

Associated Factors of Satisfaction on the Referral Services among Clients in a Department of Health-Retained Hospital

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ABSTRACT

This study assessed the factors associated with satisfaction in referral services at a Department of Health-retained hospital in Surigao City, Philippines. Using a quantitative descriptive-predictive design, data were collected from referred clients through consecutive sampling with the use of a structured questionnaire measuring demographic characteristics and key dimensions of satisfaction, including admission, treatment, communication, time, customer service, and discharge processes. Findings revealed that clients were generally satisfied, with higher ratings in procedural aspects such as admission and discharge, and comparatively lower ratings in communication and customer service. Regression analysis identified treatment, communication, and customer service as significant predictors of overall satisfaction, while most demographic characteristics showed no significant predictive relationship. The study concludes that clinical competence must be complemented by effective interpersonal engagement to achieve comprehensive client satisfaction. The results support the Confirmation-Disconfirmation Theory, emphasizing that meeting patients' relational expectations is central to delivering excellence in referral services.

Keywords: Client Satisfaction, Referral Services, Communication, Customer Service, DOH-retained Hospital, Nursing Management

INTRODUCTION

The referral system is a critical component of healthcare delivery because it ensures that patients receive appropriate and timely care through coordinated movement across different levels of the health system. Globally and nationally, referral systems are designed to strengthen continuity of care, reduce delays, and improve collaboration among healthcare providers (WHO, 2020). In the Philippines, the Department of Health (DOH) and the Universal Health Care Law emphasize clear communication, proper documentation, timely transfer, and coordinated handoff processes, with nurses playing central roles in referral initiation, patient coordination, communication, and discharge planning (DOH, 2019). Their continuous involvement throughout the referral process positions nurses as key influencers of patient experience and satisfaction.

In many DOH-retained hospitals, particularly in geographically isolated and resource-limited provinces such as Surigao, referral challenges remain evident. Clients commonly experience fragmented communication, long waiting times, unclear admission guidance, and incomplete discharge instructions, all of which are closely associated with nurse-led referral processes. Client satisfaction serves as an important indicator of referral service quality and includes admission procedures, timeliness of care, communication effectiveness, waiting time, customer service, and discharge processes. Studies show that higher satisfaction improves treatment adherence, patient trust, and follow-up compliance, while dissatisfaction may delay care-seeking behaviors and negatively affect outcomes (Tessem et al., 2021; Wang et al., 2022). Research also indicates that demographic factors such as age, gender, education, occupation, and income shape clients' perceptions of referral quality (Alharbi et al., 2020; Mohammed et al., 2022).

Despite growing evidence internationally, limited empirical studies have examined referral satisfaction among Filipino clients, particularly within DOH-retained hospitals where nurses play a major role in the referral

pathway. Existing literature rarely explores the influence of demographic factors on satisfaction with nurse-managed referral procedures in the Philippine context. Addressing this gap, the present study aims to determine the level of client satisfaction with referral services and identify demographic factors associated with satisfaction among clients in a DOH-retained hospital in Surigao City. The findings may guide nursing management in improving communication, coordination, triage, and discharge practices while supporting SDG 3 (Good Health and Well-being) and SDG 10 (Reduced Inequalities) through strengthened, equitable, and patient-centered referral systems.

Research Questions

This study was to assess whether the personal characteristics and dimensions of client satisfaction predicted the overall satisfaction on the referral services among clients referred to a Department of Health (DOH) retained hospital in the Surigao City, Philippines for the first quarter of 2026.

The study specifically answered the following queries:

1. What were the personal characteristics of the client in terms of:
 - 1.1 age;
 - 1.2 gender;
 - 1.3 educational attainment;
 - 1.4 residence (Urban/Rural);
 - 1.5 occupation;
 - 1.6 marital status; and
 - 1.7 monthly household income?
2. What was the level of client satisfaction on referral services in terms of:
 - 2.1 admission process;
 - 2.2 treatment;
 - 2.3 communication;
 - 2.4 time (promptness and waiting time);
 - 2.5 customer service;
 - 2.6 discharge process; and
 - 2.7 overall client experience on referral services?
3. Which among the personal characteristics predicted the overall client experience on referral services?
4. Which dimensions of client satisfaction on referral services predicted the overall client experience on referral services?
5. What referral services improvement plan was proposed based on the findings of the study?

Statement of Null Hypothesis

H₀₁: The personal characteristics did not predict the overall client experience on referral services.

H₀₂: The dimensions of client satisfaction on referral services do not predict the overall client experience on referral services.

REVIEW OF RELATED LITERATURE AND STUDIES

Department of Health Mandate for Referral Services. A strong and functional referral system is a core requirement of the Philippine healthcare delivery structure under the Universal Health Care Act or Republic Act No. 11223 of 2019. The Department of Health (DOH) emphasizes that referral systems should ensure continuity of care through coordinated mechanisms that promote timely patient transfer, efficient communication, accurate documentation, and responsive service delivery (DOH, 2019). The National Health

Referral System (NHRS) framework further requires health facilities to implement standardized referral forms, maintain communication channels, establish structured triage and admission systems, and ensure proper feedback and documentation during transfer and discharge processes (DOH, 2020). These policies aim to address operational challenges such as delays in admission, incomplete clinical information, communication gaps, and inconsistent discharge practices, which remain barriers to effective referral management (Mendoza & Valdez, 2021; Santos et al., 2022).

Under DOH guidelines, referral services must remain patient-centered, equitable, and efficient, with nurses serving as key implementers responsible for communication, patient handover, coordination, and reinforcement of treatment instructions (DOH, 2020; DOH, 2021). Studies emphasize that the quality of communication and coordination provided by nurses significantly influences clients' perceptions of referral services (Garcia & Dela Cruz, 2023; Lopez, 2024). DOH-retained hospitals carry greater responsibility as receiving centers for complex cases and are expected to maintain operational readiness and compliance with national referral standards. However, studies in Philippine hospitals continue to report inefficiencies in communication, waiting time, and discharge planning that negatively affect patient satisfaction (Reyes et al., 2023; Villaflor & Pineda, 2024). These findings highlight that client satisfaction with referral services reflects the hospital's adherence to standards on communication, coordination, timeliness, and documentation and serves as an important basis for identifying operational gaps in referral care.

Referral Services in Hospitals. Hospitals play a central role in ensuring continuous and appropriate care through efficient referral systems that connect lower-level facilities with higher-level hospitals for timely access to specialized services. A well-functioning referral pathway improves patient flow, reduces overcrowding, and strengthens coordinated care, while challenges such as limited capacity, insufficient personnel, and inadequate diagnostic resources continue to affect referral effectiveness (Jamal et al., 2024). Recent developments highlight the growing use of digital referral platforms that improve coordination and tracking, despite concerns regarding data privacy and partner engagement (Cartier et al., 2020). During the COVID-19 pandemic, hospitals demonstrated the importance of adaptable referral systems, strong leadership, and coordinated protocols in sustaining referral operations (Carenzo et al., 2020). In the Philippine context, structured interventions such as standardized checklists, triage coordination, and improved staff communication significantly reduced referral turnaround time and enhanced documentation compliance (Tan, 2025). However, persistent concerns involving fragmented coordination, incomplete referral documentation, and limited access to specialized services continue to challenge healthcare delivery (Espiritu & San Jose, 2021; Laurito, 2022). Studies further emphasize that integrated referral models, including warm handoffs and hospital-community collaboration, improve patient satisfaction, treatment adherence, and continuity of care (Escobar et al., 2021).

Client Satisfaction with Referral Services. Client satisfaction is an important indicator of healthcare quality in referral services because it reflects the efficiency, communication, and overall experience throughout the referral process. Studies show that satisfaction is strongly influenced by coordination between referring and receiving facilities, provider communication, and timely referral processes, while poor feedback systems and weak coordination contribute to dissatisfaction and reduced confidence in healthcare services (Guddu & Demissie, 2022). Hospital and outpatient studies further demonstrate that interpersonal interaction, physician attentiveness, cleanliness, efficient services, and clear explanations significantly improve satisfaction levels (Asamrew et al., 2020; Melesse et al., 2022). Recent evidence also highlights the role of technology in strengthening referral experiences, with electronic referral systems improving communication, transparency, and patient involvement (Mohammed & Huebner, 2020). Moreover, organizational factors such as management systems, staff training, technological support, and patient-centered processes contribute substantially to referral efficiency and client satisfaction, whereas poor communication and ineffective management hinder service quality (Seyed-Nezhad et al., 2021).

Associated Factors on Referral Services. Referral services in hospitals are influenced by multiple interacting factors that affect efficiency, patient satisfaction, and health outcomes. Communication between healthcare providers, smooth facility coordination, staff competence, and institutional management are consistently identified as essential determinants of effective referral systems. Studies found that better communication,

professional experience, and coordinated referral acceptance improve satisfaction and referral outcomes, whereas poor coordination contributes to treatment delays and weak feedback mechanisms (Guddu & Demissie, 2022). Institutional and patient-related factors also influence referral patterns. Higher educational attainment, limited medicine availability, previous hospital visits, and low awareness of referral procedures increase self-referral behavior, while financial protection through health insurance alters healthcare utilization and expectations (Abere et al., 2021). System-level issues such as inadequate technology, insufficient staffing, and limited emergency capacity further affect referral effectiveness and continuity of care (Jamal et al., 2024). Additionally, waiting time, triaging systems, and technology-supported scheduling significantly influence referral efficiency and accessibility (Bontia & Babsa-Ay, 2024).

Client satisfaction with referral services is also shaped by demographic characteristics and prior healthcare experiences. Age, educational attainment, socioeconomic status, and previous hospital encounters influence perceptions of healthcare quality and referral efficiency. Older clients generally report higher satisfaction, while individuals with higher educational levels tend to have greater expectations regarding communication and service responsiveness (Alemu et al., 2023). Financial capability and insurance coverage also affect referral compliance and healthcare-seeking behavior (Abere et al., 2021). Previous hospital experiences influence satisfaction and expectations, with repeated exposure creating benchmarks that shape perceptions of care quality. Furthermore, provider professionalism and effective communication remain essential factors across demographic groups, as respectful interactions and clear explanations improve satisfaction, while poor communication contributes to frustration and dissatisfaction (Guddu & Demissie, 2022).

RESEARCH METHODOLOGY

Design. This study utilized a quantitative descriptive–predictive research design. In application to this study, the descriptive component of the study measured and described two major sets of variables: the personal characteristics of the referred clients such as age, sex, civil status, educational attainment, income, occupation, and residence, and their satisfaction levels with referral service dimensions, specifically admission, treatment, communication, time, customer service, and discharge processes. For the predictive component, these same variables personal characteristics and satisfaction dimensions were treated as independent variables to determine whether they significantly predicted the overall client experience with referral services, which served as the dependent variable.

Environment. This study was conducted in a level 2 hospital located in Surigao City, a major urban center in the northeastern part of Mindanao, Philippines.

Respondents. A total of 200 respondents who have availed of the hospital’s referral services were included in this study.

Sampling Design. This study employed consecutive sampling. This sampling was conducted over a two-month period during the first quarter of 2026.

Inclusion Criteria and Exclusion Criteria. The study included clients aged 18 years old and above who availed of the hospital’s referral services during the data collection period. Pediatric patients were included if accompanied by a parent or legal guardian serving as the direct decision-maker. Respondents were required to have personally undergone or directly participated in the referral process and voluntarily agreed to participate after explanation of the study purpose and confidentiality procedures. Individuals who were not direct decision-makers, clients below 18 years old without a parent or legal guardian, and those who did not personally experience the referral process were excluded to ensure that data reflected valid and firsthand experiences of referral services from respondents directly involved in referral-related decision-making.

Instrument. The study utilized a two-part instrument to assess personal characteristics and client satisfaction with referral services. Part I gathered respondents’ demographic information including age, gender, educational status, residence, occupation, marital status, and monthly household income, which were considered associated factors influencing satisfaction. Part II adopted the Client Satisfaction with Referral Service Questionnaire from Tsegay et al. (2021), consisting of 15 items across seven domains: Admission Process, Treatment,

Communication, Time, Customer Service, Discharge Process, and Overall Experience. Responses were measured using a 5-point Likert scale ranging from Strongly Disagree to Strongly Agree, with higher scores indicating greater satisfaction. Mean scores were computed for each domain and for overall satisfaction using the following interpretation: Very Satisfied (4.21–5.00), Satisfied (3.41–4.20), Neutral (2.61–3.40), Dissatisfied (1.81–2.60), and Very Dissatisfied (1.00–1.80). The instrument demonstrated strong reliability, with a Cronbach’s alpha of 0.89, confirming its suitability for measuring client satisfaction with referral services (Tsegay et al., 2021).

Data Gathering Procedures. The data gathering process followed three phases: pre-data gathering, actual data gathering, and post-data gathering. During the pre-data gathering phase, the researcher secured approval of the research title and proposal, obtained institutional permission from the selected DOH-retained hospital, and acquired ethical clearance from both the hospital’s Ethics Committee and the university Research Ethics Committee to ensure compliance with ethical principles. During actual data gathering, pen-and-paper questionnaires were administered to qualified respondents over a three-month sampling period after explaining the study purpose, confidentiality measures, and voluntary participation; completed questionnaires were immediately retrieved and checked for completeness. In the post-data gathering phase, responses were reviewed, encoded into a secure electronic database, and analyzed using appropriate statistical techniques. Findings were organized and interpreted based on existing literature, while all physical and electronic data were securely managed and disposed of according to ethical data protection guidelines to ensure confidentiality and data integrity.

Statistical Treatment of Data. Frequency distribution and simple percentage to describe the personal characteristics of clients, including age, gender, educational status, residence, occupation, marital status, and monthly household income. Mean score and standard deviation were used to determine the level of client satisfaction across the dimensions of admission process, treatment, communication, time, customer service, discharge process, and overall experience, with the mean reflecting satisfaction level and the standard deviation indicating response variability. Multiple linear regression was applied to determine whether clients’ personal characteristics and dimensions of referral service satisfaction significantly predicted overall client satisfaction, allowing identification of factors contributing most to client experience and supporting evidence-based improvements in the hospital referral system.

Ethical Considerations. Ethical considerations are an essential component of any research study. The study was submitted to the ethics committee of both the university and the hospital. Ethical approval was sought prior to the start of data gathering to ensure that the welfare of the respondents was protected.

PRESENTATION, ANALYSIS, AND INTERPRETATION OF DATA

Table 1 Profile of the respondents

Profile	<i>f</i>	%
Age		
18 to 35 years old	109	54.50
36 years old and above	91	45.50
Sex		
Male	117	58.50
Female	83	41.50
Highest Educational Attainment		
Elementary Level	31	15.50
Elementary Graduate	5	2.50
High School Level	29	14.50
High School Graduate	32	16.00
College Level	29	14.50
College Graduate	74	37.00
Residence		

Urban	43	21.50
Rural	157	78.50
Occupation		
Privately employed	55	27.50
Government employed	57	28.50
Student	27	13.50
Housewife	8	4.00
Pensioner	1	.50
Business	52	26.00
Marital Status		
Single	19	9.50
Married	181	90.50
Monthly Income		
Below 10,000 / month	53	26.50
11,000 to 15,000/ month	79	39.50
16,000 to 20,000/ month	25	12.50
21,000 to 30,000 / month	26	13.00
31,000 and above	17	8.50

Note. $n=200$.

The respondents profile served as an important predictor of client satisfaction within the referral system, as variables such as age, residency, education, and income shaped expectations and perceptions of service quality. The predominance of a younger and educated population suggests that satisfaction is strongly influenced by efficiency and modern service delivery, where technologically savvy clients are likely to value speed and smooth transitions during referral processes. Residency also emerged as a critical factor, with nearly 80% of respondents residing in rural areas where access to specialized healthcare is limited. For these clients, satisfaction is influenced by how effectively referral services reduce geographic barriers and facilitate access to urban-based expertise, especially considering the unequal distribution of specialists in the country (Tantengco & Velayo, 2023). Furthermore, educational attainment and financial status contribute to more critical evaluations of hospital procedures and perceived service value. Clients with higher educational backgrounds tend to expect transparent communication and professional standards, while those belonging to low-to-middle income groups associate satisfaction with efficiency and cost-effectiveness. Delays and redundant processes may increase hidden costs and diminish perceived value. Supporting this, recent evidence suggests that service efficiency directly influences perceived value and satisfaction among patients in developing regions (Cui et al., 2025).

Table 2 Client Satisfaction on Referral Services

Dimensions	Mean score	SD	Interpretation
Admission Process			
1. I was notified of my referral.	4.34	0.473	Strongly agree
2. The referral process was generally easy, hassle-free, and timely.	3.52	0.501	Agree
Factor mean	3.93	0.332	Satisfied
Treatment			
1. I was satisfied with the care given to me at the health center.	3.70	0.462	Agree
2. The healthcare provider was knowledgeable and the treatment was appropriate for my referral.	4.15	0.410	Agree
Factor mean	3.92	0.325	Satisfied
Communication			
1. I was satisfied with the written/verbal communication from the healthcare provider.	3.78	0.415	Agree
2. The case manager for my referral was responsive and helpful.	3.86	0.353	Agree
Factor mean	3.82	0.271	Satisfied

Time			
1. I am satisfied with the time spent to get referral.	3.63	0.484	Agree
Factor mean	3.63	0.484	Satisfied
Customer Service			
1. The staff was professional and responsive.	3.73	0.445	Agree
2. I was able to get the information I needed.	4.19	0.389	Agree
3. The staff was helpful, courteous, and friendly.	3.57	0.496	Agree
Factor mean	3.83	0.283	Satisfied
Discharge Process			
1. I received discharge papers pertinent to my referral.	4.00	0.000	Agree
2. I was given adequate advance notice of my referral from the health center.	4.00	0.000	Agree
Factor mean	4.00	0.000	Satisfied
Overall Client Experience			
1. I would recommend this program to a friend or family member.	3.00	0.000	Neither agree nor disagree
2. I would come back to this health center.	3.62	0.487	Agree
Factor mean	3.31	0.243	Neither satisfied nor dissatisfied

Note. $n=200$.

Legend: A mean score between 1.00 and 1.80 (strongly disagree) very dissatisfied, 1.81 to 2.60 (disagree) dissatisfied, 2.61 to 3.40 (neither agree nor disagree) neither satisfied nor dissatisfied, and 3.41 to 4.20 (agree) satisfied, and 4.21-5.00 is (strongly agree) very satisfied.

The results in Table 2 revealed that the highest satisfaction ratings were observed in the Discharge Process (4.00) and Admission Process (3.93), suggesting that the hospital effectively manages structural aspects of referral services such as coordination, documentation, and patient movement. However, lower ratings in Communication (3.82), Time (3.63), and Customer Service (3.83) reveal gaps in interpersonal and operational aspects of care. While patients perceived the referral system as functional, they appeared less satisfied with communication quality, waiting time, and staff friendliness. Effective communication remains essential because it ensures patient understanding, reduces anxiety, and promotes involvement in care decisions (Marshall et al., 2025). The lower rating on staff helpfulness and friendliness (3.57) further suggests that interactions may be more procedural than compassionate, possibly influenced by heavy workloads and high patient volume. Similar findings indicate that empathy and responsiveness are important determinants of patient satisfaction and healthcare outcomes (Adhikary et al., 2023). Overall, although technical processes were implemented efficiently, the overall client experience remained neutral (3.31), indicating that the hospital has achieved functional service delivery but has yet to establish stronger patient-centered interactions and emotional connection with clients.

Table 3 Profile Predicting Client Satisfaction on Referral Services

Variables	B	Std error	Beta	T	p value	Decision	Interpretation
(Constant)	3.365	.165		20.400	.000		
Age	.006	.037	.013	.169	.866	Failed to reject Ho	Not significant
Sex	-.026	.036	-.053	-.739	.461	Failed to reject Ho	Not significant
Highest educational attainment	.026	.011	.195	2.296	.023	Reject Ho	Significant
Residence	-.046	.043	-.077	-1.060	.290	Failed to reject Ho	Not significant
Occupation	-.009	.009	-.073	-.986	.325	Failed to reject Ho	Not significant
Marital status	-.019	.063	-.023	-.302	.763	Failed to reject Ho	Not significant
Monthly income	.002	.017	.010	.123	.902	Failed to reject Ho	Not significant

Legend: Significant if p value is $\leq .05$. If R-squared value < 0.3 is None or Very weak effect size, if R-squared value $0.3 < r < 0.5$ is Weak or low effect size, if R-squared value $0.5 < r < 0.7$ is Moderate effect size, and if R-squared value $r > 0.7$ is Strong effect size.

The regression analysis revealed that the overall model was non-significant ($F=1.684$, $p=.115$), indicating that demographic variables collectively did not significantly predict client satisfaction with referral services. The R^2 value of .058 and Adjusted R^2 of .024 demonstrated a very weak effect size, suggesting that only a small proportion of satisfaction variance was explained by profile characteristics. This finding indicates that clients experienced referral services consistently regardless of age, sex, residence, occupation, marital status, and income, reflecting equitable service delivery across diverse groups. Among the variables examined, only highest educational attainment significantly predicted satisfaction ($B=2.296$, $p=.023$), while all other demographic factors remained non-significant. This suggests that the referral system operates through a standardized process that provides similar experiences across patient groups, which is particularly important in healthcare settings where access remains a challenge (Tantengco & Velayo, 2023). Furthermore, the Adjusted R^2 of .024 indicates that 97.6% of the variance in satisfaction was influenced by factors outside demographic characteristics, emphasizing that satisfaction is driven more by service quality and operational processes than by patient profiles. These findings highlight the need to strengthen communication, interpersonal care, and other service delivery dimensions rather than focusing on demographic-based interventions.

Table 4 Dimensions of Client Satisfaction on Referral Services Predicting Overall Client Satisfaction on Referral Services

Variables	B	Std error	Beta	T	p value	Decision	Interpretation
(Constant)	3.548	9.456		.375	.708		
Admission Process	.037	.051	.050	.720	.473	Failed to reject Ho	Not significant
Treatment	.123	.051	.164	2.404	.017	Reject Ho	Significant
Communication	.207	.062	.230	3.347	.001	Reject Ho	Significant
Time	-.008	.036	-.016	-.230	.818	Failed to reject Ho	Not significant
Customer service	.155	.061	.181	2.543	.012	Reject Ho	Significant
Discharge process	-.554	2.349	-.016	-.236	.814	Failed to reject Ho	Not significant

Legend: Significant if p value is $\leq .05$. If R-squared value < 0.3 is None or Very weak effect size, if R-squared value $0.3 < r < 0.5$ is Weak or low effect size, if R-squared value $0.5 < r < 0.7$ is Moderate effect size, and if R-squared value $r > 0.7$ is Strong effect size.

The regression analysis in table 4 revealed that the overall model was statistically significant ($F = 4.458$, $p = .000$), with an R^2 value of .122, indicating that Treatment, Communication, and Customer Service explained 12.2% of the variance in overall client satisfaction. Among these predictors, Communication emerged as the strongest predictor ($p = .001$), emphasizing that effective communication significantly shapes patients' perceptions of referral services. Clear and meaningful communication reduces anxiety, enhances understanding of care decisions, and improves the perceived quality of referral experiences (Alomar et al., 2024). Treatment also significantly predicted satisfaction ($p = .017$), reinforcing the importance of clinical competence and perceived appropriateness of care as core elements of patient satisfaction (Zhu et al., 2025). Similarly, Customer Service ($p = .012$) highlighted the importance of staff responsiveness and interpersonal behavior, with patient-centered interactions being associated with stronger therapeutic relationships and better outcomes (Niu et al., 2025). In contrast, Admission Process, Time, and Discharge Process were not significant predictors despite their high ratings, suggesting that these dimensions may be considered routine expectations rather than factors that enhance satisfaction. Overall, the findings suggest that strengthening relational aspects of care, particularly communication, treatment quality, and customer service, may have a greater impact on improving overall satisfaction than procedural efficiency alone.

CONCLUSION AND RECOMMENDATIONS

Conclusion. Based on the findings, the study concludes that providing a high-quality referral service requires a balance between medical expertise and effective interpersonal interaction. The results directly support the Confirmation–Disconfirmation Theory (CDT). According to this theory, satisfaction occurs when the actual service meets or exceeds the client's prior expectations (confirmation). The high satisfaction in Admission and Discharge suggests that the hospital met the clients' expectations for procedural efficiency. However, the lower

scores in Communication and Customer Service indicate a "negative disconfirmation," where the human interaction did not fully meet the standards expected by the clients, particularly among those with higher educations.

Recommendations. The study recommends implementing the Referral Services Improvement Plan under the supervision of nursing administrators to strengthen communication protocols, improve customer service delivery, and address gaps in relational quality identified by clients. The findings may contribute to nursing education by serving as reference material in Nursing Leadership and Management, Quality Improvement, Patient-Centered Care, Research Methodology, and in teaching quantitative approaches such as multiple regression analysis. At the policy level, hospital administrators and nursing leaders are encouraged to standardize referral pathway policies by defining Referral Navigator roles, ensuring the availability of bilingual educational materials, and institutionalizing regular empathy training for frontline personnel. Integrating communication-based satisfaction metrics into operational and strategic plans is also recommended to promote accountability and transparency. Furthermore, the study may be disseminated through publications and academic presentations to increase research visibility, while future studies are encouraged to further explore referral services through diverse methodologies and healthcare settings, particularly focusing on referral transparency, predictors of satisfaction, and the experiences of rural clients navigating referral systems.

REFERRAL SERVICES IMPROVEMENT PLAN

Rationale

Effective referral services are essential in ensuring continuity of care, patient safety, and a smooth transition across different levels of healthcare facilities. High-quality referral systems require not only efficient clinical and administrative processes but also effective communication and empathetic customer service. Findings of the study showed that although clients were generally satisfied with referral services in the DOH-retained hospital, gaps remained in interpersonal dimensions, particularly in Communication and Customer Service, which obtained the lowest satisfaction ratings. Regression analysis further identified Communication, Customer Service, and Treatment as significant predictors of overall client satisfaction. While Admission and Discharge processes were highly rated procedurally, they did not significantly influence overall satisfaction, suggesting that clients increasingly value relational quality alongside procedural quality. Therefore, the Referral Services Improvement Plan is proposed to address these gaps and strengthen patient-centered referral care.

General Objective

To enhance the overall quality of referral services by strengthening communication protocols, improving customer service delivery, and sustaining clinical treatment excellence to achieve higher client satisfaction and better health outcomes.

Areas of Concern	Objective	Key Activities	Strategies/	Persons Involved	Time Frame	Success Indicators
Client Satisfaction & Quality Improvement	Sustain continuous feedback and service improvement	Conduct quarterly client surveys; recognition programs	quarterly satisfaction implement	Nursing Service, ICMU, Unit Nurses	Quarterly /Ongoing	Sustained "Very Satisfied" ratings; improvement reports
Communication Enhancement	Improve clarity and timeliness of referral information	Implement Referral Briefing; provide bilingual information materials	Referral Protocol; bilingual	Referral Coordinator, Unit Nurses, OPCEN	Q3 2026	Communication score >4.20; 100% client briefing compliance
Customer Service Excellence	Strengthen empathy and responsiveness	Conduct empathy and patient-centered care workshops; establish customer service support	empathy and patient-centered care establish	Chief Nurse, HR, Unit Nurses	Q3–Q4	Customer service reaches "Very Satisfied" level

Clinical Treatment & Safety	Maintain quality and safety during referral transitions	Conduct referral case reviews; standardize SBAR handover	Medical Director, Department Heads, Unit Nurses	Starting Q4	High treatment scores; zero adverse events
Physical & Digital Integration	Utilize digital systems to improve referral efficiency	Launch referral tracking or SMS notification system	IT Department, Hospital Administrators	Q1	Reduced inquiries; improved satisfaction
Stakeholder Engagement	Strengthen referral coordination among facilities	Conduct annual consultative meetings with RHUs and hospitals	Hospital Director, DOH, OPCEN	Annual	Reduced incomplete documentation; strengthened partnerships

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