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Patient Acquisition Channels and Their Effectiveness: An Empirical Study at Sree Mookambika Hospital, Kulasekaram

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Abstract

Various factors affecting health care selections and patient acquisition channels at Sree Mookambika Institute of Medical Sciences (SMIMS), Kulasekaram, Kanyakumari District is discussed in this study. A quantitative approach was used and a calculated sample size of 384 was used, and 170 were received, both from the out and inpatients through a structured questionnaire. The statistical techniques used were Chi-Square, Spearman's Rank Correlation and Kruskal–Wallis tests. Cronbach Alfa value is 0.685 which gives moderate reliability of the instrument. Results indicate that the main sources of acquisition are walk-in and doctor referral, and that online media and government health schemes are new and unused channels. There is no significant difference in patient acquisition channels between the different patient demographics ($P > 0.05$) according to Chi-Square analysis. The results of the Spearman's Rank Correlation indicated moderate positive correlation between influencing factors and patients' hospital choice which was statistically significant with $r = 0.390$ and $P = 0.000$. The Kruskal–Wallis test showed significant differences between the effectiveness of different channels ($P = 0.031$). The study recommends that the Sree Mookambika Hospital should move towards digital engagement and targeted community outreach to effectively improve the inflow of patients and ensure sustainable growth of their institution.

This study aims to explore the impact of patient acquisition on the health care marketing success of Kruskal–Wallis and Spearman correlation. The objective of this study is to investigate patient acquisition as a determinant of the success of the health care marketing efforts of Kruskal–Wallis and Spearman correlation.

Introduction

The healthcare industry has experienced an amazing change over the last 20 years. Hospitals are no longer merely receivers of patients; they should actively recruit and keep patients in today's competitive healthcare landscape. Patient acquisition is the process by which a hospital finds, engages, converts and retains patients, using methods and channels that are different. Patient acquisition in healthcare is not like traditional marketing; it relies on trust, credibility in the medical field, cost factor and accessibility.

Hospitals were traditionally dependent on doctor referrals and geographic location to draw in patients. Today's healthcare consumer, however, is much better informed and influenced by online reviews, insurance coverage, and treatment options. This change of attitude has driven hospitals to begin implementing marketing strategies like those used by other service providers.

Within this context, the Sree Mookambika Institute of Medical Sciences (SMIMS), multi-specialty Tertiary Teaching Hospital at the city of Kulasekaram in the Kanyakumari District is the ideal study place. SMIMS operates in rural as well as urban areas in the southern part of Tamil Nadu; hence it is important for the institution to be aware of the most effective avenues for patients to access its services.

This study explores how patients were acquired at SMIMS, looks at patients' preferences, quantifies the effectiveness of the channels and makes strategic recommendations for improving patients' inflows.

Review of Literature

Many studies have highlighted the significance of patient acquisition in the healthcare sector. Nurjanti (2025) found that marketing strategies had a significant positive effect on marketing performance in the form of the number of patient visits and the satisfaction of the consumers of healthcare services. The study highlighted the importance of digital marketing, storytelling, and relationship marketing to enhance patient communication.

Yuan et al. (2025) showed that a mobile system for appointments that was streamlined and included real-time hospital information could match patients with providers more effectively, helping to route low-risk individuals to primary care and high-risk individuals to specialized medical centers, ultimately enhancing patient outcomes and reducing healthcare expenses. Patient-centered online strategies like proactive knowledge sharing by physicians can play a crucial role in boosting patient readiness for paid consultation, as revealed in the study by Fan He and Liu (2025).

By examining the application of predictive analytics in medical tourism marketing, Kumar et al. (2025) demonstrated that data-driven models can boost targeting precision and aid in improved marketing decisions for medical tourism campaigns. Onifade et al. (2025) also explained that machine learning and big data can be leveraged in healthcare marketing analytics to predict patient needs and deliver efficient services.

A systematic review which was performed by Jeevan and Subbu Krishna (2025) was successful to identify that integrated and patient-centric marketing strategies such as digital marketing, relationship marketing and promotional strategies have a significant influence in patient acquisition and retention. Both Dharmadhikari and Narake (2023) and Sheikh and Kanyal (2023) concluded that having a strategic and regular marketing programme in place helps to attract and build patient trust, with private hospitals implementing more advanced marketing tactics than public hospitals, particularly in the realm of digital marketing.

Research Methodology

- The aims of the study are presented. The aims of the study are stated.
- Identification of the significant patient acquisition touch points of Sree Mookambika Hospital.
- To examine and understand patients' preferences and the factors that affect their decision on the hospital to choose.
- To track patient acquisition data from each channel and its conversion rate.

Research Design and Sample

For this study a descriptive research design was used. All inpatients and outpatients attending SMIMS is a large and dynamic target population. The sample size was calculated using Cochran’s formula for a 95% confidence interval ($Z = 1.96$) and resulted in a sample size of 384. Convenience sampling was used and 170 usable responses were obtained via a structured questionnaire on a five-point Likert scale.

Statistical Tools

- To determine the reliability of the instrument, Cronbach’s Alpha was employed.
- The students will apply Frequency Analysis and Crosstabulation.
- The Chi-Square Test will be used to evaluate the relationship between the demographic factors and the patient acquisition channels.
- The method used will be: Spearman’s Rank Correlation – to assess the association between influencing factors and patients’ hospital choice.
- Kruskal–Wallis Test – to test the differences in effectiveness between acquisition channels and improvement perceptions.

Hypotheses

- H2: Demographic factors of patients are not significantly associated with the patient acquisition channels.
- H2: The influencing factors are not significantly associated with patients’ choice.
- H3: No any significant difference in effectiveness between patient acquisition channels.
- H4: The opinions of patient groups on improvement of patient acquisition channels are not significantly different.

Data Analysis and Interpretation

Table 1 Reliability of Data

Number of items in the collection	Value of the number	Number of items
Cronbach’s Alpha	0.685	28

The research instrument was tested for its reliability. Overall, the Cronbach’s Alpha coefficient is 0.685, which is considered as moderate reliability. As seen in Table 1, the item-total correlation is consistent for scale items (Q1–Q20), with Q3, Q5, and Q19 having the highest item-total correlation, and the demographic items having low or negative item-total correlation, indicating that these are more likely to serve as classification variables than psychometric indicators.

The demographics of the respondents is described below:

Table 2 shows demographic profile of 170 respondents. The study has a reasonably even distribution in terms of a number of demographic characteristics and offers representativeness.

Demographic Profile of Respondents

Table 2 presents the demographic profile of the 170 respondents. The study includes a fairly balanced distribution across several demographic dimensions, providing representative data.

Table 2 Demographic Profile of Respondents

Variable	Category	Frequency	Percentage
Age Group	18–25 / 26–35 years	34	20%

	36–45 years	29	17.1%
	46–55 years (Majority)	46	27.1%
Gender	Male	75	44.1%
	Female (Majority)	95	55.9%
Residence	Urban (Majority)	71	41.8%
	Semi-urban	47	27.6%
	Rural	52	30.6%
Occupation	Employed (Majority)	48	28.2%
Monthly Income	₹10,000–₹25,000 (Majority)	46	27.1%
Visit Type	Outpatient (Most frequent)	39	22.9%

Source: Primary Survey

Analysis of Major Patient Acquisition Channels

Table 3 summarizes the patient responses regarding the five primary channels through which they became aware of or chose the hospital. Responses were measured on a five-point Likert scale.

Table 3 Patient Acquisition Channels – Response Summary

Acquisition Channel	SA%	A%	N%	DA%	SDA%
Doctor Referral	10.6	21.2	31.2	25.3	11.8
Walk-in Patient	7.1	18.2	44.1	25.9	4.7
Government Health Schemes	10.0	20.6	39.4	17.5	12.4
Health Camps / Outreach	10.6	21.8	30.0	27.6	10.0
Online Media	11.2	23.5	32.4	24.1	8.8

SA=Strongly Agree, A=Agree, N=Neutral, DA=Disagree, SDA=Strongly Disagree | Source: Primary Survey

The data reveals that Doctor Referrals received 31.8% combined agreement, making them a significant channel, though 37.1% of patients came through other means. Online media recorded 34.7% positive responses, suggesting a growing digital influence. Government Health Schemes attracted 30.6% agreement, indicating moderate reach, while Health Camps received only 32.4% agreement, pointing to irregular outreach effectiveness.

Patients' Preferences and Influencing Factors

Table 4 presents the factors influencing patients' choice of SMIMS, including hospital reputation, recommendations, online reviews, doctor availability, and location.

Table 4 Patients' Preferences and Influencing Factors

Influencing Factor	SA%	A%	N%	DA%	SDA%
Hospital Reputation	10.6	22.4	37.1	20.6	9.4
Peer Recommendations	14.7	19.4	33.5	22.9	9.4
Online Reviews & Ratings	7.6	25.9	29.4	24.7	12.4
Availability of Doctors	8.2	25.9	29.4	25.9	10.6
Location & Accessibility	8.8	25.3	35.9	18.8	11.2

Source: Primary Survey

Notably, 34.1% of patients cited peer recommendations as influential, yet the single largest response category for most factors was ‘Neutral’, indicating untapped potential for patient advocacy and reputation management. Location was a secondary concern, with patients willing to travel for quality healthcare.

Inferential Analysis

Chi-Square Test: Association Between Demographics and Acquisition Channels (H1)

Table 5 Chi-Square Test Results

Demographic Factor	Chi-Square Value	Degrees of Freedom	P-Value	Remark
Age	8.863	16	0.919	Not Significant
Education	10.408	16	0.844	Not Significant
Gender	2.229	4	0.694	Not Significant
Residence	2.937	8	0.938	Not Significant
Occupation	11.602	16	0.771	Not Significant
Income	11.099	16	0.803	Not Significant

Source: Primary Survey | Significance Level: $p < 0.05$

Since all P-values are well above 0.05, H1 is accepted. There is no significant association between demographic factors and patient acquisition channels, implying that the hospital’s acquisition strategies have a broad, uniform reach across all population segments regardless of age, gender, income, or residence.

Spearman’s Rank Correlation: Influencing Factors and Patients’ Choice (H2)

Table 6 Spearman’s Rank Correlation

Variables	Correlation Coefficient (r)	Significance (P)	N
Influencing Factors ↔ Patients' Choice	0.390**	0.000	170

**Significant at 0.01 level (2-tailed) | Source: Primary Survey

The correlation coefficient of 0.390 indicates a statistically significant moderate positive relationship between influencing factors and patients’ hospital choice. H2 is therefore rejected. This confirms that patients’ decision to choose SMIMS is not random; it is systematically driven by institutional factors such as reputation, referrals, and service quality. As these influencing factors strengthen, the likelihood of a patient choosing the hospital increases.

Kruskal–Wallis Test: Effectiveness of Acquisition Channels (H3)

Table 7 Kruskal–Wallis Test – Effectiveness of Acquisition Channels

Acquisition Channel	Online Channel (MR)	Promo Content (MR)	Referral (MR)	Communication (MR)	Positive Feedback (MR)
Doctor Referral	18.40	76.10	90.90	122.78	130.39
Walk-in Patient	62.40	74.28	89.75	122.75	130.59

Government Health Schemes	69.30	70.87	94.38	113.66	123.84
Health Camps / Outreach	69.50	78.46	88.55	107.50	119.65
Online Media	84.50	75.19	88.51	117.75	117.38
Chi-Square / P-Value	11.167 / 0.011	5.924 / 0.115	23.536 / 0.000	16.030 / 0.001	15.466 / 0.001

MR = Mean Rank | Source: Primary Survey

The Kruskal–Wallis test reveals statistically significant differences in the effectiveness of patient acquisition channels across multiple effectiveness dimensions ($P < 0.05$). H3 is rejected. Notably, Doctor Referrals and Walk-in patients consistently register the highest mean ranks for communication and positive feedback effectiveness, while online channels record the lowest mean rank for online channel effectiveness among doctor-referred patients. This underscores that channel effectiveness is not uniform and management must strategically invest in high-performing channels.

Kruskal–Wallis Test: Improvement Suggestions (H4)

Table 8 Kruskal–Wallis Test – Improvement Suggestions

Acquisition Channel	Health Camps (MR)	Online Presence (MR)	Doctor Connections (MR)	Health Scheme Awareness (MR)	Patient Service (MR)
Doctor Referral	48.70	73.60	92.80	115.41	123.62
Walk-in Patient	53.10	70.51	97.18	106.91	119.57
Govt. Health Schemes	105.30	67.44	94.64	116.59	120.39
Health Camps / Outreach	68.10	76.06	90.25	110.59	121.74
Online Media	43.90	77.49	87.49	124.97	130.98
Chi-Square / P-Value	8.734 / 0.033	17.047 / 0.001	20.835 / 0.000	15.484 / 0.001	17.301 / 0.001

MR = Mean Rank | Source: Primary Survey

There are significant differences between all the improvement suggestions ($p < 0.05$), thus H4 can be rejected. The best mean ranks were for improved patient service and patient health scheme awareness, which were highest across all patient groups, and thus are the most strongly endorsed improvements. The hospital should pay attention to these areas in priority over adopting common improvement strategies.

Key Findings

- The female gender makes up 55.9% while the age group of 46-55 years is the largest (27.1%), indicating higher engagement of patients in the middle age group.
- The majority of respondents are urban (41.8%) but there is also a substantial representation from rural and semi-urban (58.2%) confirming SMIMS’ wider regional coverage.

- The walk-in and Doctor Referral acquisition channels have the highest positive agreement percentages, totaling more than 80% across the questions related to the acquisition.
- Online media is a relatively new channel that has seen 34.7% positive responses and 32.9% neutral—showing that there is a strong potential in digital media outreach.
- Government Health Schemes receive the agreement of 30.6% of respondents, health camps the lowest, with 32.4% agreeing, and high neutral/negative rates.
- High ‘Neutral’ responses (33–37%) across all of the hospital reputation, peer recommendations and doctor availability measures indicate that patients are receptive to persuasion if messaging gets better.
- According to Chi-Square analysis (H1), there was no significant demographic association with acquisition channels (all $P > 0.05$), indicating that there is universal reach to strategies.
- There is statistically significant moderate correlation between influencing factors and patient choice ($r = 0.390$, $P = 0.000$) indicating that institutional factors are important.
- The mean ranks for communication and positive feedback agree for Doctor Referrals and Walk-in patients with significant differences in channel effectiveness ($P < 0.05$) for both of these patients.
- Findings: Kruskal–Wallis (H4) significant differences in improvement perceptions ($P < 0.05$); Improved Patient Service and Health Scheme Awareness is best endorsed by all populations of patients.

Suggestions

- The hospital should widen the system of referring doctors by holding regular CME programs and establishing a structured referral partnership program which harnesses the high effectiveness of doctor referrals.
- To tap the huge “neutral” group of online media users, digital marketing needs to be enhanced with optimized social media presence, online booking systems and tele-consultation.
- The underutilized but available channel of communication need to be strengthened by organised awareness campaigns in rural health posts and community centers about Government Health Schemes.
- There is a need to improve the regularity and organizing of health camps, so as to make the visitors from these camps active patients and decrease the neutral and negative sentiment which is seen nowadays.
- The highest-ranking patient service quality improvement suggestion is to streamline waiting times, improve the experience at the front desk, and establish a patient post-visit feedback system, which should be prioritized.
- Specific content marketing approaches that address neutral and skeptical patients’ concerns, like success stories, patient testimonials, and cost transparency, can make promotional content more effective.
- The hospital needs to focus on the channels that have the highest mean effectiveness scores, and stop using a ‘one size fits all’ marketing strategy, instead prioritized marketing resources on the channels that it has tested.

Conclusion

This study carried out an extensive empirical analysis of the channels of patient acquisitions at Sree Mookambika Institute of Medical Sciences, Kulasekaram. The results clearly indicate that patient acquisition is a process that is not just about proximity and serendipity, but also about trust. There are still many patients that come in from traditional sources like walk-ins and doctor referrals, but modern sources like online media and government health schemes can still be a great source of untapped patient inflow.

The statistical analysis shows that patient choice does not differ in any demographic way, which indicates that acquisition strategies can be generally targeted. But there are considerable variations in the effectiveness of different channels and patients' improvement priorities, making the need for a channel-specific, data-driven approach to healthcare marketing a must.

To remain competitive and sustain institutional growth in the changing healthcare environment of Kanyakumari District, it is essential for SMIMS to invest in the infrastructure of technology, make an improvement in community outreach initiative, strengthen referral ties and continuously enhance the quality of patient service. The hospital can establish a virtuous circle of trust, referral, and loyalty by turning its large patient base of neutrals into loyal customers.

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