Patient choice of a hospital: implications for health policy and management

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Abstract

Purpose – The purpose of this study was to identify the most important influencing factors in choosing a hospital by a patient.

Design/methodology/approach – This study involved a mixed research design. Focus groups and in-depth individual interviews were conducted with patients to explore reasons for choosing a hospital. In addition, this study involved survey-based research on the patient choice.

Findings – Type of the hospital, type of the service, word of mouth, cost of services, the health insurance programme, location, physical environment, facilities, providers’ expertise and interpersonal behaviour, and reputation of the hospital influenced patients’ choice of a hospital. Doctor recommendations and health insurance programme were the main reasons for choosing a hospital for inpatients and outpatients respectively.

Practical implications – Identifying and understanding key factors that influence a patient choice of a healthcare setting helps managers and policy makers invest their resources in those critical areas and improve those aspects of their services to attract more patients.

Originality/value – This article contributes to healthcare theory and practice by developing a conceptual framework for understanding the factors that influence a patient choice of a healthcare setting.

Keywords Patient perception, Customer

Paper type Research paper

Introduction

The Iranian healthcare system is characterised by a strong public sector component. Public healthcare services are complemented by the private sector (i.e. private hospitals and independent medical practitioners’ clinics). The Ministry of Health and Medical Education (MOHME) provides 70.9 per cent of the healthcare services. Private institutions provide 18.8 per cent of the services. The social security organisation is responsible for 2.7 per cent of the services; charity institutions 1.9 per cent and other organisations cover 5.7 per cent (Mehrabi et al., 2008). The healthcare system is structured into three levels:

(1) Free of charge primary healthcare (PHC) services delivered by MOHME. This level includes rural health houses, rural health centres, urban health posts and urban health centres.

(2) District health networks and district hospitals.

(3) Provincial health centres and specialty hospitals (Mosadeghrad, 2003).
At the national level, MOHME is responsible for policy making, planning, financing, directing and controlling public healthcare services. The Ministry of Health and Medical Education is also responsible for regulating, monitoring and accrediting the private health sector. At the provincial level, the medical sciences universities are responsible for providing healthcare services. At the urban and rural levels, a district health network comprises urban and rural health centres, health posts and health houses, which are charged with the responsibility (WHO, 2006).

There are also other organisations that play a leading role in policymaking, tariff setting and service delivery such as Social Security Organisation (SSO) and Medical Services Insurance Organisation (MSIO). Charity healthcare institutions, which focus mainly on providing outpatient services and several healthcare institutions affiliated with the ministries of welfare, oil and defence, which provide secondary and tertiary care, mainly to their employees, further complicate the system and perhaps make it less efficient (WHO, 2010).

Tax, health insurance programmes and out-of-pocket payment are sources of financing healthcare services in Iran (WHO, 2006). All formal workers and their dependents are insured by SSO. They pay nothing for services provided in SSO facilities. However, they have to pay 10 and 25 per cent for inpatient and outpatient care provided in non-SSO facilities respectively. Military force members and their dependents are covered through the Armed Forces Medical Service Organisation. The remainder is eligible to enrol in MSIO, which has four funds covering government employees, rural households, self-employed and “others” (e.g. students). The MSIO is compulsory for the government employees and voluntary for the other groups. Additionally, The Imam Khomeini Relief Foundation finances healthcare services for the poor. Private insurance generally is supplemental to these public programmes.

Patients are free to choose healthcare settings or providers. There is no referral system from the primary healthcare to secondary and tertiary levels. Therefore, there is a tendency in patient choice from a generalist physician (GP) to a specialist physician (medical consultant). Many patients prefer to bypass GPs and receive healthcare services from specialist physicians (LeBaron and Schultz, 2005). Nowadays, a GP has fewer patients than a medical consultant. Low medical tariff makes it easier for patients to see a medical specialist. The disparity between GP fees and a medical consultant is not much. Therefore, patients prefer to be seen by a medical specialist. Medical insurance companies make it even more affordable for patients to see a medical specialist. Furthermore, the doctor visit fee is the same for simple or more complicated cases. It leads to competition between the GP and the specialist, with the latter perceived as holding the upper hand. Hence, there is no motivation for medical consultants to convince patients to be seen first by a GP. They may prefer to see more simple cases as it takes less time and they can see more patients and have more income. Moreover, patients’ lack of trust in medical doctors and unfamiliarity with medical practices increases uncertainty and leads to repeated medical visits. Consequently, demand for specialised healthcare services is increasing, which is beyond the resources of healthcare organisations or even payers. Employees, particularly clinical staff are overworked. Providers have to limit their flexibility and adaptability to the patients’ individual needs owing to staff shortages and time constraints. The increased demand for medical services may force physicians to transfer patients to paramedical departments rather than properly examining patients to achieve an accurate diagnosis.
This results in patients’ complaints and dissatisfaction. Unnecessary patient referral to paramedical departments increases paramedics’ work burden. This in turn increases their job stress, resource utilisation and probability of errors.

The Ministry of Health has therefore initiated the family physician programme for urban areas in 2012 to enhance the referral system from primary to secondary and tertiary healthcare service delivery. Each family physician covers around 3,000 to 3,500 people. Patients have to be seen first by a GP and then be referred to a hospital or a medical specialist if it is necessary. The programme aims to improve the accessibility of healthcare services and to reduce unnecessary patient referrals to specialised hospitals. Although the government is responsible for providing healthcare services to patients, it is also responsible for giving them a provider choice at referral by the GP. Hence, it is necessary to understand factors that influence a patient choice of a healthcare setting.

Patient choice reduces inequities in access to care, promotes competition among health care providers, increases providers’ responsiveness to the patients’ needs, increases the efficiency of healthcare organisations and enhances the quality of the service provided.

Literature review
Patient choice is a complex process. Factors relating to both health care providers (i.e. ownership, size, capacity, service type and number, service availability and accessibility, accreditation, location, performance and reputation) and receivers (i.e. gender, age, race, medical condition, payment sources and knowledge) affect patient choice of a healthcare-setting (Adams and Wright, 1991; Chernew et al., 1998; Exworthy and Peckham, 2006; Luft et al., 1990; Phibbs et al., 1993; Roh et al., 2008; Tai et al., 2004). These factors can be discussed as the ten P’s of healthcare services marketing:

1. **Product.** The type of healthcare service is an important factor for choosing a healthcare setting. Hence, the availability of healthcare service plays a critical role in patient choice.

2. **Place.** The availability of healthcare service is a necessity but it is not enough. Healthcare services should also be accessible to clients any time they need them if they are to be considered useful. Hospital distance from the patient’s residential location is an important determinant of hospital choice. The geographic distance is a limiting factor in hospital choice especially for older patients (Adams and Wright, 1991; Luft et al., 1990).

3. **Price.** Affordability is a key access component especially when the cost of service is high and the patient has no insurance programme. If a patient cannot afford to visit a doctor or pay for clinical tests, then there is inadequate access to healthcare.

4. **Physical environment.** Although a hospital is a place for treating diseases, there is always a chance of getting contaminated with diseases. Patients prefer a clean and homelike environment. Fears of hospital acquired infections make patients consider physical cleanliness and hygiene in their healthcare setting choice. A clean hospital assures patients that they are safe. Other tangible quality aspects such as amenities and tasty food are also important for patients.
Hospital size (total beds) was found to positively and significantly affect patients’ hospital choice. Patients are more likely to choose hospitals with a larger number of beds (Adams and Wright, 1991; Goldsteen et al., 1994).

(5) People. Patients desire for technically knowledgeable, skilful and experienced providers capable of accurate diagnoses and effective treatment. Competent healthcare providers seemed to be an important quality indicator for patients. Many patients rely on interpersonal relations attributes such as effective listening, trust, respect, confidentiality, courtesy, sympathy, understanding, responsiveness, helpfulness, compassion and effective communication between providers and clients to evaluate healthcare quality because they lack sufficient technical knowledge. Clients like providers not only to do their technical jobs but also to be caring, polite, courteous and friendly, to show respect, empathy, sensitivity and kindness, and to express compassion and sympathy for the patient. Patients expect their caregivers to be more responsible and accountable and provide prompt service. It is important for patients to get emotional support from providers to help reduce their vulnerability and anxiety.

(6) Processes. Process includes all those healthcare activities in a setting for a patient to help him or her retrieve his/her health. It involves policies and procedures for delivery healthcare services in a hospital.

(7) Package. Package deals with the health service comprehensiveness and completeness. Patients prefer hospitals that offer several healthcare services (Goldsteen et al., 1994; Phibbs et al., 1993). Patients are willing to travel farther to reach hospitals that provide a wider variety of healthcare services.


(9) Position. Position (image) accounts for all the previous P’s to ensure that each patient has a good experience with the healthcare setting. All these factors shape the patient’s perceptions. The hospital image in the eye of a patient is based on his or her subjective assessment of clinical outcomes of the hospital and its clean environment and facilities for patients and visitors (Miller and May, 2006).

(10) Promotion. Patients seek also recommendations of healthcare professionals, family relatives and friends to find an appropriate healthcare setting to receive healthcare services. Television, newspapers and magazines can also promote healthcare settings. The promotion factor is closely related to the healthcare setting’s position in the society.

Many studies have been done on patient choice internationally, but limited studies were done in Iran. Identifying factors that influence patient’s choice of a healthcare setting helps policy makers and managers to understand what their potential patients view as important to their healthcare.

Methodology

Purpose and objectives

This study aims to explore the reasons why patients choose a healthcare setting.
Method
A qualitative approach is an appropriate method for such an exploratory study. Therefore, focus group discussions and individual interviews were used for data collection. Additionally, a questionnaire survey was conducted to supplement the qualitative data.

Settings and participants
Hospital care in Iran is provided by a network of regional hospitals located in the main cities. This includes the government financed Ministry of Health (MOH) hospitals, the Social Security Organisation affiliated (SSO) hospitals and private hospitals. The study was carried out at in eight hospitals: four MOH (three teaching and one non-teaching), two SSO and two private hospitals to represent the three dominant hospital care systems in Iran.

Ethical consideration
Ethical approval was gained from Isfahan Medical University’s Research Ethics Committee. The main ethical issues involved in this study were respondents’ rights to self-determination, anonymity and confidentiality. Respondents were given full information on the study’s nature. Respondents were assured of their right to withdraw at any time.

Data collection
Interviews with in-patients were conducted by the researcher in a private room off the main ward. Some inpatients were interviewed in the patients’ rooms when the interview room was unavailable. Interviews with outpatients were conducted in the outpatient department after they received services. Patients were asked to articulate factors that influenced their decision to choose a hospital. The interviews were recorded using a digital voice recorder with the participants’ permission to facilitate analysis. In quantitative study, patients were asked to choose their reasons for choosing the hospital from a list of responses that were elicited from the qualitative study.

Data analysis
The author himself transcribed the digital files. Confidentiality was assured and anonymity protected by alphabetical and numerical codes on voice records and reports. Both qualitative and quantitative analyses were used in this study. Content analysis explored the reasons for choosing a hospital. Open, axial and selective coding (Strauss and Corbin, 1998) were applied to the data to detect and code reasons for choosing a hospital, organise them into logical and meaningful categories, make connections between and among categories, explain the link between categories and develop a theory from the relationships found among the categories. NVivo software (version 7) was used for qualitative data analysis and retrieval. The SPSS software (version 11.5) was used for quantitative data to provide descriptive statistics such as frequency, and percentage.

Evaluating research quality
The researcher has not allowed personal values to influence research conduct and findings. Member checks (respondent validation) were done in face-to-face discussions with a participant subgroup to verify and validate the findings.
Results

Participants characteristics
A total of 320 patients participated in the qualitative study. In each hospital, four focus group discussion meetings were conducted with inpatients who were admitted in the hospital for more than two days. Thirty-two focus groups were conducted with 256 inpatients (eight inpatients in each group). Moreover, a purposive sample of eight outpatients in each hospital was invited to participate in individual interviews ($n = 64$). Inclusion criteria were: Persian speaking; 15 years or older; not suffering from severe mental or cognitive disorders; willing to participate; and communicable.

In addition, a survey was administered on 1,303 patients (747 inpatients and 556 outpatients) to get an understanding of the factors affecting patient choice. Table I shows the main demographic characteristics of the interviewees and the respondents.

Factors affecting patient choice (qualitative study)
Eleven factors were found to be important for patients when they selected a hospital: service type, hospital (teaching/non-teaching), word of mouth (recommendation), cost, patient’s medical insurance programme, location (easy access), physical environment, facilities, providers’ expertise (skills and experience), providers’ interpersonal behaviour (courtesy), and hospital reputation (image).

<table>
<thead>
<tr>
<th>Demographic variables</th>
<th>Qualitative study</th>
<th>Quantitative study</th>
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<tbody>
<tr>
<td></td>
<td>IP</td>
<td>OP</td>
</tr>
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<td><strong>Gender</strong></td>
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<td></td>
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<td>40 to 49 years</td>
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<tr>
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<tr>
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<td>–</td>
</tr>
<tr>
<td>PhD</td>
<td>–</td>
<td>3.1</td>
</tr>
</tbody>
</table>

Table I.

Notes: IP: Inpatient; OP: Outpatient
Service type
Service availability is an important factor for choosing a healthcare setting particularly for patients looking for scarce services: “This is the only public hospital in the city I could come to do my surgery.” (IPG7) “I went to a doctor’s clinic. He diagnosed my disease as gastro carcinoma and told me to come to this hospital” (IPG30).

Hospital type
Medical and nursing trainees in teaching hospitals are involved in patient treatment. Some patients prefer not to go to these hospitals, as they cannot trust the staff. “I do not go to hospital X as there are a lot of [medical] students there” (IPG5).

Recommendations
Most patients are not well informed about their diseases and have to follow their doctor’s recommendation: “My doctor is practicing in this hospital. That is why I came here. If he worked in a private hospital, I would go there” (IPG2). “I wish I could go to hospital ‘D’, where I am working. Unfortunately he [the doctor] does not practice there” (IPG29). Patients also consider their friends or family relatives’ recommendations, if they do not have previous experience of admission to a specific hospital: “I consult with my friends to choose an appropriate physician” (OP10). “My sister in law recommended this hospital. She had her delivery here and was satisfied” (IPG17). Patients prefer to go to a hospital where a friend or family member works and could be helpful to them: “My cousin works in this hospital. She introduced me to her colleagues and asked them to look after me” (IPG6).

Services cost
For people with low-incomes, service cost is a key factor in choosing a particular healthcare setting: “Hysterectomy would cost me about 7 million RLS in a private hospital. It would be 400,000 RLS here [public hospital]” (IPG10). “The tariff for a [medical] specialist visit is 9,000 RLS here [public hospital], while outside [private clinic] it would be 50,000 RLS” (OP8).

Patient’s medical insurance programme
Patients’ insurance programme is another factor that directs them to a specific healthcare setting: “I chose here because my company has a contract with this hospital” (IPG1). “I came to this hospital because of my [health] insurance [programme]” (IPG21).

Location (access)
Location is an important reason for choosing a hospital. Patients prefer to go to the nearest healthcare setting to receive services, if they know that service quality is acceptable. “I chose this hospital because it is close to my home” (IPG18). “It is more convenient for me to come to this hospital. I just get on a bus and then get off in front of the hospital” (OP45). If service quality is not good, access cannot be an important factor in patient choice, “I asked the doctor to refer me to hospital X which is close to my home. I was there for four days, care was not good, so I decided to come to this hospital [another public hospital]” (IPG2). Patients consider their relatives’ comfort by looking for the nearest hospital as well: “I wish I was admitted in a hospital in my city. It could
be more convenient for my family. They have to come a long way every day to see me here. There is no hospital in my city to cure me” (IPG31).

Facilities
Facilities and amenities in healthcare organisations also influence patient choice: “I chose this hospital, because it has more facilities for patients and visitors” (IPG11). “It is great that I have a private room. I am very comfortable here” (IPG17). “I wish patient rooms looked like hotel rooms and had TV, fridge, etc.” (IPG1).

Physical environment
The healthcare environment’s appearance – design, cleanliness and tidiness – is an influential factor in patients’ choice. “I could get the services from hospital ‘X’ completely free of charge [because of her insurance programme], but I decided to come to this hospital [private hospital]. It is very clean. They clean the room three to four times a day and change the bed sheets, blanket and clothes every day” (IPG7). “I have to come to this hospital for a blood transfusion regularly. I worry about the diseases, which can be transmitted through blood” (OP57).

Providers’ skills and experience
Patients expressed a desire for technically competent and skilful providers who diagnose accurately and treat patients effectively. “The doctor’s diagnosis in hospital ‘X’ was wrong. I had internal bleeding and he gave me anti-acids. I then came to this hospital. The doctor sent me immediately to the operation theatre. Now, I feel better” (IPG13). As patients are looking for effective treatment, they prefer to visit a competent doctor who helps them to recover completely. “I’ve seen many doctors for my breathing problem. I used to use an inhaler and take medicines. A doctor should resolve the problem permanently, not just prescribing the medicines. This woman [pointing at the physician’s office] advised me to do an operation. I am very satisfied, I can breathe easily” (OP10).

Providers’ interpersonal behaviour
Doctors’ and nurses’ attitudes are important for patients. “The nurses are shouting at us. Their attitude is so bad. If I knew this, I never would have come here” (IPG13). “I went to Tehran for my disease. Doctors and nurses were very kind there to me. I did not like to come back home [Isfahan]” (IPG9).

Hospital/provider reputation
Patients distinguish between different hospitals using their reputation. Clinical effectiveness, hospital type, cleanliness, staff personal relations and word of mouth contribute to the hospital’s overall image. “If someone tells me that there is just one doctor who can cure me and he/she is just working in hospital ‘X’, I will not go there. I have done a surgery on my finger there. Now, I cannot move it properly. My mother was also once admitted there. The doctor said that her foot should be amputated. We went to another hospital and she got better. Hospital ‘X’ is an abattoir” (IPG5). “I was told in hospital ‘X’ that my hand should be cut off. Thus, I decided to come to this hospital” (IPG8).
There are other mediating factors that influence patient choice such as patient’s education and socioeconomic class. Educated patients usually have more information about their disease, so are more obsessed about their choice. “I am a dentist. I prefer to be seen by an experienced and knowledgeable doctor” (OP10). Receiving services from a private hospital is a prestigious ambition for some patients especially in society’s higher socio-economic levels. It could be because of service cost, which is not easily affordable to the others or receiving individualised services: “The prestige of the hospital is important for me. I prefer to go to a private one” (OP52).

Factors affecting patient choice (quantitative study)
The findings of the questionnaire survey revealed that recommendations from doctors and the providers’ expertise were the main reasons for choosing a hospital by inpatients and outpatients respectively (Table II). These quantitative findings support the qualitative results.

Service cost was the main reason for choosing public and semi-public hospitals. Over 71 per cent of the public hospital patients reported a monthly income lower than US$200, indicating that public hospitals are mainly used by people with low income who have no other choice. The Social Security Organisation provides healthcare services in its affiliated hospitals for its insured clients, free of charge. Therefore, for people for whom service cost is a concern, the social security hospital is the first choice. Approximately 36 per cent and 53 per cent of inpatients and outpatients respectively chose the social security hospital because of their insurance programme.

Patients believe that service quality in private is better than public hospitals. However, a several patients suggested that private hospital services are too expensive for them. More than three quarters of inpatients in private hospitals asserted doctors’ recommendations as their reason for choosing the hospital. Insurance coverage was the main reason for outpatients’ private hospital choice. Insurance shields them from price differences among public and private hospitals. Reasons for people going to a private hospital having previously received services from a public hospital include shorter

<table>
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<th>Reasons for choosing the hospital</th>
<th>Public IP</th>
<th>OP</th>
<th>Semi public IP</th>
<th>OP</th>
<th>Private IP</th>
<th>OP</th>
<th>All IP</th>
<th>OP</th>
</tr>
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<tbody>
<tr>
<td>Easy access (location)</td>
<td>6.8</td>
<td>16.0</td>
<td>8.4</td>
<td>20.7</td>
<td>3.0</td>
<td>25.6</td>
<td>5.9</td>
<td>19.2</td>
</tr>
<tr>
<td>Friends or family members</td>
<td>15.9</td>
<td>24.5</td>
<td>7.6</td>
<td>9.1</td>
<td>17.7</td>
<td>17.8</td>
<td>15.1</td>
<td>19.6</td>
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<tr>
<td>Doctor recommendation</td>
<td>46.2</td>
<td>19.3</td>
<td>24.4</td>
<td>10.7</td>
<td>78.1</td>
<td>27.9</td>
<td>52.6</td>
<td>19.4</td>
</tr>
<tr>
<td>Services cost</td>
<td>42.0</td>
<td>19.0</td>
<td>44.8</td>
<td>22.3</td>
<td>28.0</td>
<td>28.2</td>
<td>29.7</td>
<td>21.2</td>
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<tr>
<td>Insurance programme</td>
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<td>19.9</td>
<td>36.1</td>
<td>52.9</td>
<td>4.3</td>
<td>34.1</td>
<td>14.9</td>
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<tr>
<td>Physical environment</td>
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<td>4.2</td>
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<td>7.8</td>
<td>5.5</td>
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<td>Hospital facilities</td>
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<td>7.4</td>
<td>14.7</td>
<td>30.3</td>
<td>12.7</td>
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</tr>
<tr>
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<td>12.9</td>
<td>12.4</td>
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<td>Providers’ skills and experience</td>
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<td>46.5</td>
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<td>11.2</td>
<td>38.0</td>
<td>13.5</td>
<td>13.8</td>
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<tr>
<td>No choice (emergency)</td>
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<td>7.8</td>
<td>21.0</td>
<td>5.0</td>
<td>3.0</td>
<td>3.1</td>
<td>21.4</td>
<td>6.1</td>
</tr>
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</table>

Table II.
Reasons for choosing the hospital

Notes: IP: Inpatient; OP: Outpatient
Stepwise regression analysis revealed that cost of services, access, patient health status, and providers’ expertise were the main reasons for choosing a hospital. A statistical significant association was seen between patients’ hospital choice and their education ($p < 0.001$), age ($p = 0.007$) and job ($p = 0.040$).

**Discussion**

Figure 1 shows the patient choice process. Choosing a healthcare setting reflects the preferences of a patient, his or her family and the physician, all of which are potentially restricted by patient’s insurance programme.

Disease is the initial factor affecting a patient’s choice. A patient considers several healthcare settings that provide the required service. Choosing one, he/she relies on either his/her previous experience or people’s recommendations (i.e. physician, friends and family relatives) along with access, cost and service quality. If a patient can afford the costs, high quality services would be the first choice. The patient chooses the nearest one if they are providing the same quality. However, dealing with human life and death makes it more complicated. Patients may be willing to travel or accept higher costs if they think that services are effective. This finding is consistent with other studies that patients are more likely to bypass their local hospital and travel to other hospitals where service quality is better (Roh and Lee, 2006; Varkevisser and van der Geest, 2007).

Illness severity is the strongest determinant of healthcare setting choice. Patients do not consider access and cost and sometimes quality if they are in an emergency for which any delay would result in serious problems or even death. Hence, an experienced provider (in this case a physician) plays the determinant role in a patient’s choice. This physician may work – in a public or private, high or poor quality or close or far hospital from a patient’s house. Patients with more severe illnesses tended to choose larger hospitals more often than patients with less severe illnesses (Adams and Wright, 1991; Bronstein and Morrisey, 1991; Phibbs et al., 1993). They prefer to go to a hospital with more specialized services for high-risk patients.
This study revealed that service quality is an important factor for choosing a hospital from a patient perspective. This finding is similar to the findings of other studies (Coulter et al., 2004; Habtom and Ruys, 2007; Taylor et al., 2004). Quality is a subjective, complex and multi-dimensional concept in healthcare. Patients place more emphasis on effective services, ready access to experienced and helpful providers, clean and safe environment, and facilities and amenities. For them, the most important attributes of quality healthcare are having their medical problem resolved, having skilled, competent, supportive and caring providers who are concerned about them, listen to them, protect their privacy, involve them and their families in the decisions about their treatment, and give them equal care.

Nevertheless, many healthcare customers are not well informed about issues related to their health due to the complexity of medical knowledge. They have to trust their doctors and ask them to make decisions on their behalf. The doctor acts as both the “agent” and the “healthcare provider” for the patient. As a physician’s role is critical in recommending a hospital to a patient, managers compete to recruit well-known doctors (supplier-induced demand). The physician’s power to influence patient choice of a hospital diminishes the patient’s ability to choose independently and freely.

Patients should have the right to choose their healthcare providers and highlight their preferences. They should be encouraged to use quality as the major factor in choosing a hospital. However, they rarely use objective performance measures for choosing a hospital. Patients should have appropriate and relevant information on the quality of hospital services to inform their decision. The collaboration between a physician and a patient helps the patient make choices independently based on the physician’s experience and the medical facts (Quill and Brody, 1996). Patient choice should be supported with information. The Ministry of Health of Iran should initiate systems to provide patients with information about the quality of hospital services. The system should be designed in a way to make it easier for patients to search and compare these objective performance measures.

Patient choice can act as a driver for improving service quality through promoting competition between healthcare providers and encouraging patient-centred services. Providers have to improve quality to attract patients. Otherwise, they have to quit the market. Patient choice encourages healthcare providers to be more responsive to patients’ preferences. However, there are factors that limit patient choice. These include lack of healthcare resources, uneven resource distribution, lack of information on provider outcomes and providers’ resistance. Iranian healthcare policy makers need to be aware of, and address these barriers if the patient choice and the family physician programmes are to have positive impacts on accessibility, quality and efficiency of healthcare services.

**Conclusion and implications for policy makers**

This study set out to explore reasons for patients’ healthcare setting choice. The findings have implications for healthcare policy makers and provide recommendations for developing further the family medicine programme in Iran. “Patient-led” and “evidence-based” approaches to healthcare should be emphasised. Hence, healthcare organisations should make their services more responsive to their clients’ needs.
Patient choice has to be emphasised across the healthcare system. Patients should be offered a choice over when, where and by whom they should be treated. Necessary and appropriate information should be offered to patients to make decision about hospital choice. Information should be provided on service quality, mortality and morbidity rates, operation success rates, hospital cleanliness and facilities. As a result, the patient can make an informed decision. Proving valid and reliable information on appropriate self-care also reduce primary care consultations for minor ailments. Additionally, patients should be able to raise their voices, rate and comment on healthcare services received.

Limitations and implications for further research
The individual interviews and focus groups were useful in identifying factors that influence a patient’s hospital choice. Additionally, the quantitative surveys were used to measure the frequency and distribution of patients’ reasons for choosing a hospital. Quantitative and qualitative studies complement and strengthen each other in this research. Using mixed methods provided support and cross-validation, so that findings were likely to be more valid than using a singular method. Despite the study’s contributions, the results need to be interpreted with caution owing to some methodological limitations. This study was limited to particular participants in Iranian hospitals. Thus, the results may not be valid in other countries. An additional sample with participants from other countries would give a clearer view of factors that influence patient’s healthcare setting choice.

References


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