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ARTIGO DE REVISÃO

PERSONALIZATION OF CARE IN MEDICAL, DENTAL AND PHYSIOTHERAPY CLINICS: *A STRATEGIC PERSPECTIVE ON HIGH VALUE-ADDED SERVICES*

Personalização do atendimento em clínicas médicas, odontológicas e fisioterápicas: uma perspectiva estratégica em serviços de alto valor agregado

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RESUMO

Este estudo teórico trata da personalização do atendimento em clínicas particulares de maior valor agregado. O objetivo é analisar a importância da personalização em clínicas médicas, odontológicas e fisioterápicas cujos serviços têm alto valor agregado e atendimento majoritariamente particular. Com base em revisão da literatura em marketing de serviços, experiência do cliente e estratégia organizacional, discute-se como a personalização pode funcionar como capacidade estratégica que sustenta a diferenciação, o valor percebido e a fidelização. Argumenta-se que, quando a decisão do paciente depende de fatores subjetivos, como confiança, acolhimento e percepção de qualidade, a personalização tem papel central na construção da reputação e, potencialmente, de vantagem competitiva sustentável. As conclusões são teóricas, e as relações discutidas precisam ser testadas empiricamente.

ABSTRACT

This theoretical study addresses the personalization of care in higher-value private clinics. Its objective is to analyze the importance of personalized care in medical, dental and physiotherapy clinics whose services are highly value-added and predominantly privately paid. Drawing on a literature review in services marketing, customer experience and organizational strategy, it discusses how personalization can operate as a strategic capability that supports differentiation, perceived value and loyalty. It argues that, where the patient's decision rests on subjective factors such as trust, a welcoming environment and perceived quality, personalization plays a central role in building reputation and, potentially, sustainable competitive advantage. The conclusions are theoretical, and the relationships discussed still need empirical testing.

1 INTRODUCTION

Medical, dental and physiotherapy clinics operate in a market that has changed in recent years. Competition has intensified, patients have become more demanding, and the quality of the care experience is

valued more than before. In clinics that serve mostly private patients and offer high value-added services, differentiation no longer rests only on technical competence. It also depends on subjective elements of the patient's experience, both inside the clinic and in every contact with it.

In this setting, personalization emerges as a critical factor, because it allows a clinic to understand and meet each patient's individual needs more effectively. The services marketing literature observes that services are intangible, inseparable from their delivery and heterogeneous, and healthcare is a clear example of all three. For that reason, the experience lived by the patient is an essential condition for the formation of perceived value and satisfaction (LOVELOCK; WIRTZ; HEMZO, 2021; GRÖNROOS, 2011).

Personalization, as treated here, means adapting processes, interactions and solutions to the particular characteristics of each patient, such as clinical needs, preferences, health history and expectations. It can produce more accurate solutions, a better individual experience and a stronger bond between patient and provider, which in turn may raise trust, adherence to treatment and perceived quality. The concept is directly linked to higher-priced services and to high patient expectations, which require a clinic to be managed in a way that is clearly distinct from its competitors.

The study starts from a gap. Much of the literature approaches personalization in a fragmented way, restricted to operational practices or to the use of technology, without integrating it with organizational strategy. This article therefore asks: *what is the strategic role of personalized care in generating value and differentiation in high value-added healthcare clinics?*

1.1 Objectives

The general objective is to analyze, from a theoretical perspective grounded in services marketing and customer (patient) experience, the importance of personalized care in medical, dental and physiotherapy clinics whose services have high added value and are predominantly paid privately.

The specific objectives are: (a) to analyze the theoretical foundations of services marketing and patient experience, showing how the characteristics of healthcare services shape perceived quality, satisfaction and perceived value; (b) to analyze the concept of personalized care in healthcare services, identifying its main constituent elements and its contribution to the relational bond between patient and clinic; and (c) to discuss personalization as a strategic capability that may generate sustainable competitive advantage in markets where technical differentiation is limited and the patient experience becomes central.

1.2 Rationale

Greater competition, together with patients' growing decision-making autonomy and their appreciation of superior care experiences, creates new challenges for clinic management. Where services are technically similar, differentiation based only on clinical competence is not enough to sustain advantage over the long term. Personalization influences subjective dimensions of the experience, such as trust, a welcoming environment, safety and the perception of being cared for. These dimensions bear on satisfaction, loyalty and the willingness to pay for high value-added services, especially in private practice.

The patient's perception that the clinic provides a superior service is what creates and maintains differentiation over time. To remain relevant, a clinic must therefore keep expectations high and, above all, meet them consistently. The study is justified by this practical relevance and by the need to connect services marketing, patient experience and organizational capability in a single reading, which may also offer conceptual support to clinic managers.

2 METHODOLOGICAL PROCEDURES

This is a theoretical and qualitative study, based on a critical and interpretive reading of the literature on services marketing, customer experience, perceived value and organizational strategy applied to healthcare. It is a narrative literature review, not a systematic review, and no primary empirical data were used. The purpose is

to understand the concepts and theoretical relationships that support personalization as a source of value and differentiation for clinics and their patients.

The literature was selected in a deliberate way, combining classic and contemporary works, books and journal articles, published in Brazil and abroad. Priority went to works on services marketing, customer experience, relationship marketing, perceived value and differentiation, and strategy applied to healthcare services. Three criteria guided the selection: the theoretical and conceptual relevance of the work; its adherence to the healthcare context or to the theoretical foundation of the study; and its contribution to understanding personalization, patient experience, differentiation and value creation. The databases consulted were Google Scholar, SciELO, and journals in English and Portuguese from the last 5 years.

Analysis was interpretive and reflective, looking for convergences, complementarities and theoretical gaps, and then organizing a theoretical discussion that positions personalization as a strategic capability and not merely as an operational practice. The bibliographic data of every journal article were checked against the Crossref registry in October 2026, and the descriptions of the studies were limited to what their titles and abstracts allow. Where a source comes from a different sector, such as hospitality or business markets, this is stated, since transfer to healthcare requires caution.

3 THEORETICAL FRAMEWORK

3.1 Services marketing and customer experience

Services marketing holds that delivering value to the patient goes beyond the service itself and covers the whole experience of the care process. Because services are intangible and simultaneously produced and consumed, the customer's perception depends heavily on interactions with the organization (LOVELOCK; WIRTZ; HEMZO, 2021). For a clinic, this means creating, from the first contact to the care itself, a pleasant and convincing social experience: the patient must feel welcomed from the start and perceive the service as suited both to the clinical purpose and to a distinctive, higher-quality relationship.

Empirical evidence from healthcare supports this reading. In a survey of 285 outpatients at seven medical centers in Taiwan, Chang, Chen and Lan (2013) found that patients' perceptions of the interpersonal encounter, namely staff skill and communication attitude, influenced service quality and satisfaction, that service quality influenced trust, and that trust influenced satisfaction. Relationship marketing, defined by Berry (1995) as attracting, maintaining and enhancing customer relationships, gives the strategic frame for this: the aim is a lasting bond, not a single transaction (ZENONE, 2019). Moura and Santos Júnior (2020) illustrate its use in healthcare in their study of relationship marketing and medical prescription in the state of Piauí, although their focus is the relationship with prescribing physicians, not with patients.

The experience literature treats the customer experience as holistic and formed along the whole journey (VERHOEF et al., 2009), and treats its management as a competence for monitoring, designing and coordinating touchpoints (HOLMLUND et al., 2020; WITELL et al., 2020; HWANG; SEO, 2016; RAHIMIAN et al., 2021; OLIVEIRA; SOHN, 2023). Much of this work, however, comes from hospitality and business markets. Its transfer to clinics is plausible, given the shared intangibility, but remains an assumption to be tested. Silva and Minciotti (2022) propose a framework for managing and delivering value to customers through experience, which is consistent with the idea of experience as a driver of value. Table 1 summarizes the main concepts and their meaning for clinic management.

Table 1 — Services marketing and customer experience in healthcare: concepts and managerial interpretation

Concept	Source and meaning	Interpretation for patient relationship management
Services marketing	LOVELOCK; WIRTZ; HEMZO (2021): intangibility and simultaneity make perception depend on interactions. KAR; WASNIK (2024) map research trends in healthcare marketing strategy.	Supports patient-centered strategies where services are similar and quality is perceived subjectively.
Relationship marketing	BERRY (1995): attracting, maintaining and enhancing customer relationships. MOURA; SANTOS JÚNIOR (2020) apply the approach to medical prescribing.	Frames retention, continuity of care and the patient-clinic bond as strategic goals.
Customer (patient) experience	VERHOEF et al. (2009): holistic experience formed along the journey. HOLMLUND et al. (2020): experience management in the age of data.	Calls for a view of the whole patient journey, not only the consultation.
Customer experience management	WITELL et al. (2020); HWANG; SEO (2016); RAHIMIAN et al. (2021): monitoring and coordinating touchpoints (business markets and hospitality).	Suggests designing consistent touchpoints; transfer to clinics is plausible but untested.
Experience as a source of value	SILVA; MINCIOTTI (2022): framework for managing and delivering value through customer experience.	Helps differentiate clinics and raise perceived value, subject to empirical testing.

Source: the authors (2026), based on the sources cited.

3.2 Personalization of care in healthcare services

For the purposes of this study, personalization is the capacity to adapt processes, interactions and solutions to the specific needs of each patient. The distinction proposed by ten Klooster et al. (2024), in the eHealth field, helps to sharpen the idea: tailoring applies rules based on general group characteristics, whereas personalization uses individual-level information or individual-level inferences. Bucher (2023) describes the patient experience of the future as one that uses technology to scale an approach centered on the individual, the so-called N of 1.

Personalization is therefore more than a one-off adjustment of procedures. It is a structuring approach to patient-centered care. Abid et al. (2024) argue for moving from patient experience to human experience, a shift that treats the patient as a whole person with clinical, emotional and social needs, and that implies involving the patient in decisions, communicating clearly and respecting individual preferences throughout the journey. Peruzzo et al. (2025) add that the aspects of the experience that most affect satisfaction differ across hospital departments, which warns against uniform solutions even within one institution.

Technology can support personalization as long as it serves a relational and ethical logic. Even clinics with a traditional management model can use digital channels to stay in touch with patients, answer questions and respond to urgent needs when the patient is away, for example while traveling. Remote follow-up can also give the patient a sense of continuous attention and a way to track the progress of treatment. It is reasonable to expect patients to value these extensions of care, but this expectation is a theoretical proposition and not an empirical finding. Personalization based on patient data also demands care with privacy and information security.

3.3 Perceived value and high value-added services

Customer value is the difference between the perceived benefits and the total costs of acquiring and using a product or service, and is therefore an assessment based on the customer's perception of what is received in relation to what is given in exchange (KOTLER; KELLER; CHERNEV, 2024; ZEITHAML; BITNER; GREMLER, 2014). Kotler and Armstrong (2023) and Grönroos (2011) link value to the firm's ability to satisfy needs and wants, which implies meeting and, ideally, exceeding customer expectations. For a patient, value depends as much on how far the experience exceeds expectations as on the clinical result.

In services marketing, added value refers to the additional benefits that go beyond the basic function of the service and raise perceived quality and satisfaction, such as differentiated care, a personalized experience, trust and convenience (MALHOTRA, 2025; ZEITHAML; BITNER; GREMLER, 2014). In healthcare, these benefits

include technical, human and emotional aspects: a welcoming reception, clear communication between professional and patient, reduced waiting time, respect for appointment times, schedule confirmations, technology that facilitates diagnosis and follow-up, and safety and ethics in care. In clinics, adding value is therefore not only treating disease but providing a complete experience of care.

In high value-added services, the price paid is tied to the expectation of superior quality and a differentiated experience. Perceived value thus extends beyond the clinical outcome to the whole care process (MINADEO, 2017). We propose that patients of such clinics expect, as a basic standard, that appointment times are respected, that the schedule is confirmed in advance (for example one week and one day before the appointment), and that the waiting area is clean, comfortable and offers small comforts. These examples are our own reading of the managerial literature, not findings of the studies cited. When basic expectations are not met, patients may infer lack of attention or competence and compare the clinic unfavorably with a cheaper competitor that does confirm appointments. Such comparisons can erode the added value of a clinic and lead the patient to question whether paying more is justified.

3.4 Personalization as a strategic capability and a source of differentiation

From the perspective of organizational strategy, personalization can be understood as a capability: it involves adjustments to routines, processes and competences that allow the firm to adapt to the needs of its target public. For a clinic, it covers the efforts made to be seen as positively different from, and superior to, clinics of the same segment and size. For clinics positioned as high value-added, personalization is a continuing commitment and not a situational differentiator, and it should, whenever possible, be complemented by services that exceed patients' expectations.

In the health sector, personalization as a capability allows care to move beyond standardized treatment and to consider clinical history, preferences and emotional aspects of each patient. This approach may raise perceived quality, improve adherence to treatment and strengthen trust between the patient and the physician, dentist or physiotherapist, and between the patient and the rest of the clinic staff. The literature on services strategy associates it with greater satisfaction, loyalty and recommendation (MALHOTRA, 2025; COBRA, 2021; SENNA et al., 2014; ZENONE, 2020).

The best advertising for a clinic often comes from its own patients, whose praise and referrals to other people strengthen the clinic's positioning and tend to attract new patients. Tools such as electronic health records, complementary information about patients and data analysis can help a clinic anticipate needs, optimize care and make its processes more efficient, which reinforces loyalty. Generating and maintaining a positive differentiation, in a market where patients look for quality and superior status by comparison with competitors, is one of the most important competences in healthcare services marketing.

4 THEORETICAL DISCUSSION

The discussion about personalization goes beyond the operational dimension and takes on a strategic role. Where services are technically similar, the patient experience becomes the main competitive differentiator. A clinic that charges more for added value has to be efficient in what patients regard as the minimum expected and, in addition, has to keep trying to exceed their expectations.

For a clinic, the main contributions of personalization may be: (i) greater satisfaction and loyalty, especially through the perception of quality in the care received; (ii) a stronger brand and reputation; (iii) positive word of mouth, understood in marketing as favorable, spontaneous publicity; (iv) a greater willingness to pay for differentiated services; and (v) better knowledge of the minimum expectations that must always be met. These are theoretical expectations that call for empirical testing.

Articulating services marketing, patient experience and perceived value shows that personalization acts as an integrating element among them. In services marked by intangibility and by high customer participation, quality evaluation is strongly influenced by interactions and by the relational context (LOVELOCK; WIRTZ; HEMZO, 2021; GRÖNROOS, 2011). Personalization can reduce the perceived heterogeneity of the service by aligning expectations, communication and care with individual needs, reinforcing the perception of coherence,

professionalism and reliability. The evidence of Chang, Chen and Lan (2013), in which trust links service quality to satisfaction, is consistent with this interpretation.

Personalization also reinforces the role of experience as a mechanism of perceived value. Verhoef et al. (2009) and Silva and Minciotti (2022) portray the customer experience as a dynamic process in which emotions, perceptions and social interactions weigh as much as the technical result. In clinics this is especially clear, since a welcoming environment, empathy, clear communication and respect for individual preferences bear directly on satisfaction, trust and the willingness to remain in the relationship over time.

From the value perspective, personalization raises the perceived benefits by offering more suitable solutions, more predictability, less uncertainty and a sense of individualized care, which can justify higher prices (KOTLER; KELLER; CHERNEV, 2024; ZEITHAML; BITNER; GREMLER, 2014). Finally, as a strategic capability (MALHOTRA, 2025; COBRA, 2021; SENNA et al., 2014), it does not consist of isolated practices. It requires alignment among organizational culture, processes, human competences and the strategic use of technology.

4.1 Managerial implications

The theoretical findings indicate that clinics seeking personalized care and greater added value should: invest in training their teams; design processes oriented to the patient experience; use patient information to personalize care; integrate technology and human relationships; and monitor patient satisfaction and perception continuously. Personalization should be treated as part of organizational strategy, not as an occasional practice.

Because perceived quality in services is strongly influenced by human interactions and by the consistency of the experience along the journey (LOVELOCK; WIRTZ; HEMZO, 2021; GRÖNROOS, 2011), managers need to invest systematically in the technical and behavioral training of their teams and to build a patient-oriented culture in which empathy, clear communication, attention to individual preferences and respect for the patient's time are minimum requirements. In addition, personalization depends on the organization's ability to collect, organize and use relevant information about patients in order to anticipate needs, reduce failures and make the experience more predictable (MALHOTRA, 2025; COBRA, 2021; SENNA et al., 2014). Electronic records, smart scheduling, automated confirmations and digital channels should serve to strengthen the relationship with the patient, not only to improve operational efficiency. Table 2 summarizes these implications.

Table 2 — Summary of the managerial implications of personalized care in clinics

Managerial dimension	Implication	Practical direction for clinic management
Organizational strategy	Personalization is a strategic capability, not an occasional action.	Build personalization into the clinic positioning, aligning mission, value proposition and differentiation.
Organizational culture	Patient-centered care is a minimum requirement in high value-added services.	Develop a culture of empathy, welcome, respect for individual preferences and appreciation of the patient experience.
People management	Technical and behavioral training of teams is essential to personalization.	Invest continuously in training on communication, relationships, active listening and service behavior.
Care processes	Flexible standardization allows adaptation to individual needs.	Define clear but adjustable processes that consider history, expectations and the profile of each patient.
Use of information	Patient information is a strategic input for personalization.	Collect, organize and use clinical and relational data, with privacy safeguards, to anticipate needs and reduce failures.
Technology	Technology should support the relationship, not replace it.	Use electronic records, scheduling, automated confirmations and digital channels as support for a personalized experience.

Source: the authors (2026).

5 FINAL CONSIDERATIONS

This article highlights personalization as a central element in the management of medical, dental and physiotherapy clinics that aim to offer high value-added services. By integrating services marketing and organizational strategy, it argues that personalization can be a strategic capability that generates differentiation and, potentially, competitive advantage. The study suggests that personalized care is increasingly seen as a basic expectation of patients, especially when a clinic builds its business purpose and differentiation on being perceived as more competent and sophisticated than its competitors.

Returning to the objectives, the theoretical discussion showed that, where technical differentiation is limited or easily imitated, the patient experience and the quality of interactions take center stage in the construction of perceived value (LOVELOCK; WIRTZ; HEMZO, 2021; GRÖNROOS, 2011; VERHOEF et al., 2009). Personalization thus appears not only as a desirable practice but as a strategic condition for clinics positioned in demanding segments. Methodologically, the narrative review made it possible to integrate classic and contemporary contributions and to understand personalization as a capability that depends on the alignment of culture, processes, human competences and the strategic use of technology.

The study has limitations. It is theoretical, it was not built on a systematic search, part of its base consists of books that did not go through the same review process as journal articles, and several studies it draws on come from other sectors. Its findings are propositions and not tested effects. As a research agenda, we suggest quantitative and qualitative studies with patients and managers that measure the elements of personalization, test their relationship with satisfaction, trust, perceived value, loyalty and organizational performance, and compare clinics of different positioning. Even so, the article offers a contribution to theory and to management practice: when treated as a strategic capability, personalization may be one of the main pillars of differentiation and sustainable success for clinics in increasingly competitive and patient-oriented markets.

DECLARATIONS

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