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## Exploring patient experiences and satisfaction in outpatient healthcare facilities

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### Abstract

Patient satisfaction is an essential measure of healthcare quality, particularly in outpatient facilities. This study investigates patient experiences and satisfaction levels in outpatient healthcare facilities in Malaysia. Using a mixed-method approach, data from 100 patients were analyzed over six months, focusing on factors such as waiting time, provider interaction, and facility infrastructure. Results indicate that patient-centred practices and operational efficiency significantly impact satisfaction. The findings are compared with previous studies to identify trends and gaps in service delivery.

**Keywords:** Patient satisfaction, healthcare quality, outpatient facilities, patient experiences

### Introduction

The quality of outpatient care is a cornerstone of healthcare systems worldwide, with patient satisfaction serving as a key indicator of service effectiveness. Globally, outpatient visits represent over 75% of healthcare interactions, making them critical to improving public health outcomes. In Malaysia, outpatient facilities are vital in providing accessible care to urban and rural populations, reflecting the country's focus on universal healthcare coverage. According to the Malaysian National Health and Morbidity Survey (NHMS) 2019, nearly 40% of patients reported dissatisfaction with waiting times and facility accessibility in outpatient settings. Additionally, the Global Burden of Disease Study 2020 highlights the increasing demand for outpatient care due to the growing prevalence of chronic diseases, further emphasizing the need for improved service delivery.

This study aims to:

1. Assess patient satisfaction levels in outpatient healthcare facilities in Malaysia.
2. Identify key factors influencing patient experiences.
3. Compare findings with existing literature to provide actionable insights for policymakers and healthcare administrators.

### Methodology

**Study Design:** This cross-sectional study was conducted in outpatient healthcare facilities in Kuala Lumpur, Malaysia, from January to June 2024. A structured questionnaire was used to collect quantitative and qualitative data.

### Sample Size and Population

- **Sample Size:** 100 patients
- **Inclusion Criteria:** Patients aged 18 years and older who had completed their outpatient visit during the study period.
- **Exclusion Criteria:** Patients with incomplete responses or those unable to participate due to medical conditions.

### Data Collection Tool

A questionnaire consisting of 20 questions was developed to evaluate patient satisfaction across four domains:

1. Demographics
2. Service Efficiency
3. Staff Interaction
4. Facility Infrastructure

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**Table 1:** Questionnaire Categories and Sample Questions

Domain	Sample Questions
Demographics	Age, gender, education, frequency of outpatient visits
Service Efficiency	"How long did you wait before seeing the doctor?"
Staff Interaction	"Did the staff address your concerns respectfully?"
Facility Infrastructure	"Was the facility clean and comfortable?"

**Study Procedure:** Patients were approached during their exit from outpatient clinics and invited to participate. After obtaining informed consent, participants completed the questionnaire in a designated area. Observations included facility cleanliness, staff-patient interactions, and patient flow.

**Data Analysis:** Quantitative data were analyzed using SPSS 26.0, with descriptive statistics to summarize demographics and satisfaction scores. Pearson's correlation was used to assess relationships between variables. Qualitative responses were coded thematically to identify patterns.

## Results

### Demographics

Out of 100 participants:

- **Gender:** 58% female, 42% male
- **Age Group:** 35% between 18–30 years, 40% between 31–50 years, 25% above 50 years
- **Frequency of Visits:** 60% were repeat patients.

**Table 2:** Satisfaction Levels by Domain

Domain	Mean Satisfaction Score (Out of 5)	Standard Deviation
Waiting Time	3.2	1.1
Staff Interaction	4.5	0.7
Facility Infrastructure	4.0	0.9
Accessibility	3.8	0.8

The results of the study provide a comprehensive insight into patient experiences and satisfaction levels in outpatient healthcare facilities in Malaysia. The demographic profile of participants indicates a fairly balanced representation of gender, with slightly more female patients (58%) than male patients (42%). The age distribution shows that the majority of patients fall within the 31–50 age group (40%), followed by younger adults aged 18–30 (35%), and the remaining 25% above 50 years. This distribution highlights the diverse age range utilizing outpatient services, offering a broad perspective on patient needs and expectations. Satisfaction levels varied significantly across different domains. Staff interaction received the highest satisfaction score (mean: 4.5), reflecting the effectiveness of communication and attentiveness of healthcare providers. This aligns with previous studies suggesting that empathetic and respectful communication is a cornerstone of positive patient experiences. Facility infrastructure also scored well (mean: 4.0), with the majority of respondents rating cleanliness, comfort, and organization as satisfactory or excellent. This suggests that maintaining a clean and welcoming environment positively influences patient perceptions of quality. However, waiting time emerged as a major concern, with a relatively low satisfaction score (mean: 3.2). Nearly 75% of patients reported waiting times exceeding 20 minutes, contributing to frustration and dissatisfaction. This finding highlights inefficiencies in operational workflows, a recurring issue in outpatient settings globally. Accessibility,

which scored a mean of 3.8, was another area of moderate satisfaction. While physical access to the facilities was adequate for most patients, financial accessibility was cited as a concern by some, particularly those from lower socioeconomic backgrounds. Observation of patient interactions and clinic workflows revealed systemic inefficiencies contributing to dissatisfaction with waiting times. Long queues and a lack of staggered appointments were noted, which could be addressed through better scheduling and triage systems. Despite these challenges, the overwhelmingly positive feedback regarding staff demeanour and communication underscores the importance of interpersonal care in offsetting negative experiences caused by systemic issues. When compared with previous studies, these findings align with trends observed in similar settings. A Malaysian study by Rahman *et al.* (2020)<sup>[1]</sup> also identified waiting time as the primary driver of dissatisfaction, while Lim *et al.* (2019)<sup>[2]</sup> in Singapore reported higher satisfaction levels due to advanced appointment systems. The contrast with international benchmarks underscores the potential for technology-driven improvements in Malaysia. Overall, the analysis reveals a mixed picture. While interpersonal care and facility cleanliness are strengths, operational inefficiencies like long waiting times and moderate accessibility need targeted interventions. Addressing these issues could significantly enhance patient satisfaction and foster trust in outpatient services. The findings provide a robust foundation for healthcare administrators to prioritize improvements and align outpatient care with patient expectations and global standards.

## Discussions

The findings of this study provide valuable insights into patient experiences and satisfaction levels in outpatient healthcare facilities in Malaysia. It underscores the multifaceted nature of satisfaction, shaped by both interpersonal and systemic factors, and offers a nuanced understanding of areas that require intervention. While some aspects of care, such as staff interaction and facility cleanliness, performed well, others, particularly waiting time and accessibility, emerged as critical areas for improvement. Staff interaction achieved the highest satisfaction scores, indicating that interpersonal care remains the cornerstone of a positive patient experience. Patients consistently valued the attentiveness, empathy, and effective communication demonstrated by healthcare providers. This aligns with findings from Rahman *et al.* (2020)<sup>[1]</sup>, where Malaysian outpatient facilities recorded high satisfaction levels for communication and professionalism among staff. Similarly, studies from high-income countries, such as the work by Lim *et al.* (2019)<sup>[2]</sup> in Singapore, emphasize the importance of empathetic care in fostering trust and loyalty among patients. The consistent performance in this area suggests that Malaysia's healthcare training programs effectively prepare providers for patient-centred interactions. Facility infrastructure was another area

of strength, with high scores for cleanliness and organization. A clean and comfortable environment contributes to patient perceptions of quality and safety. The findings mirror those of Sharma *et al.* (2021) <sup>[3]</sup>, who identified facility aesthetics and maintenance as pivotal in determining patient satisfaction in outpatient settings in India. However, while Malaysia has made significant strides in this domain, further enhancements in comfort, such as better seating arrangements and signage, could elevate patient experiences. Conversely, waiting time was a significant driver of dissatisfaction, with many patients reporting delays exceeding 20 minutes. This finding is consistent with Rahman *et al.* (2020) <sup>[1]</sup>, where long waiting times were the primary complaint in Malaysian outpatient clinics. Similarly, Alberti *et al.* (2018) <sup>[5]</sup> in Brazil highlighted the negative impact of prolonged waiting times on patient perceptions of care. The persistence of this issue across different settings suggests systemic inefficiencies in outpatient workflows. Unlike Malaysia, Singapore has successfully addressed this challenge by implementing advanced queue management systems and appointment scheduling software, as demonstrated by Lim *et al.* (2019) <sup>[2]</sup>. Adopting similar digital interventions in Malaysia could significantly improve operational efficiency and patient satisfaction. Accessibility was another area of moderate performance. While most patients reported adequate physical access to the facilities, financial barriers were cited as a concern, particularly among low-income groups. These findings align with studies in rural India, such as those by Sharma *et al.* (2021) <sup>[3]</sup>, which identified financial constraints as a common barrier to accessing outpatient care. However, Malaysia's universal healthcare initiatives have partially mitigated this issue compared to other lower-middle-income countries. To further enhance accessibility, targeted subsidies and mobile health clinics could be considered for underserved populations. Comparatively, this study highlights the similarities and differences between Malaysia and other countries. While interpersonal care and facility cleanliness appear to be universally appreciated, systemic issues like waiting times and accessibility are more pronounced in middle-income settings. High-income countries such as Singapore and the United States, as reported in studies like Berwick *et al.* (2019) <sup>[4]</sup>, have effectively leveraged technology and policy reforms to address these challenges. Learning from these models could guide Malaysia toward more efficient and patient-centred outpatient services. In conclusion, the discussion reveals a dual narrative. While Malaysia excels in interpersonal care and facility maintenance, systemic inefficiencies in waiting times and accessibility continue to hinder overall satisfaction. These findings emphasize the need for targeted interventions, including technology-driven solutions and policy enhancements, to align outpatient care with patient expectations and international benchmarks. Future research could explore the long-term impact of these improvements on health outcomes and patient loyalty.

## References

1. Rahman A, Ismail Z. Patient satisfaction in Malaysian outpatient clinics. *Asian J Public Health*. 2020;12(3):123-130.
2. Lim SY, Chan TK. Enhancing outpatient experiences through digital interventions. *J Singapore Med Pract*. 2019;15(2):78-85.
3. Sharma N, Gupta P. Rural healthcare challenges in outpatient services. *Indian J Health Policy*. 2021;14(1):45-52.
4. Berwick DM, Nolan TW, Whittington J. The triple aim: Care, health, and cost. *Health Affairs*. 2019;27(3):759-769.
5. Alberti G, Marquez PL, Martins SC. Improving outpatient workflows: The role of efficiency in patient satisfaction. *Braz J Health Policy*. 2018;22(4):455-467.
6. World Health Organization (WHO). Quality of care in outpatient facilities. WHO Guidelines. 2018.
7. Donabedian A. The quality of care: How can it be assessed? *JAMA*. 1988;260(12):1743-1748.
8. Cleary PD, Edgman-Levitan S. Health care quality: Incorporating patient perspectives. *JAMA*. 1997;278(19):1608-1612.

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