

Reducing Perceived Wait Duration to Improve Patient Experience

Numerous studies have been conducted correlating a person's level of satisfaction with an experience to their wait time. Typically, the longer the wait the less satisfied an individual is with the experience and vice versa. Haworth collaborated with SDI Consulting to explore factors that influence the impact of waiting on patient satisfaction and how well-designed waiting areas can improve the experience of waiting in healthcare environments.

Waiting

Merriam-Webster defines waiting as “to stay in a place until an expected event happens.” In today’s “on demand” world, our willingness to wait is exponentially decreasing by the day in many aspects of life. However, waiting is still a primary part of human experience. In many cases, we find ourselves waiting longer for that expected event to occur than the actual event itself. But why are people eager to wait an hour in line for a three-minute roller coaster ride, or 45 minutes for a table at their favorite restaurant, yet they may become impatient and dissatisfied with a 20-minute wait to see a physician? Understanding the factors that contribute to the waiting experience can help reduce people’s perceived waiting time and positively impact their overall satisfaction.

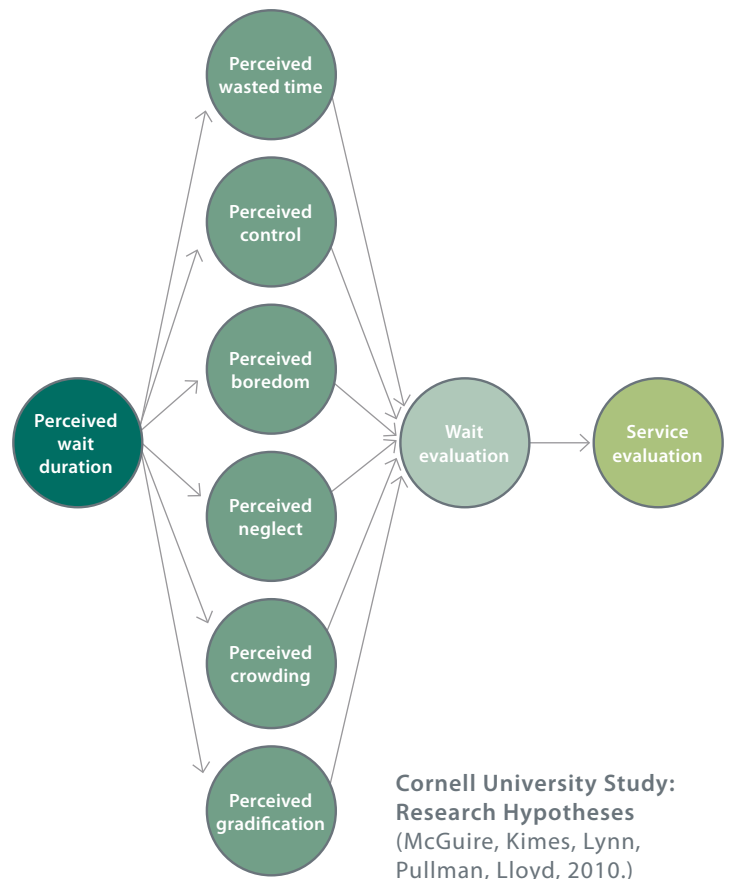
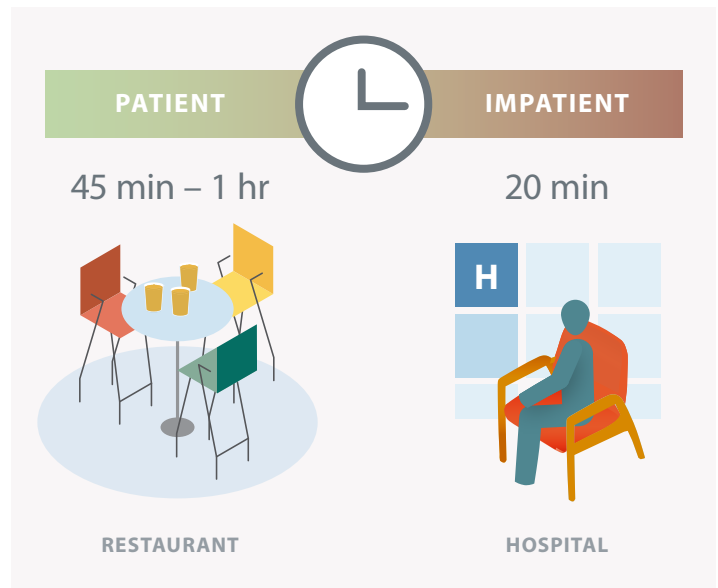
Perceived Wait Duration

In most cases waiting has negative connotations, yet it is unavoidable. To make waiting more tolerable, many waiting areas contain televisions, reading materials, games, etc., to distract you. These tactics are examples of and attempts at shifting the perceived wait duration from the actual wait duration. Many factors influence the perceived experience of waiting in a number of environments, including healthcare, as outlined by a 2010 study conducted by Cornell University:

- **Perceived wasted time** – Time is valuable and experiences that waste it are perceived negatively.
- **Perceived control** – Control is the need to demonstrate mastery over the environment.
- **Perceived boredom** – Having nothing to do or an infrequency of events results in unremarkable passage of time.
- **Perceived neglect** – Feelings of neglect during a wait cause anxiety and uncertainty, which negatively impact the experience.
- **Perceived crowding** – Feelings of crowding arise when people notice the number of individuals in the environment, and it begins to cause feelings of discomfort.
- **Delay of gratification** – A wait blocks the individual from their desired reward, i.e., the good or service for which they wait.

These perceptions in combination result in the overall assessment or evaluation of the waiting experience and influence the quality of the service people are receiving.

The Cornell researchers hypothesized that there are two primary influences on waiting perceptions: 1) choice and 2) degree of involvement. They concluded that organizations can “benefit from paying attention to elements in their wait environment that reduce crowding, training staff to acknowledge waiting guests to reduce neglect perceptions, or creating cues within the environment that make (people) feel as though they are paying attention to their needs.”



1. McGuire, Kimes, Lynn, Pullman, and Lloyd, 2010.

2. Taylor, 1994; Hui et al., 1998.

3. Stokols, 1972.

4. Nie, 2000.

5. McGuire, et al., 2010.

6. McGuire, et al., 2010.



Design Implications on Satisfaction

Reducing perceived wait duration by providing individuals with choices and supporting varying degrees of involvement in a single waiting area can present complex challenges. However, doing so can pay large dividends in satisfaction survey results. In addition to the stringent functional and sanitation requirements for healthcare furniture, here are some things to consider when designing quality waiting spaces:

1. Configure the space to support various levels of interaction.

Consider the needs of individuals who prefer to immerse themselves independently versus a family that wants to actively engage in conversation. Varied and creative seating configurations provide choices and, in turn, control to those who use it.

2. Consider different needs based on actual wait duration.

Waiting areas should be designed to support the full duration of the waiting experience. Extended wait time areas will need to support activities, such as:

- Device utilization and charging needs
- Fluctuations in engagement level from group to individual activities
- Varying postures (sit, recline, etc.)

3. Organize the space to manage perceived crowding.

Furniture configuration should both maximize space utilization and organization. Flexible furniture solutions can effectively define space and be reconfigured over time to adapt to user and workflow needs.

4. Provide access to information about the experience.

Consider various ways to passively communicate updates and progress to people who wait, minimizing feelings of neglect and wasted time.



Evolving Environments

The consumerization of healthcare continues to drive innovation, influencing the patient experience. As providers improve processes and performance to deliver better care, equal emphasis is needed in the environments that support the entire healthcare experience—including waiting areas.

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Author

Jeremy Erard, Partner, SDI Consulting, LLC

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Editor



Beck Johnson holds a B.S. in Scientific and Technical Communication and an M.A. in Communication. With 15+ years of experience in social science research methodologies and as a Research Specialist at Haworth she conducts primary and secondary research addressing workplace issues—creating knowledge insights to support Haworth's vision as industry knowledge leader. Her goal is to build knowledge of leading workplace issues and related social science and provide credible communication to clients and their teams at various stages of the design process.

Haworth research investigates links between workspace design and human behavior, health and performance, and the quality of the user experience. We share and apply what we learn to inform product development and help our customers shape their work environments.

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