
Assessment of Health Referral System Management among Health Care Providers in Edo State

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Abstract

The study is geared toward assessing the health referral system management among health care providers in Edo state. Three research questions were raised for this study. The research design used was the descriptive research design of the cross-sectional survey. The population of the study was drawn from health care providers from two health facilities in Edo state. The health facilities are University of Benin Teaching Hospital and Central Hospital, Benin City. The population of the study is estimated at 680 and 180 respectively, with sample of 150. A self-structured questionnaires designed by the researcher was used to elicit demographic information of the respondents, and other data related to the research questions raised. Instrument administered and data collected. Descriptive statistic of frequency counts and percentage was used to analyzed the research questions and a bar chart to present the distribution of the data. The overall findings of the study revealed there exist referral system in the health care delivery system in Edo state health facilities, there are challenges to the effective management of referral system, the nature of the approach to referral system is bottom-up approach. The study concluded that health referral system is practice in health facilities in Edo state, although not comprehensively coordinated and the bottom-up approach of health referral is widely adopted. Based on the findings and conclusion drawn from the study, the following recommendations were stated, the management of health facilities should set up a unit to coordinate the operations of referrals in health care delivery; lower cadre of health care delivery system should be educated not to attend to certain health challenges beyond their facilities and competency, however managed and refer immediately. and there should be improved health information management between referring and referred health facilities.

Keywords: Assessment, Health referral system, Health care providers, Health management

Introduction

The promotion and management of health of the population is one of the responsibilities of the government. Nigeria operates a comprehensive three tiers of health care system. The three tiers of health care system are primary, secondary and tertiary health care systems. The primary health care level is designed to provide basic and essential health services for the immediate health needs of the people especially at the grass root level, the secondary health care is a higher level of health service which encompasses general medicine for both in and out-patients and are the responsibility of the state government while the tertiary health care system refers to specialist care which require expertise, experienced as well sophisticated technological facilities and equipment (Akande, 2004). The three levels of health care delivery in Nigeria should enjoy patronage from clients and a good referral system

is the main link between these levels. The primary health centers are supposed to be the point of first contact of patients. Patients are then referred from here to other levels of health care. In Nigeria many secondary and tertiary health facilities are crowded with people with simple ailments that can be managed at primary health centers, while health workers in many of later are idle. The primary health centers are supposed to be the point of first contact of patients. Patients are then referred from here to other levels of health care.

Mwabu (2006), explained that referral is a process by which a health worker transfers the responsibility of care temporarily or permanently to another health professional or social worker or to the community. Bakare (2013), explained that some patients present directly to the hospital, through emergencies and self-referrals, while a physician, nurse or other health care workers refer other patients. 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 to ensure effective and efficient health service delivery and equally minimize overcrowding in secondary and tertiary health care centers, duplication of efforts and wastage. This can only be achieved through effective referral system. According to World Health Organization (2006) 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 case.

In a study, Abodunrin, Akande and Osagbemi (2010) explained that 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. Referral is a two-way communication process between primary-care physicians and specialists in hospitals, both of whom have an important role to play (Ogunbameru, 2000). The right to the highest attainable standard of health is a fundamental human right and, central to this right within a hierarchical health system, is the existence of a well-functioning referral system that allows for continuity of care across the different tiers of care. 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 2008). 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, & Brandt, 2001) 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. Overcrowding generally forces patients to wait for a long time or to go to the private office of a specialist. Referral system is designed to optimal the use of three levels of health services and to avoid unnecessary congestion and waste of human and material resources in the specialized levels (Davari, Haycox & Walley, 2010). However, limitations in specialty levels and overload of non-urgent referred cases have made the referral system unsuccessful. They further reported that the absence of necessary connections in the hierarchy of the referral system. 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.

Access to hospital care should be through primary health care centers except for emergency cases. This prevents the inefficiency of a system and lack of specialty care due to increased pressure on specialists following inappropriate self-referential. 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).

Some of the challenges in health referral systems in most developing countries include noncompliance with referrals, delays in referral completion (Dolan & Dale, 2007), high numbers of self-referrals to higher-level referral facilities, weak health information systems to capture referral data, poor transport arrangements for emergency referrals and inadequately resourced referral facilities (Agofure & Absalom, 2016). Some of the challenges in health referral systems in most developing countries include noncompliance with referrals, delays in referral completion (Dolan & Dale, 2007), high numbers of self-referrals to higher-level referral facilities, weak health information systems to capture referral data, poor transport arrangements for emergency referrals and inadequately resourced referral facilities (Agofure & Absalom, 2016). For example, a study that assessed referral patterns in children being treated for meningitis at two referral facilities in Nigeria found that 84% of the children that had been admitted with meningitis in the two facilities were self-referrals.

A good referral system should ensure that the appropriate equipment and skills are available at primary and secondary level to treat complicated cases that cannot be handled at lower levels of health care. Therefore in order for the current referral system to function properly, there is a need for a formal referral policy, improved and strengthened communication strategies (especially feedback between all levels of care), improved transportation of patients by vehicles that are always in a good running condition, and the provision of suitable training opportunities for all health workers at all levels of care. A good referral system should have following characteristics; patients should be given optimal care at the right level, right time and right cost, optimal and cost-efficient utilization of health care systems, optimal and appropriate utilization of specialist services for needy persons and optimal utilization of primary health care services

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 health care referral system for quality health care service delivery. 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, 2000). Ordinarily, referral centers should only deal with referred cases except in emergencies. Determinants of choice of health facilities for care include personnel, proximity, laboratories, equipment, drugs (Abodunrin, Akande & Osagbemi, 2010). Therefore, people attend any facility that will meet their needs, not considering the policy guidelines or appropriateness of the level of care. Furthermore, there is usually no restriction of access to members of the communities seeking health care in many tertiary facilities without being referred from the lower levels of care. In Nigeria, referral system can be said to be at best non-operational and there is just no continuity of care. There is no proper link between the PHC and the secondary health facilities and in turn with the tertiary health care system. Ordinarily, referral centers should only deal with referred cases except in emergencies. However, the Nigeria health system is faced with the challenge of Inverse Care Law in which case people who need health care the most have the least access to it mainly as a result of poor administration and management (Parakoyi, Akande & Musa, 2001). Firstly, the

PHC facilities are still inadequate with about 30% not within 5 km from any health facility, and even when they are available, they are inaccessible due to poor road network (Ogunbameru, 2000). In addition, they are poorly equipped, ill financed and inadequately staffed (Akande, 2004), leading to poor performance and underutilization. Determinants of choice of health facilities for care include personnel, proximity, laboratories, equipment, drugs (Abodunrin, Akande&Osagbemi, 2010). Therefore, people attend any facility that will meet their needs, not considering the policy guidelines or appropriateness of the level of care. A study in Ilorin, Nigeria, by Akande (2004) showed that out of 1175 new patients at consultant clinics, only 7.1% were referred. This resulted in overcrowding of the tertiary health facilities, with problems that can be managed at the lower levels. Some of the challenges in health referral systems in most developing countries include noncompliance with referrals (Mwabu, 2006), delays in referral completion, high numbers of self-referrals to higher-level referral facilities, weak health information systems to capture referral data, poor transport arrangements for emergency referrals, (Akande, 2004) and these challenges are not gender sensitive and inadequately resourced referral facilities (Ramdas, 2003).

The tertiary health facilities provide extensive primary and first referral care to clients mainly in urban settlements (Jindal, 2011). 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). In a two-way referral system, there is effective communication between physicians at the same or different levels of the health care system. The two-way referral system makes it obligatory for the referring physician to refer a patient promptly, in a manner that guarantees efficient, cost-effective, optimal and quality care for the patient. It also requires the physician in the receiving hospital/health care facility to refer back the patient after treatment, to the health care facility or physician that initiated the referral in the first instance, with clear feedback on the observed findings, investigations conducted for the patient and the treatment given to the patient (Mannon, 2014; Bakare, 2013). This background provides the focus and need for the study.

The objectives of the study include;

1. To investigate whether health referral system is functional among health facilities in Edo state
2. To find out the challenges of health referral in health care delivery system in Edo state
3. To find out the pattern of health referral system in health care delivery in Edo state.

Research Questions

The following research questions will guide the study,

1. Is health referral system functional in health care delivery among health facilities in Edo state?
2. What are the challenges of referral system in health care delivery in Edo state?
3. What is the pattern of referral system in health care delivery in Edo state?

Method and Materials

The research design that was used for this study was the descriptive research design of the cross-sectional survey. According to Ross (2012) cross sectional survey is used to obtain information concerning the current status of a phenomenon and to describe what exist with respect to variables or condition in a specified period of time. The population of the study was drawn from health care providers from two health facilities in Edo state. The health facilities are University of Benin Teaching Hospital and Central Hospital, Benin City. The population of the study was estimated at 680 and 180 respectively (Health management Board, Edo state, 2022). The multistage sampling technique was used to select the sample

of health care providers from the two health facilities as true representatives of the population. Firstly, cluster sampling technique was used to select the health care providers from University of Benin Teaching Hospital and Central Hospital, Benin City respectively. The purposive sampling technique was used to select 120 health care providers from university of Benin Teaching Hospital and select 30 from central hospital, Benin City which is 17% of the population. Therefore the sample for this study was 150 health care providers. 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 literature on the subject. 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 management of referral system among health care providers and the implications for effective healthcare delivery in health facilities, 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 was analyzed using the analysis of Pearson Product Moment Correlation (PPMC) with SPSS to obtain the correlation coefficient. 0.77 was obtained as correlation coefficient. The instrument was administered by the researcher with the help of two trained researcher assistants who were briefed on the purpose of the study, skills of administration and language require 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 21). Descriptive statistic of frequency counts and percentage was used to analyze the research questions.

Results

Research Question 1: Is health referral system management functional in health care delivery in Edo state

Table 1: Analysis of responses to research question on the functionality of health referral system management in health care delivery among health facilities in Edo state.

S/N	Items	SA	A	FR	D
1.	Health Referral of patients is practice in your health facility	102(68%)	48(32%)	150(100%)	----
2.	The state of referral system in your health facility is satisfactory	36(24%)	74(49.3%)	110(73.3%)	24(16%)

3.	You received referral from rural health care centres	24(16%)	66(44%)	90(60%)	54(36%)
4.	Self-referral is encourage in your health care facility	92(61.3%)	56(37.3%)	148(98.7%)	1(0.6%)
5.	Government support the referral system through health policy	32(21.3%)	66(44%)	98(65.3%)	50(33.3%)
6.	The health information management between the referring and referred health facilities is satisfactory	22(14.7%)	18(12%)	40(26.7%)	52(34.7%)
	Column Total	308(34.2%)	328(36.4%)	636(70.6%)	181(20.1%)

Source: field survey, 2022

The analysis in table 1 above shows that majority of the respondents 70.6% expressed cumulatively that referral system is practiced in their health care facilities. All the respondents expressed that health referral is practiced in their health facilities and 110 respondents expressed that the state of referral system is satisfactory and about 90% of the respondents received referrals from rural health care centers. 65% expressed that government support referral system through health policy and lastly 73% of the respondents expressed negative views that health information management between the referring and referred health facilities is satisfactory.

The overall results of the analysis of the items above shows that 70.6% of the respondents agreed that health referral is practiced in the health care facilities in Edo state.

Research Question 2: What are the challenges of referral system in health care delivery in Edo state?

Table 2: Analysis of responses to research question on the challenges of health referral system in health care delivery in Edo state.

S/N	Items	SA	A	FR	D
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1.	Poor knowledge about referral system is a challenge of referral in health care delivery system	146(97.3%)	4(2.7%)	150(100%)	----
2.	Overcrowding in referral health facilities is a challenge of referral in health care delivery system	148(98.7%)	2(1.3%)	150(100%)	-----
3.	Self- referral is a challenge of referral in health care delivery system	150(100%)	-----	150(100%)	-----
4.	Weak information health system is a challenge of referral in health care delivery system	136(90.7%)	10(6.7%)	146(97.4%)	2(1.3%)
5.	Delays in referral form completion is a challenge of referral in health care delivery system	84(56%)	46(30.7%)	130(86.7%)	10(6.7%)
	Column Total	664(88.5%)	62(8.3%)	726(96.8%)	12(1.6%)

Source: field survey, 2022

The analysis in table 2 above shows that majority of the respondents 100% expressed cumulatively that poor knowledge about referral system is a challenge of referral in health care delivery system. All the respondents expressed that overcrowding in referral health facilities is a challenge of referral in health care delivery system and 150 respondents expressed that Self- referral is a challenge of referral in health care delivery system and about 146 of the respondents expressed that weak information health system is a challenge of referral in health care delivery system 130 of the respondents expressed that delays in referral form completion is a challenge of referral in health care delivery system .

The overall results of the analysis of the items above shows that 96.8% of the respondents agreed that there are challenges to the practice of health referral system in health care delivery system in Edo state health.

Research Question 3: What is the pattern of health referral system in health care delivery in Edo state?

Table 3: Analysis of responses to research question on the pattern of health referral system in health care delivery in Edo state.

S / N	Items	SA	A	FR	D	SD
1	The pattern of health referral is top-bottom approach	----	----	-----	2(1.3%)	148(98.7%)
2	The pattern of health referral is bottom-up approach	148(98.7%)	2(1.3%)	150(100%)	---	---
3	There is a feedback mechanism for referral system	12(8%)	12(8%)	24(16%)	120(80%)	6(4%)
4	There is an existing pattern of referral in your	150(100%)	---	150(100%)	----	----

5	health facility There is a unit in your health facility that coordinate the operations of referral of patients	150(100%)	----	150(100%)	-----	----
6	Referral patients are monitored by referring health facility	100(66.7%)	2(1.3%)	102(68%)	2(1.3%)	46(30.7%)
	Referral patients are monitored by referring health facility	560(62.2%)	16(1.7%)	5767(63.9%)	124(13.7%)	200(22.2%)
	Column Total					

Source: field survey, 2022

The analysis in table 3 above shows that majority of the respondents 98.7% disagreed that the pattern of health referral is top-bottom approach and same 98.7% expressed that the pattern of health referral is bottom-up approach. 84% of the respondents agreed that there is a feedback mechanism for referral system. All the respondents agreed that there is an existing pattern of referral in your health facility and that there is a unit in your health facility that coordinates the operations of referral of patients respectively. 68% of the respondents agreed that referral patients are monitored by referring health facility

The overall results of the analysis of the items above shows that 64% of the respondents agreed that there is a pattern in the health referral system of health care delivery which is bottom-up approach.

Discussion of Findings

The results of analysis of the data generated from the study revealed that health referral system is functional in the health care delivery system in Edo state and there is approach to its management which is bottom-up approach. It also revealed the associated challenges in the management of referral system in the health care facilities in Edo state.

Poor knowledge about referral system, overcrowding, self-referral were among the challenges in health care delivery system. These findings were also mentioned by Akande (2004) in a study which provides the reasons for the poor management of referral system in health care delivery. From these findings, it is envisage that the challenges facing referral system in health care delivery are majorly systemic and

human resource oriented. These challenges have provided several effects that hinder the effectiveness and efficiency of health referral system in Edo state.

Again, the pattern of health referral is bottom-up approach as revealed in the study. The responses on existing pattern of referral provide the framework of argument that though referral system exists in health facilities, it is always rooted from the primary health care centres to the tertiary health facilities. This finding corroborate with the findings of Mwabu (2006) that there seem to be an existing pattern of referral system which is majorly from the health centres and general hospitals in local government areas. It is therefore necessary that health facilities should adhere to the guidelines of referral system and management of referral system to promote health equality and efficiency.

When patient is treated but demonstrate no improvement, When the health care provider is unsure about his/her diagnosis, When a patient ask for a referral to a higher level of health facility, Shortage of beds and shortage of health supplies were reasons the study revealed to be responsible for referral in health care facilities. This finding corroborate with findings of Abodunrin, Akande&Osagbemi (2010). In fact, from the researcher reasoning due to the outcome of the study, the reasons for referral are always multi-faceted.

Conclusion

Based on the findings of the study, it was concluded that;

1. Health referral of patients is functional in health facilities in Edo state.
2. There exist challenges to the management of health referral system management in Edo state
3. The popular approach of health referral system in health care facilities in Edo state is bottom-up

4. Recommendations

Based on the findings and conclusion drawn from the study, the following recommendations are stated;

1. The management of health facilities should set up a unit to coordinate the operations of referrals in health care delivery.
2. Lower cadre of health care delivery system should be educated not to attend to certain health challenges beyond their facilities and competency, however managed and refer immediately.
3. There should be improved health information management between referring and referred health facilities.
4. Government at all levels should ensure provision of health facilities and supplies for the management of health facilities.
5. There should be improved feedback mechanism between referring and referred health facilities.
6. Health needs that can be taken care at the grassroot level (PHC) centres should be refer to it to avoid overcrowding at the secondary and tertiary health care

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