Waiting in the Emergency Room: Patient and Attendant Satisfaction and Perception

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ABSTRACT
The number of patients applying to emergency services is increasing annually, which results in an increase in demands and expectations. Filling emergency services to maximum capacity rapidly causes inadequacies in patient safety, patient care and management of vital emergencies as well as burnout syndrome among staff and bed shortages. The intensity in emergency services makes patient satisfaction, a concept that has been gaining in importance in recent years, a current issue. The waiting time is the most important factor for patient satisfaction. A prolonged wait can change the patient’s perspective towards emergency services, resulting in disappointment and even loss of self control. A long waiting period and increasing anxiety with heightened excitement and distress increase psychological complaints related to the illness. Waiting in the emergency room causes both patients and attendants to perceive waiting time as different from the actual waiting time. There are two dimensions to the waiting period: the actual (measured) waiting time and the perceived (subjective) waiting time. Sufficient patient care, professionalism, adequate communication, and ensuring the patient is well informed are the most important factors affecting patient satisfaction and the waiting perception.

Key words: Emergency service, Hospital, Patient satisfaction, Time, Doctor-patient relationship

ÖZET
Acil Servis Bekleme Odasında Bekleme; Hasta ve Hasta Yakınlarının Bekleme Algısı ve Memnuniyeti

The number of patients applying to emergency services is increasing each year, which results in an increase in demands and expectations. Filling the emergency services to maximum capacity rapidly causes insufficiencies with respect to patient safety, patient care and the management of vital emergencies as well as burnout syndrome among staff and bed shortages[1].

Waiting in emergency rooms prevents the use of time effectively for production. Lovelock[2] stated that Americans spent 37 billion hours per year waiting in emergency rooms. For example, the cost of 15 people waiting is US$3500 per day.

Emergency Department (ED) overcrowding has gained in importance in recent years as a concept of patient satisfaction. There are four main factors associated with patient satisfaction: trust, adequate response (communication), behavior of the service providers, and waiting time[3].

Upon entering the ED, before making the decision to wait, the patient asks himself “Is it worth it to wait?” If the patient has no opportunity to apply to other clinics or has no other alternative to have their needs met, he/she most likely waits. If the reason(s) for the wait is understandable and acceptable, the patient would prefer to wait instead of leave. In short, every human being assesses the opportunity cost. If the expected benefit is greater than the cost, the patient waits in the waiting area. If the expected benefit does not meet the cost, the patient leaves[4].

Mowen[5] (1993) explained customer satisfaction/dissatisfaction, in using the period from receipt of a purchase, as the customer having positive or negative feelings towards the product. If the patient remains satisfied with the service providers’ attitudes and behaviors, he/she will conform to the treatment plans and proposals[6]. Pascoe stated that the evaluation process is more difficult in patients who become dissatisfied after a prolonged waiting time[7].

The waiting time is an important predictor of patient satisfaction. Increased waiting time changes the patient’s perspective, resulting in disappointment or even a loss of control. A prolonged waiting period increases excitement and unhappiness and growing concern over the psychological symptoms of the disease[1,8-12].

The waiting time has two dimensions: the real (measured) waiting time and the perceived (subjective) waiting time. The patients present to the ED with many expectations. The patients’ perceptions are proportional to the amount of information they receive and the extent to which their experience meets the expectations rate[9].

Maister principles (1983) describe the effect of waiting on perceptions. Anxiety leads to a perception of a waiting time that is longer than the actual time[1,4,6]. Other generalizations include:

1. The wasted time is perceived as longer than the same time passed by working. The availability of magazines and newspapers as well as interactive video tools in the waiting rooms helps patients to pass their time acquiring information about their health problems.

2. The waiting period before the procedure is perceived as longer than the procedure itself. The recording of the patient’s complaints, vital signs and other information by the nurse, thus providing the patient contact with a health worker before being examined by the physician, may positively alter the patient’s perception about the waiting time to meet the doctor.

3. The waiting time passed with anxiety is perceived as longer than a quiet waiting time. The patient’s fear and concern while waiting about what will happen leads to the perception of the time being longer. During this process, watching television or reading newspapers or magazines is often helpful.

4. A waiting time for unknown reasons is perceived as longer than a waiting time for a certain reason. The waiting time is perceived as longer when the patients/relatives are uninformed. The patient and family should be informed regarding the reasons for the wait.

5. The waiting time with no statement/explanation is perceived as longer than the waiting time when the reason for waiting is known.

6. Under conditions of inequality, the wait is perceived as longer than that detected under conditions of equality. If the patient perceives unequal conditions (i.e. priority setting), the waiting time is perceived as longer.
7. **The waiting as a single individual is perceived as longer than waiting as a group.** When waiting alone, the time elapsed is perceived to be longer than the time elapsed when waiting with friends, relatives or even an unknown acquaintance. Therefore, the rows in the waiting room should be designed in shorter double rows and in small groups so as to provide communication between the patients.

8. **The waiting in uncomfortable conditions is perceived as longer than in comfortable conditions.**

   The communication skills and ability of health personnel to explain a situation are the other important factors in patient satisfaction. The communication gap determined between parents of pediatric patients and physicians when asked, "What are you waiting for?" indicates a communication error. Lower education level of a patient’s relative and a lower training level of the physician increase the risk for communication error[12].

To organize the waiting process according to the patient’s perspective, five necessary conditions must be provided[6]:

1. **Engage people:** The encouragement of patients to convey their previous medical experience increases their satisfaction during the waiting time.

2. **Eliminate patients’ hospital-related anxiety:** Patients waiting for medical care often have anxiety about their status, treatment and result. A reduction in their anxiety increases their acceptance of the treatment and facilitates its easier administration.

3. **Improve communication with patients:** Adequate communication is necessary for the patients.

4. **Ensure equality:** Patients who perceive that procedures are administered in an unequal process (such as priority setting) tend to tolerate the waiting time to a lesser extent.

5. **Increase interaction and communication between patients during the waiting process:** A long wait is always difficult to bear, but if patients feel that others are also waiting, the waiting process is more easily tolerated. Interaction with similar groups in the waiting area improves tolerance.

   Interventions that influence patient perceptions about their care quality include improving patient-physician communications, providing patients with a greater understanding of their care process and improving their wait experience[14].

   In conclusion, sufficient patient care, professionalism, adequate and appropriate communication, and ensuring the patient is well informed are the most important factors affecting patient satisfaction and the waiting time perception.

**REFERENCES**


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