

## A Study On Patient Satisfaction In Health Screening Department Of A Multi Speciality Hospital In Chennai

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### ABSTRACT

*Patient satisfaction is a measure of the extent to which a patient is satisfied with the health care that they received from their health care provider. Patient Satisfaction is very much essential in health care industry .Because in case the patients are dissatisfied with the treatment they get it may defame the hospital. The aim of this study is to assess the patients' satisfaction in health screening department of a multi-speciality hospital .The main objective is to identify whether the patients are satisfied with the diagnostic procedures done in the screening department. This research is to analyse the opinions about how efficiently the physicians explain the illnesses and treatment procedures. Another aspect of the study is to find out the patient's opinion on how they are getting treated by the diagnostic technicians in hospital. Data was collected by research method through which survey questionnaire is collected from the 50 patients and analysed for the patients' satisfaction with the screening department in hospitals.*

**Key words:** Patient satisfaction, Health screening, Quality Healthcare,

### INTRODUCTION:

Health screening is a test done to find a condition before the symptoms begin. Tests screening help to find the diseases and conditions early ,when they are easier to treat. Routine health screenings are recommended for people throughout life as an important part of preventive care. The main purpose of screening is to detect and diagnose certain diseases. People have to take this regularly even if they are not sick. Testing is based on a various system of manufacturing clients to finish many tests with in a time period. If something is found as a result of the screening, they are guided to outpatient clinic where specific treatments can be performed .Health screening is essential for the early detection of diseases and conditions. Lifestyle and stress of modern living practices can cause some diseases and can have an adverse impact on health and will affect as silent killer disease such as heart disease, diabetes, hypertension and cancers. The health screening is vital and it identifies diseases and create awareness to the potential risks, which

cannot consist early warning symptoms. Practice guidelines for these difficult decisions recommend that patients understand the probable outcomes of options; consider the personal value they place on benefits. They conducted a systematic overview of the trials of decision aids to determine whether the treatment is improved in decision making and outcomes for patients facing treatment in screening department.

## REVIEW OF LITERATURE

Eddy DM (1992), studies showed no effect on satisfaction with decision making because it is difficult to show improvements in satisfaction when control ratings are already quite high and when choices are inherently difficult because of competing benefits and risks, once the decision is made, people may find outfit more psychologically comfortable to say. The patients are satisfied with it than to entertain doubts about what they chosen. Robert A (1960) stated that the primary outcomes include screening processing measures, and secondary outcome was found to be diabetes-related emotional distress which is assessed by Problem Areas in-screening.

Proofread E Wallence (2003) explained that the physician wellness not only benefits the

individual physician, very important for the delivery of high-quality health care. We review the work stresses faced by physicians, the barriers attending to wellness, and the consequences of un well physicians to the individual and to health-care systems. We found that health systems should routinely measure physician wellness, and discuss the challenges associated with implementation.

Lee Dawson (2001) had given contradictory statement of patients who are suffering from pain, yet satisfied with their pain management, has been previously reported. To probe this paradox, lee Dawson used cross-sectional data collected in the primary care setting on cancer patients' patterns of pain and pain treatment, beliefs and expectations about pain and pain relief, willingness to report pain and take pain medication, care from the provider, and satisfaction with their pain management.

Joanne hard man et al. (1995) discussed about the main barrier of successful screening is due to lack of time but insufficient training and low confidence were also influential. Once distress was detected, 90% of nurses and 40% of doctors were prepared to give distressed patients as much time as they needed.

Karin Dokieke and Hekkart (2009), in their study detailed that Patient satisfaction surveys are increasingly used for benchmarking

purposes. In the Netherlands, the results of these surveys are reported at the level without taking case mix factors into account. The objective of the present study was to determine whether the patients are satisfied with the different treatments attributed to the screening, department and characteristics or not.

Gregory C.Pascoe (2002) in their research findings are discussed and used to develop a model of patient satisfaction. It is concluded that patient satisfaction and the information can provide service and quality .It serves as a predictor of health-related behaviour. And also issues deserving further investigation and recommendations regarding research strategies are presented.

E. Wayneholden (2007) concluded that the patient decision aids improved patient knowledge and made patients more confident about their decisions. The aids appeared to decrease interest in testing the screening behaviour among patients seeking routine care (relative risk) confidence interval. There is no impact on the screening behaviour of patients going for screening services in the hospitals.

Ping-Hsin Chen and Steve Kim (2008 )

Steve Kimet.ai.tested the effectiveness of a patient navigator in improving timeliness to diagnosis, decreasing anxiety, and increasing satisfaction in urban minority women after an

abnormal mammogram. MaryB.mc donnell (2005) analysed the humanistic scale of the SOSQ measures patient satisfaction with communication skills and humanistic qualities of providers, whereas the organizational scale measures satisfaction with delivery of health care services. Similarly in my survey anova tool was use.

## **OBJECTIVES**

This project is based on health screening department and is used to understand the various screening department to analyse the patient satisfaction in multi-speciality hospital.

1. To identify the patient satisfaction in the screening department in hospitals.
2. The opinions about how physicians adequately explain illnesses and treatment to the patients.
3. The opinion about how the nurses are handling the screening procedure.

## **NEED FOR STUDY:**

This study was carried out in order to find,

1. The screening process is carried out for various health screening department in hospital.
2. Analyse the patient satisfaction in health screening department in multi-specialty hospital.

## **SCOPE OF STUDY:**

The benefit of the study for the researcher is to gain knowledge and experience and also provide the opportunity to study and understand the health screening process.

1. To understand and analyse various screening process in health screening department.
2. To measure the patient improvement and satisfaction in screening process.

**LIMITATIONS OF STUDY:**

- Lesser duration of the study is 1 month.
- Only 50 questionnaires are taken from the patients.

**METHODOLOGY OF THE STUDY.**

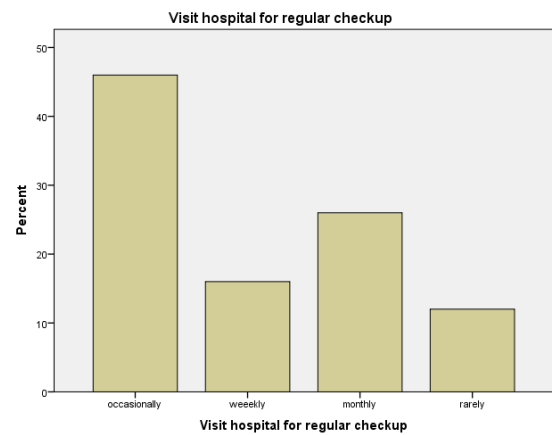
**PRIMARY DATA.**

Primary data was collected using survey method by distributing questionnaires to patients. The questionnaires were carefully designed by taking into account the parameters of my study.

The researcher done by Empirical research. This kind of research has the primary objective of development of insights into the problem. It studies the main area where the problem lies and also tries to evaluate some appropriate courses of action. A complete interaction and enumeration of all the patients were not possible, so a sample was chosen that consisted of 50 patients. The research was taken by necessary steps to avoid any bias while collecting the data. The data collected from both the sources are analysed and interpreted in the systematic manner with the help of statistical tool like percentage analysis and SPSS tools.

**DATA INTERPERTATION AND ANALYSIS**

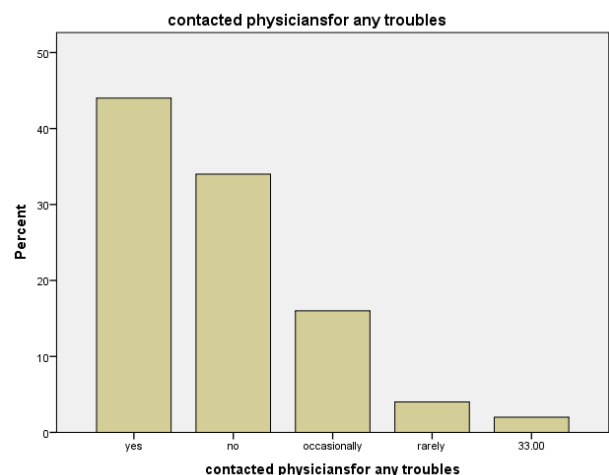
1. Patients visit hospital for regular checkup.



**INFERENCE**

The above chart shows that 46% of the respondents visit hospital for regular check-up occasionally, and 26% of the respondent visit hospital for regular check -up monthly, and 16% of the respondent visit hospital for regular check -up weekly , and 12% of the respondent visit hospital for regular check-up rarely.

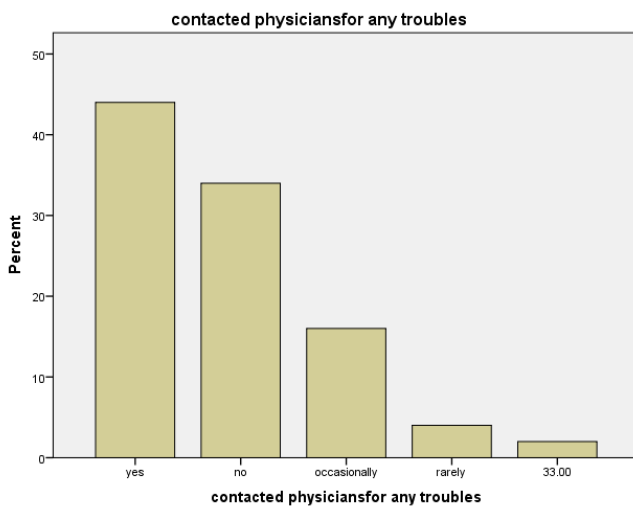
2. During the past month felt discomfort about pain and pressure.



## INFERENCE

The above chart shows that 38% of the respondents felt discomfort about pain and pressure, and 28% of the respondent not suffer pain and pressure, and 26% of the respondent suffers pain and pressure occasionally and 8% of the respondents suffer rarely discomfort about the pain.

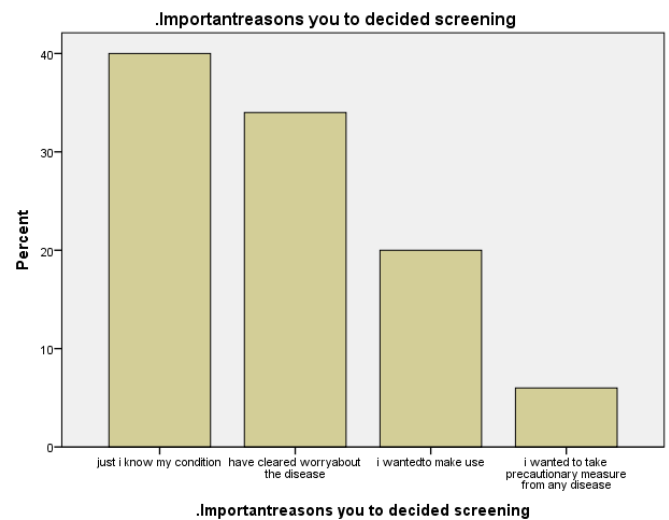
### 3. Contacted physicians for any trouble



## INFERENCE

The above chart shows that 44% of the respondents contacted physicians for some trouble in the past month, and 34% of the respondents not contacted physicians for any trouble, 16% of the respondent contacted the physicians occasionally and 4% of the respondents contacted the physicians rarely for any trouble.

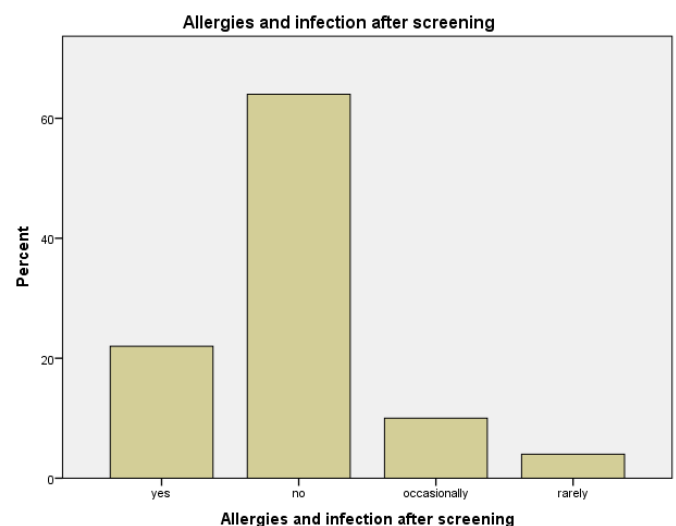
### 4. Important reasons to decide screening.



## INFERENCE

The above chart shows that the important reasons to decide screening. 40% of the respondents to know the condition in screening, 34% of the respondents worry about the disease, 20% of the respondent to make use screening, and 6% of the respondents to take precautionary measure in screening.

### 5. Allergies and infection got while screening.

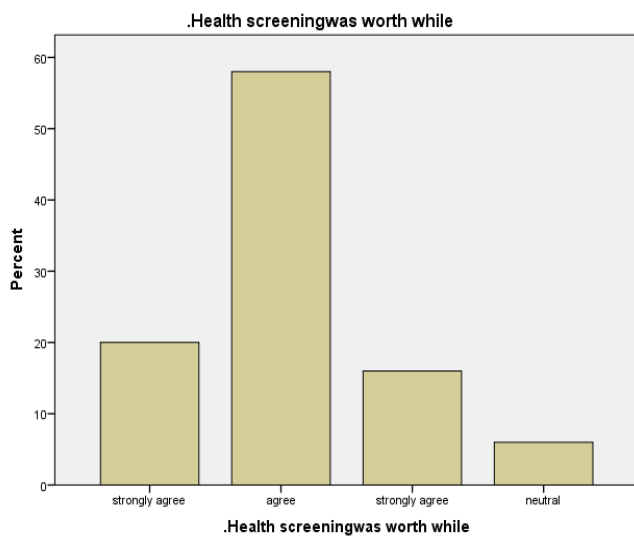


## INFERENCE

The above chart shows that 64 % of the respondents is not having infection after

screening, and 22% of the respondent having allergies after screening, and 10% of the respondent having allergies after screening occasionally, and 4% of the respondent having allergies and infection after screening.

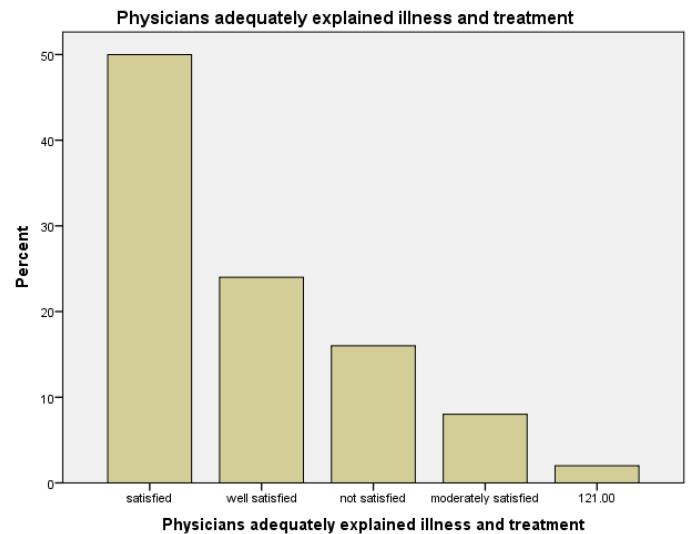
6. Health screening was worthwhile.



**INFERENCE**

The above table and chart shows that 58 % of the respondents agree in health screening, and 20 % of the respondents strongly agree in health screening , and 16% of the respondents strongly disagree and 6% of the respondents neutral health screening.

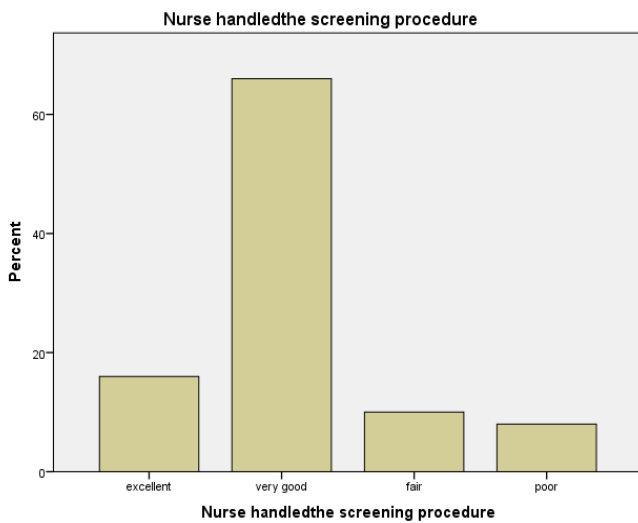
7. Have physicians adequately explained illness and treatment



**INFERENCE**

The above chart shows that 50 % of the respondents satisfied in treatment, and 24 % of the respondent well satisfied in treatment , and 16% of the respondents not satisfied in treatment ,and 8% of the respondents moderately satisfied in treatment, 1% of the respondents not satisfied for illness and treatment.

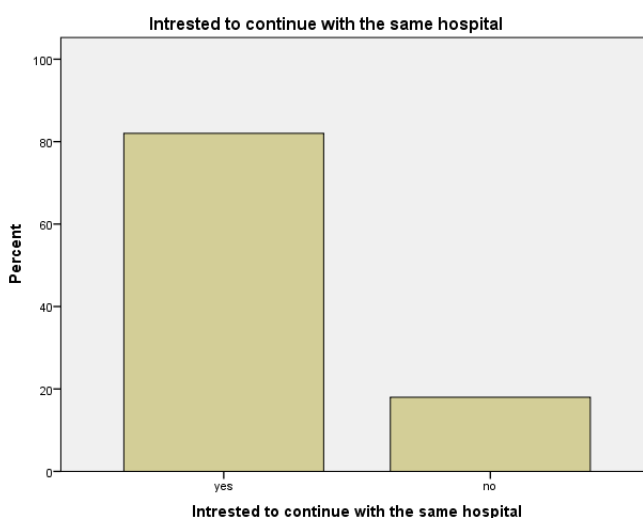
8. How the nurses handle the screening procedure



### INFERENCE

The above chart shows that 66% of the respondents tell that nurses handle screening very good, 16% of the respondents that nurses handle screening are excellent, 10% of the respondents tell that nurses handle screening is fair, 8% of the respondents tell that nurses handle screening is poor.

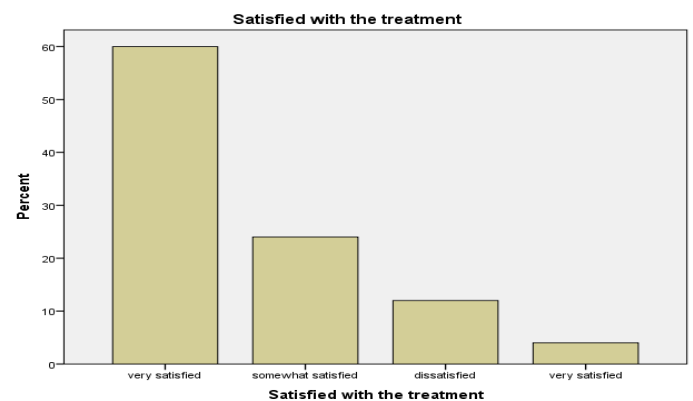
9. Would you prefer to continue with the same hospital



### INFERENCE

The above chart shows that 80% of the respondents are interested to continue with the same hospital, 20% of the respondents are not interested to continue in same hospital.

10. Satisfied with the treatment



### INFERENCE

The above chart shows that 60% of the respondents are very satisfied with the treatment, 24% of the respondents are somewhat satisfied with the treatment, 12% of the respondents are dissatisfied with the treatment, 4% of the respondents are very dissatisfied with the treatment.



## ANOVA ONE WAY

**TABLE 1**

### 1. ANALYSIS BETWEEN AGE AND PHYSICIAN EXPLANATION

NULL HYPOTHESIS: There is no significant between age and physician explanation.

ALTERNATIVE HYPOTHESIS: There is a significant difference between Age and physician explanation.

#### ANOVA

18. physicians adequately explained illness and treatment

|                | Sum of Squares | Df |         | F           | Sig. |
|----------------|----------------|----|---------|-------------|------|
| Between Groups | 216.795        | 2  | 108.397 | .370        | .692 |
| Within Groups  | 13751.205      | 47 | 292.579 |             |      |
| Total          | 13968.000      | 49 |         |             |      |
|                |                |    |         | Mean Square |      |

#### INTERPRETATION

The significant value is greater than 0.05 hence null hypothesis accepted hence there is no significance difference between age and physician explanation.

**TABLE 2**

### 2. ANALYSIS BETWEEN AGE AND NURSES HANDLING SCREENING

NULL HYPOTHESIS: There is no significant difference between age and how the nurses handle screening.

ALTERNATIVE HYPOTHESIS: There is a significant difference between Age and nurses handling screening.

#### ANOVA

19. nurse handled the screening procedure

|                | Sum of Squares | Df | Mean Square | F    | Sig. |
|----------------|----------------|----|-------------|------|------|
| Between Groups | .108           | 2  | .054        | .089 | .915 |
| Within Groups  | 28.392         | 47 | .604        |      |      |
| Total          | 28.500         | 49 |             |      |      |



## INTERPRETATION

The significant value is greater than 0.05 hence null hypothesis is accepted hence there is no significance difference between age and nurses handling the screening procedure.

**TABLE 3**

### ANALYSIS BETWEEN AGE AND TREATMENT RECEIVED.

NULL HYPOTHESIS: There is no significant difference between age and treatment received.

ALTERNATIVE HYPOTHESIS: There is a significant difference between age and treatment received.

#### ANOVA

25. satisfied with the treatment

|                | Sum of Squares | Df | Mean Square | F     | Sig. |
|----------------|----------------|----|-------------|-------|------|
| Between Groups | 2.264          | 2  | 1.132       | 1.577 | .217 |
| Within Groups  | 33.736         | 47 | .718        |       |      |
| Total          | 36.000         | 49 |             |       |      |

## INTERPRETATION

The significant value is greater than 0.05 hence null hypothesis is accepted hence there is no significance difference between ages and satisfied with the treatment.

## FINDINGS

1. According to the survey, 46% of the respondents visit hospital for regular check-up occasionally, and 26% of the respondents visit hospital for regular check -up monthly, and 16% of the respondents visit hospital for regular check -up weekly , and 12% of the respondent visit hospital for regular check-up rarely.

2. According to the survey, 38% of the respondents discomfort about pain and

pressure, and 28% of the respondents not suffer pain and pressure, and 26% of the respondents suffers pain and pressure occasionally and 8% of the respondents suffer rarely discomfort about the pain.

3. According to the survey, 44% of the respondents contacted physicians for some trouble in the past month, and 34% of the respondents not contacted physicians for any trouble, 16% of the respondents contacted the physicians occasionally and 4% of the respondent contacted the physicians rarely for any trouble.

4. According to the survey the important reasons to decided screening 40% of the respondents to know the condition in screening , and 34% of the respondents worry about the

disease, and 20% of the respondents to make use screening, and 6% of the respondents to take precautionary measure in screening.

5. According to the survey , 64 % of the respondents not having infection after screening, and 22% of the respondents having allergies after screening, and 10% of the respondents having allergies after screening occasionally, and 4% of the respondents having allergies and infection after screening.

6. According to the survey , 58 % of the respondents agree in health screening, and 20 % of the respondents strongly agree in health screening , and 16% of the respondents strongly disagree and 6% of the respondents neutral health screening.

7. According to the survey , 50 % of the respondents satisfied in treatment, and 24 % of the respondents well satisfied in treatment , and 16% of the respondents not satisfied in treatment ,and 8% of the respondents moderately satisfied in treatment, 1% of the respondents not satisfied for illness and treatment.

8. According to the survey , 66% of the respondents felt very good about nurses handling, 16%of the respondents says excellent about nurses handling screening procedure, 100% of the respondents said fair and 8% of the respondents reported poor about Nurse handling screening procedure.

9. According to the survey , 80% of the respondents interested to continue with the same hospital, 20% of the respondents not interested to continue in same hospitals.

10. According to the survey , 60% of the respondents very satisfied with the treatment, 24% of the respondents somewhat satisfied with the treatment, 18% of the respondents dissatisfied with the treatment, and 2% of the respondents very dissatisfied with the treatment.

### **SUGGESTIONS**

- To create awareness about health screening to all patients visiting the hospital.
- To develop a new technology in screening department to satisfy the patients in hospital.
- To treat a patient with care while screening to improve the satisfaction level.
- To offer discount scheme to the regular patients to undertaken monthly, quarterly, yearly, health screening procedures.

### **CONCLUSION**

Through this project it is clear that the Health screening is very useful to the patients. About 70% of the patients are satisfied with the screening technology in the hospitals. Patients are unsatisfied while screening due to some allergies or infections.

In the screening department nurses treat the patient in a good manner.



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