

Factors Influencing Patient Satisfaction with Waiting Time: Assessment of Outpatients' Socio-demographic Characteristics

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Original Research Article

ABSTRACT

Aims: The study was structured to determine socio-demographic characteristics that influence clients' satisfaction with waiting time for health service delivery at the Out-patient Department.

Methods: The study was conducted using a cross-sectional descriptive approach among clients who attended Out-Patient Departments for health services during the study period; November 2015 to October 2016. A total of one thousand (1000) clients made of 404 males and 596 females participated in the study. The data was collected using a questionnaire. The literates were given the questionnaire to fill while it was translated to the illiterates and responses written into the questionnaire. Questionnaires were collected the same day. Cross-tabulation of satisfaction with time spent and socio-demographic characteristics with chi-square test was performed.

Result: Majority (29.1%) of clients recruited were within the age range of 20 – 29 years while 8.8% were 60 years and above. Fifty nine point six percent (59.6%) were females and 52.9% of the respondents were married. Furthermore, majority of the respondents were self-employed and 43% of government employees were dissatisfied. The result shows that age, educational level and occupation of clients have a significant influence on the satisfaction with the time clients spent at the hospital. The average time spent at the Out-Patient Departments was between 1-4 hours to receive health services. Clients did not meet their expectation of time spent at the Out-Patient Departments. However, 67.3% of clients were satisfied with the time spent at the OPD, for services.

Conclusion: Clients' satisfaction with time spent at the Out-Patient Departments was influenced by the age, educational level and occupation of the clients. Clients within the ages of 20 to 49 years were more dissatisfied with time spent than the teenagers and the elderly. Overall satisfaction with time spent was however high.

Keywords: Clients' satisfaction; out-patient department; waiting time; socio-demographic characteristics.

1. INTRODUCTION

The Out-Patient Departments (OPDs) are often one of the first points of contact between patients

and the hospital. It is recognised as the face of any hospital. It often influences patients' sensitivity towards the hospital as it is the first point of call [1]. Patient satisfaction is a

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multidimensional aspect, vital key marker, an important indicator for measuring the quality in health care. Patient satisfaction affects clinical outcomes, patient retention, and medical malpractice claims [2]. The amount of time a patient spends at the OPD has often been used as a measure of patient satisfaction with the service being provided [3]. A patient's experience of waiting can radically influence his/her perceptions of service quality as well as the utilisation of health care services [4]. Thus, patients perceive long waiting times as barriers to obtaining services [5]. It is difficult to sell services if clients who are the customers are dissatisfied with the waiting time which is the length of time from when the patient entered the outpatient clinic to the time the patient leaves the OPD [6,7].

Patient's satisfaction can be improved when health workers meet their expectations and decrease the total time spent in a clinic [8]. Waiting time is one of the most noticeable signs of good health care service and is often used as a key performance indicator of health performance especially for out patients' clinics. Long waiting time by OPD patients in Ghana was a big challenge at hospitals. This situation sometimes turns visible when the patient get agitated and shouts at the staff for the delay in the OPD procedures. Some patients arrived with pain and grief and ended up being delayed which often led to worsening conditions of the patients. An average of 95 minutes was reported in Nakawa Division Kampala District for new patients waiting time at the facility [3]. This had created patient's dissatisfaction and led to some patients going back home not attended to. The Institute of Medicine (IOM) recommends that at least 90% of patients should be seen within 30 minutes of their scheduled appointment [1]. This is, however, not the case in most developing countries, as several studies have shown that patients spend 2-4 hours in the outpatient departments before seeing a doctor. This problem had led to patients' conditions worsening sometimes leading to death.

In Ghana, concerns have been raised about waiting times being long for outpatient healthcare delivery. Waiting times for seeking treatment at the hospitals are reported to be high in Ghana, especially in public hospitals and private hospitals accredited with the National Health Insurance Scheme. It has been established [3] that consulting a doctor takes an average of four hours, and costs eight times more than self-medication in Ghana. In spite of the fact that there are several complaints from clients/patients

regarding the waiting time to access health services at OPD, a review of the literature showed that no study has been conducted in Ghana to examine the socio-demographic characteristics influencing clients' satisfaction with waiting time for OPD services. Knowing the socio-demographic characteristics influencing clients' satisfaction or dissatisfaction of OPD services will help healthcare managers to address clients' dissatisfaction of health services in healthcare institutions. The objectives of this study were to determine the socio-demographic characteristics that influence clients' satisfaction and the average time spend at the OPDs of hospitals in Ghana.

2. MATERIALS AND METHODS

The study design was a descriptive cross-sectional study that explored the patients' satisfaction with waiting time to receive outpatient department health care. The study was conducted from November, 2016 to October, 2017 at the OPDs of eleven hospitals in six regions of Ghana. The study sample included patients who utilised health services at the OPD clinics of the selected hospitals and were available at the time of data collection. Simple random sampling was applied for the selection of the regions as well as the eleven hospitals. In each hospital, a convenience sampling technique was used to sample a minimum of 60 clients to a maximum of 100 clients. In all, 1000 clients were interviewed. Interviews with the patients were guided by a structured questionnaire that was designed by the authors under the guidance of peer review committee and was intended to obtain information about waiting for time and patients' satisfaction dimensions with it. Prior to the actual data collection, the questionnaire was pilot tested and modification was made as necessary. An interviewer each was sent to the selected hospitals. Series of meetings were held with interviewers from the construction of the items to modification to ensure that they had a clear understanding and unbiased approach to the data collection process.

The questionnaire was made up of two parts, the background information of the respondent (8 questions), and the second part was assessing the satisfaction level with time spent. As an exploratory study, variables such as marital and religious affiliation were included to determine their relationship with the satisfaction of waiting time at the OPDs. This is because some marital or religious responsibilities may influence clients' satisfaction. The questionnaire was structured in English and the translation to the local language,

Twi, which was practised by all the interviewers to be translated to those who could not read and write.

Ethical approval was sought and permission sought from the hospital authorities. The permission of the various heads of the outpatient departments was also sought while informed consent of the patients was obtained and each patient enlisted was given the option to opt out when necessary. The patients were assured of the confidentiality of the information collected and that information collected would not affect the care they would receive. They were told that participation in the study was voluntary.

All data were analysed by using Statistical Package for Social Sciences (SPSS version 20). Cross-tabulation was done on the socio-demographic characteristics with time spent in the OPDs and performed Chi-square test to identify their relationship with satisfaction level. Results from the Chi-square analysis was not presented but summarised in table 1. The significance level of 0.05 was adopted for the statistical tests performed on this study.

3. RESULTS AND DISCUSSION

Table 1 indicates the background data of respondents and their satisfaction with time spent in the OPD to receive health services. Majority (29.2%) of the clients attending the hospitals were within the age range of 20 - 29 years. There was a significant difference ($p < 0.05$) between the age ranges and satisfaction

with the time spent in the OPD. The age range, 20 - 29 years were the most dissatisfied (37.3%) with the time spent at the OPD. The majority (59.6%) of the clients were females and Christians formed 73.7% of the clients seeking health services in the OPD. There was, however, no significant association between gender and satisfaction with time spent in the OPD. The majority (32.2%) of clients had their highest education being basic education (primary and Junior High School). There was a significant difference ($p = 0.000$) between the level of education of clients with satisfaction with time spent in the hospital OPD. The majority (32.2%) of the clients were self-employed such as (tailoring/seamstress, traders and artisans), 12.1% farmers and 12.4% unemployed. On satisfaction with time spent in the hospital, there was a significant difference ($p = 0.001$) among the occupational distributions of respondents. Table 1 also showed that as high as 81.2% of the clients held valid national health insurance cards to access health services in Ghana. There was, however, no significant difference between National Health Insurance Scheme (NHIS) cards holder and the non-NHIS card holders in terms of the satisfaction with the time spent in the OPD for health services.

Fig. 1 shows that over half (51.9%) of the clients expected to spend a total time of 1- 2 hours though 38.1% actually spent their expected time of 1- 2 hours. As high as 23.2% of clients spent 5 - 6 hours in the OPD for health services.

Table 1. Socio-demographic characteristics of clients and their satisfaction with time (n= 1000)

Variables	Patients (%)	Satisfaction with time		P Value
		Satisfied	Unsatisfied	
Age (In years)				
15 – 19	108 (10.8)	75	33	0.035
20 – 29	292 (29.2)	183	109	
30 – 39	229 (22.9)	150	79	
40 – 49	173 (17.3)	113	60	
50 – 59	110 (11.0)	86	24	
60+	88 (8.8)	66	22	
Gender of Respondents				
Male	404 (40.4)	261	143	0.135
Female	596 (59.6)	412	184	
Marital Status				
Single	345 (34.5)	222	123	0.494
Married	529 (52.9)	363	166	
Divorced/Separated	62 (6.2)	42	20	
Widow/widower	64 (6.4)	46	18	
Religious affiliation of respondents				
Christians	737 (73.7)	493	244	0.846
Moslems	237 (23.7)	163	74	
African traditional believers	26 (2.6)	17	9	

Educational level of respondents				
No formal education	122 (12.2)	85	37	0.000
Basic education (primary/JHS)	322 (32.2)	237	85	
Secondary education	258 (25.8)	183	75	
Tertiary education (college/university)	298 (29.8)	168	130	

Table 1. (Continued): Socio-demographic characteristics of patients and their satisfaction with time (n= 1000)

Variables	Patients (%)	Satisfaction with time		p Value
		Satisfied	Dissatisfied	
Occupation of respondents				
Self-employed (e.g. traders/tailors/artisan)	326 (32.6)	241	85	0.001
Unemployed	124 (12.4)	85	39	
Farmers	121 (12.1)	83	38	
Students	192 (19.2)	129	63	
Government employee	237 (23.7)	135	102	
NHIS Status				
Valid NHIS Card	812 (81.2)	557	255	0.069
No valid NHIS card	188 (18.8)	116	72	
Type of visit				
First visit	367 (36.7)	238	129	0.369
Review	576 (57.6)	398	178	
Referred	57 (5.7)	37	20	

Table 2. Satisfaction with the overall time spent in the OPD to receive services

Variable	Frequency	Percent
Satisfied	673	67.3
Dissatisfied	327	32.7
Total	1000	100.0

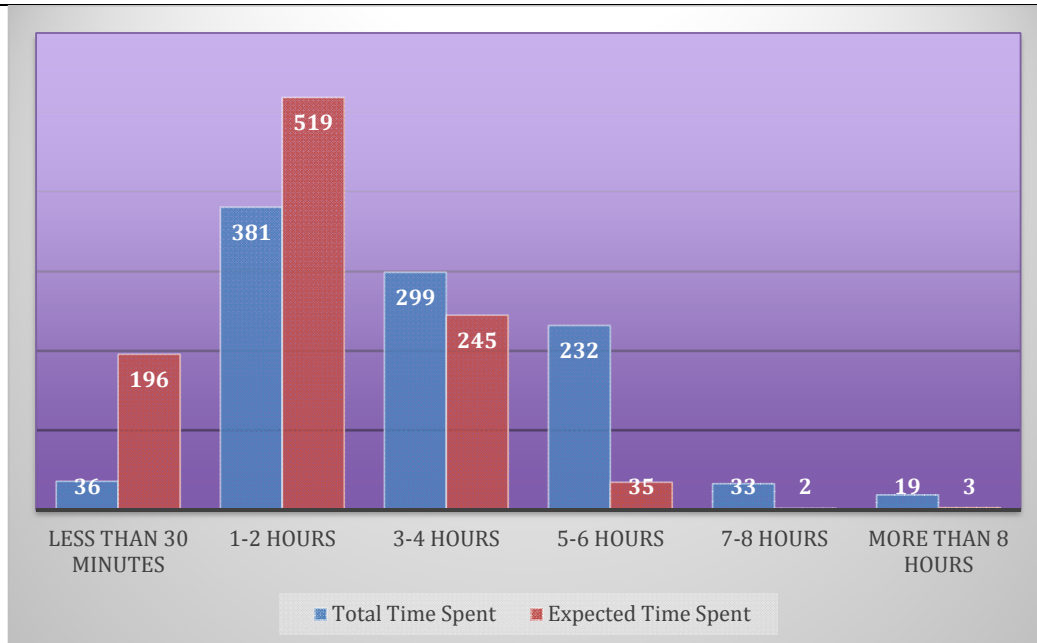


Fig. 1. Comparison of expected and actual time spent at the OPD

Table 2 showed that majority, 67.3% were satisfied with the total time spent with 32.7% being dissatisfied.

3.1 DISCUSSION

The present study found majority (29.2%) of the clients who were interviewed were within the age range of 20 - 29 years, followed by 30 - 39 years (22.9%) and the least interviewed were 60 years and above (8.8%). There was a significant difference ($p < 0.05$) between the age ranges of participants and their satisfaction with the time spent in the OPD. The age range, 20 - 29 years were the most dissatisfied (37.3%) with the time spent at the OPD and 30 - 39 years having 34.5% being dissatisfied. This probably could be due to the fact that, the youthful age group might be engaged at work and might consider time spent to be too long. Also, 20 - 29 years age group dissatisfaction be due to the fact that more attention was paid to the elderly by health personnel than the younger clients and was found in a previous study by Hall and Dorman in (1988) [9]. This is similar to a study conducted in Ghana [10] where the elderly was more satisfied than the younger age group. Other studies [11,12] found age to be a significant predictor of clients' satisfaction. However, there was a report in a study [13] where researchers did not find a correlation between age and patient satisfaction.

With regards to gender, this present study revealed that the majority (59.6%) of clients were females and the males were 40.4%. In a similar study [14] at Naded, India, 40.3% were males and 59.7% were females. Other studies [8,15] showed similar trends of 54.1% women and 45.9% men and are more 54.07% female patients and 45.93% male patients respectively. This means that many women attend hospital than men. Mandokhail [16] reported similar findings and attested to the fact that the ratio of women is higher than men and the rate of illness is normally higher in the former. In addition, it could be due to traditional dogmas where men are supposed to exhibit their masculinity by being tolerant of pain than women. On the basis of satisfaction with time spent at the OPDs, there was no significant difference between men and women though numerically more women (69%) were satisfied than the men (65%). This agreed with study at Jordan [17] where gender seemed to be unimportant regarding patients' satisfaction of healthcare services. However, higher satisfaction was reported among males than females which is in contrary to the present study [12].

Moreover, this present study found no significant differences between marital status as well as religious affiliations of the participants' satisfaction on the time spent in the OPD. Previous study Bilkish et al. [19] found no significant correlation between marital status and satisfaction with waiting time which the present study agrees with. However, on the contrary, Mandokhail, [16] reported a significant relationship between marital status and satisfaction in a related study.

In the context of education, this study revealed that clients with tertiary education were the most (44%) dissatisfied with the time spent for health services at the OPD. However, those without or low level of education were more satisfied (74%) with the time spent than those with higher education. This study agrees with the previous study conducted in Ghana [10] where in-patients with higher education were more dissatisfied with the waiting time services provided in the hospital. This could be due to the fact that more educated persons understand their rights and therefore demand higher expectations for health services. They have access to information on how long to wait at the OPD for health services through the reading of which those with low or no education is ignorant of. Thus, satisfaction is affected by socio-cultural differences and variations in the level of literacy [2]. There is nothing for the illiterate to compare with and therefore satisfied with whatever time spent at the OPD. In a similar study at Jordan [17] less educated patients tend to have high satisfaction and those who attained higher educational level were not satisfied with their care [19]. In addition, clients with low education were more passive and less critical about how they were treated by health personnel [20]. Contrary to these findings, Mandokhail [16], found no association between educational status and satisfaction.

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In the present study, most (43%) dissatisfied clients were the Government employees and the self-employed e. g. tailoring/seamstress, traders and artisans were the most satisfied (74%) with the time spent at the OPD. Similarly, Mandokhail [16], reported a strong association between occupation and satisfaction with health services. This is due to the fact that, Government employee being given time scheduled to be at work than other workers who might not be given such scheduled. For instance, farmers might not be in so much hurry to their own farms. The present study revealed that as high as 81.2% of the clients held valid national health insurance cards to access health services in Ghana. There

was, however, no significant difference between NHIS cards holder and non-NHIS card holders in terms of the satisfaction with the time spent in the OPD for health services. Contrary to this, a previous study found a higher proportion of insured persons being very satisfied with the waiting time compared to the uninsured (21% vs. 19%).

Some patients arrived with pain and grief and ended up being delayed which often led to worsening conditions of the patients. The amount of time a patient spends at a health facility has often been used as a measure of patient satisfaction with the service being provided [3]. In this study, majority of the clients, 58.3% spent 3 hours or more to obtain health services in the OPD which was higher than their expected time they wished to spend. A study previously determined long waiting time to be the most important factor of dissatisfaction among clients [16]. Patients who wait for longer time naturally had less satisfaction level [18]. The long waiting hours in the present study accounted for the 32.7% dissatisfaction level of clients recorded. Management of hospitals should employ measures that can reduce waiting time such as an increase in staffing, logistics and improve technology in the area of retrieval of patients' folders. Faced longer queues at health facilities and therefore endured longer waiting times mainly due to the administrative bottlenecks. A number of studies show that delays encountered at health facilities greatly influenced dissatisfaction with overall care.

4. CONCLUSION

The results of the research could be significant for further studies to determine other important factors affecting patient satisfaction, in addition to the factors analysed in this study. Identification of the factors affecting the quality of health care services should serve as the basis for their management. The most likely background characteristics that influence client satisfaction on waiting time at the out-patient departments are the age, educational level and occupation of the clients. In the other hand, sex, marital status, religious affiliation of respondents, possessing of National Health Insurance Scheme and type of visit had no influence on clients' satisfaction for waiting time. Majority of the clients spent 3 hours or more in the hospital OPDs to access health services in Ghana. About one-third of clients visiting out-patient departments of the hospitals were not satisfied with the time spent to obtain health services.

CONSENT

Informed consent of the patients was obtained.

ETHICAL APPROVAL

Ethical approval was sought and permission sought from the hospital authorities.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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