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Beyond Empathy: Examining the Complexities of Outpatient Satisfaction in a Resource-Constrained Setting

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A B S T R A C T

Patient satisfaction is a critical indicator of healthcare quality, particularly in resource-constrained settings where efficient and effective care is paramount. This study aimed to explore the multifaceted nature of outpatient satisfaction at a private Indonesian hospital, moving beyond the traditional focus on empathy to understand the interplay of various service quality dimensions. A mixed-methods sequential explanatory design was employed. The quantitative phase involved a survey of 400 outpatients, measuring their satisfaction with five service quality dimensions: tangibles, reliability, responsiveness, empathy, and assurance. Data were analyzed using descriptive statistics, Importance-Performance Analysis (IPA), and gap analysis (suitability index). The qualitative phase utilized in-depth interviews and focus group discussions with patients, staff, and management to provide context and depth to the quantitative findings. While overall patient satisfaction was 82.9%, a gap analysis revealed substantial discrepancies between patient expectations and perceptions across several service quality dimensions. Tangibles, reliability, and responsiveness emerged as key areas requiring improvement. Qualitative findings highlighted extended wait times, inconsistent staff communication, and concerns about the physical environment as significant contributors to patient dissatisfaction. Achieving high levels of patient satisfaction in resource-constrained environments necessitates a comprehensive approach that addresses systemic inefficiencies and communication gaps alongside interpersonal factors like empathy. These findings underscore the need for targeted interventions to optimize resource allocation, streamline processes, and enhance staff communication skills to improve the patient experience.

1. Introduction

In the realm of healthcare, patient satisfaction has emerged as a pivotal yardstick for gauging the quality of services rendered, assuming paramount importance as a cornerstone of healthcare quality, particularly in resource-constrained settings where the judicious and efficacious delivery of care is of paramount importance. It assumes paramount importance in resource-constrained environments, where the judicious utilization of limited resources is pivotal. Within the context of Indonesia, a nation grappling with healthcare disparities, particularly in rural and underserved regions, the issue of patient satisfaction takes center stage. Patient satisfaction, a multi-dimensional construct, is shaped by a confluence of factors, encompassing the tangible aspects of care, such as the appearance of facilities, equipment, and personnel; the reliability and responsiveness of healthcare providers, including their ability to deliver healthcare services in a dependable and precise manner, as well as their willingness and alacrity to assist patients and address their healthcare needs; the empathy they exhibit, providing compassionate, individualized care and demonstrating genuine concern for patients' well-being; and the assurance they inspire, emanating from the competence and

courtesy of healthcare providers, which instills trust and confidence in their abilities. In essence, patient satisfaction is a complex interplay of various factors, including the tangible aspects of the healthcare environment, the reliability and responsiveness of healthcare providers, the empathy they exhibit, and the assurance they inspire. A multitude of studies have underscored the pivotal role of patient satisfaction in enhancing healthcare outcomes, bolstering patient adherence to treatment regimens, and fostering enduring patient-provider relationships. These dimensions collectively shape the patient's experience and influence their level of satisfaction. Despite the recognition of patient satisfaction as a cornerstone of healthcare quality, numerous healthcare facilities, particularly those in resource-constrained settings, encounter formidable challenges in attaining and upholding elevated levels of patient satisfaction. The focal point of this study is to unearth and tackle these challenges, delving into the intricate interplay of service quality dimensions that contribute to patient satisfaction. By addressing these challenges, healthcare providers can not only enhance patient satisfaction but also optimize the utilization of available resources.[1-4]

IPA, a widely employed technique in service quality research, aids in pinpointing areas where improvements are most likely to yield substantial enhancements in patient satisfaction. By juxtaposing patient perceptions of service performance with their assessment of the importance of various service attributes, IPA enables healthcare providers to prioritize improvement initiatives. This analysis helps to identify areas where performance exceeds expectations, meets expectations, or falls short of expectations.[5,6]

Gap analysis serves as a diagnostic tool to identify discrepancies between patient expectations and perceptions of healthcare services. By bridging these gaps, healthcare providers can elevate patient satisfaction and refine the overall quality of care. This analysis helps to pinpoint areas where improvements are needed to better meet patient expectations.[7,8]

The conceptual framework for this study is anchored in the notion that patient satisfaction is shaped by a confluence of service quality dimensions, encompassing tangibles, reliability, responsiveness, empathy, and assurance. Furthermore, it posits that resource constraints can profoundly impact patient satisfaction by influencing the availability of resources, the efficiency of healthcare delivery, and the overall patient experience. This framework provides a theoretical foundation for understanding the complex interplay of factors that influence patient satisfaction in resource-constrained settings.[9,10] This study aimed to explore the multifaceted nature of outpatient satisfaction at a private Indonesian hospital, moving beyond the traditional focus on empathy to understand the interplay of various service quality dimensions. The goal is to provide healthcare providers with the insights needed to enhance patient satisfaction and optimize the utilization of available resources.

2. Methods

This study employed a mixed-methods sequential explanatory design, commencing with a quantitative phase to gather baseline data on patient satisfaction and service quality perceptions. Subsequently, a qualitative phase was conducted to delve deeper into the quantitative findings, providing context and elucidating the underlying factors that influence patient satisfaction. This sequential approach allowed for a comprehensive exploration of the research topic, combining the strengths of both quantitative and qualitative methodologies; Quantitative Phase: A cross-sectional survey design was utilized to collect quantitative data from a representative sample of outpatients. The study population comprised all patients aged 18 years and older who visited the outpatient clinics of a private hospital in Padang, Indonesia, during the study period. A stratified random sampling technique was employed to ensure representation from various outpatient clinics. The sample size was calculated using the Slovin formula with a 95% confidence level and a 5% margin of error,

resulting in a target sample size of 400 participants. Patient satisfaction was measured using a modified version of the SERVQUAL instrument, a widely recognized and validated tool for assessing service quality across five dimensions: tangibles, reliability, responsiveness, empathy, and assurance. The instrument was adapted to the Indonesian healthcare context and consisted of 23 paired items, one measuring expectations and the other measuring perceptions on a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). Data collection was conducted through face-to-face interviews with outpatients in the waiting areas of the selected clinics. Trained interviewers administered the questionnaires, ensuring participant anonymity and confidentiality.

Descriptive statistics were used to summarize participant characteristics and satisfaction scores. Importance-Performance Analysis (IPA) was conducted by plotting the mean importance and performance scores for each service quality attribute on a Cartesian diagram, divided into four quadrants based on the grand means. Gap analysis was performed using the Suitability Index (SI) calculated as (perception score / expectation score) 100%. SI scores were categorized as low (<80%), moderate (80-90%), and high (>90%) satisfaction; Qualitative Phase: A qualitative study design, employing in-depth interviews (IDI) and focus group discussions (FGD), was used to explore the factors underlying the quantitative findings. Participants were purposively selected to include outpatients with varying levels of satisfaction, healthcare providers (doctors, nurses, administrative staff) from different outpatient clinics, and hospital management involved in quality improvement initiatives. Semi-structured interview guides were developed to facilitate IDIs and FGDs. The interviews were conducted in a private setting at the hospital, ensuring participant comfort and confidentiality. FGDs were conducted with homogenous groups of 4-6 participants to encourage open discussion and interaction. All interviews were audio-recorded and transcribed verbatim. Thematic analysis was employed to analyze the qualitative data. Transcripts were independently coded by two researchers, and a coding framework was developed through consensus. Themes related to patient satisfaction, service quality dimensions, and contextual factors were identified and analyzed. Ethical approval for the study was obtained from the Ethics Committee of the Faculty of Medicine, Universitas Andalas. Informed consent was obtained from all participants prior to data collection. Participants were informed of the study's purpose, procedures, risks, and benefits, and were assured of their right to withdraw at any time without penalty.

3. Results and Discussion

Table 1 presents the demographic characteristics of the participants involved in both the quantitative and qualitative phases of this study; Quantitative Phase: A total of 400 outpatients participated in the quantitative phase (survey). The majority of the respondents were female (59%). The most common age group was 36-55 years (47%). The largest proportion of respondents were employed in the private sector (25.3%). The most frequent education level attained was senior high school (43.8%). Most respondents relied on government health insurance (BPJS, 78.3%). A majority of the patients had visited the outpatient clinic more than once (76.8%). The primary reason for choosing the hospital was "good service" (34.5%), followed by the availability of "specialist/subspecialist doctors" (30%); Qualitative Phase: A smaller group of 14 participants were involved in the qualitative phase. This group included 6 patients, 2 healthcare providers, and 6 hospital management personnel. Specific demographic details (age, gender, etc.) were not collected for this group to maintain anonymity and encourage open discussion during interviews and focus groups.

Table 1. Participant characteristics for both the quantitative and qualitative phases of the study.

Characteristic	Quantitative (N=400)	Qualitative (N=14)
Gender		
Male	164 (41%)	-
Female	236 (59%)	-
Age (Years)		
17-35	165 (41.3%)	-
36-55	188 (47%)	-
>55	47 (11.8%)	-
Occupation		
Student	46 (11.5%)	-
Homemaker/Unemployed	63 (15.8%)	-
Government Employee	70 (17.5%)	-
Entrepreneur	64 (16%)	-
Private Employee	101 (25.3%)	-
Laborers	19 (4.8%)	-
Others	37 (9.3%)	-
Education level		
No schooling	10 (2.5%)	-
Elementary School	104 (2.5%)	-
Junior High School	44 (11%)	-
Senior High School	175 (43.8%)	-
Bachelor's Degree	150 (37.5%)	-
Master's/Doctorate Degree	11 (2.8%)	-
Health insurance		
Government Health Insurance (BPJS)	313 (78.3%)	-
Private Insurance	56 (14%)	-
Self-pay	31 (7.8%)	-
Frequency of outpatient visits		
Once	93 (23.3%)	-
More than once	307 (76.8%)	-
Reason for choosing the hospital		
Easy access/distance	36 (9%)	-
Fast service	47 (11.8%)	-
Referral from friends/family	43 (10.8%)	-
Good service	138 (34.5%)	-
Specialist/subspecialist doctors	120 (30%)	-
Complete facilities	16 (4%)	-
Others	0 (0%)	-
Participant group		
Patients	-	6
Healthcare providers	-	2
Hospital management	-	6

Figure 1 illustrates the overall patient satisfaction rate among the 400 outpatients surveyed. The largest portion of respondents (82.9%) reported being satisfied with the outpatient services at the private Indonesian hospital. This indicates that the hospital is generally meeting the needs and expectations of most of its patients. Despite the majority being satisfied, a notable 17.1% expressed dissatisfaction. This percentage represents a significant number of patients (68 out of 400) who are not having their needs met, highlighting areas where service quality improvements are necessary. The overall satisfaction rate of 82.9% falls short of the government's minimum service standard of 90%. This suggests that the hospital needs to make concerted efforts to improve its services and enhance patient experiences to meet the national benchmark.

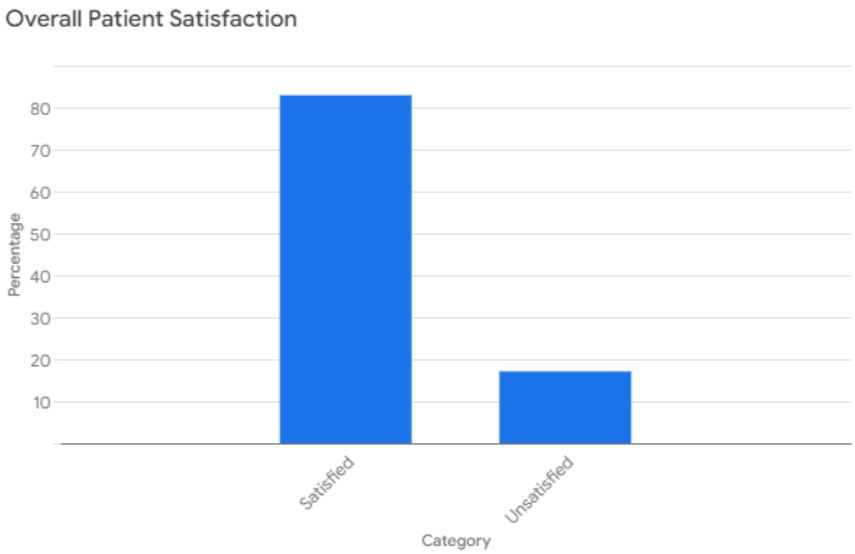

Figure 1. Overall patient satisfaction. The overall patient satisfaction rate is 82.9%, which is below the government's minimum service standard of 90%.

Table 2 presents a detailed breakdown of patient perceptions and expectations across the five service quality dimensions, along with the calculated Suitability Index (SI) for each attribute. The tangibles dimension, focusing on the physical environment and staff appearance, received the lowest average SI (87.61%). Areas like seating adequacy (82.91% SI) and waiting area comfort and cleanliness (87.63% SI) fell below the satisfactory threshold of 90%, indicating a need for improvement in these areas. The empathy dimension, reflecting staff friendliness and understanding, had an average SI of 88.84%. While generally positive, there's room for improvement, particularly regarding the friendliness of registration staff (86.91% SI). The reliability dimension, measuring the dependability and accuracy of services, showed an average SI of 88.22%. Concerns arose regarding doctors arriving on schedule (87.37% SI) and the clarity of registration procedures (87.77% SI). Responsiveness with an average SI of 88.51%, this dimension assessed the willingness and promptness of staff assistance. The speed and accuracy of registration services (85.19% SI) emerged as an area needing attention. The assurance dimension, encompassing staff competence and patient confidence, had the highest average SI (90.00%). This suggests that patients generally trust the knowledge and skills of the doctors and nurses.

Table 2. Service quality dimension.

No.	Service quality dimension	Perceived performance (X)	Expected performance (Y)	Suitability index %
Tangibles				
1	Cleanliness and tidiness of the registration counter	4.10	4.65	88.17
2	Comfort and cleanliness of the waiting area	4.11	4.69	87.63
3	Adequacy of seating in the waiting area	3.88	4.68	82.91
4	Neat and clean appearance of the registration staff	4.11	4.67	88.01
5	The neat and clean appearance of the nurses	4.17	4.70	88.72
6	Neat and clean appearance of doctors	4.30	4.71	91.30
Mean		**4.10**	**4.68**	**87.61**
Empathy				
7	Sufficient service time provided by doctors	4.18	4.64	90.09
8	Nursing services meet patient needs and preferences	4.11	4.66	88.20
9	Friendliness of registration staff	04.05	4.66	86.91
10	Friendliness of doctors	4.22	4.69	89.98
11	Friendliness of nurses	4.16	4.67	89.08
Mean		**4.14**	**4.66**	**88.84**
Reliability				
12	Clear and straightforward registration procedures	04.09	4.66	87.77
13	Doctors explain the patient's illness well and clearly	4.21	4.67	90.15
14	Doctors arrive on schedule or at the promised time	04.08	4.67	87.37
15	Nurses provide accurate and clear information to patients before providing services	4.12	4.70	87.66
Mean		**4.12**	**4.67**	**88.22**
Responsiveness				
16	Registration staff provide fast and accurate service	3.97	4.66	85.19
17	Nurses are responsive in assisting with patient needs	4.16	4.71	88.32
18	Doctors listen carefully to patient complaints	4.21	4.71	89.38
19	Doctors perform procedures quickly and accurately	4.31	4.72	91.31
Mean		**4.16**	**4.70**	**88.51**
Assurance				
20	Doctors have the ability and knowledge to determine the diagnosis of the disease and treat it well, thus creating confidence to recover	4.31	4.69	91.89
21	Doctors provide services with a reassuring attitude so that patients feel safe	4.30	4.73	90.91
22	Nurses provide information related to health problems of the patient's disease accurately and correctly	4.15	4.71	88.11
23	A family atmosphere is created between officers and patients	4.19	4.68	89.53
Mean		**4.23**	**4.70**	**90.00**
Total Mean		**4.15**	**4.68**	**88.68**

Figure 2 presents the importance-performance analysis (IPA) in the form of a Cartesian diagram, plotting patient perceptions of service performance against their expectations for each of the 23 service quality attributes. This analysis helps to visualize the priority areas for improvement. The diagram is divided into four quadrants based on the grand means of perceived performance and expected performance; Quadrant I (Concentrate Here): This quadrant represents attributes that are highly important to patients but have low performance scores. These are priority areas for improvement. In this case, attributes 3 (adequacy of seating), 16 (speed of registration service), 12 (clarity of registration procedures), and 14 (doctors arriving on time) fall into this quadrant; Quadrant II (Keep Up the Good Work): This quadrant includes attributes that are important to patients and are performing well. The hospital should maintain its efforts in these areas. Attributes 20 (doctors' ability and knowledge), 21 (doctors' reassuring attitude), 19 (doctors' speed and accuracy), 6 (doctors' appearance), 17 (nurses' responsiveness), 5 (nurses' appearance), and 18 (doctors listening to complaints) are in this quadrant; Quadrant III (Low Priority): Attributes in this quadrant have low importance and low performance. They are not considered a priority for improvement at this time. Attributes 9 (friendliness of registration staff), 8 (nursing services meeting needs), 1 (cleanliness of registration counter), 4 (appearance of registration staff), and 7 (sufficient service time by doctors) fall into this category; Quadrant IV (Possible Overkill): This quadrant represents attributes with high performance but low importance. The hospital may be over-delivering in these areas and could potentially reallocate resources. Attributes 23 (family atmosphere), 11 (friendliness of nurses), 13 (doctors explaining illness), 10 (friendliness of doctors), 22 (nurses providing accurate information), 15 (nurses providing clear information), and 2 (comfort and cleanliness of waiting area) are in this quadrant.

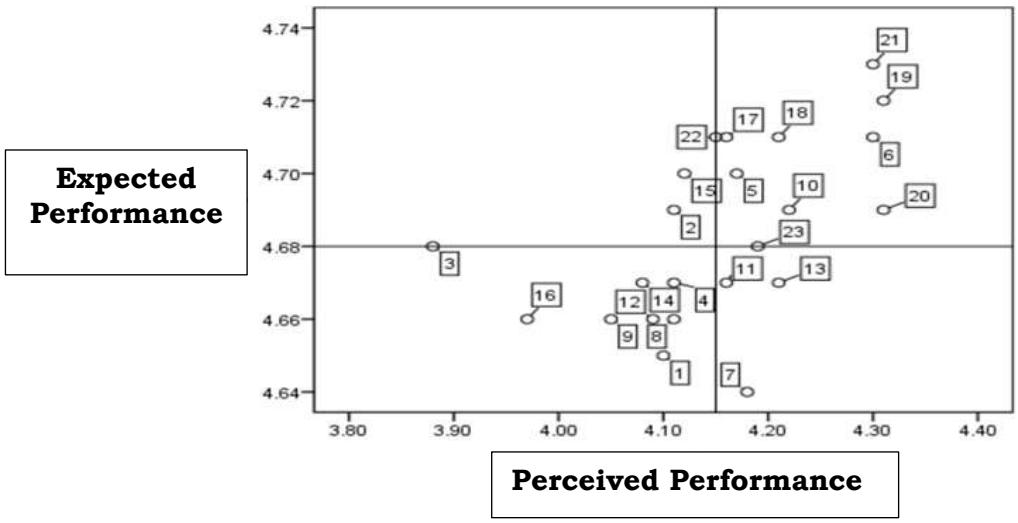

Figure 2. Cartesian diagram importance-performance analysis (IPA).

Table 3 highlights the specific areas within the outpatient clinic that require the most urgent attention to improve patient satisfaction. These areas fall into two main categories; Waiting Area Environment: Patients have high expectations for a comfortable and clean waiting area, but their current experience is not meeting those expectations. This suggests a need for improvements in the physical environment, such as more comfortable seating, better temperature control, and enhanced cleanliness. The low satisfaction with the number of seats indicates that patients often find themselves without a place to sit while waiting. This can lead to discomfort and frustration, especially for those with mobility issues or

who are waiting for extended periods; Nurse Communication: Patients expect clear and accurate information from nurses, both before procedures and about their health conditions. The lower satisfaction scores in these areas suggest that nurses may not be consistently providing information in a way that patients understand or find helpful. This could be due to factors such as lack of time, inadequate training, or inconsistent communication practices.

Table 3. Attributes included in quadrant A (Top Priority).

No.	Attributes in quadrant A	Suitability index (SI) (%)
2	Comfort and cleanliness of the outpatient clinic waiting area	87.63
3	Adequacy of seating in the waiting area	82.91
15	Nurses provide accurate and clear information to patients before providing services	87.66
22	Nurses provide information related to health problems of the patient's disease accurately and correctly	88.11

Table 4 provides valuable qualitative insights into the factors contributing to patient dissatisfaction at the outpatient clinic. It's organized by themes, sub-themes, and descriptions, offering a deeper understanding of the patient experience; Wait Times: This theme highlights the significant impact of waiting times on patient satisfaction. Cumbersome processes, lack of staff, and technical issues contribute to delays at registration, creating a negative first impression for patients. Inconvenient storage and lack of organization lead to further delays in accessing medical records, adding to patient frustration. Overbooked appointments and lack of punctuality result in extended waiting times for patients, impacting their perception of the clinic's efficiency and respect for their time; Staff Communication and Attitude: This theme emphasizes the importance of effective and empathetic communication. Limited time for interaction and a perceived lack of empathy from healthcare providers leave patients feeling undervalued and unheard. Unclear explanations and conflicting advice from different staff members create confusion and erode patient trust in the clinic's competence. Lack of clarity and insufficient guidance make it difficult for patients to access the information they need, leading to frustration and anxiety; Physical Environment: This theme focuses on the impact of the clinic's physical space on patient experience. Limited space and poor seating arrangements contribute to discomfort and a negative perception of the clinic's environment. Insufficient chairs and overcrowding in the waiting area exacerbate discomfort and frustration, especially during peak hours. Poor ventilation, noise, and lack of amenities like drinking water or reading materials further detract from the patient experience.

Table 4. Qualitative findings.

Theme	Sub-themes	Description
Wait times	Inefficient registration procedures	cumbersome process, lack of staff, technical issues
	Delays in retrieving medical records	inconvenient storage, lack of organization
	Doctors running behind schedule	overbooked appointments, lack of punctuality
Staff communication and attitude	Feeling rushed or dismissed	limited time for interaction, lack of empathy
	Inconsistent information	unclear explanations, conflicting advice
	Difficulties obtaining information	lack of clarity, insufficient guidance
Physical environment	The cramped and uncomfortable waiting area	limited space, poor seating
	Lack of adequate seating	insufficient chairs, overcrowding
	Unpleasant atmosphere	poor ventilation, noise, lack of amenities

The qualitative findings consistently highlighted extended wait times as a major source of patient dissatisfaction. This issue was multifaceted, stemming from inefficiencies in the registration process, delays in retrieving medical records, and doctors frequently running behind schedule. Patients reported feeling frustrated and undervalued due to these delays, perceiving them as a lack of respect for their time. This aligns with the quantitative findings, which showed lower satisfaction scores for the speed and accuracy of registration services and the timely arrival of doctors. The registration process is often the first point of contact for patients at the outpatient clinic, and delays at this stage can create a negative first impression. Inefficient processes, lack of staff, and technical issues were identified as key contributors to delays at registration. Patients reported feeling frustrated and impatient while waiting in long queues, especially during peak hours. This negative experience can set the tone for the rest of their visit and impact their overall satisfaction. Another significant source of delay was the retrieval of medical records. The current system for storing and accessing medical records was described as inconvenient and disorganized, leading to delays in retrieving necessary documents. This not only adds to patient wait times but also disrupts the flow of patient care, as doctors and nurses may be unable to proceed with consultations or procedures without timely access to patient information. Doctors frequently running behind schedule was also a major contributor to extended wait times. Overbooked appointments and lack of punctuality were identified as key factors contributing to this issue. Patients reported feeling frustrated and disrespected when doctors were significantly delayed, as this disrupted their schedules and created a sense that their time was not valued. Extended wait times have a significant impact on patient perception of the clinic's efficiency and respect for their time. Patients who experience long waits may feel that the clinic is disorganized, understaffed, or simply does not value their time. This can lead to dissatisfaction, decreased trust in the clinic, and even a reluctance to seek future care at the facility. These findings underscore the need for the hospital to streamline its processes and optimize resource allocation to reduce patient wait times. Simplifying procedures, increasing staffing during peak hours, and upgrading technology to minimize technical issues. Implementing a more efficient system for storing and accessing medical records, potentially including electronic record-keeping. Implementing strategies to reduce overbooking and ensure doctors adhere to their schedules. By addressing these issues, the hospital can significantly improve patient satisfaction and enhance the overall quality of care in the outpatient clinic. Another critical area of concern that emerged from the qualitative data was inconsistent staff communication and attitude. Patients reported feeling rushed or dismissed during interactions with healthcare providers, receiving unclear explanations, and encountering difficulties obtaining necessary information. This often left patients feeling confused, anxious, and dissatisfied with their overall experience. These qualitative findings shed light on the quantitative results, which showed lower satisfaction scores for the clarity of information provided by nurses and the friendliness of registration staff. This highlights the need for the hospital to invest in training programs that focus on enhancing staff communication skills and promoting a patient-centered approach. Many patients reported feeling rushed or dismissed during their interactions with healthcare providers. This was often attributed to time constraints and a perceived lack of empathy from staff. Patients felt that their concerns were not adequately addressed and that they were not given sufficient opportunity to ask questions or express their needs. This lack of personalized attention can leave patients feeling undervalued and dissatisfied with their care. Patients also reported receiving unclear explanations about their health conditions, treatment plans, and procedures. This lack of clarity can lead to confusion, anxiety, and a sense of mistrust in the healthcare provider. Patients may feel hesitant to ask for clarification, fearing that they will be perceived as bothersome or uneducated. This can create a

communication barrier that hinders effective patient care. In addition to unclear explanations, patients also reported difficulties obtaining necessary information about their care. This could include information about appointment scheduling, billing procedures, or available resources. The lack of clear and accessible information can lead to frustration and a sense of helplessness for patients, especially those who are unfamiliar with the healthcare system. Inconsistent staff communication and attitude can significantly impact the overall patient experience. Patients who feel rushed, dismissed, or confused are less likely to be satisfied with their care. This can lead to decreased trust in the healthcare provider, reduced adherence to treatment plans, and even a reluctance to seek future care at the facility. These findings highlight the need for the hospital to invest in training programs that focus on enhancing staff communication skills and promoting a patient-centered approach. Equipping staff with the skills to communicate effectively and empathetic with patients, including active listening, clear explanations, and non-verbal communication. Developing clear guidelines for patient education and information sharing to ensure consistency and clarity. Emphasizing the importance of treating patients with respect, dignity, and compassion. By implementing these interventions, the hospital can create a more positive and supportive environment for patients, leading to improved communication, increased satisfaction, and better health outcomes. The qualitative data revealed significant concerns regarding the physical environment of the outpatient clinic, particularly the waiting area. Patients frequently described the waiting area as cramped, uncomfortable, and lacking adequate seating. This often led to discomfort and frustration, especially during peak hours when the waiting area was overcrowded. These findings provide context to the quantitative results, which indicated low satisfaction with the comfort and cleanliness of the waiting area and the adequacy of seating. A recurring theme in the qualitative data was the issue of overcrowding and lack of seating in the waiting area. Patients reported feeling uncomfortable and frustrated due to limited space and insufficient seating. This was particularly problematic during peak hours when the waiting area was often filled beyond capacity. Patients described having to stand for extended periods, sometimes even overflowing into hallways, which added to their discomfort and frustration. Beyond overcrowding, patients also expressed concerns about the overall comfort and atmosphere of the waiting area. Issues such as poor ventilation, uncomfortable seating, and lack of amenities like drinking water or reading materials were frequently mentioned. These factors contributed to a negative perception of the clinic's environment and detracted from the overall patient experience. The physical environment of the outpatient clinic, particularly the waiting area, plays a crucial role in shaping the patient experience. A cramped, uncomfortable, and unwelcoming waiting area can negatively impact patient perception of the clinic and contribute to feelings of dissatisfaction. Patients may feel that the clinic does not prioritize their comfort or value their time if they are subjected to an unpleasant waiting experience. To address these concerns, the hospital needs to invest in improving the physical environment of the waiting area. Adding more chairs and optimizing the layout to accommodate more patients comfortably. Ensuring comfortable seating, adequate temperature control, and good ventilation. Creating a more welcoming and relaxing environment through measures such as providing reading materials, Wi-Fi access, and appropriate décor. By making these improvements, the hospital can create a more positive and comfortable waiting experience for patients, enhancing their overall satisfaction and improving the perception of the clinic's commitment to patient-centered care. The integration of quantitative and qualitative findings in this study paints a comprehensive picture of patient satisfaction in the outpatient clinic. While the quantitative data provides a general overview of satisfaction levels, the qualitative data delves deeper into the specific factors driving those levels. This integrated approach allows for a more nuanced understanding of the patient experience

and highlights key areas for improvement. Addressing inefficiencies in registration, medical record retrieval, and appointment scheduling to reduce patient wait times. Investing in communication skills training and developing patient-centered care protocols to improve interactions between staff and patients. Enhancing the comfort, cleanliness, and atmosphere of the waiting area to create a more positive patient experience. Addressing these areas will require a multifaceted approach that considers both systemic inefficiencies and interpersonal factors. The hospital needs to streamline its processes, optimize resource allocation, and empower staff to provide patient-centered care. Implementing measures to reduce wait times, simplify procedures, and optimize resource utilization. Providing staff with the training and resources to communicate effectively and empathetic with patients. Fostering an environment where patients feel valued, respected, and involved in their care. By demonstrating a commitment to patient-centered care, the hospital can enhance patient satisfaction, improve service quality, and move closer to achieving the government's minimum service standard. This will require ongoing effort and a willingness to adapt to the evolving needs of patients.[11-15]

These findings have important implications for healthcare providers in resource-constrained settings. They emphasize the need to adopt a comprehensive approach that addresses systemic inefficiencies and communication gaps, in addition to focusing on interpersonal factors like empathy. In resource-constrained environments, efficient resource allocation is critical. The hospital should prioritize addressing the most pressing concerns identified in this study. Allocate resources to renovate or redesign the waiting area to improve comfort and increase seating capacity. This could involve installing more comfortable chairs, improving ventilation, and creating a more welcoming atmosphere. Invest in additional staff or technology to reduce wait times and improve efficiency at the registration counter. This could involve implementing online registration systems or self-service kiosks. Allocate resources to improve the efficiency of medical record retrieval. This could involve implementing electronic health records or improving the organization and accessibility of physical records. The waiting area is often the first point of contact for patients, and a negative experience in this space can set the tone for the rest of their visit. To enhance the patient experience, the hospital should allocate resources to improve the comfort and functionality of the waiting area. Replacing uncomfortable chairs with more ergonomic and supportive options. Rearranging the waiting area to improve flow and maximize space utilization. Ensuring adequate ventilation and temperature control to create a comfortable atmosphere. Providing amenities such as reading materials, Wi-Fi access, and charging stations to improve the waiting experience. Inefficient registration processes can lead to long wait times and frustration for patients. To address this, the hospital should invest in streamlining its registration procedures. Adding more staff to the registration counter during peak hours to reduce wait times. Allowing patients to register online before their appointments, reducing the workload at the registration counter. Providing self-service kiosks for patients to check in and update their information, freeing up staff to handle more complex tasks. Reducing the amount of paperwork required for registration and ensuring forms are clear and easy to understand. Delays in retrieving medical records can disrupt the flow of patient care and contribute to extended wait times. To improve efficiency, the hospital should allocate resources to enhance its record retrieval systems. Transitioning to electronic health records to improve accessibility and reduce reliance on physical files. Implementing a more efficient system for organizing and storing physical records, if electronic records are not feasible. Using technology to streamline record retrieval, such as barcode scanning or digital document management systems. By prioritizing these resource allocation strategies, the hospital can address the most pressing concerns identified in this study and significantly improve the patient experience in the outpatient clinic.

The hospital should critically evaluate its processes to identify and address bottlenecks and inefficiencies that contribute to extended wait times. Implement strategies to reduce overbooking and ensure doctors adhere to their schedules. This could involve using appointment reminder systems or adjusting appointment slots based on patient needs and historical data. Provide staff with the necessary training and tools to perform their tasks efficiently. This could involve cross-training staff to handle multiple roles or implementing technology to automate routine tasks. Explore the use of technology to streamline processes and improve patient access to services. This could involve implementing online registration, telemedicine consultations, or mobile applications for appointment scheduling and communication. Inefficient appointment scheduling can lead to overbooking, long wait times, and frustration for both patients and staff. The hospital should implement strategies to optimize its appointment scheduling system. Analyze historical data to predict patient demand and adjust appointment slots accordingly. Offer flexible appointment scheduling options, such as evening or weekend appointments, to accommodate patients' needs. Utilize appointment reminder systems, such as text messages or phone calls, to reduce no-shows and improve punctuality. Schedule appointments throughout the day to avoid overcrowding and reduce wait times. Implement a system for prioritizing appointments based on urgency and patient needs. Well-trained and efficient staff are essential for smooth and timely service delivery. Provide staff with the necessary training and tools to perform their tasks efficiently. This could include training on new technologies, customer service skills, and process improvement methodologies. Cross-train staff to handle multiple roles, allowing for greater flexibility and responsiveness to patient needs. Delegate tasks appropriately to ensure that staff are working at their highest level of competency. Monitor staff performance and provide feedback to identify areas for improvement. Technology can play a crucial role in streamlining processes and improving patient access to services. Allow patients to register online before their appointments, reducing the workload at the registration counter and improving patient convenience. Provide telemedicine consultations for routine follow-ups or non-urgent medical issues, reducing the need for in-person visits. Create mobile applications for appointment scheduling, communication with healthcare providers, and access to medical records. Implement automated systems for tasks such as appointment reminders, prescription refills, and billing. By streamlining its processes and leveraging technology, the hospital can significantly reduce wait times, improve efficiency, and enhance the overall patient experience. This will not only increase patient satisfaction but also optimize resource utilization and improve the overall quality of care in the outpatient clinic. Effective communication is essential for building trust and rapport with patients. It is the cornerstone of patient-centered care, enabling healthcare providers to understand patient needs, provide clear explanations, and involve patients in decision-making. Train staff to communicate clearly and empathetic with patients, using plain language and avoiding medical jargon. Encourage staff to actively listen to patients, address their concerns, and involve them in decision-making. Develop clear guidelines for patient education and information sharing to ensure consistency and clarity across all interactions. Healthcare providers should be trained to communicate clearly and empathetic with patients. This involves using plain language that patients can easily understand, avoiding medical jargon, and demonstrating empathy and compassion in their interactions. Clear communication ensures that patients are well-informed about their health conditions, treatment options, and expected outcomes. Empathetic communication helps build trust and rapport, making patients feel heard and understood. Patient-centered communication places the patient at the center of the healthcare experience. It involves actively listening to patients, understanding their concerns, and involving them in decision-

making. Healthcare providers should be encouraged to ask open-ended questions, provide opportunities for patients to express their needs, and tailor their communication style to individual patient preferences. Developing standardized communication protocols can help ensure consistency and clarity in patient interactions. These protocols can provide guidelines for patient education, information sharing, and communication in specific situations, such as during consultations, procedures, or discharge planning. Standardized protocols can help reduce confusion, improve patient understanding, and enhance the overall patient experience. Investing in communication skills training for healthcare providers can have numerous benefits. Effective communication can lead to greater patient satisfaction by ensuring that patients feel heard, understood, and involved in their care. Clear and empathetic communication can improve patient adherence to treatment plans by ensuring that patients understand their medications, instructions, and follow-up care. Effective communication can help reduce medical errors by ensuring that information is accurately conveyed and understood by all members of the healthcare team. Patient-centered communication can lead to better health outcomes by empowering patients to actively participate in their care and make informed decisions about their health.[16-20]

4. Conclusion

This research underscores the critical need for a multifaceted approach to elevate patient satisfaction in resource-constrained outpatient settings. By identifying discrepancies between patient expectations and perceptions across various service quality dimensions, this study pinpoints key areas for targeted interventions. These include optimizing resource allocation to address tangible shortcomings, streamlining processes to enhance reliability and responsiveness, and fostering a patient-centric culture that prioritizes communication and empathy. Healthcare providers in similar settings can leverage these findings to implement practical strategies that improve the patient experience and optimize the use of limited resources, ultimately contributing to better healthcare outcomes.

5. References

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