



Research article

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Patient satisfaction with service waiting time at a tertiary hospital in Southwest, Nigeria

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ABSTRACT

Background/Objectives: Patient is an individual who suffers from one form of pain or the other and seeks immediate attention in a health facility in order to calm his/her burden. Undue delay in attending to patients at various service points places a negative impact on patients' perception of quality of service, which often adversely affects hospital utilization. The study therefore wishes to determine average outpatient waiting time, establish waiting time trends in service areas and determine patient satisfaction with services waiting time. **Methods/Design:** The study adopted a survey research design. The study population were the patient attending outpatient clinics at Federal Medical Centre, Owo, Nigeria. Data analysis was done using SPSS Version 23. **Results:** The study reveals that among other things, in Health Information Management department, average waiting and service time was 27.1 min, at nursing station, 41.4 min, for medical consultation, 57.2 min and patient spent an average of 52.1 min receiving pharmaceutical services. Of the patients, 51.2% were dissatisfied with the current waiting time for accessing health care services, 45.2% were satisfied while 3.6% could not ascertain. **Conclusion:** The study concluded that greater percentage of the patient were dissatisfied with current waiting time for accessing care. Therefore, the study recommends commencement of afternoon clinics, adherence to clinic appointments, the use of electronic payment, employment or deployment of more staff and the use of electronic medical records to reduce the undue prolong patient waiting time for an improved patient satisfaction.

Keywords: Clinic consultation; health care services; health information management; patient waiting time; patient satisfaction

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INTRODUCTION

A patient can be described as an individual registered within a health facility to receive medical and other health care services. A patient may also be referred to as a health care consumer or client. The patient is most often ill or injured and in need of treatment by a physician, registered nurse, psychologist, dentist among other health workers. Etymologically, the word patient initially meant 'one who suffers'. A patient is considered an

outpatient when he or she is hospitalized for less than 24 hours while a patient is described as inpatient when such is "admitted" to the hospital and stays overnight or for an unstipulated time, typically numerous days or weeks. Patient waiting time can be described as the time gap between when a patient arrives in the clinic and the time being consulted by a clinic medical staff. Rossiter & Raynolds defined patient waiting time as the period that a patient stays before hospital

consultation with members of health care services delivery system¹. Patient waiting time may also be defined as a mathematics summation of all section waiting time. Patient clinic waiting time serves as a vital pointer in gauging the quality of services obtainable in any health care institution. According to Maxwell, the delay of patient in accessing care in the clinic forms part of factors which adversely affect the utilization of health care services². He additionally opines that patients perceive undue elongated waiting times as an obstacle to really attaining quality health care services².

Waiting time in the clinic may serve as significant influence for choosing a health care institution to attend by the patient, where options are available. Delaying patients needlessly may cause stress for both health care seeker and the healthcare providers. Research has shown that patients experience longer waiting time to get attended to in most outpatient department of public health care industries due to overcrowding³. This often led to limited access to the relatively public low cost health care, increase in hospital operational costs and diversion of patient to private health care facilities³. Studies have shown that short waiting time was more likely to engender patient satisfaction while long waiting time reduces patient service satisfaction and willingness to come back to the clinic^{4,5}.

Patient overall satisfaction with outpatient services was positively correlated with their waiting time^{4,5}. Reducing patient waiting times has been a subject of scholarly debate⁶⁻⁸. Patient waiting time and treatment time are usually considered as pointers for assessing quality of services rendered in any public health institutions, regardless of care givers' talent, skills and knowledge^{8,9}. It has been established that unexplained long waiting time often lead to verbal

abuse of health worker from the patients¹⁰. For instance, Dansky and Miles found inverse relationship between patient satisfaction and the time waiting to see a clinician¹⁰. There has been emphasis on improving the quality of care rendered in public health institutions in Nigeria. Hence, the domestication of SERVICOM units in all public health care facilities. Efforts to achieve quality health care deserve a thorough and ultimate appreciation of how outpatients operate, and the process must be such that support attainment of the goal. Patient waiting time affects their perception of other components of care beside medical care. When patient waiting time is short, patients tend to perceive the healthcare providers as caring or sympathetic¹¹. Conversely, study has shown that longer waiting time could reduce the patient's judgment of physicians' competence and reduce the patients' confidence in the health care delivery system¹².

The Institute of Medicine recommends that at least 90% of patients should be seen within 30 minutes of their scheduled appointment time¹⁸. In line with this Umar, Oche and Umar reported that patient waiting time of less than 30 minutes is widely accepted by the patients while a waiting time beyond 60 minutes is not acceptable to the patients¹³. Even, developed countries are not spared of delay in consulting patients. For example, a study from USA reported an average waiting time of about 60 min in Atlanta and an average of 188 min in Michigan¹⁴. In Benin City, South-south Nigeria, study has shown an average of 173 minutes waiting time of patient while an average of 73 minutes was found in Ibadan, Southwest Nigeria^{10,15}. Oche and Adamu discovered four major causes of long waiting time in a general outpatient clinic in North-west, Nigeria¹⁶. These include patients' overload; insufficient number of physicians and health records professionals; and failure in triage

system¹⁶. Similarly, a study identified inadequate staffing, limited resources, high demand due to seasonal illnesses, and unnecessary visits to medical facilities as causes of long patient waiting time¹⁷.

Reducing patient waiting times has been a subject of scholarly discussions in literature; it has not been so debated in the South-western Nigeria and especially, in Ondo State⁷. This has led to limited access to literature in the area. Thus, this current study determined patient waiting time and patient satisfaction at Federal Medical Centre, Owo, Ondo State in South-west Nigeria.

METHODS

Study setting:

The study was conducted in all outpatient clinics in Federal Medical Centre, Owo from May to June 2019.

Study design:

The study is survey research design.

Study population:

The study covers all 143 patients that attended medical outpatient, surgical outpatient, orthopaedic, general outpatient, neurology, cardiology, HIV/AIDS, endocrinology and urology clinics during the period of study

Data collection tools:

The data collection instrument, which was adapted from Nabbuye *et al.* titled "Patient satisfaction with services in outpatient clinics at Mulago Hospital, Uganda" was divided into 3 sections on demographic variables, time tracking tools and patient arrival times.

Data analysis and management:

The statistical software, SPSS Version 23 was used to analyze the data and analysis was more of descriptive statistics such as frequency distribution.

Ethical consideration:

Ethical approval to conduct this study was obtained from the hospital's ethical committee.

RESULTS

Only 96 of the returned questionnaires were found suitable for data analysis. The majority of participants were between the ages of 20-29 years (24.7%), more (64.6%) of females, mostly (66.8%) composed of married individuals and more than half of participants possess tertiary education. One-third of participants (33.7%) have been accessing care in the hospital for between one and four years while 15.7% have had regular patronage for over 20 years. In other words, the majority (63.5%) of these outpatients were old clients in terms of hospital patronage and mostly (58.3%) on a follow-up visit.

The study reveals that 77% of patients arrived in the hospital before 9:00 am but 10% could not receive their desired services. Major findings on waiting time shows that patients spent 64 min (ranged <10 – 69min) at pay point; 27.1 min (ranged <10 – 149 min) at health records unit; 41.4 min (ranged <10 – 129 min) at nursing station; 57.2 min (ranged <10 – 159 min) for medical consultation and 52.1 min (ranged <10 – 129 min) for pharmaceutical services. Overall, a patient spends an average of 202 minutes seeking comprehensive outpatient services.

Most patients (69.3%) believed that availability (adequacy and or inadequacy) of healthcare manpower can positively or negatively affects services in the hospital. They opined that shortage of staff (62.7%) and providers' attitude to work (20%) were reasons for occasional non-availability of staff on point-of-care. On patients' opinion with the way healthcare providers communicate with them, 55.6% reported nurses did communicate well, followed by health records staff (44.4%). Although 43.8% of participants

were un-booked patients (not on appointment) seeking care, 51.2% were dissatisfied with the current waiting time for health care services, 45.2% were satisfied while 3.6% could not ascertain whether they were satisfied or not. A greater portion of patients (34.9%) reported delays encountered waiting for medical consultation, followed by accessing nursing services (22.9%). Few (5.7%) participants reported to have encountered delays at all services points. Overall, the majority (73%) of participants expressed their willingness to keep faith with the hospital.

DISCUSSION

The majority of the patients were dissatisfied with the current waiting time as being witnessed in the hospital. This is in line with the observation of Probst, Greenhouse & Selassie that short waiting time in the hospital might bring about patient satisfaction while Camacho *et al* discovered that long waiting time reduces patient service satisfaction and willingness to come back to the clinic^{4,5}.

Study limitations

First, the study was limited to outpatient clinics only and second; many patients could not complete the questionnaire on their own such that necessitated the services of an interpreter.

CONCLUSION

The majority of the patients were dissatisfied with the current waiting time of the patients in the hospital.

Recommendations

Based on the findings, the following are recommended to reduce or probably eliminate undue waiting time in the clinics and enhance patient satisfaction.

- i. Commencement of afternoon clinics;
- ii. Adherence to clinic appointments;
- iii. The use of electronic payment;
- iv. Manpower strengthening in clinical areas; and
- v. Migration onto electronic medical records.

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Conflict of interest

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