DESCRIPTION OF PATIENTS SATISFACTION OR DISSATISFACTION WITH REFERRAL AND COUNTER REFERRAL PROCESS.

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Introduction
Many factors seem to influence patients’ dissatisfaction with a referral system including; lack of timeliness of information from the referring specialists, inadequate information on referral notes, lack of clarity of the content in referral notes. Breakdown in communication on the referral process can also lead to poor continuity of care, delayed diagnosis, increased litigation and decreased quality of care. Challenges in meeting patients’ satisfaction with referral systems also include, physician time constraints, lack of clarity about reasons for referrals, patient self-referral limitations imposed by managed care and unclear follow up plans. The objective of this study was to estimate and describe the proportion of patients who were satisfied with the patients’ referral and counter referral process.

Methodology
Quasi-experimental study was carried out in two sub-locations in rural Kenya where one hundred community health workers were trained on community based referral and counter referral model and issued with referral tools. Each was assigned 25 households, instructed to regularly visit them in order to identify sick persons counsel and refer them to link hospitals. One hundred villages comprising 2209 households with a population of 11,000 people were covered where the counter referral model was implemented.
Description of referral and counter referral implementation process

The referral project was implemented in 8 steps described below.

**Step 1:** Trained community health workers regularly visited households assigned to them with key health messages which included messages on antenatal care, postnatal care and hospital delivery. At the household level they asked eligible women whether they had missed periods, if so, they suspect them to be pregnant.

**Step 2:** The CHW counsels the woman on the need to visit the antenatal clinic for confirmation of pregnancy

**Step 3:** If the suspected woman accepted to confirm whether she was pregnant, community health worker filled a referral form in triplicate in which he/she retained the triplicate, gave the duplicate and original copies to the pregnant woman/sick person to take to the health facility. In some cases the CHW would accompany the pregnant woman or sick person to the health facility.

**Step 4:** Pregnant and suspected pregnant women or sick person visited the link health facility with the two copies of the referral form where they surrendered both slips to the health worker. They were provided with health service at the link facility.

**Step 5:** The health workers signed both copies, surrendered duplicate to the pregnant women and or sick person and retained the original copy.

**Step 6:** The pregnant women and or the sick persons or clients returned the signed duplicate copies to the community health workers who acknowledged receipt by signing to confirm hospital visit thus confirming completion of referral and counter referral process.

**Step 7:** The community health worker reminds the pregnant woman or client or sick person of the health action recommended by the health worker including the next revisit date.

**Step 8:** The community health worker followed up the pregnant women and or sick persons with reminders through the village elders or telephone calls to remind them of the next revisit dates to the hospital.
The steps described above applied to all other sick persons or clients who were identified, counseled and referred for health care service to the link health facilities by community health workers. This process was carried out for a period of ten months i.e. from January to October 2011. The principal investigator routinely visited the implementing health facilities and sub-locations for supportive supervision. Filled and completed referral forms were collected monthly from the 100 community health workers and two health facilities every month. Data from referral tools was entered into SPSS computer program for analysis and findings are presented below. Likert scale of measurement was used analyze the data.

**Results and Discussions**

On patient satisfaction or dissatisfaction only two hundred and twenty eight respondents answered the questions of whom only 38% (37/117) reported that they were satisfied with the patient referral and counter referral process while 62% (80/117) were neutral.

Patient satisfaction with referral process was measured using Likert categorical scale of measurement. Table 1.0 summarizes the responses gathered from the respondents.

**Table 1.0 Counter referral forms returned to CHW by Patient satisfaction with referral process**

<table>
<thead>
<tr>
<th>Patient satisfaction with referral process</th>
<th>Satisfied</th>
<th>Neutral</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>counter referral form returned to CHW</td>
<td>Yes</td>
<td>37</td>
<td>80</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>61</td>
<td>50</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>98</td>
<td>130</td>
</tr>
</tbody>
</table>

**Interpretation of the results Table 1.0**

Only 38% (37/98) of the respondents reported that they were satisfied with the referral process. Results from a descriptive qualitative study using stratified purposeful sampling indicated that women reported feeling less frustrated and more motivated to get treatment when obstetric providers were proactive about referrals, Sword et al., (2008). A
week or longer was reported as being too long for a woman to feel satisfied with a referral. In collecting patient satisfaction information a Client Satisfaction Questionnaire (CSQ) was used to measure patient acceptance and satisfaction with their experience during treatment, Deni et al., (2005). The CSQ consisted of 18, four bi-polar items that were related to the client satisfaction with services, Attikisson and Zwick, (1982) and Gurel et al., (2005). The study concluded that there is need to provide several referral options to patients to choose and monitor referrals regularly. Studies by Sisson and Azrin (1989); Klinger and Karras, (1983) and Ronan et al., (2008) reported similar findings.

The scatter gram on figure 1.0 shows level of patient satisfaction with referral process by actions taken by health workers at health facilities.

Figure 1.0: Scatter diagram indicating level of patient satisfaction with referral process
Interpretation of the result figure 1.0 above

This scatter-gram was generated from data analysis and used to determine whether there was absence or presence of relationship between two discrete variables (horizontal and vertical axis)- patient satisfaction and health action taken by health providers. Is there presence or absence of relationship between patient satisfaction with referral process and action taken by health worker? If so which direction does the relation take? Positive, negative, no correlation or curvilinear? What was observed from the scatter diagram 1.0 above indicated that there seemed to be no systematic relationship between patient satisfaction with referral process and actions taken by health workers. Since the points do not show any distinct patterns, this scatter-gram therefore suggests absence of a relationship (no correlation).

Referral process is a critical component of quality care and has become increasingly scrutinized in the managed care era. Breakdown in referral process can lead to poor continuity of care, delayed diagnosis, increased litigation and therefore decrease the quality of care. Difficulties with referrals are common place because of physician time constraints, lack of clarity about reasons for referrals, patient self-referrals limitations imposed by managed care and unclear follow up plans. A study carried out by Tejal et al., (1998), found out that referring physicians received feedback from consultants in only 55% of care. The study design used was mail and email surveys. Satisfaction was defined as reported in survey response as, very dissatisfied -1, dissatisfied-2, somewhat satisfied-3, satisfied-4, very satisfied-5. Responses from P.C.Ps and specialists were grouped and averaged using the SAS program (SAS system inc. Cary, NC). Student test and chi square analyses were performed to compare PCP and specialist responses. The results showed that 63% were dissatisfied with current managed care referral system. The biggest problems with current referral systems were lack of timeliness of information from specialists, inadequate referrals notes, lack of clarity of in referral notes content from P.C.Ps. Forty eight percent of the specialists were dissatisfied with timelines of information from P.C.P.s while 50% of
the P.C.P.s were dissatisfied with the timelines of feedback from specialist as reported by Donohoe et al., (1998). These findings are similar to the findings of our study in which 62% of the respondents indicated their level of satisfaction with referral process as neutral, Bourgnet, Gilchrist and Mccord, (1998). In this study we used a three step Likert-scale of measurement to estimate patients’ satisfaction/dissatisfaction with the referral process, William and Peet (1994). The investigators recommend that there is need to examine the reasons why patients are not satisfied with referral process and establish factors that are likely to motivate them Jenkins, (1993), to be satisfied with referral process as reported by Moonsbrugger (1988) and Hamsen et al., (1982) in their studies.

Conclusion and Recomendation

Two thirds of the respondents were undecided. They were neither satisfied nor dissatisfied with the referral process. This is a significant proportion which in the view of the authors, there is need for further investigation to establish factors that are likely to make patients remain neutral.

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Conflict of interest-None declared.

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Key words

Patient satisfaction, patient dissatisfaction, patient motivators
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