

# Better Communication Reduces Patients' Complaints in OPDs Where There are Prolonged Waiting Time

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## ABSTRACT

**Aim:** To demonstrate that better communication with patients about working of OPD decreases complaints.

**Place and duration of study:** Surgical OPD of Combined Military Hospital, Multan from 1<sup>st</sup> January 2018 to 30<sup>th</sup> June 2018.

**Study Design:** Prospective observational study

**Material:** A total of 436 patients were included. All adult conscious non-emergency patients reporting to Surgical OPD were included. All patients with ages less than 18 years, unconscious patients and critical patients reporting directly to OPD instead of the emergency department were excluded. Patients were divided into two groups; group A comprised of patients reporting to OPD on Tuesdays and group B comprised of those coming to OPD on Thursday. After being seen by the surgeon, they were again distributed a questionnaire for obtaining feedback. All these tasks were being done during the working hours of the OPD. The patients, thus, had to wait for some period of time before being seen by the surgeon. Both groups were compared regarding complaints for waiting time, age and sex. Likert scale from 1 to 5 was used to assess the outcome.

**Result:** There were 292(67%) males and 144(33%) females. Ages of the patients ranged from 20 years to 64 years. Group A patients had 8 complaints whereas the Group B patients had 27 complaints. The complaints mainly pertained to waiting time, patients seen out of turn, lesser number of surgeons and halts in OPD due to surgeons' engagement in OPD procedures like change of dressings, removal of stitches. Feedback questionnaires revealed 87% satisfaction level in Group A and 57% satisfaction level in Group B patients.

**Conclusion:** Better communication in any form, like handouts for the patients explaining the working and constraints of general surgery OPD increases confidence among the patients; facilitates smooth running of OPD; better surgeon-patient relation; and decreased complaints against the institution. Hospitals should encourage better communication with the patients and their attendants in a proactive manner, for better satisfaction

**Keywords:** Communication, OPD working, patient satisfaction, complaints

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## INTRODUCTION

Humans are social animals who live in societies and have individual as well as societal responsibilities. In modern societies, greater communication media have brought people closer and more informed. World population is increasing at substantial rates however the growth rate is much higher in developing and under-developed countries. Pakistan also has a high growth rate and like all developing countries, has limited resources and capacity to increase these resources. Socioeconomic challenges are synonymous with health problems<sup>1</sup>. In most countries, measuring patient satisfaction is an integral part of the hospital management strategy for quality assurance and accreditation processes in most countries<sup>2</sup>.

Public and private sector hospitals are treating a large number of all types of patients within available resources. Patient satisfaction embodies the patient's perceived need, his expectations from the health system, and experience of health care. This multidimensional concept includes both medical and non-medical aspects of health care. Various theories of patient satisfaction in healthcare have been published. These theories include the expectancy value theory, which proposes patients beliefs, values and prior expectations regarding care to influence patient satisfaction

and another is the health care quality theory, which emphasizes that interpersonal process of care plays a paramount role in ensuring patient satisfaction<sup>3</sup>.

The literature review highlights many factors that can affect patient satisfaction. These determinants can be either provider-related or patient-related. Some provider-related factors are physician's proficiency and interpersonal communication skills, behavior of hospital staff, access to care, basic facilities, and infrastructure. Patient-related factors include sociodemographic characteristics of patients, stage of their disease as well as patients' perception of a relationship of trust and feeling of being involved in decisions about their care<sup>4-6</sup>.

The modern day patient is more aware and educated, has access to information, and has expectations from the health system. Hence, it is more important today than ever before to address issues related to service delivery in this context<sup>7</sup>. A patient with positive perceptions has a greater chance of translating it into positive outcomes. Whereas, negative attitudes in the patient and dissatisfaction with health care provided leads to poor compliance and, in extreme cases, patients resort to negative word-of-mouth that discourages others from seeking health care from the system<sup>8,9</sup>. Studies have shown that individuals did not visit their local centers of primary health care in Africa even for severe illness due to perceived low quality of healthcare at these centers. In Pakistan, some studies have been

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conducted on patient satisfaction but with focus on specific areas such as the emergency department, day-care surgery or family medicine sections of the hospital<sup>10-13</sup>.

Combined Military Hospital Multan is a tertiary care hospital, mainly catering to a specified group of population in Southern Punjab, namely the armed forces personnel and their families residing in the region. Perhaps Pakistan Army is the only military force in the world which provides a very comprehensive health care to its members and families. This study was aimed to demonstrate that better communication with patients about working of OPD decreases complaints in our Hospital.

### METHODS AND MATERIALS

This prospective observational study was carried out at Combined Military Hospital Multan in General Surgery OPD from 1<sup>st</sup> January 2018 to 30<sup>th</sup> June 2018 and comprised 436 patients. Permission was granted from the departmental Ethical Committee. All adult conscious non-emergency patients reporting to Surgical OPD were included in the study. We excluded all patients with ages less than 18 years, unconscious patients and critical patients reporting directly to OPD instead of the emergency department. Patients were divided into two groups; in group A comprised of 255 patients reporting to OPD on Tuesdays and group B included 181 patients comprised of those coming to OPD on Thursday. The OPD was being managed by two surgeons on each day. Group A patients were distributed proforma explaining constraints and limitations of the surgeons and their obligations, like morning ward rounds, clinical meetings, attending to emergencies including emergency surgeries if any. They were also explained about the priority given to families of shuhadaas, ghazis, war-wounded and elderly. Moreover, they were also informed that some patients might have to undergo outdoor procedures like change of dressing, removal of stitches, which was to be done by the attending surgeon in Minor OT of the OPD. After being seen by the surgeon, they were again distributed a questionnaire for obtaining feedback. All these tasks were being done during the working hours of the OPD. Out of the two surgeons, one always remained in the OPD, so that at least one surgeon was always present without any break. The patients, thus, had to wait for some period of time before being seen by the surgeon. Group B patients were not given any information about the working and difficulties of the OPD. A person was detailed in OPD to distribute the proformas among the patients and to attend to and respond to any complaints from either group. Both groups were compared regarding complaints for waiting time, age and sex. Likert scale from 1 to 5 was used to assess the outcome. The data was entered and analyzed through SPSS 20.

### RESULTS

There were 67% (292) males and 33% (144) females. One hundred and fifty two (34.86%) patients were ages between 20 to 30 years, 136 (31.19%) patients were ages ranging from 31 to 40 years, 100 (22.94%) had ages 41 to 50 years and 48 (11.01%) patients had ages >50 years (Table 1). Group A patients had 8 complaints whereas the Group B

patients had 27 complaints (Table 2). The complaints mainly pertained to waiting time, patients seen out of turn, lesser number of surgeons and halts in OPD due to surgeons' engagement in OPD procedures like change of dressings, removal of stitches, etc. Feedback questionnaires revealed 87% satisfaction level in Group A and 57% satisfaction level in Group B patients (Table 3).

Table 1: Demographical details of all the patients

Variable	No.	%
<b>Gender</b>		
Male	292	67.0
Females	144	33.0
<b>Age (years)</b>		
20 - 30	152	34.86
31 - 40	136	31.19
41 - 50	100	22.94
>50	48	11.01

Table 2: Frequency of complaints in Group A&B

Complaints	Group A	Group B
Yes	8	27
No	247	154

Table 3: Satisfaction level in Group A and Group B

Level of satisfaction	Group A	Group B
Very satisfied	33%	19%
Satisfied	51%	34%
Neither satisfied nor dissatisfied	4%	4%
Dissatisfied	13%	30%
Very dissatisfied	4%	13%

### DISCUSSION

Healthcare delivery is an intricate system which provides services to people, while measuring its quality is a complex process. Satisfaction of the patients is adversely affected by limitations of the system and stress among the caregivers. Satisfaction can be defined as the experience of a person while receiving a service measured against certain expectations that the person had before the visit<sup>1</sup>. A satisfied patient is more likely to abide by prescribed medication with increased chances of early recovery, leading to early return to productive life, thus decreasing the economic burden of disease on the society.<sup>14</sup> Public health is based upon several pillars; among these, quality care is very important. In our study, most of the informed patients were satisfied, which is consistent with most of the studies done around the world. Most of the patients are frightened on their visit to hospital due to feeling of unfamiliarity, disease, expectations, recovery, finances and attitude of the institute, specifically paramedical staff and doctors<sup>15</sup>. Keeping such patients informed at every step is a huge contributor towards attaining satisfaction of the patients<sup>16</sup>.

In our study we found that In Group A patients satisfaction level was high 87% as compared to Group B 57%. Many of other studies reported that the informed patients of working criteria in hospitals OPD reduces the rate of complaints and it revealed a good atmosphere between hospital management and patients<sup>17,18</sup>.

Lack of proper guidance is a major impediment in obtaining patient's satisfaction in OPD and that was corresponding to our study.<sup>3</sup> Mismatch between patient

expectations and the services provided are directly related to satisfaction of patients. It is easier to achieve satisfaction in well informed patients, as has also been proven in our study<sup>19,20</sup>.

## CONCLUSION

Better communication in any form, like handouts for the patients explaining the working and constraints of general surgery OPD increases confidence among the patients; facilitates smooth running of OPD; better surgeon-patient relation; and decreased complaints against the institution. Hospitals should encourage better communication with the patients and their attendants in a proactive manner, for better satisfaction of the patients.

## REFERENCES

- Jawaid M. The attention, attitude, and the information the hospital staff provide are very important to the patients. *Pak J Med Sci* 2009; 25(3): 440.
- Valentine NB, deSilva A, Kawabata K, Darby C, Murray CJL, Evans DB. Health system responsiveness: concepts, domains, and operationalization. In: *Health systems performance assessment: debates, methods and empiricism*. Geneva: World Health Organization; 2003; 96.
- Silva A.A framework for measuring responsiveness. GPE Discussion Paper Series: No. 32. EIP/GPE/EBD. Geneva: World Health Organization; 2010.
- Committee on Quality of Health Care in America and Institute of Medicine. *Crossing the quality chasm: a new health system for the 21st century*. Washington DC: National Academy Press; 2001.
- Harper PR, Gamlin HM. Reduced outpatient waiting times with improved appointment scheduling: a simulation modeling approach. *OR Spectrum* 2003;25(2):207–22.
- Michael M, Schaffer SD, Egan PL, Little BB, Pritchard P. Improving wait times and patient satisfaction in primary care. *J Healthc Qual* 2013;35(2):50–60.
- Katre AN. Assessment of the correlation between appointment scheduling and patient satisfaction in a pediatric dental setup. *Int J Dent* 2014; 2014; 453237.
- Helbig M, Helbig S, Kahla-Witzsch HA, May A. Quality management: reduction of waiting time and efficiency enhancement in an ENT-university outpatients' department. *BMC Health Serv Res* 2009;9:21.
- Pitrou I, Lecourt AC, Bailly L, Brousse B, Dauchet L, Ladner J. Waiting time and assessment of patient satisfaction in a large reference emergency department: a prospective cohort study, France. *Eur J Emerg Med* 2009;16(4):177-82.
- Anderson RT, Camacho FT, Balkrishnan R. Willing to wait? The influence of patient wait time on satisfaction with primary care. *BMC Health Serv Res* 2007;7:31.
- Dinesh TA, Singh S, Nair P, Remya TR. Reducing waiting time in outpatient services of a large University Teaching Hospital: a six sigma approach. *Management Health* 2013; 17(1): 45-66.
- Michael GC, Grema BA, Yakubu SO, Aliyu I. Utilisation of staff clinic facility in a Northwest Nigeria hospital: emerging challenges for the National Health Insurance Scheme. *S Afr Fam Pract* 2016;58:1:37-41.
- Kausar H, Shafee M, Gangwal PR. Assessment of Satisfaction among OPD patients at Noor Hospital, Warudi, Badnapur. *MRIMS J Health Sci* 2015;3:42-4.
- Ham HS, Peck EH, Moon HS, Yeom HA. Predictors of patient satisfaction with tertiary hospitals in Korea. *Nurs Res Pract* 2015;2015:749754.
- Osungbade KO, Obembe TA, Oludoyi A. Users' Satisfaction with the services provided under National Health Insurance Scheme in South-Western Nigeria. *Int J Trop Dis Health* 2014;4:598-602.
- Xian Evening News. Long waiting time for consultation. 2013.
- Chen MZ, Lou GQ, Feng HF. The relation between outpatient anxiety and waiting time for consultation. *Chi J Behav Med Sci* 2015;14(9):852–3.
- Liu H, Liu Z, Shi YK. Analysis and research of outpatient waiting time for treatment in Western China Hospital. *China Hospital* 2012;11:36–7.
- Wu DD, Huang H, Ou D. Outpatient service resource configuration based on average waiting time. *China Digit Med* 2016;11(5):34-36.
- Adamu H, Oche MO. Patient satisfaction with services at a general outpatient clinic of a tertiary hospital in Nigeria. *Br J Med Med Res* 2014;4(11):2181–2202.