



Exploring Patient Referral Denial: A Case Study of One Health Facility in Chipata District- Zambia

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DOI: <https://doi.org/10.55248/gengpi.5.0324.0763>

ABSTRACT

Patients visit health facilities in search of satisfactory health care services. When Medical Doctors decide that the patient requires superior diagnostic attention or specialized management, they prepare a referral letter, organize in-transit care so that the patient can receive the required care. However, in the children's ward at one of the regional hospitals in Eastern Province, Zambia, approximately 1 out of 10 refuse referral to the higher level of care. The objective of this study was to investigate refusal reasons. This study reviewed 5 patients' files reported to have had declined referral between January and December, 2023. This study found that extended family members such as grandmother, auntie, uncle were usually decision makers of the referral refusal. Reasons cited for refusal include: worry about how they would survive in a strange urban land where they did not have relatives, desire to use Traditional Medicines and escape from the excessive costs associated with transporting the dead body in case their relative died in a foreign land. This study recommends meaningful engagement of patients and their family members by Health Care Workers.

Key Words: Referral, Refusal, reasons, prognosis, worry

I. INTRODUCTION

Medical care has been an important contributor to the health of society, helping to cope with disease or injury and in more recent times to prevent disease and promote health (Wojtczak 2003:3). Fully resourced Health Care facilities provide satisfactory health care service to patients rapidly restoring their original health and functionality in a matter of hours, days, weeks or months. This is particularly significant as a 'healthy population will translate into increased productivity, and drive to sustainable economic growth (Adesina 2016: 1). 'Improved health leads to longer life expectancy, better educational performance, increased savings and investment, decreased debt and health care expenditure, and increased productivity' (Signé 2021). With regard to Africa, scholars have identified inadequate human resource for health, inadequate budgetary allocations to healthcare, and poor leadership and management in healthcare as leading challenges in the healthcare sector (Oribe et al., 2019:399).

Health facilities at the edge of the continuum in the levels of Health Care have capacity constraints to provide high quality health care services. They have inadequate resources – qualified staff, equipment, reagents, finances and many other requisites for performing a diagnosis testing and launching satisfactory methods of treatment. In such facilities, the norm becomes 'do what you can and refer what you can't'. Patient referral from lower referral levels of healthcare to higher referral level of health care facility exposes patients to experts, advanced diagnostic tools that ultimately assists patients access desirable health care. The World Health Organization (WHO) defines patient referral as a 'process in which a health worker at a one level of the health system, having insufficient resources (drugs, equipment, skills) to manage a clinical condition, seeks the assistance of a better or differently resourced facility at the same or higher level to assist in, or take over the management of, the client's case' (Bhattacharya, 2017:). Patient referral can be 'vertical, horizontal or diagonal' (USAID 2017: 5). Usually the 'too sick' group of patients constituted referred patients (Gopalan & Vasconcellos, 2019). Even ambulant patients refuse their case managers' referral (Choi, Vences & Caamano, 2022).

In Zambia, most referrals are vertical. They are initiated from a lower level of health care to a higher level of health care. When a health care facility has identified a patient due for referral, the patient and family members are made aware of the facility limitations and the urgent need to have the patient evacuated to a higher level of care. Additionally, a referral letter and an emergency ambulance- transport is arranged for the patient. However, at the regional hospital in Chipata District, Zambia, 5 patients between January and December, 2023 could not accept to be referred to the University Teaching Hospital Lusaka situated about 580 kilometres from Chipata despite marshalling all the necessary arrangements of a referral letter, transport and in-transit care.

The objective was to explore who precisely made the decision to refuse, what were the reasons for refusing referral for specialized treatment.

II. Materials and Methods

Study Design: The study used qualitative desk appraisal

Study Location: The study was conducted in Chipata District, Zambia.

Study Duration: It was conducted in December, 2023

Sample size : 5 patients' files

Inclusion criteria: Only patients files for patients who declined

Exclusion criteria: Patients' files where patients accepted referral.

III. Procedure Methodology

The study used desk review. The study was conducted at the largest health facility in Chipata District, Zambia. A total of 5 patients' files from Children's ward were reviewed. These files were inscribed with Doctors' comments that they had declined referral to a higher level. The patients were scheduled for evacuation approximately 570 kilometres west of Chipata District. Data analysis used Content Analysis. Permission to conduct this inquiry was sought from hospital management.

Theory

The study was guided by the Social Exchange theory. Sociologist George Homans is credited with developing Social Exchange Theory. The basic concept of the theory is that every social interaction can viewed in terms of 'economic principles around rewards and costs' (Redmond 2017). Rewards may range from being loved, respected, socially accepted, attractive to others, or having opinions and judgments approved by others, all depend upon other people (Redmond 2017). Regarding this study, patients especially their close family members, as decision-makers, conducted the benefit/loss analysis and found that refusing a referral to Lusaka outweighed accepting.

IV. Results

The sample consisted of 5 patients files admitted between January and December 2023. This study found that referral denial was common among patients diagnosed with hydrocephalus, malignancies and congenital abnormalities. Parents from low socio-economic status were five times more likely to decline referral than those from the middle or upper class. This study also found that the decision to decline referral mostly came from extended family members such as uncle, auntie and grandmothers.

Table 1. Illustrates patients' condition and decision makers in declining referral

PATIENT'S DIAGNOSED CONDITION	PARENTS'SOCIO-ECONOMIC STATUS	DECISION MAKER IN DECLINING REFERRAL
Hydrocephalus	Low	Grandmother
Malignancy	Low	Auntie
Congenital Heart Problem	Low	Uncle
Hydrocephalus	Low	Grandmother
Leukaemia	Low	Step father

i. Conditions for which referrals were declined

This study found that conditions such as Hydrocephalus, malignancies, congenital problems were some of the medical conditions for which referrals were categorically declined despite medical counselling. Medical records showed that external family members based on past family medical history to make decisions. Any strange condition absent from the family history was looked upon as strange and supernatural.

ii. Reasons for declining patient referral

The Desk review conducted on the 5 patients' files revealed the following: to use alternative medicines, no phone to communicate back home, no money for survival in a strange land and to escape the burden of transporting and burying a dead body. With regard to the use of alternative medicine, records revealed that family members appealed that since the local hospital had tried its best with modern medicines and that the patient's condition had not

improved, referral elsewhere could not mean much therefore, the family needed to seek Traditional Health Practitioners' alternative medicines. Others submitted the excuse of lack of a phone to maintain communication with family members back home who could support the patient and the bedsider while away. Those who feared transport and burial costs burden were wary of the negative patient's prognosis with eventual death in a strange land far away from ancestral homeland. How would they finance transportation and burial in the village nearly a thousand kilometres away? One file revealed that family members had never been to the capital city, how would therefore, survive without relatives to care.

V. Discussion

This study found that declining referral for children's diagnosis and further management from lower levels of health care to higher levels of health care in Zambia is common especially in conditions such as hydrocephalous, congenital abnormalities, malignancies, heart problems and other medical and surgical conditions. These findings are similar to those of Gopalan & Vasconcellos (2019) whose study in South Africa found that malignancy, cardiac failure and Pulmonary Tuberculosis were associated with increased odds of refusal (Gopalan & Vasconcellos 2019: 650). The objective of this study was to find out reasons for refusal of referrals to higher levels of care of paediatric patients at the largest hospital in Chipata District to Lusaka the capital city of Zambia. This study found that referral refusal was prompted by worry, fear and uncertainty to survive in a strange land due to financial challenges faced by the parents to patients. Choi, Vences and Caamano (2022) in their study found that Worry/anxiety/preoccupation due to financial crises was the reason for refusing referrals. It was also triggered by the desire to use Traditional Medicines following a spell of non-improvement despite aggressive treatment. Gopalan and Vasconcellos (2019) also found that premorbid functioning was also significantly more likely to lead to refusal in comparison with good premorbid functioning (Gopalan & Vasconcellos 2019:650).

Conclusion

Patients visit health facilities in search of satisfactory health care services. When Medical Doctors decide that the patient requires superior diagnostic attention or specialized management, they prepare a referral letter, organize in-transit care so that the patient can receive the required care. However, at one of the regional hospitals in Eastern Province, Zambia, 1 out of 10 refuse referral to the higher level. The objective of this study was to investigate refusal reasons. This study found that extended family members such as grandmother, auntie, uncle were usually decision makers of the referral refusal. Reasons cited for refusal include: worry about how they would survive in a strange urban land where they did not have relatives, desire to use Traditional Medicines and escape from the excessive costs associated with transporting the dead body in case their relative died in a foreign land.

Recommendations

Medical referrals are done to help patients receive the desired health care services. While cases that have clear negative prognosis, Health Care Workers should educate and counsel family members for possible Home Based Care, other cases have potential for a positive outcome especially for children who should be supported in every possible way. Such cases therefore, require effective engagement with family members to enable them fully understand for their informed decision.

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