

# Satisfaction of Patients Operated on and Hospitalized in the Surgery Department of the Referral Health Center of Commune I in the District of Bamako (Resource-Limited Health District)

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## Abstract

**Introduction:** Evaluating the quality of care offered is a reliable indicator of the effectiveness of a health system. Developing countries are still lagging behind in implementing these principles. This work aims to evaluate the satisfaction of patients operated on and hospitalized in the surgery department at the municipality's reference health center over a period of 6 months (June 2020 to December 2020). **Materials and Methods:** This is a quantitative, qualitative, transversal and evaluative study over a period of 6 months based on a self-administered questionnaire to patients who underwent surgery and were hospitalized in the surgery department of the reference health center of commune I upon leaving their hospitalization. The questions are structured around welcome, respect and privacy, care, accommodation conditions as well as overall satisfaction. **Results:** The survey included 260 patients, 60.8% of whom were male. The 31 - 40 year old age group was in the majority and the majority had completed primary education (42.3%). Married patients were the majority, *i.e.* 60.4% of cases. Patients were not insured in 66.5% of cases. Almost all

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of the patients surveyed found that the welcome, care, waiting time, respect and privacy were satisfactory. On the other hand, patients found the rooms and beds uncomfortable. **Conclusion:** The satisfaction survey reveals worrying data regarding the comfort of patients who must challenge caregivers in healthcare structures. Decision-makers should find useful information there to improve the quality of care.

## Keywords

Quality of Care, Satisfaction, Surgery, CSRéf CI

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## 1. Introduction

Patient satisfaction is defined as a gap between what the patient expects from a service and what he actually perceives [1]. Patient satisfaction is considered an indicator of quality of care. Satisfaction is thus a subjective quantity which reflects the personal preferences and expectations of patients [2]. In recent years, developing countries have been strongly influenced by industrialized countries, which have shown increasing interest in evaluating the quality of care offered by their health systems [3]. A better understanding of the reasons for patient satisfaction should help managers and decision-makers set up programs that meet the needs of patients as patients and caregivers perceive them [3]. In Africa, some studies have found overall satisfaction rates 78.3% to 75.5% [4]. In Mali, the national hospital evaluation agency in its study in the 13 hospital establishments of Mali which varied from 93% at the CNOS to 55% at the Point G Hospital [5]. Through this study, it will be possible for us to identify and subsequently intervene on the strong points and weak points of our service described by users. No study of this type was carried out at the reference health center of commune I. The surgery department of this center has insufficient and unsuitable structures for a covered population of nearly 461,459 inhabitants, *i.e.* an average density of 13,469 inhabitants/km<sup>2</sup> in 2019, constitutes an ideal service for assessing patient satisfaction and strengthening the relationship between care providers and users. Its objective is to evaluate the satisfaction of patients operated on and hospitalized in the surgery department at the reference health center of commune I (CSRéf CI).

## 2. Materials and Methods

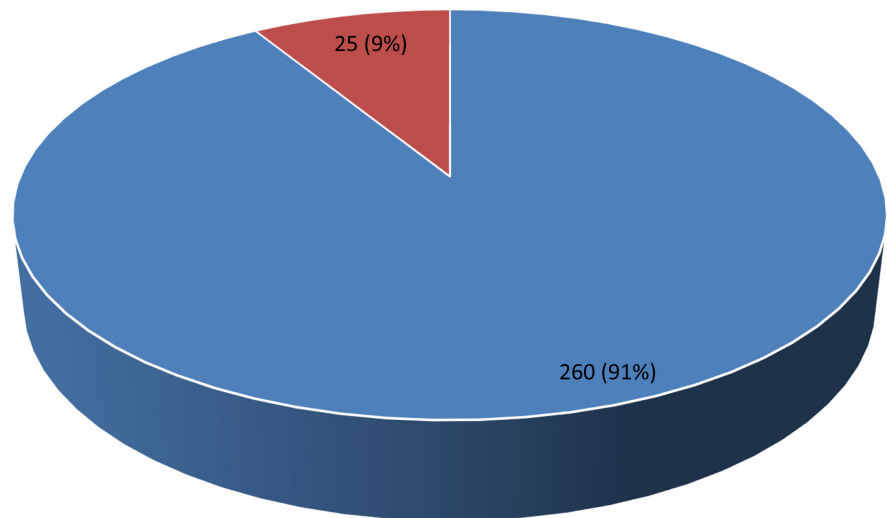
This was a quantitative, qualitative, transversal and evaluative study over a period of 6 months (June 2020 to December 2020). This study took place in the general surgery department of the reference health center of commune I (CSRéf CI) in the district of Bamako. The study population was patients operated on and hospitalized for at least 48 hours in the surgical department of CSRéf CI. The sampling was exhaustive with the inclusion criteria of all users of the surgical service, who were mentally fit to answer the questions, and who agreed to participate in our study after presentation of the aim of the study. And we designate by users: patients

hospitalized in the surgical departments for more than 24 hours, those accompanying patients hospitalized in the surgical departments for more than 24 hours. For the recruitment of patients, a “hospitalization questionnaire” and another “consultation questionnaire” were established for patients and those accompanying certain patients in the departments. Data collection was carried out through a face-to-face interview with patients or carers after verbal informed consent. To develop the questionnaire we used a SAPHORA-MCO questionnaire (acronym for: Patient Satisfaction at the Hospital in the Aquitaine Region, Medicine, Surgery, Obstetrics) version 2009 adapted for the evaluation of patient satisfaction in surgery. This questionnaire was written in French and simply translated into the local language for those who did not understand French with levels represented from 5 to 1 according to the Likert scale (Very satisfied; Satisfied; Not very satisfied, Not satisfied, Dissatisfied). Then we carried out a pre-test on a sample of 60 patients, after which the questionnaire was corrected and submitted for approval to the scientific and technical committee of the center and to the administrators. The dependent variable in our study was the degree of satisfaction of users of the CSRéf CI surgical service. Our independent variables were individual variables specific to the characteristics of users and their expectations of the services and care provided; we also studied the variables related to the patient including sociodemographic characteristics (sex, age, level of education, marital status), place of residence, pathology of the patient, relationship with the companion, filiation of the patient to health insurance. For data analysis, we created an input mask on the EPI Info software version 3.5.1 which will be developed for the needs of the study. The data were subjected to a descriptive analysis by establishing the means and standard deviations for the quantitative variables and the frequencies for the qualitative variables. The limits of the study, our study presents certain constraints, for this type of qualitative study, the fact of questioning a patient or his companion, the feeling is not the same, which will influence the level of satisfaction. Patients come from different socio-economic and cultural backgrounds, poor, illiterate and rural; their assessment of the quality of care assumes that they have prior knowledge of the standards of care. In addition, the patients’ lack of understanding of our working language, French, often required translators and the multiplicity of local languages. In our country, very few studies have been carried out on the subject, and at the structural level this was the first study.

### 3. Results

During this study, we treated 285 patients, 260 of whom agreed to participate in our study, representing a response rate of 91.23% (**Figure 1**).

The male gender was the most represented in 158 cases or 60.8% with a sex ratio of 1.55. The age group between 31 - 40 years old was the most represented in 30% of cases. The majority of patients resided in commune I with 82.4%. Housewives were the most represented, *i.e.* 21.2% of cases. The majority of patients had a primary level, *i.e.* 42.3% of cases. And married patients were the majority, *i.e.* 60.4%



**Figure 1.** Distribution according to the response rate to the questionnaire.

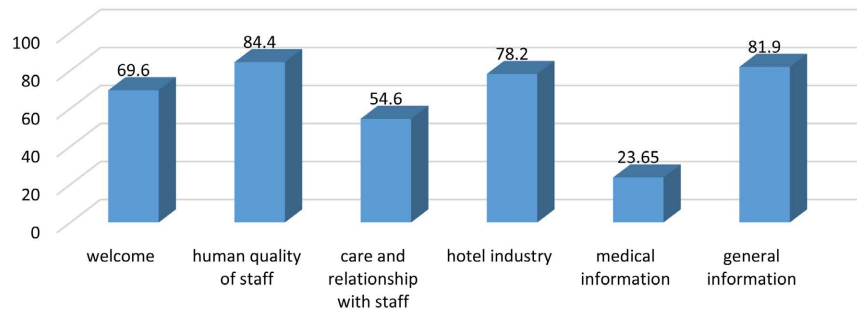
of cases. Patients were not insured in 66.5% of cases, which could be explained by the fact that the majority of insured people are civil servants, and this professional category represents a smaller proportion of Mali's population (**Table 1** shows the distribution of respondents according to socio-demographic characteristics, gender, bracket, age, function, and level of study, and their marital status).

The questionnaire was answered by the patient with the help of those close to them in 137 cases or 52.7%. The reception was satisfactory at the entrance office, at the service secretariat and in the waiting room respectively in 66.5%, 58.9% and 83.4% of cases. During their hospitalization, patients met a health worker, doctor or nurse, in most cases, *i.e.* 97.3% respectively; 65.8% of cases. According to the patient waiting time, 89.6% of patients were admitted to the operating room less than 30 minutes after arriving in the department. Patients were satisfied with confidentiality and respect for their privacy at 77.4% and 89.2% respectively and 92.3% of patients said they were treated with respect and love by the staff. Patients were satisfied with obtaining basic needs in 98.1%. Patients were more satisfied with their relationship with the healthcare team, *i.e.* 87.7%, compared to the other stakeholders (labourers, stretcher bearers) *i.e.* 68.1%. In relation to comfort, the hospital rooms were uncomfortable for 16.6% of the patients surveyed, 23.4% found the beds uncomfortable, and more than 25.4 declared having discomfort linked to their illness. Concerning medical information, patients were less informed about resuming activity in 76.9%, and about the appearance of post-operative complications in 75.8%. More than half of the patients underwent cold surgery (50.4%) and under locoregional anesthesia (51.5%). Digestive surgery and urological surgery were the most performed with 58.1% and 23.8% of cases respectively. Among the respondents, 20% were not satisfied with the cleanliness of the establishment, 16.9% with the cleanliness of the hospital rooms, 19.2% with the atmosphere in the department. The hospital rooms were uncomfortable for 16.6% of the patients surveyed, 23.4% found the beds uncomfortable, and more

**Table 1.** Reappearance of respondents according to socio-demographic characteristics.

Sex		
	Effective	Percentage
Male	158	60.8
Female	102	39.2
Total	250	100
The age group		
0 - 10 years	16	6.2
11 - 20 years	27	10.4
21 - 30 years	71	27.3
31 - 40 years	78	30.00
41 - 50 years	28	10.8
51 - 60 years	26	10.00
61 years and over	14	5.4
Total	260	100
Residence		
Municipality I	214	82.4
Outside Municipality I	46	17.6
Total	260	100
Marital status		
Married	157	60.4
Bachelor	94	36.2
Divorce	4	1.5
Widow or widower	5	1.9
Total	260	100
Main function		
Housewife	55	21.2
Trader	49	18.8
Pupil	49	18.8
Farmer	27	10.4
Official	24	9.2
Child	06	2.3
Others	50	19.2
Total	260	100
Level of study		
Primary	110	42.3
Secondary	50	19.2
Superior	18	6.9
Koranic	17	6.6
Illiterate	65	25
Total	260	100

than 25.4% declared having discomfort linked to their illness (Figure 2 shows the distribution of respondents according to their level of satisfaction according to the items: reception, human quality of staff, and relationships with health staff, hotels, medical information, and general information).



**Figure 2.** Reappearance of respondents according to their level of satisfaction according to the items.

According to the general impression, 81.9% of patients considered the stay satisfactory. On the other hand, only 66.1% of patients wanted to return to the CSRéf CI, 64.23% would recommend the center to a loved one. Patients were satisfied in 86.2% with the improvement in their health. At the same time only 25% of patients agreed to make a suggestion. The main function influenced the general impression with a  $P = 0.000$ . The type of anesthesia, gender, and the notion of being insured with health insurance had no influence on the general impression with a  $p$  respectively at  $P$  value = 0.645,  $P$  value = 0.643,  $P$  value = 0.138.

#### 4. Discussions

Our study presents certain constraints, for this type of qualitative study, the fact of interviewing a patient or their companion, the feeling is not the same, which will influence the level of satisfaction. Patients come from different socio-economic and cultural backgrounds, poor, illiterate and rural; their assessment of the quality of care assumes that they have prior knowledge of the standards of care. The real indicator for evaluating the performance of a health center is not only its technical platform but also its ability to satisfy the needs and expectations of patients overall. The patient is a human being and therefore has a physical, psychological, social and cultural component [6]. Even today, patient satisfaction is an important element in the results of care, but it does not always constitute a priority for many caregivers [6]. During our study, we treated 285 patients, of whom 260 patients agreed to participate in our study, including a response rate of 91.23%. In our series the most represented age group was that of 31 - 40 years old and mainly male with a sex ratio of 1.55. This could be explained by the fact that in our health center there is an obstetrics and gynecology department that is independent of the general surgery department. In his Yambayamba series, MK *et al.* had 54% males with an average age of 37.2 years [6]. In Niger, Adamou H *et al.* [7] found that the majority of patients 81.14% were aged  $\leq 50$  years. During our study, 42.3% of our

patients had a primary level. At a primary school level, the majority of our patients cannot read or write correctly, which would hinder the proper functioning of certain healthcare services available to them. We recommend monitoring and significant investment in human and material resources. In his series, Ajavon D.R.D *et al.*, 22% of patients had a primary level [8]. On the other hand, Adamou H *et al.* [7] found that 54.63% of patients were illiterate. In our results, 60.4% of patients were married. This result was found by other authors [7] [9] [10]. Patients were not insured in 66.5% of cases, which could be explained by the fact that the majority of insured people are civil servants, and this professional category represents a smaller proportion of the population of Mali. The reception was considered satisfactory at the entrance office, at the service secretariat and in the waiting room respectively in 66.5%, 58.9% and 83.4% of cases. Some authors found the reception satisfactory in the majority of cases [1] [8]. On the other hand, in their series [6] [10], the reception was found to be poor by the majority of their patients. While numerous studies have demonstrated the positive impact of a good welcome on patient satisfaction in a hospital structure [11]-[13]. In addition, courtesy provides an initial feeling of acceptance and makes patients more relaxed in addressing their medical problems [13]. According to Thi: The patient is no longer a consultant or a user but a client, just like his family or those around him [14]; and this customer has become more demanding when it comes to quality of service [14]. He is more attentive to the welcome, the length of the wait, the lack of information [14]. He considers health as a right, a service due to the importance of his social contributions pushes him to have a critical eye [14]. During their hospitalization, patients met a health worker, doctor or nurse, in most cases. of cases, or respectively 97.3% and 65.8% of cases. Patients were more satisfied with their relationship with the healthcare team, *i.e.* 87.7%, compared to the other stakeholders (labourers, stretcher bearers) *i.e.* 68.1%. In his series, Eke CB *et al.* [13], 89.6% of patients were satisfied with the quality of care of doctors. Patients found satisfaction with other healthcare personnel less satisfactory, especially the monitoring of nurses 40.6% [14]. In our study, patients were satisfied with confidentiality and respect for their privacy at 77.4% and 89.2% respectively. This result is similar to that of Eke CB *et al.* [13], who estimated that doctors ensured adequate privacy in 77.9%. In our series, 92.3% of patients stated that they were treated with respect and love by the staff. In his study, Diallo B *et al.* found that more than a third of patients judged that the nursing staff had a very good attitude [9]. According to Eke CB *et al.*, patients were unable to correctly assess the results of health services and the technical competence of practitioners [13]. They often lack sufficient expertise and skills to make such judgments. On the other hand, service users could infer the level of technical quality based on non-technical aspects, such as the compassion and empathy of care providers [14]. In relation to comfort, hospital rooms, uncomfortable beds were uncomfortable for 16.6% and 23.4% of the patients surveyed. The discomfort of patients in relation to hospital rooms would be linked to the number of patients, three, four or ten in the same room, the number of visitors in our structure (social customs) and the deterioration

of the bedding. The proposed solutions would be to increase the number of single rooms, limit the number and visiting hours of hospitalized patients. In his series Ajavon D.R.D *et al.* [8] 75% of patients found the rooms uncomfortable because of the heat, dirt and noise there. The majority of patients 96.9% complained of pain, at the same time 89.3% of patients were satisfied with its treatment. The pain management time was less than 15 minutes in 68.8% of cases. This is comparable to the study by Yamba *et al.* [10], in which 88% of patients complained of pain during their hospitalization and 78% of them were satisfied with the treatment. As for the information given by the anesthesiologist and the surgeon, the majority of patients admitted to having been satisfied, respectively 89.3% and 84.2%. This result is similar to other studies [10] [11]. Dismaying the waiting time 89.6% of patients were admitted to the operating room less than 30 minutes after arriving in the department. This result is similar to the study by Ajavon D.R.D *et al.* [8]. On the other hand, other studies have found that the waiting time was long [8] [14]. Waiting time is an essential segment of service quality [14]. Waiting time has an impact on patient satisfaction. In a study conducted by West-away *et al.* [15], in South Africa it is reported that in a developed or undeveloped country setting, the highest levels of dissatisfaction were with waiting time. In our series, 81.9% of patients considered the stay satisfactory. In his study, Adamou H *et al.* [7] found an overall satisfaction of 54.62%. Other studies have found a majority of overall satisfaction [7] [10] [13] [14].

## 5. Conclusion

Our health services are faced with a continuous increase in the number of patients, often accompanied by their loved ones, without any particular development of resources. This situation leads to an overflow of reception capacity as well as a deterioration in the quality of the service provided. So, today, it is more than necessary to measure patient satisfaction in order to improve the overall performance of their care process.

## Authors' Contributions

All authors actively contributed to the development and writing of the article.

## Conflicts of Interest

The authors declare no conflict of interest.

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## Appendix

### *Satisfaction of patients operated on and hospitalized in the surgery department of the referral health center of commune I in the district of Bamako (resource-limited health district)*

Date /...../...../...../ File number/...../

Address.....cel:...../.....

Madam, Miss, Sir, Our constant concern to improve the quality of care leads us to ask you for your opinion and suggestions regarding your care in the service. We thank you for giving us a few minutes to complete this questionnaire anonymously. Your responses will allow us to better meet your expectations and we thank you for your valuable collaboration.

#### Demographics

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Check the correct answer

---

Age of patient: (Check the correct answer)

Under 18 years old  25 - 34 years old  44 to 54 years old  65 to 74 years old

Over 80 years old  18 - 24 years  35 to 44 years  55 to 64 years  75 - 79 years   
don't know

Gender Male  Female

Residence:

Main function: farmer  housewife  raised/student  saleswoman   
civil servant  shopkeeper  employee  other to specify

Level of education: illiterate  primary  secondary  higher  Koran

Marital status married  single  divorced  widowed

Insured yes  no

Date of entry into current hospitalization.....

Date of discharge from current hospitalization.....

Length of hospitalization.....

Main reason for hospitalization .....

In the event of intervention, nature of the intervention.....

Cold  Emergency

In case of intervention, date of intervention .....

Type of anesthesia: local  locoregional  general

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Please specify:

Questionnaire completed by the patient alone  Questionnaire completed by those close to him

Questionnaire completed by the patient with the help of those around him

How did you learn about our service: Attending physician

Liberal staff  By recommendation of a user

Others:

Check the correct answer

**Home Q1**

1) What would you say about the welcome given to you or your loved ones when you arrived...?

- At the entrance office?

Very satisfied  satisfied  Not very satisfied  Not satisfied  dissatisfied

- At the service secretariat?

Very satisfied  satisfied

Not very satisfied  Not satisfied  dissatisfied

- What did you think of the wait time?

- at the entrance office

Not expected  not long  long  very long  you don't know

- in the waiting room

Not expected  not long  long  very long  you don't know

2) Between your arrival in the department and your operation, did you wait?

Not expected  not long  long  very long  you don't know

**Human quality of staff Q2**

1) Were you able to identify the functions of different people working in the department? (That is, do you know if it was a doctor, a nurse, a caregiver.....etc.)

Very satisfied  satisfied  Not very satisfied  Not satisfied  dissatisfied

2) Do you think the precautions taken by staff to protect your confidentiality were?

Very satisfied  satisfied  Not very satisfied  Not satisfied  dissatisfied

3) Do you think the precautions taken by staff to protect your privacy were

Very satisfied  satisfied  Not very satisfied  Not satisfied  dissatisfied

4) Were the staff polite and friendly?

Very satisfied  satisfied  Not very satisfied  Not satisfied  dissatisfied

5) If you needed help with activities of daily living, eating, washing, moving around, going to the toilet, could you get it?

Yes  no  you do not need help

**Your care and your relationships with healthcare staff Q3**

1) Relations with:

- The healthcare team (nurse, caregiver)?

Very satisfied  satisfied  Not very satisfied  Not satisfied  dissatisfied

- The medical team (doctors)?

Very satisfied  satisfied  Not very satisfied  Not satisfied  dissatisfied

- The other stakeholders (social services, stretcher bearers.....)?

Very satisfied  satisfied  Not very satisfied  Not satisfied  dissatisfied

2) During your hospitalization did you have any pain? No pain  mild  moderate  intense  very intense  you don't know

3) have you had pain, what would you say about its management?

Very satisfied  satisfied  Not very satisfied  Not satisfied  dissatisfied

4) How much time elapsed between the time you requested this pain treatment and the time it was given to you: 15 minutes or less ; 15 to 30 minutes ; 30 to

60 minutes , more than an hour

5) What would you say about the way in which the discomforts linked to your illness (nausea, vomiting, poor position, were managed)?

Very satisfied  satisfied  Not very satisfied  Not satisfied  dissatisfied .

**Medical information Q4**

1) Are you satisfied with the information given by the surgeon during the pre-operative consultation? (Explanations on your state of health, your operation, possible complications)

Very satisfied  satisfied  Not very satisfied  Not satisfied  dissatisfied .

2) Are you satisfied with the information given by the anesthesiologist during the pre-anesthetic consultation? (Explanations on your state of health, your operation, possible complications)

Very satisfied  satisfied  Not very satisfied  Not satisfied  dissatisfied .

3) Are you satisfied with the way you were involved in choosing the support method?

Very satisfied  satisfied  Not very satisfied  Not satisfied  dissatisfied .

4) What do you think about the information on the terms and adverse effects of your medications prescribed upon discharge? Excellent  very good , good  bad  very bad  you don't know

5) What do you think of the information given to you about resuming your activities after your discharge (resumption of work, sport, usual activities)

Very satisfied  satisfied  Not very satisfied  Not satisfied  dissatisfied

6) What do you think of the information given to you on the signs or complications that should lead you to contact the CSREF or your doctor?

Very satisfied  satisfied  Not very satisfied  Not satisfied  dissatisfied .

**Hospitality Q5**

Are you satisfied:

1) The cleanliness of the establishment

Very satisfied  satisfied  Not very satisfied  Not satisfied  dissatisfied .

2) Comfort of hospital beds

Very satisfied  satisfied  Not very satisfied  Not satisfied  dissatisfied .

3) Comfort of hospital rooms

Very satisfied  satisfied  Not very satisfied  Not satisfied  dissatisfied

4) Cleanliness of hospital rooms

Very satisfied  satisfied  Not very satisfied  Not satisfied  dissatisfied

5) The atmosphere in the department (noise or calm, temperature)

Very satisfied  satisfied  Not very satisfied  Not satisfied  dissatisfied

**General impression Q6**

1) Overall, are you satisfied with your stay in the service?

Very satisfied  satisfied  Not very satisfied  Not satisfied  dissatisfied

2) What is your general opinion of your time at the service?

Very satisfied  satisfied  Not very satisfied  Not satisfied  dissatisfied

3) If you have to be hospitalized again for the same reason, would you prefer to return to this establishment?

Definitely  probably maybe  probably not  you don't know

4) Would you recommend the service to someone close to you?

Definitely  probably maybe  probably not  you don't know

5) Has your health improved?

Very satisfied  satisfied  Not very satisfied  Not satisfied  dissatisfied

6) Was the length of stay long?

Short  Not long  long  very long  you don't know

Free and informed consent form for study participants

The Ministry of Health and Public Hygiene, through the reference health center of commune I, is undertaking a study entitled "satisfaction of hospitalized patients and companions in the general surgery department".

Confidentiality

The information collected will be kept confidential. Your names and affiliations will not appear in any reports or publications.

After reading the contents of this form, if you agree to participate in the study, please sign the form to serve and assert your rights.

I agree to participate in this study

I do not agree to participate in this study

Date \_\_\_\_\_

First and last name \_\_\_\_\_

Signature Fingerprint