

Patient Waiting Time: A Public Health Perspective

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Abstract:- Large number of patients suffer long waiting time from upwards of 37 minutes to four (4) hours at hospitals emergency departments just to receive medical care, which is a notable departure from the maximum 15 minutes recommended. The descriptive cross-sectional study design with a structured questionnaire was used. Late arrival of the doctor, long search for files, shortage of doctors, nurses, diagnostic facilities, hospital beds and administrative bottlenecks, prompted some patients to leave the health facility without being seen by a doctor, thus leading to a deterioration in the patient's condition and creating a feeling of patient's dissatisfaction with attendant loss of revenue to the hospital as patients fail to adhere to provider's instructions and fail to recommend the health facility to family and friends due to their own experiences. Long waiting time is causing notable dissatisfaction and loss of confidence in the healthcare delivery system as many clients usually left the health facility without either being seen by a doctor, or obtaining the prescribed medication There is an urgent need to increase the number of health workers in the general outpatient department

Keywords:- Patient, Waiting Time, Healthcare, Patient-Dissatisfaction.

I. INTRODUCTION

Large number of patients suffer from long waiting time to receive the required medical care at emergency departments despite the modern state of medical services and the society which recommended that maximum waiting time should not exceed 15 minutes although, in Saudi Arabia and Nigeria, the waiting time was reported to be 37 minutes and 173 minutes respectively,^{1,2}

The disproportionately long time patients wait at emergency departments (sometimes up to 2-4 hours) before they can receive medical treatment or advice from a health worker radically influences their perception on the quality of services rendered because eight (8) to ten (10) per cent of emergency department patients need hospitalization. Furthermore, crowding and long waiting time at the emergency department of hospitals commonly occur at the consultation room than at the pharmacy,^{3,4}

Long waiting time was associated with factors such as: (1) late arrival of the doctor, (2) long search for files during registration, (3) large number of patients, and (4) doctors overshooting time allotted for each patient. Also, shortage of doctors and nurses, lack of efficient diagnostic

facilities, large number of patients, shortage of hospital beds and administrative services,^{5,6}

II. SHOULD PATIENT'S CHARACTERISTICS DETERMINE WAITING TIME?

In Saudi Arabia patients 65 years of age and older waited the longest to be attended to at the emergency departments whereas, paediatric patients aged 14 years and younger were seen the quickest as patients were triaged into urgent, emergent and non urgent categories with the earliest category having longer waiting times, because of the inappropriately assigned level of triage where older patients were considered a relatively "high risk group" due to age and medical complexity,⁶

In Vietnam, between 2014 and 2015 waiting time was much longer among patients having some form of health insurance compared to their un-insured counterparts. More so, in Germany, quicker professional treatment was given to private health insurance holders than the statutory health insurance holders who faced a continuously increasing waiting time because the re-imburement rate from private health insurance holders was three (3) times higher,^{8,9}

III. WAITING TIME: THE NIGERIAN EXPERIENCE

The issue of long waiting time at public healthcare facilities is becoming a major challenge to Nigerians because of the glaring departure from the goal of National Health Insurance Scheme (NHIS) which proposes access to good healthcare devoid of the financial burden of medical bills by limiting the rise in the cost of healthcare services thus ensuring efficiency in the healthcare delivery system, although, Nigerians still spend long time waiting for services in public hospitals,⁹

IV. EFFECTS OF WAITING TIME ON THE PATIENT

Long waiting time increased the risk of collapse and even death which can affect the overall health outcome of the patient while waiting, also, resulting in loss of man-hour and revenue to the patient. Furthermore, ten (10) per cent of the time patients leave the hospital without medicines prescribed for treatment and 77 per cent of patients left without being seen by a doctor,^{4,8,10,11,12,14}

Long waiting time is a major contributor to dissatisfaction among patients attending healthcare facilities, because patients who waited less than two (2) hours were more satisfied with the outpatient service

compared to those who waited for more than two (2) hours. Furthermore, patients in modern patient-centric facilities tend to underestimate waiting time (shorter, actual and perceived) even though waiting time was linked with satisfaction,^{15,16,17}

On the one hand, additional fifteen minutes of waiting negatively affected patients overall satisfaction with their experience but not necessarily their likelihood to recommend the facility to peers, because although the patient was less satisfied with their individual experience, they did believe this to be indicative of the service delivery overall. On the other hand, decreased waiting time did not necessarily translate into increased likelihood of recommending the health facility to others,¹⁸

Furthermore, waiting time might not be as important to patients or impact patient's satisfaction as previously thought because patients with longer waits were more satisfied with the time in the waiting room and overall visit duration, indicating that other variables influenced patient's satisfaction with perceived waiting time. However, 89 per cent of patients in Ghana were satisfied with healthcare delivery system because of the short waiting time experienced,^{11,19}

V. EFFECTS OF WAITING TIME ON THE HEALTHCARE PROVIDER

Long waiting time present challenges for healthcare providers and managers because it denies them the opportunity of being connected with the patients due to loss of confidence in the healthcare delivery system. Furthermore, long waiting time regulates the flow of patients into the hospital thus affecting the hospital's ability to attract more patients who had become disappointed with long waiting time, which results in loss of revenue to the healthcare provider,^{4,12,15,20,21}

VI. APPROPRIATE WAITING TIME: WHO SETS THE STANDARDS?

The rise in healthcare funding and the increase in provision of healthcare services has made it difficult to accommodate the growing population seeking healthcare who in most occasions, are triaged by healthcare providers into categories (urgent, non-urgent and routine) based on the severity of the illness, and other factors which determine the priority of access to specialist care and therefore the length of waiting time for the patient.. Furthermore, there is need to remove the ambiguity on who should decide when waiting time has become inappropriate, because decision making in healthcare involves matters of life and death and should be accorded a unique position in comparison with other social issues. Therefore, healthcare personnel and managers, policy makers and the judicial system should have one voice on who decides waiting time in the care of patients,²²

VII. CONCLUSION

Long waiting time is causing notable dissatisfaction and loss of confidence in the health care delivery system as many clients usually left the health facility without either being seen by a doctor, or obtaining prescribed medicines. There is an urgent need to increase the number of health workers in the general outpatient department, and addressing gaps in logistics and other internal procedures with a view to reducing the waiting time, which ensure an effective healthcare delivery.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest as all five (5) authors contributed to the making of this paper