

Perception and Attitude of Patients Towards Waiting Time and Quality in Out Patient Department

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Abstract

Study investigates the perceptions and attitudes of patients regarding waiting times in outpatient departments (OPD) within Kathmandu Valley. Utilizing a descriptive and cross-sectional study design, data were collected from 159 respondents through a structured online questionnaire using a 5-point Likert scale. The demographic analysis revealed a predominantly young, female, and educated patient population. Descriptive analysis of patient perceptions towards OPD waiting times showed mixed satisfaction levels, with a significant number of respondents expressing neutrality or frustration. Attitudes towards the quality of care were generally positive, particularly concerning diagnosis explanation and healthcare provider friendliness. Pearson's correlation analysis demonstrated very low, but generally positive, relationships between demographic characteristics and both perception of waiting times and attitude towards quality of care. Interestingly, occupation showed a significant, albeit low, negative correlation with satisfaction regarding waiting times. The findings suggest that while demographic factors have minimal impact, other elements of the healthcare system play a more significant role in shaping patient experiences.

Keywords: Attitude, Patients, Perception, Quality

Introduction

Health represents the inherent right of every citizen within a nation and stands intricately linked to the country's comprehensive development. It remains a sensitive and crucial matter, with the responsibility resting upon nations to ensure the provision of healthcare services to their population. As per the World Health Organization (WHO), health is defined as the state of complete physical, mental, and social well-being, transcending the mere absence of disease or infirmity (World Health Organization, 1948).

The Kathmandu Valley is the most developed and the largest urban agglomeration in Nepal with a population of about 5 million people (Singh & Dhakal, 2024). The urban agglomeration of Kathmandu Valley includes the cities of Kathmandu, Lalitpur, Bhaktapur, Changuarayan, Budhanilkantha, Tarakeshwar, Gokarneshwar, Suryabinayak, Tokha, Kirtipur, Madhyapur Thimi, and others. The majority of offices and headquarters are located in the valley, making it the economic hub and a central valley for the location and operation of about eighty percent of the country's total health care facilities (Kathmandu Valley, 2006). Kathmandu valley welcomes about half the country's population to receive a variety of healthcare services from all the rural and marginalized areas of Nepal making it more challenging to deliver equitable and affordable healthcare facilities.

According to the recent study carried out in Mulago Hospital, the Outpatient waiting time can be divided into two types: waiting before consultation, and waiting after the consultation. Time spent waiting before consultation can be further separated into waiting time for registration, waiting to be called by a nurse and waiting time to see a doctor (M Conrad, 2013).

The Outpatient Department (OPD) constitutes a pivotal nexus within the hospital infrastructure, representing the primary interface between patients and healthcare personnel (Irshad & Abidi, 2020). Furthermore, the OPD serves as a fundamental measurement reflecting the overall operational efficacy of the hospital, given its substantial utilization by the community (Pandit, Arland, & Rao, 2018). In tandem with the evolving landscape of the healthcare sector, patient perspectives on healthcare have acquired widespread recognition as a fundamental benchmark for appraising healthcare quality (Ghimire & Khanal, 2024).

The global importance of studying patients' perceptions and attitudes cannot be overstated, as these factors significantly influence the continuous improvement of healthcare systems worldwide (Al-Jabri, Turunen, & Kvist, 2021). Despite Nepal's dedication to providing comprehensive healthcare services with an emphasis on understanding patient perceptions, achieving substantial progress remains a challenge (Acharya, 2024). Furthermore, empirical research on patient perceptions and attitudes is notably limited within the context of Nepal's healthcare landscape, particularly within tertiary care public hospitals (Ghimire & Khanal, 2024).

This study utilized a cross-sectional design to evaluate patient satisfaction in the Outpatient Departments of various hospitals within the Kathmandu Valley, Nepal. A systematic random sampling method was used to select participants, and rigorous procedures were followed to ensure the data's validity and reliability. Patient satisfaction was assessed using the Patient

Satisfaction Questionnaire-18 (PSQ-18) developed by the RAND Corporation, along with relevant socio demographic variables. Satisfaction levels were calculated using mean scores and percentages across different dimensions. Similarly questionnaire were taken using Official website of the Agency for Healthcare Research and Quality (AHRQ). Furthermore, multinomial logistic correlation analysis was performed to explore the associations between patient perceptions dimensions and socio demographic characteristics impacting on their attitudes.

- To assess the perception and attitude of patients towards waiting time and quality in outpatient department
- To examine the relationship established among perceptions towards “waiting time” and “quality “to OPD with demographic characteristics.

Research Method

The study design involves descriptive and cross-sectional study to study on the “perception and attitude of patients towards waiting time in OPD inside Kathmandu Valley. The study population included all the general or specific patients seeking care at the Assessment Center, General Outpatient department of various type and size of health institutions inside Kathmandu valley. One hundred nineteen respondents were selected to complete this research. For the study data collection involves using a structured online questionnaire developed through Google Forms. The questionnaire utilizes a 5-point Likert scale to assess participants' perceptions and attitudes regarding OPD waiting times. This tool was selected for its user-friendly interface, enabling respondents to conveniently complete the survey using their preferred electronic devices.

Reliability and Validity of Questionnaire

Reliability Statistics	
Cronbach's Alpha	No of Items
.628	11

Results

Demographic analysis

The patients taken under the study were the respondents who visited OPD of different hospitals and health centers inside the Kathmandu valley to seek a doctor for their treatment. There were six demographic characteristics considered in this study viz; gender, age, education level, OPD visit, occupation and marital status.

Table 1. Demographic characteristics of total patients (N= 159).

Demography	Parameters	Frequency	Percentage (%)
Gender	Male	42	26.4

	Female	117	73.6
Age wise (years)	Under 21 yrs.	46	28.9
	21-30 yrs.	77	48.4
	31- 40 yrs.	30	18.9
	41 yrs. or above	6	3.8
Education level	High School or below	30	18.9
	Diploma or Undergraduate	88	55.3
	Post graduate or above	41	25.8
OPD visit	Once in a month	12	7.5
	Twice in a month	8	5.0
	Quarterly	16	10.1
	As per need	122	76.7
	Occasionally	1	0.6
Occupation	Employed	60	37.7
	Unemployed	12	7.5
	Student	86	54.1
	Retired	1	0.6
Marital Status	Single	121	76.1
	Married	34	21.4
	Divorced	4	2.5

Table 1 shows demographic representation of essential parameters of sample population taken under study. Among 159 respondents who visited OPD as patients, 73.6% were female respondents and 26.4% were male respondents and the age between 21-30 years were predominant (48.4%) among the respondents. The least number of respondents (3.8%) were of 41 years and above years old. There were 28.9% respondents of age below 21 years, 18.9% respondents of age between 31-40 years old.

The educational level of respondents was categorized from below high school level to above postgraduate level. Most of the respondents (55.3%) had diploma or undergraduate level while 25.8% respondents had postgraduate or above and 18.9% respondents had below or high school level.

From Table 4.1, the frequency of OPD visit by respondents were found to be higher (76.7%) in the category of ‘as needed’ and gradually found in routinely visit category like 10.1% of quarterly visit, 7.5% of once in a month visit, 5% of twice in a month visit and 0.6% of occasionally visit. Occupationally, 54.1% respondents were students, 37.7% were employed, 7.5% were unemployed and 0.6% were retired. Moreover, 76.1% respondents were single, 21.4% were married and 2.5% were divorced.

Descriptive Analysis of Perception and Attitude

In this study, perception of the patients with their satisfaction level towards waiting time in OPD were observed and analyzed through the responses by the patients (N=159) through questionnaires. The satisfaction levels were stratified into five gradual levels like strongly disagreed, disagreed, neutral, agreed and strongly agreed. Each patient was asked eleven types of questions of perception, and each response of satisfaction was converted into percentage as explained in figure 4.2.1.

Similarly, an attitude of the patients (N= 159) towards quality of care in hospitals during the waiting time was analyzed in percent, as explained in figure 4.2.2, with the same satisfaction levels.



Figure 1: Perception level of patients towards waiting time in OPD.

Where,

A= I am satisfied with the waiting time in the OPD

B= The waiting area in the OPD is comfortable and adequately equipped

C= I feel frustrated and irritated while waiting in the OPD

- D= I am willing to pay extra charges for a shorter waiting time in OPD
- E= The OPD staff communicates effectively and professionally for the expected waiting time to patients.
- F=I am satisfied with the waiting time before being seen by a healthcare provider during my recent visits to the OPD.
- G= High patient volume and staff shortage contribute to the longer waiting times in OPD.
- H= I have left the OPD without being seen by the doctors due to excessive waiting time.
- I= I have been informed about the reasons for any delays in the OPD.
- J= Increasing the skilled staff number can help to reduce the waiting time and improve patient experience in OPD.
- K= The waiting area in the OPD is effectively kept clean.

Figure 1 reveals the perception of patients (respondents) towards waiting in the OPD of a hospital. Most patients, 35.8% of 159 patients were found to be neutral to the satisfaction with waiting time in the OPD whereas the patients of 10.7% strongly disagreed, 26.4% disagreed, 1.9% strongly agreed and 25.2% agreed with waiting time.

In another perception about the comfortable and well-equipped waiting area, 32.7% of total respondent patients were found to be neutral while 7.5% strongly disagreed, 25.2% disagreed, 5% strongly agreed and 29.6% agreed with the waiting area. The frustration and irritation during waiting time in the OPD were found to be higher in the patients with agreed perception (44.7%) , 3.1% of patients strongly disagreed, 14.5% disagreed, 23.9% neutral and 13.8% strongly agreed. To overcome long waiting time, the perception to pay extra charge for shorter waiting time in OPD, 34.6% of patients were found to be disagreed, 15.1% strongly disagreed, 18.2% neutral, 26.4% agreed and 5.7% strongly agreed.

Moreover, patients' satisfaction with the OPD staff for communication of expected waiting time was found to be 31.4% neutral, similarly 31.4% agreed, 5% strongly disagreed, 28.35% disagreed and 3.8% strongly agreed. In case of recent visits to OPD and before being seen by any health provider, the patients were found to be 38.4% neutrally satisfied, 7.5% strongly disagreed, 20.8% disagreed, 29.6% agreed and 3.8% strongly agreed. The longer waiting time due to high volume of patients and low number of staff was perceived as 52.8% agreed, 1.9% strongly disagreed, 8.2% disagreed, 18.2% neutral and 18.9% strongly agreed. The perception as leaving the OPD without being seen by the doctor due to excessive waiting time, was found to be higher with 40.9% disagreed, 9.4% strongly disagreed, 15.7% neutral, 28.3% agreed and 5.7% strongly agreed.

Perception of patients as they were informed about the delay in OPD, 41.5 % of patients agreed, 12.6% strongly disagreed, 22.6% disagreed, 20.8% neutral and 2.5% strongly agreed. The satisfaction level with an increasing number of skilled staff can reduce the waiting time was found 54.7% agreed, 1.9% strongly disagreed, 6.9% disagreed, 14.5% neutral and 22% strongly agreed. Finally, the perception to keep the waiting area clean was satisfied with 42.1% agreed, 3.8% strongly disagreed, 15.7% disagreed, 30.8% neutral and 7.5% strongly agreed.

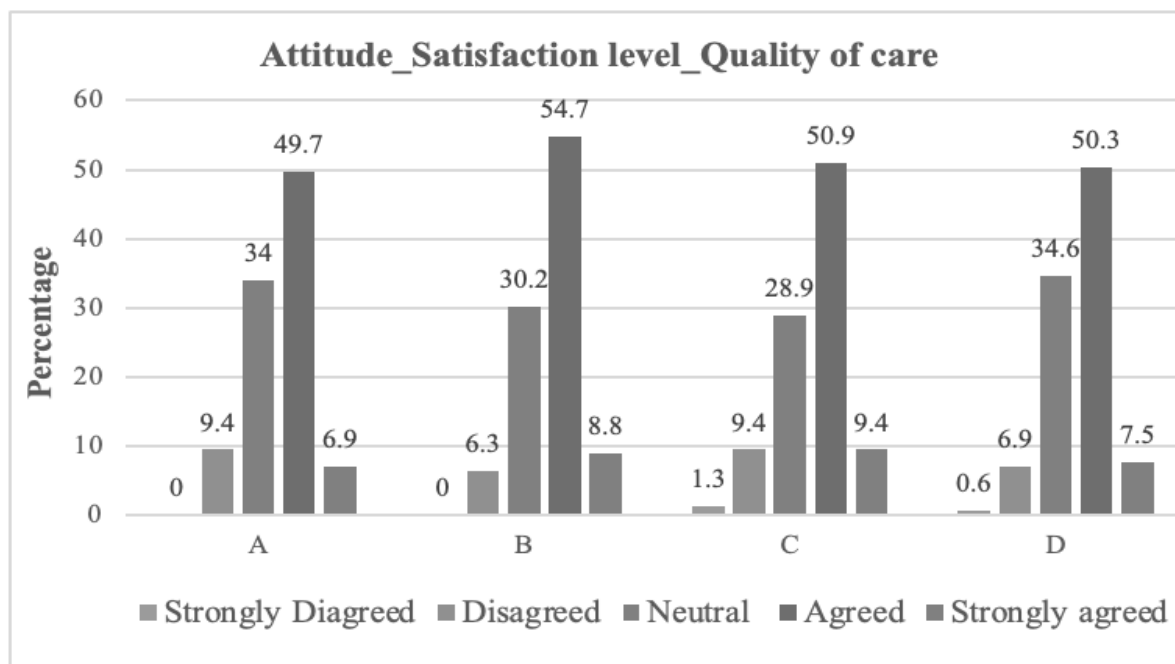


Figure 2: Attitude towards quality of care of patients towards waiting time in OPD.

Where,

A= How would you rate the quality of the care you received during your OPD visit?

B= How satisfied were you with the explanation of your diagnosis and treatment plan?

C= How would you rate the friendliness and compassion of your healthcare provider?

D= How confident do you feel about following your treatment plan according to healthcare provider guidance?

Figure .2. Indicate the attitude of patients towards quality of care that have been provided by hospitals during OPD visit. Different attitudes of the patients towards quality of care are placed in X-axis indication A, B, C and D with their decoding. The level of satisfaction is placed in the y-axis with percentage scale. Among 159 patients, the quality of care in OPD was rated by the patients as 49.7% agreed, no one was found to strongly disagree (0%), 9.4% disagreed, 34% neutral and 6.9% strongly agreed. Similarly, the attitude of patients about explanation of diagnosis and treatment plan was found to be 54.7% agreed, no one was found to strongly disagree (0%), 6.3% disagreed, 30.2% neutral and 8.8% strongly agreed.

While visiting OPD, friendliness and compassion of healthcare providers were rated by the patients as higher with 50.9% agreed, 1.3% strongly disagreed, 9.4% disagreed, 28.9% neutral and 9.4% strongly agreed. The confidence about the treatment plan provided by the healthcare provider was rated by the patients as 50.3% agreed, 0.6% strongly disagreed, 6.9% disagreed, 34.6% neutral and 7.5% strongly agreed.

Correlation between demographic characteristics and perception/attitude

To see whether perception satisfaction towards waiting time is associated with the demographic characteristics of patients, the statistical relationship between the demographic characteristics was established by using Pearson’s correlation tool. Likewise, the association among attitudes

towards quality of care with demographic characteristics (table 4.2.2) was statistically established by using Pearson’s correlation tool.

Table 2. Relationship established among Population perceptions towards “waiting time” to OPD with demographic characteristics.

Demographic characteristics	Pearson’s correlation (<i>r</i>)	Remarks
Gender	0.031	Very low but positive
Age	0.110	Very low and positive
Educational Level	0.054	Very low and positive
Occupation	-0.117*	Very low and negative, Significant
Marital status	0.056	Very low and positive

Table 2 shows a very low but positive relationship of perception satisfaction with demographic characteristics such as gender ($r= 0.031$), age ($r= 0.110$), education level ($r= 0.054$) and marital status ($r= 0.056$). Interestingly, with occupation, it shows very low and negative relationship ($r=-0.117^*$) with significant association ($p> 0.05$).

Table 3 Relationship established among attitudes towards “quality of care” with demographic characteristics.

Demographic characteristics	Pearson’s correlation (<i>r</i>)	Remarks
Gender	0.071	Very low but positive
Age	0.065	Very low and positive
Educational Level	0.068	Very low and positive
Occupation	0.017	Very low and positive
Marital status	0.022	Very low and positive

Table 4.3.2 shows a very low but positive relationship of attitude satisfaction towards quality of care with demographic characteristics such as gender ($r= 0.071$), age ($r= 0.065$), education level ($r= 0.068$), occupation ($r= 0.022$) and marital status ($r= 0.017$). Despite the observed low and positive correlation, no significant association ($p> 0.05$) was seen between attitude satisfaction and demographic characteristics.

Conclusion

This study explored patient perceptions and attitudes towards waiting times in OPD and the quality of care provided, involving patients from Kathmandu Valley. The respondents were predominantly female and young adults, most holding a diploma or undergraduate education. Perceptions of waiting times varied, with a significant portion of patients feeling neutral, while

many expressed frustration during the wait. Satisfaction with the quality of care was generally positive, particularly in the areas of diagnosis explanation and healthcare provider friendliness. The correlation between demographic factors and patient satisfaction revealed very low positive relationships, with a slight negative correlation observed for occupation regarding waiting time satisfaction. These findings suggest that demographic characteristics have minimal impact on patient satisfaction, indicating that other elements of the healthcare system may be more influential in shaping patient experiences and overall satisfaction with OPD services.

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