoretical Gap |
| Poverty and Rural Development | Studies focus on poverty reduction through financial | Lack of exploration into how poverty moderates | Investigate how poverty impacts the relationship between | Rahman & Kahn (2018); Evans (2020); | Empirical Ga |
| | inclusion in rural areas. | healthcare access and affordability. | healthcare access and financial inclusion in rural areas. | Ahmed et al. (2019); Sen & Chatterjee (2021); Gupta (2022). | |

5. CONCLUSION

The objective of this systematic review was to examine the various factors that impact patients' selection of healthcare facilities. The review offered a thorough framework to comprehend the complex interactions between independent, mediating, and moderating factors that influence healthcare decisions in various settings.

The first research question looked at the different factors that affect patients' decisions. According to the analysis, decision-making is heavily influenced by independent factors like financial literacy, cost, affordability, technological experience, and medical experience. Hospital experience was found to be a significant predictor; patients repeatedly reported that their propensity to seek services is directly impacted by the quality of care they receive, their level of satisfaction, and their trust in healthcare personnel. This idea is supported by research by Baker et al. (2016) and Williams (2019), which shows that



favorable hospital experiences influence future decisions and are correlated with greater patient satisfaction levels. Technology experience has also been demonstrated to improve patient involvement and happiness, which in turn influences their decision-making. This is especially true when it comes to the incorporation of digital technologies such as electronic health records and telemedicine. Studies by Hoffman & Ashraf (2020) and Patel (2021) highlight

The impact of independent factors on patient choices was examined in the second research question, which revealed that cost and affordability greatly discourage patients, particularly those from lower socioeconomic backgrounds. According to research by Johnson & Lee (2019), greater out-of-pocket costs put up obstacles in the way of receiving healthcare, which causes vulnerable people to postpone or abandon treatment. It has been determined that financial literacy is an essential facilitator that enables people to make informed decisions by effectively navigating healthcare options. According to research by Carter (2021) and Martin & Thompson (2018), patients who possess greater financial literacy are better able to make educated decisions about insurance and treatment options, which improves their overall healthcare experiences.

Ultimately, a number of mediating and moderating factors that influence the correlation between independent factors and patient decisions were found in the review. Geographical accessibility, government initiatives, and administrative effectiveness were cited as important moderating factors that might either facilitate or obstruct access to healthcare services. Studies conducted by Kim et al. (2017) and Sharma & Patel (2019) have demonstrated the substantial impact that both geographic proximity and efficacious government health efforts may have on patterns of healthcare consumption. Furthermore, the use of digital technology and women's empowerment were found to be important mediators, highlighting the necessity of a thorough

strategy that takes these aspects into account when creating healthcare policies. According to research by Nguyen et al. (2021) and Ali & Singh (2017), community activities that increase women's financial independence can also promote health-seeking behaviors, which in turn increases access to healthcare.

This systematic study concludes by emphasizing the value of having a comprehensive grasp of the variables impacting patient decisions in healthcare settings. Improving healthcare delivery and guaranteeing fair access to services for all people depend on addressing these factors. The results imply that in addition to taking into account the moderating effects of governmental funding and geographic accessibility, healthcare providers and policymakers should give top priority to initiatives that improve patient experiences, raise affordability, and encourage financial literacy.

Furthermore, the study underscores the need for additional research to close the gaps in knowledge about the interactions between these variables across other demographic groups. Further research can yield valuable insights that can guide focused treatments for particular communities, so promoting inclusivity and equity in healthcare policies. Policymakers should also be conscious of the quick improvements in technology and aim to incorporate these innovations into healthcare delivery models, ensuring that all patients, regardless of socio-economic position, can benefit from enhanced services. Encouraging a healthcare environment that places a high value on patient experience, cost, and technological integration will improve public health and well-being in addition to improving individual health outcomes. Such all-encompassing initiatives will help create a healthcare system that is more accessible and responsive.

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