

Patient Perceptions of Physicians' Time Management Behaviors: Satisfaction and Expectations

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Abstract

A sample of 105 patients completed a survey comprised of 27 items which asked them to indicate their perceptions of their personal physician's time management behaviors, their expectations regarding these behaviors, and their level of satisfaction with their physician.

Moderately strong correlations were found between patient satisfaction and (1) physicians giving full attention to patients and (2) the perception that physicians are not busy with other tasks. Significant differences between expectations and reported behaviors were found for most behaviors tested, with large mean score differences occurring for (1) time spent with physician and (2) perception that physician schedules only one patient at a time. Even so, these large mean differences did not, consequently lead to decreased satisfaction.

Introduction

Few studies of patient satisfaction have made time management their principal focus. Many researchers, however, note that time management is an important factor and should be incorporated into studies measuring patient satisfaction. Indeed, many studies indicate that poor time management is one of the major factors leading to patient dissatisfaction (Blondis & Jackson, 1977; Brown, Nelson, Bronkesh, & Wood, 1993; Buller & Buller, 1987; Kreps & Thornton, 1992).

For example, in a survey reported by *Medical Economics*, patients were asked to list their three most important expectations regarding medical care. Forty-eight percent of respondents replied that being able to get an appointment quickly was important to them, and 44% noted that going to a doctor who spends enough time with them was critical. Thirty-four percent of respondents listed a short waiting time in the doctor's office as one of their three most important requirements (Murray, 1995).

Similarly, Posner (1995) reported that nearly four out of ten Canadians were not satisfied with the amount of time their physicians spent with them, and 56% of Canadians reported that they were frustrated with the amount of time they routinely spent in the waiting room. In another study, 34% of patients considered it appropriate to wait between 11 and 15 minutes for a scheduled appointment, and three out of four patients expected to see their doctors within 15 minutes of their scheduled time. However, only 50% of these patients reported that they usually do see their

doctors within 15 minutes of their appointment time ("Patients expect," 1995).

As a result of these patient concerns, Messner (1993) advised healthcare workers to be sensitive to the amount of time that patients are kept waiting. "Waiting time is a far more serious service lapse in medical practices than anyone (except patients) gives it credit for" (Brown et al., 1993, p. 235). Waiting time is considered the biggest frustration in physicians' offices, and researchers advise explaining time delays to patients if long waiting times cannot be avoided (Messner, 1993; Kreps & Thornton, 1992).

Despite mounting evidence of patient dissatisfaction with their physicians' time management, it is unlikely that any major changes will soon be forthcoming. Indeed, Grassmuck (1991) reports that physicians are being pressured by hospitals and administrators to spend less time in patient consultations. What physicians can do, however, is to determine ways to meet their patients' expectations more effectively. Based on these concerns regarding patient satisfaction, physician time management, and the relationship between the two, the following hypotheses were tested:

H1: There is a positive correlation between patient satisfaction and: (1) amount of time patients spend with physicians, (2) perception that physician schedules only one patient at a time, and (3) perception that physician pays undivided attention to patient during the appointment.

H2: There is a negative correlation between patient satisfaction and: (1) amount of time spent in the waiting room, (2) amount of time spent waiting in the exam room for the physician to arrive, (3) amount of time between scheduling a regular, non-urgent

appointment and the appointment, (4) amount of time between scheduling an immediate appointment and the appointment, (5) number of interruptions during the exam, and (6) perception of physician's preoccupation with other tasks during the exam.

H3: Patients' reported expectations will differ from their reported perceptions with regard to: (1) number of minutes spent with physicians, (2) number of minutes spent in the waiting room, (3) number of minutes spent waiting in the exam room for the physician to arrive, (4) number of days between scheduling a regular, non-urgent appointment and the appointment, (5) number of days between scheduling an immediate appointment and the appointment, (6) number of patients scheduled for an appointment at one time, (7) amount of attention physicians pay patient, (8) number of interruptions during exam, and (9) physicians' preoccupation with other tasks during exam.

Method

Participants

The population consisted of adults who had visited primary care physicians within the previous six months. A health maintenance organization (HMO) based in a large metropolitan area cooperated with one of its clients in a suburban area to provide a listing of enrollees. In cooperation with this client, a sample of 300 enrollees who had filed a claim for a primary care physician visit were selected using a random table of numbers. These enrollees were mailed a cover letter which explained the reason for the study. They were asked to complete a survey and return it in a pre-addressed stamped envelope (addressed to the researchers) as soon as possible. It was made clear to respondents that they were participating anonymously and were not jeopardizing the care provided by the HMO by their involvement. For this reason, no potentially identifying demographic information was requested. Of the 300 surveys mailed, 105 usable surveys were returned. Reminder calls were made to respondents who did not return their surveys. No secondary mailings were made.

Instrument

The 27-item survey instrument asked respondents to estimate various aspects of their physician's time management behavior--both expected and actual. Respondents were asked to indicate their expectations and perceptions of various physician time management behaviors by estimating the actual number of minutes

(days) required for each behavior. Some survey questions which could not be evaluated directly by tabulating number of minutes or days, asked respondents to circle a number that best described their perceptions regarding their doctor's time management behaviors, based on the following scale: 1 = strongly disagree, 2 = disagree, 3 = undecided, 4 = agree, and 5 = strongly agree. Following these closed-ended questions, respondents were also asked to indicate their own level of satisfaction with their physician using this scale.

Results

The average satisfaction score reported for all respondents was 4.04. H1, which predicted positive correlations between patient satisfaction and patient perceptions of three physician time management behaviors, was confirmed in its entirety. Significant positive relationships were found between patient satisfaction and reported number of minutes physicians spend with patients ($r = .36, p < .005$), perceptions of number of patients scheduled at one time ($r = .37, p < .005$), and reported amount of attention physicians pay to patients ($r = .55, p < .005$) (Table 1).

H2, which predicted negative correlations between patient satisfaction and patient perceptions of six physician time management behaviors, was partially confirmed. Significant negative correlations were discovered between patient satisfaction and amount of time spent in the waiting room ($r = -.32, p < .005$), amount of time spent waiting in the exam room ($r = -.34, p < .005$), number of interruptions during exam ($r = -.31, p < .005$), and physicians' preoccupation with other tasks during patient exams ($r = -.44, p < .005$). No significant correlation was found between patient satisfaction and number of days elapsing for a regular appointment, nor between patient satisfaction and number of days elapsing for an immediate appointment (Table 1).

In analyzing the differences noted in H3, between patients' expectations and patients' reports of physicians' actual behaviors, the greatest significant difference between expected and perceived scores occurred with amount of time patients spend with physician ($t = 8.05, p < .005$). Patients on average reported that they expected to spend approximately 24 minutes with their physician, but reported on average spending only 17 minutes (Table 2).

Table 1. Perceived Physician Time Management Behaviors Correlated With Satisfaction

	Mean Score	Correlation Coefficient
Minutes spent with physician	17.44	.36+
Minutes spent in waiting room	37.06	.32+
Minutes spent waiting in exam room	14.84	-.34+
Elapsed days for regular appointment	4.56	-.02
Elapsed days for immediate appointment	.82	-.01
Physician schedules one patient at a time ^a	2.99	.37+
Physician gives patient full attention ^a	4.47	.55+
Physician is frequently interrupted ^a	3.89	.31
Physician is busy with other tasks ^a	4.06	.44*+
Patient is satisfied with physician ^a	4.04	n/a

^a Scale for mean scores 1 = Strongly disagree, 2 = Disagree, 3 Undecided, 4 = Agree, 5 = Strongly agree

*p<.005

+p<.05

Table 2. Perceived Physician Time Management Behaviors

	Mean Scores		t value
	Expected	Actual	
Minutes spent with physician	24.21	17.47	8.05*
Minutes spent in waiting room	19.94	37.06	-5.77*
Minutes spent waiting in exam room	9.99	14.84	-7.46*
Days elapsed for regular appointment	2.96	4.56	-2.93*
Days elapsed for emergency appointment	.76	.82	-.53
Physician schedules one patient at a time ^a	4.11	2.99	8.01*
Physician gives patient full attention ^a	4.83	4.48	4.68*
Physician is not interrupted ^a	4.20	3.89	2.16**
Physician is not busy with other tasks during exam ^a	4.59	4.06	4.32*

^aScale for mean scores: 1=strongly disagree, 2=disagree, 3=undecided, 4=Agree, 5=Strongly Agree

*p<.005

**p<.05

Also, a significant difference was found between patients' expectations and number of patients that they perceive their physician schedules at one time (t = 8.01, p < .005). That is, patients generally expect (m = 4.11) that doctors should schedule only one patient at a time. However, patients reported that they perceived

that their physician actually did not schedule only one patient at a time (m = 2.99) (Table 2).

Results also showed other significant differences between expected and perceived physician time management behaviors. Patients on average expected to wait in the exam room approximately ten minutes,

but reported spending approximately 15 minutes ($t = -7.46, p < .005$). Patients on average also expected to wait approximately 20 minutes in the waiting room, but reported waiting 37 minutes ($t = -5.77, p < .005$) (Table 2).

Most of the remaining behaviors in H3 were also significant. There was less reported disparity between expected and actual days elapsing before a regular appointment, $t = -2.93, p < .05$ (expected $m = 2.96$, reported $m = 4.56$); physicians giving full attention to the patient, $t = 4.68, p < .05$ (expected $m = 4.83$, reported $m = 4.48$); physicians not being interrupted, $t = 2.16, p < .005$ (expected $m = 4.20$, reported $m = 3.89$); and physicians not being busy with other tasks, $t = 4.32, p < .005$ (expected $m = 4.59$, reported $m = 4.06$) (Table 2).

Only one behavior in H3 was not supported. No significant difference was found between the number of days patients expected to wait for an emergency appointment and the number of days patients reported waiting for an emergency appointment.

Discussion

This study utilized a cross-sectional mail survey to elicit patients' perceptions of their primary physician's time management behaviors. Respondents were also asked their expectations regarding these various behaviors and their level of satisfaction with their own physician's time management behaviors. Certainly, the use of a survey instrument creates the potential for recall bias. Some respondents had seen their physicians as long as six months ago. It is possible that their expectations were tempered by their perceptions and vice-versa. Additionally, it is possible that the 30% of patients who responded to the survey were doing so because they were unusually satisfied with their physician or unusually dissatisfied, although the mean satisfaction score of 4.01 would indicate the former.

Even so, it is evident that physician time management is related to patient satisfaction. In this study, two specific time behaviors found to correlate most strongly (40% or better) with patient satisfaction were (1) physician giving patient full attention, and (2) the perception that doctors are not busy with other tasks during the exam. It is heartening to note that these two behaviors are more qualitative than quantitative in nature and thus, probably, more easily accomplished by time-pressured physicians.

In examining the relationship between patient expectations and patient perceptions of physicians' actual behavior, the study allows some intriguing implications. In a few questions, unmet expectations did not result in dissatisfaction. Indeed, a few behaviors in which patients reported the greatest differences between expected and reported behaviors were not those most highly correlated with patient satisfaction. For instance, the large difference found between expected and reported time spent with physicians did not negatively impact patient satisfaction as much as did other behaviors. Likewise, the difference between the expectation that physicians should schedule only one patient at a time and patients' perceptions that physicians do schedule more than one patient at a time also did not grossly impact patient satisfaction. Therefore, according to this study, differences in patients' expectations and their perceptions do not necessarily lead to lack of patient satisfaction. One explanation for this outcome may lie in Pascoe's (1983) claim that individuals may adjust their expectations downward if a particular experience does not meet their expectations, in an attempt to maintain cognitive consistency.

Even so, physicians can better meet their patients' expectations by heeding the results found in this study. No one particular time management skill stood out as the "key" to patient satisfaction. The major practical advice that can be drawn from this study is that physicians should schedule only one patient at a time; they should give each patient their undivided attention during the exam; and they should not schedule patient arrival for too far ahead of when the physician is likely to be able to attend to the patient.

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Patient Perceptions

Judice & Rockwell

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