

Patients rank doctors lower if they experience long delays in waiting rooms

25 February 2020, by Sarah Avery

Doctors are increasingly rated by their patients for the quality of their care, but one seemingly unrelated issue can tank that all-important score: Long delays in the waiting room.

"Waiting to see the doctor is not like waiting in line for a fun ride at Disney World," said Oren Gottfried, M.D., a professor in the Department of Neurosurgery at Duke University School of Medicine and senior author of a study published online in the *Journal of Neurosurgery: Spine*.

"While a medical visit is important, it does not have the positive feedback of an amusement park ride where a two-hour wait seems worth it for even a short ride," he said. "This isn't entirely surprising, but our data shows it's something doctors need to be aware of and should manage."

Gottfried, who studies how basic interactions can improve doctor-patient relationships, communications and outcomes, worked with his coauthors to analyze data from 15 months of patient visits to 22 spine surgeons at Duke practices. More than 27,000 patient visits were included.

The researchers considered demographics, waitingroom times, in-room times, lead times, timely note closure, timely electronic health record responses and monthly patient volume.

With the average clinic visit lasting about 85 minutes, the researchers found that every 10-minute increase in waiting time was associated with a 3-percent decrease in patient scores for the doctor on the patient's rating of overall visit experience as well as the doctor's communication score.

"Anytime you can improve scores by 3%, that's big," Gottfried said. "So if 10 minutes in the <u>waiting room</u> means a drop of 3%, that something that should be addressed, because it's hard to make up for that in the actual doctor-patient visit."

More information: Rasheedat T. Zakare-Fagbamila et al. The true penalty of the waiting room: the role of wait time in patient satisfaction in a busy spine practice, *Journal of Neurosurgery:* Spine (2020). DOI: 10.3171/2019.12.SPINE191257

Provided by Duke University



APA citation: Patients rank doctors lower if they experience long delays in waiting rooms (2020, February 25) retrieved 8 November 2022 from https://medicalxpress.com/news/2020-02-patients-doctors-rooms.html

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