

Comparison of Waiting Times at Patient Satisfaction Level at Moestopo University Dental and Oral Hospital

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Abstract: Patient satisfaction is an indicator of the quality of health services at Prof. Dr. Moestopo (Beragama) Oral and Dental Hospital (RSGM) Bintaro. Based on the preliminary survey, it was found that the waiting time for outpatient services exceeded the standard (> 60 minutes) at RSGM. This study aims to determine the comparison of waiting time-based on the level of patient satisfaction. This study uses a quantitative approach with an observational survey and a cross-sectional design. The population in this study was 11,668 patients and the sample size was 100 patients. Data collection using questionnaires, with data analysis using one-way Anova test. Anova one way test results obtained that there is a significant difference in waiting time with the level of patient satisfaction, based on p-value $0,000 < 0,05$, a significant difference in waiting time occurs between groups of respondents dissatisfied with groups of respondents who are satisfied and very satisfied. Therefore the Hospital should provide comfortable and adequate facilities in the patient waiting room to avoid the patient feeling saturated. The medical staff (doctors and nurses) have the commitment and time discipline to provide services in accordance with a predetermined schedule.

1 PRELIMINARY

Waiting time is the time used by patients to get outpatient and inpatient services from the place of registration to enter the doctor's examination room. Patient waiting time is one component that has the potential to cause dissatisfaction. Patients will consider bad health services if the pain does not heal - heal, long queues, and health workers are not friendly even though professional. Health Information Canada reports that for 90% of visits to units Long waiting times for patients are usually seen in outpatient facilities, and this difficulty contributes to various public health problems, including disruption of access to care, disruption to hospital work patterns, and patient dissatisfaction. Canada's emergency department, the actual time spent from triage to the initial assessment of the doctor is far longer than the recommended response time. The actual waiting time is 47 to 229 minutes, compared to the recommended standard of up to 120 minutes. Whereas according to MO Oche and H Adamu Sixty-one percent (59/96) of respondents waited 90-180 minutes in the clinic, while 36.1% (35/96) patients spent less than 5 minutes with

doctors in the consultation room. The most common reason for long waiting times in GOPD is the large number of patients with few health care workers.

Service time is the minimum time spent serving patients from the initial entry to the clinic. Service time is one of the factors that can be used to measure the effectiveness of an organization consisting of punctuality and speed. The accuracy and speed of service time are related to patient satisfaction. According to Nur Laeliah and Heru Subekti, the average waiting time for patient services in the outpatients of Indramayu Regency Hospital is 70.18 minutes and most of the categories are long time (> 60 minutes). The level of satisfaction in the moderately satisfied category, based on five dimensions of service quality is found in the dimensions of tangibles, responsiveness, assurance, and empathy in the moderately satisfied category while in the reliability dimension in the satisfied category. The relationship between waiting time for outpatient patient care and patient satisfaction with outpatient care at Indramayu District Hospital is indicated by $p = 0.042$ or chi-square correlation value of 4.135.

Problems Waiting Time (queuing) Patients also occur in the Moestopo Hospital, which is in the implementation of patient service waiting time is still not going well and less than the maximum, especially what happens to old patients. As a result, there are still some whose patients wait a long time to get services starting from the patient registering until the patient is called/entered the clinic, which in turn will indirectly have an impact on patient satisfaction with the services provided. Tools used by using questionnaires given to the patient.

2 RESEARCH METHODS

This type of research is observational analytic with cross-sectional design. It is descriptive because it describes patient satisfaction and is analytic because the researcher wants to know the difference in average waiting time on the level of patient satisfaction. The population of this study was 11,668 old patients who visited the Moestopo Bintaro Dental and Mouth Hospital with a sample size of 100 patients. The sampling technique is Nonrandom sampling by Proportional Sampling sampling, which is taking a sample that takes into consideration elements or categories in the study population. The instrument used was a questionnaire given to patients and an observation sheet to determine the difference in waiting for time-based on the level of patient satisfaction at the Moestopo Bintaro Dental and Mouth Hospital. The analysis used in this study is one way ANOVA analysis with the dependent variable is waiting time and the independent variable is patient satisfaction. Data processing with the help of applications on a computer

3 RESULT AND DISCUSSION

3.1 Characteristics of Respondents

Table 1: Frequency distribution of respondents based on age at 2019 RS.

Age (Year)	Amount	%
<17	2	2,0
18 – 27	46	46,0
28 – 37	24	24,0
38 – 47	14	14,0
48 - 57	11	11,0
>58	3	3,0

Based on table 1 that out of 100 respondents in RSGM, the highest number of respondents showed that the age group between 18-27 years was 46 (46.0%), while the least respondents in the age group between <17 years were 2 (2.0%).

3.2 Univariate Analysis

Table 2: Distribution of Frequency Category for Outpatients RSGM Moestopo.

Patient satisfaction	Total	%
Not satisfied	22	22
Quite satisfied	21	21
Satisfied	32	32
Very satisfied	25	25

Based on table 2, it can be seen that patient satisfaction in Moestopo General Hospital is 22% unsatisfied, 21% satisfied, 32% satisfied and 25% very satisfied. So it can be concluded that the patient is satisfied with the service at Moestopo Hospital.

Table 3: Frequency Distribution of Patient Satisfaction in RSGM Moestopo.

Dimension	Lowest	Highest	Mean (Rata-rata)	Standard Devisiasi
Reliability	8	12	9,77	0,920
Responsiveness	8	16	12,04	1,769
Guarantee	10	16	12,97	1,114
Attention	13	24	18,10	2,393
Attention	13	20	17,26	1,330
Total patient satisfaction	58	80	70,14	4,519

Based on table 3 it can be seen that from the 5 dimensions of satisfaction, the highest dimension is in the dimension of attention (empathy) with an average of 18.10 (SD 2,393) the lowest 13 is highest 24, the lowest value is found in the dimension of reliability with an average of 9.77 (SD 0.920) lowest 8 and highest value 12, and average responsiveness 12.04 (SD 1,769) lowest 8 highest 16, physical average 17.26 (SD 1,330) lowest 13 highest 20 and average guarantee 12.97 (SD 1,114) 10th highest of 16.

Table 4: Waiting Time Overview of RSGM Moestopo Outpatient Services.

Standard Average Activity	Average	Activity Deviation
Called on the land	6.77	3.673
Patients on-call were	6.29	2.358
When called by the doctor	66.60	11.193
The total waiting time	79.66	11.512

Based on table 4 it can be seen that the average waiting time called at the cashier is 6.77 minutes (SD 3.673), with the fastest time of 1 minute, the

longest time is 17 minutes, while the average patient time called at registration is 6.29 minutes (SD 2.358), with the fastest time of 3 minutes, the longest time is 10 minutes and the average time called by the doctor is 66.60 minutes (SD 11.193), with the fastest time of 39 minutes, the longest time is 90 minutes, then the total waiting time is 79.66 minutes. The average waiting time at the cashier is known to be 6.77 minutes, the average waiting time at registration is 6.26 minutes, and the average waiting time at the doctor's call is 66.60 minutes, so it can be concluded that the waiting time is called by the doctor for longer. The length of the waiting time is due to the mismatch of the doctor's watch settings and the busy schedule of doctors who work in other hospitals. This result also supports research conducted by Astuti (2015) which shows the difference in waiting time between capitation patients and fee for service with a p-value of 0.028. Another study from Fitriana (2018) stated that there was a significant difference in the waiting time dimension with general patient satisfaction and BPJS patients with a p-value of 0.001 <0.005.

Table 5: Results from the Bonferroni Multiple Comparisons.

Satisfaction Patient Group	Satisfaction Patient Group	Mean Difference	Std Error	P-value	95% Confidence Interval	
					Lower Bound	Upper Bound
Not Satisfied	Quite Satisfied	-7.324	3.211	.149	-15.97	1.33
	Satisfied	-10.610*	3.211	.008	-19.26	-1.96
	Very Satisfied	-23.762*	1.993	.000	-29.13	-18.39
Quite Satisfied	Not Satisfied	7.324	3.211	.149	-1.33	15.97
	Satisfied	-3.286	3.750	1.000	-13.39	6.82
	Very Satisfied	-16.439*	2.779	.000	-23.93	-8.95
Satisfied	Not Satisfied	10.610*	3.211	.008	1.96	19.26
	Quite Satisfied	3.286	3750	1.000	-6.28	13.39
	Very Satisfied	-13.153*	2.799	.000	-20.64	-5.67
Very Satisfied	Not Satisfied	23.762*	1.993	.000	18.39	29.13
	Quite Satisfied	16.439*	2.779	.000	8.95	23.93
	Satisfied	13.513*	2.799	.000	5.67	20.64

*groups are significantly related

3.3 Multivariate Analysis

According to table 5, it can be seen that it is useful to further explore which groups are related or the significant waiting time at the level of satisfaction. Several pairs that are significantly different from the results of the analysis above can be shown:

- 1) For the pair of categories not satisfied with satisfied the mean difference of -10,610 and the significance of the count of 0.008 ($0.008 < 0.05$), and very satisfied the mean difference of - 23,762 and the significance of the count of 0,000 ($0,000 < 0.01$).
- 2) For the pair, the category is quite satisfied with very satisfied the mean difference of - 16.439 and the significance of the calculation of 0,000 ($0,000 < 0.05$).
- 3) For the pair of categories satisfied with dissatisfied the mean difference of -10,610 and the significance of the count of 0.008 ($0.008 < 0.05$), and very satisfied the mean difference of -13.153 and the significance of the count of 0,000 ($0,000 < 0.01$).
- 4) For paired categories very satisfied paired with dissatisfied mean difference 23,762 and significance 0,000 ($0,000 < 0.05$), quite satisfied mean difference 16,439 and significance 0,000 (< 0.05), satisfied mean difference and significance 0,000 ($0,000 < 0,05$), so it can be concluded that there are significant differences between groups that are meaningful in comparison the dissatisfied patients differ significantly in the group of patients who are satisfied with very satisfied. For groups that were significantly comparable, the patients were quite satisfied differed significantly in the group of highly satisfied patients, for the groups of patients that were meaningfully satisfied the patients were significantly different in the unsatisfied group with very satisfied, for the groups of patients who were meaningfully satisfied the patients were very satisfied differently significant in the group of patients dissatisfied with quite satisfied and satisfied. Therefore the Hospital should provide comfortable and adequate facilities in the patient waiting room to avoid the patient feeling saturated. The medical staff (doctors and nurses) have the commitment and time discipline to provide services in accordance with a predetermined schedule.

4 CONCLUSION

- a. Judging from the frequency distribution that can be seen in table 4.15, that of the five highest dimensions of satisfaction found in the dimension of attention 58 people (58%). On the dimension of attention there are still patients who are not satisfied because the patient feels that the registration officer is providing picky patients, and the registration officer does not always greet the patients who come to RSGM Moestopo.
- b. Based on table 4.16 the results of the analysis of waiting time for outpatient services out of 100 respondents observed that the average waiting time for outpatient services is 79.66 minutes (SD 11,512). This time exceeds the standard when compared to the minimum service standard of the Ministry of Health RI 129 / Minister of Health / SK / II / 2008. Waiting time for outpatient services exceeds the standard because of the long waiting time for patients due to doctors who arrive late to the hospital. In addition, the distribution of medical records to the clinic will be disrupted when the network error, so that officials do not know if there is a request for medical records
- c. From the ANOVA analysis, it is known that the sig value is 0,000, then $0,000 < 0.05$ so it can be concluded that there is a significant difference between waiting time and patient satisfaction level

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