The Psychology of Waiting

BY: Kirk B. Jensen, MD, MBA, FACEP

Content
- Waiting is a fact of life
- Where does our time go?
- Eight principles of waits
- Design principles for waiting lines
- Putting the principles to work
Sorry to keep you waiting…

Waiting is a fact of modern life. You wait for a table in a restaurant. You wait in the checkout line at a store. You wait in traffic. In many instances, it’s actually, “hurry up and wait.” You race to the airport 2 hours before flight time only to depart 2 hours late… if you’re lucky. You arrive early for your doctor’s appointment and wait much longer than you planned…
Where Does Our Time Go?

According to the Bureau of Labor, this is how the average American spends their day:

- 12 minutes on telephone calls, mail, and email
- 1 hour, 13 minutes eating and drinking
- 3 hours, 32 minutes on work and work-related activities
- 2 hours, 26 minutes on leisure and sport
- 2 hours, 49 minutes watching television

Managed Waits

Researchers are bringing helpful insights to this realm of subjective experience. “The Psychology of Waiting Lines” by David Maister (1985) illustrates compelling anecdotes, data, and understanding about the psychology of waiting. This analysis was updated and revised by Donald Norman in “Eight Design Principles for Waiting Lines.” Many organizations “manage the waits” at their facilities quite deftly (Disney and the Ritz-Carlton come to mind). Healthcare systems with good patient flow can adapt strategies from service-oriented businesses to improve their patients’ wait experience.

Source: Bureau of Labor Services
Before looking at the psychology of waiting as it pertains to the healthcare setting, there are two laws of service worth noting:

1. If the service provided exceeds the customer’s expectations, the customer will be satisfied. The converse is also true: if service does not meet expectations, then the customer will likely be dissatisfied.

2. It is hard to play catch-up ball. If the service encounter begins with unmet expectations, it is hard to improve on the patient’s perceptions later in the patient’s journey.

This is important for emergency departments because patient satisfaction declines as the time spent waiting increases.

For the benefit of waiting patients and their families, good patient flow systems address and exploit key principles of the psychology of waiting. Maister has identified eight of these principles:

1. Unoccupied time feels longer than occupied time
2. Pre-process waits feel longer than in-process waits
3. Anxiety makes waits seem longer
4. Uncertain waits are longer than known, finite waits
5. Unexplained waits are longer than explained waits
6. Unfair waits are longer than equitable waits
7. The more valuable the service, the longer the customer will wait
8. Solo waits feel longer than group waits

Let’s take a closer look at the 8 principles and how they can apply to the Emergency Department.

**Principle 1: Unoccupied Time Feels Longer Than Occupied Time**

Disney is a master of this principle. Anyone who has visited the theme park in Orlando knows you do a lot of standing in line. (And with small children in the Florida heat, it’s truly a “trial by ordeal.”) Disney manages the wait and lessens the pain in several ways:

- They tell you the wait is going to be 45 minutes when they know it will be 30.
• They entertain you while you’re in line with things like strategically-placed videos or characters in costume.
• They have “pre-show” entertainment.

While the ED probably can’t have characters in costume, we can ease the pain of waiting by emulating Disney and keeping our patients occupied. Examples are:
• Having televisions in the waiting room.
• Providing current magazines and relevant health information for patients to read.
• Making room for company, such as friends & family.
• Having patients fill out healthcare and registration forms to fill the time.

**Principle 2:**
**Pre-Process Waits Feel Longer Than In-Process Waits**

People want to get started. Any method of service-related activity or time fillers gives the impression that the process has already begun. Restaurants train their wait staff to acknowledge customers as soon as they are seated with a greeting such as “I’ll be right with you.” They provide menus and offer drinks right away. They often visit the table again to mention the “specials.” All of these small interactions move the process along.

A well-run doctor’s office (or emergency department) will move patients along sequentially and expeditiously. Have a triage nurse meet the patient, gather information and move them into a room. If patients feel they are moving through the system, the wait seems more tolerable. Here is an illustration. The first diagram shows a ping-pong-like cluster of patient flow activity that doesn’t add value to the time spent with the patient and can result in longer wait and processing times.

The second diagram shows how the process was streamlined to make the pre-process time feel more like process time and optimize forward flow.
Principle 3: Anxiety Makes Waits Seem Longer

Imagine you have a flight from New York to Los Angeles with a 90 minute lay-over in Chicago. The first leg of your journey is delayed by weather and takes off an hour late. You spend that time waiting and wondering if you’ll make the connection or ever see your luggage again. A simple on-board announcement by the flight attendant stating that connecting flights are being held for your flight alleviates your anxiety.

Our patients are often anxious. They are probably already having a bad day. Simply letting them know what the waits are, why they are having to wait, and what to expect can alleviate family and patient anxiety. A survey of patients shows they would like to be contacted while they wait in the ED every 20 to 30 minutes. The ED staff will say once an hour is plenty. Establish a deliberate policy of regular contact, and your patients will be more satisfied.

Principle 4: Uncertain Waits are Longer than Known, Finite Waits

You’re waiting for a plumber to come to your house to repair your hot water heater. When you called “Joe the Plumber”, the dispatcher would only give you a “range” of 8:00 a.m. to 12:00 p.m. when the plumber would show up. That’s OK; 4 hours is a long wait but at least you have an idea of what to expect and you can busy yourself with tasks around the house. But now it’s 12:15 p.m., no plumber in sight and you have to get to work. You call the dispatcher but he is out to lunch. Those 15 minutes now feel like forever if you no have no idea if and when the plumber will show up and you need to take a shower prior to your 1:00 p.m. clinical shift.

If a patient asks how long it will take to get the results of a CT scan, give a finite amount of time. Simply saying “soon” or “it’s a busy been day” creates the impression of a longer wait. Even better, give a finite amount of time that is actually a bit longer than the scan will likely take. Frame the expectations for the wait… and then deliver. This will lead to a more satisfied patient.

Principle 5: Unexplained Waits Are Longer Than Explained Waits

Here’s another airline example: You’ve arrived at the airport on time, found a place to park, checked your bags, survived security screening, and made it to your gate in plenty of time. You find a seat in the waiting area and attempt to relax. Boarding time has come and gone; you glance out the window and notice that there isn’t a plane at the end of your jet-way. What
does this mean? Did you miss the flight? Are you at the wrong gate? Is there a plane? You are concerned. Just then, a brief announcement explains that the flight is in-bound and will arrive in 10 minutes. Your perspective shifts dramatically and the wait is now manageable.

In the ED, keep patients informed. If they know that there was a “code” upstairs or a major trauma has arrived in the ED, they often understand why they have to wait. Another way of leveraging this tactic is implementing patient rounding. A recent study published in the *Journal of Emergency Medicine* found that rounding in the ED reception and treatment areas were effective tactics to treat patient anxiety, improve patient satisfaction and patient safety.

Principle 6: Unfair Waits Are Longer Than Equitable Waits

“First come, first served.” This has surely happened to you in a restaurant; you have been seated at your table for a while, hoping to be acknowledged by your server. While you wait, you can’t help but notice that a couple seated well after you are already enjoying their cocktails or their food. Most people think, “That’s not fair; I’ve been here longer.”

Americans as a society have a strong sense of fairness and equity. It’s easy for patients in the ED to feel like they are being given a “lesser” priority. If you have a Fast Track in the ED designed to handle your simpler cases, but the Fast Track waiting room is located in the same area as the main waiting room, patients who are eligible for the Fast Track are likely to feel dissatisfied. They’ll notice they aren’t moving through as fast as the other patients and they don’t know why. That’s why it’s important to set up your operational rules to match your patient’s sense of fairness and equity.

Principle 7: The More Valuable the Service, the Longer the Customer Will Wait

Duke University has spawned a fanatic breed of student basketball fans known as the “Cameron Crazies” (named after Cameron Indoor Stadium where the Blue Devils play). The students dwell outside for weeks at a time in line, skipping classes, and enduring sorts of weather in “Krzyzewskiville” (a tent city named after Coach K.) for a chance to procure coveted men’s basketball tickets. They are willing to wait for that length of time because they highly value those tickets. The wait is in direct proportion to the perceived value. Another sport at Duke would probably not create as much desire or willingness to wait. “Beauty is in the eye of the beholder.”

The more valuable the perception of service, the longer patients will be willing to wait. If your facility is considered a great ED, surgical center or hospital, patients will actually tolerate longer periods of
waiting. If you are perceived as the “band-aid station,” they are not as patient with the waiting. One way of managing waits is to build your brand. Make your facility the place where people want to go. They will be much more accepting of a longer wait.

**Principle 8: Solo Waits Feel Longer Than Group Waits**

You go to the DMV to renew your driver’s license. You go alone because, after all, how long does it take to renew a license? The DMV is jam packed and only two clerks are working that day. You do what you can to pass the time. Read the drivers manual, mentally take the practice test, etc. Eventually you make a comment to the person behind you; “Can you believe this line” or “they need more help.” A sense of community develops… a sense that you are not in this alone and that others understand. Shared waits are more tolerable than solo waits.

**Eight Design Principles for Waiting Lines**

Donald Norman offers these principles to keep in mind while designing processes and procedures for managing waits:

1. Emotions Dominate
2. Eliminate Confusion: Provide a Conceptual Model, Feedback and Explanation
3. The Wait Must Be Appropriate
4. Set Expectations, Then Meet or Exceed Them
5. Keep People Occupied: Filled Time Passes More Quickly Than Unfilled Time
6. Be Fair
7. Start Strong, End Strong
8. The Memory of an Event Is More Important Than the Experience

In a practical sense for the ED, this means paying attention to patient flow and movement. Triage is a process, not a place. Start strong, eliminate confusion, and set the stage for the service encounter. Fast-track is a verb, not a noun. Get the patient and physician together as quickly and efficiently as possible. Other methods of improving patient experience include:

- Using scripts. These are pre-thought out ways of engaging the patient and if sincerely deployed can be a powerful way of setting expectations.
- Create and negotiate expectations.
- Use the friends and family plan. Engage the family so they can be an advocate for your ED.
- Use Rounding and Charge Nurses.
- Never forget the role of emotion.

**Put These Principles To Work**

Armed with an understanding of how patients experience the wait for hospital services, systems committed to good flow and customer service can make these wait times more tolerable by the use of principles we have described. These methods work. They decrease the perception of long waits and increase patient satisfaction. Want proof? A cardiologist I know read about the principles and then applied them in his office practice. He changed nothing else about the practice except how his staff managed the various waits. He did not redesign his office, hire more staff or change the hours. He simply applied the principles outlined above. His patient satisfaction benchmarking scores improved from worst in his area to first – solely because he managed the wait for his patients. You can do this too.
About the Author

Kirk B. Jensen, MD, MBA, FACEP, is Chief Medical Officer for BestPractices, Inc., a leading emergency physician staffing and practice management group. He has spent over 20 years in Emergency Medicine management and clinical care and is directly responsible for the coaching, mentoring, and career development of BestPractices’ Medical Directors.

Dr. Jensen is a faculty member for the Institute for Healthcare Improvement (IHI) and has held numerous leadership positions with IHI focusing on quality improvement, patient satisfaction, and patient flow both within the ED and throughout the hospital. Dr. Jensen also serves as a Medical Director for Studer Group. He was honored by the American College of Emergency Physicians as the 2010-2011 Outstanding Speaker of the Year.

Copyright © 2011 BestPractices Inc.

All rights reserved. This publication may not be reproduced, stored in a retrieval system, or transmitted in any form or by any means – electronic, mechanical, photocopying, recording, or otherwise – without prior permission of the copyright owner.

This White Paper is an informational document. Readers should note that this document does not represent an endorsement by any entity. All page headers and custom graphics are service marks, trademarks, and/or trade dress of BestPractices, Inc. All other trademarks, product names, and company names or logos cited herein are the property of their respective owners.

Any comments relating to the material contained in this document may be sent to the BestPractices Marketing Department:

Email: info@best-practices.com
Mail: BestPractices, Inc.
Marketing Director
10306 Eaton Place, Suite 180
Fairfax, VA 22030
Contact

10306 Eaton Place
Suite 180
Fairfax, VA 22030
(800) 910-3796
info@best-practices.com

www.best-practices.com