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Perceptions Regarding Health Services: Willingness to Pay

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Abstract

Background: Healthcare systems worldwide face escalating costs and resource allocation challenges, making willingness to pay (WTP) a crucial economic evaluation tool for understanding patient preferences and informing healthcare policy decisions.

Objective: This systematic literature review examined perceptions regarding health services' willingness to pay across diverse healthcare contexts.

Methods: Following PRISMA guidelines, a systematic search was conducted using PubMed, Scopus, and Web of Science databases. Studies published between 2024 and 2025 examining perceptions of health services WTP were included. Data extraction focused on study characteristics, methodologies, and key findings regarding WTP determinants.

Results: Seventeen studies from 11 countries were included, comprising ten cross-sectional studies, two mixed-methods studies, and various other designs. Key findings revealed that WTP is influenced by sociodemographic characteristics (age, gender, education, income), service-specific attributes (preventive vs. treatment services), and perceptual dimensions including perceived value, risk assessment, and trust. Educational attainment and income consistently emerged as positive predictors of WTP across different health services.

Conclusion: WTP for health services represents a complex phenomenon mediated by perceptual factors beyond traditional economic considerations. Healthcare financing strategies should incorporate perception-focused interventions to align WTP with actual costs and improve healthcare accessibility.

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INTRODUCTION

Healthcare systems worldwide continue to grapple with escalating costs, aging populations, and the challenge of delivering high-quality care within constrained budgets. The willingness to pay (WTP) concept has become a crucial economic evaluation tool for understanding patient preferences, informing healthcare resource allocation, and supporting evidence-based policy decisions[1]. According to Bertram (2016) in Menzel (2021), the WTP threshold is a value used to represent "an estimate of what consumers of health services might be willing to pay for health benefits". It is often based on a country's gross domestic product per capita.[2,3].

Contemporary healthcare economics increasingly recognizes WTP as a patient-reported outcome measure that captures preferences beyond traditional clinical endpoints, incorporating individual utility assessments essential for patient-centered care delivery.[4]. Integrating WTP methodologies into health technology assessment and healthcare decision-making processes has become particularly relevant as healthcare systems worldwide shift toward value-based care models that emphasize patient outcomes and satisfaction alongside cost considerations[5].

The COVID-19 pandemic has fundamentally transformed healthcare delivery modalities and patient expectations, creating unprecedented opportunities to examine WTP for telehealth services, safety protocols, and flexible care delivery options[6,7]. Recent evidence suggests significant shifts in patient preferences for healthcare services, with increased valuation of convenience, safety, and accessibility factors previously considered secondary to clinical outcomes[8]. These evolving healthcare landscapes necessitate a contemporary synthesis of WTP research to inform post-pandemic healthcare policy and service delivery decisions.

METHODS

Presenting study findings, the preferred reporting items for systematic reviews by the PRISMA checklist were used and handled through a discussion between two authors.

Data Sources and Search Strategy

A systematic search was conducted utilizing electronic databases such as PubMed, Scopus, and Web of Science to find relevant published articles on perceptions regarding health services' willingness to pay. This includes perceptions for various health services, including outpatient care, inpatient care, laboratory tests, and health insurance premiums.

The most recent article search was conducted in May 2025. The Problem, Interest, Comparison, and Outcomes (PICO) setting paradigm was used to establish article eligibility. The Problem (P) refers to perceptions, the Interest (I) was health services, the Comparison (C) was NA, and the Outcome (O) was WTP.

The keywords used during the search for relevant articles in combination or separately were: “perceptions”. The keywords used for the exploration of Interest were “health services”. The keywords used for outcome were “willingness to pay.”

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Eligibility Criteria

All articles on perceptions regarding health services' willingness to pay were included. Studies were included irrespective of study design or setting. There were restrictions on the year of publication and language. The inclusion and exclusion criteria for papers are presented in Table 1.

Exclusion Criteria

Articles were excluded if they were reported in a publication before 2024. Besides English, review articles, subjects other than health services, and not containing the WTP.

Screening of Articles

The original search results were saved in Mendeley reference management. Duplicates were deleted, and the remaining articles were separately screened using the title and abstract criteria. The screening of articles was done independently, and the research that was agreed upon was included in the full-text review. Disagreement was resolved through discussion. Independent full-text reviews of eligible publications were conducted collaboratively, followed by analysis of the complete text of all relevant articles that matched the inclusion criteria.

Data Extraction

Data extraction consisted of the author, year, literature type, important conclusion, and database resources, as shown in Table 2.

Table 1. Inclusion and exclusion criteria for papers

Inclusion criteria	Exclusion criteria
- Problem: Perceptions	- Publication before 2024
- Interest: health services	- Besides English
- Primary outcome measure: willingness to pay	- Review
- Publication years: 2024-2025	- Subject other than health services
- Location: Any	- Not containing willingness to pay
- Language: English	

Table 2. Data Extraction for Included Studies

Authors	Year	Method	Important Conclusion	Database Resources
Laxmeshwar, Chinmay et al.[9]	2024	A cross-sectional study.	Nearly two-thirds of the participants were willing to pay for HIVST.	Web of Science
Zhang, Bohua et al.[10]	2024	A questionnaire survey was analyzed using a structural equation model.	The quality of information and services during free consultations positively affects patients' willingness to pay for paid services.	Scopus

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Zhu, Mengting et al.[11]	2025	A cross-sectional study.	Higher pain scores and income correlate with greater willingness to pay.	Pubmed
Abate, Alemayehu Mebratu et al.[12]	2025	A cross-sectional study.	Knowledge and perception significantly influence willingness to pay. Female participants show lower willingness to pay. Experience of illness increases WTP.	Web of Science
Beretzky, Zsuzsanna et al.[13]	2024	A cross-sectional study.	Males, respondents with higher education and income, stated a higher WTP value for all vaccines. Socioeconomic status influences vaccination coverage and WTP.	Web of Science
Parvizi, Sanaz et al.[14]	2024	Contingent Valuation Method (CVM) with face-to-face surveys.	Higher education and income levels are key determinants of willingness to pay (WTP) for an HIV vaccine in Iran.	Scopus
Stegman, Peter et al.[15]	2025	A mixed-methods study.	Income levels significantly influenced willingness to pay, with medium to high-income women willing to pay 2.5 to 3.5 times more than low-income women, indicating economic disparities in access to HIV prevention methods.	Scopus
Endarti, Dwi et al.[16]	2025	A cross-sectional, descriptive study.	Married individuals and those with higher education levels demonstrated a significantly higher WTP for HPV vaccines.	Scopus
S, Syiar Cakke et al.[17]	2024	A cross-sectional study.	The number of family members significantly influences willingness to pay BPJS Health contributions.	Scopus
Nguyen, Nam Vinh et al.[18]	2024	A mixed-methods study was conducted using an explanatory sequential design.	Factors influencing WTP included customers' income and the total cost of drug treatment, with higher income correlating with increased WTP.	Pubmed
Mey Mey, Tan et al.[19]	2024	A cross-sectional study.	Affordability significantly influences willingness to pay for telehealth services. Lower income and education correlate with reduced willingness to pay.	Pubmed
Yang, Ruixia et al.[20]	2025	A cross-sectional study.	Education and targeted communication are essential in increasing the willingness to pay for pharmacy services.	Pubmed
Kinchin, Irina et al.[21]	2024	A cross-sectional study.	Younger age (18-24 years), ownership of health insurance, and higher education levels indicate willingness to pay for disease-modifying therapy.	Pubmed
Vaidya, Shrutangi et al.[22]	2024	An observational study.	Despite the differences in sociodemographic and clinical profiles, there was a uniformity in perceived value and WTP for the drugs, which may pose challenges if actual costs differ significantly from estimated costs.	Pubmed

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Park, Han-Nah et al.[23]	2024	A cross-sectional study.	Factors influencing WTP included having a chronic disease, recognition of primary care nurses, and the first bid price.	Pubmed
Huang, Liping et al.[24]	2024	A discrete-choice experiment.	Greater willingness to pay was associated with a pro-vaccination attitude and the belief that healthcare providers are morally obligated to discuss the MenB vaccine with patients.	Pubmed
van der Pol, Marjon et al.[25]	2024	A randomized controlled trial (RCT).	The study found that willingness to pay (WTP) values for dental care services, specifically scale and polish, were stable over time.	Pubmed

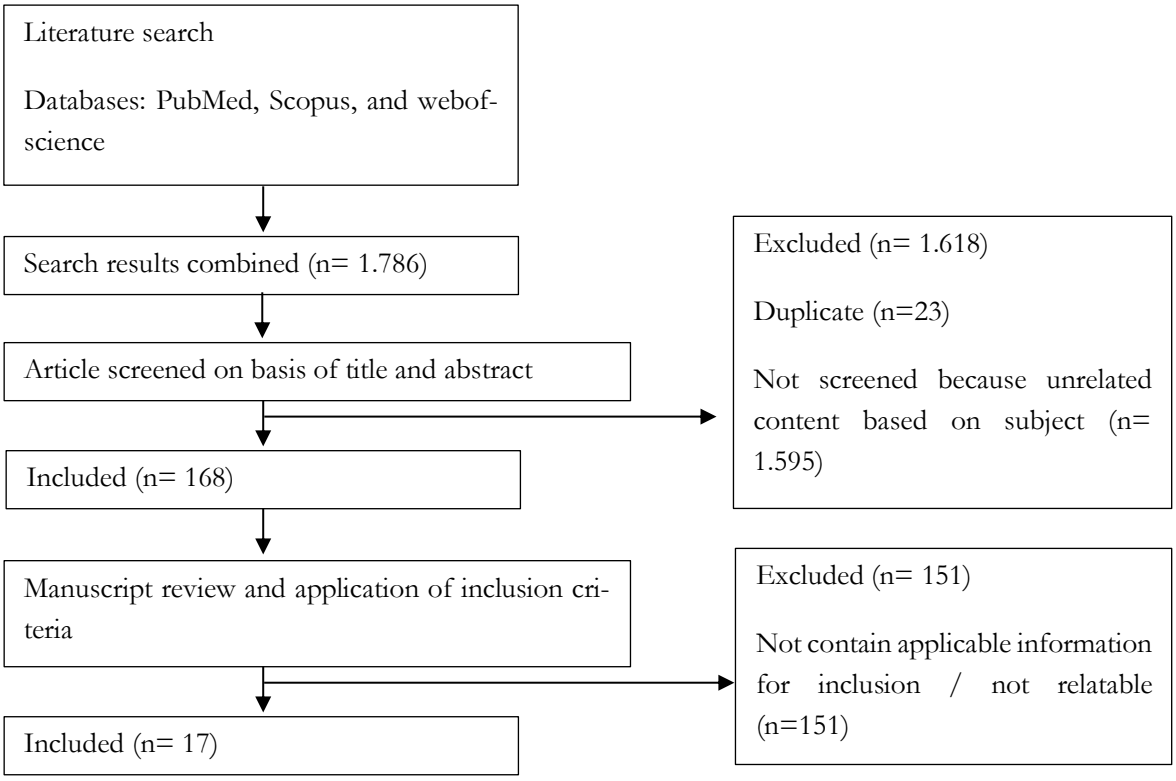

Figure 1. PRISMA Flowchart Showing Study Selection

RESULTS

An initial database search yielded 1.786 articles, PubMed (559), Scopus (712), and Web of Science (515), as viewed in Fig. 3. Following initial screening by title and abstract, a full text review was performed on seventeen articles for the final analysis, which met the inclusion criteria as shown in the PRISMA flow chart Figure 1. Of the seventeen studies, one was from Ethiopia, Hungary, Iran, Kenya, Vietnam, Hong Kong, Ireland, South Korea, United State of America, United Kingdom, and Malaysia, two from India, China, and Indonesia as seen in Fig. 2, b. There are ten cross-sectional studies[9,11–13,16,17,19–21,23], two mixed-methods studies[15,18], one questionnaire survey[10], one contingent valuation study[14], one observational study[22], one discrete-

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choice experiment[24], and one randomized controlled trial (RCT)[25], as viewed in Fig. 3, b. The studies had a follow-up period ranging from up to 1 year, with 29% of studies published in 2025 and the most published in 2024, as viewed in Figure 2.

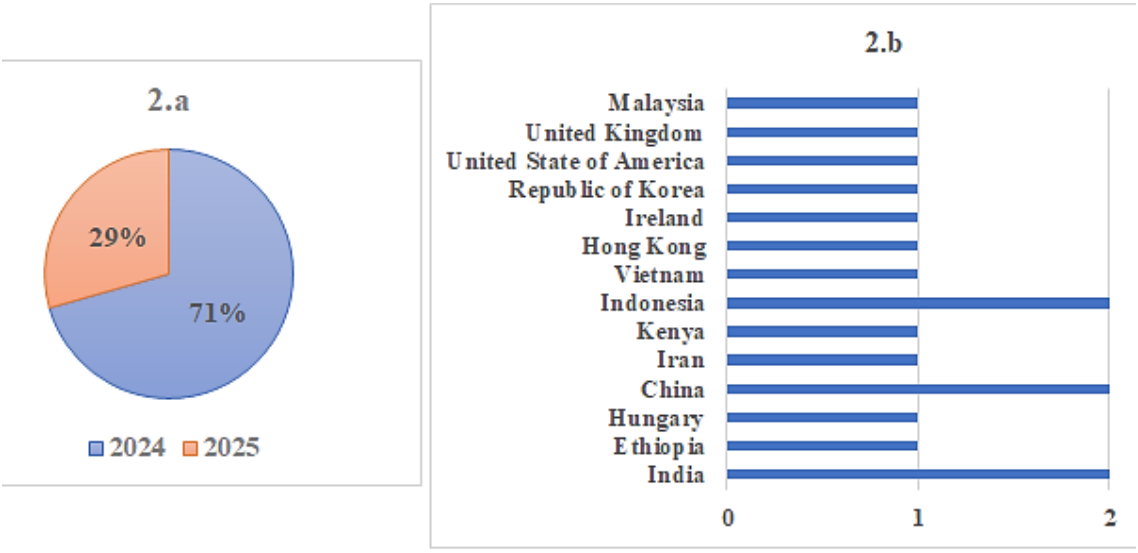

Figure 2. a Publication Year, and 2.b. Country's Research

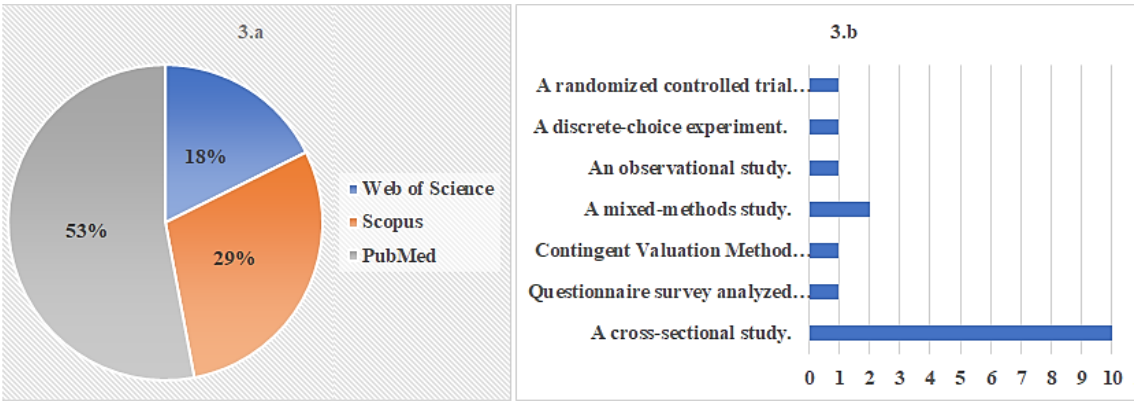

Figure 3. a Database Source, and 3.b. Study Type

DISCUSSION

Overview of Willingness to Pay Patterns in Health Services

The systematic literature review on willingness to pay (WTP) for health services reveals a complex landscape of factors influencing individuals' valuation of healthcare interventions. The studies included in this review, from 2024 to 2025, demonstrate the evolving nature of health service preferences and payment attitudes across diverse populations and healthcare contexts.

The evidence suggests that WTP for health services is not merely a function of economic capacity but represents a multifaceted decision-making process influenced by demographic, socioeconomic, psychological, and contextual factors. The studies revealed significant variations in WTP across different health services, from preventive interventions like vaccinations

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to chronic disease management and emerging technologies.

Sociodemographic Determinants of WTP

Age and Gender Effects

The literature consistently demonstrates that age plays a complex role in WTP decisions. The studies on HPV vaccination for boys and meningococcal vaccination reveal that parental age significantly influences WTP for pediatric preventive services[16,24]. Similarly, age-related variations in COVID-19 vaccine WTP suggest that life-stage considerations affect health service valuation[13].

Gender differences emerge as another consistent pattern across multiple studies. The research indicates that gender influences the absolute WTP amounts and the underlying decision-making processes. These findings align with established health economics literature suggesting that women often demonstrate higher WTP for preventive services, while men may show different preferences for treatment-oriented interventions.

Educational and Income Influences

Educational attainment consistently emerges as a positive predictor of WTP across the reviewed studies. Education level significantly influenced WTP for diabetes treatment options, while similar patterns were observed for clinical pharmacy services.[20,22]. This relationship likely reflects the increased understanding of health service benefits and the correlation between education and earning capacity.

Income effects demonstrate the expected positive correlation with WTP, though the relationship varies by service type and context. The studies on social health insurance and "BPJS Kesehatan" contributions highlight how income constraints affect WTP for insurance-based services differently from direct-pay services.[12,17].

Service-Specific WTP Patterns

Preventive vs. Treatment Services

The distinction between preventive and treatment services reveals essential insights into health service valuation. Studies focusing on vaccination services demonstrate that risk perception and future benefit orientation often influence WTP for preventive interventions.[13,14,16,24]. In contrast, studies examining treatment services for chronic conditions show that current symptom severity and quality of life considerations play more prominent roles.[22,23].

The research on the dapivirine ring for HIV prevention illustrates the complexity of valuing preventive technologies that address both individual and public health benefits.[15]. This dual nature of preventive services creates unique WTP patterns that differ from individual treatment decisions.

Technology-Enhanced Services

Several studies examine WTP for technology-enhanced healthcare services, reflecting the growing digitization of healthcare. A study investigated telehealth consultation WTP, while another examined point-of-care testing services.[18,19]. These studies reveal that technology acceptance and perceived reliability significantly influence WTP decisions, with early adopters demonstrating higher valuation for innovative services.

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Several studies have examined WTP for technology-enhanced healthcare services, reflecting the growing digitalization of healthcare. One study examined WTP for telehealth consultations; another examined point-of-care testing services. These studies found that technology acceptance and perceived reliability significantly influenced WTP decisions, with early adopters showing higher ratings for innovative services.

A study explored online medical platform preferences, finding that free consultation services influence subsequent WTP patterns[10]. This suggests that exposure to and experience with technology-enhanced services can modify traditional WTP relationships.

Policy Implications and Healthcare Financing

Insurance and Payment Mechanisms

The studies examining insurance-related WTP reveal essential insights for healthcare financing policy.[12,17]. The finding that psychosocial factors significantly influence insurance WTP suggests that traditional economic models may inadequately capture the full range of factors affecting insurance participation.

The research indicates that WTP for insurance products differs fundamentally from WTP for direct services, with risk pooling benefits and peace of mind representing distinct value propositions that influence payment decisions.

Service Design and Delivery Optimization

Several studies provide insights relevant to healthcare service design. A study found that patients express significant WTP for nurse-provided chronic disease management services, suggesting opportunities for expanded nursing roles in healthcare delivery.[23]. Similarly, another study demonstrated substantial WTP for clinical pharmacy services, indicating patient recognition of pharmacist value beyond traditional dispensing roles.[20].

The research on mindfulness-based interventions for chronic pain illustrates patient willingness to pay for complementary and integrative health services, suggesting opportunities for expanded service offerings in conventional healthcare settings[11].

Emerging Therapeutic Areas and Innovation

Novel Treatment Modalities

The study on Alzheimer's disease-modifying therapies represents an essential frontier in WTP research.[21]. Their findings reveal the complex interplay between breakthrough therapeutic potential and practical implementation concerns, including clinician and patient perspectives on emerging treatments.

This research highlights the unique challenges in valuing innovative therapies where clinical benefits may be uncertain, costs substantial, and implementation complex. The observed "dissonance" between therapeutic potential and practical acceptance suggests that WTP for innovative treatments requires careful consideration of multiple stakeholder perspectives.

Quality of Life and Symptom-Specific Interventions

Studies focusing on specific symptom management, such as chronic low back pain interventions, demonstrate that WTP patterns vary significantly based on symptom burden and functional impact.[11]. This suggests that WTP research should incorporate condition-specific

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quality of life measures to understand valuation patterns better.

Limitations and Future Research Directions

Methodological Challenges

Despite the substantial evidence, several methodological challenges persist in WTP research. The reliance on hypothetical scenarios raises questions about external validity, while cultural and linguistic differences in WTP elicitation may affect cross-national comparisons. Future research should address these limitations through improved methodology and validation studies.

Integration with Health Technology Assessment

The reviewed studies suggest that WTP research could be better integrated with formal health technology assessment processes. The disconnect between WTP findings and healthcare coverage decisions represents a missed opportunity for incorporating patient preferences into policy decisions.

Suggestions for Future Research

This systematic review identifies critical areas where future research can advance understanding of WTP for health services and improve healthcare policy application.

Future research should prioritize longitudinal designs to understand WTP stability over time, as most studies used cross-sectional designs. Greater integration of qualitative and quantitative methods through interviews, focus groups, and cognitive interviews is needed to understand the psychological mechanisms underlying WTP decisions.

External validation studies should validate hypothetical WTP with actual payment behaviors using revealed preference methods, addressing the gap between stated and revealed preferences.

Geographic expansion and cultural adaptation are critical. Future studies should conduct comparative cross-country research using standardized methodologies to understand the influence of cultural factors, healthcare systems, and macroeconomic conditions on WTP. Culturally adapted WTP instruments for different populations are essential. Research in developing countries needs expansion, where innovative financing strategies are most needed.

Healthcare technology advancement necessitates research on WTP for AI-based services, telemedicine, wearable devices, and personalized medicine. Understanding how privacy concerns and digital literacy affect willingness to pay for digital health services is increasingly important.

Special attention should target vulnerable populations, including older people, children, disabled individuals, and minorities, to ensure healthcare access equity. Research on rare diseases, orphan drugs, and mental health services requires investigation considering economic complexities and stigma.

Integration of WTP research with health technology assessment requires systematic exploration. Studies should develop frameworks combining WTP data with clinical effectiveness analyses, incorporating multiple stakeholder perspectives for evidence-based policy decisions.

Advanced analytical approaches offer enhancement opportunities. Machine learning can identify complex WTP patterns, while behavioral economics provides insights into cognitive biases affecting healthcare valuation. Spatial analysis could understand geographic WTP variations.

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Environmental sustainability and One Health approaches represent emerging frontiers for understanding preferences for environmentally responsible healthcare practices.

Implementation science approaches are essential to bridge gaps between WTP research findings and policy application, focusing on barriers and facilitators while ensuring health equity objectives.

These research directions require interdisciplinary collaboration, adequate funding, and long-term commitment to generate evidence supporting equitable and sustainable health policy development.

CONCLUSION

This systematic literature review of 17 studies from 11 countries reveals that willingness to pay (WTP) for health services represents a complex multidimensional construct influenced by perceptual factors beyond traditional economic considerations. Educational attainment and income consistently emerged as positive predictors of WTP across different health services. At the same time, service-specific attributes such as preventive versus treatment interventions and technology-enhanced delivery models significantly influence payment decisions. The evidence demonstrates substantial heterogeneity in WTP patterns across healthcare contexts, with perceptual dimensions including perceived value, risk assessment, and trust as critical mediating factors in healthcare valuation processes. Healthcare financing strategies should incorporate perception-focused interventions that address cognitive and affective dimensions of healthcare valuation to align patient WTP with actual service costs better. Future research should prioritize longitudinal designs, expanded investigation in developing countries, and focused examination of emerging healthcare technologies to ensure equitable and sustainable healthcare financing policies.

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