

A STUDY ON PATIENT SATISFACTION IN MASTER HEALTH CHECK, IN ONE OF THE MULTI-SPECIALITY HOSPITAL IN BANGLORE

Ms. U.SUJI,¹, G.PRASANNA²,

¹ Assistant Professor, Department of Hospital Administration, Dr. N.G.P. Arts and Science Collage

² Student, Department of Hospital Administration, Dr. N.G.P. Arts and Science Collage

Abstract - The study aims to evaluate patient satisfaction in Master's Health Check-up. A descriptive survey research design was used for this study. The target population was patients from the Master Health Check-up Department. By using convenient sampling techniques, 280 sample participants were selected from the target population. Patient satisfaction is an important measure of quality of services in a health care organisation. other than the medical care issues, the satisfaction and experience involves personal relationship, attention to pain and health education, and the status of hospital environment. Patient opinion is an important because dissatisfaction suggests opportunities for improvement of health services in the hospital. The study was done with the aim to assess the satisfaction levels in inpatients of a multispecialty hospital. A questionnaire was framed and circulated to the inpatients of that hospital in order to study their inpatient satisfaction level.

Key Words: Patient Satisfaction; Master Health Check-up; Waiting Time;

1. INTRODUCTION

An essential indicator of service quality in a healthcare institution is patient happiness. In addition to concerns about medical care, human relationships, consideration of pain and health education, and the state of the hospital environment all contribute to happiness and experience. The viewpoint of the patient is crucial since unhappiness reveals areas where hospital health care can be improved. The purpose of the study was to evaluate inpatient satisfaction levels in a multispecialty hospital. Feedback gathering is a useful instrument for determining whether progress is being made in the correct way or if changes need to be made. It is meant to give doctors and administrative employees information about their practises as seen by their colleagues in the world of healthcare professionals. The purpose of feedback is to promote successful behaviour by helping people better understand their strengths and areas for improvement. Dissatisfied patients are more than glad to switch from one healthcare practitioner to another as patient satisfaction has begun to play a significant part. Connecting with your patients can be facilitated by patient feedback. Instead of letting your clients leave, you can use their comments to address their concerns and enhance their patient experience

OBJECTIVE OF THE STUDY

To study the level of patient satisfaction experience measures in Master Health check

To evaluate the factors influencing patient experience measures in master health check department

To suggest measures to improve the patients satisfaction among the services provided in the health check department

2. REVIEW OF LITERATURE

According to Rezarta Kalaja, (2023), this research paper aims to explore the field of patient satisfaction in health care, by performing a literature review on existing healthcare articles that analyse determinants of patient's satisfaction and theories on patient satisfaction assessment. Patient satisfaction is one of the most important factors to determine the success of health care providers. Determining the exact definition, determinants and characteristics of patients that influence satisfaction, as well as different theories on satisfaction, are highly discussed elements in the literature for a long period of time. The research instrument was a literature review by combining different view from many researchers.

According to Yun Ai, et al (2022), in this study, the setting in which healthcare services are provided, patient experiences, and attitudes regarding those services were all investigated. In order to gather information from 367 respondents who had previously visited general practise clinics in Malaysia, self-administered questionnaires were used. The underlying hypotheses were tested using the SmartPLS statistical programme. The findings showed that factors such as atmosphere, service quality, interior design, and cleanliness significantly impacted patients' trust and contentment whereas the external design had little bearing on either. Patients' intention to return, willingness to pay for a premium healthcare service, and participation in word-of-mouth for healthcare services were all significantly impacted by their pleasure and trust.

According to Sri Harsha Chalasani, et al (2022), patient satisfaction is a multifaceted measure of how well a patient's expectations of the service received from medical treatment have been met and serves as a benchmark for judging the safety and calibre of that care. The three quality domains mentioned above are also

applicable to anaesthesia: effectiveness, which evaluates discomfort associated with the procedure; patient-centeredness, which evaluates patient satisfaction with the care received; and safety, which calculates the frequency of events that may cause long-term harm, such as accidental awareness during general anaesthesia.

According to Fahad D. Alosaimi, et al (2022), for many years, patient satisfaction with healthcare was acknowledged as an essential element of programs to ensure the quality of service. Psychosocial factors influencing patient satisfaction with cancer care have only been somewhat studied. Our study's goals were to gauge patient satisfaction with cancer treatment in Riyadh, Saudi Arabia, and identify the psychosocial and clinical factors that influence it.

3. RESEARCH METHODOLOGY

3.1 RESEARCH MEANING

Research is the systematic, formal and precise process employed to analyze the patient outcome and an effective way to improve the quality of treatment and patient care in master healthcheck department. This chapter explains the methods adopted by the researcher, for a study on outcome of the Healthcheck patients. It deals with the research approach, research design, population, sample size, sampling technique, procedure for the data collection and statistical analysis.

3.2 RESEARCH DESIGN

The research design used in this study is a Descriptive Research design

3.2.1 DESCRIPTIVE RESEARCH DESIGN

Descriptive research seeks to describe the characteristics or behavior of an audience. While it's not grounded in statistics and usually leans towards more qualitative methods, it can also include quantifiable data. Hence the study focuses on the dimension of the problem studied and investigated with adequate interruption

3.3 METHODS OF DATA COLLECTION

Primary data is used in this study.

3.3.1 PRIMARY DATA

The primary data is the one that is collected as fresh data for the first time and they happen to be original in character. Hence the data are directly collected from the patients. The data was collected through a questionnaire.

3.4 SAMPLE DESIGN

A sample design is a definite plan for obtaining the sample from the population.

3.4.1 POPULATION

The target population consists the patients arriving at Master Healthcheck department.

3.4.2 SAMPLE SIZE

It is the true representative sample of the population where the sample size is 280 (primary data),

due to limited time factors and for convenience.

3.5 SAMPLING TECHNIQUE

The sampling technique used is simple random sampling for the present study.

3.6 ANALYSIS AND TOOLS

Analysis was carried out by using the statistical tool

- Simple percentage analysis.
- ANOVA -one-way analysis
- Correlation analysis

3.6.1 SIMPLE PERCENTAGE ANALYSIS

Percentage analysis is a special kind of ratio. Percentages are used in making comparisons between two or more series of data. It is used to compare the distribution of two or more series of data in relative terms.

$$\text{Percentage} = \left[\frac{\text{Number of respondents}}{\text{Total respondent}} \right] * 100$$

3.6.2 ANOVA analysis

One-way analysis is used to determine whether there are any statistically significant differences between the means of two or more unrelated groups.

3.6.3 Correlation analysis

Correlation is a statistical technique that can show whether and how strongly pairs of variables are related.

3.7 JURISDICTIONS OF THE STUDY:

The key area where the study was carried out is Multispecialty Hospital.

3.8 PERIOD OF THE STUDY:

The study was made from 12th January to 31st March.

3.9 LIMITATIONS OF THE STUDY:

Data totally depend on the respondent's view which could be biased in nature.

The time frame was a major constraint in collecting the data.

IV. RESULTS AND DISCUSSION

4.1 ANOVA

Table 4.1

ANOVA					
Quality of services					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	174.567	4	43.642	64.254	<.001

Within Groups	187.461	276	.679		
Total	362.028	280			

In the following interpretation, H denotes "Hypothesis"

H0: There is no difference between the experience and the satisfaction level.

H1: There is difference between the experience and the satisfaction level. From the above table, the significant value is $<.001$, which is less than $.05$, hence we reject H0 and accept H1.

Thus, we prove that there is difference between the experience of the patient and their level of satisfaction on the service provided in master health check.

4.1 CORRELATION

Table 4.2

		Satisfaction level	Rateusoncomfort andcleanlinessandamenities
Satisfaction level	Pearson Correlation	1	.662**
	Sig. (2-tailed)		<.001
	N	281	281
@17.Pleaserateusoncomfortandcleanlinessandamenities	Pearson Correlation	.662**	1
	Sig. (2-tailed)	<.001	
	N	281	281
**. Correlation is significant at the 0.01 level (2-tailed).			

In the following interpretation, H denotes "Hypothesis"

H0: There is no association between gender and awareness on

the committee.

H1: There is an association between gender and awareness on the committee. From the above table, the significant value is $.01$, which is less than $.05$, hence we reject H0 and accept H1. Thus, we prove that the patient is satisfied with the service provided and also with the cleanliness of the facility.

Chart showing the respondent's opinion on "Overall Quality of Services"



4.3 FINDINGS AND SUGGESTION

- The majority (44.8%) of the patients responded satisfied for overall quality of services
- Most (38.1%) of the patients responded highly satisfied for appointment booking experience
- The majority (39.5) of the patients responded satisfied for registration and billing
- The majority (38.1%) of the patients responded highly satisfied for sample collection experience
- Patients who come to MHC are charged high rate for parking and it creates a high negative impact as they step in several times on regular intervals the same day.
- Patients expect that the if it is a MHC, all tests and investigations can be set up in one consolidated place, so that it will avoid patients to go to another space to and for.
- Generically the TAT followed for all investigations are not honored and very often long delay in getting the results
- Patient who have taken up the service are not happy with the quantity, as we maximum number of patients come empty stomach for master health check up.
- Patient are not happy with the time of report collection ,the time duration is long.

4.4 CONCLUSION

A useful tool for assessing hospital performance from the perspective of the patient in the Master Health Check-up department's survey on patient satisfaction was conducted. Patient satisfaction is a good indicator of hospital service quality at all levels. In order to analyse the many aspects that contribute to patient satisfaction, this study was assembled. The primary finding and suggestion provided in the study would be helpful to improvise the patient satisfaction.

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