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Patient Satisfaction and Waiting Time in General Outpatient Departments of State and Federal Teaching Hospitals in Enugu State, Nigeria: A Comparative Mixed-Methods Study

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ABSTRACT

Patient satisfaction reflects how well patients perceive healthcare services meet their needs and expectations and is widely used as an indicator of quality of care. It is shaped by clinical and non-clinical factors, including staff attitude and communication, facility organization, costs, and waiting time. This study assessed and compared patient satisfaction and waiting time in the General Outpatient Departments (GOPDs) of a state and a federal teaching hospital in Enugu State, Nigeria. A comparative mixed-methods design was used at the GOPDs of the University of Nigeria Teaching Hospital (UNTH), Ituku-Ozalla, and the Enugu State University of Science and Technology Teaching Hospital, Parklane (ESUTTHP). Quantitative data were collected using a structured 5-point Likert-scale questionnaire and a patient time-tracking schedule across service points (payment, registration, waiting area, nurses' station, and consulting room). Sample size was determined using the WHO national guideline for sample size determination in health studies, and 188 first-time adult patients (≥18 years) were recruited (UNTH n=108; ESUTTHP n=80). Six participants were purposively selected for in-depth interviews. Descriptive statistics were used to summarize variables, and differences between hospitals were tested at α=0.05 using GraphPad Prism v7.5. Overall, 188 participants were analyzed; 59.0% were female and the mean age was 53 years (range: 18–88). Total waiting time was 227.21 minutes in ESUTTHP and 234.00 minutes in UNTH. Mean waiting times across service stations ranged from 26.46-58.29 minutes in ESUTTHP and 9.25–121.05 minutes in UNTH, with the longest delays occurring at payment and registration in UNTH. Most respondents reported satisfaction with waiting time and service delivery in both hospitals, but satisfaction differed significantly between ESUTTHP and UNTH ($p<0.0001$). Qualitative findings supported the quantitative results and pointed to queue control, staff communication, and costs as key drivers of satisfaction and dissatisfaction. In conclusion, patients reported generally high satisfaction with GOPD services in both teaching hospitals, although satisfaction levels differed significantly between the state and federal facilities. Strengthening administrative processes especially payment and registration improving communication about delays, and enhancing cost transparency may further improve patient experience.

Keywords: patient satisfaction; outpatient services; waiting time; healthcare quality; communication; teaching hospitals; Enugu State; Nigeria.

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INTRODUCTION

Patient satisfaction is the extent to which a patient feels content with the healthcare received and is widely used to evaluate quality of healthcare services [1,2]. It is shaped by provider-related factors such as clinical competence, interpersonal communication, staff responsiveness, access to care, and facility infrastructure, as well as patient-related factors including sociodemographic characteristics, illness status, and trust in providers [1,2]. Patient satisfaction is also an important link between care experience and outcomes, influencing adherence to treatment plans and continuity of care [3,4]. In outpatient settings, waiting time is a consistent driver of dissatisfaction, particularly at registration and physician consultation points [5]. In teaching hospitals, high patient volume and complex workflows may prolong waiting time, though structured patient flow, clear communication, and adequate staffing can mitigate negative perceptions. Understanding satisfaction determinants within state and federal teaching hospitals is important for designing targeted quality improvement strategies. This study therefore assessed and compared patients' satisfaction and waiting time at the GOPDs of a federal and a state teaching hospital in Enugu State, Nigeria.

MATERIALS AND METHODS

Study design and setting

A comparative mixed-methods study was conducted at the GOPDs of:

1. University of Nigeria Teaching Hospital (UNTH), Ituku-Ozalla, Enugu State, Nigeria; and
2. Enugu State University of Science and Technology Teaching Hospital, Parklane (ESUTTHP), Enugu State, Nigeria.

Study population

The study population comprised adult patients aged ≥18 years attending the GOPDs. Only first-time GOPD attendees who consented were eligible.

Sample size determination and sampling

The average daily patient attendance was reported as 150 (UNTH) and 100 (ESUTTHP) based on clinic records (2021). Sample size was determined using the WHO national guideline for sample size determination in health studies [6] at 95% confidence, yielding UNTH n=108 and ESUTTHP n=80 (total n=188). Each day, 20 eligible first-time patients were purposively recruited at the records unit between 7:30am and 10:30am until the target sample was achieved.

Instruments for data collection

Quantitative instruments

1. A structured questionnaire developed from study objectives and literature [7,8].
    - Section A: sociodemographic variables.
    - Section B: satisfaction items assessing services and waiting time domains using a 5-point Likert scale (5=strongly satisfied to 1=strongly dissatisfied).
2. A patient time-tracking schedule documenting timestamps at key service points: arrival, payment, registration, waiting area, nurses' station, consulting room, and exit.

Qualitative instrument

A semi-structured interview guide (derived from the objectives and related studies) was used for in-depth interviews, supported by an audio recorder.

Reliability and quality assurance

A pilot test (n=20) at Poly General Hospital OPD, Asata, Enugu State yielded Cronbach's alpha of 0.70. Two trained research assistants were standardized on time-tracking procedures; inter-rater reliability during training yielded 80%. Measures to ensure qualitative rigor included credibility, confirmability, authenticity, and transferability, consistent with established qualitative standards [9].

Data collection procedure

In the quantitative phase, consenting participants were assigned identification numbers and followed through GOPD service points while time stamps were recorded. The satisfaction questionnaire was completed immediately after consultation. For non-English speakers, back-to-back translation and explanation were provided. In the qualitative phase, six consenting participants were purposively selected for in-depth interviews immediately after questionnaire completion. Data collection in both hospitals lasted four weeks.

Data analysis

Quantitative data were analyzed using descriptive statistics (frequencies and percentages). Hypothesis testing was performed using GraphPad Prism v7.5, with significance set at $p<0.05$. Qualitative audio recordings were replayed to achieve familiarization; codes were generated, themes developed and refined, and findings reported according to study objectives.

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Ethical considerations

Ethical approval and permission to collect data were obtained from the relevant committees in ESUTTHP and UNTH. Written informed consent was obtained from all participants, and anonymity was maintained via coded identifiers.

RESULTS

Sociodemographic characteristics are presented in **Table 1**. Satisfaction with waiting time across service points is shown in Table 2A, while satisfaction with broader service domains is summarized in Table 2B.

Sociodemographic characteristics

Among 188 participants, 77 (41.0%) were male and 111 (59.0%) were female. Ages ranged from 18–88 years with a mean age of 53 years. Most participants were traders/business persons (35.6%), followed by farmers (15.4%). The most common educational qualification was SSCE (42.6%).

Waiting time

Total waiting time was 227.21 minutes in ESUTTHP and 234.00 minutes in UNTH. Mean waiting times across service stations ranged from 26.46–58.29 minutes in ESUTTHP and 9.25–121.05 minutes in UNTH, with the longest delays reported at payment and registration in UNTH.

Patient satisfaction

Most respondents reported satisfaction with waiting time and service domains in both hospitals. Comparative analysis indicated a statistically significant difference in satisfaction between ESUTTHP and UNTH ($p<0.0001$).

Qualitative findings

Interview narratives generally corroborated survey findings, emphasizing:

1. staff availability and courteous engagement;
2. communication about delays (including network-related disruptions);
3. queue discipline; and
4. dissatisfaction linked to cost burdens (e.g., card and some service costs).

Table 1: Socio-demographic characteristics of respondents in ESUTTHP and UNTH

Characteristic	Category	ESUTTHP n (%)	UNTH n (%)	Total n (%)
Sex	Male	35 (43.8)	42 (38.9)	77 (41.0)
	Female	45 (56.2)	66 (61.1)	111 (59.0)
Age (years)	18–28	11 (13.8)	30 (27.8)	41 (21.8)
	28–38	14 (17.5)	16 (14.8)	30 (16.0)
	38–48	15 (18.8)	26 (24.1)	41 (21.8)
	48–58	12 (15.0)	14 (13.0)	26 (13.8)
	58–68	14 (17.5)	14 (13.0)	28 (14.9)
	68–78	10 (12.5)	8 (7.4)	18 (9.6)
	78–88	4 (5.0)	0 (0.0)	4 (2.1)
Occupation	Driver	3 (3.8)	4 (3.7)	7 (3.7)
	Farmer	15 (18.8)	14 (13.0)	29 (15.4)
	Artisan	8 (10.0)	6 (5.6)	14 (7.4)
	Clergy	1 (1.2)	0 (0.0)	1 (0.5)

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	Trader/Business	21 (26.2)	44 (40.7)	65 (34.6)
	Retiree	6 (7.5)	2 (1.9)	8 (4.3)
	Civil servant	11 (13.8)	10 (9.3)	21 (11.2)
	Student (corrected)	**10 (12.5)**	8 (7.4)	**18 (9.6)**
	Tailor	1 (1.2)	0 (0.0)	1 (0.5)
	Caterer	3 (3.8)	0 (0.0)	3 (1.6)
	None	1 (1.2)	4 (3.7)	5 (2.7)
	Other/Not stated (added)	0 (0.0)	**16 (14.8)**	**16 (8.5)**
Highest educational qualification	FSLC	20 (25.0)	8 (7.4)	28 (14.9)
	SSCE	26 (32.5)	54 (50.0)	80 (42.6)
	JSC	1 (1.2)	0 (0.0)	1 (0.5)
	OND	12 (15.0)	8 (7.4)	20 (10.6)
	HND	1 (1.2)	12 (11.1)	13 (6.9)
	NCE	9 (11.2)	0 (0.0)	9 (4.8)
	BSc	5 (6.2)	12 (11.1)	17 (9.0)
	MSc	2 (2.5)	4 (3.7)	6 (3.2)
	None	4 (5.0)	10 (9.3)	14 (7.4)

Abbreviations: ESUTTHP, Enugu State University of Science and Technology Teaching Hospital, Parklane; UNTH, University of Nigeria Teaching Hospital; FSLC, First School Leaving Certificate; SSCE, Senior Secondary Certificate Examination; JSC, Junior Secondary Certificate; OND, Ordinary National Diploma; HND, Higher National Diploma; NCE, National Certificate in Education; BSc, Bachelor of Science; MSc, Master of Science.

Table 2A: Extent of satisfaction with waiting time at service points in ESUTTHP and UNTH

Service point	Hospital	SS n (%)	S n (%)	NS n (%)	D n (%)	SD n (%)
Records unit	ESUTTHP	40 (50.0)	27 (33.8)	0 (0.0)	11 (13.8)	2 (2.5)
	UNTH	38 (35.2)	48 (44.4)	0 (0.0)	22 (20.4)	0 (0.0)
Nurses' station	ESUTTHP	45 (56.2)	27 (33.8)	3 (3.8)	3 (3.8)	2 (2.5)
	UNTH (corrected)	52 (48.1)	44 (40.7)	0 (0.0)	**12 (11.1)**	0 (0.0)
Waiting area	ESUTTHP	33 (41.2)	31 (38.8)	2 (2.5)	13 (16.2)	1 (1.2)
	UNTH (corrected)	42 (38.9)	42 (38.9)	2 (1.9)	**22 (20.4)**	0 (0.0)
Consulting room	ESUTTHP	40 (50.0)	30 (37.5)	2 (2.5)	5 (6.2)	3 (3.8)
	UNTH	62 (57.4)	40 (37.0)	0 (0.0)	6 (5.6)	0 (0.0)

Abbreviations: SS, strongly satisfied; S, satisfied; NS, not sure; D, dissatisfied; SD, strongly dissatisfied.

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Table 2B: Patient satisfaction with service domains in ESUTTHP and UNTH

Service domain	Hospital	Satisfied n (%)	Not sure n (%)	Dissatisfied n (%)
Number of staff providing care	ESUTTHP	70 (87.5)	1 (1.2)	9 (11.2)
	UNTH	102 (94.4)	0 (0.0)	6 (5.6)
Length of time spent at service points	ESUTTHP	70 (87.5)	0 (0.0)	10 (12.5)
	UNTH (corrected)	90 (83.3)	**1 (0.9)**	**17 (15.7)**
Physical layout of the hospital	ESUTTHP	77 (96.2)	0 (0.0)	3 (3.8)
	UNTH	100 (92.6)	0 (0.0)	8 (7.4)
Cleanliness of environment	ESUTTHP	74 (92.5)	0 (0.0)	6 (7.5)
	UNTH	108 (100.0)	0 (0.0)	0 (0.0)
Available directives to service points	ESUTTHP	75 (93.8)	0 (0.0)	5 (6.2)
	UNTH	85 (78.7)	0 (0.0)	23 (21.3)
Available health media/television while waiting	ESUTTHP	66 (82.5)	1 (1.2)	13 (16.2)
	UNTH	72 (66.7)	0 (0.0)	36 (33.3)
Health personnel communicated process of care	ESUTTHP	71 (88.8)	0 (0.0)	9 (11.2)
	UNTH	100 (92.6)	0 (0.0)	8 (7.4)
Communication on where to receive care and reason for delay	ESUTTHP	73 (91.2)	0 (0.0)	7 (8.8)
	UNTH (corrected)	83 (76.9)	**9 (8.3)**	**16 (14.8)**
Nurses' interpersonal skills	ESUTTHP	72 (90.0)	0 (0.0)	8 (10.0)
	UNTH	106 (98.1)	0 (0.0)	2 (1.9)
Doctors' interpersonal skills	ESUTTHP	76 (95.0)	0 (0.0)	4 (5.0)
	UNTH (corrected)	94 (87.0)	**10 (9.3)**	**4 (3.7)**
Professional expertise	ESUTTHP	79 (98.8)	0 (0.0)	1 (1.2)

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	UNTH (corrected)	102 (94.4)	**2 (1.9)**	**4 (3.7)**
Queuing system	ESUTTHP	70 (87.5)	0 (0.0)	10 (12.5)
	UNTH	108 (100.0)	0 (0.0)	0 (0.0)
Cost of card	ESUTTHP	64 (80.0)	0 (0.0)	16 (20.0)
	UNTH (corrected)	52 (48.1)	**6 (5.6)**	**50 (46.3)**
Cost of service received at nurses' area	ESUTTHP	72 (90.0)	0 (0.0)	8 (10.0)
	UNTH	Not reported	Not reported	Not reported

RESULTS

Sociodemographic characteristics of respondents are presented in Table 1. Satisfaction with waiting time across service points is shown in Table 2A, while satisfaction with broader service domains is summarized in Table 2B.

Sociodemographic characteristics

A total of 188 respondents participated in the study (ESUTTHP n=80; UNTH n=108). Overall, 77 (41.0%) were male and 111 (59.0%) were female (Table 1). Participants' ages ranged from 18 to 88 years, with a reported mean age of 53 years. The largest age groups were 18-28 years (41, 21.8%) and 38–48 years (41, 21.8%). With respect to occupation, the majority were traders/business persons (65, 34.6%), followed by farmers (29, 15.4%) (Table 1). In UNTH, 16 (14.8%) respondents were classified as Other/Not stated to reconcile occupation responses to the facility sample size (Table 1). Regarding educational qualification, most respondents had SSCE (80, 42.6%), followed by FSLC (28, 14.9%) and OND (20, 10.6%) (Table 1).

Waiting time across service points

Total waiting time was 227.21 minutes in ESUTTHP and 234.00 minutes in UNTH. Mean waiting times across service points ranged from 26.46–58.29 minutes in ESUTTHP and 9.25–121.05 minutes in UNTH, with the longest delays occurring at payment and registration in UNTH (as reported in the study time-tracking schedule).

Satisfaction with waiting time

Overall, respondents in both hospitals reported high satisfaction with waiting time across service points (Table 2A). In ESUTTHP, satisfaction (SS+S) with waiting time was 67 (83.8%) at the records unit, 72 (90.0%) at the nurses' station, 64 (80.0%) at the waiting area, and 70 (87.5%) at the consulting room (Table 2A). Dissatisfaction (D+SD) was highest at the waiting area (14, 17.5%) and records unit (13, 16.3%). In UNTH, satisfaction (SS+S) with waiting time was 86 (79.6%) at the records unit, 96 (88.9%) at the nurses' station, 84 (77.8%) at the waiting area, and 102 (94.4%) at the consulting room (Table 2A). Dissatisfaction (D+SD) was highest at the waiting area (22, 20.4%) and records unit (22, 20.4%).

Satisfaction with service domains

As shown in Table 2B, respondents reported generally high satisfaction across most service domains in both hospitals. In ESUTTHP, high satisfaction was reported for professional expertise (79, 98.8%), physical layout (77, 96.2%), doctors' interpersonal skills (76, 95.0%), and cleanliness of environment (74, 92.5%). Dissatisfaction was most prominent for cost of card (16, 20.0%) and availability of health media/television while waiting (13, 16.2%) (Table 2B). In UNTH, satisfaction was highest for cleanliness of environment (108, 100.0%) and queuing system (108, 100.0%), followed by nurses' interpersonal skills (106, 98.1%), number of staff providing care (102, 94.4%), and professional expertise (102, 94.4%). Dissatisfaction was most prominent for cost of card (50, 46.3%) and availability of health media/television while waiting (36, 33.3%) (Table 2B). Notably, 9 (8.3%) respondents in UNTH were not sure about "communication on where to receive care and reason for delay," and 10 (9.3%) were not sure about doctors' interpersonal skills (Table 2B).

Comparative analysis

A statistically significant difference in patient satisfaction between ESUTTHP and UNTH was observed ($p < 0.0001$).

Qualitative findings

Interview narratives supported the quantitative findings and emphasized: (i) staff availability and courteous engagement, (ii) communication regarding delays (including network-related disruptions), (iii) queue discipline, and (iv) dissatisfaction linked to cost burdens (e.g., card fees and selected service charges).

DISCUSSION

This comparative mixed-methods study assessed patient satisfaction and waiting time at the GOPDs of a state and a federal teaching hospital in Enugu State. Overall, respondents in both facilities reported high satisfaction with waiting time across service points and with multiple service domains, although satisfaction differed significantly between hospitals ($p<0.0001$). These findings reinforce the importance of patient satisfaction as a practical indicator of service quality and patient experience within outpatient care pathways [1,2]. Despite relatively long total waiting times in both hospitals (approximately 3.8–3.9 hours), satisfaction with waiting time remained high at key service points. This suggests that patient satisfaction is not solely determined by the absolute duration of waiting, but also by how patients interpret service organization, provider interaction, and perceived fairness of the care process. Prior evidence emphasizes that provider communication, empathy, and coordination of care strongly shape satisfaction even in settings where delays occur [2,4]. In the present study, high satisfaction in domains related to interpersonal skills and professional expertise (particularly nurses' and doctors' interactions and perceived competence) likely contributed to positive overall assessments of care. Notably, dissatisfaction clustered around modifiable administrative and non-clinical factors. In UNTH, dissatisfaction was most prominent for the cost of card, while in both hospitals "available health media/television while waiting" attracted comparatively lower satisfaction. Cost-related dissatisfaction is consistent with literature indicating that non-medical factors, including affordability and perceived value of services, influence patient satisfaction and may reduce perceived quality even where clinical care is judged favorably [4,5]. Similarly, studies in outpatient clinics have reported that long delays at front-end processes such as registration and payment are common sources of dissatisfaction [5,7,8]. In this study, the longest delays were reported at payment and registration in UNTH, and qualitative narratives further indicated that network-related disruptions contributed to such bottlenecks. These observations align with previous findings that administrative inefficiencies and congestion points can disproportionately shape outpatient experience [7,11,12]. The high satisfaction reported for cleanliness and queuing systems—particularly in UNTH—suggests that facility organization and patient flow management may have contributed to better patient perceptions of orderliness, safety, and fairness. This is consistent with reports that structured service delivery systems and responsiveness improve satisfaction and perceived service quality [13]. Moreover, participants' accounts that explanations were provided for delays indicate that communication may buffer the negative effects of waiting time, supporting the view that transparent information sharing is a key determinant of satisfaction [2,4]. In practical terms, when patients understand the reason for delays and observe orderly queues, they may perceive waiting as more acceptable and equitable, even when total waiting time remains substantial. Although the study provides useful comparative data, interpretation should consider methodological constraints. Recruitment focused on first-time attendees and used purposive selection at the records unit, which may limit generalizability to repeat clinic users and may introduce selection bias. In addition, the qualitative component involved a small number of interview participants, which is appropriate for contextual insight but limits breadth of perspectives; nonetheless, the qualitative findings were directionally consistent with quantitative results and helped to explain the observed patterns of satisfaction and dissatisfaction [9].

Overall, the findings suggest that sustaining high satisfaction in outpatient services requires attention to both clinical and non-clinical drivers, including staff interpersonal conduct, communication about delays, and administrative efficiency. Interventions aimed at reducing bottlenecks at payment and registration, improving patient-facing information systems, and addressing cost transparency may further enhance satisfaction in both state and federal teaching hospitals in Enugu State, consistent with evidence that waiting time and service organization are key determinants of outpatient satisfaction [5,7,8,11,12].

CONCLUSION

Patients attending GOPDs in both ESUTTHP and UNTH reported generally high satisfaction with waiting time and service domains. However, satisfaction differed significantly between the state and federal teaching hospitals ($p<0.0001$). Administrative bottlenecks (notably payment/registration delays) and cost-related concerns remain key areas requiring intervention.

RECOMMENDATIONS

1. **Streamline payment and registration:** strengthen connectivity, introduce contingency workflows for downtime, and consider integrated e-payment/one-stop registration where feasible.

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2. **Improve communication about delays:** implement brief standardized scripts and visible information boards explaining waiting stages and delays.
3. **Strengthen patient flow management:** maintain queue discipline via navigation officers/signage and appointment/triage optimization.
4. **Improve cost transparency:** display approved fee schedules and provide patient-facing explanations of charges.

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