

What is the Relationship Between Publishing Emergency Room Wait Times and
Patient Satisfaction?

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An increase in competition and subsequent commercialization of emergency rooms (ER) creates a consumer driven healthcare system (Bleustein et al. 2014). The ER is often the first impression patients and family members receive of the hospital and its healthcare system (Soleimanpour et al. 2011) and often set the tone for patient experience. How long a patient waits for care, interactions with providers, and quality of healthcare influence patient satisfaction scores. Of the listed influencers on patient satisfaction, patient wait times is the influencer that medical facilities have the most control over. Patient satisfaction scores are relevant to healthcare facilities, because patient satisfaction surveys will directly impact reimbursement from The Centers for Medicare and Medicaid (Handel, French, Nichol, Momberger, Fu, 2014).

Research Question

What is the relationship between publishing emergency room wait times and patient satisfaction?

Review of Literature

Hospitals frequently published ER wait times on billboards, across social media, and on websites. Wright et al. (2013) was a nursing staff pressured to improve patient wait times at an emergency department. The nursing staff claimed that publishing ER wait times was in conflict with nursing priorities because nurses (and other members of the healthcare team) felt pressure to focus on improving wait times instead of focusing on the quality of the patient's healthcare. This was because improving wait times was a

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priority for their ER in an effort to improve patient satisfaction surveys, which would in turn increase revenue via Medicare reimbursement. The following literature review explored the relationship between advertising ER wait times and the impact this practice had on patient satisfaction surveys.

Publication of ER Wait Times

In a search for literature about the impact of publication of ER wait times, the search criteria “advertising patient wait times” yielded the most results (admittedly limited), because publication of emergency room wait times was perceived as a marketing tool. However, publishing ER wait times was more than a marketing tool. It also established patient and family expectations of how long their wait time would be before seeing a physician (Xie & Youash, 2011).

Patient Satisfaction

Researchers Soleimanpour et al. (2011) utilized patient satisfaction as a measurement for quality of healthcare at Imam Reza Hospital in Tabriz, Iran; the Centers for Medicare and Medicaid also used patient satisfaction surveys to identify quality of healthcare received by their patients (Handel et al. 2014). Handel et al. also stated The Centers for Medicare and Medicaid would publish patient satisfaction scores and tie them to reimbursement in the near future. Bleustein et al. (2014), Handel et al. (2014), Soleimanpour et al. (2011), Wright et al. (2013), and Xie and Youash (2011) all agreed that high patient satisfaction indicated the patient’s likelihood to refer healthcare systems to friends as well as return for future healthcare. High patient satisfaction scores were identified as key to increasing revenue.

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The Relationship Between Patient Satisfaction and Emergency Room Wait Times

Thompson and Yarnold (1995) identified a strong correlation between patient satisfaction and wait times and concluded that if the length of wait times were as anticipated, or shorter than anticipated, patients were more satisfied with their care. If wait times were longer than expected, Thompson and Yarnold found that patients were more likely to report poor patient satisfaction regarding their experience. Thompson and Yarnold cited the reason for this as the disconfirmation paradigm, in which positive disconfirmation was service perceived as expected. Negative disconfirmation occurred when the service was perceived as less than expected.

Bleustein et al. (2014), Handel et al. (2014), Soleimanpour et al. (2011), Wright et al. (2013), and Xie and Youash (2011) all agreed that emergency room wait times impacted patient satisfaction scores. Handel et al. (2014), Soleimanpour et al. (2011), and Wright et al. (2013) explained that patients were more likely to report low patient satisfaction specifically if the patient waited longer than expected, but reported positive reviews if length of wait time was expected, and physicians and nurses treated patients with respect.

Wright et al. (2013) concluded that communication about what to expect during patients' visits including how long the wait to see a provider would be increased patient satisfaction. Wright et al. called for better communication by nursing staff to patients to improve patient satisfaction scores. While Bleustein et al. (2014) researched wait times and patient satisfaction in private clinical settings and not the ER, they did use a χ^2 test

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and proved a relationship between communicating length of wait times (verbally) and patient satisfaction scores.

Xie's and Youash's (2011) study answered Wright's et al. (2013) and Bleustein's et al. (2014) call to communicate wait times with patients. Xie and Youash found that by publishing wait times on billboards, their website, and on an app that patients were more likely to choose the hospital with the shorter wait time, which decreased the wait time at more congested hospital and increased patient satisfaction scores. Xie and Youash explained that even though publication of wait times increased census and wait times at the hospital with publication of shorter wait times, perceived wait times were still within patient's expected limits, and that is why the satisfaction surveys scored high.

Conclusion

The literature survey revealed the medical field conducted research to identify factors influencing increased patient satisfaction scores and recognized wait times to see a provider as a significant influence on these scores. Only Xie and Youash (2011) studied the impact of advertising wait times. Their research only included the two hospitals in their community healthcare system (Xie & Youash, 2011). They concluded that establishing expectations did improve patient satisfaction scores as long as expectations of wait times were met (Xie & Youash, 2011). This conclusion was consistent with Thompson's and Yarnold's (1995) disconfirmation paradigm. Although research was limited, this survey of literature revealed a relationship between publishing (or advertising) emergency room wait times and patient satisfaction. Additional research should be done in larger studies to identify to what extent this relationship exists.

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