

## Wait, what?

### Understanding perceptions about wait times in pediatric care



#### Executive Summary

Waiting is frustrating. It is especially frustrating in healthcare, where parents may be squeezing appointments into busy schedules or dealing with their child's unexpected health concerns. Healthcare organizations are well aware that waiting is a pain point. Indeed, wait times are a huge dissatisfier for patients, families, and people working on the front line of healthcare.

Of course, some waits are necessary and value-added. For example, waiting is necessary when staff members clean and sanitize exam rooms. Waiting is necessary when providers give thoughtful consideration to test results. But not all waiting is value-added – organizations that are working to eliminate non-value-added (i.e., wasted) time to the extent possible have made this a major focus of performance-improvement initiatives.

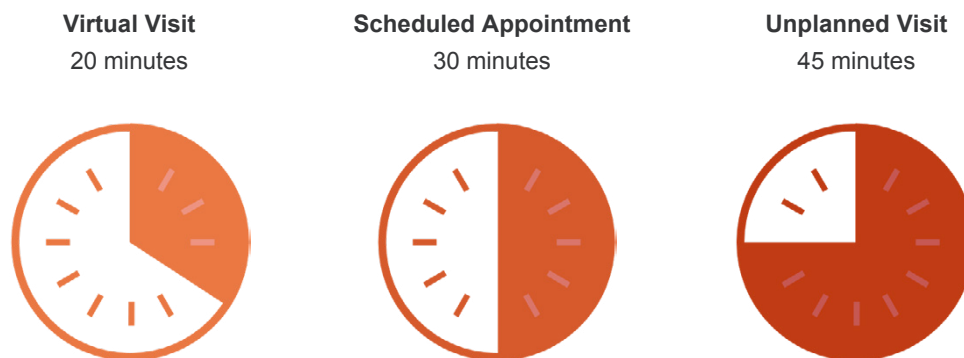
Our analysis highlights four points about how patients think about wait times:

1. While minimizing wait-time is the goal, people are willing to wait a reasonable amount of time: 20 minutes for a virtual visit, 30 minutes for a scheduled appointment, and 45 minutes for an unplanned visit (Emergency Department / Urgent Care).
2. Each visit type has a wait-time tipping point that marks the transition from people considering the wait 'normal' to being anxious or annoyed to being angry or unforgiving. It's about 1 hour for virtual and scheduled visits, and about 1 hour 45 minutes for unplanned visits.

3. Negative experiences with wait time can cause patients to switch providers and greatly downgrade the likelihood-to-recommend and, thus, Net Promoter Scores.
4. Patient and patient families are telling us that health organizations can reduce the frustration associated with waiting time via updates from front-desk staff, clear communication about the care process, meaningful time with care providers, comfortable waiting rooms, and attention to pain control.

## Consumer perceptions of wait times

NRC Health conducted a national Market Insights study to better understand the full impact of wait times in healthcare. More than 2,000 consumers shared their perspectives on acceptable wait times, how people feel if wait times go beyond acceptable, what makes long waits worth it, and what care providers can do to mitigate frustration with long waits.<sup>1</sup> For this study, wait time was defined as "the amount of time between when you arrive and when you are seen by a medical professional who can address the reason for your visit." Willingness to wait differs with visit type:

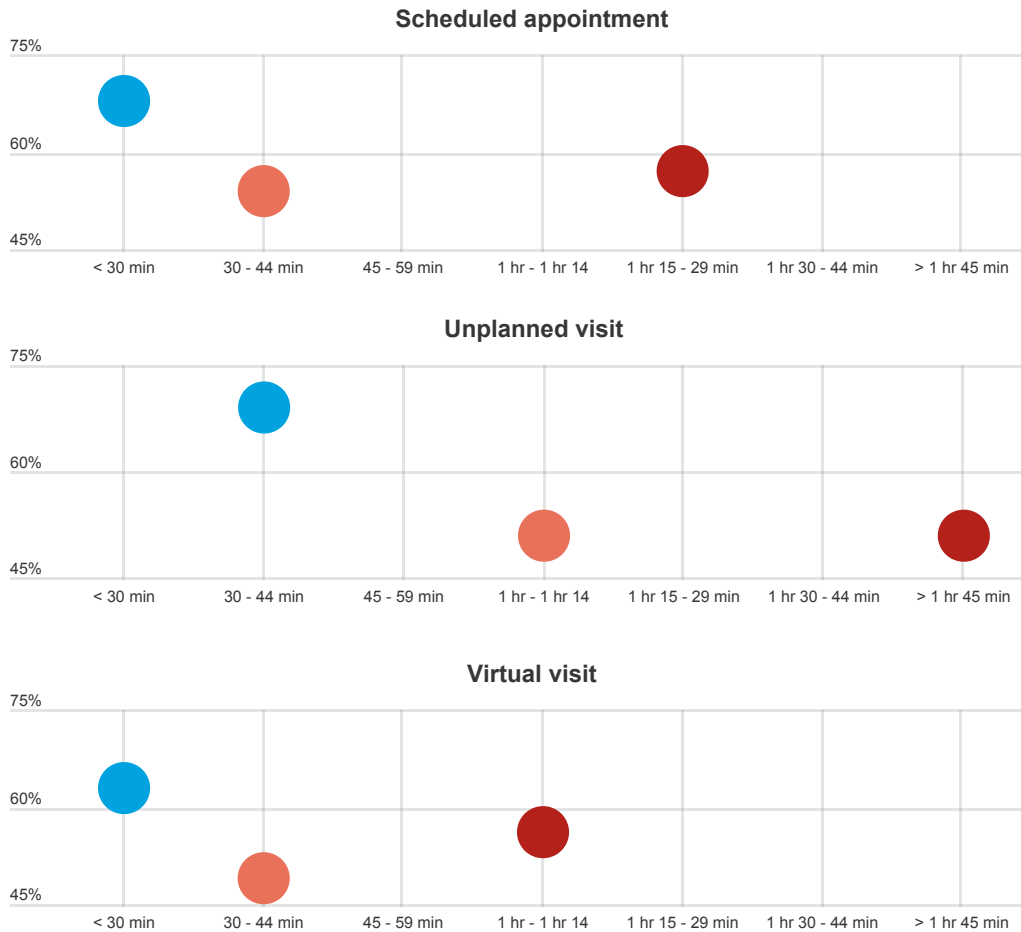


Interacting with healthcare providers is emotional. Indeed, consumers often come to healthcare situations feeling a range of emotions, ranging from anticipation to fear and uncertainty. Waiting longer than expected heightens the emotional context of healthcare. As wait times increase, consumers feel anxious and annoyed. Waiting an hour or more is the emotional breaking point – many consumers report feeling angry and unforgiving. This damages relationships with care teams and health organizations. Patients and families lose confidence and feel disrespected if their time is not valued. While service recovery is possible, starting off on the right foot is better.

# Tipping points

How would you feel when experiencing each wait time?

● Anxious/Annoyed ● Good/Normal ● Angry/Unforgiving

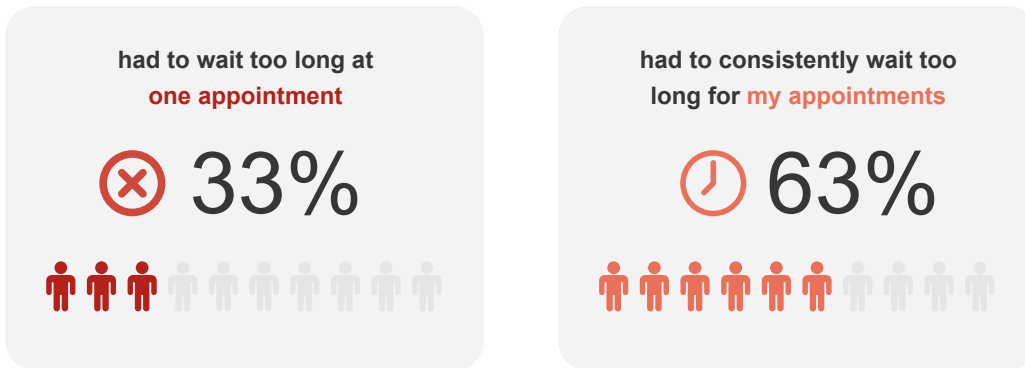


N = 2,002 (April 2021) | NRC Health: Market Insights National Study

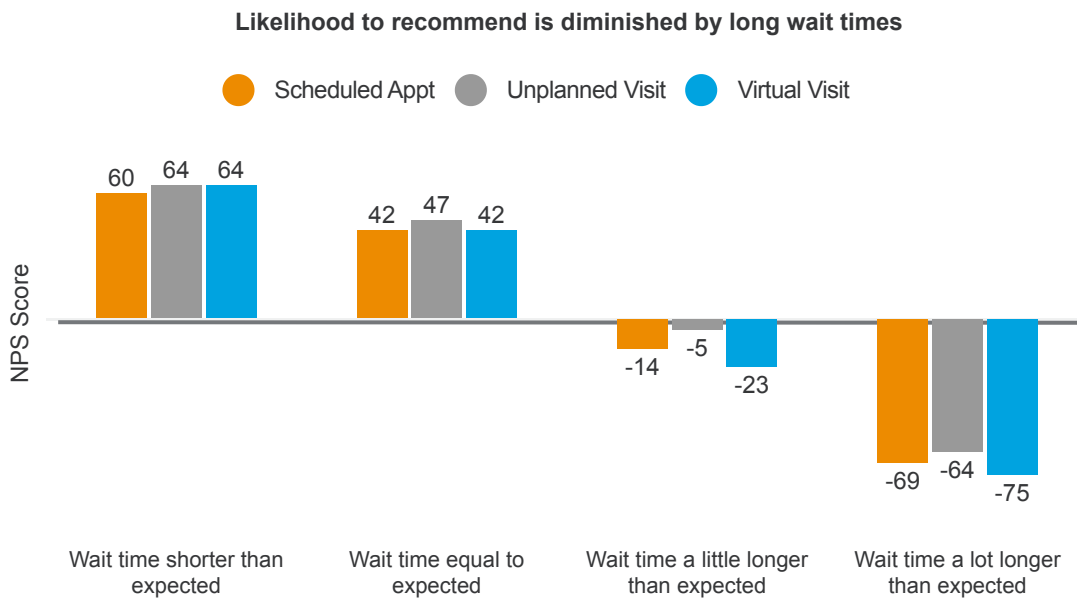
In today's consumer-driven economy, healthcare consumers have high expectations for service and quality. They are influenced by companies like Amazon, Lyft, and Instacart, which deliver basic needs more quickly than ever before. Furthermore, people have many choices for healthcare and are not afraid to exercise those choices. Waiting puts care providers at risk of losing consumers to competitors.

In fact, our study shows that **33%** of respondents would choose a new healthcare provider if they had to wait too long for one appointment, and **63%** would choose a new provider if they were made to wait consistently.

### Would choose a new healthcare provider if....



Moreover, likelihood-to-recommend is diminished by long wait times. The graph below displays a sharp decline in Net Promoter Scores, which are derived from likelihood-to-recommend scores, when wait times are longer than expected.



N = 2,002 (April 2021) | NRC Health: Market Insights National Study

## Maybe it's not as bleak as it seems

Without a doubt, wait times impact consumers' perceptions of healthcare experiences. However, consumers are forgiving and willing to wait if you deliver high-quality care, and if they have a relationship with the provider and/or health organization.

### For a scheduled appointment, people are willing to wait if:

- They see the best/high-quality provider in their area (79%)
- They personally like/get along with their provider (77%)
- The provider has more experience/expertise than others in their area (72%)

#### IF PEOPLE LIKE THEIR PROVIDER

77%

will wait if they personally like/get along with them

### For an unplanned visit, people are willing to wait if:

- They previously visited this provider for the same type of care (74%)
- The provider is affiliated with their preferred hospital or health system (63%)

#### IF PEOPLE HAVE PREVIOUSLY VISITED

74%

will wait for the same provider for the same type of care

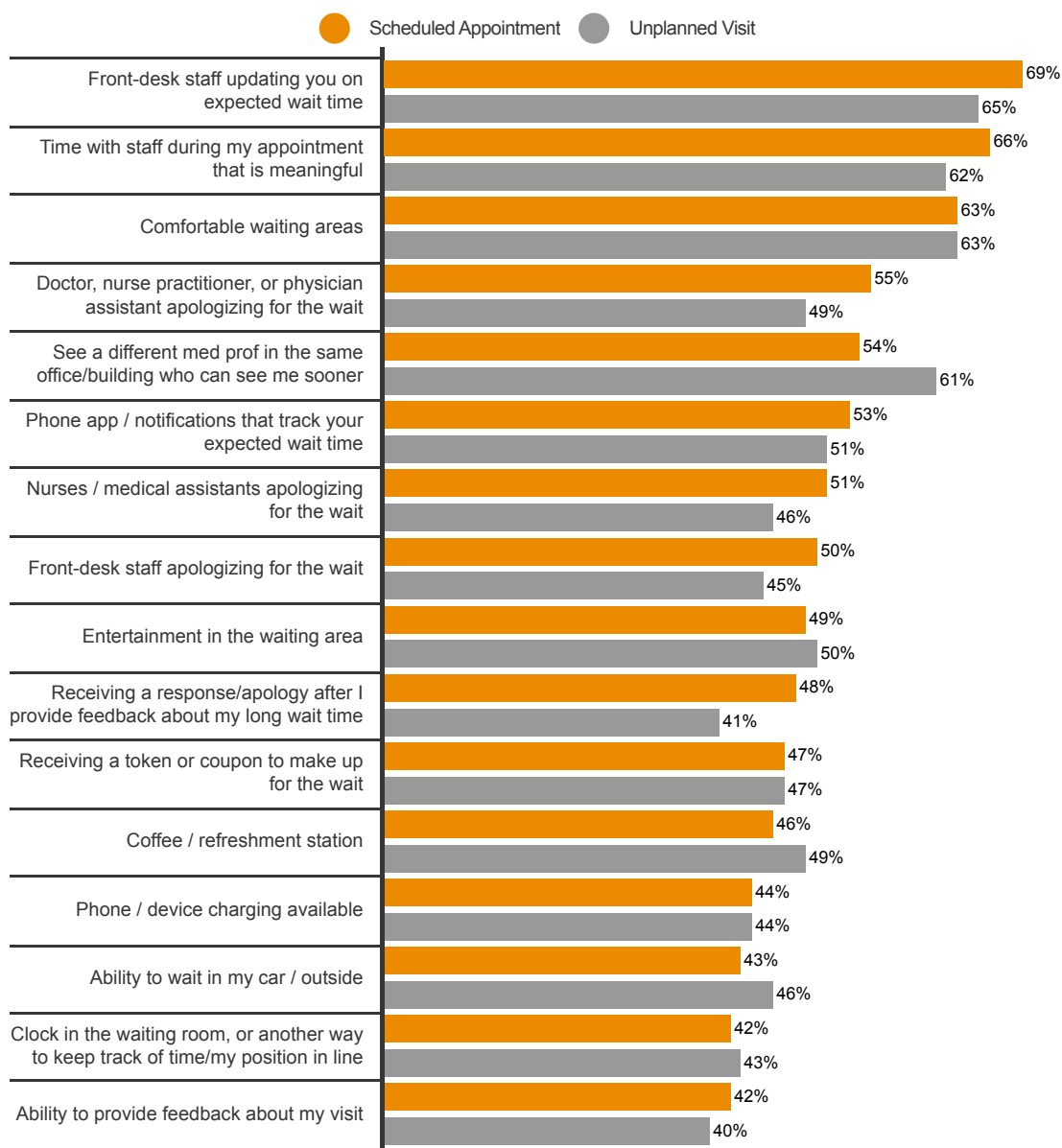
## Quality time

While it's impossible to shave minutes off the clock, our Market Insights study shows that health organizations can take a variety of specific, tangible actions to mitigate frustrations with wait times. When waiting exceeds expectations, most consumers want three things:

1. Updates from front-desk staff on expected wait times
2. Meaningful time with care providers
3. Comfortable waiting areas

The simple act of offering a sincere apology is also appreciated when scheduled appointments or unplanned visits run late. Offering the option to see another provider can help too. Amenities in waiting areas and the ability to wait outside make a bigger difference for unplanned visits than for scheduled appointments.

## How helpful would the following be in making wait times less frustrating?



N = 2,002 (April 2021) | NRC Health: Market Insights National Study

## A close look at patient comments about waiting


We conducted a qualitative analysis of 170,000 verbatim comments about wait time captured in the NRC Health Feedback survey – most within 48 hours of the care experience – to uncover the context for wait-related concerns. More specifically, we categorized phrases into themes, highlighting the most common and most actionable underlying problems that patients reference when leaving comments about wait times, and used logistic regression to determine the associated risk of the patient being in the NPS category of Passive or Detractor (i.e., not a Promoter).<sup>ii</sup> The set of prominent themes regarding wait time at adult hospitals/systems and pediatric hospitals is very revealing when coupled with the extent to which they affect NPS. There are two main points:


## 01

This analysis strongly reinforces results of the national study, illustrating that waiting for an hour or more damages the experience. Adult patients are nearly 8 times more likely to be a Detractor if they have to wait an hour or more. In the pediatric context, respondents are nearly 10 times more likely to be a Detractor.

### Pediatric

Respondents are 9.9 times more likely to be a Passive or Detractor when leaving a negative comment about **long waits (> 1 hour)**.

 *Waiting 1 hour in the room waiting for a resident, then be seen by the resident (after waiting so long) and her telling me after talking to her that she needs to get the attendee Dr (another 30 minutes wait). Is beyond frustrating. As we parents have a busy schedule and can't be over an hour waiting on a resident and then a Dr.*


 *The wait is extremely long which is frustrating. My son temperature was 104.6 and we still had to wait almost 4 hrs to get to the back...I wish they prioritized there triage better. The nurses were awesome and I know that it's not their fault how the ER is run.*

## 02

Complaints about wait time often point to other factors that are more controllable than the wait time itself. Given the clear impact on NPS, attention to these underlying factors—ranging from communication to aspects of the waiting room to pain control—can go a long way toward turning negative experiences around.

### Pediatric

Respondents are 7.7 times more likely to be a Passive or Detractor when leaving a negative comment about **interactions with care providers**.

 *We came in and was told it was about a 1 1/2 hour wait. It ended up being 3 1/2 hours. My biggest issue was the Doctor came in, listened and left. No diagnosis was given verbally, no questions answered. A lady came in to discharge us but was basically trying to read the paperwork as she went. This was very frustrating and confusing after waiting 3 1/2 hours to see the Doctor.*

Respondents are 6.4 times more likely to be a Passive or Detractor when leaving a negative comment about **communication about instructions and preparation**.



*My daughter had an MRI on Friday. So I was under the impression that it was just a sleep and swaddle MRI, which was what it was. But I wasn't told beforehand that she would have to have an IV, how long it was going to last. I actually was told that it would be a quick procedure by the person who scheduled us and then my husband took her come to find out she needs an IV and it would take 90 minutes. So, we just kind of felt like we didn't get all the information that was necessary in order for us to properly prepare for the MRI.*

Respondents are 5.8 times more likely to be a Passive or Detractor when leaving a negative comment about the **waiting room**.



*The waiting room, clinic space, and triage areas are painfully difficult to navigate my child's wheelchair and equipment. My son and I felt like we were gawked at by other patients and staff. There was very little help, and it felt awful and overwhelming.*

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## Bottom Line

It is important to distinguish between value-added waits and non-value-added waits. Value-added waits are necessary to deliver high-quality care and service. Non-value-added waits contribute to anxiety and cause frustration and anger, particularly if they extend to an hour or more. Of course, in addition to doing what you can to identify and address non-value-added waiting time, it helps to communicate reasons for value-added waits to appropriately manage expectations.

In our Market Insights study, patients and families expressed that updates on waiting time, meaningful time with care providers, and comfort of the waiting areas all mitigate frustration with waiting. The Experience feedback highlights additional underlying factors such as communication about care processes and attention to pain control that, if addressed, can shift perceptions in a positive direction. All of these are actionable and controllable, and are likely at least as important as reducing the wait itself.

Long waits are often symptoms of bigger problems such as broken processes and lack of teamwork. These are dissatisfiers to patients, families, and people working on the front line. Devising strategies to address long waits must include the entire care team, including front-desk staff. Those closest to the work often have the best sense of core problems, see the workarounds, and have ideas of how to improve processes. Asking for their ideas leads to more ownership and accountability for solutions.



[i] NRC Health's Market Insights is the largest online healthcare-consumer perception study in the U.S., measuring the opinions, behaviors, and characteristics of more than 300,000 people annually. It provides current and historical data across key metrics including brand awareness and image, perceived quality, loyalty, and engagement as well as perspectives on issues such as access to care, interest in innovative care modalities, and health behaviors. This particular analysis focuses on responses from 2,002 people who received the set of questions about wait time in April 2021.

[ii] The foundation for this qualitative analysis is a set of 'bigrams' – two-word phrases – drawn from a random sample of 135,000 patient wait-time comments from the NRC Health Experience survey at adult hospitals/systems and another 35,000 from pediatric hospitals. We focused on the bigrams associated with low likelihood-to-recommend scores and low subjectivity to highlight relatively objective, fact-laden comments about negative experiences rather than personal opinions.

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