Perceived Challenges and Barriers on Inter-Hospital Referral System

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Abstract— The Philippines faces increasing concerns over healthcare accessibility and affordability (Weiler, 2018), exacerbated by the COVID-19 pandemic (Lim, 2020). Despite efforts to address these issues, the healthcare sector still faces challenges, notably the need to enhance the referral system. This study aimed to gather nurses' perspectives on the barriers and challenges of the current inter-hospital referral system in government-owned hospitals in Pangasinan, Philippines. A survey method was used as part of the study's descriptive research design to gather information. The total sample is eighty (80) registered nurses employed by the provincial government of Pangasinan. Results revealed a significant difference in one variable of perceived challenges to the inter-hospital referral systems and the demographic profile. However, no statistically significant correlation emerged between perceived barriers to inter-hospital referral systems and demographic variables of respondents. The research proposes an intervention plan titled "SPEEDING Towards the Success of Patient Care Coordination on Interhospital Referral System by Redefining the Referral Pathway."

Indexed Terms- Barriers, Challenges, Nurses, Referral System

I. INTRODUCTION

In recent years, the Philippines has seen increasing concerns over healthcare accessibility and affordability (Weiler, 2018). The COVID-19 pandemic further highlighted the inadequacies of healthcare systems, prompting intensified government initiatives (Lim, 2020). The Universal Health Care (UHC) Act, or Republic Act 11223, was implemented to address these issues, aiming for equitable access to quality healthcare for all Filipinos (DOH, 2020). Positive developments have been made, including improved health budget utilization, and increased coverage by the Philippine Health Insurance Corporation (PHIC). Despite ongoing efforts to address these issues, the healthcare sector still faces challenges, notably the need to enhance the referral system (Omole V. et al., 2017).

Referral is transferring patients to facilities with better resources, specialists, or equipment to ensure adequate care. The referral system was designed to optimize the use of primary, secondary, and tertiary healthcare levels, each offering distinct medical professionals, health services, and complexity of treatment (Alkinaidri et al., 2018). In addition, it is a critical element of primary health care (PHC), aligning with the Declaration of Alma-Ata or the PHC principle of treating patients as close to their homes as possible, at the lowest level of care, and equipped with the necessary skills and expertise, as highlighted by Seyed-Nezhad et al. (2021).

Implementing an efficient referral system remains a challenge for the healthcare sector, particularly in countries in India. While India's three-tiered healthcare delivery system suggests a hierarchy for patient referrals based on resource availability and necessity, the absence of a written policy on referrals has led to patients seeking treatment at any facility, regardless of illness severity. As a result, higher-level hospitals are burdened with outpatient department (OPD) cases that could be managed at primary healthcare facilities, contributing to overcrowding. To address these challenges, Seyed-Nezhad, Ahmadi, and Akbari-Sari (2021) highlight key factors vital for a successful referral system: coordination between facilities, communication channels, transportation logistics, trained staff, and performance monitoring. In addition, the significance of addressing referral center responsiveness and waiting times is emphasized, as these affect system efficiency.

Despite its importance, challenges such as an unstable internet, financial constraints, and patient attitudes persist. Poor internet access can lead to treatment delays or misdiagnosis, while financial constraints deter seeking specialized care, particularly among low-income individuals. Effective coordination between healthcare levels is vital for minimizing waste and ensuring timely, appropriate care. (Omole et al., 2017).

In August 2021, House Bill No. 9633 established the National Patient Navigation and Referral System (NPNRS), previously known as the One Hospital Command System (OHCS) during the COVID-19 pandemic. It aims to strengthen nationwide healthcare delivery and allocate appropriate funding, employing physical command centers, trained personnel, advanced technology, partner networks, and monitoring mechanisms (Concha, 2022).

The Philippine Health Facility Development Plan 2020-2040 emphasizes the need to elevate the current bed-to-population ratio and expand or construct new facilities, particularly infirmaries, while considering human resources, funding, and operational needs to ensure the success of these efforts (DOH, Philippine Health Facility Development Plan 2020-2040).

The province of Pangasinan has 14 government hospitals, all classified as level 1, with two exceptions: the Pangasinan Provincial Hospital (PPH) and Eastern Pangasinan District Hospital (EPDH), classified as level 2. These higher-level facilities offer intensive care units, departmentalized services, respiratory therapy, tertiary clinical laboratory services, and advanced imaging facilities. Meanwhile, the Region 1 Medical Center (R1MC) is the sole level 3 accredited government-owned health facility. However, with a population over 3.1 million (as of the 20202 Census), the province's standard bed-to-population ratio of 1 bed per 1,000 population indicates a need for urgent government intervention. Insufficient bed capacity risks overcrowding, understaffing, and dissatisfaction among patients and healthcare workers, ultimately affecting care quality and the healthcare system (Peters et al., 2020).

To achieve the goals of the referral system, it is crucial to overcome any obstacles that may hinder its implementation. The current structures of the inter-hospital referral system could be better, highlighting the need to identify the challenges and barriers involved. Nurses play a crucial role as navigators within the system and have firsthand experience and oversight, which makes their input second to none. This research aims to gather nurses' perspectives on the barriers and challenges of the existing inter-hospital referral system and their recommendations for improving communication, coordination, and continuity of care.

II. METHODOLOGY

The researcher utilized a descriptive research design to evaluate the obstacles and challenges nurses face concerning the inter-hospital referral system in government-owned hospitals in Pangasinan. As per Sandra Siedlecki's (2020) definition, descriptive research methodically illustrates, observes, or verifies aspects of groups through measurable data in their natural environment. The researcher used the descriptive survey method to gather data on respondents' demographic profile, and perceptions of barriers and challenges in the referral system. The survey questionnaire underwent validation by experts and approval by the office of the Provincial Hospital Management System.

The participants were registered nurses currently employed and serving in select district and community government hospitals. The sample size is composed of eighty (80) respondents, distributed evenly across four (4) hospital strata, with each stratum consisting of twenty (20) registered nurses employed by the provincial government of Pangasinan.

The data that was gathered in the study was subjected to an appropriate statistical tool to answer the specific problems of the study. To answer the first problem, the study used descriptive statistics, particularly percentage and frequency count, to determine the respondents' age, sex, civil status, position in the hospital, employment status, monthly salary income, years in service, area of assignment, shifting schedule, and the number of training and seminars attended.

To answer the second problem, the average weighted mean and the five-point Likert-type scale were used to describe the frequency with which the respondents encountered perceived challenges of the inter-hospital referral system in terms of physical, social, financial, and emotional aspects.

To answer the third problem, the average weighted mean and the five-point Likert-type scale were used to describe the extent to which the respondents agreed with the perceived barriers to the inter-hospital referral system in terms of interpersonal and professional.

To answer the fourth problem, the Pearson correlation coefficient was used to determine the significant relationship between the nurses' perceived barriers to the inter-hospital referral system across their demographic profile variables.

To answer the fifth problem, the Analysis of Variance (ANOVA) was used to determine the significant difference between the nurses' perceptions of the challenges of the inter-hospital referral system

across the respondents' demographic profile variables.

III. RESULTS AND DISCUSSION

A. Profile of the Respondents

The profile of the respondents is categorized as follows:

1. Age. The majority of the respondents are 31 to 40 years old, accounting for fifty (50) out of 80, or 62.5 percent, followed by eighteen (18), or 22.5%, who are between the ages of 21 and 30 years old; seven (7), or 8.8%, are between 41 and 50 years old; and five (5), or 6.3%, are between 51 and 60 years old and are nearing retirement age. This aligns with a study by the University of the Philippines Population Institute (UPPI) and the Demographic Research and Development Foundation (DRDF) in August 2020, which found the average age of health professionals in the Philippines to be 33 for men and 35 for women.

2. Sex. Fifty-eight (58), or 72.5%, are females, while twenty-two (22), or 27.5%, are males. Undoubtedly, nursing has been widely regarded as a predominantly female profession. Despite the strides made toward gender equality through equal education opportunities for both sexes, nursing continues to be primarily dominated by women (Mao et al., 2021).

3. Civil Status. Of the 80 respondents, forty-two (42), or 52.5%, are still single, thirty-five (35) or 43.8% are married, and the other three (3), or 3.7 percent, are widows/widowers. This finding means that, given the young age profile of most of the respondents, it is not a surprise that half of the nurses are single.

4. Position in the hospital. Seventy-five (75) respondents, or 93.7%, are staff nurses, four (4), or 5%, are head nurses, and only one (1), or 1.3%, is a nurse supervisor. According to the findings, the progression of a nurse's career in a government hospital in the Philippines could be more active. Attaining a supervisory position is influenced by factors including length of service, availability of positions, possession of eligibility or advanced degrees, and requisite expertise.

5. Employment Status. Forty (40), or 50%, are currently working as a job order; thirty-one (31),

or 38.7%, are casual; seven (7), or 8.8%, are permanent government employees; and the remaining two (2), or 2.5%, work on a contractual basis. The result is indicative that most of the employees in the government hospitals in Pangasinan are still under job orders and are casual.

6. Monthly Salary Income. A total of sixty-nine (69), or 86.23%, are currently earning between P10,958 to P21,914, while eight (8), or 10%, are receiving monthly wages between P21,915 to P43,828. Three (3) respondents, or 3.8%, earn below P10,957. The result implies that many respondents earn within the self-rated poverty (SRP) threshold of P15,000.

7. Area of Assignment. Thirty-five (35), or 43.7%, are currently assigned to the emergency department (ED), while eighteen (18), or 22.4%, are working in the medical wards, and ten (10), or 12.5%, provide care in the delivery room (DR) and obstetric ward (OB), six (6), or 7.5%, offer care in the isolation ward, four (4), or 4.9%, render services at the operating room, three (3), or 3.6 percent work on a rotational basis, two (2), or 2.5%, are in the pediatric unit, another one (1), or 1.2%, stays at the nursery ward, while the remaining one (1), or 1.2, is assigned in the intensive care unit. The results show that nearly half of the respondents are emergency care nurses. Transferring a patient almost always happens at the ED after completing triage, and the physician determines the patient's subsequent needs.

8. Shifting Schedule. Seventy-five (75), or 93.8% of the respondents, work in a 12-hour shifting schedule, while the remaining 6.3%, or six (5) respondents, work in an 8-hour shift or regular working hours. This result implies that all nurses working in different ward areas render a 12-hour duty. In contrast, those who work a regular working shift are either chief nurses or hold a supervisory position. The Department of Health (DOH) has established a technical advisory group of experts to address any concerns arising in the nursing sector (Naval, 2023).

9. Number of Years in Service. Twenty-seven (27) respondents, or 33.8%, have been in the nursing service for 1 to 5 years, followed by twenty-one (21) respondents, or 26.3%, who have rendered 6

to 10 years in their respective hospitals; seventeen (17), or 21.3%, have less than a year of service; thirteen (13), or 16.3%, have spent 11–15 years of service; and the remaining two (2), or 2.5%, have more than 16 years of service in the government.

10. Number of Trainings and Seminars Attended. Many respondents have attended about 1 to 3 trainings and seminars, accounting for 38.8%, or thirty-one (31). Twenty (20), or 25%, have taken part in about 4 to 6; nineteen (19), or 23.8%, have more than ten; five (5), or 6.3%, had 7 to 9; and another five (5), or 6.3%, have no relevant training and seminars yet. This result means that training and workshops among the nurses in government hospitals are sufficient.

Table I. Distribution of Respondents in Terms of Their Profile Variables

n=80

Variables		Frequency (f)	Percentage (%)
Age	21-30 years old	18	22.5
	31-40 years old	50	62.5
	41-50 years old	7	8.8
	51-60 years old	5	6.3
Sex	Male	22	27.5
	Female	58	72.5
Civil Status	Single	42	52.5
	Married	35	43.8
	Widow/Widower	3	3.7
Position in the Hospital	Nurse Supervisor	1	1.3
	Head Nurse	4	5
	Staff Nurse	75	93.7
Employment Status	Permanent	7	8.8
	Casual	31	38.7
	Contractual	2	2.5
	Job Order	40	50
Monthly Salary Income	Below P10,957	3	3.8
	P10,958- P21,914	69	86.2
	P21,915-P43,828	8	10
Years in Service	Less than a year	17	21.3
	1-5 years	27	33.8
	6-10 years	21	26.3
	11-15 years	13	16.3
	16 years and above	2	2.5
Area of assignment	Medical Ward	18	22.5
	Emergency Room	35	43.75
	Pediatric Ward	2	2.5
	Isolation Ward	6	7.5
	Delivery Room and Obstetric Ward	10	12.5
	Nursery Ward	1	1.2
	Operating Room	4	5
	Intensive Care Unit	1	1.2
	Rotational	3	3.75
Shifting Schedule	8 hours	5	6.3
	12hours	75	93.8
Number of Trainings and Seminars Attended	1-3	31	38.8
	4-6	20	25
	7-9	5	6.3
	Ten and above	19	23.8
	No related training	5	6.3

B. Perceived Challenges on Inter-hospital Referral System by the Respondents in terms of:

a. Physical Aspect

Based on the data analysis, the average weighted mean score is 3.16, corresponding to the descriptive equivalent of "Sometimes." This finding indicates a discernible influence of the physical attributes of the current referral system on how the respondents view the transfer of patients between hospitals.

The descriptor "There is limited bed availability in the referral facility" received the highest rating of 3.78, corresponding to "Frequently.", indicating it is frequently perceived as a significant challenge in referring patients. This aligns with projections showing a continuous decrease in the average number of hospital beds per 1,000 people in the Philippines, reaching 0.88 by 2028 (Degenhard, 2023).

Moreover, the indicator "There is a great distance from the referring facility to the referral facility" received the second highest rating of 3.65, denoting frequent challenges due to geographical distance. Accessing emergent and higher-level care in resource-limited countries (RLCs) can be hindered by travel distance, impacting care-seeking decisions and patient outcomes.

Table II. Perceived Challenges in the Inter-hospital Referral System in Terms of Physical Aspect

	Indicators	Weighted Mean	Descriptive Equivalent
1.	There is a great distance from the referring facility to the referral facility geographically.	3.65	F
2.	The means of transportation (ambulance) is not always available.	2.18	Se
3.	There is limited bed availability in the referral facility.	3.78	F
4.	The communication between the referring facility and the referral facility is fragmented.	3.47	F
5.	There is a delay in the transfer due to the non-availability of equipment and resources (medical skills, workforce, drugs, etc.).	3.40	S
6.	There is limited access to specialized care.	3.62	F
7.	There is a time constraint.	3.40	S
8.	The patient's safety was compromised during the transfer.	2.55	Se
9.	Infection control is at risk.	2.86	S
10.	There is a lack of interdisciplinary collaboration regarding the patient's condition.	2.73	S
	Average Weighted Mean	**3.16**	**S**

b. Social Aspect

The average weighted mean score of all indicators is 2.92, indicating a descriptive equivalent of "sometimes." It suggests that respondents perceive the social aspect of the interhospital referral system as a significant challenge.

The indicator denoting the presence of communication and information-sharing problems, such as unstable internet connectivity, down-system of the telecommunications service provider, lack of electricity, and generator, was rated at 3.35 with a descriptive equivalent of "sometimes." The network connectivity utilized during the coordination and communication of patient care can sometimes be unreliable. In the health IT infrastructure, network connectivity is a vital component. With the integration of connected medical devices and other IT tools in digital environments, dependable networks are crucial to allow providers to interact with information more efficiently and dedicate more time to patient interaction.

The rating for the indicator "Perceived competition and professional recognition among health workers from referring and referral facilities" is 3.07, which means it happens sometimes. Creating a conducive and healthy work atmosphere is essential to sustaining an adequate nursing workforce. Frequent exposure to workplace bullying is strongly linked to nurses' inclination to leave their current workplace. This exposure is associated with an increased intention for turnover, which undermines organizational retention efforts (Muharraq, 2022).

Table III. Perceived Challenges in the Inter-hospital Referral System in Terms of Social Aspect

	Indicators	Weighted Mean	Descriptive Equivalent
1.	There are communication and information-sharing problems like unstable internet connectivity, a system of the telecommunication service provider, lack of electricity, and or generator, etc.	3.35	S
2.	There is a lack of interdisciplinary collaboration and cooperation regarding patient care.	2.90	S
3.	The inter-organizational relationships and culture are not harmonious.	2.76	S
4.	There is a conflict of power dynamics in the organization	2.72	S
5.	Accountability and responsibility on the outcome of referral were put into question.	2.86	S
6.	There is perceived competition and professional recognition among the health workers from the referring and referral facilities	3.07	S
7.	Ethical considerations on patient care were raised	3.23	S
8.	Trust and confidence in the referral system were put into question	2.88	S
9.	The interpersonal relationships among colleagues are in jeopardy.	2.66	S
10.	There is the presence of documentation and administrative burden.	2.73	S
	Average Weighted Mean	**2.92**	**S**

c. Financial Aspect

The average weighted mean is 2.88, equivalent to "Sometimes" in descriptive terms, indicating that respondents perceive the financial aspect of the interhospital referral system as challenging.

The highest indicator was related to the uncompensated time involved due to long waiting times resulting in overstays at the referral facility, with a rating of 3.51, which corresponds to a descriptive equivalent of "Frequently." It suggests that the respondents frequently experienced longer waiting times during transfers and needed to be adequately compensated. In 2019, the Supreme Court ruled that the Nursing Act must be enforced and that nurses should receive no less than a salary grade of 15. Despite this decision, the execution of the law has created further controversy (Tolentino, 2021).

The indicator "The cost of specialized care is burdensome" received a rating of 3.38, which corresponds to the descriptive equivalent of "Sometimes.", suggesting that while progress has been made in implementing the Universal Healthcare Act, the financial burden of hospitalization may still be perceived as a concern.

Table IV. Perceived Challenges in the Inter-hospital Referral System in Terms of Financial Aspect

	Indicators	Weighted Mean	Descriptive Equivalent
1.	There is an issue with the cost of transportation (ambulance).	2.55	Se
2.	There is limited reimbursement for the incurred costs in the referring facility.	2.55	Se
3.	There is insufficient resource allocation in the referring facility and referral facility.	2.82	S
4.	There is an issue regarding equipment and procedural cost, as requested by the referral facility.	3.06	S
5.	There is an administrative burden present.	2.63	S
6.	There is an incurred out-of-pocket expense.	2.47	Se
7.	There is uncompensated time involved due to a long waiting time of resulting in overstay at the referral facility.	3.51	F
8.	There is inadequate cash on hand.	2.95	S
9.	The cost of specialized care is burdensome.	3.31	S
10.	There is a lack of funding for support services.	3.01	S
	Average Weighted Mean	**2.88**	**S**

c. Emotional Aspect

The average weighted mean score of 2.86 is equivalent of "Sometimes" for most indicators. This suggests that the respondents perceived the emotional aspect of the inter-hospital referral system as challenging.

For many years, medicine has been considered a logical and intentional profession. However, healthcare providers also face the challenge of managing a diverse range of emotions, and adequate healthcare results from a multifaceted interplay of various factors, such as organizational and contextual considerations. Emotions are critical in clinical judgment, particularly as patients become more engaged in their care. Clinical practice is also founded on relationships, and emotions play a vital role in teamwork, leadership, and patient experience, all of which are essential components of healthcare. As awareness of the emotional impact of patient safety incidents grows, it is increasingly important to address these issues to promote the well-being of both patients and healthcare professionals.

Table V. Perceived Challenges in the Inter-hospital Referral System in Terms of Emotional Aspect

	Indicators	Weighted Mean	Descriptive Equivalent
1.	There was a solid emotional impact experienced from the patients and their families.	3.38	S
2.	There is an occurrence of communication breakdown and interpersonal challenges to cope with.	3.00	S
3.	Ethical dilemmas in patient care weigh you down.	2.78	S
4.	There is a high level of uncertainty and anxiety felt during the process of referral.	3.06	S
5.	There is an administrative burden present. The loss of continuity of care is perceived during the transition of care at the referral facility.	2.68	S
6.	There is difficulty coping with moral distress and compassion fatigue.	2.78	S
7.	There is a negative impact on nurse-patient relationships.	2.42	Se
8.	There is an emotional toll or exhaustion of critical situations felt during the referral process.	2.95	S
9.	The is difficulty coping with adverse outcomes of the referral.	2.81	S
10.	There increase in workload with time constraints brings forth a negative attitude.	2.72	S
	Average Weighted Mean	**2.86**	**S**

C. Perceived Barriers to Inter-hospital Referral System by the Respondents in terms of:

a. Interpersonal Aspect

The average weighted mean score is 2.40, equivalent to a descriptive "Disagree" rating for most indicators. This means that respondents did not perceive personal factors as a significant barrier in the interhospital referral systems.

Personal resilience is defined as the capacity to confront and surmount adverse circumstances (Henshall et al., 2020). Nurses are faced with mounting pressure in the healthcare industry. As such, personal resilience has become an indispensable element in managing work-related stress, maintaining job satisfaction, practicing self-care, addressing the challenges of retaining a highly skilled workforce, and promoting staff well-being (Foster et al., 2019; Slatyer et al., 2017).

Table VI. Perceived Barriers to Inter-hospital Referral System in Terms of Interpersonal Aspect

	Indicators	Weighted Mean	Descriptive Equivalent
1.	There is a lack of knowledge, skills, and experience regarding the referral system	2.21	D
2.	There is ineffective time management and a sense of prioritization.	2.42	D
3.	There is low emotional resilience perceived.	2.41	D
4.	There is poor communication skills.	2.13	D
5.	There is a lack of confidence and assertiveness.	2.13	D
6.	There is insufficient organizational support.	2.65	U
7.	There is resistance to change perceived.	2.51	D
8.	Easily succumb to increased workload and burnout.	2.50	D
9.	There is limited autonomy/ decision-making.	2.48	D
10.	There is not too little self-care or work-life balance (one tends to overdo one aspect of life).	2.55	D
	Average Weighted Mean	**2.40**	**D**

b. Professional Aspect

Results showed that the average weighted mean of all the indicators is 2.97, equivalent to "Uncertain". This indicates that the participants perceived the professional aspect as a barrier to the interhospital referral system, leading to uncertainty.

The need for more explicit guidelines regarding transferring or accepting patients once a decision has been made has been found to support the existing challenges care providers face during interhospital transport (IHT). Additionally, incompatible electronic health records make it difficult for healthcare providers to access data from the referring institution. Other vital elements of the transfer process crucial for ensuring patient safety are overlooked, such as protocols for exchanging patient information and transferring completed imaging results. Consequently, hospitals are left to develop their own protocols for IHT, which often differ between hospitals (Gupta & Mueller, 2015).

Table VII. Perceived Barriers to Inter-hospital Referral System in Terms of Professional Aspect

	Indicators	Weighted Mean	Descriptive Equivalent
1.	There is limited interdisciplinary collaboration.	2.76	U
2.	The information and communication system/tool is inefficient.	2.81	U
3.	There is inadequacy in the allocation of funds and resources.	2.93	U

4. Limited inter-organizational relationships are observed.	2.96	U	
5. There is a lack of standardized referral processes. /There is inconsistency in referral protocols.	3.03	U	
6. There is a time constraint and an increased workload.	3.30	U	
7. There is limited training and education regarding the referral system in the facility and the partner age.	3.10	U	
8. There is little to no leadership support.	2.81	U	
9. There are legal and regulatory constraints involved.	3.01	U	
10. There is a lack of feedback and quality improvement processes.	3.02	U	
Average Weighted Mean	**2.97**	**U**	

D. Significant Relationship Between the Perceived Barriers Across the Demographic Profile Variables

The results indicate that there is no statistically significant correlation between the perceived barriers to interhospital referral systems in terms of interpersonal and professional aspects and the profile variables of the respondents. These findings imply that the presence or absence of perceived barriers does not appear to be determined by any specific characteristics of the respondents. Therefore, the researcher accepts the null hypothesis.

In their 2021 review, Rawlinson et al., found that system-level barriers were most related to financial issues such as insufficient long-term funding and inadequate reimbursement policies. Additionally, there is a lack of national/political leadership and legal constraints for expanding roles. Organizational challenges included limited human resources and inadequate training. Interprofessional collaboration and support needed improvement, while hierarchical structures between disciplines created power imbalances. Professionals expressed concerns about the need for clarity regarding the roles of professionals, fear of losing territory/professional identity, and a lack of shared vision and goals. Poor communication between actors was also highlighted as a significant barrier.

Table VIII. Analysis of Variance Between the Perceived Challenges Across the Demographic Profile Variables

PROFILE VARIABLES	PHYSICAL (Sig.)	SOCIAL (Sig.)	FINANCIAL (Sig.)	EMOTIONAL (Sig.)
Age	.135	.056	.378	.442
Sex	.269	.194	.137	.196
Civil Status	.390	.605	.653	.966
Position in the Hospital	.387	.353	*.024	.376
Employment Status	.284	.884	.866	.156
Monthly Salary Income	.087	.200	.311	.323

Area of Assignment	.684	.559	.448	.637
Shifting Schedule	.138	.198	.603	.657
Years in Service	.422	.360	.850	.983
Related Training and Seminar Attended	.418	.361	.746	.399

Legend: *. Correlation is significant at the 0.05 level.

E. Significant Difference Between the Perceived Challenges Across the Demographic Profile Variables

The findings demonstrate a noteworthy distinction between the perceived challenges related to the financial aspect of interhospital referral systems and the demographic variables of the respondents, specifically their positions within the hospital.

The statistical analysis resulted in a computed p-value of .024, tested at a 0.05 significance level, thus rejecting the null hypothesis.

Nursing is a significant expense in healthcare systems, accounting for approximately 33% of the hospital budget. Head nurses who manage nursing units control labor costs, a substantial part of a hospital's budget. As a result, they play a vital role in cost-saving and contributing to the hospital's financial stability. A study by Bai et al. in 2017 found that head nurses are crucial to balancing high-quality patient care with sound financial management. To optimize resource utilization and promote cross-departmental experience, hospital institutions should provide a platform for departments to study successful strategies. Additionally, a few participants highlighted the need for data-driven cooperation.

Table IX. Pearson Correlation Coefficient Between the Perceived Barriers Across the Demographic Profile Variables

PROFILE VARIABLES		INTERPERSONAL	PROFESSIONAL
Age	Pearson Correlation	-.058	.050
	Sig. 2 (tailed)	.612	.659
Sex	Pearson Correlation	.182	.209
	Sig. 2 (tailed)	.106	.063
Civil Status	Pearson Correlation	-.016	-.024
	Sig. 2 (tailed)	.890	.830
Position in the Hospital	Pearson Correlation	.078	.179
	Sig. 2 (tailed)	.489	.112
Employment Status	Pearson Correlation	-.090	-.099
	Sig. 2 (tailed)	.428	.382
Monthly Salary Income	Pearson Correlation	-.082	.034
	Sig. 2 (tailed)	.469	.765
Area of Assignment	Pearson Correlation	.061	.121
	Sig. 2 (tailed)	.588	.285
Shifting Schedule	Pearson Correlation	.019	.061
	Sig. 2 (tailed)	.865	.594
Years in Service	Pearson Correlation	-.010	-.022
	Sig. 2 (tailed)	.933	.846
Related Training	Pearson Correlation	-.191	-.081

and Seminar Attended	Sig. 2 (tailed)	.090	.473

Legend: *. Correlation is significant at the 0.05 level (2-tailed).

F. Proposed Intervention Plan to Improve the Interhospital Referral System in Pangasinan Government-owned Hospitals

The findings of this study have provided the researcher with the basis for the proposal of the program "SPEEDING Towards the Success of Patient Care Coordination on Interhospital Referral System by Redefining the Referral Pathway," designed to develop and improve the communication, coordination, and continuity of care.

This two-day training seminar will focus on optimizing resource allocation, including health services, staff, and equipment, for effective deployment. It will cover the intricacies of the referral system, emphasizing decision-making and communication with referral facilities. Interdisciplinary coordination and inter-organizational relationship building across system tiers will be highlighted. The training aims to enhance "The Three C's by C" (communication, connection, coordination) and continuity of care. Through continuous education, participants will gain the necessary confidence to overcome challenges and barriers in the interhospital referral system, ensuring patient safety and quality care.

IV. CONCLUSIONS AND RECOMMENDATION

A. Conclusions

Nurses find the referral system's physical attributes the most challenging due to bed limitations, lack of specialized care access, strained inter-organizational relationships, and ineffective communication. Long distances and wait times at referral facilities hamper their performance and time management.

Moreover, the study shows that nurses excel in communication and emotional resilience, which are crucial for their career success. These traits enable them to overcome personal challenges and handle difficult work situations effectively. The findings highlight the importance of effective communication and emotional resilience in nursing, positively impacting the inter-hospital referral system.

B. Recommendations

The challenges faced by the nursing workforce in the Philippines can be effectively tackled by filling permanent positions. This would provide job security to nurses and offer them a higher salary and benefits (Alibudbud, 2023; Philippine Daily Inquirer, 2022), equating to increased job satisfaction, staff retention, and an augmented commitment to quality patient care.

The researcher advocates implementing a comprehensive interhospital referral system in collaboration with all relevant stakeholders. The researcher suggests several steps to improve the interhospital referral system; these include assessing health facilities for baseline data, ensuring government ownership for efficiency, establishing linkages to higher facilities, upgrading communication tools, providing training for healthcare teams to utilize referral mechanisms correctly, and reinforcing feedback mechanisms for smooth operation.

Moreover, the researcher strongly recommends nurses actively engage in continuing education and training for career development. This boosts competence and confidence as a healthcare professional, improving patient outcomes and job satisfaction.

Lastly, the researcher suggests implementing the proposed intervention plans to develop and improve communication, coordination, and continuity of care in the interhospital referral system.

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REFERENCES

[1] Alibudbud R. (2022). When the "heroes" "don't feel cared for": The migration and resignation of Philippine nurses amidst the COVID-19 pandemic. *Journal of Global Health*, 2, 03011. https://doi.org/10.7189/jogh.12.03011

[2] Al Muharraq EH, Baker OG, Alallah SM. The Prevalence and The Relationship of Workplace Bullying and Nurses Turnover Intentions: A Cross Sectional Study. SAGE Open Nurs. 2022 Jan 24; 8:23779608221074655. Doi:10.1177/23779608221074655. PMID: 35097205; PMCID: PMC8796075

[3] Bai Y, et al., The challenges that head nurses confront in financial management today; a qualitative study, International Journal of Nursing Sciences (2017), http://dx.doi.org/10.1016/j.ijnss.2017.03.007

[4] Concha, Alvin S. (2022), Facilitating health care utilization through patient navigation and referral; http://spmcjournal.com/V8N1Galley/Concha/Concha.php

[5] Degenhard, J.; Aug 14, 2023; Number of available hospital beds per 1,000 people in the Philippines 2013-2028; https://www.statista.com/forecasts/1140559/hospital-bed-density-forecast-in-the-philippines

[6] Gupta K., MD, Mueller S., MD, MPH; June 2015; Interhospital Transfers: The Need for Standards; https://cdn.mdedge.com/files/s3fs-public/pdfs/journals/jhm2320.pdf

[7] Henshall C, Davey Z, Jackson D. Nursing resilience interventions way forward in challenging healthcare territories. J Clin Nurs. 2020 Oct;29(19-20):3597-3599. doi: 10.1111/jocn.15276. Epub 2020 Apr 15. PMID: 32237252; PMCID: PMC7228387.

[8] Lim, Jose Lorenzo (2020), Covid-19 and the Philippine healthcare system; https://www.ibon.org/covid-19-and-the-philippine-healthcare-system/

[9] McIntyre, Daniel, BSc & Chow, Clara MBBS, PhD, (2020), Waiting Time as an Indicator for Health Services Under Strain: A Narrative Review: https://journals.sagepub.com/doi/10.1177/0046958020910305

[10] Naval, G., August 15, 2023; DOH reviews policy on nurse shifting schedule ; https://malaya.com.ph/news_news/doh-reviews-policy-on-nurse-shifting-schedule/#:~:text=%E2%80%9CThe%20aim%20of%20this%20survey,to%20ensure%20quality%20nursing%20service

[11] Office of the Secretary, PHFDP DOH, May 2020, Primary Care Policy Framework and Sectorial Strategies

[12] Omole, V., Mora, A., Yunusa, I., Audu O., Jatau, A., Gobir, A. (2017), Knowledge, attitude, and perception of the referral system among tertiary health-care workers in Kaduna metropolis, Nigeria; https://www.bibliomed.org/mnsfulltext/67/67-1490445995.pdf?1689833113

[13] Peters A., Palomo R. & Pittet D. (2020), The excellent nursing brain drain and its effects on patient safety https://aricjournal.biomedcentral.com/articles/10.1186/s13756-020-00719-4

[14] Rawlinson C, Carron T, Cohidon C, Arditi C, Hong QN, Pluye P, Peytremann-Bridevaux I, Gilles I. An Overview of Reviews on Interprofessional Collaboration in Primary Care: Barriers and Facilitators. Int J Integr Care. 2021 Jun 22;21(2):32. doi: 10.5334/ijic.5589. PMID: 34220396; PMCID: PMC8231480.

[15] Rollins DA, Xu TT, Hoang V, et al. Distance traveled to tertiary pediatric care impacts care-seeking behavior and hospital outcomes in

Vietnam. *Journal of Global Health Reports*. 2020;4:e2020006. doi:10.29392/001c.12102

[16] Seyed-Nezhad M., Ahmadi B., & Akbari-Sari A. [2021 Dec; 10(12): 4364–4375], Factors affecting the successful implementation of the referral system: A scoping review;

[17] Siedlecki, Sandra (January 2020), Understanding Research Designs and Methods, doi: 10.1097/NUR.0000000000000493. PMID: 31789957.

[18] Tolentino A., 18 Apr 2021: Underpaid and overworked Philippine nurses would rather walk away than work at home; https://www.channelnewsasia.com/cnainsider/underpaid-overworked-philippines-nurses-hospitals-shortage-covid-1882796

[19] Weiler, Gundo Aurel (June 2018), Health for all is key for a safer, fairer, more prosperous Philippines: Philippines. https://www.who.int/philippines/news/commentaries/detail/health-for-all-is-key-for-a-safer-fairer-more-prosperous-philippines