

Patient Waiting Time, Level of Satisfaction and Factors Affecting Delays as Perceived by Peri-Operative Team and Significant Others: An Improved Policy Guideline

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ABSTRACT

This study focused on patient waiting time, level of satisfaction, and the factors that cause delays in the perioperative team and significant others. The main goal of the study was to understand if waiting time affects satisfaction and to identify the common reasons for delays. A quantitative study design was used, including descriptive, comparative, correlational, and cross-sectional approaches. Data were collected once through survey questionnaires from the perioperative team and significant others. The data were used to describe waiting time and satisfaction, compare group responses, and find the relationship between waiting time and satisfaction. The results showed that longer waiting time may lead to lower patient satisfaction. There were also some differences in responses between groups. Common causes of delay included scheduling, problems, and staff availability. The study suggests improving communication, coordination, and hospital policies to reduce delays and improve patient satisfaction.

Keywords: *Patient waiting time, level of satisfaction, factors affecting delays, Peri-Operative Team, significant others, improved policy guideline*

INTRODUCTION

The surgical environment worldwide has demonstrated outcomes from evidence-based management methods, including real-time operating room dashboards, predictive analytics, and PAC and Lean Six Sigma protocols. Lean management, as studied by Joseph et al. (2021), resulted in a 30% reduction in waiting time and a 25% increase in OR turnover at a Canadian tertiary hospital. The Philippine Heart Center conducted research showing that the digital OR communication system reduced patient waiting time by 40 minutes and increased patient satisfaction scores by 18%. Local hospitals have not applied these interventions consistently or assessed their effectiveness. Much existing research shows a major deficiency because it only studies the causes of surgical delay and time measurements, thereby missing the different viewpoints of all people who take part in surgical procedures (Siqueira et al., 2021). Existing research includes few studies that analyze how the technical requirements of the peri-operative team conflict with the emotional and perceptual experiences of patients' significant others within a single policy framework. The study aims to examine how actual waiting times affect stakeholder satisfaction and to determine which factors delay operations from different stakeholder perspectives. The study combines these insights to create an Improved Policy Guideline, which will benefit hospital administration through its substantial contributions. The guideline will provide actionable strategies to synchronize clinical efficiency with

compassionate communication, leading to improved patient care and enhanced institutional reputation for the healthcare facility (Ting et al., 2022).

Statement of the Problem

Specifically, this study sought to answer the following questions:

1. What is the demographic profile of the respondents based on: Age, Sex, Marital Status, and Procedure performed?
2. What is the level of Satisfaction of patients' significant others regarding perioperative services in terms of: Information Provision, Discomfort and Needs, Feelings and Concern, Professional Competence, Staff-Patient Relationship, and Service-Related Aspects?
3. What factors contribute to the delays in the Peri-Operative process as perceived by the Peri-Operative team in terms of: Staffing and manpower, Equipment availability, Scheduling and coordination, and Patient-related factors?
4. What factors contribute to the delays in the Peri-Operative process as perceived by significant others of the patient: Environmental factors, Availability of resources, Communication and Information, and Patient-related factors?
5. Is there a significant relationship between patient waiting time and the level of Satisfaction of significant others?
6. Is there a significant difference between the perception of the Peri-Operative team and significant others regarding the factors affecting Peri-Operative delay?
7. Based on the results, what action plan can be developed?

Scope and Delimitations

This study aimed to determine the waiting time, level of satisfaction, and factors causing delay in the peri-operative process in a tertiary public hospital in Caloocan City. It is geared towards identifying the causes of delays, which eventually affect the satisfaction levels of significant others. These factors can expose gaps in organizational systems, people, and processes that consequently reduce the quality of services delivered, thereby affecting customer satisfaction. This was best achieved using a Descriptive-Correlational Comparative Quantitative design, with a computed sample size of respondents to ensure representativeness of the population under study. Participants selected were members of the POT and the patients' significant others. Participants from the POT will be selected based on the set criteria. Inclusion criteria (1) 3 years and above OR experience (2) Working in a Public Hospital (3) Under a Primary Government Hospital (4) within Metro Manila. For the Exclusion criteria: Healthcare workers from the POT (1) below 3 years OR experience (2) Working in a private hospital (3) Under Secondary and tertiary hospitals (4) Hospitals in the Province are all excluded.

Review of Related Literature

Waiting time and satisfaction level work together to determine patient satisfaction. Patients who receive timely updates, along with clear explanations about treatment delays, will experience greater satisfaction, even if their actual waiting time remains the same.

In terms of patient satisfaction in Perioperative Care, research studies that investigate both perioperative processes and operating room workflows show that system delays result from process and system variables that operate independently of patient volume. The research on surgical services reveals that the field experiences common problems which include errors in scheduling, inefficient turnover procedures, incorrect staffing allocations, documentation delays, and breakdowns in interdepartmental coordination.

Theoretical Framework

Imogene King's Theory of Goal Attainment is a theory where the patient and the perioperative team must work mutually by building mutual understanding of what will happen with the procedural timeline of the surgery. In *Jean Watson's Science of Caring Theory*, the emotional and spiritual well-being of the care delivered to patients is crucial, but to achieve this caring, the nurse must maintain an integrated balance between it and its transformation into knowledge and wisdom. *Florence Nightingale's Environmental Theory* states that the environment affects patient care through its influence.

Conceptual Framework

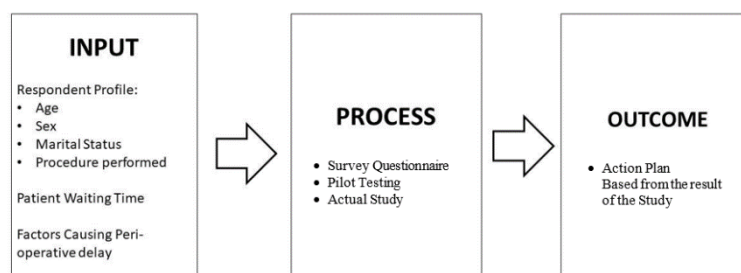


Figure 1. Conceptual Framework Showing the Relationship between Input, Process and Outcome

METHODOLOGY

This chapter presents the study's method, including the research design, locale, population and sampling, instruments, data collection procedures, ethical considerations, and statistical tools. These methods are designed to ensure the valid, reliable, and ethical collection and analysis of data on clinical exposure, mentor influence, and specialization preferences among nursing students.

Research Design

A Descriptive-Correlational Comparative Quantitative design was employed among 50 members of the POT and 50 significant others of the patient.

Research Steps

This study employed a Non-Probability Purposive Sampling design, which focuses on selecting "information-rich" cases, thereby providing the depth of data required to identify systemic bottlenecks and craft a meaningful policy guideline. This ensures that only those with direct experience of surgical delays and waiting periods are included. By targeting specific

individuals who have navigated the complexities of surgical delays, the researcher can capture the nuanced factors that affect satisfaction and operational efficiency.

Data Collection and Sample Selection

Data were collected over a one-month period using pretested and validated questionnaires transcribed into electronic form. The researcher first sought permission from the Medical Center Chief of Hospital X and approval to conduct the study from the facility's Institutional Review and Ethics Board (IREB). Upon approval, the researcher coordinated with the Nursing Education, Research and Training (NERT) Office for proper endorsement of the data collection in the Operating Room. With the guidance of NERT and OR Supervisors, respondents from the peri-operative team are identified and are asked to answer the questionnaire via paper and pen.

Data Analysis Methods

The study used measures of central tendency and dispersion to evaluate the results of this research question. Frequency and percentage will be used as measures of central tendency, while mean, median, and mode will be applied. The study uses range, variance, and standard deviation to measure dispersion. The study uses weighted mean and standard deviation to measure perioperative service satisfaction among patients' significant others across dimensions of Timeliness and Communication and Information, Responsiveness, and overall Perioperative experience.

Research Hypotheses and Validation

There is no significant relationship between perceived factors contributing to the delays in the pre-operative process and the level of satisfaction of significant others. There is no significant difference between the perception of the peri-operative team and significant others regarding the factors affecting Peri-Operative delay.

Study Limitations and Ethical Considerations

The study adhered to ethical protocols by obtaining informed consent from all participants, ensuring anonymity and confidentiality, and allowing participants to withdraw at any time. Furthermore, ethical issues encompassed the imperative to ensure the respectful portrayal of participants' views in the final analysis and reporting.

RESULTS AND DISCUSSION

Overall findings indicate that the respondents were predominantly middle-aged, female, and married, with cesarean section and appendectomy being the most frequently represented surgical procedures among nurses and patients, respectively. Results show a significant difference between the perceptions of the peri-operative team and significant others regarding factors affecting pre-operative delay. The peri-operative team reported a higher mean score ($M = 77.32$, $SD = 14.40$) compared to significant others ($M = 55.71$, $SD = 10.83$). The difference is statistically significant ($t = 8.480$, $df = 98$, $p < 0.001$), indicating that the two groups differ significantly in their perceptions of the factors contributing to pre-operative delays.

SUMMARY

Results show that availability of resources ($r = 0.587$, $p = 0.001$) and environmental factors ($r = 0.412$, $p = 0.018$) have a significant positive relationship with LPPSq, indicating that these factors are associated with changes in satisfaction levels. In contrast, communication and information ($r = 0.124$, $p = 0.367$) and patient-related factors ($r = 0.032$, $p = 0.895$) show a positive but not significant relationship, suggesting no meaningful association with satisfaction.

CONCLUSIONS

There is a need to comprehensively implement the proposed plan to further improve patient waiting times and satisfaction in peri-operative care, and to identify possible causes of delay in the peri-operative process as perceived by the peri-operative team and the patient's significant others.

RECOMMENDATIONS

Based on the findings the researcher proposed an action plan to improve Patient Waiting Time, Satisfaction, and Reduction of Peri-Operative Delays through an Enhanced Policy Guideline

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AI DECLARATION STATEMENT

AI-supported tools helped with grammar and structure in creating this article. No AI tools were used to collect, analyze, or interpret data; all authors are credited for their academic contributions.

REFERENCES

- Abate, S. M., Chekole, Y. A., & Gebremedhin, T. (2020). Factors associated with elective surgical cancellation: A systematic review and meta-analysis. *International Journal of Surgery Open*, 24, 110–117. <https://doi.org/10.1016/j.ijso.2020.04.011>
- Abdulwahab, S., & Al-Kandari, H. (2021). Nurse burnout and workflow interruptions in surgical units. *Journal of Nursing Management*, 29(5), 1089–1097. <https://doi.org/10.1111/jonm.13231>