Factors affecting patient waiting time at Modilon General Hospital

Samson Papapu

Abstract

This study investigated factors affecting outpatient waiting time at the Modilon General Hospital in Madang PNG. This study used a qualitative approach involving six focus groups and four individual interviews (41 participants in all). Long waiting times are problematic and are a sign of how a hospital struggles to meet outpatient needs for efficient medical services. The study found that some outpatients waited five hours or more before treatment was concluded. The study also found that some patients who came from faraway places such Bogia (which is a K40 fare one way by PMV) and the Rai Coast (which is a K50 fare one way by dinghy) just to get referral letter from a doctor, were sent away and asked to come back to see a doctor at another time. Many participants were unclear about the opening times of the outpatient department. The author argues for more in-depth research to assess patients' satisfaction with outpatient services as a key indicator of quality health care and data needed by health policy makers.

Key words: Papua New Guinea, hospital, patients, waiting time

Introduction

The purpose of this study was to investigate factors that affected outpatients' waiting time at the Modilon General Hospital. The rationale for the study was that patients' satisfaction with outpatient services is seen as a key indicator of quality health care services. The long waiting time to get treatment at the Modilon General Hospital Outpatient Department had become a common exprience.

Historically, it is argued that health services in Papua New Guinea (PNG) were better organised in colonial times than they are today. Before Independence, the patrol officers, or *'kiaps'*, had an important role in checking cleanliness standards in villages during their census patrols and were always accompanied by a health educator, often referred to a '*dokta boi'*. The health educator would inspect toilets, rubbish pits and the environment of the village. He also gave health talks during the patrol. He treated patients for minor health problems and referred patients to health centres if they required further treatment. The kiaps' role was to promote the Australian government's policies in PNG for health, law and order. The Kiaps appointed 'luluais' (village officials) and 'tultuls' (medial officers) to oversee community work at the village level. Whoever did not have a toilet, rubbish pit or clean environment, they had to do the work before the patrol moved to another village. Because of these interventions, the

villages were very relatively clean, and cases of sores, scabies, diarrhoea and even malaria were minimised. Since PNG gained its independence in 1975, the role of the kiaps has been abolished, and health services are provided by government and church agencies.

Figure 1: Two patrol officers pay wages to tultuls (medical officers) and luluais (village officials), Papua New Guinea, 1948. Medical tultuls wore caps with a white band and a red cross. Photographer: James Fitzpatrick.

Literature review

From 1986-1990 the PNG National Health Plan's emphasis was to educate the community to accept the responsibility for their own health which in turn would minimize waiting time at the outpatient departments in hospitals (WHO, 2012). In the five-year *National Health Plan 1996-2000* (Department of Health, 1996), health education was accorded priority in terms of funding and support. The National Health Department was to provide training to provincial staff on primary health care so that communities could treat minor illness at the local level instead of patients travelling to health facilities in bigger centres and having to wait at the hospital outpatient departments. In the more recent *National Health Plan 2011-2020* (Department of Health, 2010), the same view is stated that health services need to be decentralized to get health services to rural and remote communities (Au, Hollingsworth & Spinks, 2014).

In 1994, a *Hospital Act* was an introduced by the PNG national government aimed at regulating standards of hospitals (Independent State of Papua New Guinea, 1994). In 1995, the *Organic Law on Provincial and Local Level Government* was introduced (Independent State of Papua New Guinea, 1995) to decentralize administrative powers to the provinces and the local level governments (WHO, 2012). This change was intended to address poor resource allocation and inadequate coordination and inefficient management of a decentralized health system resulting in the decline of quality and coverage of basic health services provided by rural health facilities and hospitals. In 1997

the *National Health Administration Act* (Independent State of Papua New Guinea, 1997) was introduced to address deterioration of management of health services. These Acts provided a framework to support implementation of national health plans and the health services in the provinces (Sa'avu, Duke, & Matai, 2014). However, many consider that the health indicators for PNG have become worse. Mola (2009) and UNDP (2010) claim that, *'PNG has some of the worst health indicators in the Asia-Pacific region'.*

The PNG Minister for Health, Minister Zaze, during the launching of the latest health plan said, *'Yet after years of hard work, and funding from many sources, our health indicators are still very low according to the United Nations Human Development Index ranking'* (Department of Health, 2010). He added that the new plan required a new vehicle to drive it as the current dual system, with its fragmented roles and functions, was ineffective. He argued that PNG had the ability to turn this around through the implementation of the *Provincial Health Authority Act* (Independent State of Papua New Guinea, 2007) and the *National Health Plan 2011-2020* (Department of Health, 2010). Malau (2011), then Secretary for the Department of Health, is quoted in the National Health Plan as saying, *"Health is everyone's business. Our focus on primary health care should mean minor cases never come to the outpatient department'.*

A person who comes to a hospital outpatient department, most often does not require overnight care. Most patients can walk in and walk out, because the injuries or health problems are minor and procedures are comparatively simple and quick. Patients and health providers appreciate the outpatient service for patients not requiring hospitalization. However, sometimes patients have to wait a long time. Albrecht (cited by Ndukwe, Tayo, & Nanbam, 2011) argues that, *'If such a waiting situation is not addressed, the clients might leave and never come back. Patients will leave a practice if they feel that their time has been disrespected'.* Ndukwe, et al. (2011) emphasize that waiting times do not have to be long to annoy patients. Abdullah (2004) agreed, stating that *'excessive waiting time at the outpatient department will influence patients' perception of the quality of services that is provided.'*

In recent years, the public has begun to speak out through the media. The *Post Courier* October 20th 2014 tells of the **sickening long wait** at the Port Moresby General Hospital outpatient department (Figure 2). In the same year, the *Post Courier* reported that the Angau Hospital in Lae was in crisis because of the long waiting time at the outpatient department (Figure 2). In the same period, the general public and the politicians also expressed their dissatisfaction with long waiting times at the outpatient department of the Modilon General Hospital in Madang. The Chief Executive Officer, Sr Gawi (2015) said, *'Despite the negative publicity of the hospital, the hospital is set to improve with the help of partnerships.'*

Figure 2: Headlines in national newspapers attest to outpatient problems

The problem is not restricted to PNG. In an African research study of factors influencing waiting times in the outpatient department of the University teaching hospital in Lagos, the researchers wrote, *'Excessive waiting times may be symptoms of inefficiencies in the health care system and should be addressed as part of good management practice'.* They further stated that, *'the experience of waiting can be extremely distressing in itself'* (Ndukwe, Tayo & Nanbam, 2011).

Methodology

A qualitative approach was adopted for the study. Data gathering methods included focus groups and individual interviews. The researcher also carried out observations at the outpatient department of the Modilon Hospital. Participants were chosen from three urban settlement areas (Gov. Stores, Admin. Compound, and Biliau Mous Rot), and included health workers from the outpatient department of the Modilon Hospital. Settlement dwellers represent a disadvantaged group in society and frequently live in makeshift housing with limited services and utilities. Criteria for selection were that each person had experience with the services of the outpatient department at the hospital. Focus group participants from Biliau Mous Rot were all males; participants from the Admin. Compound were all female; and there were both males and females for the Gov. Stores and Modilon Hospital focus groups. For individual interviews with hospital staff, there were two males and two females. Altogether forty-one people between 18 and 45 years of age participated in the study.

Waiting times for outpatient services from the Modilon General Hospital outpatient department were the focus of the interviews. Ethical approval was gained from the research ethics committee of the Faculty of Medicine and Health Sciences. Approval was also gained from Modilon Hospital for the study to be conducted.

Table 1: Number of participants in the study

Categories of respondents	Place	No.
Male settlers	Gov. Store	8
Female settlers	Gov. Store	8
Male settlers	Biliau Mous Rot	8
Female settlers	Admin compound	7
Male & female health staff	Modilon hospital	6
Individual interviews	Modilon hospital	4
Total		41

Participants were informed about the purpose of the study and that their participation was voluntary and names would not be used to protect their identities. Informed consent was obtained. Data was stored safely where only the researcher could access. Focus group interviews took place at convenient locations on the three settlement areas and interviews with outpatient health workers took place at the hospital. To avoid personal bias, care was taken to report the findings and themes emerging from the data as objectively as possible. Five open-ended questions were put forward to gain participant views on waiting time at Modilon General Hospital.

1. Why do people go to Modilon General Hospital outpatient very early in the morning?
2. What are the opening and closing times of the outpatient department at the hospital?
3. What do you do during the lunch hour?
4. What are your views on outpatient staff attitudes towards patients?
5. What are your views on the outpatient building?

Results

Time taken to get treatment

At 8am, the office in the Modilon Hospital outpatient department opens where patients can pay the hospital fee, have their names recorded, and wait to be called to see a medical staff member. Patients sit on bench seats in the outer outpatient area. When called, they enter the inner area where there are rooms to be examined by nurses, health extension officers and doctors. Depending on the nature of the problem, they receive treatment, a referral or a prescription for drugs, before going home. In a study of Port Moresby urban clinics by Benjamin (2000), he reported that this typically took 30 minutes to one to three hours. Following are two cases reported in this study at Modilon General Hospital indicating much longer times.

Case One: yellow eyes

A male informant reported going to the hospital, concerned about having yellow eyes and yellow urine. He arrived at 6:20am. He paid his hospital fee at 8am when the office opened. By 9:30am, he had been examined and was referred to the eye clinic. The staff at the eye clinic advised that a wrong diagnosis had been made and he was sent back to outpatients. At 11am he saw a doctor who ordered a blood test. The patient went to the lab and had a blood test and was told to return after lunch to get the results. After lunch he received the blood test results and returned to outpatients around 1:30pm. By 2:30pm he was sent to collect his medication at the pharmacy and by 3pm had received the medication. Time taken from 8am to 3pm was seven hours.

Case two: Knife wound from domestic dispute

A female informant reported going to the hospital on a Saturday morning with a heavily bleeding knife wound below the left scapula, as a result of a domestic dispute. She arrived at the outpatient department at 6:30am but there was no-one to attend to her. She waited and waited. At 9:30am, she forced the outpatient's door open and went in. By 11:30am, seven stiches had been applied to her wound and she was told to return on Monday to get medication, because the pharmacy was closed. When asked by the researcher if she had also been given a tetanus injection, she said, 'No'. Apart from the earlier waiting time, the time taken to get the wound attended to (9:30 to 11:30) was two hours, but this would extend over two days before she could receive antibiotic medication to avoid infection.

Q. 1 Why do people go to Modilon General Hospital outpatient very early in the morning?

A common comment from interviewees was that patients go to the outpatient department as early as they can in the hope of shortening the time it would take to get treated.

A female interviewee said,

> *I want to get a space first, and health staff to see me and come home to do my work. If I go later, I will come home very late in the afternoon.*

Another female interviewee said**,**

> *Even if we go early at 6:00am, the hospital night staff will say we must wait for day staff to arrive. That is not right.*

A male interviewee said,

> *If they (health staff) refer me to a doctor, I have to wait, and if the doctor orders a test, by the time I come home it will be 4pm or 5pm. Na bel hat wantaim mi kam lon haus.*

Q. 2 What are the opening and closing times of the outpatient department?

From the interviewee responses, it appeared that patients expected the outpatient department to operate between 8am and 4pm (public service hours) with staff available for emergency cases, after hours. However, it seemed that outpatient staff are involved in ward rounds with doctors at 8am and were not available to see outpatients until 9am or 9:30am.

A male health staff member said,

> *The outpatient department does not open at 8am because doctors do ward rounds for one or two hours before the outpatient department opens at 9am or 9:30 am*

A female health staff member said,

> *Staff do come on duty between 7:30am and 8:30am. One nurse goes with the doctor for his ward round. Others just stand around waiting for the ward round to finish most of the time. That is why outpatient department opens later. The outpatient department should open at 8am.*

Q. 3 What do you do during lunch hour?

A common perception of interviewees was that the outpatient department closed at lunchtime. Hospital staff said this was not the case, but agreed they operated with fewer staff while staff took lunch breaks at different times.

A male interviewee said,

> *At lunchtime the health workers said you wait, and we waited and waited. We did complain about health workers going out for lunch and we are sitting there hungry and some of us living far away. Why did they leave us like this? This type of attitude brings bad thoughts to our minds. After getting treatment, we go home unhappy.*

A female interviewee had this to say,

> *When it comes to 12 o'clock, the health workers or sometimes the security officers announce that the outpatient department is closed, saying 'we only see serious cases', and further announce that all the patients were to go back home and come back the next day.*

A male interviewee said,

> *During the lunch hour, there are no nurses or doctors at the outpatient department. We (patients) know that during the lunch hour the outpatient is meant to be open, but when we see no health workers we wonder if the staff are serious about saving people's lives to the best of their ability.*

Hospital staff interviewees assured the researcher that the outpatient department remained open during the lunchtime with staff taking their lunch breaks at different times.

A male hospital interviewee said,

> ***T****he staff schedule lunch breaks at different times. If I go first at 11 to 12, when I return, the next person will go and have his/her lunch.*

A female hospital interviewee said,

> *The staff make sure that duties in the outpatient department continue during the day. This means someone must be on duty during lunchtimes. We do not close the outpatients, but we operate inside.*

Q. 4 What are your views on hospital staff attitudes towards patients?

Interviewees agreed that some hospital staff demonstrated better attitudes than others did towards patients. However, a common theme was that hospital staff, both medical staff and security officers, urged patients to wait patiently to receive treatment.

A male interviewee said,

> *Even when we are very sick, the security says to wait and wait before health workers can see us.*

Another male interviewee said,

> *Ol bai lookim you but ol no save askim, 'Yupela yu orait?' Na mepela wait, na wait sitdown, na waitim tasol.*

A female interviewee said,

> *Sometimes we get tired of waiting, and leave the outpatient department and go home without treatment. The health worker told us the outpatients was closed and we were to return the next day.*

Another male interviewee said**,**

> *There are different types of staff. Some are good and some are bad. Some are Christian and some are not. Those who are not good make patients afraid when they talk to them.*

Q. 5 What are your views on the outpatient building?

A common concern of interviewees was that the same entry point was also the exit point from the outpatient department and they felt this contributed to crowding and congestion.

A male interviewee said,

> *The present outpatient department only has one way in and same way out. This is not good because it becomes too crowded and causes congestion and delays.*

Another male interviewee said,

> *One way in and same way out becomes too crowded and there is a possibility of transmitting diseases.*

Another male interviewee said,

> *The outpatient department is well structured inside and outside. Outside the hospital is a car park and the outer area of the outpatient department has proper seating. Inside the department are rooms for treatment, dressing and injections. However, consideration should be given to re-designing the one way in and same way out system*.

Discussion

Patients visit the outpatient department for various purposes, like consultation, day care treatment, investigation, referral, admission and post discharge follow up. They come, not only for sicknesses or injury but also for preventative services like, having a health check-up, immunization and physiotherapy.

A theme emerging from the data was that patients accepted the constraints of staffing and facilities at the hospital but were frustrated when there appeared to be unnecessary delays in getting treatment. Patients have the option of making appointments to see a private medical practitioner in town where waiting times would probably be less, but would cost more. Consequently, for economic reasons they are forced to tolerate the waiting time at the hospital.

The study found that many interviewees reported going to the hospital at 6am or soon after, even though they knew that they would not see a doctor until much later. In this way, they incurred a lengthy wait by choice. Many accepted that they could be at the hospital for the best part of a day to get the treatment they needed. However, they would go as early as possible in order to be near the head of any waiting list.

It was reported in the study that doctors started the day with ward rounds before being free to attend outpatients, which could be 9am or 9:30am. On one occasion when the researcher was there doing observations, the treatment of outpatients did not start until 10am. The hope that the outpatients might get treatment soon after 8am was not a reality. This indicates limitations of the available number of doctors or medical staff at the hospital.

Staff presence during lunch hours was a contentious issue among interviewees. Most interviewees were of the opinion that the outpatient department closed during the lunch hour. However, this was denied by hospital staff who indicated that they took lunch breaks at different times, in order for the treatment of outpatients to continue throughout the day. While health workers may not be in the outer area of the outpatient area, they maintained they were on duty in the inner rooms of the building.

From the data it is difficult to tell when the outpatient department is meant to close and whether or not staff see patients after 4pm. All focus groups mentioned times when they were told that the outpatient department was closed and they should come back the following day. This obviously causes difficulty and unplanned for expense for people who travel long distances to get to the hospital.

The outpatient department can be considered as the window to hospital services and where patients' impression of the hospital begin (Dinesh, Singh, Nair & Remya, 2013). This impression often influences the patients' sensitivity to seeking hospital treatment at all and therefore it is important to ensure that outpatient services provide a satisfying experience for people. However, the most frustrating issue are the waiting times in the healthcare delivery system**.**

The study had limitations that need to be considered in interpreting the results. While the findings of this case study might be true for people from settlement areas attending the outpatient department at the Modilon Hospital, they could be different for other population groups at other hospitals. In addition, the sample of participants was a very small proportion of the total number of people that visit the outpatient department. Consequently, it is not possible to generalise. The choice of questions also indicates a limitation of the study, as different questions could have given rise to different views and experiences. Interviews and focus groups have their limitations as the interviewees can say and do things differently depending on how the situations present themselves. In designing the research study, conscious decisions were made about what to include and consequently, what was excluded.

Conclusions

From the results it can be concluded that many patients attending the outpatient departmental the Modilon Hospital are unhappy about waiting times to get treatment, about the medical staff not being available early in the day, and about times when they are told the outpatients is closed and they should go away without receiving treatment and return on another day. A situation to be avoided is for patients to be sent away without treatment and told to return on another day. There was insufficient evidence in the data to explain why this situation was necessary and further research would be needed to investigate issues involved.

It is important for these issues to be addressed so that patient confidence and trust in the healthcare system is enhanced. The future of PNG relies on having a healthy population, and the Government wants people to have access to quality services. In addition to treatment for coughs, colds, sores and injuries, it is important that treatment and advice are available for malaria, diabetes, tuberculosis, HIV/AIDS, STIs, immunization programs and any of the factors contributing to a high maternal/child mortality rate. Patient satisfaction with outpatient department services is a valid indicator of the quality of healthcare service being provided.

From the results, it can be concluded that there are areas for management to consider to improve satisfaction levels of patients with services of the outpatient department at Modilon Hospital. If the Department is meant to open at 8am, it would be highly desirable for medical staff to be available at that time to start processing patients. That patients wait until 9am, 9:30am or even 10am before seeing a medical person is unsatisfactory. Many interviewees in

this study were of the opinion that the outpatient department closed at lunchtime. It is a public relations exercise for the hospital to assure patients that this is not the case and that services continue while staff take their lunch breaks at different times.

The study found that interviewees considered that it would be an improvement if the outpatient department had a different exit point to the one serving as the entry point. Many felt that the one way in and same way out caused crowding and congestion that could be avoided. This is something for hospital management to consider.

In the interest of ongoing quality improvement, this study recommends that the management sector of Modilon Hospital has a process for obtaining feedback from patients on the strengths and weaknesses of available services. In particular, the study highlights services of the outpatient department as a priority area for providing a satisfying experience for people. Research is recommended to obtain data on the time it takes from when a patient arrives to when treatment is concluded to inform decision making.

References

Abdullah, M. H. (2004) Study on outpatients' waiting time in hospital. University Kebangsaan Malaysia. The *Journal of the Department of Statistics,* Malaysia

Au, N., Hollingsworth, B., & Spinks, J. (2014). Measuring the efficiency of health services in lower-income countries: The case of Papua New Guinea. *Development Policy Review 32*(2). Retrieved from: http://onlinelibrary.wiley.com/doi/10.1111/dpr.12054/full

Benjamin, A. L. (2003). The assessment of patients' waiting and nursing consultation times at urban clinics in the National Capital District, Papua New Guinea. *PNG Medical Journal* 2003 *Mar-Jun;46*(1-2):46-52.

Department of Health (1990). *Health education national health plan.* Waigani: PNG Department of Health.

Department of Health (2000). *Policy on health education.* Waigani: PNG Department of Health.

Department of Health (2010). *National Health Plan 2011-2020*. Waigani: PNG Department of Health.

Dinesh, T.A., Singh, S., Nair, P., & Remya, T. R. (2013) A study on waiting time and out-patient satisfaction at Gujarat medical education research society hospital, Valsad, Gujarat, India. *International Journal of Community Medicine, 17*(1):31-7.

Fetter, R. B. & Thompson, J. D. (1966). Patients' waiting time and doctors' idle time in the outpatient setting. *Health Services Research*. 1966;1(1):66-90.

Grbich C. (1999*). Qualitative research in health an introduction.* St Leonards. NSW: Allen& Unwin.

Independent State of Papua New Guinea (1994). *Public Hospital Act amended in 1995.* Waigani: Government of PNG.

Independent State of Papua New Guinea (1995). *Organic law on provincial and local level government.* Waigani: Government of PNG.

Independent State of Papua New Guinea (1997). *National Administration Health Act.* Waigani: Government of PNG.

Independent State of Papua New Guinea (2007). *Provincial Authority Act* Waigani: Government of PNG.

Mola, G. (2009) *Public private partnership in health care.* Medical Symposium 2009. http://pharmacy.utah.edu/ICBG/pdf/WebResources/PNGHealth/2009-PNG-Med-Symp-booklet.pdf

Ndukwe, H. C., Tayo, F., Nanbam (2011). Factors influencing waiting time in outpatient pharmacy of Lagos University Teaching Hospital. *International Research Journal of Pharmacy 2*(10), pp 22-26. Retrieved from: http://dspace.unijos.edu.ng/jspui/handle/123456789/1269

Sa'avu, S., Duke, T., & Matai, S. (2014). Improving paediatric and neonatal care in rural district hospitals in the highlands of Papua New Guinea: A quality improvement approach. *Pediatrics and International Child Health 34*(2).http://www.tandfonline.com/doi/abs/10.1179/2046905513Y.0000000081

Tashakkori, A., & Creswell, J. W. (2007). The new era of mixed methods research. *Journal of Mixed Methods Research 1*(3). from http://journals.sagepub.com/doi/pdf/10.1177/2345678906293042

Thacher, T. D. (2005). Outpatient waiting time in Jos University Teaching Hospital. *Highland Medical Research Journal 3*(1) 2005: 36-42

UNDP (2010). *UNDP in Papua New Guinea.* Millennium Development Goals Second National Progress, Comprehensive Report for Papua New Guinea, MDG National Steering Committee.

WHO (2012). *Health service delivery profile: Papua New Guinea*. Retrieved http://www.wpro.who.int/health_services/service_delivery_profile_papua_new_guinea.pdf

Yeboah, E. K., & Thomas, M. E. (2010). A cost effective way of reducing outpatient clinic waiting time. *Internet Journal of Healthcare Administration 7(1).*

Author

Mr Samson Papapu is a lecturer in the Department of Health Management at Divine Word University. He holds a Master of Public Health degree from the University pf Papua New Guinea. He comes from the Manus Province and is married with four children. He has over thirty years work experience in the health sector.
Email: spapapu@dwu.ac.pg