



Received: 03-08-2022

Accepted: 13-09-2022

International Journal of Advanced Multidisciplinary Research and Studies

ISSN: 2583-049X

Opinion survey on the quality of services provided by the Reference Health Center (RHC) in Commune VI of Bamako

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Abstract

This article is a survey of users' opinions on the quality of services provided by the Reference Health Center (RHC) in Municipality VI of Bamako. Measuring the satisfaction of users of health facilities has been a requirement in Mali since 2002 through the Health Orientation Law and the Hospital Law of Mali. This was later taken up in 2010 by the ANEH. The user opinion survey on the quality of services at the Reference Health Center in Bamako's Municipality VI is the measurement method used for this purpose. This choice can be explained by several factors: the need for patients to have access to quality care at a lower cost, the desire to be treated in a healthy environment with a technical platform that meets their expectations.

It should be pointed out at this level that the aim of this opinion survey is to find out the difficulties faced by users of the center and to give them the opportunity to make criticisms and suggestions for the improvement of hospital services. To achieve the objectives of this opinion survey, we used a quantitative approach. The methodology consisted of non-probability and convenience sampling (those who wanted to answer the questionnaire). A sample of 250 people from different communes in the district of Bamako was selected. The results collected and processed made it possible to gather the opinions and aspirations of users of the Reference Health Center (RHC) in Municipality VI of Bamako.

Keywords: Opinion Survey, User Opinion, Sampling, Quality of Care, Evaluation of Care

1. Introduction

This study is devoted to the user opinion survey of the Reference Health Center (RHC) of Bamako's Commune VI. The user opinion survey on the quality of services provided by the Reference Health Centre of Bamako's Commune VI is the measurement method used for this purpose. This choice can be explained by several factors: the need for patients to have access to quality care at a lower cost, the desire to be treated in a healthy environment with a technical platform that meets their expectations.

Quality of service is one of the best ways to differentiate oneself from the competition: "*listening to your users is above all offering them a good service*". Around the 1960s, the concept of quality took its place in the hospital sector. This requirement for quality control of service provision became urgent in health care institutions in general, and hospitals in particular, as they were criticized for the cost and quality of the health care they provided. Most health care institutions are more interested in their market share than in the satisfaction of their patients (customers), but patient satisfaction is an important element of quality of care, it is considered a clinical outcome "*market share measures your past success, while patient (customer) satisfaction determines your future, and when it starts to deteriorate, market share erosion is not far away*". Thus, it should be made clear at this point that the purpose of this user opinion survey is to find out what difficulties patients (customers) of the Reference Health Center (RHC) are facing and to give them the opportunity to make criticisms and suggestions for the improvement of hospital services. To achieve these objectives, we will use a quantitative approach. The practical study will lead us to target patients coming for consultation, their companions and hospitalized patients. The methodology consists of voluntary and convenience sampling of "*those who want to answer the questionnaires*". The results collected will be processed and will allow us to know the opinions and aspirations of the users of the Health Centre of Reference of the Commune VI of Bamako.

General objective: The general objective of this study is to find out the opinions of the users of the Reference Health Center (RHC) of the Commune VI of Bamako.

Specific objectives: The specific objectives arising from the general objective are to:

- Collect the opinions and expectations of the users of the Reference Health Center (RHC) of the Commune VI of Bamako;
- Integrate the opinions and expectations of users into decision-making in order to improve the quality of services provided by the Reference Health Center (RHC) of Bamako's Commune VI.

Problem: Ignorance of the opinions and expectations of users by the management of the Reference Health Center (RHC) of Commune VI in decision-making.

Expected result: The expected result of the user opinion survey is the improvement of the quality of services provided by the Reference Health Center (RHC) of Bamako's Commune VI through the consideration of users' opinions and aspirations in the decision-making process of the said center.

Research questions: This study aims to answer the following questions:

Will the user opinion survey contribute to improving the quality of services provided by the Reference Health Center (RHC) of Bamako's Commune VI?

Will the users' recommendations have repercussions on the services provided by the Reference Health Center (RHC) of

Bamako's Commune VI?

The research hypotheses:

Hypothesis 1: The survey of users' opinions and expectations will enable the Reference Health Center (RHC) of Bamako's Commune VI to improve the quality of its services.

Hypothesis 2: The recommendations of the users will have a definite impact on the strategic options of the Reference Health Center (RHC) of Bamako Commune VI.

The work plan: The plan for this study is as follows

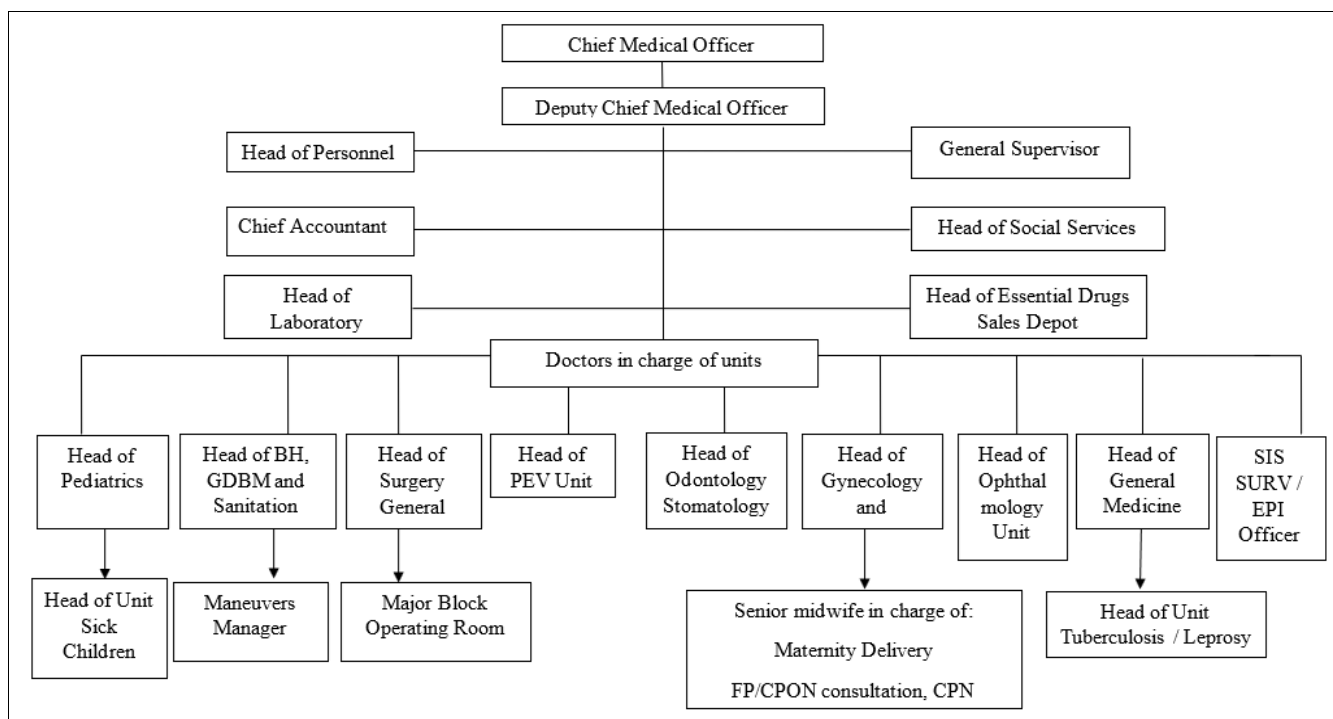
Introduction,

1. Methodology and data collection tools,
2. Analysis and interpretation of the quantitative data from the survey,
3. Discussion of the results of the user opinion survey, Conclusion, and Bibliographic References.

2. Methodology and data collection tools

2.1 Presentation of the Reference Health Center (RHC) of Bamako Commune VI

The Reference Health Center (RHC) of Bamako's Commune VI is at the second level of the health district, according to the Malian health pyramid. It essentially fulfils two functions: A public health function including planning, monitoring and coordination tasks; and a clinical reference function enabling it to take charge of cases exceeding the technical capacity of the first level structures. The organization chart of the Reference Health Center (RHC) is as follows:



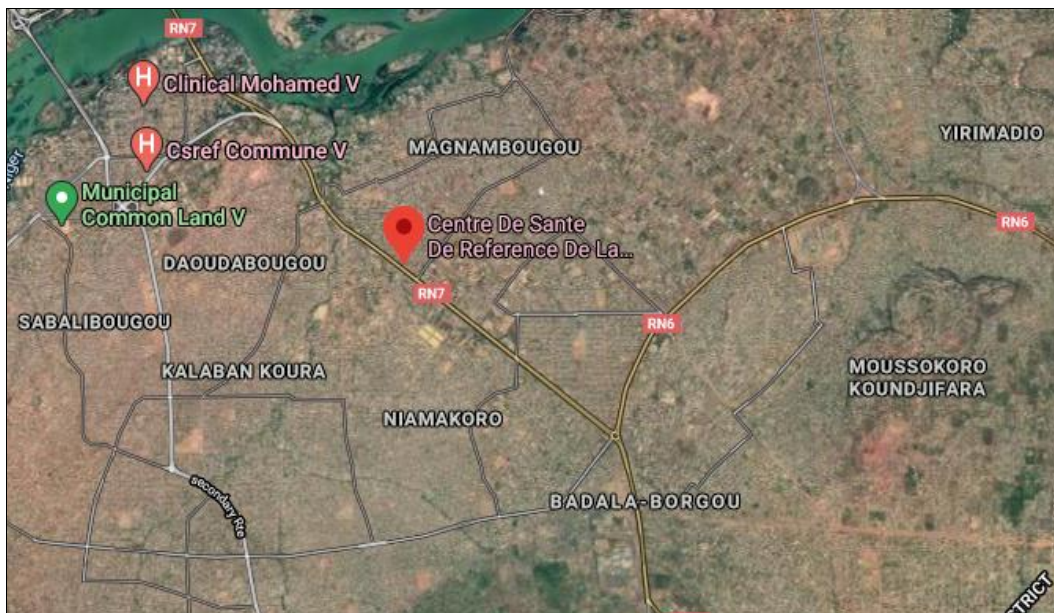
Source: Chief Medical Officer of the Reference Health Center (RHC) in Commune VI, Bamako.

Fig 1

2.2 Location of the Reference Health Center (RHC) in Bamako Commune VI

The maternity hospital of Sogoniko, from its initial name, was created in 1980 and is located in Commune VI of the

Bamako District on the right bank of the river NIGER. It was set up as a Reference Health Center (RHC) in 1999. The satellite location of the Reference Health Center (RHC) in Commune VI of Bamako is as follows



Source: <https://www.google.com/maps/place/Centre+De+Sante+De+Reference+De+La+Commune+Vi/@12.6027151,7.9663539,3060m/data=!3m1!1e3!4m5!3m4!1s0x0:0x91da05df22705858!8m2!3d12.6027151!4d-7.9663539>.

Fig 2: Satellite location map of the Reference Health Center (RHC) of Bamako Commune VI

2.3 Sampling (field survey)

To achieve the objectives of this opinion survey on the quality of services provided by the Reference Health Center (RHC) in Commune VI of Bamako, we used a quantitative approach. We proceeded by voluntary sampling and by convenience (those who were willing to answer the questionnaires). From a total of 278 people over the course of nine (9) days, we drew a sample of 250 people using the sample size calculator "Checkmarket". Thus, the confidence level of the opinion survey is 95% and the margin of error is 2%.

2.3.1 Methodology of the opinion survey

In this section we will discuss the methodological considerations and describe how our survey was carried out, its various stages, its scope, the techniques and methods used and its objective.

2.3.2 The place and time of the survey

This survey was carried out by means of questionnaires among patients (clients) present in the Reference Health Center (RHC) of Commune VI of Bamako for a period of one week, from 21/09/2020 to 29/09/2020 (nine (9) working days) with the help of two friends.

2.4 The data collection method

2.4.1 The field survey

The data from this quantitative study were processed and analyzed using Word, Excel, SPSS, PASW Statistics and Checkmarket software. At the end of this work, tables were produced to summarize the data collected and identify the main trends.

2.4.2 Documentary research

Several documents (general and specific books, university theses and dissertations, study reports, articles and scientific papers) were used. Online resources were also used.

3. Analysis and interpretation of quantitative data from the survey

This section deals with the information collected through the questionnaire submitted to the patients who came to the clinic. It presents the results of the study, as well as our recommendations.

3.1 Results of the opinion survey

The following results (fourteen tables) were obtained from the opinion survey process.

Table 1: Origin of respondents by commune of Bamako

Municipalities	Workforce	Valid percentage	Cumulative percentage
C I	2	0,8	0,8
C III	1	0,4	1,2
C IV	1	0,4	1,6
C V	26	10,4	12
C VI	220	88	100
Total	250	100	

Source: Field Survey

The table above gives the number of respondents from the 6 communes of Bamako. It emerges that 220 people surveyed came from Commune VI, which indicates that the centre is close to the patients; 26 people from Commune V; 2 people from Commune I and one person each from Commune III and IV. In sum, the total number of the sample is 250 corresponding to the respondents from Bamako.

Table 2: Distribution of respondents by gender

Type	Workforce	Percentage
Male	83	33,2
Female	167	66,8
Total	250	100

Source: Field Survey

Of the 250 respondents, 167 were women (66.8%) and 83 were men (33.2%). This higher proportion of women in the sample is favourable to the analysis. We therefore assert that women go to hospital more than men because of the social role they play in our communities. In case of illness, they go to the hospital and accompany their children, husbands and other family members; they also very often stay at the bedside.

Table 3: Distribution of respondents by age

Ages	Workforce	Valid percentage	Cumulative percentage
15 - 25 years	55	22	22
26 - 35 years	102	40,8	62,8
36 - 45 years	52	20,8	83,6
46 - 55 years	13	5,2	88,8
55 years and over	28	11,2	100
Total	250	100	

Source: Field Survey

The highest age range is 40.8% of patients who are between 26 and 35 years old. The age groups 26 - 35 years; 15 - 25

years and 36 - 45 years represent 83.6% of our sample.

Table 4: Distribution of respondents by level of education

Level of study	Workforce	Valid percentage	Cumulative percentage
Not having studied	47	18,8	18,8
Primary	25	10	28,8
Secondary	78	31,2	60
University	39	15,6	75,6
Postgraduate	33	13,2	88,8
Medersa	28	11,2	100
Total	250	100	

Source: Field Survey

It emerges that 31.2% of respondents (the majority) are literate (secondary level); 18.8% are at the level of not having studied, followed by university level with 15.6%; then post-graduate level with 13.2%. The medersa level corresponds to 11.2% of the surveys; and the primary level closes the gap with 10%.

Table 5: Distribution of respondents by socio-professional category

Socio - Professional categories	Workforce	Valid percentage	Cumulative percentage
Handicrafts	10	4	4
Trade	65	26	30
Public Sector	15	6	36
Private Sector	86	34,4	70,4
Other	74	29,6	100
Total	250	100	

Source: Field Survey

Other: Represent housewives.

The socio-professional status of the sample is dominated by the private sector with 34.4%; housewives represent 29.6%

of the sample. Next come shopkeepers with 26.0%, the public sector with 6.0% and finally craftsmen with 4.0%.

Table 6: Distribution of respondents according to attendance at the Reference Health Center (RHC) in Commune VI of Bamako

Frequency	Workforce	Valid percentage	Cumulative percentage
Yes	215	86	86
No	6	2,4	88,4
Sometimes	28	11,2	99,6
Indigenous treatment	1	0,4	100
Total	250	100	

Source: Field Survey

From the table and figure above, we can see that the majority of patients, i.e., 86% of the study population, attend the Reference Health Center (RHC) in Commune VI of

Bamako, compared to 2.4% who do not. This clearly demonstrates the diversity of our sample in terms of previous attendance.

Table 7: Distribution of respondents according to their assessment of consultations

Quality	Workforce	Percentage	Valid percentage	Cumulative percentage
Very Good	110	44	44,2	44,2
Good	113	45,2	45,4	89,6
Fair	19	7,6	7,6	97,2
Bad	7	2,8	2,8	100
Total	249	99,6	100	
Not responding	1	0,4		
Total	250	100		

Source: Field Survey

The 44% of respondents judged the consultations to be "Very Good". The 45.2% of respondents consider that consultations are "Good" at the center against 7.6% of respondents who consider that the performance is relatively

"Good" i.e., fair and 2.8% "Bad". In sum, 89.2% have a favourable opinion of the performance of the Reference Health Center (RHC) in Commune VI of Bamako in terms of consultations.

Table 8: Distribution of respondents according to their assessment of hospitalization

Quality	Workforce	Percentage	Valid percentage	Cumulative percentage
Very Good	61	24,4	59,2	59,2
Good	35	14	34	93,2
Fair	5	2	4,9	98,1
Bad	2	0,8	1,9	100
Total	103	41,2	100	
Not responding	147	58,8		
Total	250	100		

Source: Field Survey

24.4% of respondents rated the hospitalization as "Very Good". 14% consider the hospitalization to be "Good". The combination (Very Good and Good) gives a percentage of 38.4% that is not favourable. On the other hand, 2.8% of

respondents rated the hospitalization as "Fair and Bad". This indicates that hospitalization at the Reference Health Center (RHC) in Commune VI of Bamako is not up to standard. It must be improved.

Table 9: Distribution of respondents according to their assessment of X-ray and ultrasound examinations

Quality	Workforce	Percentage	Valid percentage	Cumulative percentage
Very Good	84	33,6	62,7	62,7
Good	44	17,6	32,8	95,5
Fair	3	1,2	2,2	97,8
Bad	3	1,2	2,2	100
Total	134	53,6	100	
Not responding	116	46,4		
Total	250	100		

Source: Field Survey

33.6% of respondents rate the X-ray and ultrasound examinations as "Very Good". 17.6% of respondents rate the X-ray and ultrasound examinations as "Good" compared to

1.2% "Fair and Bad" at the Reference Health Center (RHC) in Commune VI of Bamako. This is an average performance that needs to be improved in the very near future.

Table 10: Distribution of respondents according to their assessment of biological analysis laboratory examinations

Quality	Workforce	Percentage	Valid percentage	Cumulative percentage
Very Good	64	25,6	66,7	66,7
Good	24	9,6	25	91,7
Fair	3	1,2	3,1	94,8
Bad	5	2	5,2	100
Total	96	38,4	100	
Not responding	154	61,6		
Total	250	100		

Source: Field Survey

35.2% of respondents rated the medical laboratory examinations as "Very Good and Good", while 3.2% rated them as "Bad and Fair" at the Reference Health Center

(RHC) in Commune VI of Bamako. This is still an average performance that should be maintained and improved.

Table 11: Distribution of respondents according to their assessment of reception

Quality	Workforce	Percentage	Valid percentage	Cumulative percentage
Very Good	71	28,4	28,9	28,9
Good	79	31,6	32,1	61
Fair	70	28	28,5	89,4
Bad	26	10,4	10,6	100
Total	246	98,4	100	
Not responding	4	1,6		
Total	250	100		

Source: Field Survey

31.6% of respondents rate the reception as "Good". 28.4% of respondents rated the reception of users as "Very Good". In sum, the combination of Very Good and Good gives a very satisfactory assessment (60%). On the other hand, 28%

of respondents considered that the reception of users at the Reference Health Center (RHC) in Commune VI of Bamako was "Fair" and 10.4% of respondents considered that the reception was "Bad".

Table 12: Distribution of respondents according to their assessment of the attitude of staff

Quality	Workforce	Percentage	Valid percentage	Cumulative percentage
Very Good	63	25,2	27,2	27,2
Good	110	44	47,4	74,6
Fair	50	20	21,6	96,1
Bad	9	3,6	3,9	100
Total	232	92,8	100	
Not responding	18	7,2		
Total	250	100		

Source: Field Survey

44.0% of respondents rated the conduct of officers as "Good" and "Very Good" by 25.2% of respondents. It was rated as "Fair" by 20.0% of respondents and "Bad" by 3.6%.

Table 13: Distribution of respondents according to their assessment of hospital pharmacy

Quality	Workforce	Percentage	Valid percentage	Cumulative percentage
Very Good	4	1,6	4,5	4,5
Good	22	8,8	25	29,5
Fair	61	24,4	69,3	98,9
Bad	1	0,4	1,1	100
Total	88	35,2	100	
Not responding	162	64,8		
Total	250	100		

Source: Field Survey

A minority of patients (24.4%), judge the hospital pharmacy of the Reference Health Center (RHC) of Commune VI of Bamako as "Fair" which confirms the lack of patient

satisfaction with the pharmacy service. This is an average performance that needs to be improved in the near future.

Table 14: Distribution of respondents according to their opinion of the Reference Health Center (RHC)

Notice	Workforce	Percentage	Valid percentage	Cumulative percentage
None	3	1,2	1,2	1,2
No problem	13	5,2	5,2	6,4
Delay of agents (consultation, AMO, counter)	16	6,4	6,4	12,8
More cleanliness of the premises (maternity ward, toilets etc.)	22	8,8	8,8	21,6
More structures (locate elsewhere)	10	4	4	25,6
Welcome and care for the elderly, new mothers and all other patients, do not mistreat them	40	16	16	41,6
Poor organisation	7	2,8	2,8	44,4
More rigour, seriousness in the work	26	10,4	10,4	54,8
Parking vehicles elsewhere	15	6	6	60,8
Failure to respect the order of arrival	6	2,4	2,4	63,2
Lack of seating space	4	1,6	1,6	64,8
More rooms (maternity, paediatrics), more toilets, counter etc.	16	6,4	6,4	71,2
State aid	7	2,8	2,8	74
Waiting time for visits too long	29	11,6	11,6	85,6
Theft of patients' medicines by staff	1	0,4	0,4	86
Insufficient medicines in the pharmacy	8	3,2	3,2	89,2
Pram for the elderly	3	1,2	1,2	90,4
Choice of good quality medicines	3	1,2	1,2	91,6
Qualified persons	9	3,6	3,6	95,2
Patient referral agent	6	2,4	2,4	97,6
Caesarean section at 0 francs	1	0,4	0,4	98
Equipment needed	5	2	2	100
Total	250	100	100	

Source: Field survey

From the table above, we can see that the majority of patients, i.e., 16.0% of the population studied, think that the elderly, new mothers and all other patients should be well looked after and not treated badly. We think that all the patients' opinions should be taken into account to improve things.

3.2 Summary of results and recommendations from users to the Reference Health Center (RHC)

The analysis and interpretation of the results of our survey enabled us to measure the satisfaction of patients with the quality of services offered by the Reference Health Center (RHC) in Commune VI of Bamako. Here are the main

results obtained:

- Almost the majority of patients, i.e., 45.2%, are satisfied with the consultation. This explains the competence and capacity of the institution to take care of patients.
- Most of the patients find the center's hospitalization very good, i.e., 24.4%, and consider that the information given about their hospitalization is good. This confirms the satisfaction of the patients and the qualification of the staff in the hospitalization service.
- A minority of patients (33.6%) confirm that the radiographic and ultrasound examinations are very good. This is a performance that should be improved in the near future.
- We found that 25.6% of the patients who participated in the biological laboratory examination service consider the quality of the service to be very satisfactory. This means that the quality of the service is good.
- We note that a minority of patients (31.6%) find the center welcoming, which strengthens the relationship and increases the degree of trust between the provider and the patients.
- 44.0% of respondents rated the conduct of staff as 'good'. This indicates that the attitude of the staff is not up to scratch. It needs to be improved.
- A very large percentage of the patients surveyed were satisfied with medical care (56.4%) and nursing care (52.8%).
- Only a minority of patients (26.8% and 27.6%) said that pediatrics and maternity care were fair. This shows their dissatisfaction and this must be improved.
- 8.0% of respondents rated the emergency room as "very good". This confirms patient satisfaction with the emergency department.
- A minority of patients (24.4%) rated the hospital pharmacy as "Fair", which confirms that patients are not satisfied with the pharmacy. This is an average performance that needs to be improved in the near future.

These results enabled us to detect some shortcomings in the provision of services at the Reference Health Center (RHC) in Commune VI of Bamako, namely

The unavailability of material resources (lack of beds in the maternity wards, lack of space to sit during waiting time at the time of visits, lack of necessary equipment); the overloading of patients; and the lack of comfort.

Following the analysis of these results, we consider it necessary to propose some recommendations and actions to be implemented by the Reference Health Center (RHC) of Commune VI of Bamako in order to improve the quality of the services offered and thus increase the degree of satisfaction of the patients (clients):

- Avoid overloading patients, recommend spacious spaces (park vehicles elsewhere);
- Improving the quality of services (comfort, hygiene and cleanliness), good maintenance of sanitary facilities, recruitment of cleaning staff, and above all good training and know-how;
- Improve the facilities (build toilets in the rooms, as some patients have difficulty moving around);
- Welcoming patients well and treating them on an equal footing;
- Avoiding the backlog of staff;

- Find qualified people who have a love for work and not for money;
- Provide the pharmacy with limited stocks of essential medicines for patients;
- Improve comfort and quietness in the rooms;
- Choose good quality medicines;
- Follow up on the health personnel for the smooth running of the Reference Health Center (RHC) in Commune VI of Bamako;
- Open a second counter (AMO) at the entrance office.

4. Discussion of the results of the user opinion survey of the Reference Health Center (RHC) in Commune VI of Bamako

Our opinion survey (quantitative study) focused on the Reference Health Center (RHC) in Commune VI, a Public Hospital Establishment (PHE). Practices in another region of Mali, or in the private sector, may be of a completely different nature. Moreover, this is a health establishment committed to an exchange process in terms of improving the quality of hospital services. This assessment is rich in several lessons in terms of the quality of the responses and the validity of the information collected. Thus, in this section we will compare the results obtained at the Reference Health Center (RHC) of Commune VI with those of previous studies carried out.

4.1 A single-pass cross-sectional survey in May 1997 in seven circles of the Koulikoro region NIANGALY. A. *et al* (2001) ^[17]:

The information collected concerned the context of the creation of community health centers, the human resources and working conditions of these agents, the means available, essential medicines, the minimum package of activities, and the use of services. This information was obtained by interviewing members of the management boards, health workers in the community health centers, village leaders, women of childbearing age, and individual respondents. The indicators tested were: reception at the health center, availability of essential drugs and vaccines, cost of drugs, permanence of care, level of organization of the referral, proportion of localities benefiting from the advanced strategy, ratio of curative and preventive care utilization rates <5 km / >5 km. As a result, the quality of reception was assessed by collecting the opinion of the respondents on the quality of communication between them and the health workers in the community health centers, the availability of these workers, and the waiting time. The reception of the post chiefs was judged to be satisfactory overall: only two out of seven members of the management boards had reservations about their post chief in terms of communication with clients and waiting time. On the other hand, the reception of the matrons was less satisfactory: the majority of respondents expressed unfavourable opinions of the matrons in three of the seven CsCom: one matron who was absent every week for the weekly fair, another who refused to receive people at night, and the third who was treated as 'discourteous'. A third of the people surveyed individually (31%) felt that the waiting time was long. This opinion varies significantly with distance in half of the health areas (3/7).

This study confirms 60% of the results obtained at the Reference Health Center (RHC) in Commune VI. The remaining 40% are specific to community health centers.

4.2 SIMARD. A., in (2005) ^[20] conducted a study, a total of 20 subjects participated in the study and had four characteristics: they lived in the Saguenay, had attended the day hospital for a minimum of three weeks, had not been hospitalized or re-enrolled in the day hospital during the survey and had the cognitive skills necessary to provide informed consent and to answer the questionnaire. The procedure used for the survey was a guided home interview lasting approximately 30 minutes. The pre-validated questionnaire used for this survey grouped 44 expectations under 12 service dimensions in three activity sectors. Finally, this study enabled the managers of the Hospital Centre of Cléophas - Claveau to find out the level of satisfaction of the users who attended the day hospital, to target the elements that influenced their satisfaction and to identify the strong and weak points with regard to the care provided. It also provided managers with the opportunity to prioritize actions to improve the quality of care and services in the light of the results.

The results obtained in this study confirm almost 90% of the results compared with those of the Reference Health Center (RHC) of Commune VI. The remaining 10% are divergences linked to the objectives of the opinion surveys on the one hand, and to specific aspects, social and cultural conditions of Quebec on the other.

4.3 The work of a study carried out in 2002 concerns what was known by a few specialists GOBBERS D. (March 2002) ^[13]. On this occasion, the information was collected in such a way that five categories of health services were studied (curative consultations, prenatal consultations, deliveries, preventive consultations for children and nursing care), using three types of forms: structure, procedure (or "*observation*") in which the observation of the services concerning the procedures followed for each type of activity carried out in the structure was noted, then the results. The data come from a sample of 4,321 households, representative of the entire city of Abidjan, of which 1,906 households included people who had been ill, or women who were pregnant or had given birth in the two months preceding the survey.

The results obtained in this study confirm for nearly 70% compared to those of the Reference Health Center (RHC) of Commune VI. The remaining 30% are practices that are not carried out at the Reference Health Center (RHC) of Commune VI.

4.4 According to a study by MADORE. O., (October 1993) ^[16], various solutions are suggested to increase the efficiency of health services and the health care system. On the one hand, it seems necessary to clearly indicate to patients what effective care is so that they do not put unnecessary pressure on doctors to receive a service or medication that does not help improve their state of health. On the other hand, without questioning the hard work of physicians to improve health and save lives, there is a need to better inform physicians about the clinical and economic effectiveness of medical interventions.

4.5 In 2007, EISLER. R., (August 2007) ^[12], EISLER's work specifies that in order to be able to measure the level of satisfaction of inpatients in 53 Swiss hospitals, he had to find people who had spent at least one night in hospital in the last twelve months. The respondents were aged between

15 and 85; 57% of the respondents were women and 43% were men; 71% of the interviews were conducted by telephone and 29% online. The topics covered ranged from the course of the hospitalization, to the transmission and availability of information, to the humanity of the relationship between people.

The results obtained in this study are in line with those of the Reference Health Center (RHC) in Commune VI. However, the methodology used does not allow us to give an opinion in terms of percentage. Similarly, the social and cultural conditions in Switzerland differ from those in Mali.

4.6 The results obtained in the opinion survey of users of the Reference Health Center (RHC) of Commune VI are in line with those contained in the Statistical Yearbook of Mali carried out by the Strategic Planning Unit (SPU) health, Ministry of Health, Health card of Mali, 1st version, volumes I and II, 2007 - 2008, on the one hand; these results are also in line with the results obtained by BOUADI. S., (no specific date), in his dissertation, on the other hand. We can also quote in the same order of idea, the works carried out by HANANE. L., & NAIMA. M., (Class of 2016 - 2017). Similarly, the Institute of Statistics of Québec has carried out work through DUBE. G., & BARALDI. R., (2006 - 2007) ^[11], which gave results similar to those of the Reference Health Center (RHC) of Commune VI in general. Finally, we can also cite the work of KANTE. K., (academic year 2006 - 2007) ^[15], which deals with the satisfaction of care by the populations of the Ségué health area (in the Kolokani circle) in Mali.

5. Conclusion

Concerning the opinion of users, we would say that the methodology applied led to comparative results in line with the official national statistics of the Strategic Planning Unit (SPU) health, Ministry of Health (2006) ^[10], Demographic and Health Survey IV of Mali, Preliminary report. This allows a comparison of the results of the sample with the entire population of the district of Bamako, the regions of Koulikoro and Ségou.

The discussion of the results enabled us to compare the results obtained at the Reference Health Center (RHC) of Commune VI with those obtained in other opinion surveys (in Africa and Europe). As a result, the results converge in some places, but diverge in the majority of situations. This can be explained by the orientations of the surveys concerned.

In general, the conclusions are favourable to the Reference Health Center (RHC) of Commune VI. However, some of the practices cited deserve to be reviewed by the administration of the Reference Health Center (RHC) of Commune VI. These practices concern the negligence of the staff towards patients (bad reception, which is evident at times on the survey forms, etc.), the unhealthy environment (toilets, dustbins, waiting rooms), the long waiting time of patients in front of the consultation services (too long waiting time at the time of visits), the high cost of services (consultations, hospitalization, analysis, radio-echo examinations), the discriminatory behaviour of the staff towards certain patients, the theft of patients' medicines by certain agents.

The recommendations made by the population must also be taken into account in the future actions of the Reference Health Center (RHC) of Commune VI. These include

reducing the cost of services, increasing the number of specialists, improving the environmental setting, increasing the number of health care staff, organizing information and awareness sessions for users to voluntarily donate blood, monitoring the health care staff and strengthening interpersonal communication.

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