

Effectiveness of Patient Acquisition Strategies of Radiology Clinics

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Abstract:

Effective patient acquisition strategies are essential for radiology clinics to remain competitive and responsive to community needs. This study assessed the perceived effectiveness of such strategies in four key areas: digital marketing, insurance and pricing, accessibility, and patient convenience. One hundred respondents composed of radiologic technologists, clinic staff, and administrative personnel participated in the study. Results showed high effectiveness in insurance and pricing, patient convenience, and accessibility, indicating strong implementation of strategies that directly support patient engagement and satisfaction. However, digital marketing was identified as the weakest area, with only moderate effectiveness reported. This suggests underutilization of online tools and platforms crucial for expanding patient reach. The study recommends strengthening digital marketing initiatives to enhance visibility and improve overall patient acquisition outcomes in radiology clinics.

Keywords: Digital Marketing Strategies; Patient Acquisition; Radiology Clinic Accessibility

Introduction:

Nature of the Problem

According to the OECD (2023), radiology centers are a vital component of healthcare systems, providing specialized imaging services essential for diagnosing a wide range of diseases. These clinics offer focused and personalized diagnostic care, which is increasingly important in a world where early and accurate diagnosis is critical. The global demand for diagnostic imaging has surged due to factors such as an aging population, rising chronic disease prevalence, and advancements in medical technology, underscoring radiology's crucial role in modern healthcare (European Society of Radiology, 2021).

In urban areas of the Philippines like Bacolod City, accessible and high-quality radiology services are essential, with independent clinics offering specialized, more affordable, and quicker imaging options to ease hospital burdens (Department of Health, 2020; Philippine Radiology Society, 2022). However, beyond technology, these clinics' success depends on their ability to attract and retain patients in an increasingly competitive healthcare market, requiring strategies that build trust, convenience, and patient-focused accessibility rather than just advertising (Kotler & Keller, 2016; Porter & Lee, 2013). Radiology clinics face challenges from shifting patient behavior toward online health information and strong hospital referral networks, compelling them to update marketing approaches and emphasize quality and affordability to meet cost-conscious patients' needs (Smith, 2022; Alonzo, 2023; Dela Cruz, 2019).

As a licensed radiologic technologist, I have witnessed how clinics work hard to meet patient needs while dealing with limited resources, evolving technologies, and rising competition. My years of experience in the field inspired me to explore how radiology clinics can stay competitive in today's healthcare landscape. Research shows that digital transformation, transparent pricing, and patient-centered care are now essential components of patient acquisition strategies (Smith, 2022; Reyes, 2021). Clinics that fail to adapt often struggle to maintain patient volume and loyalty.

This study aims to fill the gap in understanding how radiologic technologists in Bacolod City implement patient acquisition strategies by exploring both local practices and broader trends to ensure continued access in the face of evolving digital healthcare systems. It focuses on four key factors influencing patient acquisition: digital marketing, insurance and pricing, accessibility, and patient convenience. Although many clinics are working to improve in these areas, digital marketing remains underutilized. By examining the effectiveness of current strategies from the perspectives of technologists, clinic staff, and administrators, the research seeks to offer practical insights and a proposed action plan to help clinics not only stay afloat but grow by aligning their approaches with the actual needs of their patients and communities.

Current State of Knowledge

Patient acquisition strategies in radiology clinics have become increasingly vital in the face of rising competition, evolving patient expectations, and the growing role of digital technology in healthcare. Recent studies emphasize that attracting and retaining patients now requires more than traditional word-of-mouth or physician referrals. Effective strategies must include digital marketing, service accessibility, transparent pricing, and patient-centered convenience (Kotler & Keller, 2016; Porter & Lee, 2013; Johnson, 2021).

International research highlights the shift toward digital engagement as a central component of modern patient acquisition. Smith (2022) noted that healthcare consumers are increasingly turning to online platforms to research services, compare pricing, and assess reviews before making decisions. Similarly, Sharma and Verma (2022) stressed the importance of search engine optimization (SEO), targeted advertising, and social media presence in increasing clinic visibility and credibility. Despite this, Gordon et al. (2019) found that many small and mid-sized healthcare providers struggle with limited expertise in implementing paid digital strategies, leading to inconsistent online outreach.

In line with these global trends, studies in the Philippines underscore similar challenges and opportunities in the private diagnostic sector. Reyes (2021) observed a surge in private radiology clinics, driven by both accessibility and market demand, but emphasized that clinics often overlook digital platforms as a patient acquisition tool. Gonzales (2020) highlighted the importance of building trust within the local community, noting that clinics with strong relationships and patient communication tend to perform better. Meanwhile, Alonzo (2023) found that more Filipinos are actively searching online for healthcare options, yet many local clinics lack an updated digital presence or meaningful online engagement.

Other local studies support the importance of non-digital strategies in attracting and keeping patients. Dela Cruz (2019) and Tan (2022) identified cost and perceived value as leading factors influencing patient decisions, suggesting that transparency in pricing and flexible insurance handling significantly affect patient loyalty. Villanueva (2023) showed that community outreach and visibility in underserved areas help strengthen trust and improve awareness of radiologic services, especially among those with limited access to mainstream healthcare.

Despite the progress in some areas, significant gaps remain—particularly in digital marketing. Mendoza (2022) revealed that while patients prioritize convenience, affordability, and quality, they often struggle to find clear, accessible information online about services offered by clinics. Castro (2023) confirmed that while Filipinos are increasingly using social media for healthcare information, clinic-level digital engagement is minimal and underdeveloped. These findings highlight the critical need to modernize outreach efforts and integrate digital strategies into overall marketing plans.

Altogether, the current body of knowledge shows that while radiology clinics in the Philippines are advancing in patient convenience, accessibility, and insurance transparency, digital marketing remains the weakest link. To stay competitive in an increasingly digital healthcare environment, clinics must adopt integrated, patient-centered acquisition strategies that combine online visibility with traditional values of trust, accessibility, and service quality (Ventola, 2014; Lin et al., 2021).

Theoretical Underpinnings

This study on patient acquisition strategies in radiology clinics is grounded in Consumer Behavior Theory by Blackwell, Miniard, and Engel (2006), which explores how individuals make decisions when selecting products or services. In the context of healthcare, particularly radiology, patients assess providers based on factors such as quality, cost, convenience, and trust. The theory outlines stages of consumer decision-making—need recognition, information search, evaluation of alternatives, purchase decision, and post-purchase evaluation—which translate into how patients choose healthcare providers, seek information, and assess satisfaction with the service received (Beverly et al., 2020).

Applying this theory to radiology clinics helps explain the shift from passive patient referrals to active consumer decision-making, driven by access to digital platforms, peer reviews, and rising healthcare awareness (Shankar et al., 2024). It highlights how clinics must understand and respond to patients' concerns—such as lack of information, pricing fears, or trust barriers—to design effective, patient-centered marketing strategies. This includes emphasizing convenience and service quality in communication efforts (Wood, 2018). As healthcare increasingly mirrors consumer-driven industries, this framework is highly relevant for evaluating and enhancing patient acquisition approaches in today's competitive environment (Beverly et al., 2020).

Objectives of the Study

This study aims to determine the effectiveness of patient acquisition strategies in radiology clinics in a highly urbanized city in Central Philippines, as a basis for an action plan to enhance competitiveness and service reach.

Specifically, it sought to answer the following questions: 1) determine the profile of the respondents in terms of age, sex, civil status, and length of service; 2) assess the level of effectiveness of patient acquisition strategies in radiology clinics when assessed in the following areas: digital marketing, insurance and pricing, accessibility, and patient convenience; 3) determine whether or not significant differences exists in the level of effectiveness of patient acquisition strategies when grouped and compared according to the respondents' profile variables.

Methodology:

This section describes the methodology used in conducting the study. It consists of five (5) subparts: research design, respondents, research instrument, data gathering procedure, and statistical treatment of data.

Research Design

This study employed the descriptive research design to assess the effectiveness of patient acquisition strategies in radiology clinics in a highly urbanized city in Central Philippines. According to Dudovskiy (2017), descriptive research design attempts to determine, describe, or identify characteristics within the field of investigation. This design is appropriate for the study as it enables the systematic presentation of data using tools such as frequency counts, percentages, and measures of central tendency (mean, median, and mode), as well as analysis of variations and correlations across variables. It helps provide a comprehensive picture of current practices and their perceived effectiveness from the perspective of clinic personnel.

Study Respondents

The study's respondents were the clinic personnel, including registered radiologic technologists and clinic managers of various radiology clinics in Bacolod City. A stratified random sampling technique and the Cochran formula were used to find the sample size.

Instruments

To assess the effectiveness of patient acquisition strategies in radiology clinics, a researcher-designed survey questionnaire was utilized, composed of two parts. Part I gathered demographic information such as age, sex, civil status, and length of service. Part II focused on evaluating the level of effectiveness in four key strategic areas: digital marketing, insurance and pricing, accessibility, and patient convenience. The questionnaire contained 40 items, with 10 items dedicated to each area. Respondents rated each item using a 5-point Likert scale, ranging from 1 ("Never") to 5 ("Always").

The instrument's validity was confirmed by a panel of three experts in the field of business management, yielding an average validity score of 4.74, interpreted as "Excellent." The reliability test result was 0.786, indicating that the instrument is highly reliable for data collection in assessing strategy effectiveness.

Data Gathering Procedure

Once the validity and reliability of the researcher-made instrument were established, the researcher formally sent letters of request to the managers and administrative heads of selected radiology clinics in a highly urbanized city in Central Philippines, seeking approval to conduct the study. Upon approval, the researcher scheduled visits to the clinics and met with the identified respondents such as radiologic technologists, clinic staff, and administrators to explain the objectives of the study and provide clear instructions on how to complete the questionnaire. In accordance with ethical research standards, respondents were assured of the confidentiality of their responses and the anonymity of their identities. The researcher personally facilitated the distribution and collection of the questionnaires, ensuring all were properly answered and retrieved for analysis. The completed responses were then organized, encoded, and prepared for statistical processing.

Data Analysis and Statistical Treatment

Objective No. 1 used the descriptive-analytical method, with frequency counts and percentage distributions, to describe the respondents' profiles in terms of age, sex, civil status, and length of service.

Objective No. 2 applied descriptive-analytical methods using the mean to determine the level of effectiveness of patient acquisition strategies in the areas of digital marketing, insurance and pricing, accessibility, and patient convenience.

Objective No. 3 used a comparative-analytical method, specifically the Mann-Whitney U Test and Kruskal-Wallis Test, to assess whether there were significant differences in the perceived effectiveness of patient acquisition strategies when the respondents were grouped according to their demographic profile variables.

Ethical Consideration

This study strictly adhered to established research ethics protocols. Prior to data collection, the researcher sought and obtained ethical clearance from the appropriate institutional review board, as guided by the principles outlined by Ramrathan, Grange, and Shawa (2016). All respondents—comprising radiologic technologists, clinic staff, and administrators—were fully informed about the study's objectives, procedures, and any potential risks involved. Informed consent was obtained before participation, and participants were assured that their identities would remain anonymous and confidential throughout the research process. The researcher took all necessary measures to ensure that data collection posed no harm to the participants. As recommended by Peter and Ferdinand (2017), safeguards were put in place to protect the integrity and privacy of respondents. Personal information was not shared outside the research process, and all processed data were securely stored and permanently destroyed upon completion of the study, with participants' consent. The anonymity and confidentiality of responses were strictly upheld to maintain the ethical standards of academic research.

Results and Discussion:

This section deals with the presentation, analysis and interpretation of data gathered to carry out the objectives of this study. All these were made possible by following certain appropriate procedures so as to give the exact data and solution to each specific problem.

Profile of the Respondents in Terms of Age, Sex, Civil Status and Length of Service

Table 1
Profile of Respondents

Variables	Categories	Frequency	Percentage
Age	Younger (less than 31 years old)	63	63.00
	Older (31 years old and above)	37	37.00
	Total	100	100
Sex	Male	42	42.00
	Female	58	58.00
	Total	100	100
Civil Status	Single	59	59.00
	Married	41	41.00
	Total	100	100
Length of Service	Shorter (less than 5 years)	60	60.00
	Longer (5 years and above)	40	40.00
	Total	100	100

Table 1 presents the frequency and percentage distribution of the hundred (100) employees working in radiology clinics regarding age, sex, civil status, and length of service in tabular form. The data indicates that most respondents are younger, with 63% being under 31. There is also a higher representation of female respondents (58%) than male respondents (42%). Regarding civil status, a significant portion (59%) of the respondents are single, while 41% are married. Finally, the length of service shows that 60% of the respondents have been in their current roles for less than five years.

Descriptive Analysis in the Level of Patient Acquisition Techniques of Radiology Clinics in Digital Marketing, Insurance and Pricing Strategies, Patient Convenience, and Accessibility

Table 2
Level of Patient Acquisition Strategies of Radiology Clinics in Digital Marketing

Area	Mean	Interpretation
A. Digital Marketing <i>As an employee, I...</i>		
1. observe our clinic using social media campaigns to attract new patients.	3.44	Moderate Level
2. notice patient reviews and testimonials being used to promote our clinic's services.	3.58	High Level
3. believe that our clinic regularly updates its website to	3.59	High Level

provide clear and engaging patient information.		
4. observe that online appointment scheduling is actively promoted to patients as a convenient option.	3.46	Moderate Level
5. see targeted digital advertisements (e.g, Google Ads, social media ads) used for patient acquisition.	3.05	Moderate Level
6. believe our clinic uses email marketing campaigns to communicate with potential and existing patients.	3.29	Moderate Level
7. observe that we actively engage with patients through social media platforms to build trust and awareness.	3.28	Moderate Level
8. believe our clinic collaborates with other healthcare providers online to expand patient reach.	3.23	Moderate Level
Overall Mean	3.37	Moderate Level

Table 2 presents the data on the level of digital marketing practices of radiology clinics in acquiring patients. The overall mean of 3.37 indicates a moderate level of digital marketing integration, suggesting that while such strategies are implemented, they are not yet fully optimized or consistently applied across the clinic's operations. The highest mean score of 3.59, related to regularly updating the clinic's website to provide clear and engaging information, and a close 3.58 for utilizing patient reviews and testimonials, reflect areas where the clinic demonstrates strong digital presence and credibility-building practices. These findings emphasize the clinic's awareness of the importance of trust-building and accessible information—two essential components in today's patient decision-making process (Ventola, 2014; Lin et al., 2021). In contrast, the lowest mean of 3.05, associated with using targeted digital advertisements such as Google or social media ads, highlights a significant gap in leveraging paid digital strategies for broader reach. This suggests that while foundational digital tools are in place, the clinic may not fully utilize advanced marketing techniques like audience targeting and campaign tracking, which are essential for maximizing visibility and patient acquisition (Gordon et al., 2019; Sharma & Verma, 2022). This finding aligns with research indicating that healthcare organizations often lag in adopting paid digital marketing due to regulatory concerns or limited technical expertise (Martínez-Millana et al., 2018). However, doing so could significantly enhance acquisition efforts in competitive urban healthcare environments.

Table 3
Level of Patient Acquisition Strategies of Radiology Clinics in Insurance and Pricing Strategies

Area	Mean	Interpretation
B. Insurance and Pricing		
<i>As an employee, I...</i>		
1. observe our clinic providing transparent pricing information to patients during consultations or online.	4.50	Very High Level
2. believe our clinic frequently promotes the range of insurance providers we accept to attract patients.	4.37	High Level
3. notice discounts or promotional packages are offered regularly to encourage patient acquisition.	4.37	High Level
4. observe that we explain insurance coverage options clearly to patients during their visits or inquiries.	3.54	High Level
5. believe flexible payment plans are provided for insured patients at our clinic.	4.32	High Level
6. observe that our clinic actively partners with insurance companies to increase patient referrals.	4.06	High Level
7. believe competitive pricing strategies are discussed and implemented to attract more patients compared to competitors.	4.20	High Level
8. observe that billing processes at our clinic are streamlined and communicated effectively to reduce patient confusion or dissatisfaction.	4.37	High Level
Overall Mean	4.22	High Level

Table 3 presents the level of patient acquisition strategies of radiology clinics in terms of insurance and pricing strategies as perceived by employees. The table summarizes the mean scores for various strategies and interprets each item's implementation level. The overall mean score is 4.22, which is interpreted as a "high level." This suggests that, on average, radiology clinics are consistently implementing effective insurance and pricing strategies to attract and retain patients.

The highest mean score is 4.50, under the item "observe our clinic providing transparent pricing information to patients during consultations or online," which is interpreted as a "very high level." Conversely, the lowest mean score is 3.54 for the item "observe that we explain insurance coverage options clearly to patients during their visits or inquiries." However, it still falls within the "high-level" interpretation. This suggests that clinics perform well in this

area, but there is relatively less clarity or emphasis on explaining insurance coverage options than on other strategies. This implies that clinics may benefit from further improving how they communicate insurance details to patients, as clear explanations of insurance coverage are essential for reducing confusion, increasing patient confidence, and ultimately improving patient acquisition (Singh et al., 2023).

Table 4

Level of Patient Acquisition Strategies of Radiology Clinics in Patient Convenience

Area	Mean	Interpretation
C. Patient Convenience		
<i>As an employee, I...</i>		
1. observe that online appointment scheduling is frequently used by our clinic staff and encouraged among patients.	4.35	High Level
2. believe short waiting times during appointments are prioritized at our clinic to improve patient satisfaction.	4.36	High Level
3. notice that follow-up reminders (e.g., calls, texts) are regularly sent to ensure patient compliance with appointments or treatments.	4.49	High Level
4. observe that multiple communication channels (e.g, phone, email, chat) are actively utilized for patient inquiries and interactions.	4.48	High Level
5. believe pre- and post-procedure instructions are consistently provided in a clear and accessible manner for patients' convenience.	4.49	High Level
6. notice that same-day or urgent appointments are often made available for patients requiring immediate care services.	4.46	High Level
7. observe that convenient parking or transportation options are regularly maintained at our clinic for ease of patient access.	3.27	Moderate Level
8. believe patient comfort during procedures is prioritized (e.g., clinic's cleanliness, room temperature, restroom availability), ensuring a positive experience that encourages referrals or repeat visits.	4.46	High Level
Overall Mean	4.30	High Level

Table 4 presents the level of patient acquisition strategies of radiology clinics in terms of patient convenience, as perceived by employees. The overall mean score is 4.30, which is interpreted as a "high level." This indicates that, on average, radiology clinics are highly effective in implementing strategies that enhance patient convenience, thereby supporting patient acquisition and retention. The highest mean score in this table is 4.49, observed for two items. These are the "notice that follow-up reminders (e.g., calls, texts) are regularly sent to ensure patient compliance with appointments or treatments" and "believe pre and post procedures instructions are consistently provided in a clear and accessible manner for patients' convenience." both of these are interpreted as "high level." On the other hand, the lowest mean score is 3.27 for the item "Observe that convenient parking or transportation options are regularly maintained at our clinic for ease of access by patients," with an interpretation of "moderate level." This lower score implies that, compared to other convenience strategies, clinics are less consistent in providing or maintaining accessible parking or transportation options. The implication is significant as "limited access to convenient transportation" can be a barrier to clinic visits, especially for patients with mobility challenges or those from distant areas. Improving this aspect could further enhance patient acquisition by reducing logistical barriers and making clinics more accessible to a broader patient base (Ramirez et al., 2024).

Table 5

Level of Patient Acquisition Strategies of Radiology Clinics in Accessibility

Area	Mean	Interpretation
D. Accessibility		
<i>As an employee, I...</i>		
1. believe our clinic's location is strategically chosen to be near residential areas or workplaces, making it convenient for patients.	4.39	High Level
2. observe patients choosing our clinic because it is easily accessible by public transportation.	4.16	High Level
3. notice that patients frequently comment on the proximity of our clinic as a deciding factor for choosing our services.	4.04	High Level

4. observe that our clinic's location near healthcare providers or hospitals facilitates seamless referrals and collaboration	4.01	High Level
5. believe our clinic's location reduces patient travel time compared to other facilities.	3.94	High Level
6. actively promote our clinic's location in marketing materials to highlight its accessibility to potential patients.	2.96	Moderate Level
7. notice patients often mention reduced travel time as a benefit of visiting our clinic.	3.88	High Level
8. observe that our clinic's location near shopping centers or commercial areas attracts patients who combine imaging visits with other errands.	3.91	High Level
Overall Mean	3.91	High Level

Table 5 presents the level of patient acquisition strategies of radiology clinics regarding accessibility, as perceived by employees. The overall mean score is 3.91, which is interpreted as a "high level." This indicates that radiology clinics are effectively implementing strategies to ensure their services are accessible to patients, thereby supporting patient acquisition and satisfaction. The highest mean score in this table is 4.39 for the item "believe our clinic's location is strategically chosen to be near residential areas or workplaces, making it convenient for patients," which is interpreted as a "high level."

In contrast, the lowest mean score is 2.96 for the item "actively promote our clinic's location in marketing materials to highlight its accessibility to potential patients," which is interpreted as a "moderate level." This indicates that, compared to other accessibility strategies, clinics are less proactive in marketing their location as an advantage. This finding implies that radiology clinics may miss opportunities to attract new patients by not sufficiently highlighting their accessible locations in promotional efforts. Since effective accessibility marketing can influence patient choice and increase clinic visibility, enhancing this aspect could further improve patient acquisition outcomes (Nguyen & Santos, 2023).

Comparative Analysis in Level of Patient Acquisition Strategies of Radiology Clinics in Digital Marketing, Insurance and Pricing Strategies, Patient Convenience, and Accessibility when grouped and compared according to Age, Sex, Civil Status, and Length of Service

Table 6

Difference in the Level of Patient Acquisition Strategies of Radiology Clinics in Digital Marketing when grouped and compared according to the aforementioned Variables

compared according to the aforementioned variables							
Variable	Category	N	Mean Rank	Mann-Whitney U	p-value	Sig. level	Interpretation
Age	Younger	63	50.07	1138.500	0.847	0.05	Not Significant
	Older	37	51.23				
Sex	Male	42	51.63	1170.500	0.740		Not Significant
	Female	58	49.68				
Civil Status	Single	59	51.14	1171.500	0.790		Not Significant
	Married	41	49.57				
Length of Service	Shorter	60	49.26	1125.500	0.600		Not Significant
	Longer	40	52.36				

Table 6 reveals the difference in radiology clinics' level of patient acquisition techniques in digital marketing when grouped and compared according to variables. Using the Mann-Whitney U test, age garnered a p-value of 0.847, sex has a p-value of 0.740, civil status has a p-value of 0.790, and length of service has a p-value of 0.600—all of which are greater than the 0.05 significance level. The result indicated that no significant difference exists. The null hypothesis is, therefore, accepted. The result shows no significant difference in the level of digital marketing strategies practiced by radiology clinics when respondents are grouped according to age, sex, civil status, and length of service. This implies that regardless of demographic characteristics or tenure, employees demonstrate similar implementation of digital marketing efforts. This consistency in digital marketing applications suggests that institutional policies or uniform marketing strategies may guide such techniques. As Smith and Johnson (2022) supported, effective digital marketing in healthcare settings is best sustained through centralized frameworks that ensure uniformity in execution across diverse staff profiles.

Table 7

Difference in the Level of Patient Acquisition Strategies of Radiology Clinics in Insurance and Pricing Strategies when grouped and compared according to the aforementioned Variables

Grouped and compared according to the aforementioned variables							
Variable	Category	N	Mean Rank	Mann-Whitney U	p-value	Sig. level	Interpretation
Age	Younger	63	50.10	1140.500	0.858	0.05	Not Significant
	Older	37	51.18				
Sex	Male	42	51.31	1184.000	0.811		Not Significant
	Female	58	49.91				
Civil Status	Single	59	47.50	1032.500	0.213		Not Significant
	Married	41	54.82				
Length of Service	Shorter	60	51.45	1143.000	0.687		Not Significant
	Longer	40	49.08				

Table 7 reveals the difference in the level of patient acquisition strategies of radiology clinics in insurance and pricing strategies when grouped and compared according to variables. Using the Mann-Whitney U test, age garnered a p-value of 0.858, sex has a p-value of 0.811, civil status has a p-value of 0.213, and length of service has a p-value of 0.687—all of which are greater than the 0.05 significance level. The result indicated that no significant difference exists. The null hypothesis is, therefore, accepted. The result implies that there is no significant difference in the level of implementation of insurance and pricing strategies among radiologic clinics when respondents are grouped based on age, sex, civil status, and length of service. Employees appear to follow consistent practices in handling insurance and pricing concerns regardless of demographic or professional distinctions.

Table 8

Difference in the Level of Patient Acquisition Strategies of Radiology Clinics in Patient Convenience when grouped and compared according to the aforementioned Variables

Variable	Category	N	Mean Rank	Mann-Whitney U	p-value	Sig. level	Interpretation
Age	Younger	63	49.98	1133.000	0.816	0.05	Not Significant
	Older	37	51.38				
Sex	Male	42	45.31	1000.000	0.126		Not Significant
	Female	58	54.26				
Civil Status	Single	59	47.82	1051.500	0.266		Not Significant
	Married	41	54.35				
Length of Service	Shorter	60	49.53	1142.000	0.682		Not Significant
	Longer	40	51.95				

Table 8 reveals the difference in radiology clinics' level of patient acquisition strategies in patient convenience when grouped and compared according to variables. Using the Mann-Whitney U test, age yielded a p-value of 0.816, sex a p-value of 0.126, civil status a p-value of 0.266, and length of service a p-value of 0.682. The result indicates no significant difference since all p-values exceed the 0.05 significance level. The null hypothesis is, therefore, accepted. This implies that radiologic clinic employees uniformly implement patient convenience practices regardless of age, sex, civil status, or length of service. Everyone appears to uphold a high level of patient-centered services, such as online scheduling, timely reminders, and clear instructions. Such alignment may be attributed to organizational systems that ensure a consistent patient experience through standardized workflows and employee training. Simmons and Ortega (2022) noted that institutions that institutionalize convenience-focused protocols often see reliable performance across varying staff profiles.

Table 9

Difference in the Level of Patient Acquisition Strategies of Radiology Clinics in Accessibility when grouped and compared according to the aforementioned Variables

Variable	Category	N	Mean Rank	Mann-Whitney U	p-value	Sig. level	Interpretation
Age	Younger	63	52.57	1035.000	0.350	0.05	Not Significant
	Older	37	46.97				
Sex	Male	42	52.80	1121.500	0.499		Not Significant
	Female	58	48.84				
Civil Status	Single	59	56.04	882.500	0.022		Significant
	Married	41	42.52				

Length of Service	Shorter	60	55.43	904.000	0.037	Significant
	Longer	40	43.10			

Table 9 reveals the difference in accessibility levels of radiology clinics' patient acquisition strategies when grouped and compared according to variables. Using the Mann-Whitney U test, age yielded a p-value of 0.350 and sex a p-value of 0.499, both greater than the 0.05 significance level, indicating no significant difference. However, civil status produced a p-value of 0.022 and length of service a p-value of 0.037, both below the 0.05 threshold. This indicates a significant difference in accessibility strategies based on civil status and length of service. Therefore, the null hypothesis is accepted for age and sex but rejected for civil status and length of service. The result suggests that radiologic employees' perspectives on clinic accessibility strategies vary based on their civil status and tenure. These differences may reflect changing priorities, such as convenience or location preferences, between single and married staff or those with longer versus shorter service. This finding highlights the influence of personal and professional backgrounds on how accessibility is perceived and implemented. As supported by Cruz and Velasco (2021), employees' lifestyles or experience levels may shape how they evaluate the strategic value of clinic location, transportation access, and ease of patient entry.

Conclusions:

The study found that demographic variables such as age, sex, civil status, and length of service do not significantly influence how radiology clinics implement most patient acquisition strategies through digital marketing, including mobile marketing, insurance and pricing, and patient convenience. However, accessibility strategies appear to be influenced by civil status and length of service, suggesting these groups may differ in how they perceive or prioritize patient access-related concerns.

This shows that digital marketing practices might be aligned internally across the staff from different profiles perfectly due to standardized training, institutional protocols, and shared organizational objectives, as stated by this study.

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