



EXAMINING HEALTH REFERRAL SERVICES IMPLEMENTATION IN PUBLIC HEALTH FACILITIES: PERSPECTIVES OF HEALTH CARE PRACTITIONERS IN EDO STATE

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Abstract

This study examined the implementation of health referral services in public health facilities in Edo State from the perspectives of health care practitioners. The study was guided by five research questions focusing on the extent of referral service implementation, practitioners' knowledge of referral guidelines, perceptions of the effectiveness of referral services, factors influencing implementation, and challenges encountered in the referral process. A cross-sectional descriptive survey design was adopted for the study. The population comprised 848 health care practitioners drawn from selected tertiary, secondary, and primary health facilities in Edo State, while a sample of 150 practitioners was selected using multistage sampling techniques. Data were collected using a structured questionnaire validated by experts in Health Education and Health Management, with a reliability coefficient of 0.77 obtained using the Pearson Product Moment Correlation method. Descriptive statistics of frequency counts, percentages, means, and standard deviations were used for data analysis with a criterion mean of 2.50. Findings revealed that health referral services were implemented to a moderate-high extent in public health facilities in Edo State (grand mean = 2.51). Health care practitioners demonstrated a moderate level of knowledge of referral guidelines (mean score = 6.89), although a proportion of respondents exhibited low knowledge levels. Practitioners generally held positive perceptions regarding the effectiveness of referral services in improving timely access to care and continuity of treatment (grand mean = 2.58). However, weaknesses were identified in communication between facilities and in the reduction of complications through referral processes. The study also identified key factors influencing referral service implementation, including availability of trained personnel, adequate funding, functional ambulance services, effective communication systems, management support, referral documentation tools, and patient-related financial constraints. Major challenges included poor feedback mechanisms, inadequate emergency transport systems, communication gaps between facilities, and uneven knowledge of referral procedures among practitioners. The study concluded that although health referral services are moderately implemented in public health facilities in Edo State, significant operational challenges continue to hinder their optimal functioning. Strengthening referral systems through improved training, better communication mechanisms, adequate logistical support, and stronger policy enforcement is essential for enhancing continuity of care and improving health outcomes.

Keywords: Health referral system, public health facilities, healthcare workers and health services implementation

Introduction



Health systems across the world are structured to ensure that individuals receive appropriate, timely, and cost-effective care based on the complexity of their health needs. One of the fundamental mechanisms through which this objective is achieved is the health referral system. A health referral system refers to an organized process by which patients are transferred from one level of the health care system to another, usually from lower to higher levels of care, and sometimes back to lower levels for continuity and follow-up care. In well-functioning health systems, referral services facilitate coordinated care, optimize resource utilization, and improve health outcomes.

Globally, the World Health Organization (WHO) recognizes referral services as a core element of primary health care and universal health coverage. Effective referral systems strengthen health service integration by ensuring appropriate linkages among primary, secondary, and tertiary health facilities. They also reduce duplication of services, prevent unnecessary congestion at higher-level facilities, and enhance equity by enabling patients to access specialized care when required. Conversely, weak referral systems contribute to inefficiencies, delayed care, increased health expenditures, and preventable morbidity and mortality. 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), 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.

In low- and middle-income countries, including Nigeria, the implementation of health referral services remains a persistent challenge. Health systems in these settings are often characterized by limited resources, infrastructural deficits, shortages of skilled health personnel, and weak administrative coordination (Afolaranmi, Hassan, Filibus, Al-mansur, Lagi, Kumbak, & Chirdan, 2018). These constraints adversely affect the effectiveness of referral systems, resulting in fragmented service delivery and poor continuity of care. Patients frequently bypass primary health care facilities to seek care directly at secondary or tertiary hospitals, leading to overcrowding and strain on higher-level facilities, while lower-level facilities remain underutilized.

Nigeria operates a three-tiered health care system consisting of primary, secondary, and tertiary levels of care. Primary health care facilities are intended to serve as the first point of contact for individuals and communities, offering promotive, preventive, and basic curative services. Secondary health care facilities, such as general hospitals, provide more specialized



services and act as referral centres for primary facilities. Tertiary health care institutions, including teaching hospitals and specialist centres, offer advanced diagnostic and therapeutic services and also serve as referral points for secondary facilities.

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. 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, 2014). 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; and having a good knowledge of the procedure strengthen its implementation and capacity. (Mannon, 2014; Abdelwahid, Al-Shahrani, Elsaba, & Elmorshedi, (2016). Within this framework, referral services are expected to function as a bidirectional process involving upward referrals for specialized care and downward referrals for follow-up and continuity of care. National health policies and guidelines emphasize the importance of structured referral pathways, standardized referral documentation, effective communication systems, and feedback mechanisms between referring and receiving facilities. However, the extent to which these policies translate into effective practice remains questionable in many parts of the country.

Empirical evidence from various regions of Nigeria indicates that health referral services are often poorly implemented. Commonly reported challenges include lack of referral protocols, inadequate transportation and ambulance services, poor communication between health facilities, and absence of feedback to referring facilities, insufficient manpower, and weak supervision. In addition, socioeconomic factors such as patients' inability to afford transportation, long distances to referral centres, and cultural beliefs further complicate referral compliance.

Edo State, located in the South-South geopolitical zone of Nigeria, reflects many of the broader systemic challenges faced by the Nigerian health sector. The state has a mix of urban and rural communities, with public health facilities distributed across primary, secondary, and tertiary levels. While the state government has made efforts to strengthen health service delivery through infrastructural development and policy reforms, the functionality of health referral services across public health facilities remains a subject of concern.

Public health facilities in Edo State often experience high patient loads, particularly at secondary and tertiary levels, partly due to ineffective referral practices. Primary health care centres, which should ideally manage common and uncomplicated health conditions, are sometimes bypassed due to perceived poor quality of care, lack of skilled personnel, or inadequate equipment. As a result, patients present directly at higher-level facilities, disrupting the referral hierarchy and placing unnecessary pressure on limited specialized resources. The successful implementation of health referral services largely depends on health care practitioners, including doctors, nurses, midwives, community health officers, and other allied health professionals (Omotosho, Adegbola, & Adebo, 2016). These



practitioners are responsible for identifying cases that require referral, initiating the referral process, providing appropriate documentation, communicating with receiving facilities, and ensuring patient follow-up. Their knowledge, attitudes, competencies, and experiences play a decisive role in determining whether referral services function effectively or fail (Nango, Mwangi, & Oluoch, 2019).

Health care practitioners also operate within institutional and systemic constraints that shape their referral practices. Factors such as workload, availability of referral tools, administrative supports, interprofessional collaboration, and leadership commitment significantly influence how referral services are implemented (Nakayuki, Basaza, & Namatovu, 2021). In settings where referral guidelines are unclear or poorly enforced, practitioners may rely on personal judgment or informal networks, which can compromise standardization and accountability. Despite the central role of health care practitioners in referral service implementation, their perspectives are often underrepresented in policy discussions and health system evaluations. Many studies on health referral systems focus on patient experiences or health outcomes, with limited attention to the lived experiences of practitioners who implement referral policies on a daily basis. From a public health perspective, ineffective referral services have far-reaching implications. Poor referral implementation can lead to delayed diagnosis and treatment, increased disease complications, prolonged hospital stays, and higher health care costs for both patients and the health system (Asuke, Ibrahim, Sabitu, Asuke, Igbaver, Joseph, 2016). Strengthening referral services is therefore essential for achieving health system efficiency, quality care, and improved population health outcomes. This study therefore examines the implementation of health referral services in public health

facilities in Edo State, focusing on the perspectives of health care practitioners. The findings are expected to inform policy reforms, strengthen referral coordination, and improve service delivery.

Statement of the Problem

An effective health referral system is fundamental to the delivery of quality, equitable, and efficient health care services. In a well-coordinated health system, referral services ensure continuity of care by linking patients appropriately across primary, secondary, and tertiary levels of health care. When properly implemented, referral services reduce unnecessary delays in treatment, prevent overcrowding at higher-level facilities, promote optimal use of health resources, and improve overall health outcomes. Despite its recognized importance, the implementation of health referral services in many public health facilities remains inadequate, particularly in low- and middle-income countries such as Nigeria.

In Nigeria, the three-tier health care system is designed to operate through structured referral pathways supported by national policies and guidelines. However, empirical evidence and practical observations suggest that referral services are often poorly implemented in public health facilities. Challenges such as weak coordination between levels of care, lack of standardized referral protocols, inadequate transportation and communication systems, absence of feedback mechanisms, and insufficient human and material resources continue to undermine the effectiveness of referral services. These deficiencies frequently result in delayed referrals, inappropriate self-referrals by patients, and congestion at secondary and tertiary health facilities.

In Edo State, public health facilities are expected to function within this national referral framework. However, anecdotal



reports and preliminary observations indicate persistent challenges in the implementation of health referral services across the state. Primary health care facilities are often bypassed, while secondary and tertiary facilities experience excessive patient loads, suggesting possible inefficiencies and breakdowns in referral practices. These challenges raise concerns about the extent to which existing referral policies and guidelines are effectively implemented within public health facilities in Edo State.

Health care practitioners play a central role in the implementation of referral services, as they are responsible for initiating referrals, coordinating patient transfers, communicating with receiving facilities, and ensuring follow-up care. However, variations in practitioners' knowledge, attitudes, experience, workload, and access to referral tools may significantly influence referral practices. Institutional factors such as administrative support, availability of transportation, supervision, and inter-facility collaboration may further affect how referral services are implemented. Despite this critical role, the perspectives of health care practitioners regarding referral service implementation in public health facilities in Edo State remain insufficiently documented. The lack of empirical evidence on health care practitioners' perspectives creates a significant knowledge gap that limits informed decision-making and policy formulation. Without understanding the practical challenges and contextual realities faced by practitioners, efforts to strengthen referral services may remain ineffective or misaligned with on-ground needs. This gap underscores the need for systematic investigation into how health referral services are implemented in public health facilities from the perspectives of those directly involved in the referral process.

Therefore, the problem addressed in this study is the apparent inadequacy and

inconsistency in the implementation of health referral services in public health facilities in Edo State, coupled with the limited empirical evidence on health care practitioners' perspectives regarding these services. Addressing this problem is essential for identifying implementation gaps, informing evidence-based interventions, and strengthening the health referral system to enhance quality, efficiency, and continuity of care within public health facilities in Edo State.

Research Questions

The following research questions were raised to guide the study;

1. To what extent are health referral services implemented in public health facilities in Edo state?
2. What is the level of health care practitioners' knowledge of health referral services guidelines in public health facilities in Edo state?
3. How do health care practitioners perceive the effectiveness of health referral services in public health facilities in Edo state?
4. What factors influence the implementation of health referral services among health care practitioners in public health facilities in Edo state?
5. What challenges do health care practitioners encounter in the implementation of health referral services in public health facilities in Edo state?

Method and Material

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 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. 0.77 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, mean and standard deviation were used to analyze the research questions. A criterion mean of 2.50 was adopted for decision making.

Results

Research Question 1: To what extent are health referral services implemented in public health facilities in Edo state?

**Table 1:** Analysis of responses on the extent to which health referral services are implemented in public health facilities in Edo state.

S/N	Items	Mean	SD	Decision
1.	Patients are formally referred using standardized referral forms	2.74	0.81	High extent
2.		2.61	0.77	High extent
3.	Clear referral guidelines are available in the facility	2.32	0.84	Low extent
4.	Feedback is received from higher-level facilities after referral	2.68	0.73	High extent
5.	Referral records are properly documented and stored	2.21	0.88	Low extent
	Emergency referral transport systems are functional	2.51	0.81	High extent
	Grand Mean			

Source: field survey, 2026

The findings presented in table 1 reveal that health referral services are implemented to a moderate-high extent in public health facilities in Edo state with a grand mean of 2.51, which is above the criterion mean of 2.50. Specifically, respondents agreed to a high extent that standardized referral forms are used, clear referral guidelines exist and referral records are properly documented. However the result also indicate notable gap in the referral system, particularly in the areas of feedback mechanism from higher –level facilities and availability of functional emergency referral transport system, both of

which recorded mean scores below the criterion mean. The relatively high standard deviation values suggests some level of variability in referral services implementation across facilities, which may be attributed to differences in infrastructural, staffing, and administrative support among public health facilities in the state.

Research Question 2: What is the level of health care practitioners' knowledge of health referral services guidelines in public health facilities in Edo state?

Table 2: Analysis of responses on the level of health care practitioners' knowledge of health referral services guidelines in public health facilities in Edo state.

Knowledge Level	Score Range	Frequency	Percentage
Low Knowledge	0-4	26	21.7
Moderate Knowledge	5-7	52	43.3
High Knowledge	8-10	42	35.0
Total		120	100.0

Mean score = 6.89, SD= 1.75, maximum obtainable score =10



The finding indicate that 43.3% of the respondents demonstrated a moderate level of knowledge of health referral services guidelines while 35% showed a high level of knowledge. However, 21.7% of the respondents had a low level of knowledge, suggesting that a notable proportion of health care practitioners lack adequate understanding of referral services guidelines. The mean knowledge score of 6.89 implies

that on average, respondents answered approximately 69% of the questions correctly reflecting a moderate overall level of knowledge. The standard deviation of 1.76 suggests moderate variability in knowledge level among respondents.

Research Question 3: How do health care practitioners perceive the effectiveness of health referral services in public health facilities in Edo state?

Table 3: Analysis of responses on how health care practitioners perceive the effectiveness of health referral services in public health facilities in Edo state.

S/N	Items	Mean	SD	Decision
1.	Health referral services ensure timely access to appropriate level of care	2.71	0.82	Positive
2.	The referral process improves continuity of patient care	2.65	0.79	Positive
3.	Referral services reduce complications and delays in treatment	2.48	0.86	Negative
4.	Communication between referring and receiving facilities is effective	2.36	0.88	Negative
5.	Overall health referral services enhance patient outcomes	2.69	0.74	Positive
	Grand Mean	2.58	0.82	Positive

Source: field survey, 2026

The result presented in table 3 indicate that health care practitioner in public health facilities in Edo state have a generally positive perception of the effectiveness of health referral health services as evidenced by a grand mean score of 2.58, which is above the criterion mean of 2.50.

Respondents perceived referral services as effective in ensuring timely access to appropriate care, improving continuity of care and enhancing patient outcomes.

However, the mean scores below the criterion mean for items relating to reduction of complications and inter-facility communication suggest areas of concern that may undermine the overall effectiveness of the referral system.

Research Question 4: What factors influence the implementation of health referral services among health care practitioners in public health facilities in Edo state?

**Table 4:** Analysis of responses to factors that influence the implementation of health referral services among health care practitioners in public health facilities in Edo state.

S/N	Items	Mean	SD	Decision
1.	Availability of clear referral guidelines and protocols	3.32	0.71	Agree
2.	Adequate of trained health personnel;	3.81	0.76	Agree
3.	Availability of functional ambulance services	3.45	0.63	Agree
4.	Effective communication between referring and receiving	3.41	0.68	Agree
5.	Availability of referral documentation tools	3.27	0.74	Agree
6.	Management support and supervision	3.22	0.79	Agree
7.	Timely feedback from referral facilities	3.36	0.66	Agree
8.	Adequate funding for referral related activities	3.48	0.59	Agree
9.	Health workers knowledge of referral procedures	3.29	0.72	Agree
10.	Patient related factors like financial constraint	3.14	0.81	Agree
	Grand Mean	3.31		Agree

Source: field survey, 2026

The results in table 4 indicate that multiple interrelated factors significantly influence the implementation of health referral services among health care practitioners in public health facilities in Edo state. All items recorded mean scores above the criterion mean of 2.50, indicating general agreement among respondents. The most influential factors identified were adequate funding for referral related activities (mean=3.48), availability of functional ambulance (mean=3.45), and effective communication between referring and receiving facilities (mean=3.41). These findings suggest that logistical and system-level support plays a critical role in referral services implementation.

Furthermore, factors such as availability of clear referral guidelines, health workers' knowledge, and patient related factors including financial constraint among others were equally acknowledged as influencing referral implementation.

Discussion of Findings

The findings revealed that health referral services are implemented to a moderate to high extent in public health facilities in Edo State, as indicated by a grand mean score slightly above the criterion mean. This suggests that foundational components of the referral system such as the use of standardized referral forms, availability of referral guidelines, and documentation of referral records are present and operational in



many facilities. This reflects partial alignment with national referral policies and World Health Organization recommendations that emphasize structured referral pathways and standardized documentation as essential elements of effective health systems.

However, despite this relatively positive overall picture, critical gaps were identified, particularly in feedback mechanisms from higher-level facilities and the availability of functional emergency referral transport systems. The absence of consistent feedback undermines the concept of a two-way referral system, which is central to continuity of care. Referral without feedback limits learning opportunities for lower-level facilities, weakens follow-up care, and reduces accountability within the system. Similarly, inadequate emergency transport services constrain timely referrals, especially for obstetric emergencies, trauma cases, and acute medical conditions, thereby increasing the risk of avoidable morbidity and mortality. The observed variability in implementation across facilities, as reflected in the standard deviation values, suggest inequities in infrastructural capacity, administrative support and resources availability among primary, secondary and tertiary facilities. This finding supports earlier observations by Omotosho et al, (2016), and Nango et al, (2019) that referral systems in low and middle income settings often function unevenly with stronger performance in higher level facilities and weaker implementation at the primary care level.

The study found that health care practitioners generally demonstrated a moderate level of knowledge of health referral services guidelines, with a substantial proportion exhibiting high knowledge. This indicates that many practitioners possess a functional understanding of referral procedures, eligibility criteria, and documentation

requirements. Such knowledge is essential, as practitioners' competence directly influences appropriate referral decisions and adherence to referral protocols.

Nevertheless, the finding that a notable proportion of respondents had low knowledge is concerning and points to gaps in training, orientation, and continuous professional development. In a system where referral decisions are often time-sensitive and clinically critical, insufficient knowledge among a segment of health workers can result in delayed referrals, inappropriate referrals, or complete failure to initiate referral when necessary. The knowledge disparity may be attributed to difference professional cadre, years of experience, access to in-service training and exposure to updated referral guidelines. This finding corroborate the finding of Abdelwahid et al, (2010) and Mannon, (2014) that knowledge of health referral system and modalities are different among health care practitioners and this affect the adoption and implementation of referral health programme in health care delivery system.

The moderate variability in knowledge scores further highlights the need for standardized and regular training interventions across all levels of care. Strengthening health workers' knowledge base is particularly important at the primary health care level, where early recognition of cases requiring referral is fundamental to the efficiency of the entire health system.

Health care practitioners expressed a generally positive perception of the effectiveness of health referral services, particularly regarding timely access to appropriate care, continuity of care, and improved patient outcomes. However, negative perceptions were expressed regarding the reduction of complications and the effectiveness of inter-facility



communication. These operational weaknesses undermine the overall efficiency of referral services and may offset potential gains in patient outcomes. This suggests that referral services function as intended practitioners recognize their value in enhancing quality of care and optimizing patient management across levels of the health system.

However, practitioners expressed negative perceptions regarding the ability of referral services to reduce complications and treatment delays as well as the effectiveness of inter-facility communications. These perceptions likely reflect real operations challenge rather than theoretical shortcomings of the referral systems itself. Poor communications between referring and receiving facilities can led to delays in patient reception, duplications of investigations and fragmented care. When compounded by weak transport systems and absence of feedback, these issues can negate the potential benefits of referral services. The findings is in agreement with that of Afoloranmi et al, (2018), that explain the nature of effectiveness of the referral system and the divergent opinions from health care practitioners.

The coexistence of positive overall perceptions with dissatisfaction in specific operational areas suggests that referral services in Edo state are conceptually sound but practically constrained. This findings underscores the importance of moving beyond policy formulation to address implementation bottlenecks. The findings reinforces the argument that effective referral systems require not only structural components but also functional coordination and accountability mechanisms

The findings demonstrated that referral service implementation is influenced by a complex interplay of system-level, provider-

level, and patient-related factors. Key influences include adequate funding, availability of functional ambulance services, effective communication systems, management support, health workers' knowledge of referral procedures, and patient-related financial constraints. These results highlight the need for a holistic health systems approach to strengthening referral services.

Key system level factors included adequate funding, availability of functional ambulance services and effective communication between facilities. These findings emphasize the importance of logistical and financial support in enabling referral services to function effectively. Without adequate funding and transport infrastructure, referral decisions may be delayed or rendered ineffective, regardless of practitioner competence. Institutional and practitioner related factors such as availability of clear referral guidelines, management support and supervision and health workers' knowledge of referral procedure were also identified as influential. These factors highlight the role of leadership, governance and capacity building in shaping referral practices. Strong management support can foster adherence to referral protocols, while supervision ensures accountability and quality assurance. This finding is in agreement with that of Asuka et al (2016) that enumerated funding, proper documentation, management support and health workers' knowledge as factors to the implementation of health referral in health care delivery system.

Patient related factors, particularly financial constraints were equally acknowledged as influencing referral implementation. Patients' inability to afford transportation or associated costs can result in non-compliance with referral advice, thereby undermining the referral system. This finding reflects broader socioeconomic barriers to health care access



and underscores the need for social protection mechanism with referral policies

Although referral services are moderately implemented, the findings are collectively reveal persistent challenges that hinder optimal functioning. These include inadequate feedback systems, weak communication channels, insufficient emergency transport, and uneven practitioner knowledge and patient financial barriers. These challenges interact to create delays, discontinuities and inefficiencies within the referral process. This findings is in corroboration with that of Nakayuki et al (2021) that expressed several challenges such as poor communication gap, poor feedback mechanism to the implementation of health referral system.

From a public health perspective, such challenges have a significant implication. Ineffective referral systems can lead to delayed diagnosis, diseases progression, increased complications, prolonged hospital stays and higher health care costs. They also contribute to overcrowding at secondary and tertiary health facilities while underutilizing primary health care centres thereby distorting the intended referral hierarchy.

Conclusion

From the findings of the study, it is concluded that health referral system help to facilitate continuity in health care between and within the levels of health care system. Again, health referral services are implemented to a moderate to high extent in public health facilities in Edo State; health care practitioners generally demonstrated a moderate level of knowledge of health referral services guidelines, although some exhibited positive perception to the effectiveness of health referral system. Also factors influencing the implementation of health referral system include adequate funding, availability of functional ambulance

services, effective communication systems, management support, health workers' knowledge of referral procedures, and patient-related financial constraints

Recommendation

From the findings and conclusion of the study, the following recommendations are made;

1. Government and health authorities should strengthen the implementation of referral services in public health facilities through improved monitoring, supervision, and enforcement of standardized referral protocols across primary, secondary, and tertiary health care levels.
2. Regular training programmes, workshops, and continuous professional development should be organized for health care practitioners to improve their knowledge and understanding of health referral guidelines and procedures.
3. Health authorities should establish efficient communication platforms, including digital referral systems and structured feedback mechanisms, to enhance coordination and information exchange between referring and receiving health facilities.
4. Government and health management boards should ensure the availability of functional ambulance services and emergency transportation facilities to facilitate timely and safe patient referrals.
5. Health facility administrators should provide adequate managerial support, supervision, and provision of referral documentation tools to ensure adherence to referral protocols and improve accountability within the referral process.
6. Policies such as health insurance expansion, referral support funds, or transportation subsidies should be introduced to reduce patient-related financial barriers that hinder compliance with referral decisions.



7. Periodic assessment of referral system performance should be conducted to identify implementation gaps and ensure continuous improvement in the effectiveness of referral services within public health facilities.

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