



Logistics for healthy healthcare

Enhancing Patient Value in Hospital Care

A Multi-Layered Identity Approach

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Abstract

Implementing value-based care frameworks such as Lean Management and Value Based Healthcare (VBHC) in hospitals requires a deep understanding of what patients value. This paper introduces the Multi-layered Identity Approach (MIA), positing that healthcare recipients should be simultaneously viewed as patients, individuals, and customers, each with distinct but overlapping needs. By acknowledging these roles, hospitals can better design and deliver services that meet the dynamic and varied expectations of their patients. Anchored in existing literature on healthcare service quality, patient-centered care, and consumer behavior, this paper argues that recognizing the multi-faceted identity of patients offers new insights into improving the overall value of healthcare delivery. This paper further explores the theoretical and empirical foundations of these overlapping identities, providing a review of scientific literature while proposing potential avenues for future research.

1. Introduction

Healthcare systems worldwide are under increasing pressure to provide high-quality care in a cost-efficient manner amidst mounting challenges such as increasing demand, reduced reimbursement rates, and higher patient expectations (Aminabee, 2024; Malani, 2023). In response, hospitals have increasingly adopted value-based frameworks such as Lean Management and Value-Based Healthcare (VBHC), both of which aim to maximize the value of services provided to patients by minimizing inefficiencies and prioritizing patient outcomes over costs (Porter & Lee, 2013; Toussaint & Berry, 2013). However, the core question remains: What do healthcare recipients truly value in hospital services? The answer to this question is certainly not evident and, despite the large amount of related literature, still deserves attention.

Understanding patient value is a nuanced endeavor because it transcends the simple metrics of health outcomes or costs. Scholars have identified patient satisfaction, quality of care, and patient-centeredness as key components, but the definitions and interpretations of value can vary significantly depending on the patient's identity, role, and expectations (Stewart et al., 2024; Edgman-Levitan & Schoenbaum, 2021).

This paper introduces a Multi-layered Identity Approach (MIA), which contends that healthcare recipients embody three overlapping identities: the patient, the individual, and the customer. These identities influence how healthcare recipients interact with and value hospital services at various stages of care. As such, this approach offers a framework for understanding the values of patients in relation to the steps patients go through during their hospital journey.

The Evolution of Value-Based Care Concepts in Hospital Care

The concept of value in healthcare has evolved significantly over the past two decades as hospitals seek to balance the competing demands of cost containment, quality improvement, and patient satisfaction. Lean Management and VBHC are two prominent methodologies that have emerged to address these concerns, each offering unique perspectives on how to deliver value to patients.

Lean Management in Hospital Care

Lean Management, originally developed in manufacturing by Toyota, has been increasingly applied in hospitals as an improvement approach that focuses on eliminating waste, defined as any activity that does not add value from the patient's perspective (based on Womack & Jones, 1997). The principle of "value" in Lean is directly tied to the end-user, emphasizing that healthcare processes should be streamlined to focus on what patients deem important (Brandao de Souza, 2009). Several studies have demonstrated the potential benefits of Lean methodologies in reducing hospital inefficiencies and improving patient outcomes (Waring & Bishop, 2010; Hasle, Nielsen & Edwards, 2016).

While Lean Management provides a useful framework for process improvement, it often falls short of fully addressing the complexity of patient value, which goes beyond process efficiency and cost reduction. Critiques suggest that Lean's emphasis on waste elimination can inadvertently overlook the emotional, psychological, and cultural dimensions that significantly influence patient satisfaction (Young & McClean, 2008).

Value-Based Healthcare (VBHC)

VBHC, popularized by Porter and Teisberg (2006), focuses on maximizing value for patients by improving health outcomes relative to costs. According to Porter (2010), the central tenet of VBHC is that, to be effective and efficient, healthcare should be organized around segments of patients with a shared set of healthcare needs, rather than the services offered by providers (Teisberg, Wallace, & O'Hara, 2020). VBHC emphasizes that all stakeholders in the healthcare system should align their interests

to enhance value, which Porter (2010) defines as the health outcomes achieved per dollar spent.

Despite its theoretical appeal, VBHC faces challenges in practical implementation. One critique of VBHC is its assumption that value can be measured uniformly across all patients, without accounting for the individual differences in what patients may value (Van Staaldunin et al., 2022). For instance, while some patients at some point may prioritize clinical outcomes, others might value personal attention, empathy, or cultural sensitivity more highly. This underscores the need for a more nuanced understanding of patient value—one that considers the multi-dimensional identities of healthcare recipients.

Defining Patient Value: Insights from Existing Literature

Patient-Centered Care and the Shift in Healthcare Paradigms

The Institute of Medicine (2001) defined patient-centered care as care that is “respectful of and responsive to individual patient preferences, needs, and values”. This approach marked a shift from a paternalistic model of healthcare to one that places the patient at the center of decision-making. Patient-centered care emphasizes the importance of understanding the patient’s experience and integrating their perspectives into the design of healthcare services (Edgman-Levitan & Schoenbaum, 2021; Grover et al., 2022).

Patient-reported outcome measures (PROMs) and patient-reported experience measures (PREMs) are now widely used to capture patient perspectives on the quality of healthcare services (Black, Varaganum, & Hutchings, 2014). PROMs focus on the patient’s health outcomes, while PREMs capture the patient’s experience with the process of care delivery. Both instruments have become essential tools for integrating patient voices into healthcare decision-making. However, these tools primarily focus on individual health outcomes and patient satisfaction, leaving gaps in understanding the broader context of patient values.

The Multi-dimensional Nature of Value in Healthcare

Several scholars have attempted to deconstruct the concept of patient value into its constituent dimensions. For example, Duggirala, Rajendra, & Anantharaman (2008) identified seven critical dimensions of healthcare quality: infrastructure, personnel quality, process of clinical care, administrative procedures, safety, overall experience, and social responsibility. Similarly, Dagger, Sweeney, & Johnson, (2007) proposed a service quality framework consisting of four primary dimensions: interpersonal quality, technical quality, environmental quality, and administrative quality. These

models offer valuable insights into the various elements that contribute to patient perceptions of value in a hospital context.

However, these frameworks do not explain why and when certain dimensions of value become important to patients during their care journey. We aim to present a framework which helps to better understand when and why certain values become important and thus help organizations to act accordingly.

The Multi-Layered Identity Approach: A Conceptual Framework

The Multi-layered Identity Approach (MIA) posits that healthcare recipients simultaneously embody three identities: the patient, the individual, and the customer. This perspective is based on earlier work by Moeke & Van Andel (2016) and Moeke, Van Andel, & Weijers (2018). Each identity brings distinct needs, expectations, and values to the forefront during different stages of the healthcare experience. Understanding this multi-layered identity can help hospitals to provide more holistic, patient-centered care.

The Healthcare Recipient as a Patient

The term “patient” originates from the Latin word *patientem*, meaning “to suffer or endure” (Online Etymology Dictionary, 2001). Even though modern healthcare has advanced significantly, the notion of the patient as someone who suffers remains central to the healthcare experience. Patients often experience anxiety, fear, and uncertainty, which makes them particularly vulnerable and in need of empathy and high-quality clinical care (Torpier, 2014).

The patient identity is most dominant in acute care settings, where the primary goal is to alleviate suffering and provide immediate medical attention. Studies on patient-centered care highlight the importance of emotional support, communication, and trust in patient satisfaction (Epstein & Street, 2011). Patients value not only the technical competence of healthcare providers but also their ability to listen, offer reassurance, and provide a sense of security (Goodrich & Lazenby, 2023).

For example, consider a patient who has been admitted to the hospital following a severe accident and is in need of emergency surgery. In this situation, the patient's dependency on the healthcare team becomes immediately apparent. They are unable to move, communicate their needs effectively, or make decisions independently due to their condition. The patient must trust the healthcare providers entirely, relying on them not only for medical intervention but also for comfort and emotional support during an incredibly vulnerable moment.

In this scenario, the healthcare team's ability to offer empathy alongside technical competence becomes vital to the patient's overall experience. For instance, a surgeon explaining the procedure in a reassuring manner, or a nurse providing a comforting touch before the anesthesia is administered, can significantly reduce the patient's anxiety and create a sense of security. This highlights the patient's dependency on healthcare providers—not just for physical care, but also for the emotional reassurance and trust that are integral to recovery.

This example underscores how the patient identity is shaped by the inherent vulnerability and dependency that come with illness or injury, particularly in acute situations where patients must fully rely on the healthcare system for their well-being.

The Healthcare Recipient as an Individual

Beyond being a patient, every healthcare recipient is a unique individual with personal characteristics that shape their healthcare experience. Factors such as age, gender, culture, religion, education, and lifestyle influence how individuals perceive and interact with healthcare services. This personal identity often becomes more prominent in chronic care settings, where long-term treatment must integrate seamlessly into the patient's life.

Cultural sensitivity and respect for individual preferences are critical to improving patient satisfaction in diverse populations. For example, a patient's religious beliefs may influence their preferences for certain treatments or interactions with healthcare providers (Saha, Beach, & Cooper, 2008).

Similarly, a chronically ill patient may find it pleasant and supportive when treatment times align with their daily schedule or natural rhythm. For instance, consider a patient with diabetes who requires regular insulin injections. If this patient's schedule is built around a set of personal activities, such as work, family commitments, or even specific religious observances, having the flexibility to receive treatment at a time that suits their daily rhythm greatly enhances their overall well-being and satisfaction. Being able to schedule insulin administration or glucose monitoring in a way that minimizes disruption to their daily life can help reduce stress and improve the patient's emotional response to long-term care. By respecting individual routines, healthcare providers demonstrate personalized care, which contributes to a stronger patient-provider relationship and encourages better treatment adherence.

This example illustrates how integrating treatment into a patient's life—rather than forcing patients to adjust to rigid hospital schedules—can greatly enhance

both their experience and treatment outcomes. Personalized care that aligns with an individual's lifestyle and preferences fosters greater satisfaction and trust in the healthcare system.

The Healthcare Recipient as a Customer

In modern healthcare systems, patients are also customers who consume services and expect value for their money (Curry & Sinclair, 2002). This identity is particularly relevant in elective care settings, where patients have more control over their healthcare decisions and can choose providers based on service quality, cost, and convenience.

As customers, healthcare recipients value transparency, choice, and the ability to evaluate services (Young & McClean, 2008). The customer identity also influences patient expectations around service delivery, pricing, and the overall experience of care. The customer identity highlights the transactional aspect of healthcare, where recipients seek not only clinical outcomes but also value for money, ease of access, and quality of service. This aspect is particularly relevant in elective procedures, where the patient has more freedom to make decisions based on comparative factors like hospital reputation, availability of specialized services, and cost.

For example, consider a patient undergoing elective surgery who is given the option to upgrade to a private, one-person room for their hospital stay, at an additional cost. The hospital offers this premium service as part of its patient-centered approach, acknowledging that some patients value privacy and comfort as part of their hospital experience. By opting for a private room, the patient exercises their consumer choice and is willing to pay extra for the added benefits of privacy, quietness, and potentially a more restful recovery. The clear communication about this option, including transparent pricing and the ability to make an informed decision, enhances the patient's sense of control and satisfaction with the hospital's service.

This example illustrates how, in their role as customers, patients often assess the trade-off between cost and the quality of their hospital experience. By providing patients with choices—such as the opportunity to select a more comfortable setting—hospitals align themselves with the customer identity, enhancing patient satisfaction and increasing the perceived value of care. For healthcare providers, understanding this aspect of the healthcare recipient's identity is crucial, particularly in competitive markets where patients increasingly evaluate providers based on their overall service offerings.

Healthcare recipients, as customers, can be particularly sensitive to aspects like waiting times, access to information, and service transparency. Studies in consumer behavior show that customers value flexibility, clear communication, and the ability to make informed choices.

The Application of the Multi-Layered Identity Approach in Hospital Settings

The Multi-layered Identity Approach (MIA) provides a dynamic framework that can be applied across different hospital settings, each of which emphasizes different aspects of the healthcare recipient's identity. The model is particularly useful for understanding patient values in acute, elective, and chronic care, as these settings correspond to varying degrees of medical urgency and patient engagement.

Acute Care

In acute care settings, such as emergency departments or intensive care units, patients are often in critical condition and require immediate medical attention. Here, the healthcare recipient as patient is dominant. Studies on emergency department dynamics show that patients in acute settings are highly vulnerable and value rapid, competent care, as well as emotional reassurance (Kremers et al., 2019). As patients, they primarily seek safety, effective treatment, and empathy. The emotional and psychological needs of patients in acute care are equally important, as fear and anxiety can exacerbate their physical symptoms (Bailey, 2010; Shebl et al., 2025).

Applying MIA in acute care suggests that hospitals should prioritize swift clinical interventions while maintaining a supportive, empathetic environment to address the emotional and psychological needs of patients. A focus on high-quality clinical care coupled with strong communication can alleviate patient stress and improve overall satisfaction with the care experience.

Elective Care

Elective care, by contrast, allows patients to have greater control over their healthcare decisions. In this context, the healthcare recipient as customer is more prominent. Patients evaluate different providers, services, and prices, making choices based on value for money and the perceived quality of service.

In elective care settings, hospitals should focus on providing a customer-friendly experience—one that emphasizes ease of scheduling, clarity of options, and quality assurance. Patients in elective settings are likely to compare their experiences with other service industries, where customer satisfaction plays a central role. Therefore,

aspects such as convenience, timeliness, and personalized services are crucial for delivering patient value.

Chronic Care

In chronic care settings, where patients manage the challenges of long-term conditions, the healthcare recipient as individual becomes increasingly significant. Chronic patients often view their illness as part of their everyday life, which means they value care continuity, lifestyle integration, and respect for personal circumstances. As individuals, chronic patients require care models and tailored care processes that recognize their unique preferences, backgrounds, and long-term goals (Tinetti, Naik, & Dodson, 2016; Moeke, 2016).

Hence, personalized care plans, cultural competence, and collaborative care models are essential for optimizing patient experience in a chronic care settings.

Theoretical and Empirical Foundations of MIA

The Multi-layered Identity Approach draws on several established theories in healthcare, psychology, and consumer behavior, which help to understand how healthcare recipients perceive value. By synthesizing these different theoretical frameworks, MIA offers a comprehensive model that can provide insights into, and potentially enhance, the patient journey through the hospital system.

Identity Theory is a sociological framework that explains how individuals' identities are shaped by their social roles and interactions (Stryker & Burke, 2000; Sheldon, 2000). It emphasizes that identity is formed through the roles people occupy in society (e.g., parent, doctor, patient) and is influenced by the structure of relationships in which they are embedded. A key aspect of this theory is the idea of role identity, which refers to how people define themselves based on the roles they assume. In the context of healthcare, a patient's role as a patient, person, and customer can be understood as distinct but overlapping social identities that shape their healthcare experience. The MIA model draws from identity theory to explain why patients value different aspects of care at different times, depending on which identity is most salient in a given healthcare context.

Empirical research supports the notion that patients do not experience healthcare passively but engage with it through their identities. For instance, the studies of Rahmqvist & Bara, 2010 and Batbaatar et al., 2017 show that identity-based factors such as socio-demographic characteristics, cultural background, and personal values influence patients' perceptions of care.

The field of consumer behavior provides valuable insights into how healthcare recipients, as customers, evaluate services and make decisions. Research on consumer satisfaction highlights the importance of service quality, perceived value, and customer loyalty (Oliver, 2014). In healthcare, these principles translate into patients' expectations for high-quality care, clear communication, and the ability to make informed choices.

In chronic care settings, the concept of person-centered care is central to MIA. Person-centered care involves recognizing the healthcare recipient as an individual with unique preferences, experiences, and life goals. This holistic approach aligns with psychological studies that emphasize the importance of understanding the whole person in healthcare (Jonas & Rosenbaum, 2021). Empirical studies in chronic care settings have shown that patients who feel their individuality is respected and integrated into their care plans report higher satisfaction and better health outcomes (Kogan, Wilber, & Mosqueda, 2016).

Conclusion: Implications for Practice and Future Research

The Multi-layered Identity Approach (MIA) offers a comprehensive framework for understanding what healthcare recipients value in hospital care. By recognizing that patients embody the roles of patients, individuals, and customers, hospitals can better design and deliver services that meet the dynamic and varied expectations of healthcare recipients.

From a practical standpoint, the MIA framework provides guidance for making the journey through a hospital more patient-centered. In short, in acute settings, this might involve enhancing clinical efficiency and empathy. In elective care, hospitals should focus on providing transparency and value for money. In chronic care, the emphasis should be on personalized care and continuity.

For future research, the MIA model opens new avenues for investigating how these overlapping identities influence patient satisfaction, healthcare outcomes, and service evaluation. Empirical studies are needed to test the validity of MIA across different healthcare settings and patient populations. Additionally, research should explore how hospitals can operationalize MIA within existing value-based care models like VBHC and Lean Management to improve both patient experiences and healthcare outcomes.

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