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The Relationship between Waiting Time and Patient Satisfaction in The Outpatient of Public Hospital in Banjarbaru

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Abstract

Background: Outpatients often complain about hospital services, one of which is waiting time. High complaints have an impact on patient satisfaction. Currently, in several outpatient rooms at the hospital, long queues and long waiting times frequently occur.

Objective: This study aims to determine the correlation between waiting time and patient satisfaction at Public Hospital.

Method: This study used a non-experimental approach with a cross-sectional design. Samples were 93 patients selected by using random sampling technique at the public hospital in Banjarbaru city. The instruments used were the patient satisfaction questionnaire and waiting time observation. Data were analyzed using the chi-square test.

Results: The results showed that 35 (37.6%) patients felt the standard waiting time according to regulations from the ministry of health (60 minutes), while 55 (59.1%) patients were satisfied with the services provided. There was a significant relationship between waiting time and patient satisfaction (p -value = 0.021).

Conclusion: It can be concluded that there is a relationship between waiting time and patient satisfaction. Hospitals can implement online registration and manage the arrival of doctors in outpatient care so that waiting times and patient satisfaction can be managed according to minimum service standards

Keywords: outpatient; patient satisfaction; waiting time

INTRODUCTION

Good service to patients is the primary goal of the hospital. The quality of good hospital services is seen from the superiority of infrastructure, the availability of qualified equipment, an excellent physical picture, and the commitment and ability of

officers to take actions following the profession ([Supartiningsih, 2017](#)). Patients, as internal customers, have expectations of the services provided to them ([Suhonen et al., 2012](#)). Patients will judge the service based on their satisfaction rate.

Patient satisfaction is the clarity between what is desired and the reality felt by the patient ([Xesfingi & Vozikis, 2016](#)). Patient satisfaction is also defined as the patient's emotional form after experiencing health services in the hospital ([Marquis et al., 2012](#)). When the patient is not satisfied with the services provided, they do not want to return and look for other services ([Russell et al., 2015](#)). The target of patient satisfaction at service is 90, following the Ministry of Health's Minimum Service Standards ([Menteri Kesehatan, 2008](#)).

Patient satisfaction in different hospitals varies. 27.6% (117) patients felt dissatisfied with outpatient services in hospitals in Kuwait ([Alhashem et al., 2011](#)). Based on data, patient satisfaction in West China was lower than patient satisfaction in Central and East China ([He et al., 2018](#)). In Martapura Hospital, outpatient satisfaction was still below the SPM (minimum service standards in health regulations) as 90 ([Jannah et al., 2020](#)). At the same time, patient satisfaction at Indramayu District hospital found that 76 patients (82.6%) expressed dissatisfaction ([Laeliyah & Subekti, 2017](#)). It shows that the indicator of satisfaction is still a hospital problem.

There are several factors influencing patient satisfaction. It can be influenced by patient characteristics such as age, occupation, education, and marital status ([Abdilah & Ramdan, 2014](#); [Kurniawan & Intiasari, 2012](#); [Yoder-Wise, 2014](#)). Other factors that can affect satisfaction are nursing schedule, nursing services, doctor services, and facilities ([Ammo et al., 2014](#)). Furthermore, patient satisfaction is also influenced by the patient's emotional and service quality and waiting times ([Sumaedi et al., 2016](#)).

Waiting time for patients on an outpatient is the time used by patients to get outpatient services from the registration point to the doctor's examination room ([Torry et al., 2016](#)). Long queues and long waiting times are indicators of efficiency as dimensions of health service quality ([Purwiyanti et al., 2019](#)). The long waiting time causes discomfort to the patient. Moreover, long queues indicate that many patients are waiting for services ([Nursanti et al., 2018](#)).

The observations from the preliminary study found that many outpatients waited in front of the clinic.

The outpatient unit also viewed that a high number of waiting patients caused discomfort among them. Researchers asked one patient who had waited more than 60 minutes. Patients also occasionally asked the officers whether they had been called or not. Another study also mentioned that long queues occurred in outpatient care in the morning. Patients also felt exhausted waiting for the doctor who did not arrive based on the schedule ([Jannah et al., 2020](#)). Based on the explanation above, this study aims to analyze the relationship between waiting time and patient satisfaction in the outpatient at the public hospital.

METHOD

This study used a cross-sectional design and was conducted at a public hospital in Banjarbaru city. This hospital is a regional general hospital in Banjarbaru city. It was selected as its satisfaction rate was still low, and there were several complaints about outpatient services. The number of samples used was 93 patients treated in the outpatient. The inclusion criteria of this study included adult patients, below 60 years old, willing to be respondents, and able to read and write. None of the selected samples were excluded from the research data.

The researcher made the instrument used in the study. The satisfaction questionnaire was based on the management book ([Hariyati, 2014](#); [Marquis & Huston, 2012](#); [Nursalam, 2014](#)), and the waiting time instrument referred to the minimum hospital service standard ([Menteri Kesehatan, 2008](#)). The satisfaction instrument consisted of 25 questions with a Likert scale (1-5). The waiting time instrument used a check sheet observed directly by the researcher, calculated from the incoming patient to the patient meeting the doctor. The satisfaction instrument had been declared valid with the results as data $r_{count} > t_{table}$ ($0.407 - 0.868 > 0.361$) for all statements in the satisfaction questionnaire. The reliability test result using Cronbach's alpha was 0.976, which indicates strong reliability. Validity and reliability tests were carried out on 30 outpatients with the same inclusion criteria in this study.

The research process was carried out by waiting for the patient in the registration room. The researchers carried out a shared perception of the data collection process. The team calculated the time, starting from the patient who took the registration

room ticket until the doctor examined the patient. When the patient awaited the examination in the waiting room, the researcher approached the patient to ask them to fill out a questionnaire. The satisfaction was categorized into two, including satisfied and dissatisfied, with the cut point mean of 106.12. The waiting time was also categorized into 2, including standard and non-standard, based on the Minimum Service Standard of 60 minutes. This study was analyzed using the chi-square test.

This study has passed the ethical test on the Faculty of Medicine's ethical committee, the University of Lambung Mangkurat, with the number ethical was 294 / KEPK-FK UNLAM / EC / VII / 2019. Researchers paid attention to aspects of autonomy by providing consent forms to respondents. Researchers had also explained the purpose and benefits of this study.

RESULTS

Respondent characteristics were seen based on age, gender, education level, and occupation. The patients' mean age was 39.34 years, with the youngest was 18 years old and the oldest was 60 years old.

Table 1 shows that most female patients were 54 (58.1%). The highest level of education was senior high school, with 64 people (68.8%). Most occupations were housewives, with a total of 38 people (40.9%). Table 2 shows that 55 people (59.1%) felt satisfied, and 58 patients (62.4%) felt that the patient's waiting time was non-standard.

Meanwhile, table 3 shows a significant relationship between waiting time and patient satisfaction in outpatient settings ($p = 0.021$). 31.2% (29) of dissatisfied patients mentioned that the waiting time was below standard.

DISCUSSIONS

The average age of the respondents was at a productive age. The age of 39 years was the peak age in carrying out the productivity of a job. At this age, health begins to decline due to high activity (Taufikurrahman et al., 2020). The increasing age of a person shows thinking maturity so that they are more likely to judge the satisfaction wisely (Kurniawan & Intiasari, 2012). Most respondents' education was High school. It aligns with other research that 53 (48.2%) patients were treated with high school education (Chairunnisa & Puspita,

2017). Indonesia required its people to go to high school, but there was no obligation for the community to continue to a higher level after graduating. Besides, the higher the patient's education is, the higher the level of understanding will be (Alhashem et al., 2011). It also has an impact on the sensitivity of the services felt by patients. The number of respondents with undergraduate education was also fewer, as 17.2%. The results also showed that there was no significant relationship between age, education, and patient satisfaction.

The result of this study showed that most patients were housewives. This result aligns with other studies where 54 patients (49.1%) who seek treatment were dominated by housewives (Chairunnisa & Puspita, 2017). Furthermore, this result also showed that 59.1% of patients had worked. Patients who worked and went to the hospital had high expectations for services (Ernawati et al., 2018). However, the results of this study did not show a relationship between work and patient satisfaction.

Moreover, the result of this study showed that only 59.1% of the patients were satisfied. Based on research, it was stated that the patient satisfaction rate must reach 90% to get the hospital's optimal service (Jannah et al., 2020; Menteri Kesehatan, 2008). Another study stated that 62.9% of outpatients were satisfied (Nofriadi et al., 2019). Based on the findings, low patient satisfaction was caused by health care services, length of service, and waiting for chair facilities that did not fit the number of patients. Another research also strengthened that infrastructure, waiting room, and cleanliness of facility's comfort can affect patient satisfaction (Budijanto, 2007). In addition, outpatient satisfaction is influenced by professional skills, competencies, and attitudes of health workers (Zhao et al., 2017). Thus, the satisfaction in this study was also considered not optimal according to the hospital's expectations of service.

Besides, this study also showed that 62.4% of respondents felt that the waiting time was still not standardized. Based on the results of previous research, it was stated that most of the waiting times for outpatients were in the long category with a mean of 70.18 minutes (Laeliyah & Subekti, 2017).

Other research also stated that the waiting time was in the non-standard category exceeding 60 minutes, with the total average waiting time for internal medicine outpatient services was 157.13 minutes. Waiting times were not ideal due to doctors who arrived late at the clinic (Torry et al., 2016). Based on observations, patients stated they had received an initial examination from the nurse, but they still had to wait for doctors who had not come to the clinic. Ernawati also confirmed that 25% of patients were satisfied due to the ideal waiting time (less than 60 minutes) (Ernawati et al., 2018).

The results of this study also showed that there was a significant relationship between waiting time and patient satisfaction in outpatient. This result was in line with other studies that outpatient satisfaction was influenced by long patient waiting times (He et al., 2018). Another study also proved that outpatient satisfaction was influenced by the patient's waiting time ($p = 0.003$) (Sun et al., 2017). This data showed that 29 patients (31.2%) who had waited a long time were dissatisfied.

Furthermore, these results also showed that 29 patients (31.2%) who waited a long time still felt satisfied. Patient satisfaction was not only affected by the waiting time but also other factors such as infrastructure, the comfort of the waiting room (Kashinath et al., 2010), and cleanliness (Budijanto, 2007). In addition, patient satisfaction was influenced by professional skills, competencies, and health workers (Zhao et al., 2017). Therefore, patients who have waited a long time might still feel satisfied.

CONCLUSIONS

This study concludes a significant relationship between waiting time and patient satisfaction in outpatient ($p = 0.021$). 31.2% of patients (29 people) who were unsatisfied felt the waiting time did not meet the standard. Meanwhile, patients who were satisfied with the waiting time were 26 people (28%). Recommendations were given to hospitals to improve the service procedures to lower waiting times by 60 minutes. Commitment from health workers was also essential to ensure that outpatient services were run on time so that patients did not wait long. It was expected that patient satisfaction can be increased by 90% through proper service management.

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AUTHOR CONTRIBUTION

IR carried out studies in the hospital, participated in the sequence alignment, and drafted the manuscript. HS participated in the design of the study and carried out studies in the hospital. M performed the statistical analysis. All authors read the manuscript and approved the final manuscript.

CONFLICT OF INTEREST

There is no conflict of interest in this study.

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Table 1. Characteristics of respondents (n=93)

Variable	n	%	p
Gender			0,689
• Female	39	41.9	
• Male	54	58.1	
Education Level			0,388
• None	2	2.2	
• Elementary school	2	2.2	
• Middle school	9	9.7	
• High school	64	68.8	
• Bachelor	16	17.2	
Work			0,361
• Farmer	1	1.1	
• College student	7	7.5	
• Labor	12	12.9	
• Housewife	38	40.9	
• Police	4	4.3	
• Civil Servants	11	11.8	
• General employee	15	16.1	
• Teacher	3	3.2	
• Trader	2	2.2	

Table 2. Description of Waiting Time and Patient Satisfaction (n= 93)

Variable	n	%
Satisfaction		
• Dissatisfaction	38	40.9
• Satisfaction	55	59.1
Waiting time		
• Standard	35	37.6
• Non-standard	58	62.4

Table 3. Correlation between Waiting Time and Patient Satisfaction (n= 93)

Satisfaction	Waiting time			p
	Standard	Non-standard	Total	
	n(%)	n(%)	n(%)	
Dissatisfaction	9 (9.7)	29 (31,2)	38 (40,9)	0.021*
Satisfaction	26 (28)	29 (31,2)	55 (59.1)	
Total	35 (37.6)	58 (62,4)	93 (100)	