

Waiting Time and Clients Satisfaction: An Assessment of Quality of Care in Lafia Nasarawa State Nigeria

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ABSTRACT

Background: Waiting time is a significant feature in defining the quality of care. In a competitive health-care setting, long waiting time of patients in an outpatient department (OPD) badly affects the clients' satisfaction and the Hospitals reputation for patronage. This study sought to determine the patients' waiting time, satisfaction and their relationship in Lafia Nasarawa State.

Methodology: This was a cross-sectional study amongst clients accessing care at the OPD of Dalhatu Araf Specialist Hospital, Lafia. Interviewer-administered questionnaire was administered to participants recruited consecutively over 6 weeks' period. De-identifiers were used to maintain privacy and confidentiality of data. The analysis was done using SPSS version 23. Patients waiting time in each unit, the cumulative time spent before accessing care and clients' satisfaction were evaluated. Correlation coefficient was determined. Significant $P < 0.05$.

Results: Of the 783 participants, 61.7% waited for over an hour before seeing a doctor. More than half (50.6%) of these were on follow-up visits. 66.3% and 73.4% were satisfied with the care received at reception and the overall hospital services, respectively. Others were 66.4%, 81.0%, 84.4% and 81.3% satisfaction at the record, nursing, consulting room and pharmacy units, respectively. A third was dissatisfied with the long waiting. Reasons for the long waiting were; large patients turn-out, long folders search/poor record keeping, inadequate personnel and late arrival of doctors. Patients' satisfaction was significantly influenced by the waiting time across all units $P < 0.001$.

Conclusions: Although the waiting period in this study seems long, there is a high level of satisfaction with the health-care services across units with a third of the responders dissatisfied with the long waiting time. Large patients, poor record keeping delaying folders retrieval, inadequate personnel and late arrival of doctors were reasons for the long waiting. Short waiting is associated with satisfaction. An appointment system, electronic record, training and retraining are recommended.

Key words: Clients, Lafia, Nigeria, quality of care, satisfaction, waiting time

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INTRODUCTION

The outpatient department (OPD) is in most instance, the gateway to the medical services of a hospital and the impression gotten therein forms patients opinion about the hospital.¹ In today's competitive market, patient satisfaction has become a matter of concern to both healthcare providers and patients. In turn, exploiting a patient's satisfaction has attracted more attention in the provision of healthcare than ever before.² Patient satisfaction is the magnitude to which a patient is pleased with the health-care received from their provider.³

Patient satisfaction is one of the foremost considerations in the valuation of health-care quality, becoming ever more important as a pointer to the quality of care.^{4,5} One of the factors used in determining patients' satisfaction with medical services is 'patients' waiting time'.^{6,7} Patient's waiting time has been defined as 'The span of time from when the patient arrives the OPD to the time the patient actually leaves the OPD'.^{8,9}

Waiting time can affect patient exploitation of health services adversely because it affects the patient's willingness to return to the clinic, which in the end has an influence on stability

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of care.¹⁰ Therefore, reducing the waiting time may lead to enhanced patient satisfaction and better willingness to continue to obtain care at the same health-care facility.¹¹

Hence, the importance of patient satisfaction with the quality of care received under any program or facility cannot be overemphasised, and this is best done by looking at it through the eyes of the patients.¹² Patient satisfaction is simply defined as patient's judgement on the quality and outcome of care. It is the level of satisfaction with the process and product of care.¹³ It is the extent to which patients feel that their needs and expectations are met.¹³ The utilisation of many of the other services provided by a hospital, often hinge on how contented the patient was with the out-patient services provided.¹⁴

Habitually, it is perceived that patients at the hospital OPDs have to wait for an excessively long time before they can get medical attention by qualified health-care workers.¹ Extended waiting time in hospitals grounds displeasure amongst patients.¹ In a competitively managed health-care setting, long waiting time of patients in an OPD badly affects the hospitals reputation to entice new clients for patronage.³

Rationale for the study

Waiting time is considered a significant feature in defining the quality of care. It signifies a valuable tool for assessing patient contentment. Therefore, the results from this study have the potential to inform interventions directed at reducing the waiting time for an improved general quality of healthcare services and outcomes in Nasarawa State. Furthermore, reducing the waiting time may lead to enhance patient satisfaction and better willingness to continue to obtain care from health facilities in Nasarawa State.

Study objectives

This study sought to:

1. Evaluate patients waiting time for health-care services
2. Assess the patients' satisfaction with the OPD services provided
3. Identify the factors accountable for extended waiting time in the OPD
4. Determine the relationship between the waiting time and patients satisfaction.

METHODOLOGY

Study site

The study was conducted in the OPD of Dalhatu Araf Specialist Hospital (DASH) Lafia Nasarawa State in North central Nigeria. The State has over 760 Primary Health Centres, 17 General Hospitals and two Tertiary Hospitals (DASH Lafia and Federal Medical Centre Keffi) both serving as referral centres in the State.

Study population

All patients who came for OPD visit at DASH Lafia were recruited after consenting to participate in the study.

Study design

This study was a hospital-based descriptive cross-sectional study.

Sampling technique

Patients were recruited from DASH based on the convenience sampling technique and were done consecutively until the desired number was attained.

Sample size

A minimum sample size of 421 patients was calculated using the fishers formula, a total of 783 were eventually recruited into the study over a period of 6 weeks.

Inclusion criteria

Clients aged 18–60 years and willing to partake in the study were recruited after signing an informed consent.

Exclusion criteria

Acutely ill looking patients and those requiring urgent attention, patients' relations, clients with severe physical or mental impairment, recurring patients who already filled in the questionnaire as well as corporate patients (as some are enjoying some form of retainer-ship with the hospital or may be influential to know some of the hospital administrators that may be of help hence these may serve as confounders) were excluded from this study.

Ethical consideration

Ethical clearance was obtained from the DASH research ethics committee. Confidentiality of data collected was treated with utmost regard and absolute trust.

Tools and method of data collection

Data collection was based on measuring three actual time outcomes: The patients' actual waiting time (the total number of minutes that each patient spent waiting throughout the hospital visit), the actual service time (the total number of minutes that a patient spent receiving a particular health care services through the hospital visit) and the actual visit duration (the total number of minutes that a patient spent in the hospital, which was measured from the time when the patient listed on arrival to the time when the patient concluded care and left the hospital). A self-developed interviewer-administered questionnaire was utilised (by the researchers and or research assistants) to the OPD patients. There were two research assistants who were residents in the department of paediatrics and were trained for a week on the usage of the questionnaire with the study piloted first.

The questionnaire was used to answer questions on client satisfaction with care also. It was grouped as; well satisfied, partly satisfied and not satisfied.

Definition of some terms as used in this study

1. Early morning; 6–<8 am
2. Late morning; 8–<11 am
3. Mid-day; 11–12 noon.

Data analysis

Time data were combined to obtain the actual waiting times, actual service times and actual visit durations for each participant. Data were analysed using SPSS (Statistical Package for the Social Science) version 23.0 (IBM SPSS Incorporated, Canada). The descriptive statistics (mean and standard deviation [SD]) was used to determine the mean age in years. In addition, Spearman rank's correlation coefficients of the perceived acceptability of time outcome and patient satisfaction outcome was obtained and reported. The relationship between how much time a patient spends waiting/time spent at the consulting room and how satisfied a client is was sought using a Spearman's rho correlation r . Results obtained after analysis was presented in tables. $P < 0.05$ is considered as statistically significant.

RESULTS

Socio-demographic characteristics of study participants

The total number of participants in this study was 783 with a mean \pm SD age of 34.7 ± 12.7 years. Majority (80.5%) of the participants were female, while most (84.6%) were married. Most (78%) participants had at least, a secondary level of education while (4.2%) had no formal education. Most (89.1%) of the participants, resides in an urban area. About a quarter of the participants were civil servants, whereas almost a third were completely unemployed [Table I].

Assessment of patient's waiting time in the various hospital units and service points

The arrival time of patients in the hospital revealed majority, 485 (61.9%) were early morning (6–<8 am) comers, 254 (32.4%) were late morning (8–<11 am) comers with only 20 (2.6%) presenting to the OPD after noon (after 12 noon).

A total of 483 (61.7%) waited for over an hour before they could see doctor. Only about a quarter 194 (24.8%) spent 15–<30 min before seeing doctor. The sole reason for coming to access service in the hospital OPD was for follow-up in half of them (396 [50.6%]), it was for new consultation in a third (252 [32.2%]).

After waiting and been successful at seeing the doctor in the consulting room, most clients 676 (86.3%) spent 15–<30 min with the doctor while only 48 (6.1%) spent >1–2 h with the doctor. The total time spent in seeking medical care was 30 min to <1 h in 360 (46%) participants while 286 (36.5%) spent >1–3 h [Table II].

Client satisfaction with health-care services in Dalhatu Araf Specialist Hospital

An assessment of reception accorded clients on arrival to the hospital revealed majority 519 (66.3%) rated as satisfactory the reception they had on arrival while 129 (16.5%) were not satisfied with the reception they had. Most 573 (73.4%) were satisfied with the overall services they received while at the hospital as against 90 (11.5%) who were not. Approximately, two-third 520 (66.4%) of the participants rated the time they spent at the record unit as appropriate while 98 (12.5%) rated it as being too long.

Table I: Socio-demographic characteristics of study participants

Variables	Frequencies, <i>n</i> (%)
Sex	
Male	153 (19.5)
Female	630 (80.5)
Marital status	
Single	102 (13.0)
Married	662 (84.6)
Separated	1 (0.1)
Divorced	10 (1.3)
Widowed	8 (1.0)
Religion	
Christianity	461 (58.9)
Islam	322 (41.1)
Educational level	
None	33 (4.2)
Quranic	44 (5.6)
Primary	95 (12.1)
Secondary	314 (40.1)
Tertiary	297 (37.9)
Place of residence	
Rural	85 (10.9)
Urban	698 (89.1)
Occupation	
Unemployed	236 (30.1)
Civil servant	195 (24.9)
Business	264 (33.7)
Farmer	37 (4.7)
Others	51 (6.5)
Total	783 (100.0)

Mean age \pm SD in this study was 34.7 ± 12.7 . SD: Standard deviation

Waiting time in the nursing unit (for taking vital signs before forwarding to the doctor) was rated by the patients as follows; 634 (81.0%) were satisfied with the average time of 30 min, 149 (19%) were not satisfied. About a third of each opined that the time spent at the waiting area (before entering the consulting room) was appropriate 287 (36.7%), fairly too long 257 (32.8%) and out-rightly too long 239 (30.5%), respectively.

Patient's rated their satisfaction with the time spent with their doctor, most 661 (84.4%) while 122 (15.6%) were not satisfied. Patients' satisfaction with the services received at the hospital pharmacy showed that 444 (81.3%) were satisfied while 102 (18.7%) were not satisfied [Table III].

Client satisfaction with health-care services in Dalhatu Araf Specialist Hospital

The commonest cause attributed to long waiting time was large number of patients in 293 (37.4%). Others are longer time spent in searching for folders 141 (18.0%), perceived inadequate health personnel 93 (11.9%), late arrival of doctors 76 (9.7%), poor record keeping in 58 (7.4%) and poor hospital sign directive for new clients in 17 (2.2%). Despite these noticeable shortcomings, 686 (87.6%) are willing to keep patronising the facility for their medical care.

Table II: Assessment of patient's waiting time in the various hospital units and service points

Variables	Frequencies, <i>n</i> (%)
Arrival time to the hospital	
Early morning (6-<8 am)	485 (61.9)
Late morning (8-<11 am)	254 (32.4)
Mid-day (11-12 noon)	24 (3.1)
Afternoon (After 12 noon)	20 (2.6)
Time spent waiting before seeing the doctor	
15-<30 min	194 (24.8)
30 min-<1 h	106 (13.5)
>1 h	163 (20.8)
>2 h	320 (40.9)
Services sort for	
New consultation	252 (32.2)
Follow up	396 (50.6)
Prescription refill	59 (7.5)
Lab result review	49 (6.3)
Referral	23 (2.9)
Post-natal	4 (0.5)
Time spent in doctor's consulting room	
<15 min	12 (1.5)
15-<30 min	676 (86.3)
30 min to <1 h	47 (6.1)
>1 h	23 (2.9)
>2 h	25 (3.2)
Total time spent in getting medical care	
30 min to <1 h	360 (46.0)
>1-3 h	286 (36.5)
>3-5 h	113 (14.4)
>5 h	24 (3.1)
Total	783 (100.0)

On the perceived inadequate staffing, 720 (92%) of the responders agreed to health-care workers availability in the record unit, 732 (93.5%) reported staff availability in nursing unit, 702 (89.7%) reported doctor availability for consultation while 607 (77.5%) reported staff availability in the pharmacy unit, respectively [Table IV].

Suggestion on how to improve waiting time

Patients' opinion on how to reduce waiting time and thereby improving services are as follows: 479 (61.2%) suggested further improvement in staffs availability, 86 (11.0%) suggested computerisation of medical record, 59 (7.5%) suggested increased staff per shift, 35 (4.5%) calls for introducing appointment system, 21 (2.7%) wanted an increase in the service points and 15 (1.9%) advised early arrival of patients/clients while 10 (1.3%) advocated for early arrival of the doctors [Table V].

Bivariate analysis of the relationship between time spent and the level of patient's satisfaction with services provided

Patients' satisfaction with hospital care received was negatively correlated with the time spent waiting at the record unit and this

Table III: Client satisfaction with healthcare services in Dalhatu Araf Specialist Hospital

Variables	Frequencies, <i>n</i> (%)
How would you rate reception at arrival in the hospital	
Satisfactory	519 (66.3)
Not satisfactory	129 (16.5)
Fairly satisfactory	135 (17.2)
Are you satisfied with hospital services?	
Yes	573 (73.4)
No	90 (11.5)
Partially	120 (15.3)
Waiting time in record unit	
Appropriate	520 (66.4)
Fairly long	165 (21.1)
Too long	98 (12.5)
Waiting time in nursing unit	
<30 min and satisfied	569 (72.7)
<30 min and not satisfied	63 (8.0)
>30 min and satisfied	65 (8.3)
>30 min and not satisfied	86 (11.0)
How would you rate time spent in the waiting room/area	
Appropriate	287 (36.7)
Fairly long	257 (32.8)
Too long	239 (30.5)
Rating of time spent with the doctor	
<30 min and satisfied	578 (73.8)
<30 min and not satisfied	70 (8.9)
>30 min and satisfied	83 (10.6)
>30 min and not satisfied	52 (6.7)
Total	783 (100.0)
Time spent in the pharmacy unit	
<30 min and satisfied	377 (69.0)
<30 min and not satisfied	69 (12.7)
>30 min and satisfied	67 (12.3)
>30 min and not satisfied	33 (6.0)
Total	546 (100.0)

was statistically significant $r = -0.28$ and $P < 0.001$. Similarly, patients' satisfaction from hospitals services rendered and patients' rating of waiting time in the nursing unit, time spent before seeing the doctor and time spent in the overall medical care are all negatively correlated and statistically significant. Time spent with the doctor in the consulting room showed a positive correlation $P = 0.0020$. All the correlations were however weak [Table VI].

DISCUSSION

Our clients spent a longer time waiting before getting medical attention with almost two-third of patients staying for over an hour before seeing the doctor and a quarter staying for just 15–30 min before getting to see the doctor. This is higher than the report from India where a smaller sample size was used.¹ It is also higher than the report from China in an interventional and longitudinal study.⁶ The observed difference may be

Table IV: Client satisfaction with healthcare services in Dalhatu Araf Specialist Hospital

Variables	Frequencies, n (%)
Perceived causes of long waiting time	
Long search of folders	141 (18.0)
Large number of patient flow	293 (37.4)
Poor record keeping	58 (7.4)
Patient jumping queue	46 (5.9)
Doctor arrived late	76 (9.7)
Inadequate health personnel	93 (11.9)
Poor hospital sign directive	17 (2.2)
Large number of patients and inadequate health personnel	48 (6.2)
Long folder search, doctors arriving late and inadequate staffs	5 (0.6)
Long search of folder and large number of patient flow	1 (0.1)
Long search of folder; large number of patient flow, poor record keeping; inadequate health personnel	5 (0.6)
Would you like to patronise this facility for further care?	
Yes	686 (87.6)
No	97 (12.4)
Availability of healthcare workers in record unit?	
Yes	720 (92.0)
No	63 (8.0)
Availability of healthcare workers in nursing unit?	
Yes	732 (93.5)
No	51 (6.5)
Availability of healthcare workers in the doctor's unit?	
Yes	702 (89.7)
No	81 (10.3)
Availability of healthcare workers in pharmacy unit?	
Yes	607 (77.5)
No	176 (22.5)
Total	783 (100.0)

attributed to a higher number of healthcare facilities delivering better quality healthcare services in such environment, as such making it one of the destination for medical tourism. The long waiting time may be attributed to the lack of appointment system in place which makes most patients to present at the same time. As seen in this study where more than half presented before 8 am and another one-third before 11 am thereby making almost all of the patients presented to the hospital before 11 am. The use of appointment system could have reduced the waiting as more than half of the participants in this study were in the hospital for follow-up visits.

Approximately, three-quarter of the clients in this study were satisfied with the overall hospital services. This is higher than the 63.1% reported by Daramola *et al.*,¹⁵ in a tertiary health facility in Keffi Nasarawa State. The reason for the difference may be due to the differences in study population where

Table V: Suggestion on how to improve waiting time

Variables	Frequencies, n (%)
Suggestion on how to improve waiting time	
Improving staff availability	479 (61.2)
Assign numbers as identification to patients	4 (0.5)
Employment of more workers in the record unit	11 (1.4)
Patients should arrive early	15 (1.9)
Doctors should come early	10 (1.3)
Supervise and investigate	5 (0.6)
Improve staff availability and employ more doctors	2 (0.3)
Increase staff per shift	59 (7.5)
Computerisation of medical record	86 (11.0)
Increase service point	21 (2.7)
Introduce appointment system	35 (4.5)
Improve staff availability, computerisation of medical record and increase service point	8 (1.0)
Improving staff availability and increase staff per shift	16 (2.0)
Increase staff per shift, introduce appointment system and improving staff availability	11 (1.4)
Increase staff per shift, increase service point and introduce appointment system	21 (2.6)
Total	783 (100.0)

ours included all categories of patients (those in formal and informal sectors with different mindset and entitlements). Although Keffi is in Nasarawa State it is barely 20 min away from Federal Capital Territory where there are many quality health-care facilities both public and private. Hence, those in Keffi have many alternatives as they can easily move to other facility for care. Their clients are also likely to be of high socio-economic status with exposure making them difficult to be satisfied unlike our clients where we are the only facility rendering both secondary and tertiary care. Clients satisfaction in the present study is equally higher than 54.2% reported by Sagaro *et al.*¹⁶ in Ethiopia. Probably, the difference may be because of the higher sample size used in the present study. The geographical difference may also imply cultural difference which may be a cause.

In the contrary, it is lower than 86.2% reported by Ahmed *et al.*¹⁷ in Pakistan using a smaller sample size of 209. The reason for this difference is not clear but cultural differences might play a role as it affects the mindset on entitlements and courteous relationship.

Two-third of the participants in this study were satisfied with the reception accorded them by the hospital staffs at their first presentation. In terms of units' assessment of satisfaction, two-third felt the service and time spent at the record unit was appropriate while four out of every five clients were satisfied with the nursing unit services and timing.

A total of 84.4% of the participants in this study were satisfied with the time spent with the doctor in the consulting room while four out of every 5 of those that visited the Pharmacist for drug dispensing were satisfied with their encounter with

Table VI: Bivariate analysis of the relationship between time-spent and the level of patient's satisfaction with services provided

Independent variable	Dependent variable	Correlation coefficient <i>r</i>	<i>P</i>
Waiting time in the record unit	Satisfaction with hospital care	-0.28	<0.0001
Waiting time in the nursing unit		-0.17	<0.0001
Time spent waiting before seeing the doctor		-0.10	0.0100
Time spent with the doctor in the consulting room		0.12	0.0020
Total time spent in getting medical care		-0.16	<0.0001

r=Spearman's Rho correlation

them (the pharmacist). About a third of the participants were satisfied with the time spent at the waiting room/area, while an equal number were not satisfied with the waiting area. Aside the time spent waiting, the large patients turn out at about the same time could also further hinder the conduciveness of this waiting area such that there may be insufficient seats, heat from over-crowding and ventilation compromise. The convenience facilities are also likely to be sub-optimal in such circumstance. The health-care workers may also be overwhelmed and as such may not be as tolerable and accommodating as they ought to be.

Of the one-third who were not satisfied with the time spent at the waiting area, the 11.5% not satisfied with the overall hospital services and others who are either completely or partially dissatisfied with one or more units of the hospital due to long waiting time. The reasons they attributed to the long waiting time are; large number of patients (37.4%), long search for folder (18.0%), perceived inadequate health personnel (11.9%), late arrival of doctors (clients perception) (9.7%), poor record keeping (7.4%) and jumping of queue (5.9%).

Most of the responders in this study, however, affirmed that there are staffs availability in record, nursing, doctors' consultation and pharmacy departments in 92%, 93.5%, 89.7% and 77.5%, respectively. This may imply that the staff strength in these various units/departments may not be the issue but a possible need for reorientation, training/re-training, effective supervision and 'thinking outside the box' for solutions. The proffered solutions by the participants were in this order; improving staffs availability, computerisation of medical records, having more staffs per shift, introducing appointment system, increasing the numbers of service points, early arrival of patients and doctors alike. Despite this, most 87.6% will continue to patronise the facility and recommend it to family members, similar to a report in India.¹⁸ The exact reason for the similarity is not known but a similar study population may explain the finding.

There is a relationship between patients' satisfaction with care and the waiting time for seeking the care. This study showed a significant negative correlation between satisfaction and time spent waiting to see a doctor while the actual time spent with the consulting doctor had a positive correlation with patients' satisfaction. The implication is that the shorter the waiting time, the higher the likelihood of being satisfied with

the hospital care. However, participants prefer staying longer with the consulting physician.

CONCLUSIONS

Most patients in this study waited for too long (over an hour) OPD before being attended to by a doctor. Almost all (97.4%) clients attending the hospital for care, presented at the OPD before noon. More than half of these visitors to the OPD are on follow-up visits. The overall level of satisfaction with the hospital services is high (73.4%). This high satisfaction level cut across the reception, record, nursing, consultation timing with the doctor and drug dispensing at the pharmacy sections. For the one-third not satisfied with the long waiting time and the 11.5% not satisfied with the overall hospital services, the reasons were; large number of patients, long search/poor folders keeping, inadequate health personnel and late arrival of doctors. There is a significant relationship between waiting time, time spent with the doctor and the degree of satisfaction of patients.

Recommendations

1. Introduction of appointment system and prompt referral is advocated
2. Electronic medical records as well as training and re-training of staffs are recommended.

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Conflicts of interest

There are no conflicts of interest.

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