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Exploring the Causative Factors to Non-Adherence to Continuity of Care of Geriatric Patients

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Abstract

Continuity of care is vital for managing chronic conditions in geriatric patients, yet non-adherence persists, leading to increased hospital readmissions and diminished quality of life. This phenomenological qualitative study examined the factors contributing to non-adherence among elderly patients through semi-structured interviews with geriatric patients and healthcare professionals at a tertiary government hospital in Naga City. Findings revealed key barriers, including economic constraints (medication and transportation costs), logistical challenges (long wait times, staff shortages), cultural preferences for self-medication or alternative treatments, and systemic inefficiencies (inadequate patient education, lack of follow-up tracking). Healthcare providers recommended structured interventions such as education programs, improved communication, and policy reforms, alongside community-based solutions like mobile health services and telehealth. In response, the Guiding Elders' Resilience In Action (GERIA): Community-Based Continuity of Care program was developed, focusing on patient education, accessibility support, and culturally sensitive strategies to enhance follow-up adherence. This program provides a scalable, patient-centered model for improving geriatric care continuity. The study underscores the need for integrated, community-driven approaches to address adherence challenges and optimize health outcomes for elderly patients.

Keywords: *Continuity of Care, Geriatric Patients, Non-Adherence, Healthcare Accessibility, Healthcare System Inefficiencies*

INTRODUCTION

The non-adherence to continuity of treatment is a pervasive issue that directly jeopardizes the health and welfare of our geriatric patients. Continuity of care can mitigate chronic conditions, reduce unnecessary hospitalizations, and improve the overall quality of life for geriatric individuals. However, barriers preventing geriatric patients from seeking follow-up care must first be addressed.

Many elderly individuals, often living on fixed incomes, struggle with the costs associated with healthcare, particularly in transportation and medication. Additionally, overwhelmed outpatient departments and reliance on caregivers complicate access to timely follow-up care. Cultural preferences for traditional healing methods further delay necessary medical interventions.

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Confronting these problems is essential for enhancing healthcare outcomes and ultimately elevating the quality of life for older persons as the global population ages rapidly. By improving continuity of care for elderly patients, the study aims to enhance the quality of geriatric healthcare by reducing incidence of preventable complications and hospital readmissions. The findings of this study could significantly enhance the development of healthcare policies and initiatives tailored to the complex needs of geriatric patients, ensuring they receive the dedicated care and continuous support necessary to effectively manage their chronic conditions.

Review of Related Literature

Barriers to Continuity of Care

Continuity of care is influenced by factors such as patient demographics, healthcare system structures, and geographical proximity to providers, with studies showing that closer proximity correlates with better continuity, especially for chronic conditions (Shin et al., 2022). Socioeconomic context also plays a role; individuals in affluent areas may encounter fragmented care due to diverse healthcare options (Shin et al., 2022; Khan et al., 2023).

Financial constraints significantly hindered follow-up care adherence among elderly patients, prioritizing basic needs over medical expenses leading delayed care (Mesfin & Abaynew, 2025; Fernandez-Lazaro et al., 2019; Caballero et al., 2021; Alsaad et al., 2024). The burden of healthcare costs of medications and diagnostic tests exacerbates this issue particularly for those without financial support, increasing the emergency hospitalizations (Lei et al., 2020; Guzmán et al., 2020). However, telehealth interventions and community programs can alleviate these barriers by providing cost-effective healthcare solutions (Religioni et al., 2025).

Geriatric patients often encounter transportation and accessibility challenges particularly in rural areas which require long travel for follow-up visits (Fernandez-Lazaro et al., 2019). Even urban elderly patients face issues like long waiting times which can discourage adherence to care (Dyer et al., 2022). Accessibility is especially critical for patients with disabilities, who require specialized accommodations that many facilities lack (Zhang & Han, 2022; Shin et al., 2022).

Cultural perceptions affect elderly patients' healthcare choices which delay pursuits for medical care. Many elderly patients consult faith healers and use herbal remedies over seeking medical advice, resulting in worse health outcomes and increased hospitalizations (Naghavi et al., 2019; Shahin et al., 2019). Additionally, persisting beliefs of aging as reason for their natural decline overtakes seeking medical help (Shantiaei, 2021; Mustika & Pratiwi, 2022). This perception could lead to delay or abandon treatment, thereby causing chronic conditions that could be managed through early intervention (Leijen & Herk, 2021). Many geriatric patients believe that feeling well negates the need for follow-up care, increasing their risk of complications and hospitalizations (Williams et al., 2022; Dyer et al., 2022). Older adults often discontinue medications once symptoms improve, misunderstanding the chronic nature of their conditions (O'Cionnaith et al., 2021). This underscores the necessity for culturally sensitive healthcare that integrates traditional beliefs with modern practices which can increase adherence (Nguyen et al., 2023).

Psychosocial barriers further complicate continuity of care. Mental and social factors significantly affect older adults' ability to seek and maintain care. Patients experiencing loneliness, anxiety, or depression are less likely to recognize symptoms, communicate with clinicians, or adhere to treatment (Schönenberg et al., 2021; Prabhakar et al., 2023). Social isolation also limits access, as some elderly individuals lack assistance (Porteny et al., 2020).

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Some elderly patients exhibit a general mistrust of modern healthcare systems, which exacerbates their reluctance to seek professional medical care. Elderly patients often feel more comfortable relying on family caregivers or traditional healers over healthcare providers, especially when there is a lack of understanding of medical procedures or fear of medical errors (Teo et al., 2022). Such skepticism of the medical system results in non-compliance with follow-up treatment and creates additional challenges in effectively managing chronic conditions.

Cognitive decline and multimorbidity contribute to medication non-adherence among the elderly (Walsh, 2019). Patients with memory problems are more likely to miss their medications and appointments, leading to complications and increased hospitalizations. As older adults grapple with medication adherence, it can be worsened by chronic conditions, complicated prescriptions, and incorrect dosages (Caballero et al., 2021; Nguyen et al., 2023).

Strategies to Improve Adherence among Geriatric Patients

High-quality primary care is crucial for an efficient and equitable healthcare system, with continuity of care significantly improving health outcomes and reducing mortality, especially among the elderly. Integrated care models, which promote collaboration between healthcare and social services, can address the complex needs of older adults with chronic conditions and social vulnerabilities (Ljungholm, 2022; MacInnes et al., 2020). These models enhance continuity of care (Xiong et al., 2023), reduce hospital readmissions, and improve outcomes for geriatric patients (MacInnes et al., 2020).

Understanding patient perspectives on patient-centered care (PCC) is essential, particularly as the population ages and chronic diseases rise (Vennedey et al., 2020). Key themes of PCC include coordinated and proactive care, shared decision-making, and addressing individual needs. Strategies to enhance PCC involve effective communication, personalized care plans, and fostering collaboration among healthcare workers (Huang et al., 2022).

Practical interventions such as clear communication strategies, easy-to-use medication organizers, and comprehensive support from healthcare providers to improve adherence and overall health outcomes (Aremu et al., 2022; Hartch et al., 2023; Putri et al., 2021). Success in continuity of care is credited to proper communication among healthcare practitioners and patients so that the plan of treatment is implemented even post-discharge (Nobili et al., 2021; Facchinetti et al., 2020).

Synthesis and Research Gap

Recent studies consistently confirmed that continuity of care is crucial in improving health outcomes of geriatric patients leading to reduced hospital readmissions and improved patient satisfaction. Relational and longitudinal continuity of care enhanced patient trust, facilitated effective disease management, and improved quality of life among elderly patients (Dyer et al., 2022; Ljungholm et al., 2022; Alsaad et al., 2024). Adherence to treatment regimens improved when patients experienced consistent follow-up and strong healthcare provider communication (Fernandez-Lazaro et al; 2019; Vennedey et al., 2020; Shin et al., 2022; Moser et al., 2022; Guzmán et al., 2020).

Despite these findings, barriers remained pervasive. Financial limitations, poor access to transportation, and fragmented coordination between healthcare providers often led to missed appointments and non-adherence (Hamilton et al., 2022; Nguyen et al., 2023; Ge et al., 2023). Cultural beliefs such as reliance on traditional medicine and faith-based healing delayed medical consultations and interrupted care continuity (Normayani et al., 2023; Shahin et al., 2021; Williams et al., 2022; Natividad, 2019). Gaps in systemic support such as long waiting times and poor information-sharing hindered patient follow-up (MacInnes et al., 2020; Xiong et al., 2023; Yoshimoto et al., 2022). Additionally, lack of community

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healthcare and negative hospital cultures undermined efforts to maintain continuity of care (Khan et al, 2023; Huang et al., 2022; Mesfin & Abaynew, 2025; Serina et al., 2023).

To address these barriers, a multifaceted approach was recommended across studies. Implementation of culturally sensitive, community-based programs that strengthened patient education, increasing accessibility through transportation support, and involvement of family members and caregivers in care planning are some of the proposed strategies (Caballero et al., 2021; Facchinetti et al., 2021; Lei et al., 2020). Other interventions identified included telehealth solutions (Serina et al., 2023), digital medication adherence tools (Nguyen et al., 2023), and targeted patient-centered communication strategies (Moser et al., 2022). Integrating national standards for comprehensive care could close gaps in access and coordination (Goff et al., 2023; Alsaad et al., 2024).

The current studies revealed a persistent gap in research that integrated patient, caregiver, and healthcare provider perspectives in understanding barriers to continuity of care. While most studies examined either systemic challenges or patient-related barriers, few explored these issues holistically or developed interventions directly informed by lived experiences. This study aims to bridge the gap by capturing the perspectives of all three groups and contextualizing their experiences within the cultural and socio-economic realities of geriatric patients. By focusing on barriers such as financial constraints, transportation difficulties, and cultural beliefs, the study provided a comprehensive understanding of factors affecting follow-up adherence and laid the groundwork for evidence-based, culturally sensitive interventions.

Statement of The Problem

This study explored the causative factors associated with non-adherence to continuity of care among geriatric patients, specifically focusing on their views and experiences as well as those of healthcare providers at a tertiary government hospital in Naga City.

Specifically, this leads to the possible causative factors:

1. How do geriatric patients view post-admission consultation and continuity of treatment regimen?
2. What are the barriers experienced by the patient in seeking medical consult post-admission?
3. How do cultural beliefs affect continuity of care among geriatric patients?
4. What health intervention program may be proposed based on the findings of the study?

Objectives and/or Research Hypotheses

Geriatric patients were observed to experience a significant gap in their transition from hospital to home, leading to frequent and often preventable readmissions, and that is why this study was conceived. In particular, the study's focus on a tertiary government hospital in Naga City offers valuable insights into the unique challenges faced by geriatric patients in this specific context. The results will serve as a foundation for creating programs aimed at improving access to post-admission care, such as subsidized transportation, patient education programs, and culturally sensitive healthcare strategies. By improving continuity of care for elderly patients, the study aims to enhance the overall quality of geriatric healthcare, reducing the incidence of preventable complications and hospital readmissions.

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The findings of this study could significantly enhance the development of healthcare policies and initiatives tailored to the complex needs of geriatric patients, ensuring they receive the dedicated care and continuous support necessary to effectively manage their chronic conditions.

METHODOLOGY

Research Design

This study utilized a phenomenological qualitative design to explore the lived experiences of continuity of care, emphasizing participant voices and perspectives. The design involved capturing patient perspectives through in-depth, semi-structured interviews to gather detailed narratives and reflections on care continuity, and identifying key barriers and facilitators influencing adherence to follow-up care. Additionally, it sought to develop a deeper understanding of cultural and emotional factors shaping healthcare decisions, enabling the formulation of tailored interventions to enhance geriatric care outcomes.

Participants

Purposive sampling was employed to select individuals who met specific criteria relevant to the study. The focus was on elderly patients aged 60 years and above who had been admitted and discharged from the Cardio/Pulmonary Ward (Medical Ward A) of the Tertiary Government Hospital in Naga City between October and December 2023. A total of 11 participants were included, consisting of 3 geriatric patients, 3 significant others (SOs) directly involved in the patients' care and decision-making, and 5 healthcare providers composed of 3 nurses and 2 attending physicians who were actively engaged in geriatric care.

The criteria for inclusion required that participants had been re-admitted two to three times within the past six months for the same medical condition, ensuring that they had substantial experience with non-adherence to continuity of care. Additionally, participants had to have stable vital signs at discharge and no significant cognitive impairments that might hinder their ability to communicate or provide accurate data. Exclusion criteria included patients with advanced cognitive impairments, such as those suffering from severe dementia or Alzheimer's disease, as well as those with unstable health conditions at the time of discharge.

Instruments

This study utilized a comprehensive, participant-tailored interview guide as the primary research instrument to collect essential data. To address language considerations, the interview guide was carefully translated from English to Tagalog to facilitate clarity and encourage more authentic responses. Special attention was given to terms and concepts that were difficult to translate directly, ensuring that culturally appropriate and understandable language was used. Pilot testing with a small group was conducted to refine the instrument, enhancing its adaptability and depth for diverse participant responses.

Procedure

Approvals from relevant institutions and the ethics committee were secured prior to data collection. Participants provided informed consent after being thoroughly briefed on the study's objectives and purpose as well as assured of voluntary participation, confidentiality, and privacy. Upon obtaining informed consent from participants, the researcher personally retrieved hospital records and conducted face-to-face semi-structured interviews with patients, their significant others, and healthcare providers (nurses and attending physicians) in a quiet, private area to ensure comfort and confidentiality.

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Data Analysis

A qualitative phenomenological framework was employed to explore the real-life experiences of the study participants comprehensively. The collected data was analyzed through the following:

1. Participant profiles were systematically examined to understand their contexts and unique circumstances.
2. In-depth, semi-structured interviews were conducted with geriatric patients, their significant others, and healthcare providers to elicit rich and detailed accounts about continuity of care.
3. Responses were analyzed and categorized into recurring themes representing barriers and facilitators to continuity of care.
4. Themes were synthesized into a narrative report, integrating them with illustrative quotes and examples from the data.

RESULTS

- **Present findings with tables and figures**

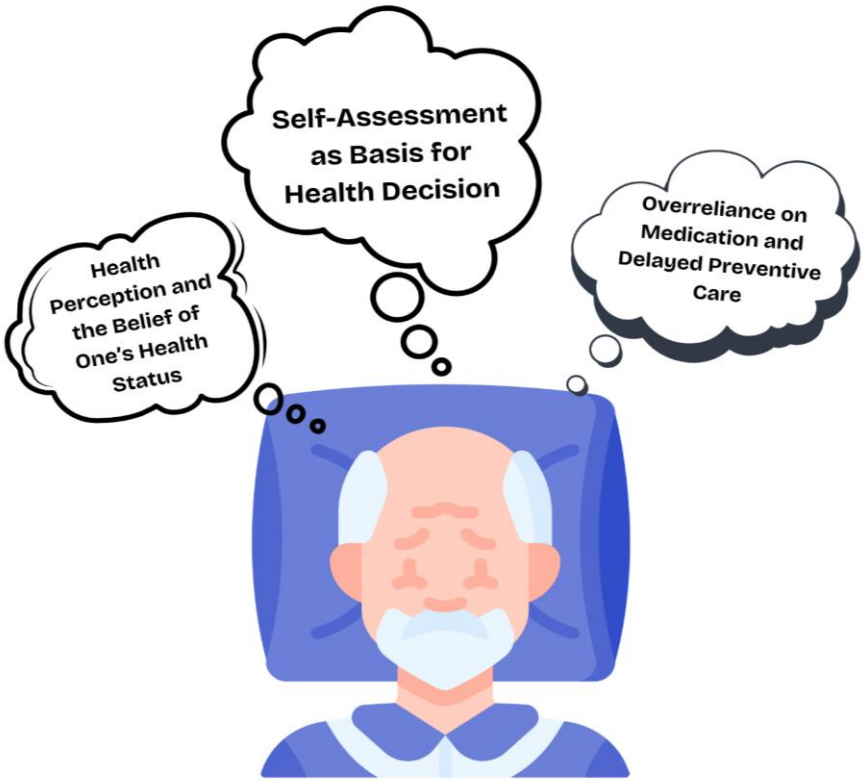

Figure 1. Geriatric Patients' View on Post-Admission Consultation and Continuity of Treatment Regimen

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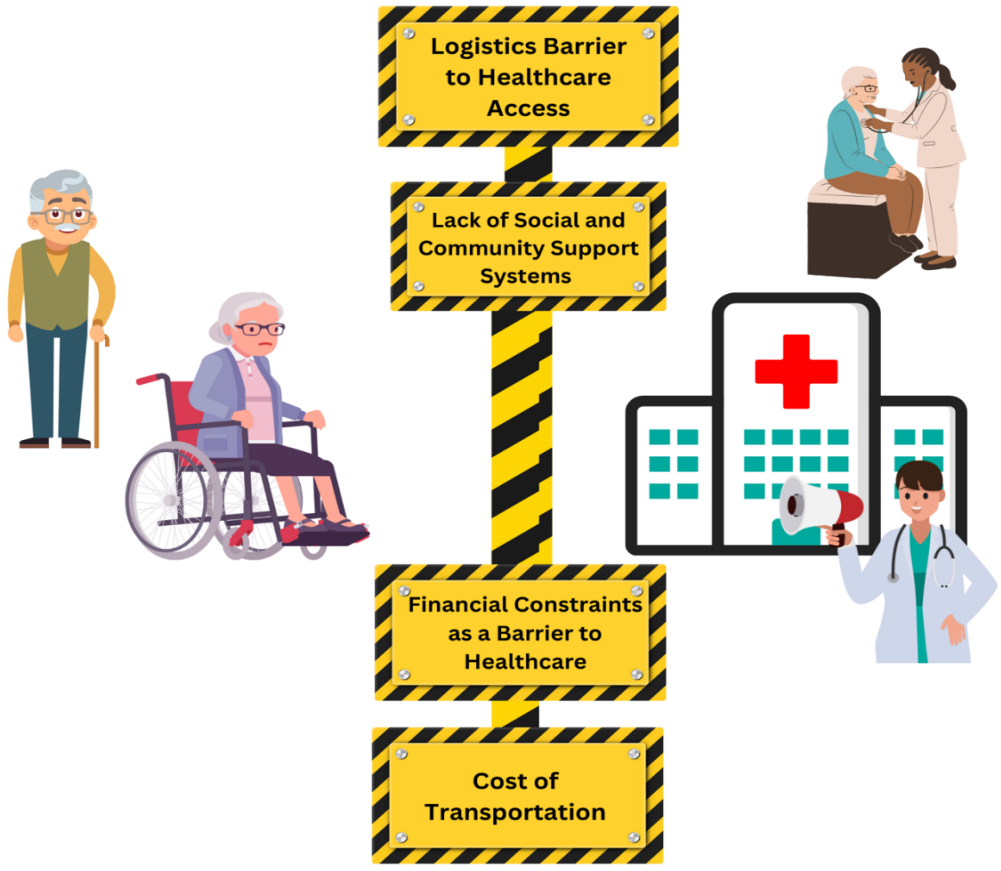

Figure 2. Challenges in Accessing Healthcare Services Post-Admission

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Figure 3. Cultural Beliefs affect the continuity of care among geriatric patients

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Figure 4. Causative Factors associated with non-adherence to continuity of care among geriatric patients

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DISCUSSION

The study explores how personal health perceptions, financial and logistical barriers, and cultural beliefs shape healthcare-seeking behaviors among elderly patients, often leading to delayed medical interventions and repeated hospitalizations.

- **Interpretation of Findings**

From the responses of the participants during the conduct of interview, three major themes were formulated and served as the direction of the presentation: Geriatric Patients View Post-Admission Consultation and Continuity of Treatment Regimen, Barriers Experienced by the Patient in Seeking Medical Consult Post-Admission and Cultural beliefs that affect continuity of care among Geriatric Patients.

Geriatric Patients View Post-Admission Consultation and Continuity of Treatment Regimen

The transition from the hospital to home is a critical phase for geriatric patients. This overview examines how individuals perceive and experience essential follow-up care, namely their post-admission consultations and ongoing management of their treatment plans, to understand their specific challenges and preferences.

Health Perception and the Belief of One's Health Status

Many geriatric patients rely on their health perceptions instead of professional evaluations for follow-up care, leading to reduced adherence to medical advice. This reliance on perceived well-being results in delayed disease management, increased health risks, and avoidable hospital readmissions. Consequently, many patients only seek medical attention in critical situations, reflecting a mindset that prioritizes emergency care over preventive measures, which is influenced by their interpretation of physical condition. Their health perceptions are also influenced by financial, logistical, and psycho-social factors, implying their interconnectedness.

Self-Assessment as a Basis for Health Decision

Many geriatric patients determine whether they need to seek further medical attention based on how they feel. Patients believe that if they do not experience any symptoms, additional medical intervention is unnecessary. This behavioral pattern is deeply ingrained in many elderly individuals, who may have grown accustomed to evaluating their health subjectively rather than relying on medical assessments. The lack of noticeable symptoms reinforces their belief that their condition is stable, disregarding the possibility of asymptomatic disease progression.

Overreliance on Medication and Delayed Preventive Care

Many elderly patients develop an over-reliance on prescribed medications, believing that as long as they continue taking their medication, they are in good health and do not need further medical attention. This belief is also reinforced by significant others and caregivers, who may unintentionally discourage hospital visits by assuming that medication alone is enough to manage the patient's condition. Healthcare providers note that many elderly patients perceive hospital discharge as the end of their treatment plan, failing to recognize the importance of continuous monitoring to detect complications. The overreliance on prescribed medications reinforces this false perception of stability, making geriatric patients less likely to attend follow-up consultations.

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Barriers Experienced by The Patient in Seeking Medical Consultation Post-Admission

Post-admission visits are crucial for minimizing complications and ensuring effective ongoing treatment. Nevertheless, certain barriers may prevent patients from accessing this therapy, potentially endangering their health.

Logistical Barriers to Healthcare Access

Logistical barriers significantly impact healthcare accessibility for geriatric patients, particularly those living in rural or geographically isolated areas. In rural communities, hospitals and outpatient clinics are often far from residential areas, requiring significant travel time and expenses. Even in urban settings, elderly patients with mobility impairments struggle in using public transport systems. In cases where private transport is necessary, the cost can be prohibitive. Hospitals also lack special facilities to accommodate elderly patients with disabilities.

Lack of Social and Community Support Systems

Many geriatric patients, particularly those living alone or with limited family support, struggle to access the necessary care they need after discharge. Without assistance in navigating healthcare facilities and arranging transportation, these patients often opt out of follow-ups altogether. The psychological burden of isolation and physical limitations further complicates their ability to seek necessary medical care. Healthcare providers observed that elderly individuals without reliable caregivers tend to experience more missed appointments, increased medication mismanagement, and higher hospital readmission rates.

Financial Constraints as a Barrier to Healthcare

Elderly patients often face severe financial constraints, making prioritization of medical expenses difficult. Many rely solely on fixed pensions, government aid, or financial assistance from family members, which are often insufficient to cover healthcare costs. Out-of-pocket expenses for consultations, laboratory tests, medications, and transportation further contribute to non-adherence to follow-up care. This reality makes follow-up consultations an additional financial burden, especially for those with limited or no income sources.

Cost of Transportation

Many geriatric patients, especially those living in rural or underserved areas, face considerable challenges in traveling to healthcare facilities for follow-up consultations. In rural communities, public transportation is often unavailable, infrequent, or inconvenient, requiring elderly patients to travel long distances to access medical facilities. Even in urban settings where healthcare services are more concentrated, transportation remains a significant barrier due to cost constraints, physical limitations, and safety concerns. For elderly individuals who are financially dependent on pensions or government assistance, the cost of taxis, private transport, or special mobility services may be prohibitive, forcing them to skip follow-up visits or delay necessary medical attention.

Cultural Beliefs That Affect Continuity of Care Among Geriatric Patients

Cultural perspectives may significantly influence the continuing medical care of elderly patients. From the responses of the participants during the conduct of the interview, four subthemes were formulated and served as the direction of the presentation:

Reliance on Traditional Healing

In many cases, geriatric patients prioritize traditional healing over seeking medical care from healthcare professionals. This belief system often leads to self-medication and the use of unregulated herbal remedies which may provide temporary symptom relief while leaving underlying medical conditions unresolved. Healthcare providers report that this cultural inclination toward traditional healing creates

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challenges in enforcing medical adherence. Many elderly patients' hesitation to adhere to hospital-based treatment plans are rooted in fear that modern medicine contradicts their long-held cultural beliefs. Some continue to integrate traditional healing methods alongside prescribed treatments, while others completely reject medical recommendations in favor of alternative remedies.

Strong Belief in Alternative Practitioners

Many elderly patients reported seeking treatment from herbolarios (herbalists), albularyos (faith healers), and hilots (traditional massage healers) before considering hospital visits. This inclination was deeply rooted in long-standing cultural practices, familial traditions, and religious beliefs. This trust was often passed down through generations and reinforced by the perceived success of such treatments in the past.

Cultural Perceptions of Disease

Most geriatric patients perceive illness through a cultural lens, where health problems are often attributed to spiritual causes or imbalances that require ritualistic or natural remedies. This mindset, as confirmed by both patients and their significant others, results in postponed hospital visits, missed opportunities for early diagnosis, and increased risk of complications. Healthcare providers observed that many elderly patients arrive at hospitals in critical condition after traditional methods fail, requiring more aggressive and costly treatments when compared to early medical interventions.

- **Comparison to Existing Studies**

The themes identified in this study supports the findings from previous literature regarding barriers in patient non-adherence to continuity of care. Some individuals choose conventional or spiritual healing methods. Some may see illness as a natural aspect of ageing that does not need further medical intervention. Such viewpoints may lead to reluctance or refusal to adhere to treatment regimens and recognize the need for continuous care (Cheong et al., 2022; Sulaiman et al., 2021).

Unaddressed disparities between perspectives of geriatric patients and healthcare providers form a communication gap which can result in diminished trust and insufficient interventions to ensure adherence to post-discharge care plans (Cheong et al., 2022). Cultural beliefs, spiritual practices, and perceptions of ageing significantly influence older adults' health behaviors and their willingness to seek follow-up care (Sulaiman et al., 2021; Cheong et al., 2022; Lee et al., 2023).

The identified cultural obstacles are exacerbated by pragmatic issues. Numerous elderly individuals have financial hardships, inconsistent transportation, and inadequate family or community support—factors that reduce the likelihood of attending follow-up therapy (Cheong et al., 2022; Lee et al., 2023). Certain persons may see improvement after discharge and, swayed by own perceptions rather than medical advice, conclude that more treatment is unnecessary. Current research corroborates these findings, stressing that both subjective health assessments and external barriers contribute to the inadequate follow-up rates among elderly patients (Hayes et al., 2024).

- **Implications for Practice And Policy**

The findings of the study ultimately underscore that achieving continuity of care for the elderly entails more than only medical interventions. Cultural beliefs also influence patients' compliance to medical treatments, most of which result in delays in receiving necessary treatment and, in some instances, deteriorating health (WHO, 2023; Number Analytics, 2025). Healthcare professionals must actively engage with patients, caregivers, and community leaders to foster an open dialogue that respects traditional beliefs while reinforcing the importance of professional medical care. By addressing cultural barriers through community engagement and trust-building initiatives, healthcare systems can improve early intervention

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efforts, reduce preventable complications, and enhance the overall well-being of geriatric populations (Hamilton et al., 2022; Musinguzi et al., 2018; Johnson et al., 2016; Fernandez-Lazaro et al., 2019; Shahin et al., 2019; Williams et al., 2022).

Healthcare systems must implement comprehensive strategies for regular follow-ups, emphasizing preventive healthcare and the importance of regular consultations even without symptoms (Pai & Vella, 2021; Shanin, 2019; Fernandez-Lazaro et al., 2019). Interventions like automated appointment reminders, patient counseling on asymptomatic disease progression, and accessible telehealth options encourage compliance. Policies toward fostering strong caregiver networks, community-based healthcare programs, and mobile clinics significantly improve follow-up adherence among elderly populations (Shahin et al., 2019; Dyer et al., 2022; Ge et al., 2023; Rapoff et al., 2023; Oh et al., 2022; Hamilton et al., 2022; Jin et al., 2016). Expanding home-based healthcare services and implementing volunteer-driven support programs can ensure that elderly patients receive the assistance they need (Natividad et al., 2019). By addressing these systemic issues, healthcare providers and policymakers can work toward reducing preventable hospitalizations, improving adherence to follow-up care, and ultimately enhancing the overall well-being of older patients.

- **Study Limitations**

The study has several limitations that must be considered. First, the study was limited to elderly patients residing in Naga City also means the findings may not apply to geriatric populations in rural or urban areas with different healthcare access issues. Second, the research was conducted at a single tertiary government hospital in Naga City, which may not fully represent the challenges faced by geriatric patients in other healthcare settings or regions. Third, the study specifically focused on the post-admission phase of care, excluding factors related to the pre-admission or in-hospital care that may also influence adherence to continuity of care.

CONCLUSION

The study concludes that non-adherence to continuity of care among geriatric patients stems from a combination of personal behaviors, systemic barriers, and cultural influences. Elderly individuals often struggle with maintaining post-admission medical care due to their reliance on self-assessment of health, financial constraints, logistical difficulties, and deeply ingrained cultural beliefs that influence healthcare decision-making. These factors create a cycle of healthcare inaccessibility, where delayed follow-up consultations contribute to worsening health conditions, increased risk of hospital readmission, and long-term medical complications. To address these challenges, a multi-faceted approach is required, involving patient education, financial and logistical support systems, culturally sensitive healthcare strategies, and hospital policies that prioritize accessible follow-up care for geriatric populations.

- **Recommendations for Future Research or Implementation**

Based on these outcomes, future research is recommended to:

  - Explore interventions that effectively change geriatric patients' perceptions about follow-up consultations and continuity of care.
  - Investigate the long-term impact of interventions specifically designed to address logistical barriers, lack of support systems, financial constraints, and transportation costs.
  - Expand to include larger and more diverse populations and different healthcare settings.
  - Evaluate innovative solutions such as telehealth, transportation subsidies, mobile clinics, and structured volunteer support programs.

- Explore strategies for formal collaboration between traditional healers and healthcare providers and assess whether these partnerships lead to earlier medical consultations and better health outcomes.
- Identify the best approaches to improving health literacy in communities where cultural beliefs strongly affect healthcare decisions.

For practical application, the recommended strategies are as follows:

- Strengthen discharge planning by incorporating structured health education programs that clearly explain the importance of follow-up consultations.
- Integrate automated reminder systems through text messages, phone calls, or community health worker visits to prompt patients about upcoming appointments.
- Explain the risks of missed follow-ups clearly
- Coordinate with LGUs and community centers to arrange transportation and home visitation for patients who cannot return to the hospital.
- Provide subsidies and financial aid for medical care.
- Continue caregiver-inclusive health education sessions to ensure that support systems are in place.
- Adopt culturally competent communication strategies that build trust and respect elderly patients' cultural beliefs.

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