EXAMINING CONDITIONS OF HEALTH REFERRAL SERVICES IN PUBLIC HEALTH FACILITIES AMONG HEALTH CARE PRACTITIONERS IN EDO STATE

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Abstract
The study examined health referral services in public health facilities in relations to pathways of health referral system, conditions of health communication between referring and referred health facilities, condition of patients' health record transfer and follow up services among health care practitioners in Edo state. The cross-sectional survey design of the descriptive research design was used for the study. Four research questions were raised. The population of the study was drawn from health care providers from five health facilities across the three senatorial districts in Edo state which was estimated at 848 health care providers. The multistage sampling technique was used to select a sample of 150 health care practitioners. A structured questionnaires designed by the researcher was used for data collection as it relates to the research questions raised. The instrument was content validated by experts in Health Education and Health management from the University of Benin. The reliability of the instrument was ascertained using the test re-test reliability approach in which 20 copies of the validated instrument were administered and after a period of two weeks, the same instrument was re-administered to same respondents. The scores from the two administrations were analyzed using the analysis of Pearson Product Moment Correlation (PPMC) with SPSS to obtain the correlation coefficient. 0.79. The instrument was administered by the researcher with the help of four trained researcher assistants. Collected data were subjected to descriptive analysis of frequency and percentage. The findings revealed that the health referral pathway in health facilities in Edo state is the bottom up approach, the communication between referring and referred health facilities is weak, health record is conveyed alongside the referral form and the health record is demanded by the referred health facility, however, there is less evident of patient informed consent on the health record, a poor follow up services among the health care providers which is evident upon the lack of monitoring of adherence to health instruction and services. It was concluded that health referral system is important to the efficient delivery of health services to the people and the pathway, condition of health communication, health record transfer and follow up services coordination is essential for providing optimal health services and coverage to the populace. The study recommended that the government, health policy makers should maintain the two-way approach of the pathway to health referral system to ensure effective and efficient dynamics of health management and promote the top-bottom approach to decongest the high number of health seekers in the tertiary health care settings especially for simple health needs.

Keywords: Health Referral Services, Referral Pathways, Health Communications, Follow up Services and Health Education

Introduction

The management of the three tiers of health system requires some degree of interaction and coordination of activities and services within and between the various levels of health care system, this is to ensure effective and efficient health service delivery and equally minimize overcrowding in secondary and tertiary health care centers, duplication of efforts and wastage. These can only be achieved through effective referral system.

According to World Health Organization (2016) referral system is the process in which a health worker at one level of the health system having insufficient resources, poor capacity in term of skills, drugs and equipment to manage a clinical condition, seek the assistance and involvement of a better or differently resourced facility or health worker at same or high level to assist or take over the management of the patient or client's case. Referral can be vertical as in the hierarchical arrangement of the health services from the lower end of the health tier system to the higher ones. It also can be horizontal between similar levels of facilities in the interest of patients for cost, location and other reasons. Referrals can also be diagonal when a lower level health facility directly refers patients to a state hospital facility without necessarily passing through the hierarchical system.

A well-functioning referral system will have the following benefits: maximize efficiency of the health system by ensuring appropriate use of health services, strengthen lower-level facilities and improve capacity for decision-making by health workers at all levels, create opportunities for balanced distribution of funds, services, and human resources, promote linkages across the different levels of care and between public and private entities and ensure that care is provided at the lowest possible cost (Bakare, 2018). According to Fleegler, Bottino, Pikcilingis, Baker, Kistler, and Hassan. (2016). A referral mechanism has the following objectives: Increase the use of services at lower levels of the health care system, Reduce self-referral to the higher levels of care, Develop service providers' capacity to offer services and appropriately refer at each level of the health care system, Improve the health system's ability to transfer patients, patient parameters, specimens and expertise between the different levels of the health care system, Improve supportive supervision, thereby ensuring up-to-date management practices are used across the country, Improve referral performance monitoring and coordination and referral feedback information systems including procedures for counter-referral and Strengthen outreach systems for provision of referral health services to marginalized and vulnerable populations.

The referral system requires cooperation, coordination and exchange of information between the primary health facility and the first referral hospital during the referral and discharge of patient from the hospital. Referral system is needed in the health system to maximize limited resources, avoid duplication of services, and promote cooperation and complementation between primary, secondary and tertiary health facilities. Referral can be either external or internal. External referral is a referral done between one health care facility and another. External referral can be vertical or horizontal. A vertical referral is a referral from a lower to higher facility, or from a higher to lower facility. While a horizontal referral is a referral from one facility to another within the same level but different catchment

Referral is a two-way communication process between primary-care physicians and specialists in hospitals, both of whom have an important role to play. It is the responsibility of the primary-care physician to convey a clear message about the need and reason(s) for referring a patient (Kumiko, Victor, Naruo, & Gen 2018). On the other hand, the specialist in a hospital is responsible for conveying a clear feedback on his evaluation of the patient's condition and a plan of management. However, problems in the referral process arise from primary care or hospitals when the primary-care physician fails to clarify the reason(s) for referral or conveys inappropriate or incomplete information. The specialist may also not address the

physician's reason for referral or may fail to communicate his finding to the referring physician.

In a study by Low, de Coeyere, Shivute, and Brandt, (2011) reported that a health worker reported that people do not follow the referral system and that they directly refer to specialists and based on the statement of the participants, many people and staff members do not fully know and understand the referral system and this causes problems in the health care process. Again, a study by Steward (2011) revealed that the governmental referral system is not responsive to the needs of rural communities. Lack of feedback in the referral system or the patients' tendency to leave the governmental referral system disturbs the process of referral and patient follow-up. Despite a reference structure, there are many situations in which people try to escape from primary care. Unnecessary self-referential results in ineffective specialized system and problems such as increased unnecessary costs, payment difficulties for patients, absence of comprehensive care information for patients, lack of planned referral and continuity in care, reduced specialty care standards due to increased system load, reduction in the feedback and follow-up care instructions, and transportation problems for both individuals and the health care system (Low, de Coeyere, Shivute, & Brandt, 2001).

With the realization of the importance of primary health care (PHC), the skill pyramid of the conventional health care hierarchy with the community health workers (CHWs) at the bottom and the physicians at the top has been tipped to the side (Otovwe & Baba (2016). Referral is a continuum of care in which case a health care worker assesses that his client may benefit from accessing additional or expert services elsewhere (Ogunbameru, 2004). A two-way referral system is an organized two-way relationship between a health care provider or physician in a health care facility at one level of the health care system and another health care provider or physician in a health care facility at the same or higher level of the health care system (Mannon, 2014; Abdelwahid, Al-Shahrani, Elsaba, & Elmorshedi, (2010). If the client is very ill, it might be necessary for a health worker to accompany them to the receiving facility (Abrahim, Linnander, Mohammed, Fetene, Bradley, 2015).

A smooth referral process between primary healthcare providers in clinics and specialists in hospitals is fundamental for patient care management. It is a two-way communication where both doctors are responsible to communicate clearly with the patient on the need(s) and reason(s) for the referral (Jarallah, 2018) and deliver feedback on his/her evaluation of the patient's condition. The receiving specialists need to have sufficient information regarding a patient's health status, and for further management, to derive a working treatment plan. Challenges regarding referrals include the burden on patients to obtain referral appointments, patients' demand for referrals, and patients' compliance to referral appointments (Abrahim, et al., 2015). In a study in Malaysia, 50.2% of the primary healthcare doctors interviewed explained that they seldom or never received any feedback from the hospital specialist regarding treatments or diagnoses of the patients they were referred to (Ministry of Health Malaysia, 2017) Follow-up with patients, family/caregivers, and all providers and community services to whom the patient was referred is essential, and can be done in-person, verbally (telephone call), or written (via letter, email, or text message).

Health facilities located at the sub-district level are to be linked to the district hospital. This means that patients with unsolved health problems at the sub district level will be referred to the district level

(district hospital) for more advanced health care and services. At the same time patients seeking care at the PHC center at the district level whose problems were unsolved or need more advanced care are to be referred to the district hospital for the completion of care and management. Patients whose health problems are not fully resolved at the district hospital and are in need of more specialized and advanced care are to be referred to the provincial level, where more advanced health services are usually available. In some cases, patients or clinical conditions fail to find the proper care and services at the provincial level may be referred to the tertiary care level in Baghdad where highly specialized centers are available. A referral system is a two-way system, i.e. patients and conditions referred from primary health care center with a special completed form and in compliance with certain rules and instructions are to be received at the referral level in an appropriate manner and provided with the necessary care or services needed. The referring PHC center should be informed about all the details of the patient's condition, investigation done for the patient and their findings and procedures and interventions.

Lack of communication can affect the quality of referral care (Kalter et al. 2017). Communicating before the transfer of patient can lead to the provision of quality care as the receiving facility might have enough time to prepare for the coming patient (Kongnyuy, Mlava, van den Broek, 2018). The provision of referral and feedback letters is not often done in developing countries Malawi inclusive (Siddiqi et al. 2001). It is necessary to provide feedback as this might help the referring facilities to know what was right or wrong in their management (Omaha et al. 2018). A study done in Cambodia reported insufficient communication and follow up services between the referring facility and the receiving facility. There was also impaired communication before patient transfer which could affect the quality of care as the receiving facility might have not prepared. Similarly, Wanjau et al. (2012) found communication as a factor that delay in patients information transfer influence the provision of quality health referral care. (Kongnyuy, Mlava, van den Broek, 2018); Eskandari et al. (2013); Afari et al. (2014); Asuke et al. (2016) found that poor communication between the facilities as well as the provider and patient affected the functionality of the referral system in Cambodia.

Statement of the problem

The overcrowding nature of patients or health seekers due to excessive utilization of health services especially at the tertiary healthcare centres. Some of the health needs ordinary can be taken care of effectively at the primary and secondary health care centres. This overcrowding of health seekers calls for worries resulting in overstretching of human capacity in the tertiary health care system, long waiting time for patients, poor health care providers- patients interpersonal relationship, high cost of health care due to high demand for health service, worn out of health facilities and equipment due to excessive utilization. Efforts aimed at strengthening referral system endeavor to comprehensively manage clients' health needs by using resources beyond those available where they access care. Common barriers to successful referral are generally known, the relative importance of these constraints should be assessed in each country or region to guide the design of targeted, appropriate interventions to improve referral. Despite the efforts by the government to improve the referral system in Nigeria, and specifically in Edo state in order to improve efficiency in the health system and health outcomes, no evaluation has been carried out by the government or scholars to determine the challenges facing

implementation of heath care referral system for quality health care service delivery. All these can be corrected and controlled with adequate management of referral system in the health care system among health care providers, thereby decongesting the tertiary and secondary health care system and promote the utilization of grass root health. It is against this background that the researcher wants to examine the health referral services in public health settings among health care practitioners in Edo state.

Research Questions

The following research questions were raised to guide the study;

1. What is the health referral pathway in public health settings among health care practitioners in Edo state
2. What is the condition of communication between health care practitioners between referring and referred health care facilities
3. What is the condition of patients' information transfer in public health settings among health care practitioners in Edo state
4. What is the condition of follow up services among health care practitioner in public health settings, Edo state

Method and Materials

The research design that was used for this study was the cross-sectional survey design of the descriptive research design. This is because the design helps to obtain information concerning the current status of referral system and described what exist with respect to variables or condition at the time of the study. The population of the study was drawn from health care providers from five health facilities in Edo state. The health facilities are University of Benin Teaching Hospital, general hospital, Auchi, and three primary health care centres in Uromi, Ekpoma and Ekiadolor. The population of the study was estimated at 848 health care providers which are; 680, 108, 16, 24 and 20 respectively (Health management Board, Edo state, 2024). The multistage sampling procedure was used to select the sample of health care practitioners from the two health facilities as true representatives of the population. Firstly, cluster sampling technique was used to select the health care providers from tertiary, secondary and primary health care facilities, respectively. The simple random sampling technique was used to select 50 percent of the health care practitioners in the various health facilities. The purposive sampling technique was used to select 120 health care providers from university of Benin Teaching Hospital and select 30 from the general hospital, 8, 12 and 10 health care providers from primary health care centres in Uromi, Ekpoma and Ekiadolor. Therefore, the sample for this study was 150 health care practitioners. A structured questionnaires designed by the researcher was used to elicit demographic information of the respondents, and other data related to the research questions raised. Questionnaires were developed based on adaptation and review of previous literatures on the variables of interest. The instrument was divided into two sections. Section A elicited information about socio-demographic data of the respondents section B elicited information about the research questions raised in respect to health referral services in public health setting among health care practitioners in Edo state. The instrument was a modified four point Likert scale format of strongly agree, agree, disagree and strongly disagree and scoring done as 4, 3, 2 and 1 while negatively worded questions were scored in reverse. The instrument was content validated by experts in Health Education and Health management from the University of Benin. The reliability of the instrument was ascertained using the test re-test reliability approach in which 20

copies of the validated instrument were administered to 20 respondents and after a period of two weeks, the same instrument was re-administered to same respondents. The scores from the two administrations were analyzed using the analysis of Pearson Product Moment Correlation (PPMC) with SPSS to obtain the correlation coefficient. 0.79 was obtained as correlation coefficient. The instrument was administered by the researcher with the help of four trained researcher assistants who were briefed on the purpose of the study, skills of administration and language required to elicit information from respondents. The questionnaires when completely filled by the respondents were retrieved immediately by the researcher. All statistical procedures were conducted using SPSS (version 23). Descriptive statistic of frequency counts and percentage was used to analyze the research questions.

Results

Research Question 1: What is the health referral pathway in public health settings among health care practitioners in Edo State?

Table 1: Analysis of responses on the health referral pathways in public health settings among health care practitioners in Edo State**.**

S/N	Items	SA	A	FR	D	SD	UR	Row Total
1.	The pattern of health referral is top-bottom approach	----	----	-----	2 (1.3%)	148 (98.7%)	150 (100%)	150
2.	The pattern of health referral is bottom-up approach	148 (98.7%)	2 (1.3%)	150 (100%)	---	---	---	150
3.	Health referral is from primary to secondary health care setting system	140 (93%)	10 (7%)	150 (100%)	---	---	---	150
4.	Health referral is from primary to tertiary health care setting system	148 (99%)	2 (1%)	150 (100%)	----	----	----	150
5.	Health referral is from tertiary to primary health care setting system	---	----	----	2 (1.3%)	148 (98.7%)	150 (100%)	150
6.	Health referral is from secondary to primary health care setting system.	3(2%)	2(1%)	5(3%)	12(8%)	133 (89%)	145 (97%)	150

Source: field survey, 2024

The analysis in table 1 above shows that majority of the respondents 98.7% agreed that referral pathway is bottom-up approach which corroborate the responses on the third and fourth test items that revealed 93% and 99% of the respondents agreed that referral approach is from primary to secondary and primary to tertiary health care facilities respectively among others.

The overall results of the analysis of the items above shows that majority of the respondents agreed that there is a pattern in the health referral system of health care delivery which is bottom-up approach.

Research Question 2: What is the condition of communication between health care practitioners between referring and referred health care facilities?

Table 2: Analysis of responses on the condition of communication between health care practitioners between referring and referred health care facilities**.**

S/N	Items	SA	A	FR	D	SD	UR	Row Total
1.	Communication channels such as mobile phone, email are available	18 (12%)	32 (21%)	50 (33%)	78 (52%)	22 (15%)	100 (67%)	150
2.	Referring facilities make use of referral form and documentation	72 (48%)	64 (43%)	136 (91%)	7 (5%)	7 (5%)	14 (9%)	150
3.	There is continued health care provider-patient communication	24 (16%)	16 (11%)	40 (27%)	54 (36%)	56 (37%)	110 (73%)	150
4.	Social amenities to facilitate health communication between referring and receiving health facilities are available	30 (20%)	52 (35%)	82 (55%)	38 (25%)	30 (20%)	68 (45%)	150
5.	ehealth and mhealth are inclusive in the health referral mechanism	12(8%)	12(8%)	24(16%)	60 (40%)	66(44 %)	126(84 %)	150

Source: field survey, 2024

The analysis in table 2 above shows that majority of the respondents, 52% expressed disagreement that communication channels such as mobile phone, emails are available in health referral services. A huge number of respondents, 91% agreed that referring facilities make use of referral form and documentation. Again, 73% of the respondents disagreed that there is a continued health care provider-patient communication. Also, 84% of the respondents disagreed that ehealth and mhealth are inclusive in the health referral mechanism.

Research Question 3: What is the condition of patients' information transfer in public health settings among health care practitioners in Edo state?

Table 3: Analysis of responses on the condition of patients' information transfer in public health settings among health care practitioners in Edo state.

S/N	Items	SA	A	FR	D	SD	UR	Row Total
1.	Patients health record is conveyed alongside the referral form	18 (12%)	78 (52%)	96 (64%)	30 (20%)	24 (16%)	54 (36%)	150
2.	The referred health facility demand for the patients' health records	72 (48%)	64 (43%)	136 (91%)	7 (5%)	7 (5%)	14 (9%)	150
3.	There is evidence of patient informed consent for transfer of health records	24 (16%)	16 (11%)	40 (27%)	54 (36%)	56 (37%)	110 (73%)	150
4.	Referring health facility ensure the transfer of patient's health information to the referred health facility	33 (22%)	42 (28%)	75 (50%)	38 (25%)	37 (25%)	75 (50%)	150

Source: field survey, 2024

The analysis in table 3 above shows that majority of the respondents, 96% agreed that patient health record is conveyed alongside the referral form and a large number of the respondents 91% expressed that the referred health facility demand for the patients' health record. In another vein, 73% of the respondents disagreed that there is evidence of patients' informed consent for the transfer of health record. From the findings, it was revealed that there is equilibrium (50%) in respondents to the statement of referring health facility ensure the transfer of patient health information to the referred health facility.

Research Questions 4: What is the condition of follow up services among health care practitioner in public health settings, Edo state?

Table 4: Analysis of responses on the condition of follow up services among health care practitioner in public health settings, Edo state

S/N	Items	SA	A	FR	D	SD	UR	Row Total
1.	There is an organized follow up services from the referring health facility	18 (12%)	24 (16%)	42 (28%)	8 (5%)	100 (67%)	108 (72%)	150
2.	There is patient education on post treatment services.	72 (48%)	64 (43%)	136 (91%)	7 (5%)	7 (5%)	14 (9%)	150
3.	Health services adherence is monitored	24 (16%)	16 (11%)	40 (27%)	54 (36%)	56 (37%)	110 (73%)	150
4.	There is evident health counseling	44 (29%)	64 (43%)	108 (72%)	38 (25%)	4 (3%)	42 (28%)	150

Source: field survey, 2024

The analysis in table 4 above shows that majority of the respondents, 72% disagreed that there is an organized follow up services from the referring health facility. A great proportion of the respondents, 91% agreed that there is patient education on post treatment services and 73% of the respondents disagreed that health services adherence is monitored. Finally, 72% of the respondents agreed that there is evident health counseling.

Discussion of Findings

The health referral system is an important organizational structure in the health care delivery system and management. Certain elements are of focus in examining the health referral system in public health settings. The study revealed some of these elements, which include examining the health referral pathway, condition of communication, condition of patients' information transfer and condition of follow up services between the referring health facility and the referred health facility. The study revealed that the health referral pathway in public health setting is the bottom-up approach, which is the primary health care to the secondary and the tertiary health care settings. This is factual as it is expected that the secondary and tertiary health care setting possesses high and technical competency and render more specialized care than the primary health care settings. This finding is in agreement with the findings of Otovwe & Baba, (2016) which stated that health referral is bottom-up approach to appreciate specialized care.

The finding on the condition of communication between health care practitioners between referring and referred health care facilities revealed that although mobile phones and emails are available, the communication between referring and referred health facilities is weak. It was revealed that most referring facilities do not communicate with referred health facilities about the health of the patients. This corroborate the finding of Wanjau et al, (2012); Afari et al (2014); Asuke et al, (2016) that communication in health referral is essential, however in most cases, the communication gap is widened.

The analysis on condition of patient information transfer in public health settings revealed that health record is conveyed alongside the referral form and the health record is demanded by the referred health facility. However, there is less evident of patient informed consent on the health record. This finding is in line with the finding of Kumiko, Victor, Narvo and Gen, (2018) that patient health record and transfer is essential for effective health referral system.

Finally, the analysis on condition of follow up services among health care practitioner in public health settings revealed a poor follow up services among the health care providers which is evident upon the lack of monitoring of adherence to health instruction and services. This is corroborated with the findings of Jarallah, (2018); Low, de Coeyere, Shivute and Brandt, (2011) that follow up services is a determined requirement for an efficient health referral system.

Conclusion

From the findings of the study, it was concluded that health referral pathway operated in public health settings in Edo state is bottom-up approach, where health needs are referred from simple to specialized health care. The condition of communication between the referring and referred health facilities is weak, patients' health record is conveyed alongside the referral form and most time patient informed consent is not sought for. Finally, it concluded that follow up services from the referring health facility is poor and adherence to health instructions is equally not monitored.

Recommendations

The following recommendations are made from the findings and conclusion of the study;

1. The government, health policy makers should maintain the two-way approach of the pathway to health referral system to ensure effective and efficient dynamics of health management and promote the top-bottom approach to decongest the high number of health seekers in the tertiary health care settings especially for simple health needs.
2. Health care managers should provide the needed facilities for effective health communication and ensure the referring and referred health facilities are in touch about referral cases
3. Relatives of patients should ensure patient information are transferred to the referred health facilities and health practitioners should ensure informed health consent are sought for in coordinating gathering and transfer of patient health information.
4. Health referring facilities should periodically carry out follow up services, patient education for post treatment services and ensure strict adherence to health instructions provided.

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