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Research Article

Assessing the Satisfaction of Women Inpatients from the Services of the Department of Gynecology, Obstetrics and Reproductive Medicine of the National Teaching Hospital Souro Sanou, Burkina Faso

Ziemlé Clément Méda[1,2]*, Edmond Ouédraogo[3], M Hervé Hien[4], Der Adolphe Somé[2], Isidore Traoré[1,4], Adama Dembélé[1,2], GB LéonSavadogo[1,2], Souleymane Ouattara[2], Moussa Bamabara[2], Léonel Hien[3], and Issiaka Sombié[1,5]

[1]Institut supérieur des sciences de la santé (INSSA),

[2]Centre hospitalier universitaire Souro Sanou (CHUSS), Bobo Dioulasso, Burkina Faso

[3]Ministère de la santé, Burkina Faso

[4]Centre Muraz, Bobo Dioulasso, Burkina Faso

[5]West African Health Organization (WAHO), Bobo Dioulasso, Burkina Faso

***Corresponding Author** : Ziemlé Clément Méda, Institut supérieur des sciences de la santé (INSSA), Université Nazi Boni, Bobo Dioulasso, Burkina Faso; **E-Mail:** medacle1@yahoo.fr

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Abstract

Introduction

The satisfaction of users of the health facilities is common used in order to appreciate quality of care. The objective of the present research was to study satisfaction of women inpatients from the care units of the Department of Gynecology, Obstetrics and Reproductive Medicine of the National teaching hospital Souro Sanou, in Bobo Dioulasso, Burkina Faso.

Methods

A cross-sectional analytical study conducted in 8 months. The areas of satisfaction were calculated according to the SAPHORA model (version 7).

Results

Two hundred (200) clients were eligible and were all interviewed, with the participation rate of 100.0%. The mean age of clients was 28.4 (95% CI: 27.3-29.5) years-old with extremes ranged from 15 to 56 years-old. The low score domains of satisfaction were: reception, catering and staff organization.

The scores per domain of satisfaction and per service and the overall satisfaction score were less than 50%. The differences between the services were related to: Hospitality score and Organization of the outing score. There were a difference between the services and the following variables: hospitality domain of satisfaction, the organization of the outing domain of satisfaction, and the cost of care.

Conclusion

The improvement of the satisfaction of women inpatients requires the respect of the patients' basic needs and a reorganization of health services with committed staff in order to provide quality health care and services.

Keywords: Satisfaction; Quality; Care; Women; Africa; Inpatients; Hospital; Maternity

Introduction

The assessment of the satisfaction of users of health facilities is now undeniably part of the assessment of the quality of care. The quality, in general, and the evaluation of patient satisfaction in particular, is a transversal action that involves all actors in the hospital, not only health professionals but also users of the public health service. It is a multidimensional concept, requiring multiple criteria of judgment: quality of the human contacts, quality of the "itinerary" of the patient in facility, quality of the medical reasoning before a diagnostic examination [1].

Already established in the 1970s in some countries such as the United States of America (USA) and the United Kingdom [2], the evaluation of patient satisfaction is became a requirement for health care institutions, with a dual interest. Indeed, the analysis of results when evaluating patient satisfaction firstly makes it possible to provide indicators of effectiveness, and secondly, been data for an observation system which aims aimed for improving the quality of care and detecting their dysfunction [3].

From this perspective, the assessment of satisfaction is part of the systematic and annual requirements in France (by the High Authority for Health, in French called Haute Autorité de Santé -HAS). These requirements have also to be applied into developing countries, where in recent years through many studies, there are showing increasing interest in evaluating the quality of care provided by their health system. In a context of limited resources, these countries are continually aware of the need to adapt their health system in order to meet the real health needs of the population [4].

Despite several studies in Africa [5-8] and some of them from Burkina Faso [9-11], we have not identified a study on the perceived satisfaction of inpatients from health services, especially from of the Department of obstetrics and gynecology (DOG) in Burkina Faso. The objective of the present research is to study the satisfaction of women inpatients from services of the Department of gynecology, obstetrics, and reproductive medicine (DGORM) of the National teaching Souro Sanou (NTHSS) in Bobo Dioulasso, Burkina Faso.

Materials and Methods

This study was conducted in the DOGRM, one of six (06) departments of the National teaching hospital Souro Sanou (NTHSS) in Bobo Dioulasso, Burkina Faso. The DOGRM is composed by three (03) main services: ground floor service, post-operative service, gynecology and recent childbirth service.

A cross-sectional study, double-pass (collected entry data and outing data), was conducted in eight (08) months from October 2016 to May 2017, with a data collection phase of two (02) months.

The women inpatients from the DGORM services were included according to the following criteria: having at least 15 years-old, having stayed at least 24 hours in the care unit, been able and accepted to answer questions (free consent) without intermediaries and free from any psychiatric condition. Excluded women inpatients were those who died and those who were transferred to other health services or facilities during the study. The expected sample size was 200 women inpatients.

The study method was the survey method using face-to-face individual interview. A semi-structured questionnaire based on the patient satisfaction questionnaire (SAPHORA, version 2007) adapted to our context and the services of gynecology obstetrics and reproductive medicine was used. Data collected were related to the socio-economic characteristics of the patients and to the satisfaction, the general opinion on the hospital stay, the types of the service in the DOGRM, and the point of view about the costs.

The data was analyzed using the SPSS software, version 23. The satisfaction score was calculated by domain of satisfaction consisting of the sum of the responses by domain (Tables II and III): Reception (ranging from questions 2-10), Staff organization (ranging from questions 2-10), Communication (ranging from questions 5-25), Human staff quality (ranging from questions 3-16), Medical care (ranging from questions 8-40), Hospitality (ranging from questions 8-49), Catering (ranging from question 3-16), Organization of the outing (ranging from questions 8-42). Then, the overall satisfaction score was calculated by summing the scores (Reception + Staff Organization + Communication + Human staff quality + Medical care + Hospitality + Catering + Organization of the Outing) for a minimum expected of 43 and a maximum expected of 208). Then, the mean (with 95% confidence interval) and the median for each score were calculated; the results by category of the percentage of satisfaction by score of the different domains of satisfaction by taking the median as the threshold value. The score was satisfied when it was greater than or equal to 80%.

Concerning the ethical considerations, we obtained the agreement of the Chief executive of the NTHSS and of the chief of the DGORM. Informed consent was gathered for all participants in the study. After data collection, the confidentiality of the data was ensured. The participation in this study posed no risk for the patients.

Results

The number of inpatients in the care units of DGORM during the data collection period was 3135 of which 200 were eligible and all interviewed (100% of participation rate).

Socioeconomic characteristics of women inpatients

The average age of the clients surveyed was 28.4 (95 % CI: 27.3-29.5) years-old with extremes ranging from 15.0 to 56.0 years-old.

The table I shows the distribution of the patients surveyed according to their socioeconomic characteristics. Female farmers were the most represented with 22.5% of the participants. The level of education was relatively low with 40.0% of participants out of school. Monogamous status accounted for 73.0% of the participants. The monthly income was less than 40,000 CFA Francs (72.7 USD) for 152 participants. One hundred and ten participants lived in rural areas and very few of them had a health care insurance.

Items or variables	Modalities of the variables	Numbers	Percentage (%)
Employee status	Farmer	45	22.5
	Trader	18	9.0
	Public sector employee	10	5.0
	Private sector employee	8	4.0
	Housewives	119	59.5
School level	Unschooled	80	40.0
	Primary school level	38	19.0
	Secondary school level	58	29.0
	High school level	18	9.0
	Koranic school	5	2.5
	Literate	1	0.5
Marital status	Monogamous	146	73.0
	Polygamous	33	16.5
	Single	20	10,0
	Concubinage	1	0.5
Monthly salary	Less than 40 000	152	76.0
	40 000 to 80 000	16	8.0
	80 000 to 120 000	7	3.5
	120 000 to 160 000	11	5.5
	160 000 to 200 000	7	3.5
	200 000 to 240 000	6	3.0
	More than 240 000	1	0.5
Place of residence	Rural	110	55.0
	Urban	90	45,0
Having health care insurance	No	179	89.5
	Health mutual	17	8.5
	Health insurance	2	1.0
	Supporting by its structure	2	1.0

Table I. Results of socioeconomic characteristics of women inpatients (n=200)

Level of satisfaction and its components perceived by the participants

The tables II and III show the scores of satisfaction domains according to their means (with its 95% confident interval), their medians, their minimums and maximums. Thus, the mean score "Reception" was 5.6 (5.4 - 5.8) with a satisfaction score percentage of 19.5%. Regarding the score "staff organization of the care units", its mean score was 3 (2.8 - 3.3) and 35.0% of clients said they were satisfied. For 45% of the participants, the "communication with the staff" score was satisfactory with a mean score of 14.3 (13.0 – 15.0). Also, 43.0% of the workforce rated the human staff quality score as satisfactory with a mean score of 12.7 (12.4 - 13). About the mean score of "quality of care offered", it was 23 (22.5 - 23.5) with a satisfaction score percentage of 48.0%. The mean score of "hospitality" 28.8 (28.3 - 29.3) with a satisfaction percentage of 44.5%. Related to the mean score of "catering", it was 2.8 (2.6 – 3.0) with a satisfaction percentage of 32.5%. Finally, the mean score of "organization of the outing" was 27.7 (27.2 - 28.2) with a satisfaction percentage of 47.5%.

The overall mean score of satisfaction for women inpatients was 118.1 (116.4 - 119.8) with extremes of 87 and 150 (Table II).

Scores	Maximum of the possible points	Means and 95% confident interval	Median	Minimum	Maximum
Reception	2-10	5,6 (5,4-5,8)	6	2	10
Staff Organization	2-10	3, (2,8-3,3)	2	2	8
Communication	5-25	14,3 (13-15)	14	5	25
Human staff quality	4-20	12,7 (12,4-13)	13	5	16
Medical care	8-40	23 (22,5-23,5)	23	11	33
Hospitality	12-39	28,8 (28,3-29,3)	29	19	37
Catering	1-7	2,8 (2,6-3)	3	1	6
Organization of the Outing	7-35	27,7 (27,2 – 28,2)	28	15	35
Overall of satisfaction level	43 – 208	118,12 (116,4 – 119,8)	117	87	150

Table II : Results of the overall satisfaction score and the satisfaction score per domain from women inpatients.The median overall score was 117.0. And 48.5% of participants said they were generally satisfied (Table III).

Variables	Modality	Numbers	Percentage (%)
Score Reception in two categories with the median as threshold equals 6	Greater than 6	39	19,5
	Less than or equal to 6	161	80,5
Score Staff Organization in two categories with the median as threshold equals 2	Greater than 2	70	35
	Less than or equal to 2	130	65
Score Communication in two categories with the median as threshold equals 14	Greater than 14	90	45
	Less than or equal to 14	110	55
Score Human staff quality in two categories with the median as threshold equals 14	Greater than 13	86	43
	Less than or equal to 13	144	57
Score Medical care in two categories with the median as threshold equals 23	Greater than 23	96	48
	Less than or equal to 23	104	52
Hospitality score in two categories with the median of 29 as threshold	Greater than 29	89	44,5
	Less than or equal to 29	111	55,5
Score Restauration in two categories with the median as threshold equals 3	Greater than 3	65	32,5
	Less than or equal to 3	135	67,5
Score Organization of the output in two categories with the median as threshold equals 28	Greater than 28	95	47,5
	Less than or equal to 28	105	52,5
Score global of satisfaction in two categories with the median as threshold equals 117	Greater than 117	97	48,5
	Less than or equal to 117	103	51,5

Table III : Results of calculation of scores of satisfaction domains in two modalities with median as threshold.

General opinion on the hospital stay and point of view about the costs

With a mean of 3.8 (3.7 - 3.9) for a scale of from 2 to 7, the general opinion score on hospital stay was 14.5%.

Related to care costs, 133 (66.5%) of participants found that care was cheap. The areas of expensive costs were the "drugs" domain for 57.0% of respondents.

Level of satisfaction and the opinion about the health care services perceived by the women inpatients and the services of the DGOMR

It is noted that no satisfaction level per service had its superior modality above 50.0%. It was the same for the overall score of satisfaction with 48.5% satisfaction (table IV).

In addition, it was found that the services had satisfaction score per domain and overall satisfaction score that differed from one service to another (table IV): these included the hospitality score ($p = 0.054$) and the score organization of the output ($p < 0.0001$).

Force Variables	Categories	Services d'hospitalisation du DGOMR				Chi-square (X2)	Value of P
		Ground floor service n (%)	Post-operative service n (%)	Gynecology and recent childbirth service n (%)	Total n (%)		
Reception	Superior to 6	19 (25.3)	16 (20.8)	4 (8.3)	39 (19.5)	5.519	0.063
	Inferior to 6	56 (74.7)	61 (79.2)	44 (91.7)	161 (80.5)		
Staff organisation	Superior to 2	25 (33.3)	30 (39.0)	15 (31.2)	70 (35.0)	0.919	0.631
	Inferior to 2	50 (66.7)	47 (61.0)	33 (68.8)	130 (65.0)		
Human staff quality	Superior to 13	35 (46.7)	32 (41.6)	19 (39.6)	86 (43.0)		0.703
	Inferior to 13	40(53.3)	45 (58.4)	29 (60.4)	114 (57.0)		
Medical care	Superior to 23	38 (50.7)	37 (48.1)	21 (43.8)	96 (48.0)	0.561	0.755
	Inferior to 23	37 (49.3)	40 (51.9)	27 (56.2)	104 (52.0)		
Hospitality	Superior to 29	41 (54.7)	32(41.1)	16 (33.)	89 (44.5)	5.832	0.054
	Inferior to 29	34 (45.3)	45 (58.4)	32 (66.7)	111 (55.5)		
Organisation of outing	Superior to 28	18 (24.0)	43(55.8)	34 (70.8)	95 (47.5)	2.238	<0.0001
	Inferior to 28	57 (76.0)	34 (44.2)	14 (29.2)	105 (52.5)		
Communication	Superior to 14	29 (38.7)	36 (46.8)	25 (52.1)	90 (45.0)	2.284	0,319
	Inferior to 14	46 (61.3)	41(53.2)	23 (47.9)	110 (55.0)		
Catering	Superior to 3	28 (37.3)	27 (35.1)	10 (20.8)	65 (32.5)	4.008	0.135
	Inferior to 3	47 (62.7)	50 (64,9)	38 (79.2)	135 (67.5)		
Over all of satisfaction	Superior to 117	34 (45.3)	36 (46.8)	27 (56.2)	97 (48.5)	1.549	0.461
	Inferior to 117	41 (54.7)	41 (53.2)	21(43.8)	103 (51.5)		
Opinion about the health care services	Very expensive	0 (0.0)	6 (7.8)	0 (0.0)	6 (3.0)	34.886	<0.0001
	Expensive	7 (9.3)	4 (5.2)	3(06.2)	14(7.0)		
	Less expensive	31(41.3)	13 (16.9)	3(06.2)	47(23.5)		
	Not expensive	37(49.3)	54 (70.1)	42(87.6)	133(66.5)		

Table IV: Comparing service of the Department of gynecology, obstetrics, and reproductive medicine and satisfaction and Opinion about the health care services regarding the cost of services (Table IV), only 3.0% of participants found that the costs were very expensive with a significant difference between service (p <0.0001).

Discussion

The objective of this research was to study the level of satisfaction of women inpatients in the sevices of the DGORM in the NTHSS, Bobo Dioulasso. As a result, the overall level of satisfaction was 48.5%. Related to the services, the scores of the satisfaction domains and the overall satisfaction score were all less than 50.0%. Differences between services were related to Hospitality, organization of outing, and cost of care.

The present study has a major limitation that of any cross-sectional study (temporal inference). Also, the method used is the individual interview face to face and within the hospital. Although this method reduces the rate of non-responses and missing data, it has the disadvantage of not respecting the anonymity of the patient and thus expose to a risk of social desirability, the patient expressing less easily dissatisfaction. In addition, some no less important data such as the diagnosis and the type of pathologies (acute or chronic), the notion of hospitalization experience (especially at the NTHSS), the number of total days of hospitalization of patients, did not collected in the present study. Taking these variables into account would have made it possible to evaluate their influence on patient satisfaction.

Socio-economic Characteristics

The mean age of the patients in our study was identical to that found by France-Colmant who noted a mean age of 28.7 years-old in an obstetric gynecology center in France [12]. In Burkina Faso, the age groups 20 to 24 years-old and 25 to 29 years-old were the age group where the fertility rate is the highest [13].

Whether uneducated participants were the most represented in the present study, they were 15.5% of the participants in the study conducted by Bougmiza et al related to the satisfaction of inpatients in the Department of gynecology and obstetrics of Sousse in Tunisia [5].

But our results were similar to the results by Hien [11], in the same context of Burkina Faso.

With 76% of the participants reported receiving less than 72.7 USD per month, our results were closed to the results from the study of Bougmiza et al. in Tunisia where 70% of the participants said having less than 200 Tunisian Dinars corresponding to 87.4 USD [5]. The result of our study is explained by the fact that the burkinabè population in general is poor. Indeed, 40.1% of Burkinabè live below the poverty line, with less than 500 F CFA francs per day corresponding to 0.9 USD per day [14].

As in the present study, about 94.0% of the participants did not have affiliation to a health insurance scheme in the study conducted by Hien [11]. As well, Nguyen Thi et al only noted that 7.1% of the patients surveyed benefited from the health insurance card in Vietnam [15]. However, they results differed from the results found by Bougmiza et al in Tunisia where 77.1% of patients were covered by health insurance [5]. Our results justified by the lack of social security for all at the national level and confirms the low financial income of populations that do not allow them to subscribe to health insurance. It also calls, once again, for the need for universal health coverage for the population.

The Level of Satisfaction and Its Dimensions

Reception domain: In our study, 19.5% of women inpatients reported being satisfied about reception domain. This result was far from the results from study conducted by Hien who found 40.0% of satisfied patients on the reception at the department of medicine [11], and the one conducted by Yameogo who found a satisfaction score of 68.1% in the department of cardiology [16]. As found by Amazian et al, the satisfaction according to reception domain was 71.0% about cancer patients [17]. In our hospital, the dissatisfaction of the patients surveyed in our study could be explained by the very long waiting time in the emergency room. Many factors such as the insufficient number of gynecological examination tables and a very insufficient number of the medical staff with a huge workload are the main causes.

Staff organization domain: Regarding the organization of the staff in the service, our results were similar to the results found by Hien in Burkina Faso with 48.8% [11], and Jaâfar in Morocco with 29.0% [7].

In our context, the high diversity of actors (students in health schools, medical school students, and the usual medical staff) with no identifiers would explain this low score for the organization.

Communication domain: As in the present study, the participants were satisfied according to the results notified by Hien [11], with 42.8% of satisfaction about communication domain. These results were superior to those published by the Ministry of Health of Burkina Faso in which patients were more dissatisfied with the lack of information on the adverse / secondary effects of examinations and certain treatments with a score of 37.3% [9].

However in France, Canouï-Poitrine et al noted 89.6% of satisfied patients about communication domain [17]. As well in Morocco, Jaâfar found that 50.0% of patients were satisfied [7]. Finally, Nguyen Thi et al in Vietnam reported 98.0% of the satisfaction about the medical information score [15].

In our context, linguistic diversity would be a barrier when transmitting of medical information. Indeed, faced with a largely uneducated population where the official language is very little mastered, the communication and transmission of medical information to the patient are not easy, many health workers being not able to translate certain medical terms in local dialects. These factors partly could explained the dissatisfaction about the communication domain in our health centers.

Human quality of staff: In this study, 43.0% of patients rated the human quality of staff as satisfactory. Although 87.5% of the participants found the caregivers friendly. Only 2% of them said that they were helped for performing certain tasks such as getting up, getting dressed, and doing their own thing. About the nursing care, it must integrate the support to patients for their performance of certain activities of daily life as stipulated in the basic needs according to Virginia Henderson.

Quality of care offered: In our study, 60.0% of the patients said they had not been involved in the decisions taken concerning their care and 40% complained of the waiting time more or less long before the completion of the complementary examinations (ultrasound, radiography). This result is similar to the one found by Hien [11], who noted a dissatisfaction with the care offered because of the exclusion of patients concerning decisions that count for their care.

Hospitality: About hospitality domain, our result closed to the one found by Hien, who found that 46.0% of patients said they were satisfied with the hospitality conditions offered [11]. These results are also similar to the one published by the Ministry of Health au Burkina Faso [9]. Contrary to these results, Nguyen noted a rate much higher than ours where the mean satisfaction score for the hotel industry was 86.3% in Vietnam [15].

The low hospitality rate could largely be explained in our study by the lack of a telephone and television available for the inpatients. In addition, the access and cleanliness of sanitation facilities for the inpatients recorded the highest rate of dissatisfaction. Indeed in our study, 73.0% of the inpatients declared the absence of toilets and 99.5% of patients said they had never received a bed sheet offered by the hospital.

Catering: Regarding the catering, our results were similar to the results from Bougmiza et al [5], where 50.6% of the patients were dissatisfied concerning the temperature, the taste of the food as well as the schedule of the meal service in the Department of obstetrics and gynecology of the Sousse Hospital, Tunisia. This result is also similar to the one found by Hien [11], who reported that 42.4% of patients were satisfied with the catering.

In our study, the patients' dissatisfaction about the catering domain could be explained by the fact that the catering in the hospital does not take into account the diets observed by certain patients before and during their hospitalization.

As well, it was noted a lack of dietary advices about the feeding of patients. Indeed amongst the 200 participants in our study, only 45 of them reported having had advice about their diet.

Organization of the outing: As in the present study, the dissatisfaction was found in the department of medicine in the study conducted by Hien [11], in which 59.6% of patients were dissatisfied with the organization of the outing. This dissatisfaction of the patients would be related to the absence of medical assistance at home and for some care such as the physiotherapy. Indeed, when the patients leave the hospital, home care is an aspect left to the discretion of patients and their families.

Overall satisfaction: The overall satisfaction score was 48.5%. This result is similar to that found by Bougmiza et al with 51.0% in Tunisia [5] and by Hien with 48.8% [11]. However, it remains low compared to the results other authors, ranging from 72.7% to 88.0% [13, 18-19].

Conclusion

Satisfaction scores in the Department of gynecology, obstetrics and reproductive medicine are all less than 50.0%. The improvement of the satisfaction of women inpatients requires the respect of the patients' basic needs and a reorganization of health services with committed staff in order to provide quality health care and services.

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