SSR Institute of International Journal of Life Sciences
ISSN (O): 2581-8740 | ISSN (P): 2581-8732
Satapathy *et al*., 2026
doi: 10.21276/SSR-IIJLS.2026.12.1.15

Original Article

open access

Factors Influencing Parental Choice of Pediatric Healthcare Services at a Tertiary Care Teaching Hospital in Eastern India: A Cross-Sectional Study

Jyotiranjan Satapathy[1], Santosh Kumar Pradhan[2], Rajesh Das[3]*

[1]Assistant Professor, Department of Paediatrics, SCB Medical College & Hospital, Cuttack, Odisha, India
[2]Associate Professor, Department of Paediatrics, MKCG Medical College & Hospital, Berhampur, Odisha, India
[3]Assistant Professor, Department of Paediatrics, SCB Medical College & Hospital, Cuttack, Odisha, India

***Address for Correspondence:** Dr Rajesh Das, Assistant Professor, Department of Paediatrics, SCB Medical College & Hospital, Cuttack, Odisha, India
E-mail: rajeshdas.scb@gmail.com

Received: 30 Aug 2025/ Revised: 16 Oct 2025/ Accepted: 26 Dec 2025

ABSTRACT

Background: Parental decision-making plays a central role in pediatric healthcare utilization, as parents are the primary decision-makers for their children. Understanding the factors that influence parents' choice of healthcare facilities is essential for improving patient-centered and family-centered pediatric services. Evidence on these factors remains limited in the Indian context, particularly in eastern India.

Methods: A cross-sectional study was conducted among 230 parents of children aged 0–13 years at MKCG Medical College, Berhampur. Data on sociodemographics and factors influencing hospital choice were collected via a validated questionnaire and analyzed using Chi-square tests ($p<0.05$).

Results: The mean age of parents was 29±4 years, with females comprising 69.1%. Most were homemakers from lower socioeconomic strata. Key factors influencing hospital choice included short waiting time (78.3%), consultation privacy (77.4%), doctors listening patiently (76.5%), polite staff behavior (76.5%), and adherence to universal precautions (80.9%). Digital presence and cost-related factors had a variable impact. Female parents were more influenced by hospital websites and social media reviews ($p < 0.05$). Reasonable charges, transparent billing, facility availability, and media reviews were significantly associated with parental age, education, and socioeconomic status.

Conclusion: Parents' choice of pediatric healthcare services was primarily influenced by the quality of consultation, hospital facilities, financial considerations, and social media engagement. Sociodemographic factors such as age, gender, income, and education significantly shaped these decisions. Strengthening communication, transparency, and family-centered care practices may enhance parental satisfaction and utilization of pediatric services.

Key-words: Parental decision-making; Pediatric healthcare; Patient satisfaction; Health service utilization; Sociodemographic factors; India

INTRODUCTION

Patient satisfaction is increasingly recognized as a key indicator of healthcare quality and system performance [1].

How to cite this article
Satapathy J, Pradhan SK, Das R. Factors Influencing Parental Choice of Pediatric Healthcare Services at a Tertiary Care Teaching Hospital in Eastern India: A Cross-Sectional Study. SSR Inst Int J Life Sci., 2026; 12(1): 9070-9077.

Access this article online
https://iijls.com/

Positive patient experiences are associated with better treatment adherence, improved clinical outcomes, and reduced healthcare utilization [2]. In pediatric healthcare settings, assessing satisfaction and decision-making processes is particularly important, as medical decisions are typically made by parents or legal guardians on behalf of the child. This is particularly relevant when children are below the legal age of consent, lack decision-making capacity, or require proxy consent or assent [3,4].

Parents expect that their children will receive care that meets acceptable standards of quality and safety, with

doi: 10.21276/SSR-IIJLS.2026.12.1.15

access to effective and timely treatment options that promote recovery and long-term health [5]. Healthcare systems must therefore be responsive and adaptable to the needs of pediatric populations. Addressing the evolving health requirements of children necessitates a comprehensive, system-level approach that ensures accessibility, continuity, and quality of care [6]. Healthcare accessibility is a complex construct that involves recognizing healthcare needs and ensuring that appropriate services are available and utilized promptly [7].

Previous research suggests that parents differ in the extent and manner in which they wish to participate in decisions regarding their child's healthcare, and these preferences may change over time [8]. Parental involvement in decision-making is influenced by several factors, including sociodemographic characteristics such as age, educational level, income, and marital status, as well as emotional state and perceived competence [8–10]. Clinical factors, such as the type and severity of illness, whether it is acute or chronic, and prior experiences with healthcare services, also play a significant role [10]. The increasing complexity of healthcare delivery—driven by multidisciplinary care models and advanced diagnostic and therapeutic interventions—has further complicated healthcare decision-making processes [10,11].

Parents' choice of a pediatric healthcare facility, whether for an initial visit or follow-up care, is largely shaped by their expectations of service quality, physician behavior, infrastructure, and affordability. Understanding parental expectations and preferences is therefore essential for delivering patient-centered pediatric care [12]. However, there remains limited evidence, particularly in the Indian context, on how parents decide which healthcare facilities to select for their children.

Against this background, the present study was undertaken at MKCG Medical College and Hospital, Berhampur, Odisha, to identify the factors influencing parents' decisions regarding the hospital they choose for their children's healthcare. The study also aimed to examine the association between selected sociodemographic variables and the factors influencing parental decision-making.

MATERIALS AND METHODS

Study design and setting- A hospital-based cross-sectional study was conducted among parents of children aged 0–13 years who availed outpatient pediatric services at the Department of Pediatrics, MKCG Medical College and Hospital, Berhampur, Odisha. The study was conducted over 4 months, from August 2023 to November 2023.

Study population and sample size- The study population included parents or legal guardians accompanying children aged 0–13 years attending the pediatric outpatient department. Grandparents, caregivers, and other relatives accompanying the children were excluded from the study. The sample size was calculated based on a previous study by Khoo et al., which reported a mean score of 4.66 ± 0.53 for parental perceptions of physicians' explanations of the child's health problem [12]. The required sample size was 133. After accounting for a 10% non-response rate, the final sample size was rounded to 146.

Sampling technique- A consecutive sampling technique was employed. All eligible parents who visited the pediatric outpatient department and provided informed consent were included until the required sample size was achieved. Written informed consent was obtained from all participants. Confidentiality and anonymity of the respondents were strictly maintained throughout the study.

Data collection tool and procedure- Data were collected using a semi-structured questionnaire. The questionnaire was translated into Odia and back-translated to ensure accuracy. Content validity was established through expert review.

The questionnaire comprised two sections:

Section I: Sociodemographic details of parents (age, gender, education, occupation, and monthly household income based on the Modified Kuppuswamy Scale [23]) and demographic details of the child (age and gender).

Section II: Assessment of key factors influencing the choice of pediatric healthcare services. Five domains were evaluated:

- Consultation-related factors
- Facilities and services
- Fees and charges
- Social media and information sources
- Doctors' attitude and communication

doi: 10.21276/SSR-IIJLS.2026.12.1.15

Responses were recorded using a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree).

Statistical Analysis- Data were entered into Microsoft Excel and analyzed using R statistical software. Continuous variables were summarized using mean and standard deviation, while categorical variables were expressed as frequencies and percentages. For analytical purposes, Likert scale responses were dichotomized into "Agreed" (strongly agree, agree, neutral) and "Disagreed" (disagree, strongly disagree). The Chi-square test was applied to assess associations between categorical variables, with statistical significance set at $p<0.05$ at a 95% confidence level.

RESULTS

A total of 230 parents of children aged 0–13 years attending the pediatric outpatient department participated in the study. The mean age of parents was 29 ± 4 years. Female respondents constituted the majority (69.1%), while male respondents accounted for 30.9%. More than half of the participants were homemakers (51.3%), and a substantial proportion belonged to the lower socioeconomic class (52.6%) according to the Modified Kuppuswamy Scale. Regarding educational status, 44.8% of parents had completed undergraduate education. Parents of children aged 1–3 years most frequently utilized pediatric healthcare services (34.3%), followed by those with children aged 4–6 years (30.9%). The detailed socio-demographic profile is shown in Table 1.

Table 1: Socio-demographic characteristics of parents (N=230)

Characteristic	Frequency (%)
Gender	
Male	71 (30.9)
Female	159 (69.1)
Age group (years)	
21–30	148 (64.3)
31–40	56 (24.3)
41–50	24 (10.4)
>50	2 (0.9)
Occupation	
Government employee	22 (9.6)
Private employee	44 (19.1)
Self-employed	46 (20)
Homemaker	118 (51.3)
Socioeconomic status	
Lower class	121 (52.6)
Lower middle class	76 (33)
Upper middle class	20 (8.7)
Upper class	13 (5.7)
Educational status	
High school	16 (7)
Higher secondary	79 (34.3)
Undergraduate	103 (44.8)
Postgraduate	32 (13.9)
Age of child	
0–6 months	46 (20)
7–12 months	16 (7)
1–3 years	79 (34.3)
4–6 years	71 (30.9)
>6 years	18 (7.8)

Parents rated various consultation-, facility-, financial-, and communication-related factors influencing their decision to choose the hospital (Table 2). A majority of parents reported short waiting time (<15 minutes) (78.3%), consultation privacy (77%), doctors listening patiently to concerns (77%), and polite staff behavior (76.5%) as important deciding factors. Nearly 71.3% of parents preferred doctors who explained health information in their mother tongue, and 63.5% valued the availability of doctors during public holidays.

Adherence to universal precautions and use of sterilized equipment in the pediatric OPD was acknowledged by a large majority (81%). In contrast, only about half of the parents agreed on easy OP registration, clean waiting areas, hospital accessibility, interactive technology, and parking facilities, indicating comparatively lower importance or mixed perceptions of these infrastructure-related factors.

doi: 10.21276/SSR-IIJLS.2026.12.1.15

Table 2: Parental ratings on factors influencing choice of pediatric healthcare (N=230)

Deciding factor	Disagreed n (%)	Neutral n (%)	Agreed n (%)
Doctors explained diagnosis & treatment	8 (3.5)	68 (29.6)	154 (67.0)
Waiting time<15 minutes	0 (0)	50 (21.7)	180 (78.3)
Polite behavior of staff	0 (0)	54 (23.5)	176 (76.5)
Explanation in mother tongue	6 (2.6)	66 (28.7)	158 (68.7)
Easy OP registration	5 (2.2)	115 (50)	110 (47.8)
Clean & comfortable waiting area	14 (6.1)	102 (44.3)	114 (49.6)
Easy hospital accessibility	16 (7)	90 (39.1)	124 (53.9)
Consultation privacy	5 (2.2)	47 (20.4)	178 (77.4)
Doctor availability on holidays	3 (1.3)	83 (36.1)	144 (62.6)
Interactive technology available	39 (17.0)	76 (33.0)	115 (50.0)
Sufficient parking facility	47 (20.4)	73 (31.7)	110 (47.8)
Universal precautions followed	0 (0)	44 (19.1)	186 (80.9)
Transparent billing	50 (21.7)	71 (30.9)	109 (47.4)
Reasonable consultation charges	58 (25.2)	74 (32.2)	98 (42.6)
Reasonable treatment charges	60 (26.1)	69 (30)	101 (43.9)
Updated hospital website	51 (22.2)	73 (31.7)	106 (46.1)
Positive media reviews	9 (3.9)	44 (19.1)	177 (77)
Doctor listens patiently	5 (2.2)	49 (21.3)	176 (76.5)
Doctor responds to queries	6 (2.6)	50 (21.7)	174 (75.7)

Significant associations were observed between selected socio-demographic characteristics and specific deciding factors (Table 3). Female parents were significantly more influenced by updated hospital websites (p=0.05) and positive social media reviews (p=0.009) than male parents. Parents aged 31–40 years were more likely to perceive treatment charges as reasonable, showing a statistically significant association (p=0.03).

Socioeconomic status was significantly associated with infrastructure- and finance-related factors. Parents from the upper-middle class were more attracted to interactive technology and transparent billing systems (p=0.046 and p=0.04, respectively). In contrast, those from the lower-middle class placed greater importance on parking facilities (p=0.01). Parents belonging to the upper class were significantly more influenced by positive media reviews (p<0.001). Educational status also influenced perceptions. Parents with an undergraduate education were more likely to agree that billing charges were transparent and consultation fees were reasonable (p=0.01 and p=0.03, respectively). A significant association was also observed between education level and the influence of positive media reviews (p=0.01).

doi: 10.21276/SSR-IIJLS.2026.12.1.15

Table 3: Association between socio-demographic variables and selected deciding factors

Variable	Deciding factor	χ^2 value	p-value
Gender	Updated hospital website	3.75	0.05
	Positive media reviews	6.74	0.009
Age group	Reasonable treatment charges	22.19	0.03
SES	Interactive technology	26.59	0.04
	Parking facility	31.32	0.01
	Transparent billing	27.14	0.04
	Positive media reviews	81.11	<0.001
Education	Transparent billing	31.99	0.01
	Consultation charges	27.78	0.03
	Positive media reviews	30.37	0.01

DISCUSSION

In the present study, female parents accounted for a higher proportion of respondents than male parents. This observation is consistent with findings reported by Khoo *et al.,* who found that women comprised the majority of respondents in a study conducted at urban pediatric general practice centers in Malaysia [12]. The higher participation of mothers may reflect their primary caregiving role and greater involvement in seeking healthcare services for children.

The findings indicate that sociodemographic characteristics, including parental age, gender, income, and educational status, significantly influenced the selection of a pediatric healthcare facility. Similar associations have been documented in previous studies, which reported that parental income and education play an important role in determining access to and utilization of child healthcare services [12-17]. Parents with higher incomes may have greater flexibility in choosing healthcare facilities that offer better infrastructure, transparent billing, and additional amenities. Furthermore, higher educational attainment has been linked to greater awareness, higher expectations, and increased participation in healthcare decision-making. A study by Rosati *et al.* demonstrated that parents with higher levels of education were more inclined to engage in shared decision-making with healthcare providers, a finding that aligns with the results of the present study [18-23].

Consultation-related factors emerged as key determinants in hospital selection. A substantial proportion of parents strongly agreed that positive media reviews, adherence to universal precautions, use of sterilized equipment, and doctors listening attentively were important factors influencing their decision. Additionally, more than two-fifths of parents strongly agreed that doctors' responsiveness to queries and the polite behavior of healthcare staff played a significant role. These findings highlight the importance of interpersonal aspects of care and effective communication in shaping parental perceptions and trust.

Comparable observations have been reported in earlier studies. Davis *et al.* found that parents consider multiple factors when selecting pediatric healthcare services, including waiting time, availability of services beyond routine hours, clarity of explanations regarding the child's condition, treatment effectiveness, and physicians' engagement [13]. Similarly, a study from Greece by Boutopoulou *et al.* identified adequacy of care, parental involvement, trust in healthcare providers, and staff attitude as major contributors to parental satisfaction [14]. Wun *et al.* also reported that proximity to healthcare facilities and affordability were among the most influential factors in selecting a healthcare provider. These findings closely parallel those of the present study [15].

In the current study, the availability of doctors during public holidays was considered important by a

doi: 10.21276/SSR-IIJLS.2026.12.1.15

considerable proportion of parents. This finding contrasts with earlier reports, such as that by Samman *et al*., which highlighted the limited availability of primary care physicians during holidays, prompting parents to seek alternative services [22]. The observed difference may reflect institutional practices at the study site, where pediatric care is maintained even during holidays.

Previous studies by Parish *et al.* and Polakova *et al.* reported inadequate provision of medical information to parents, which negatively affected decision-making and child health outcomes [24,25]. In contrast, parents in the present study largely agreed that doctors provided sufficient information regarding their child's health, thereby facilitating informed decision-making. This highlights the positive role of communication and information-sharing in pediatric care.

Overall, the findings suggest that hospital facilities and services, cost-related factors, and the digital and social media presence of pediatric healthcare services significantly influence parents' decisions when choosing pediatric healthcare services. While infrastructural improvements enhance competitiveness, healthcare providers must also prioritize fundamental elements such as effective communication, parental involvement, emotional support, physical comfort, and continuity of care [16].

Family-centered care remains a cornerstone of pediatric healthcare delivery. Such an approach emphasizes partnership with parents, shared decision-making, and individualized care planning for the child and family [19]. However, previous literature indicates that effective implementation of family-centered care requires continuous communication and role negotiation, which may still be inadequately addressed in routine clinical practice [20]. The decision-making process of parents is dynamic and context-dependent, shaped by prior experiences, available information, and perceived quality of care. Strengthening primary care systems while addressing access-related barriers and parental expectations is therefore essential to improve pediatric health outcomes [6,21].

LIMITATIONS

The study has certain limitations. The use of convenience sampling may have introduced selection bias, potentially limiting the representation of diverse parental perspectives. As the data were self-reported and collected at a single point in time, responses may be subject to recall or social desirability bias. Additionally, the study was conducted in a single tertiary care hospital, which may limit the generalizability of the findings to other healthcare settings, particularly public or primary care facilities.

CONCLUSIONS

The present study found that parents' decisions about which hospital to choose for their children's healthcare were primarily influenced by hospital facilities and services, fees, and social media engagement. Key sociodemographic factors associated with decision-making included parental age, gender, monthly income, and educational status. Although parents may not be able to assess all technical aspects of medical care, their perceptions play a crucial role in evaluating interpersonal communication, information sharing, and organization of care. These findings provide valuable insights for healthcare administrators and practitioners in planning and reorganizing pediatric healthcare services to meet better parental expectations, particularly among low-income and diverse population groups. However, it is important to recognize that healthcare service design is inherently human-centered and cannot be uniformly standardized.

The study provides meaningful evidence to inform patient- and family-centered pediatric care practices and supports ongoing efforts to improve the quality and accessibility of pediatric healthcare services.

CONTRIBUTION OF AUTHORS

Research concept- Jyotiranjan Satapathy, Rajesh Das
Research design- Jyotiranjan Satapathy, Rajesh Das
Supervision- Santosh Kumar Pradhan
Materials- Jyotiranjan Satapathy, Rajesh Das
Data collection- Jyotiranjan Satapathy, Rajesh Das
Data analysis and interpretation- Santosh Kumar Pradhan
Literature search- Jyotiranjan Satapathy, Rajesh Das
Writing article- Jyotiranjan Satapathy, Rajesh Das
Critical review- Jyotiranjan Satapathy, Rajesh Das
Article editing- Santosh Kumar Pradhan
Final approval- Santosh Kumar Pradhan

doi: 10.21276/SSR-IIJLS.2026.12.1.15

REFERENCES

[1] Segal LS, Plantikow C, Hall R, Wilson K, Shrader MW. Evaluation of patient satisfaction surveys in pediatric orthopaedics. J Pediatr Orthop., 2015; 35: 774–78. doi: 10.1097/BPO.0000000000000350.

[2] Anhang Price R, Elliott MN, Zaslavsky AM, Hays RD, Lehrman WG, et al. Examining the role of patient experience surveys in measuring health care quality. Med Care Res Rev., 2014; 71: 522–54.

[3] Boland L, Kryworuchko J, Saarimaki A, Lawson ML. Parental decision-making involvement and decisional conflict: a descriptive study. BMC Pediatr., 2017; 17: 146.

[4] Harrison C; Canadian Paediatric Society (CPS) Bioethics Committee. Treatment decisions regarding infants, children and adolescents. Paediatr Child Health., 2004; 9: 99–103.

[5] Du Pré P, Brierley J. Challenges in managing parental expectations in paediatric care. Br J Haematol., 2018; 183: 15–22.

[6] Nicholson E, McDonnell T, De Brún A, Barrett M, Bury G, et al. Factors that influence family and parental preferences and decision making for unscheduled paediatric healthcare: a systematic review. BMC Health Serv Res., 2020; 20: 663.

[7] Levesque JF, Harris MF, Russell G. Patient-centred access to health care: conceptualising access at the interface of health systems and populations. Int J Equity Health, 2013; 12: 18.

[8] Aarthun A, Akerjordet K. Parent participation in decision-making in health-care services for children: an integrative review. J Nurs Manag., 2014; 22: 177–91.

[9] Jackson C, Cheater FM, Reid I. A systematic review of decision support needs of parents making child health decisions. Health Expect., 2008; 11: 232–51.

[10] Lipstein EA, Brinkman WB, Britto MT. What is known about parents' treatment decisions? A narrative review of pediatric decision making. Med Decis Making., 2012; 32: 246–58.

[11] Ofstad EH, Frich JC, Schei E, Frankel RM, Gulbrandsen P. Temporal characteristics of decisions in hospital encounters: a threshold for shared decision making? A qualitative study. Patient Educ Couns., 2014; 97: 216–22.

[12] Khoo EJ, Miin LY, Yin NX, Man MK, Hui LLS, et al. Family and parental decision making when choosing a paediatric general practice service: what factors mattered most? Child Care Pract., 2021; 27: 1–18.

[13] Davis K, Schoenbaum SC, Audet AM. A 2020 vision of patient-centered primary care. J Gen Intern Med., 2005; 20: 953–57.

[14] Boutopoulou B, Petsios K, Chrysostomou A, Vlachioti E, Mantziou T, et al. Parental satisfaction concerning their child's hospital care: a questionnaire survey. Pediatr Res., 2010; 68: 39–40.

[15] Wun YT, Lam TP, Lam KF, Goldberg D, Li DKT, et al. How do patients choose their doctors for primary care in a free market? J Eval Clin Pract., 2010; 16: 1215–20.

[16] Coulter A. Measuring what matters to patients. BMJ, 2017; 356: j816. doi: 10.1136/bmj.j816.

[17] Goff SL, Mazor KM, Guhn-Knight H, Budway YY, Murphy L, et al. Factors that matter to low-income and racial/ethnic minority mothers when choosing a pediatric practice: a mixed methods analysis. J Racial Ethn Health Disparities, 2017; 4: 1051–60.

[18] Rosati P, Di Salvo V, D'Amico R, Balduzzi S, Giampaolo R, Mazziotta RM, et al. Outpatient parents' views on shared decision-making at an Italian children's hospital. Health Promot Int., 2018; 33: 572–79.

[19] Franck LS, Callery P. Re-thinking family-centred care across the continuum of children's healthcare. Child Care Health Dev., 2004; 30: 265–77. Franck LS, Callery P. Re-thinking family-centred care across the continuum of children's healthcare. Child Care Health Dev., 2004; 30: 265–77.

[20] Jolley J, Shields L. The evolution of family-centered care. J Pediatr Nurs., 2009; 24: 164–70.

[21] Macinko J, Starfield B, Shi L. The contribution of primary care systems to health outcomes within OECD countries, 1970–1998. Health Serv Res., 2003; 38: 831–65.

[22] Samman K, Le CK, Burstein B, Rehimini S, Grenier A, Bertrand-Bureau C, et al. Parents' perspective on pediatric emergency department visits for low-acuity conditions before and during the COVID-19 pandemic: a cross-sectional bicentric study. CJEM, 2023. doi:10.1007/s43678-023-00609-9.

[23] Kumar G, Dash P, Patnaik J, Pany G. Socioeconomic status scale—Modified Kuppuswamy Scale for the year 2022. Int J Community Dent., 2022; 10: 1–6. doi: 10.56501/intjcommunitydent.v10i1.26.

doi: 10.21276/SSR-IIJLS.2026.12.1.15

[24]Parish O, Williams D, Odd D, Joseph-Williams N. Barriers and facilitators to shared decision-making in neonatal medicine: a systematic review and thematic synthesis of parental perceptions. Patient Educ Couns., 2022; 105: 1101–14. doi: 10.1016/j.pec.2021.08.033.

[25]Polakova K, Ahmed F, Vlckova K, Brearley SG. Parents' experiences of being involved in medical decision-making for their child with a life-limiting condition: a systematic review with narrative synthesis. Palliat Med., 2023. doi: 10.1177/02692163231214414.