

# The waiting room “wait”

## *From annoyance to opportunity*

Heather N. Sherwin MBBS Megan McKeown Michael F. Evans MD CCFP Onil K. Bhattacharyya MD PhD CCFP

The patient-doctor encounter is a complex and dynamic interaction. The visit workflow—a process that includes booking an appointment, seeing the doctor, and following up—is filled with obstacles and opportunities, which could impede or improve consumers’ and providers’ satisfaction with health care visits. An often neglected intervention opportunity is the waiting room, a common element in all family physicians’ offices. The waiting room has come to represent a containment space of inevitable frustration for patients and physicians alike. But what if the waiting room were good for more than just waiting? This article explores the potential to transform the wasted waiting room wait into an opportunity.

### About time

Unlike other specialty services, primary care physicians deal with a range of problems and they are never certain what issue will be coming through the door next. Patients are often complex, with multiple concurrent acute and chronic health problems. This means that doctors are feeling more time pressure, as the traditional 10- to 15-minute appointment does not always provide adequate time to address every patient concern. Patients have described feeling rushed during the clinical encounter and perceiving physicians to be under time constraints as barriers to asking for advice about preventive care.<sup>1</sup> Lack of time has also been shown to be the single largest barrier to evidence-based practice in primary care.<sup>2</sup> The patient-doctor consultation might end with unanswered questions and incomplete information. Physicians spend the bulk of consultations eliciting signs and symptoms from patients in order to find a diagnosis. This allows less time to explain to patients the nature of their conditions, which might leave patients feeling confused and overwhelmed and doctors feeling ineffectual and frustrated.

Despite there being a number of potential interventions to address these problems, one that has been virtually neglected is the waiting room. Studies on waiting rooms have occurred primarily in hospital settings. For example, the effectiveness of triage strategies and patient education has been evaluated in emergency department waiting rooms,<sup>3-5</sup> and the layout and design of waiting rooms, including seating, lighting,

and sound, have been analyzed to predict patient satisfaction and experience of pain.<sup>6,7</sup> The existing evidence concludes that the waiting room experience is an important driver of patient satisfaction.<sup>8-10</sup> Surveys of primary care offices show that how patients feel about their physician encounters and the quality of their health care is directly related to the impression of their time in the waiting room.<sup>9</sup> For example, longer waiting times are associated with lower patient satisfaction; however, by being occupied during the wait, this satisfaction is markedly increased, even if the length of waiting is unaltered.<sup>8</sup>

### Interventions

The subsequent 5 interventions propose how the family physician’s waiting room could play a more valuable role in the delivery of high-quality health care and improve satisfaction with and the efficiency of the patient-doctor consultation.

**Validated questionnaires.** Patients could use the preconsultation time to complete validated questionnaires including screening tools, such as those used for depression (eg, Patient Health Questionnaire-9)<sup>11</sup> or for benign prostatic hypertrophy (eg, American Urological Association scale),<sup>12</sup> and ongoing disease management and symptom control surveys used for conditions such as chronic obstructive pulmonary disease (eg, COPD Assessment Test)<sup>13</sup> or back pain (eg, Oswestry Disability Index).<sup>14</sup> These tools could improve consultation efficiency and quality of care in 4 ways. First, having a patient answer standard and disease-specific questions before the consultation allows more time for the physician to address and clarify the patient’s specific concerns. Second, repeated use of the validated questionnaire can monitor long-term chronic disease progression or treatment effectiveness. Third, self-completed questionnaires increase the accuracy of responses, as patients are more comfortable answering sensitive questions on paper than face-to-face with a doctor.<sup>15</sup> Fourth, using systematic and validated tools can ensure that the physician does not neglect any important questions or get derailed by the patient’s other complaints.

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**Question prompt sheet or coaching.** Having patients take a moment to list appointment goals and set their priority agendas before seeing physicians would enable more-focused visits and reduce the number of “add-on” problems at the end of consultations. A meta-analysis of randomized controlled trials found a statistically significant increase in patient satisfaction when patients set their goals in the waiting room before seeing the doctor (standardized mean difference 0.09, 95% CI 0.03 to 0.16).<sup>16</sup> These goal sheets helped patients verbalize what they wanted to get out of consultations with their doctors and enabled doctors to tailor appointments to best address the desired objectives. This consultation transparency showed that goals were more likely to be met if set before the visit.

**Patient education material.** The waiting room is an ideal opportunity to provide patients with education regarding their health. Most patients desire information about their health but are unsure of the best source for the required education. A study in a rural family practice in the United Kingdom concluded that 23% of patients remembered waiting room poster topics after the visit.<sup>17</sup> Another study found that 82% of patients attending a family medicine clinic took notice of the posters, and 95% of those patients reported reading the posters.<sup>18</sup> Moreover, waiting room education has been linked to increased patient satisfaction.<sup>9,19</sup> In an ambulatory care clinic, patients who watched an educational video on glaucoma and who interacted with a staff nurse while waiting for the doctor were more satisfied with the education they received during their clinical encounters than patients who had routine care.<sup>10</sup> In addition to having broad generalized information in the waiting room, there is also an opportunity to provide more targeted information based on individual needs. Physicians could assign patient-specific material (eg, Geriatric Self-Efficacy Index for Urinary Incontinence, “Your Diabetes-Focused Visit”) to be given to patients while they are in the waiting room.<sup>20,21</sup> This allows the patient to review the relevant educational material before the consultation, leaving more time in the visit to discuss more specific questions and concerns. Improved patient-physician communication and enhanced shared decision making are outcomes reported as a result of a waiting room educational intervention.<sup>19</sup>

**Decision aids.** Many patients seek out medical advice concerning treatment and screening options. However, patients’ decisions are influenced by their preferences, as well as the facts with which they are presented. Decision aids are designed to incorporate both subjective and objective factors in a systematic method. Validated decision aids have had documented success in improving patient knowledge, reducing decisional conflict, and

allowing patients to partake in a more active decision-making process.<sup>22</sup> For example, the Ottawa Decision Aid lays out the risks and benefits of using hormone replacement therapy after menopause, but, ultimately, it also enables a woman to decide for herself whether or not she would like to use this therapy.<sup>23</sup> These decision aids allow patients to reflect on complex evidence and elicit preferences to help guide clinical decision making. The patient is better able to make an informed decision on his or her own time, and the physician consultation can be based on addressing outstanding questions and concerns once the patient has completed the aid. Not only does this save time, but it also encourages patient self-management by engaging patients to take ownership of their own health.

**Waiting room manager (WRM).** Waiting room managers could facilitate the change from passive waiting to active care by implementing the interventions mentioned above. As a member of the interdisciplinary team, the WRM would be a key liaison between patients, staff, and physicians. The WRM would interact with patients and help administer questionnaires, explain decision aids, distribute educational information, and encourage participation in agenda setting before the patient-physician encounter. The WRM could act as a health coach, providing patients with counseling and reinforcement on healthy goal setting, or as a chronic disease educator. Waiting room managers could also have a more hands-on role by measuring the height, weight, and blood pressure of patients before the physician consultation. The purpose of this position is to take pressure off of the other members of the health care team by helping to direct patients and facilitate a more structured approach for the patient-doctor interaction.

### Restructuring the waiting room

The family physician’s waiting room is a key, yet neglected, segment in health care and deserves more attention. Although health questionnaires and patient education tools have existed for some time, they are seldom implemented in clinical practice because they do not fit into the traditional physician visit workflow. The WRM could facilitate this change. Restructuring the waiting room and its role in health care is a potential way to improve patient and doctor satisfaction, as well as consultation efficiency. Using the waiting room to screen, monitor, and educate could enhance a patient’s primary health care experience, leading to increased patient satisfaction and ownership. This in turn has been correlated with greater adherence to medications, increased mental and physical functioning, and higher self-reported quality of life.<sup>24</sup> As screening, monitoring, and counseling are core functions of primary care, starting these activities before the patient visit allows

physicians to use their unique skill set to make key clinical decisions and support behaviour change to improve the health of patients.

**Dr Sherwin** is an internal medicine resident at the University of Toronto in Ontario. **Ms McKeown** is a student at the University of Toronto. **Dr Evans** is Director of the Health Design Lab at St Michael's Hospital in Toronto, Clinician Scientist at the Li Ka Shing Knowledge Institute at St Michael's Hospital, and Associate Professor in the Department of Family Medicine and Public Health at the University of Toronto. **Dr Bhattacharyya** is Clinician Scientist at the Li Ka Shing Knowledge Institute at St Michael's Hospital and Assistant Professor in the Department of Family and Community Medicine at the University of Toronto.

**Competing interests**  
None declared

#### Correspondence

**Dr Heather Sherwin**, 121 Craighurst Ave, Toronto, ON M4R 1K1; telephone 647 920-4055; e-mail [heathersherwin@hotmail.com](mailto:heathersherwin@hotmail.com)

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