



## Analysis of Waiting Time for Outpatient Services at dr Rasidin Padang Regional Hospital

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### Abstract

Outpatient waiting periods extended beyond regulatory standards create major problems for hospital service quality because they damage patient satisfaction while also decreasing system performance and affecting institutional public perception. The regulatory standards regarding outpatient waiting times of  $\leq 60$  minutes were not reflected in the initial survey results at RSUD dr. Rasidin Padang since durations exceeded these limits. Research conducted a mixed-methods sequential explanatory design to explore the elements that lengthen outpatient delays at RSUD dr. Rasidin Padang. A total of 107 outpatients participated using proportional accidental sampling to provide quantitative data while qualitative information came from 14 key informants through semi-structured interviews and 8 participants in a Focus Group Discussion. Research data showed that 76.6% of patients waited for above 60 minutes and the entire process took on average 130 minutes. Insufficient human resources dedicated to medical records and registration combined with specialist doctor indiscipline in exam scheduling together with inadequate facilities that included broken fingerprint devices and insufficient operational computers caused this delay in patient examination start times. The qualitative findings show that Standard Operating Procedures (SOPs) remained in place yet inconsistent execution due to fragmented leadership functions degraded efficiency in services. Insured BPJS patients had to bear excessive administrative procedures that generated extended waiting times than what general patients received.

## Introduction

Medical facilities and healthcare professionals have recognized outpatient waiting time as a vital measure to evaluate hospital performance as well as healthcare service quality. Current healthcare setups featuring patient-centered care show successful outcomes through both medical achievements and productive operation systems as well as quick service delivery and comprehensive patient satisfaction measures. Waiting time stands as a specific measure for system responsiveness that tracks the duration between contact with the registration officer until seeing a doctor or specialist (Hayes et al., 2024). The Regulation of the Minister of Health Number 30 of 2022 governs outpatient waiting times which should not exceed 60 minutes to provide accessible and high-quality healthcare as a national priority.

The evidence indicates continuing difficulties between the established policy guidelines and what takes place in reality especially in state hospitals. The waiting times for outpatients exceed regulatory thresholds at every hospital throughout the country of Indonesia. The outpatient waiting time exceeded 70.18 minutes at Indramayu District Hospital according to Yakop et al. (2021) and Lunanda et al. (2011) recorded 1 hour and 10 minutes of waiting at Panembahan

Senopati Bantul Hospital. Xie & Or (2017) discovered the wait times at Iskak Tulung Agung Hospital averaged 157.13 minutes. These time-consuming patterns exist as widespread systems errors which damages patient trust and hinders hospital performance standards (Chobanuk, 2021; Esmaeilzadeh, 2024; Mennella et al., 2024).

The West Sumatra area experiences the same problems with waiting times in health facilities. Research by Tafdiel & Kasrin (2018) revealed that Achmad Mochtar Hospital Bukittinggi outpatient services delivered unacceptable waiting times to 72.8% of patients. According to Afif (2017), patients waiting at Adnan WD Payakumbuh Hospital spent two hours and ten minutes on average before receiving care and Dewi et al. (2019) reported an average waiting time of 89.9 minutes at Suliki Hospital. The Dr. M. Zein Painan Hospital data showed that 48.69% of patients spent more time than 60 minutes in the waiting area. Statistics show how critical it is to approach waiting time bottlenecks through systematic changes while existing policy actions and technological progress fail to improve these inefficiencies.

Various elements shape the development of extended waiting periods at hospitals. The paper by Nguyen et al. (2018) identifies medical facility quantity and quality as well as equipment functionality and workforce capability and administrative procedures' efficiency as fundamental healthcare determinants. The research aligns with Dewi et al. (2019) who showed that waiting times become worse because of poor human resource management, unprofessional health providers, incomplete SOP implementation and substandard facilities. Chandra & Tiwari (2019) develop these perspectives by identifying "4M factors" through their clinical research which explain waiting time inefficiencies as Man (personnel issues), Method (procedural weaknesses), Machine (equipment inadequacy), and Milieu (environmental limitations).

Research conducted internationally shows support for these observed findings. Medical waiting times function as essential indicators for healthcare system accessibility according to World Health Organization (2018) and the Organisation for Economic Co-operation and Development (OECD, 2019). Research by Elkhuzen et al. (2007) proved that prolonged waiting times directly affect patient assessments of healthcare quality and Hwang et al. (2018) established links between delayed outpatient services and health deterioration and expansion of healthcare costs. Making healthcare accessible to all people requires strategic action to reduce waiting times because universal health coverage depends on it while performance excellence of health systems also depends on these strategic actions.

Excessive waiting times deliver a sweeping range of negative effects. Patients who must wait longer become less satisfied and view treatment quality lower so they avoid visiting healthcare facilities again. According to Pohan (2007) patient satisfaction reduces when service delivery falls short of expectations so patients develop dissatisfaction that weakens their hospital loyalty and shapes how the community perceives the hospital. Similarly Dobkin et al. (2018) joined by Buchmueller et al. (2006) and Dafny (2005) established that healthcare service difficulties result in patient drops and decreased hospital money flow together with market position degradation. The practice of forcing patients to endure lengthy delays leads to negative word-of-mouth that intensifies damage to hospitals' reputations within the new healthcare consumer model (Hasan et al., 2023).

From the viewpoint of management science service duration represents an essential period which shapes both patient satisfaction levels and service achievement (Berry et al., 2002; Gonu et al., 2023; Ferreira et al., 2023; Abekah-Nkrumah et al., 2021; ). The ineffective management of critical patient interactions leads hospitals to harm both personal patient satisfaction along with community trust in their health institutions. Hospital accreditation results and public reporting scores and national healthcare ratings are negatively affected by delayed care (Arah et al., 2006; Jha et al., 2008; Ahmad et al., 2022; Oh et al., 2022) besides operational challenges.

RSUD dr. Rasidin Padang stands at the essential position within this regional healthcare environment. Strategically positioned in the region RSUD performs a critical public healthcare service because it stands as the single hospital under government ownership. Since 1999, RSUD dr. Rasidin has undergone an evolution from its origin to assume status as a BLUD in 2015 and has seen outpatient service utilization continuously increase from 71,316 visits in 2019 to reach 66,057 visits during 2023. The growing patient access to healthcare has created taller operational challenges for service systems due to increasing demands that compound waiting time issues.

Recent reports highlight concerning trends. RSUD dr. Rasidin obtained 50.91% success in meeting outpatient waiting time requirements according to the 2023 National Hospital Quality Indicator Report which falls significantly short of its  $\geq 80\%$  target. A survey from November 2023 of 37 outpatients at RSUD dr. Rasidin found 100-minute wait times that exceeded the national standards thus confirming patient service inefficiency concerns. The public released data from the first semester of 2023 demonstrated that completion duration earned the worst score after complaint resolution processes.

The research results validate standard theoretical explanations about healthcare service delays. Mutikanga et al. (2011) state that structural procedural combined with human resource factors generate "service inertia" which creates difficulties in speedy resolution. A joint strategy including facility upgrades together with workflow optimization and personnel management and digital innovation must be implemented to minimize waiting times (Powell et al., 2014; Kreindler, 2010). The investigation will provide an extensive evaluation of waiting time for outpatient services at RSUD dr. Rasidin Padang. The research adopts a sequential explanatory mixed-methods design to measure waiting times objectively as well as study the fundamentals of the system through qualitative assessment. This investigation aims to create practical insights enabling hospitals to develop focused interventions while also improving service performance along with patient satisfaction levels and building competitive healthcare capabilities in current healthcare contexts.

## Methods

The design in this study uses a Mix Method research type with a Sequential Explanatory strategy. The quantitative method is carried out first by calculating the length of outpatient waiting time in outpatient services at RSUD dr. Rasidin Padang, then continued with a qualitative method by analyzing how the input and process components aim to obtain an in-depth picture of the causes of the long outpatient waiting time at RSUD dr. Rasidin Padang. Data collection for this study was carried out from November 2023 until completion at RSUD dr. Rasidin Padang.

### Quantitative Research

The population in this study were patients who visited and received outpatient services at RSUD dr. Rasidin Padang. The sampling method used was the accidental sampling method, a sampling technique based on anyone who was met during the study and was considered suitable as a data source. The number of samples used was 107 people. The method used in this technique is proportional sampling which is a balanced sampling technique.

The instruments or tools used in this study are: Interview guidelines, Stopwatch or digital clock, Voice recorder, Notebook, Camera, used for documentation in the form of images during the study. In collecting primary data, the author was assisted by two enumerators. Secondary data was obtained from the results of reports on the number of patient visits at the RSUD dr. Rasidin Padang polyclinic. The stages of data processing that will be carried out are: Checking the completeness of the data contained in the research instrument to see whether it is in accordance with the research objectives; Group the data obtained into a summary table to make analysis

easier; The data is processed by computer to determine the frequency distribution of the length of service waiting time; The results of the processing are analyzed and conclusions are drawn.

### Qualitative Research

The types of data obtained are primary data and secondary data. Primary data comes from direct interviews with elements related to waiting time at RSUD dr. Rasidin Padang, while secondary data comes from data and books related to the analysis of waiting time in outpatient care at the hospital. In qualitative research, the research sample acts as a resource person. Samples in qualitative research (informants) are selected using purposive sampling techniques, namely sampling techniques as data sources with certain considerations (Sugiyono, 2014). Information in this qualitative method is obtained by conducting semi-structured interviews, with informants as follows: Head of Medical and Nursing Services Division; Head of Medical Services Section; Head of Outpatient Installation; Head of Outpatient Room; Head of Medical Records Room; Medical specialist; Polyclinic Nurse; Medical Records Officer; and Patient.

The tools used in this study were interview guidelines, voice recorders, notebooks, and cameras. Primary data sources were obtained from direct observation, semi-structured interviews with informants, and written sources in the form of documents related to outpatient waiting times at RSUD dr. Rasidin Padang. The primary data of this qualitative study was conducted through in-depth interviews and Focus Group Discussions (FGD). This aims to find problems more openly. In this study, secondary data was obtained from secondary data sources such as documents, websites, blogs, audio-visual materials that are generally published. Researchers can use several sources of research data to verify the findings obtained. The data that has been obtained and collected is then analyzed using the qualitative data analysis method (Hardisman, 2020a), namely data reduction, data presentation, and drawing conclusions.

## Result and Discussion

### Outpatient Service Waiting Time

Patient waiting time at RSUD dr. Rasidin Padang has not been in accordance with the established standards, 82 people (76.6%) waiting time is above 60 minutes or does not comply with the established standards and 25 patients (23.4%) waiting time is below 60 minutes which means it is in accordance with the standards of the entire sample size of 107 patients.

Table 1. *Frequency Distribution of Outpatient Waiting Times*

Waiting Time Category	Number of Patients (n)	Percentage (%)
≤ 60 minutes	25	23.4%
> 60 minutes	82	76.6%
<b>Total</b>	107	100%

This is in line with the results of Afif, IF's (2017) study which stated that the average waiting time for outpatient services was 2 hours 10 minutes. Of the 60 samples, 50 people (83.3%) did not meet the minimum service standards. Dewi et al. (2019), stated similar research results, there were problems with the waiting time for outpatient services, waiting time is a problem that always causes complaints and patient complaints, it is often found that hospitals tend to ignore this. The impact is that hospital services are considered unprofessional and this will result in losses for the hospital itself, the impact is a decrease in patient satisfaction and family. Improving the quality of health services is access to services marked by service time. Patients feel that long waiting times to get health services are unpleasant. Patients can feel ignored, neglected, and frustrated due to the slow service process.

Waiting time for service is one of the important indicators in determining the quality of service in a hospital. This aspect greatly influences patient perception and satisfaction with the services provided. Waiting time that is too long is often one of the main complaints of patients, which

not only affects the level of satisfaction, but can also reflect the less than optimal operational management of the hospital. Therefore, this problem needs serious attention from the hospital to ensure that patient waiting time is in accordance with the established standards.

Table 2. Average Waiting Time by Polyclinic

Polyclinic	Number of Visits	Percentage	Average Waiting Time
Internal Medicine	36	33.6%	140 minutes
Orthopedic	31	29.0%	130 minutes
Cardiology (Heart)	22	20.6%	125 minutes
Neurology	18	16.8%	120 minutes
<b>Total</b>	107	100%	130 minutes (average)

Based on the Regulation of the Minister of Health of the Republic of Indonesia Number 30 of 2022 concerning National Indicators of Health Service Quality, the standard waiting time for service is defined as the duration of time required from when the patient first makes contact with the registration officer until finally receiving service from a doctor or specialist. This standard aims to create effective, efficient, and satisfying services for patients. When this standard is implemented properly, it is hoped that not only complaints about long waiting times can be resolved, but also a sense of patient trust and loyalty to the hospital will be created.

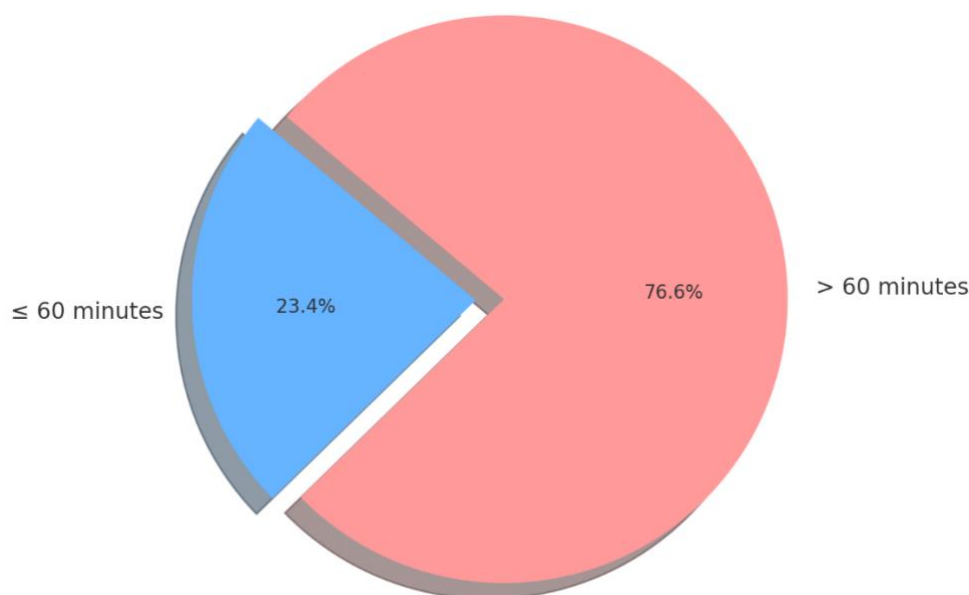


Figure 1. Pie Chart of Waiting Time Categories

Fast and quality service not only increases patient satisfaction, but also has a significant impact on the image of the hospital. Hospitals that are able to provide outpatient services according to waiting time standards will be seen as professional institutions that care about patient needs. This can also increase the competitiveness of hospitals amidst the many health facilities available, especially in urban areas. However, to achieve this standard, hospitals need to carry out a series of continuous evaluations and optimizations. Evaluations must cover all stages of the service process, from the registration flow, the readiness of medical personnel, to the use of information technology in supporting services.

### Input Components

#### *Man (Human Resources)*

Human Resources (HR) or workforce is a key element that determines the success of an organization, including hospitals, in carrying out service and management functions. In the context of hospitals, HR is not only an implementer, but also the main driver in realizing quality

health services. Adequate HR, both in terms of quantity and competence, is an absolute requirement for hospitals to be able to provide fast, accurate, and satisfactory services to patients.

Table 3. *Availability of Human Resources at RSUD dr. Rasidin Padang*

Staff Position	Number of Staff Available	Number of Staff Needed (Ideal)	Gap
Medical Records Officer	4	6	-2
Registration Officers	3	5	-2
Specialist Doctors	10	12	-2
Nurses (Polyclinic)	8	8	0

The interview results show that RSUD dr. Rasidin Padang still faces challenges related to the shortage of health workers. The number of existing workers is considered insufficient to meet operational needs, resulting in excessive workload. This condition can reduce productivity and risk decreasing the quality of services provided to patients. Excessive workload can also affect the physical and mental well-being of health workers, which ultimately affects their overall performance. This finding is in line with the results of IF Afif's (2017) study at RSUD Adnaan WD, which stated that one of the main causes of long waiting times for services is the lack of health workers. In other words, the inadequate number of health workers has a direct impact on the efficiency of hospital services, including patient waiting times. Long waiting times are often one of the main complaints of patients, which ultimately affects their level of satisfaction with hospital services. A consistent theme that emerged from interviews was the shortage of healthcare workers, especially in the medical records and registration units.

*"We are often overwhelmed. There are too few staff, especially when patient numbers surge. Sometimes, one officer handles two counters at once." (Medical Records Officer)*

This statement demonstrates the organization-wide deficient staff structure causes issues when demands are at their peak. Organizational resources function as the underlying cause of service delays since these constraints are fixed into the staffing structure.

In addition to the number of health workers, the discipline of officers is also an important factor that affects the quality of service. Based on the results of interviews and observations at RSUD dr. Rasidin Padang, it was found that the main problem related to human resources was the lack of personnel in the medical records section and the inconsistency of the arrival times of specialist doctors with the predetermined schedule. The lack of personnel in the medical records section causes the patient registration process to be slower. Medical records are an important part of the hospital service flow, especially in outpatient care. Slow administrative processes can have the effect of extending patient waiting times. This not only causes discomfort for patients but also reflects the less than optimal operational management of the hospital. Additionally, discipline issues among specialist doctors were noted.

*"Doctors often arrive late. Even though we register patients early, we still have to wait for them to come to the polyclinic." (Polyclinic Nurse)*

Doctor delays in their arrival reduce the planned patient flow even though the registration process became more efficient. The problem reveals a gap exists between the administrative planning process and clinical practice delivery methods. Meanwhile, specialist doctors are one of the vital human resources for health services in outpatient or polyclinic care. The absence of specialist doctors according to the predetermined schedule shows a lack of discipline and commitment in carrying out their duties. The delay in the arrival of specialist doctors not only extends the patient's waiting time but can also reduce patient trust in hospital services. This condition shows the need to strengthen the supervision system and implement stricter policies regarding the discipline of medical personnel.

## ***Policy***

The results of the study showed that the hospital had prepared and implemented guidelines or standard operating procedures (SOP) in each service unit. This SOP is designed as a reference for health workers in carrying out their duties, so that the services provided can run according to the established standards. The SOP is prepared with reference to the principles of efficiency, effectiveness, and patient safety, and is determined by the hospital leadership to ensure that all officers understand and comply with this policy. Although SOPs were formally established, adherence remains inconsistent.

*"We know the SOPs, but in reality, when it's busy, sometimes we skip steps just to keep the line moving." (Registration Officer)*

The staff display a pragmatic response by compromising protocol adherence in favor of what they think is a more efficient approach though ultimately such measures could prolong waiting times during the longer term. Most service personnel in hospitals already know and understand the existence of this SOP, which is the basis for their daily activities. However, the results of the study also revealed that there are still some officers who have not fully implemented the applicable SOP. This discrepancy can be caused by various factors, such as lack of supervision, minimal ongoing training, or excessive workload. This is a serious concern because inconsistent implementation of SOPs can affect the overall quality of hospital services. In the context of outpatient waiting time policy, Regulation of the Minister of Health of the Republic of Indonesia Number 30 of 2022 concerning National Indicators of Health Service Quality provides clear guidance. This policy emphasizes the importance of minimizing patient waiting time to increase their satisfaction. Efficient waiting time not only provides comfort for patients but also reflects good and responsive hospital management. With increased patient satisfaction, loyalty to the hospital will also increase, which ultimately contributes to the sustainability and positive reputation of the institution.

Minimum Service Standards (SPM) are a very important element in ensuring the quality of service in hospitals. SPM ensures that the health services provided are not only of high quality, but also accountable, responsible, and have high performance. The implementation of SPM is an important benchmark in assessing the extent to which hospitals are able to provide services that meet the needs and expectations of patients. Moreover, dual-role conflicts were cited as a policy-level barrier.

*"Our installation head is a specialist too. He can't monitor properly because he's always moving between rooms." (Head of Outpatient Installation)*

This highlights a structural conflict of interest that impairs management oversight, leading to procedural inconsistencies and reduced accountability. However, at RSUD dr. Rasidin Padang, significant challenges were found in the implementation of this policy. One of the main issues is the dual duties carried out by the head of the installation in the polyclinic. The head of the installation, who also serves as a specialist doctor, faces difficulties in dividing time and focus between administrative responsibilities and medical services. This condition causes the supervisory and managerial functions as the head of the installation to be less than optimal, which in the end can affect the effectiveness of the implementation of SOPs and other policies in the polyclinic.

This dual task risks creating an imbalance of priorities. On the one hand, as a specialist doctor, he must provide quality medical services to patients. On the other hand, as the head of the installation, he is responsible for ensuring smooth operations, supervising the implementation of SOPs, and managing resources in the unit. This imbalance can result in a lack of focus on strategic operational management, including monitoring waiting times for outpatient services.

## ***Infrastructure***

The results of the study showed that the facilities and infrastructure in the outpatient polyclinic of RSUD dr. Rasidin Padang still face various significant deficiencies, both in terms of quantity and quality of use. This condition has a direct impact on the efficiency of the health service process carried out by officers, especially in the context of reducing patient waiting time. The lack of optimization of facilities and infrastructure not only creates technical obstacles, but also affects patient comfort and satisfaction.

Table 4 – *Assessment of Facilities and Infrastructure at Outpatient Polyclinic*

<b>Facility</b>	<b>Available</b>	<b>Needed</b>	<b>Issues Identified</b>
Computers	3	6	Slow performance, insufficient units
Fingerprint Devices	2	3	Frequent malfunctions
Internet Network	1 (shared)	3	Slow, unstable
Registration Desks	2	4	Inadequate for peak times

The main obstacles found in this study include several important aspects, such as patient fingerprint devices that often experience technical problems, limited number of available computers, slow performance of existing computer devices, and suboptimal internet networks. These problems result in administrative processes, such as patient registration, data verification, and information processing, becoming slower. As a result, patient waiting times are getting longer, which not only worsens the patient experience but also puts additional pressure on service personnel. The lack of adequate facilities and technological malfunctions were also frequently mentioned.

*"Sometimes the fingerprint machine doesn't work. Patients have to redo it again and again. It's very frustrating." (BPJS Administration Officer)*

Technical failures introduce micro-delays that accumulate significantly across patient cohorts, further exacerbating dissatisfaction and service inefficiencies. This result is in line with the findings of Amirudin & Koesnadi (2021) which states that facilities and infrastructure have the most dominant influence on the length of patient waiting time at the polyclinic. In the study, it was explained that adequate and quality facilities can speed up the service process, while lack of facilities tends to cause slow service. Thus, the quality of facilities and infrastructure is one of the important indicators in determining the efficiency of hospital services.

In addition, the lack of facilities and infrastructure also reflects the need for evaluation of facility management in hospitals. The imbalance between operational needs and the availability of facilities is often the main source of this problem. For example, in situations where the available computers are not enough to support the workflow of officers, the administrative process becomes hampered. Likewise, the problem of slow or unstable internet networks results in the time needed to access and process patient data becoming longer, especially in the current era of digitalization of health services.

## **Process Components**

### ***Registration***

Based on the results of research at RSUD dr. Rasidin Padang, the registration flow implemented has followed the scheme set by hospital management. In theory, this flow is designed to simplify the patient registration process and ensure efficiency in service. However, in practice, this process still faces obstacles, especially when there is a spike in the number of patients. Conditions like this often cause a buildup of patients at the registration counter, so that patients have to wait longer to get service. This obstacle becomes more complex for patients using BPJS cards compared to general patients. BPJS patients are required to complete a number of documents, such as a referral letter from a first-level health facility (FKTP) and a

BPJS card, before they can be served. In addition, BPJS patients must also undergo a fingerprint verification process as part of the administrative procedures required by BPJS Kesehatan. However, the fingerprint devices used often experience technical problems, such as the inability to read patient data accurately. This problem not only slows down the registration process but also increases the workload of administrative officers. The registration process was identified as a major chokepoint, particularly for BPJS patients.

*"BPJS patients need referral letters, fingerprints, and many documents. It takes double the time compared to general patients." (Registration Officer)*

Administrative complexity disproportionately burdens insured patients, contributing to equity concerns and skewing service delivery priorities.

*"I waited more than an hour just to register, even though I came early. It's tiring, especially when you're sick." (Patient Informant)*

This patient narrative humanizes the data, providing an emotive dimension to the operational challenges and emphasizing the real-world consequences of service inefficiencies. This study is in line with the findings of FJ. Meliala et al. (2018), who revealed that the waiting time for BPJS patients is longer than for general patients. This difference in waiting time is caused by additional administrative steps that must be taken by officers to verify BPJS patient documents and data. In situations with limited officers and facilities, this process becomes even slower, especially when there is an increase in the number of patients who must be served at the same time.

In addition, the results of the study also showed that the lack of computers in the registration area is one of the main factors that prolongs patient waiting time. In an ideal situation, every registration officer should have access to adequate computer equipment to speed up the administration process. However, the limited number of these devices forces officers to share computers, which results in delays in processing patient data. This condition is further exacerbated when the available computers experience technical problems or slow performance. The problem of patient congestion at the registration counter also has an impact on patient comfort and overall service efficiency. Patients who have to wait a long time are often dissatisfied with the hospital's services, which can affect the reputation of RSUD dr. Rasidin Padang. In addition, long waiting times can cause stress for patients, especially those who need immediate care or who come in poor health.

### ***Inspection***

The results of the examination at the outpatient polyclinic of RSUD dr. Rasidin Padang showed that one of the main problems in service is the slow start time of patient examination. This problem is mostly caused by the late arrival of the doctor from the scheduled schedule. The discrepancy between the stated practice hours and the actual hours causes the patient's waiting time to be longer than it should be. Examination delays primarily stem from doctors not adhering to scheduled start times.

*"Patients pile up. Some of them get upset, but what can we do if the doctor isn't here yet?" (Polyclinic Nurse)*

The frontline staff experience role conflict, forced to manage patient frustrations stemming from factors outside their control, highlighting systemic rather than individual accountability. The doctor's delay has a significant impact on the efficiency of services at the polyclinic. Patients who have arrived on time to register have to wait longer to receive medical services. In addition, this condition also affects the workflow of administrative officers and other health workers, who have to adjust their service schedules to the arrival of the doctor.

Research conducted by Nuraini et al. (2021) supports this finding, stating that doctor delays are a common problem in various hospitals. This phenomenon not only affects operational efficiency, but also has a direct impact on patient satisfaction levels. Patients who have to wait for a long time tend to feel dissatisfied with the services received, even though the quality of the medical examination is good.

### ***Output Components***

RSUD dr. Rasidin Padang has a standard waiting time for outpatient services that refers to the hospital's Minimum Service Standards (SPM), which is less than 60 minutes. However, the results of the study showed that the waiting time for outpatient services in the four polyclinics studied was still far from this standard, with an average waiting time reaching 2 hours and 10 minutes. This means that the waiting time is more than twice as long as that which has been set, which indicates a fundamental problem in the outpatient service process at this hospital. The net effect of the above input and process challenges was the failure to meet outpatient waiting time standards.

*"We always try to serve quickly, but the system is overloaded. We need more support, not just blame." (Medical Services Officer)*

This quote encapsulates a key finding: healthcare workers acknowledge performance gaps but attribute them to systemic capacity issues rather than isolated negligence. The length of the waiting time is influenced by various interrelated factors. First, the lack of health workers in the medical records department is one of the main causes. The limited number of health workers makes the patient administration process, such as registration and data processing, run slower. This is exacerbated by the high volume of patients, especially at certain hours, resulting in congestion and long queues.

Second, the lack of adequate facilities and infrastructure is also an obstacle. Some of the problems found include the limited number of computers in the registration section, slow internet connection, and fingerprint devices that often do not function properly. This condition hampers the patient registration process, especially patients with BPJS cards, which require additional verification such as fingerprints and completeness of files.

Third, there are still health workers who are not disciplined in carrying out their duties, including the arrival of doctors who do not comply with the practice schedule. This delay causes the examination time to be delayed from the predetermined schedule, thus increasing the patient's waiting time. Lack of supervision and implementation of sanctions against undisciplined health workers are also factors that worsen the situation.

This study shows that outpatient services at RSUD dr. Rasidin Padang experience continuous operational problems beyond national waiting period limitations of 60 minutes (Regulation of the Minister of Health, 2022). The observed outpatient waiting times averaged 130 minutes which stays well above the 60-minute national standard and shows a continuous service availability problem which other Indonesian hospitals have faced (Yakop et al., 2021; Lunanda et al., 2011; Xie & Or, 2017). RSUD dr. Rasidin exhibits symptoms of an extensive healthcare problem which runs through the whole nation. The research presented by Tafdiel & Kasrin (2018), Afif (2017) and Dewi et al. (2019) supports the ongoing nature of outpatient waiting issues in Indonesia's public medical system.

The problem manifestation originates from resource deficiencies which encompass both insufficient personnel numbers and substandard quality skills. Our research identified serious staff shortages which affect the performance of essential administrative areas particularly medical records and registration. Studies worldwide show that understaffed administrative sections function as the key reason for service delays (Aiken et al., 2014; Bachnick et al., 2018; Griffiths et al., 2016). The absence of sufficient staff creates longer patient waiting times which

together with workforce exhaustion causes additional delays in medical services (Dall'Ora et al., 2020). The research participants brought attention to a problem of substandard disciplinary behavior displayed by specialist doctors which results in their failure to maintain clinical schedules. Research by Al-Amin and Makarem (2016) and Nuraini et al. (2021) shows physician punctuality functions as a basic factor in patient satisfaction and service timeliness though healthcare facilities manage this element differently.

Service efficiency suffers more complications because Standard Operating Procedures (SOPs) are not consistently implemented. The wide distribution of Standard Operating Procedures (SOPs) at RSUD dr. Rasidin does not lead to consistent implementation especially when the hospital operates at peak capacity. Standard Operating Procedure compliance demands more than simple policy implementation because active monitoring and employee training and effective accountability systems are essential to achieve compliance as Garg (2023) and Chandra & Tiwari (2019) note. Frontline workarounds in healthcare are a common occurrence according to Taitz et al. (2012) and van den Hombergh et al. (2016) mainly because system pressures exceed rigid procedural frameworks which indicates underlying organizational weaknesses.

Clinical specialists face an integral structural drawback from performing administrative tasks while carrying out their clinical role. The dual role demands create strategic challenges for installation heads because they weaken their ability to monitor service quality effectively as Baker et al. (2016) and Denis et al. (2001) claim. Leadership fragmentation creates problems in accountability which healthcare governance researchers at Fitzgerald et al. (2006) and Dorgan et al. (2010) have identified as major service coordination and patient safety threats.

The outdated infrastructure present at RSUD Dr. Rasidin plays a substantial role in generating long waits in patient care. The research revealed that the emergency department operated with multiple essential technological deficiencies which included obsolete computer systems and malfunctioning fingerprint equipment as well as unstable internet connectivity. The study finds institutions to share similar problems in infrastructure as observed by Powell et al. (2014) and Amirudin & Koesnadi (2021) who established that substandard health IT infrastructure causes patient information processing systems to become slower and less accurate. The operation of malfunctioning digital systems creates aggravated patient frustration together with reduced medical facility trust levels (van der Veen et al., 2017; Cresswell et al., 2013; Vanbelleghem et al., 2023; Isbell et al., 2025). The adoption of digital health systems has become universal for outpatient care to reach operational excellence (Adler-Milstein & Huckman, 2013; Lau et al., 2012).

BPJS patients encountered significant process delays at the registration phase because of time-consuming bureaucratic requisites. The study's results confirm previous research conducted by Handayani et al. (2018) and Meliala et al. (2023). Also these results back the administrative burden assessments made in the work of Glied (2008) and Himmelstein et al. (2014) regarding government-funded healthcare systems. The prolonged waiting times faced by BPJS participants represent a significant disparity relative to general patients because the less vulnerable population waits less. This observation confirms international findings from Marmot et al. (2008) and Braveman et al. (2011) regarding health system-based inequalities.

Doctors who arrive late for outpatient clinics create both long waiting times for separate patient appointments along with wider operational delays that impact the entire clinic capacity. Manary et al. (2013) and Ladhari & Rigaux-Bricmont (2013) support the research by demonstrating the domino effect caused by provider conduct on operational performance metrics. Timeliness stands as the initial quality factor that shapes both gauge and fact-based service quality assessments in outpatient spaces (Taylor, 2016; Wu et al., 2021).

The qualitative data reveals the stress that sustained waiting periods distributes among patients. Frustration aside from exhaustion and patient neglect surfaced from interviews which subsequently negatively affected healthcare encounters from their start. Deslauriers et al. (2021) and Kalaja (2023) jointly prove that patients develop substantial emotions during waiting time which determines their overall satisfaction levels above clinical results.

This research positions outpatient waiting time data within RSUD dr. Rasidin's full organizational complex to create an integrated systems view according to Donabedian's (1988) structure-process-outcome framework. The study supports research recommendations that advocate connecting multiple intervention levels to develop workforces (Aiken et al., 2014), modernize buildings (Berwick, 2016), reform leadership positions (Mintzberg, 1997), and simplify policies (Frenk, 2010). The findings have important applications which reach past Indonesian borders. Globally, middle-income health systems share challenges involving the balance of growing patient needs with limited resources and outdated technologies and transforming public expectations (Aljuaid et al., 2021; Preker et al., 2021; Li et al., 2024). RSUD dr. Rasidin's management problems represent fundamental challenges that accompany healthcare expansion efforts but maintain service standards.

The findings in this research provide a localized and empirically grounded case analysis of outpatient service bottlenecks that exists in a middle-income healthcare system. The research combines quantitative data analysis with qualitative data collection which enables the study to explore patient and provider perspectives in depth. The research responds to newly established demands in health systems research for contextual studies which focus on implementation (Petersson et al., 2022; Coque et al., 2023; Ignatowicz et al., 2021; Reynolds 3rd et al., 2022). The research document recognizes various constraints as part of its investigation. The research examined one healthcare organization while neglecting to investigate possible seasonal variations in patient census. Future studies need to examine operation data generated through real-time tracking services while performing research across multiple healthcare facilities (Kwon et al., 2022; Aminizadeh et al., 2024; Ngcobo et al., 2024).

## Conclusion

The waiting time for outpatient services at RSUD dr. Rasidin Padang is not in accordance with the Minimum Service Standards (SPM) of the hospital that has been set because it still exceeds 60 minutes, which is 130 minutes. The frequency distribution of patient characteristics from 107 patients showed that only 23.4% of patients had a waiting time of less than 60 minutes, while the majority of patients (76.6%) had to wait more than 60 minutes. The waiting time at Internal Medicine Polyclinic is the polyclinic with the highest frequency of visits, which is 36 visits or 33.6% of total visits. Followed by Orthopedic Polyclinic with 31 visits (29.0%) and Heart Polyclinic with 22 visits (20.6%). Meanwhile, Neurology Polyclinic has the lowest frequency of visits, which is 18 visits or 16.8% of total visits.

The number of human resources or personnel in the polyclinic of Dr. Rasidin Padang Regional Hospital is still insufficient, additional personnel are still needed in the medical records unit. The level of discipline of officers, especially specialist doctors, is still lacking, this is indicated by the late arrival to start services. Uncertainty regarding doctor's service hours at polyclinics. The availability of existing facilities and infrastructure is still inadequate, especially in medical records, which still require additional computers for registering and storing patient data.

The registration process at RSUD dr. Rasidin Padang has been carried out as it should be, but there are still some obstacles such as patient fingerprints often not being read, the internet is often unstable, and the number of computers is lacking so that when there are many patients, patients pile up in the registration room. The examination process has not been carried out according to the service schedule that has been set, this is due to the doctor's arrival time not being appropriate so that the time to start the service has been delayed.

The waiting time experienced by outpatients at RSUD dr. Rasidin Padang starting from registration to receiving services from specialist doctors is still relatively long and does not comply with the standards of the Regulation of the Minister of Health of the Republic of Indonesia Number 30 of 2022 concerning National Indicators of Health Service Quality. The long waiting time is caused by the lack of health workers in the medical records section, officer discipline, and lack of facilities and infrastructure.

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