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ASSESSMENT OF IN- PATIENTS SATISFACTION AND ITS DETERMINANTS IN CORPORATE AND PRIVATE HOSPITALS: A COMPARATIVE STUDY

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ABSTRACT
Patient's satisfaction is one of the most prominent yardsticks to measure the quality of services provided in healthcare institutions. The objective of the study was to compare satisfaction levels of inpatients between corporate and private hospitals and examine the impact of the socio-economic status of patients on their satisfaction. For the purpose of the study, we chose highly reputed corporate and private hospitals in the city of Kurnool, Andhra Pradesh, India. The SERVQUAL Tool was used to collect responses from patients in hospitals. The response data was coded and analyzed using Statistical Package for the Social Sciences (SPSS) Version 28. Independent T-tests and ANOVA tests were conducted to compare the mean difference in patients' satisfaction between hospitals. Statistically, there were no significant differences between the means of patient satisfaction of both corporate and private hospitals. The socio-economic status of patients didn't show any significance for their satisfaction.

Keywords: Corporate hospitals, Determinants of patient's satisfaction, Private hospitals, Quality of services, Patient satisfaction,

INTRODUCTION
Patients' expectations regarding the quality of services in Healthcare Sector are increasing slowly but surely. The service quality significantly influences patient satisfaction.[1] Worldwide, the healthcare industry is introducing new innovations to provide quality services and satisfy ever-increasing patient expectations, and the Indian healthcare industry is no exception. The health care industry in India is becoming increasingly more competitive.[2] In India, there has been a significant increase in the corporatization of the healthcare sector over the past decade and there is a prevalent opinion that corporatization is synonymous with efficient medical procedures, quality services, and more choices for patients than the private sector. As the Indian healthcare sector is in a transition phase, i.e., corporatization of the private sector. It is the need of the hour to conduct a

comparative study on patient satisfaction levels in both corporate and private hospitals. There is little or no research on this subject, and whatever there is, it is very disjointed. This study is trying to answer two pertinent questions: one, are corporate hospitals really meeting ever-increasing patient satisfaction when compared to private hospitals, and two, is there any significant impact of socio-demographic factors on patient satisfaction?. To address these research questions, this study adapted the SERVQUAL instrument to develop a service quality measurement scale.[3] Over the last decades, the diverse systems for measuring patient satisfaction have been developed gradually, with their structure and complexity depending on several aspects that have been monitored and evaluated in terms of patient satisfaction. Some authors distinguish between the two aggregate forms of patient satisfaction: technical quality and functional quality.[4] Additionally, socio-demographic and economic status of the patients and their expectations of care and attitudes towards the health care system were among the dimensions identified to have direct influence on satisfaction level; other psychosocial factors, including pain and depression, are also known to contribute to patient satisfaction level scores.[5]

METHODOLOGY

For the study purpose, we considered two hospitals, one is corporate and other is private in the city of Kurnool, Andhra Pradesh, India. The corporate hospital, called OMNI Hospital, is owned by the healthcare division of INCOR Group, which has branches and separate managements across Andhra Pradesh and Telangana states of India. The hospital, where the study conducted, is 150 bedded multi-specialty hospital. The private hospital, called AMMA Hospital, is owned and managed by a retired doctor, which is also 150 bedded multi-specialty hospital.

Data Source

The data was collected through primary sources only. The primary data was collected by distributing structured questioner and conducting the personal interviews with the in-patients of the hospitals. The structured questioner was prepared based on SERVQUAL Model.[6] SERVQUAL defines service quality as the gap between customers' perceptions and expectations of a company's service quality performance.[7] The in-patients' data was collected and co-related with in-patients' registration records and case-sheets.

Sampling Technique

The study has used convenience sampling across the study period. Convenience sampling is non-probability sampling that is often used for clinical and qualitative research. This sampling technique often selects clinical cases or participants that are available around a location (such as hospital), medical records database, Internet site, or customer-membership list.[8]

Inclusion and Exclusion Criteria

This study has included samples of patients who were treated at the hospital as in-patients and stayed in the hospital for more than 2 days and equal to or less than 30 days. The study has excluded samples of patients who were critically ill (CCU and ICU patients), mentally or psychologically ill, and not able to read or write.

Sample Size

The data was collected from the inpatient wards of corporate (OMNI) and private (AMMA) hospitals. There were around 1400 patient footprints in inpatient wards during the study period. However, the study used the Raosoft application to come to the final sample size after inclusion and exclusion criteria. The sample size came to 293 after setting the criteria in Raosoft as a margin of error of 5%, a confidence level of 95%, and a response rate of 60%.

$$x=Z(c/100)2r\ (100-r);\ n=N\ x/\ ((N-1)\ E2 + x);\ E=Sqrt\ [(N-n)\ x/n\ (N-1)]$$

N is the population size, r is the fraction of responses that you are interested in, and Z(c/100) is the critical value for the confidence level c. Based on this calculation, the study got the recommended sample size, and then we collected 150 in-patient samples each from OMNI and AMMA hospitals, respectively. A total of 300 samples were collected.

Data Collection Tools

The study used the SERVQUAL questionnaire developed by Parasuraman et al., which was designed to measure the gaps between patients' perceptions and expectations of services provided by hospitals. SERVQUAL is constructed of 26 items representing five dimensions. Simultaneously, the study used the Likert-type scale, which ranks patient satisfaction on a 1 to 5 scale, from 1 for strongly disagreeing to 5 for strongly agreeing, to measure the service quality scales. The questionnaire was translated to Telugu, which is the formal language of Andhra Pradesh, India and the language spoken was also Telugu.

Data Collection

The questioner was distributed, and one-on-one personal interviews were conducted with in-patients who were going to discharge on the same day, and the patients were asked to answer the structured question. The study lasted about 2 months and 15 days, i.e., from July 2, 2023, to August 15, 2023.

Statistical Tools

The study method is based on a quantitative research approach with a descriptive research design and convenient sampling. The respondent's response was taken through a direct interview with five-point Likert scales based on the SERVQUAL model. The collected data was coded and analyzed using Statistical Package for the Social Sciences (SPSS) Version 28. Descriptive statistics like analysis of variance were conducted to compare the satisfaction scores, and crosstabs were

used to know the determinants of patient satisfaction. Independent T-test and ANOVA tests were used to compare the mean difference in patients' satisfaction between AMMA and OMNI Hospitals.

RESULTS AND DISCUSSION

Impact of Corporatization of Healthcare Sector on In-Patients satisfaction

The study has compared the in-patient satisfaction of one private hospital (AMMA Hospital) and one corporate hospital (OMNI Hospital) using the SERVQUAL method across 5 dimensions with 26 items along with a Likert scale.[9] The responses of inpatients at two hospitals are tabulated in Table 1, Table 2 and Table 3.

Table 1. Corporate Hospital: Level of Patient Satisfaction Regarding Service Quality

S. No	Items	Frequency (%)				
		HS	S	N	D	HD
TANGIBILITY						
1	Infrastructure (Buildings), Cleanliness and its surrounding of the Hospital	10 (6.7 %)	139 (92.7%)	1 (0.7%)	-	-
2	Convenient means of transportation to reach Hospital	8 (5.3%)	130 (86.7%)	11 (7.35%)	1 (0.7%)	-
3	Canteen facilities, Drinking Water, Toilet for patients and visitors	9 (6%)	137 (91.3%)	2 (1.3%)	1 (0.7%)	1 (0.7%)
4	Pharmacy service	8 (5.3%)	138 (92%)	3 (2%)	1 (0.7%)	
5	Citizen Charter (information board), Service Charge (Rate List) placed in public place provided lots of information.	7 (4.7%)	139 (92.7%)	3 (2%)	1 (0.7%)	-
RELIABILITY						
1	Service Quality	13 (8.7%)	134 (89.3%)	2 (1.3%)	1 (0.7%)	-
2	Service Charge	57 (38%)	84 (56%)	6 (4%)	1 (0.7%)	2 (1.3%)
3	Prompt and quick service	9 (6%)	139 (92.7%)	1 (0.7%)	1 (0.7%)	-
4	Perception of patient about this Hospital	9 (6%)	138 (92%)	1 (0.7%)	2 (1.3%)	-
ASSURANCE						
1	Doctors' availability in all time	5 (3.3%)	145 (96.7%)	-	-	-
2	Doctor good behavior and politeness toward patients	8 (5.3%)	142 (94.7%)	-	-	-
3	Staff's behavior towards patients	8 (5.3%)	141 (94%)	1 (0.7%)	-	-
4	Patient waiting time	4 (2.7%)	144 (96%)	2 (1.3%)	-	-
EMPATHY						

1	Provide secure feeling to the patients	5 (3.3%)	143 (95.3%)	2 (1.3%)	-	-
2	Doctors giving more time while examining the patients	4 (2.7%)	143 (95.3%)	2 (1.3%)	1 (0.7%)	-
3	Listen to patient.	5 (3.3%)	144 (96%)	1 (0.7%)	-	-
4	Response all query of patients	5 (3.3%)	144 (96%)	1 (0.7%)	-	-
RESPONSIVENESS						
1	Provide information required by the patients	4 (2.7%)	143 (95.3%)	2 (1.3%)	1 (0.7%)	-
2	Response of Registration Counter	2 (1.3%)	146 (97.3%)	1 (0.7%)	1 (0.7%)	-
3	Response of Medicine Sales Counter	2 (1.3%)	147 (98%)	1 (0.7%)	-	-
TIMELINESS						
1	Service is provided without any delay	6 (4%)	142 (94.7%)	1 (0.7%)	1 (0.7%)	-
2	Doctors/Staffs are punctual on their service	5 (3.3%)	143 (95.3%)	1 (0.7%)	1 (0.7%)	-
3	Services in Lab report in time.	5 (3.3%)	144 (96%)	1 (0.7%)	-	-
EQUIALITY						
1	No discrimination on the basis of Language	5 (3.3%)	144 (96%)	1 (0.7%)	-	-
2	No discrimination on the basis of race and religious	5 (3.3%)	144 (96%)	1 (0.7%)	-	-
3	No discrimination on the basis of poor and rich	5 (3.3%)	144 (96%)	1 (0.7%)	-	-

Note: HS – highly satisfied, S – satisfied, N – Neutral, D – Dissatisfied, HD – Highly dissatisfied

Table 2. Private Hospital: Level of Patient Satisfaction Regarding Service Quality

S. No	Items	Frequency/Percentage				
		HS	S	N	D	HD
TANGIBILITY						
1	Infrastructure (Buildings), Cleanliness and its surrounding of the Hospital	87 (58%)	60 (40%)	3 (2%)	-	-
2	Convenient means of transportation to reach Hospital	88 (58.7%)	57 (38%)	5 (3.3%)	-	-
3	Canteen facilities, Drinking Water, Toilet for patients and visitors	92 (61.3%)	51 (34%)	7 (4.7%)	-	-
4	Pharmacy service	92 (61.3%)	52(34.7%)	5 (3.3%)	1 (0.7%)	

5	Citizen Charter (information board), Service Charge (Rate List) placed in public place provided lots of information.	85 (56.7%)	62(41.3%)	3 (2%)	-	-
RELIABILITY						
1	Service Quality	88 (58.7%)	53(35.3%)	9 (6%)	-	-
2	Service Charge	90 (60%)	50(33.3%)	10 (6.7%)	-	-
3	Prompt and quick service	88 (58.7%)	53(35.3%)	9 (6%)	-	-
4	Perception of patient about this Hospital	88 (58.7%)	53(35.3%)	9 (6%)	-	-
ASSURANCE						
1	Doctors' availability in all time	96 (64%)	52 (34.7)	2 (1.3%)	-	-
2	Doctor good behavior and politeness toward patients	95 (63.3%)	53(35.3%)	2 (1.3%)	-	-
3	Staff's behavior towards patients	96 (64%)	52 (34.7)	2 (1.3%)	-	-
4	Patient waiting time	95 (63.3%)	53(35.3%)	2 (1.3%)	-	-
EMPATHY						
1	Provide secure feeling to the patients	109 (72.7%)	38(25.3%)	3 (2%)	-	-
2	Doctors giving more time while examining the patients	100 (66.7%)	48 (32%)	2 (1.3%)	-	-
3	Listen to patient.	98 (65.3%)	48 (32%)	4 (2.7%)	-	-
4	Response all query of patients	97 (64.7%)	49(32.7%)	4 (2.7%)	-	-
RESPONSIVENESS						
1	Provide information required by the patients	89 (59.3%)	56(37.3%)	5 (3.3%)	-	-
2	Response of Registration Counter	89 (59.3%)	57 (38%)	4 (2.7%)	-	-
3	Response of Medicine Sales Counter	89 (59.3%)	57 (38%)	4 (2.7%)	-	-
TIMELINESS						
1	Service is provided without any delay	81 (54%)	61(40.7%)	8 (5.3%)	-	-
2	Doctors/Staffs are punctual on their service	81 (54%)	61(40.7%)	8 (5.3%)	-	-
3	Services in Lab report in time.	81 (54%)	61(40.7%)	8 (5.3%)	-	-
EQUIALITY						
1	No discrimination on the basis of Language	90 (60%)	57 (38%)	3 (2%)	-	-
2	No discrimination on the basis of race and religious	90 (60%)	57 (38%)	3 (2%)	-	-

3	No discrimination on the basis of poor and rich	90 (60%)	57 (38%)	3 (2%)	-	-

Table 3. Mean Values of In-Patient Satisfaction in Two Hospitals

S. No	Items	Corporate Hospital		Private Hospital	
		Mean Values	Std. Deviation	Mean Values	Std. Deviation
TANGIBILITY					
1	Infrastructure (Buildings), Cleanliness and its surrounding of the Hospital	3.06	0.26	3.56	0.53
2	Convenient means of transportation to reach Hospital	2.96	0.39	3.55	0.56
3	Canteen facilities, Drinking Water, Toilet for patients and visitors	3.01	0.40	3.57	0.58
4	Pharmacy service	3.02	0.31	3.57	0.59
5	Citizen Charter (information board), Service Charge (Rate List) placed in public place provided lots of information.	3.01	0.30	3.55	0.53
RELIABILITY					
1	Service Quality	3.06	0.35	3.52	0.60
2	Service Charge	3.28	0.69	3.53	0.62
3	Prompt and quick service	3.04	0.30	3.52	0.60
4	Perception of patient about this Hospital	3.02	0.34	3.52	0.60
ASSURANCE					
1	Doctors' availability in all time	3.03	0.18	3.62	0.51
2	Doctor good behavior and politeness toward patients	3.05	0.22	3.62	0.51
3	Staff's behavior towards patients	3.04	0.24	3.62	0.51
4	Patient waiting time	3.01	0.20	3.62	0.51
EMPATHY					
1	Provide secure feeling to the patients	3.02	0.21	3.70	0.49
2	Doctors giving more time while examining the patients	3.00	0.25	3.65	0.50
3	Listen to patient.	3.02	0.19	3.62	0.53
4	Response all query of patients	3.02	0.19	3.62	0.53
RESPONSIVENESS					
1	Provide information required by the patients	3.00	0.25	3.56	0.56

2	Response of Registration Counter	2.99	0.21	3.56	0.54
3	Response of Medicine Sales Counter	3.00	0.14	3.56	0.54
TIMELINESS					
1	Service is provided without any delay	3.02	0.27	3.48	0.59
2	Doctors/Staffs are punctual on their service	3.01	0.25	3.48	0.59
3	Services in Lab report in time	3.02	0.19	3.48	0.59
EQUIALITY					
1	No discrimination on the basis of Language	3.02	0.19	3.58	0.53
2	No discrimination on the basis of race and religious	3.02	0.19	3.58	0.53
3	No discrimination on the basis of poor and rich	3.02	0.19	3.58	0.53

The T-test was performed on collected data, and it has given the mean values of inpatient satisfaction with a standard deviation as output. After analyzing the output, one can understand that in-patients of the corporate hospital (OMNI Hospital) have shown "convenient means of transportation to reach hospital (2.96) and "service charges" (3.70) sub-dimensions as the lowest and highest means of satisfaction, respectively, and at the same time, "response of medicine sales counter" (0.14)" and "service charges" (0.69) have the lowest and highest standard deviations, respectively. In the case of a private hospital (AMMA Hospital), the in-patients had shown that "service is provided without any delay" (3.48), "Doctors and Staff are punctual on their service" (3.48), "Services in Lab report in time" (3.48), and "Provide a secure feeling to the patients" (3.70) as the lowest and highest means of satisfaction, and interestingly, here also "Service Charges" (0.62) shows the highest standard deviation, and "Provide a secure feeling to the patients" (0.49) had the lowest standard deviation.

Table 4. In-Patient Satisfaction: Comparison of Means of Dimensions

SUB SCALES	Private Hospital	Corporate Hospital
Tangibility	3.56	3.01
Reliability	3.52	3.1
Assurance	3.62	3.03
Empathy	3.65	3.01
Responsiveness	3.56	2.99
Timeliness	3.48	3.02
Equality	3.58	3.02
AVERAGE	**3.56**	**3.02**

From Table 4, one can understand that the average mean values of inpatient satisfactions at the corporate hospital (OMNI Hospital) and private hospital (AMMA Hospital) are 3.02 and 3.56, respectively. From this, the study concludes that the private hospital performed slightly (0.54) better than the corporate hospital in patient satisfaction levels across all 5 dimensions of service quality.

Hypothesis Testing: T-Test

A T-test is a type of statistical test that is used to compare the means of two groups.[10] The t-test is widely used for statistical hypothesis testing in comparative studies where there is a requirement to compare two independent testing groups. In this study, an independent t-test was performed on the mean values of inpatient satisfaction in two hospitals across five dimensions retrieved from Table 5.

Table 5. T-test on Mean Values of In-Patient Satisfaction in Two Hospitals

Variables		Patient Satisfaction		
		Mean	T- value	P- value
Hospital Type	Corporate Hospital	78.75	-1.538	0.172
	Private Hospital	92.82		

From Table 5, one can conclude that there are no statistically significant differences at the level ($P \leq 0.05$) of the means of in-patient satisfaction between corporate and private hospitals. However, private hospitals (AMMA Hospital) show higher in-patient satisfaction levels in all dimensions when compared to corporate hospitals (OMNI Hospital).

Impact of Socio-Demographic factors on In-Patient satisfaction in two hospitals

Patient satisfaction can be affected by a variety of factors, including a patient's individual characteristics.[11] This study considered five prominent socio-demographic details to study the impact of these socio-demographics on inpatient satisfaction. Those socio-demographic factors were age, gender, education, occupation, and payment mode.

Table 6. Age-wise distribution of inpatients in corporate hospitals

	Frequency	%	Valid %	Cumulative %
< 18	11	7.3	7.3	7.3
19-40	58	38.7	38.7	46.0
41-60	52	34.7	34.7	80.7
> 60	29	19.3	19.3	100.0
Total	**150**	**100.0**	**100.0**	

Among the 150 inpatients in our study from Corporate Hospital, 7.3% (11) of patients were present in the below-18 years category, 38.7% (58) of patients were in the 19–40 years category, 34.7% (52) of patients were in the 41–60 years category, and 19.3% (29) of patients were present in the above-60 years age category. This information was represented in Table 6.

Table 7. Age wise distribution of in- patients in private hospital

	Frequency	%	Valid %	Cumulative %
< 18	9	6.0	6.0	6.0
19-40	83	55.3	55.3	61.3
41-60	54	36.0	36.0	97.3
> 60	4	2.7	2.7	100.0
Total	**150**	**100.0**	**100.0**	

Significance of AGE on Dimensions of in-patient satisfaction in Two Hospitals

On performing an ANOVA test with age variable and 26 patient satisfaction determinates under 7 subscales, i.e., tangibility, reliability, assurance, empathy, responsiveness, timeliness, and equality, the test showed that there were no statistically significant differences at the level of $P \leq 0.05$ between the means of patient satisfaction of tangibility (except for one item), reliability, responsiveness, timeliness, and equality subscales attributed to age variable.[12] However, there was a statistically significant difference at the level of $P \leq 0.05$ between the means of patient satisfaction of the "drinking water and clean toilets for patients and visitors" item of the Tangibility Subscale, Assurance, and Empathy subscales related to age status.

Table 8. Gender-wise distribution of inpatients in corporate hospitals

		Frequency	%	Valid %	Cumulative%
Gender	**Female**	51	34.0	34.0	34.0
	Male	99	66.0	66.0	100.0
	Total	**150**	**100.0**	**100.0**	

Among the 150 inpatients in our study in a corporate hospital, male patients constituted 66% (99), and female patients were 34% (51). (Table.8)

Table 9. Gender-wise distribution of inpatients in private hospitals

	Frequency	%	Valid %	Cumulative%
Female	67	44.7	44.7	44.7

Male	83	55.3	55.3	100.0
Total	**150**	**100.0**	**100.0**	

Among the 150 inpatients in our study in a private hospital, male patients comprised 55.3% (83) and female patients 44.7% (67). In our study from both hospitals, out of 300 inpatients, about 60.6% (182) were males and 39.4% (118) were females. (Table.9)

Significance of Gender on Dimensions of Inpatient Satisfaction in Two Hospitals

On performing an independent t-test with gender variable and 26 patient satisfaction determinates under 7 subscales, i.e., tangibility, reliability, assurance, empathy, responsiveness, timeliness, and equality, the test concluded that there were no statistically significant differences at the level of $P \leq 0.05$ between the means of patient satisfaction of the tangibility, reliability, assurance, empathy, responsiveness, timeliness, and equality subscales attributed to gender variable.

Table 10. Education Levels of inpatients in corporate hospitals

		Frequency	%	Valid %	Cumulative%
Literacy	**Illiterate**	96	64.0	64.0	64.0
	Semi-Literate	21	14.0	14.0	78.0
	Literate	33	22.0	22.0	100.0
	Total	**150**	**100.0**	**100.0**	

Among 150 inpatients in our study at the corporate hospital, about 64% (96) of patients were illiterate, 14% (21) were semi-literate, and 22% (33) were in the literate category. (Table. 10)

Table 11. Education Levels of inpatients in private hospitals

		Frequency	%	Valid %	Cumulative%
Literacy	**Illiterate**	56	37.3	37.3	37.3
	Semi-Literate	29	19.3	19.3	56.7
	Literate	65	43.3	43.3	100.0
	Total	**150**	**100.0**	**100.0**	

Among the 150 inpatients in our study at a private hospital, about 37.3% (56) were illiterate, 19.3% (29) were in the semi-literate category, and 43.3% (65) were present in the literate category. In our study, the majority, i.e., 50.6% (152) of 300 patients, were in the illiterate category at both hospitals. (Table. 11)

Significance of Educational Levels on Dimensions of Inpatient Satisfaction in Two Hospitals

On performing an ANOVA test with education level variable and 26 patient satisfaction determinates under 7 subscales, i.e., tangibility, reliability, assurance, empathy, responsiveness, timeliness, and equality, the test concluded that there were no statistically significant differences at the level of $P \leq 0.05$ between the means of patient satisfaction of tangibility (except for one item), reliability, responsiveness, timeliness, and equality subscales attributed to education level. However, there are statistically significant differences at the level ($P \leq 0.05$) between the means of patient satisfaction of "drinking water and clean toilets for patients and visitors" item of the Tangibility Subscale, Assurance, and Empathy subscales related to education level.

Table 12. Occupational types of inpatients in corporate hospital

		Frequency	Percent	Valid %	Cumulative%
Occupation	Agriculture Sector	22	14.7	14.7	14.7
	Private Sector	6	4.0	4.0	18.7
	Gov. Sector	3	2.0	2.0	20.7
	Business	8	5.3	5.3	26.0
	Retd. Person	29	19.3	19.3	45.3
	Others	82	54.7	54.7	100.0
	Total	**150**	**100.0**	**100.0**	

Among 150 inpatients in our study from corporate hospitals, 14.7% (22) were present in the agriculture category, 4% (6) were from the private sector, 2% (3) were from the government sector, 5.3% (8) were from the business sector, 19.3% (29) were from the retired persons category, and 54.7% (82) were present in the others category. (Table. 12)

Table 13. Occupational types of inpatients in private hospital

		Frequency	%	Valid %	Cumulative%
Occupation	Agriculture Sector	66	44.0	44.0	44.0
	Private Sector	61	40.7	40.7	84.7
	Business	9	6.0	6.0	90.7
	Others	14	9.3	9.3	100.0
	Total	**150**	**100.0**	**100.0**	

Among the 150 inpatients in our study from private hospitals, 44% (66) were present in the agriculture category, 40.7% (61) were in the private sector, 6% (9) were from the business sector, and 9.3% (14) were present in the others category. In our study, the majority, i.e., 32% (96) out of 300 patients, belonged to the Other Category of Occupation at both hospitals. (Table. 13)

Significance of Occupational types on Dimensions of Inpatient Satisfaction in Two Hospitals

On performing an ANOVA test with the occupation variable and 26 patient satisfaction determinates under 7 subscales, i.e., tangibility, reliability, assurance, empathy, responsiveness, timeliness, and equality, the test concluded that there were no statistically significant differences at the level of $P \leq 0.05$ between the means of patient satisfaction of the tangibility (except for one item), reliability, responsiveness, timeliness, and equality subscales attributed to occupation. However, there were statistically significant differences at the level ($P \leq 0.05$) between the means of patient satisfaction of "drinking water and clean toilets for patients and visitors" item of the Tangibility Subscale, Assurance, and Empathy subscales related to occupation.

Table 14. Payment modes of in - patients from corporate hospital

		Frequency	%	Valid %	Cumulative%
Payment	Aarogya Sree	116	77.3	77.3	77.3
	Insurance	4	2.7	2.7	80.0
	Cash	30	20.0	20.0	100.0
	Total	**150**	**100.0**	**100.0**	

Among the 150 inpatients in our study from corporate hospitals, 77.3% (116) were present in the Aarogya Sree category, 2.7% (4) were in the insurance or EHS category, and 20% (30) were present in the cash category of payment modes. (Table. 14)

Table 15. Payment modes of in - patients from private hospital

		Frequency	%	Valid %	Cumulative%
Payment	Aarogya Sree	132	88.0	88.0	88.0
	Insurance	8	5.3	5.3	93.3
	Cash	10	6.7	6.7	100.0
	Total	**150**	**100.0**	**100.0**	

Among 150 inpatients in our study from private hospitals, 88% (132) were present in the Aarogya Sree category, 5.3% (8) were in the insurance or EHS category, and 6.7% (10) were present in the cash category of payment modes. In our study, the majority, i.e., 82.6% (248) out of 300 patients, were present in the Aarogya Sree category among patients from both hospitals. (Table. 15)

Significance of payment modes on Dimensions of Inpatient Satisfaction in Two Hospitals

On performing an ANOVA test with payment mode and 26 patient satisfaction determinates under 7 subscales, i.e., tangibility, reliability, assurance, empathy, responsiveness, timeliness, and

equality, the study concluded that there were no statistically significant differences at the level of $P \leq 0.05$ between the means of patient satisfaction of tangibility (except for one item), reliability, responsiveness, timeliness, and equality subscales attributed to payment mode. However, there are statistically significant differences at the level ($P \leq 0.05$) between the means of patient satisfaction of the "drinking water and clean toilets for patients and visitors" item of the Tangibility Subscale, Assurance, and Empathy subscales related to payment mode. The mean value of satisfaction of in-patients in both corporate and private hospitals is 3.29 out of 4, which means patients were highly satisfied with the parameters assessed through the feedback form. The mean value of all the parameters ranged from 2.9 to 3.70. Interestingly, these study results are almost exact reflections of the findings of the study conducted by Ajarmah et al.[13]

The results of the study show that there was no significant variance between patients' satisfaction and their age, education, occupation, and payment modes. However, gender has shown an impact on patients' satisfaction. By taking these facts into consideration, the study was conducted on parameters of patients' satisfaction such as tangibility, reliability, assurance, empathy, responsiveness, timeliness, and equality. The responses to the above parameters are measured using a Likert scale. The study results revealed that the in-patients were highly satisfied with parameters in the tangibility dimension. "Convenient means of transportation to reach the hospital" of a corporate hospital and "Citizen Charter" of a private hospital were two parameters of the tangibility dimension that showed the lowest satisfaction levels among the in-patients. The satisfaction levels of inpatients with parameters of the reliability dimension were relatively close in both corporate and private hospitals. "Prompt and quick service" parameter of a private hospital scored lowest, which may be due to heavy workloads on hospital staff. On the other hand, inpatients were dissatisfied with the "service charge" in corporate hospitals, and the reason for the same may be due to financial issues faced by the patients.

When it comes to the assurance dimension, the study showed that patients in private hospitals were highly satisfied when compared to those in corporate hospitals. In-patients in the corporate hospital were very dissatisfied with the "patient waiting time" parameter. This may be due to the heavy workload on the hospital staff, procedural delays, and unwillingness on the part of hospital management to recruit additional staff, as well as the cost-cutting practices of the hospital. In-patients were highly dissatisfied with parameters like "Doctors giving more time while examining the patients" and "Response all queries of patients" of the empathy dimension in corporate and private hospitals, respectively. This may be due to the absence of a culture of patient-centered care. In the responsive dimension, both corporate and private hospitals showed the lowest level of satisfaction at the "Response of Registration Counter". Heavy workloads and ineffective communication between hospitals and patients may be the primary causes of this poor satisfaction. Patients were dissatisfied with the parameter "Doctors/Staffs are punctual in their service" of the timeliness dimension in the corporate hospital when compared to the private hospital. This can be attributed to the lack of a culture of patient-centricity.

Patient satisfaction regarding the equality dimension: both hospitals have high means of patient satisfaction; however, when compared to private hospitals, corporate hospitals have shown low means of patient satisfaction across all the parameters of this dimension. This may also refer to a lack of patient-centric care in corporate hospitals. On the whole, when compared to the means of all the dimensions of the feedback form, the private hospital (3.56 out of 4) has given better satisfaction when compared to the corporate hospital (3.02 out of 4). However, the clinical pharmacist may play key role in patient to lead quality of life.[14-17]

SUGGESTIONS

- The corporate hospital should adopt a patient feedback collection system and appoint one responsible person to conduct a timely review of patient satisfaction levels in the hospital.
- A corporate hospital should focus on staff capacity building towards patient-centric care to improve important patient satisfaction determinants like providing assurance to patients and being empathetic towards them.
- A private hospital should conduct timely TAT studies to improve the timeliness of their services.
- Overall, both hospitals should focus on essential patient satisfaction determinants like quality of infrastructure, quality of training, competence of personnel, and efficiency of operational systems to meet greater awareness among the public, increasing demand for better care, keener competition, and more health care regulation.

CONCLUSION

The findings of the study showed that patients in both corporate and private hospitals have a high level of satisfaction, more so in private hospitals. The study indicates that there are no significant differences between the means of patient satisfaction attributed to physical, social, economic, and ecological factors except gender and cleanliness of the hospital.

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