The Tropical Journal of Health Sciences. Vol. 12 (2005).

A Study on Defaulters in Consultant Paediatric, Medical and Surgical Outpatient Clinics at the University of Ilorin Teaching Hospital, Ilorin, Nigeria.

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Abstract

This cross-sectional descriptive survey was conducted to identify socio-demographic profile of defaulters and reasons for defaulting at the paediatric, medical and surgical outpatient consultant clinics of a tertiary health facility in Nigeria.

The study showed that the defaulters were mainly traders, the unemployed, married and those living outside the town where the hospital is located. Period of default was significantly longer among those who required someone to accompany them to the clinic and those without dates of appointment indicated on their appointment cards.

The most common reason for defaulting was financial problems faced by the patients. Other common reasons were; forgetting appointment dates, travelling and engagement with things like work and examinations. There were no statistically significant association of patients' education, place of residence, marital status and clinic days on the period of non-attendance.

Patients are more at risk when they default and non-attendance of clinics is a source of inefficiency and waste of resources in health facilities. It is necessary to develop strategies to address reasons for patients' clinic defaulting.

Keywords: Defaulters, Teaching Hospital, Clinics.

Introduction

Patients with chronic health problems and some with diseases of short duration usually need to be followed up after initial diagnosis and treatment of their ailments or after discharge from hospital. Patients are often referred to consultant clinics also for diseases that are not emergencies but require follow up of such cases. These patients are given appointments to attend the clinics where they are reviewed by doctors and given appropriate management. Patients stand to benefit from these clinic appointments for proper monitoring of their ailments. The patients who do not attend have significantly more risk factors and complications than those who keep their appointments[1].

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Several factors affect patients' attendance at these clinics and some of the patients default. There are two distinct groups of defaulters: those who default completely and those who defaulted and re-attended[2]. Many factors predispose to non-attendance ranging from health beliefs and attitudes of health professionals, the organization of the clinic and the financial cost of attendance, to the degree of patient discussion with doctors during consultations[1]. The main objectives of this study were to determine the socio- demographic profile of defaulters and explore reasons for missing the clinic appointments.

Materials and Methods

The study was a descriptive cross sectional survey conducted at the University of Ilorin Teaching Hospital Outpatient Consultant Clinics. University of Ilorin Teaching Hospital is a tertiary health facility located in Ilorin, Kwara State. It has a General and Maternity Wing. The General wing has Paediatric, Medical, and Surgical Consultants' clinics with various subspecialty clinics. The Paediatric, Medical and Surgical Consultants' Clinics were used for this study. The study was carried out from January to November 2000.

A total of 227 defaulters selected by systematic random sampling out of an estimated 600 clinic defaulters were interviewed. Health record officers interviewed the respondents with the use of structured questionnaires. The inclusion criterion is any patient that missed any scheduled appointed as shown on the hospital appointment records. The questionnaire was pre-tested at General Outpatient department of the hospital. The questionnaires were used to collect data on patients' demographic data, nature of ailment, missed appointments and reasons for the missed appointments. In situations where selected patients could not provide necessary information the person(s) who accompanied them were interviewed. Patients who defaulted and never reported back to the clinics during the study period were excluded from the study.

Data collected were entered and analyzed using the EPI-INFO Version 6 software package of the computer.

Results

Two hundred and twenty-seven respondents were interviewed, 107 (41.7%) were males while 120 (52.9%) were females. Majority of those interviewed were married

Table 1: Socio-demographic characteristics of Defaulters

Characteristics	n	%
Age (yrs)		
< 10	12	5.3
10-19	22	9.8
20-29	40	17.8
30-39	35	15.6
40-49	43	19.1
50-59	35	15.6
60+	38	16.9
Sex		
Male	107	47.1
Female	120	52.9
Marital status		
Married	144	64.3
Single	70	30.8
Widowed	11	4.8
divorced	2	0.9
Ethnic group		
Fulani/Hausa	3	1.3
Ibo	6	2.6
Yoruba	206	90.7
Others	12	5.3
Religion		
Christianity	106	47.3
Islam	117	52.2
Others	1	0.5
Education		
None	80	35.2
Primary	49	21.6
Secondary	65	28.6
Post-Secondary	33	14.5
Occupation		
Artisans	30	13.5
Civil Servants	37	16.6
Trading	60	26.9
Unemployed/Housewives, students, children)	63	27.8
others	37	16.6

144(64.3%), 70(30.8%) were single, 11(4.8%) widowed and 2(0.9%) divorced. The respondents' were predominantly Yoruba 206(90.7%). About half (52.2%) of the respondents were Muslims, 106(47.3%) were Christians. Eighty (35.2%) of the respondents had no formal education, 49(21.6%) had primary education, 65(28.6%) had secondary education and 33(14.5%) had post- secondary education (Table 1).

About a quarter of the defaulters interviewed were traders, 30(13.5%) were artisans and 37(16.6%) were civil servants. Most of the 63(27.8%) unemployed defaulters were students 21(33.3%) while the rest were housewives 10(15.9%) and children 14(22.2%). Eighty-nine (39.4%) of those interviewed were resident in Ilorin Metropolis while the rest 138(60.6%) were from outside Ilorin. Twenty-five (11.1%) of the defaulters had been attending the clinic for less than a year, 123(54.4%) between 1-5 years and the rest 78(34.5%) had attended the clinics for more than 5 years.

Almost all the respondents 208(91.6%) reported that they were informed of the dates of their next appointment verbally and 219(96.5%) of them reported that their next appointment dates were indicated on their appointment hand card as well. While 195(85.9%) of them agreed that they had ever missed their clinic appointments 32(14.1%) claimed they never missed any appointment despite hospital records that showed they missed appoint-

Table 2: Some variables on clinic default n=227

Variable	n	%
Ever missed clinic		
Yes	195	85.9
No	32	14.1
No of defaults		
1	58	29.7
2-5	127	65.1
6+	10	5.2
Appointment date indicated on card		
Yes	219	96.5
No	8	3.5
Total of date of next appointment		
Yes	206	90.7
No	19	8.3
Not sure	2	1.0

Table 3: Reasons for missed appointment

Reasons	n	%
Financial problem	88	39.6
Forgot appointment date	39	17.6
Traveling	23	10.4
Engaged with work, exam etc	20	90.
Nobody to escort patient	12	5.4
Transport problem	9	4.1
Bereaved	6	2.7
Others (workers' strike, lost hand card, felt well, delayed lab results etc)	21	9.5

Table 5: Mean period of default and some selected variables

Selected variables	Mean default period and S.D (weeks)	P-value
Sex		
Male	8.78±14.76	0.613
Female	7.64±17.73	
Marital status		
Married	4.00±2.83	0.883
Single	8.05±16.56	
Widowed	9.26±16.57	
divorced	5.70±6.85	
Religion		
Christianity	7.72±16.41	0.86
Islam	8.04±16.23	
Education		
None	9.22±16.94	0.56
Primary	9.39±17.31	
Secondary	5.48±13.09	
Post-Secondary	10.32±18.45	
Residence		
Ilorin	8.99±17.45	0.62
Outside Ilorin	7.86±15.38	
Knew Diagnosis		
Yes	6.62±12.71	0.09
No	10.41±19.96	
Clinic Days		
Mondays	8.28±18344	
Tuesdays	9.86±19.30	0.53
Wednesday	5.29±12.62	
Thursdays	6.46±10.12	
Fridays	8.26±18.44	
Need Escort		
Yes	16.33±25.28	* 0.0005
No	6.32±12.36	
Appointment date on card		
Yes	7.70±14.72	*0.008
No	23.13±36.57	
* Significant P-value		

ment. Among those that agreed to have defaulted, 58 (29.7%) claimed to have defaulted once, 127 (65.1%) said they had defaulted between 2-5 times and 10 (5.2%) agreed to have defaulted at least 6 times (Table 2).

About one-fifth (20.7%) of the respondents needed someone to accompany them to the clinic otherwise they would not be able to attend the clinic. Almost all the respondents 222(97.8%) had reasons for not attending the clinic for the previous appointment missed. The most common reason given by the respondents for clinic defaulting was financial problem as mentioned by 88(39.6%) of the respondents. The next common reason given was that they forgot the appointment dates 39(17.6%) and 23(10.4%) of them reported that they travelled (Table 3). Other reasons mentioned include engagement with work, examinations, etc 20(9.0%), transport problems 9(4.1%), health workers' strike, loss of hand card and delay in receiving laboratory results.

The period of default for all the defaulters ranged from a week to 5 years. The most common defaulting period was between 2-4 weeks 124 (54.6%) and the mean defaulting period was 8.3 weeks. The mean defaulting period among males (8.8 weeks) was more than for females (7.6 weeks). Mean defaulting period was higher among respondents living within the Ilorin metropolis compared with those living outside. Those who needed someone to accompany them to the clinic stayed longer in default (16.3 weeks) than those who did not need to be accompanied (6.3 weeks), this difference is statistically significant ($P< 0.05$). The mean defaulting period for those without appointment date written on their cards (23.1 weeks) was significantly higher ($P< 0.05$) than those with appointment dates written on their cards (7.7 weeks) Table 4.

Discussion

For effective management of patients, regular clinic attendance is important. Clinic non-attendance by patients as in this study group denies clinicians of proper follow up of patients. Outpatient non-attendance is a common source of inefficiency in a health service, wasting time and resources.[3,4] This can lead to diverse and serious effects on patients' health. What defaulting patients do to take care of their health during the period of default which ranged from a week to 5 years in this study, can vary widely and may not be in line with proper case management. For instance, Oviawe et. al in a study among children receiving treatment for pulmonary tuberculosis found that defaulters practised self-medication with drugs given intermittently and beyond the period otherwise allowable[5].

Two hundred and twenty- seven defaulters were interviewed during the study period of eight months. The defaulters interviewed cut across the various age, educational levels, marital status and occupation. As a tertiary health facility the institution receives patients from neighbouring communities and States. There was a predominance of defaulters not resident in Ilorin among those interviewed.

Even though a study of patients attending the Consultant clinic including those not defaulting would have provided more accurate information about the preva-

lence and influence of socio-demographic characteristics of patients on clinic defaulting, this study showed that among defaulters interviewed there were more traders than any other work group, the married more than the single, and a large group were unemployed comparable with findings of Pang et al that defaulters increased among those who were married, unemployed and housewives[6].

The most common reason for defaulting was financial problem of the defaulters. The financial problem which may include cost of transportation since most of them come from outside the town is likely to be more on cost of hospital bills for drugs, laboratory investigations, etc as shown in a study conducted in the same institution[7]. Patients' affordability of health care in Nigeria is low and this often affects the outcome of patient management. This further suggests the need for alternative health care financing, which presently is mainly by user charges[7]. Health Insurance Scheme can reduce the problem of clinic non-attendance in Nigeria. In similar studies conducted in developed countries and some developing countries, financial problem was not found to be the most important reason for defaulting clinic appointments.[8,9]

Another common reason for defaulting was that they had forgotten about their appointment. Several studies also revealed that this is a common factor in clinic non-attendance.[5,6] This is despite the fact that for almost all the respondents appointment dates were written on the appointment hand cards and almost all patients were at least informed verbally of their next appointment dates. Further studies will be necessary to find out factors influencing appointment date forgetfulness among patients and measures to reduce it.

This study revealed that patients who rely on people to accompany them have extra troubles to cope with. Even when they do not forget dates, they will need additional transportation cost and available time for those who will accompany them. They have been shown to default for a longer period in this study.

Patients without appointment dates indicated on their cards also defaulted for longer periods than those with appointment dates. This is a hospital administrative error that can be checked to reduce the problem of clinic non-attendance and the resultant effects on patients. A better-organized outpatient booking system and a simple postal reminder could potentially prevent at least 40% of non-attendances[4] in some developed countries. This is however difficult to achieve in developing countries but some efforts can be made in that direction.

Improved socio-economic well being of people and implementation of Health Insurance Scheme can largely reduce the problem of clinic non-attendance since this will reduce financial problems, which contribute significantly to non-attendance of clinics. Where adequate facilities and manpower is available, the period of default can be reduced if defaulting patients can be contacted early enough. By addressing the reasons why patients fail to attend clinic strategies to encourage regular attendance can be developed.

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