

Factors responsible for prolong waiting time of patients seeking eye care at a tertiary health facility

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ABSTRACT

Prolong waiting time can cause poor utilization of health facility because it causes discontent among patients. The purpose of this study was to determine waiting time of patients attending the eye department of the tertiary centre and to assess the factors responsible for prolong waiting time and give recommendations on how to improve the uptake of the health facility by reducing waiting time of patients. **Methods:** A quantitative, descriptive, observational study of all patients both old and new attending ophthalmology department of the tertiary centre between January and February 2017 was done. **Results:** A total of 171 respondents were seen, out of which 72(42.1%) were new patients and the others were follow up patients. There were 71 males and 100 females with male: female ratio of 1:1.4. The respondents waiting time from registration to doctors consulting room ranged from 11 minutes to 5.24 hours with mean time of 2.67 hours \pm 1.04 hours. Almost two-third of the patients 111 (64.9%) waited for over an hour before being seen by eye doctors. The total time spent with the eye doctors ranged from 3 mins to 3.50 hours with mean time of 1.09 hours \pm 1.02 hours. Socio-demographic characteristics of the patients did not significantly influence the time spent in the eye facility. Majority of follow up patients (84.7%) spent lesser time with the eye specialist compared with new patients (15.3%). Two third of the patients 66% that spent 0-1 hour with eye specialists were very satisfied compared with 7% of patients that were dissatisfied. **Conclusion:** Despite the prolonged waiting and time spent with eye specialist caused by plethora of factors, the level of patient satisfaction was still high. To reduce this prolonged waiting time, government through the hospital management needs to provide a reliable alternative power supply to the department, employ more qualified staff and improve the existing workers both the eye specialists and other allied health professionals through capacity building. This will ultimately improve the uptake of this facility.

Key Words: Eyecare, Prolong, Satisfaction, Tertiary, Waiting time

Introduction

Waiting time is defined as the time a patient waits in the clinic before being seen by a medical staff [1]. The duration of waiting time varies from country to country, and even within country it varies from center to center [2]. The Institute of Medicine (IOM) recommends that, at least 90% of patients should be seen within 30 minutes of their scheduled appointment [3]. In Nigeria, an average waiting time of about 173 minutes was found in Benin [4], while in University College Hospital Ibadan, a mean waiting time of 1 h 13 minutes was observed [5].

Long waiting time is considered as one of the most common matters in different departments in the majority of healthcare organizations [6]. It forms serious problem for bulk of patients and is recognised as the central element for their satisfaction [7]. Prolong waiting time can thus cause poor utilization of health facility because it causes discontent among patients [8]. Several studies have documented the negative association between increased waiting time and patient satisfaction with primary care [4, 9-12]. The study was done to determine waiting time of patients attending the busy eye clinic of EKSUTH and to assess the determining factors with a view to improve the uptake of the facility by reducing the time patients wait before being seen by the eye specialists.

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Materials and methods

This was a quantitative, descriptive, observational study of all patients both old and new attending ophthalmology department of the tertiary centre of the state between January and February 2017. The tertiary centre is a semi urban hospital with an established, strategically located tertiary eye care services as the eye of the hospital. It runs subspecialty eye facility weekly in Glaucoma, Oculoplasty, Retina and General Ophthalmology. There were four consultant ophthalmologists, six resident doctors, three optometrists, five ophthalmic nurses two medical record officers and five supporting staff.

All new patients were seen by the various subspecialists while the follow up patients were seen by the Ophthalmology residents. Structured waiting-time questionnaires were administered by both the ophthalmology residents and consultants to all consenting patients.

Quantitative method of study: The socio-demographic characteristics of patients, time of his/her entry, the time taken by the patient to move through various units of the department-nursing unit, refraction unit, procedure room, consulting rooms till the exit of the patient were recorded and the final diagnosis was documented.

Qualitative method of study: The patient experience-feedback questionnaire was administered by the doctors.

Exclusion criteria: Follow up patients who already participated in the study.

This study was carried out in line with the ethical standards according to the Helsinki Declaration of 1975 as revised in 1983.

Data Analysis

Data was imputed into SPSS version 20 and analyzed for simple frequency. The analysis results were summarized using descriptive summary measure: expressed as mean (SD) for continuous variables and percentage for categorical variables. All statistical tests were performed using two-sided tests at 0.05 level of significance.

Results

A total of 171 respondents were seen, out of which 72(42.1%) were new patients and the others were follow up patients. There were 71 males and 100 females with male: female ratio of 1:1.4. The ages ranged from 3years to 105 years with mean age of 51.61 ± 24.29 years. Majority 135(78.9%) had one form of formal education. Almost two-third of the patients 107 (62.6%) came from the city where the eye facility was located. Out of the respondents, 135(77.2%) were employed while 39(22.8%) were unemployed.

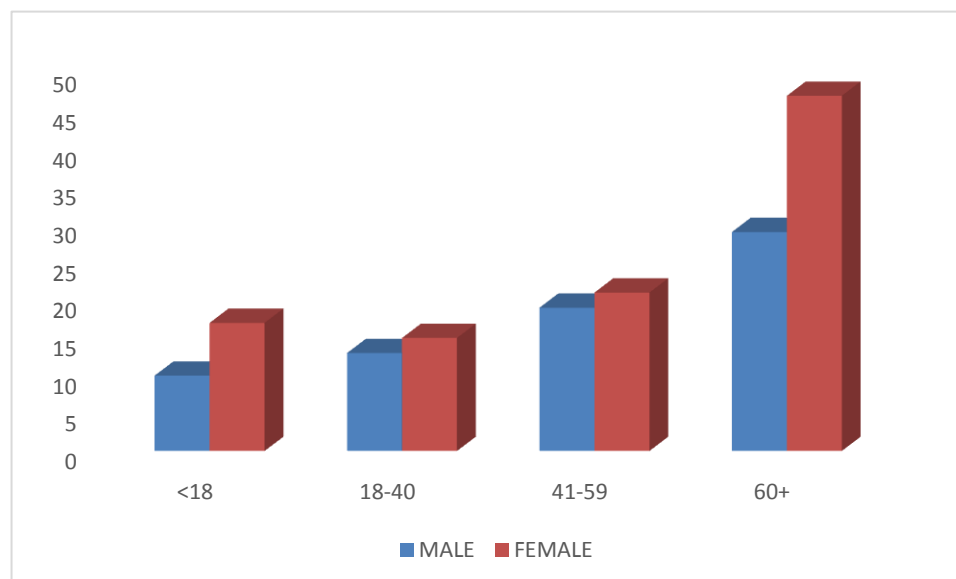


Fig 1: age and sex distribution

The proportion of respondents progressively increased with age, 80(46.8%) occurring at the 60years and above age group. The respondents waiting time from

registration to doctors consulting room ranged from 11 minutes to 5.24 hours with mean time of 2.67 hours ± 1.04 hours. Almost two-third of the patients 111

(64.9%) waited for over an hour before being seen by eye doctors. The total time spent with the eye doctors

ranged from 3mins to 3.50hours with mean time of 1.09hours ±1.02hours.

Table 1: Factors influencing time spent in the eye facility

Variables	Time Spent			P Value
	1hr	>1hr	Total	
Gender				
Male	34	37	71	0.877
Female	50	50	100	
Education				
Formal Education	69	66	135	0.352
No Formal Education	15	21	36	
Age Group				
<60yrs	47	48	95	1.000
60+Yrs	37	39	76	
Registration				
New	17	55	72	0.001
Old	67	32	99	
*Procedures				
Yes	16	70	86	0.001
No	68	17	85	

***procedures-refraction/dilated funduscopy**

Socio-demographic characteristics of the patients did not significantly influence the time spent in the eye facility. However, type of registration whether new or

old patients and procedures done for the patients significantly affected the time spent with the specialist as shown above.

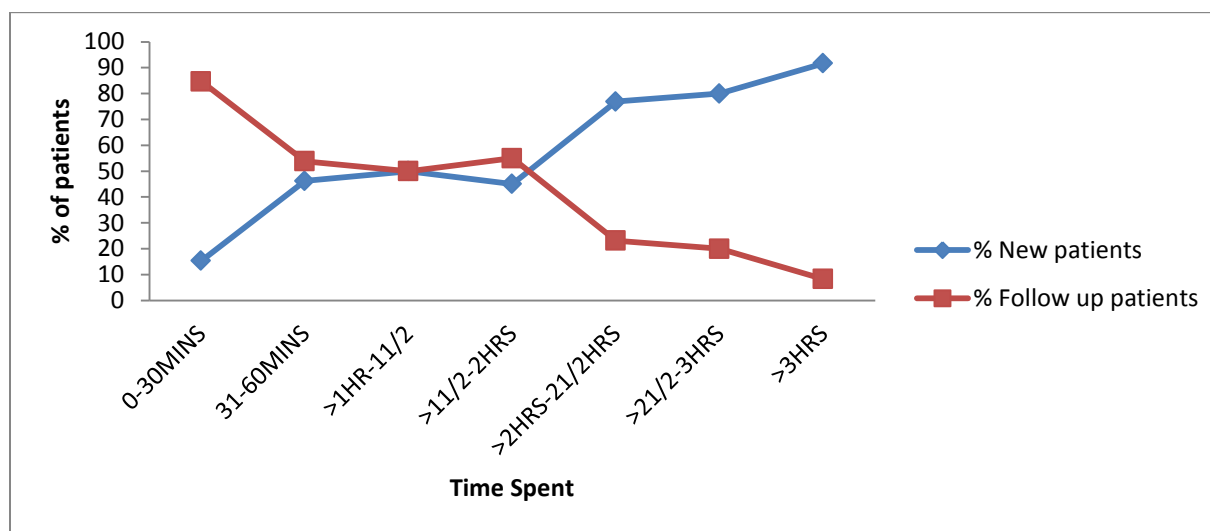


Fig 2 : Time spent with the eye specialist

Majority of follow up patients(84.7%)spent lesser time with the eye specialist compared with new patients(15.3%). Higher number of patients both new and follow up spent between one to one and half hours

with the eye specialist. The number of new patients seeing the eye specialist for more than two hours increases while that of follow up patients decreases with time.

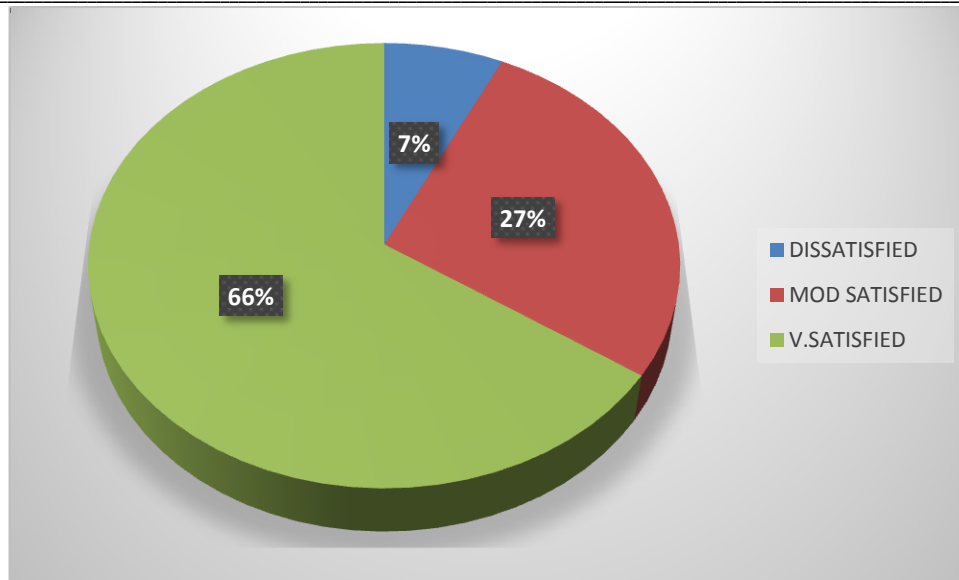


Fig 3: Level of satisfaction versus time spent

Two third of the patients 66% that spent 1hr and below with eye specialists were very satisfied compared with 7% of patients that were dissatisfied.

Discussion

The respondents waiting time from registration to doctors consulting room ranged from 11 minutes to 5.24 hours with mean time of 2.67 hours \pm 1.04 hours. Patients went through a lot of procedures before they were allowed to see the eye specialist. These include payment for registration, visual acuity test, measurement of blood pressure and were expected to listen to health talk. Only two record officers were always on duty to attend to the crowd of patients coupled with the fact that only two ophthalmic nurses were always available at a time to attend to these patients. The epileptic power supply could also be responsible for this unusual prolonged waiting time. Good power supply is a key factor in provision of good quality, adequate and prompt eye care services to the people because almost all the equipment in the eye clinic are electric- powered. Once there is power failure the system will come to a standstill. This finding was contrary to an earlier study where 61% waited between 90 and 180 minutes [2], but similar to 61-300 minutes [4]. During this waiting time, patients were made to listen to health talks given by the ophthalmic nurses while seated comfortably at the well-furnished waiting room.

The total time spent with the eye doctors ranged from 3 minutes to 3.50 hours with mean time of 1.09 hours \pm 1.02 hours. This is contrary to a previous reports where consultation time ranged from 1 min to

25 minutes [2]. This time was found to be significantly affected by the type of registration and procedures done for the patients. All new patients were seen by consultant ophthalmologists for comprehensive eye examination before arriving at a diagnosis. This usually takes a lot of time because almost all new patients had either refraction or dilated funduscopy. Each dilated funduscopy a very important procedure to make diagnosis takes not less than 30 minutes. Whereas the old patients were usually being seen by resident ophthalmologists thus might not need all the procedures although, some of them might still need to be reviewed by the consultant ophthalmologists. Gender, level of education and age do not significantly affect the time spent with the eye specialists.

The level of satisfaction, despite prolong waiting and total clinic time was observed to be high. It's been documented that time spent with the physician is most powerful determinant of overall satisfaction [13] and that satisfied patients will both remain with and recommend health care provider to other potential clients [14]. Since the time spent with the physician was reported to be a stronger predictor of patient satisfaction than the time spent in the waiting room [13], the high level of satisfaction despite prolong waiting time observed in this study was not out of place. A lot needs to be done to increase the satisfaction level of patients and to improve uptake of

eye care facility by reducing the waiting time and total clinic time. This can be achieved by 1. Provision of infrastructural development vis-a-vis dedicated generating set for uninterrupted power supply 2. Upgrading record keeping by going electronic this will make registration easier and faster for both staff and patients. 3. Employment of more staff. 4. Training and re-training of staff of the eye department and improving staff welfare package for dedicated and committed staff. Finally reducing waiting time is a collective responsibility of every eyecare provider by making sure that patients are provided with adequate and timely information, conducive clinic environment during the waiting period and provision of seamless efficient service.

Conclusion

Despite the prolonged waiting and time spent with eye specialist caused by plethora of factors, the level of patient satisfaction was still high. To improve the uptake of this facility the government through the hospital management needs to follow the above recommendations to give a fast but good quality service to those seeking eye care in the facility.

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