International Journal of Medical Science and Health Research

Vol. 6, No. 04; 2022

ISSN: 2581-3366

The Reception of the User in Gynecological and Obstetrical Consultation of the Nianankoro Fomba Hospital of Segou (Mali)

SIDIBE Alima[1], TRAORE Tidiane [2], DIASSANA Mahamadou [3], KANE Famakan [4], Dembélé Sitapha [3], Macalou Ballan [3], HAIDARA Mamadou [5], DICKO Alba char Hamidou[1], DIARRA samou[1], Traore I youssouf[1]. [1]Kayes Reference Health Center, Mali

[2]Gynecology and obstetrics department of the Nianankoro Fomba Hospital in Segou, Mali

[3] Gynecology and obstetrics department of Fousseyni Daou Hospital in Kayes, Mali

[4] Bla Health Reference Center, Segou, Mali

[5]Reference Health Center of Kalaban-Coro, Mali

Corresponding author: SIDIBE Alima, Kayes Reference Health Center, Mali. Tel 0022365728900

doi: 10.51505/ijmshr.2022.6407 URL: http://dx.doi.org/10.51505/ijmshr.2022.6407

Abstract

Introduction: The observation of long queues at the counter and at the consultation had prompted the initiative of this survey whose aim was to assess the quality of reception in order to identify the difficulties of users at the counter and at the gynecology and obstetrics consultation.

Methodology: This was a prospective descriptive cross-sectional study that took place in the Obstetrics and Gynecology Department of the Nianankoro Fomba Hospital in Segou from April 15 to May 9, 2019. Recruitment was based on verbal informed consent, availability of clients and respect of anonymity.

Results: The study included 68.28% of the users who came to the counter for an outpatient gynecological or obstetrical consultation. The average age of the users was 27.2 years. The average waiting time at the counter was 2 hours and 12 minutes, and the average consultation time was 39.5 minutes. The overall satisfaction rate of the users was 35%. The reasons for dissatisfaction were related to problems encountered by users, including: long waiting times, verbal aggression at the counters, and the unavailability of agents to provide clear information to users. However, it should be noted that 86.7% of dissatisfied users preferred to remain anonymous about the reasons for their dissatisfaction.

Conclusion: This study allowed us to take a concrete and objective look at the strengths and weaknesses of the reception of users, and at the same time to obtain basic information to develop a plan to improve the quality of care through reception.

Keywords: reception, quality, influencing factors, hospital – Segou

Vol. 6, No. 04; 2022

ISSN: 2581-3366

Introduction

Quality of care assessment is a qualitative approach to providing solutions. Reception is an essential component in the search for customer satisfaction in a company. According to the Larousse dictionary, the word "reception" designates both the action, the manner of receiving someone and the place where people are received [1]. According to the 1990 version of the dictionary of the French Academy, it also means "all the arrangements made to receive one or more people".

These definitions show us that reception has several meanings; it can be defined as a service, a behavior, as well as a place [2]. Applied to the hospital, reception is "a complex act", it will be decisive for the rest of the care relationships [3-4]. Indeed, the reception is the first contact of the patient and his entourage with the health establishment. The reception at the hospital is also "a response to a request for information and orientation by the patient, but also to a need for reassurance" and constitutes the privileged moment of listening and information for the patient and his family [5]. This ground of trust between the user and the carer consequently leads to trust in the hospital establishment [6-7]. It goes beyond the first contact and remains present throughout the patient's care. It thus constitutes a continuous function in the overall management of the patient. It therefore concerns all the service providers involved in the hospital care chain [8-9]. Reception is the set of activities implemented within the hospital to obtain the comfort of clients. It plays an interface role between the population and the care services. This first moment of the encounter is decisive, and represents an essential guarantee of the smooth running of the user's care. The stakes and benefits of a good reception prompt us to pay the necessary attention to ensure that it is of high quality [10].

The observation of long queues at the counter and at the consultation led to the initiative of this survey to describe and analyze the reception of users at the gynecological and obstetrical consultation of the Nianankoro Fomba Hospital in Segou in order to identify all the factors influencing its quality.

Methodology

This was a descriptive cross-sectional study. The study covered all persons requesting services at the obstetrical gynecology outpatient clinic of the Nianankoro Fomba Hospital in Segou. It was spread over a period from April 15 to May 9, 2019. The data were collected on a questionnaire based on an individual interview with adult users and accompanying women of minor users who presented themselves at the counter for an outpatient obstetrical gynecological consultation. The individual data were coded and analyzed on the Epi-Info software. Recruitment was based on verbal informed consent, availability of clients and respect of anonymity. Data collection was done in the absence of staff and by investigators external to the hospital. The confidentiality and anonymity of the respondents were ensured, as well as the independence of the interviewers. This allowed us to circumvent certain study biases such as social desirability bias and fear of retaliation.

Vol. 6, No. 04; 2022

ISSN: 2581-3366

Results

During the study period, 183 users were surveyed out of a total of 268 consultations, i.e. a frequency of 68.28%.

Table I: Distribution of users by age group

Age	Number	%
16 – 30	138	75.4%
31- 45	43	23.5%
> 45	2	1.1%
Total	183	100.0%

The median age of the consultants was 26 years with extremes ranging from 16 to 51 years.

Table II: Distribution of users by time spent at the counter

	Number	%	Cumulative%
Hours of arrival at the counter			
3am - 7:30am	160	87.4	87.4
7:30 a.m. - 8:00 a.m.	15	8.2	95.6
After 08:00	8	4.4	100
The first user arrived at the counter at 3 a.m.			
Time of departure from the counter			
From 08:00	96	52.5	52.5
08:00 to 10:00	86	47	97.5
After 10:00	1	0.5	100
52.5% of users left the counter before 8 am			
Distribution of users by time at the counter			
Before 01:00 am	13	07.1	7.1
01:00 to 02:00	112	61.2	68.3
02:00 to 04:00	52	28.4	96.7
After 04:00	6	3.3	100
The duration at the counter was 01:00 to 02:00 for 61.2% of users			

Vol. 6, No. 04; 2022

ISSN: 2581-3366

Table III: Distribution of consumers by means of referral and first receptionist at the hospital counter

Orientation within the hospital	**Workforce**	**%**	**Cumulative %**
Health Officer	1	0.6	0.6
Orientation sign	5	2.7	3.3
Request for assistance	13	7.1	10.4
Referral agent	35	19.1	29.5
Regular user	129	70.5	100
Accueillant en premier lieu			
Doctor	1	0.5%	0.5%
Nurse	17	9.3%	9.8%
Hostess	36	19.7%	29.5%
None	129	70.5%	100%

Table IV: Distribution of users according to their appreciation of the attitude of the welcoming staff (gesture-hold-speech) and according to the estimation of the friendliness and respect of the welcoming staff

Attitude du personnel accueillant après le guichet (geste-tenue-parole)	**Workforce**	**%**	**Accumulated %**
Good	69	37.7	37.7
Very good	47	25.7	63.4
Insufficient	44	24.1	87.5
Very inadequate	23	12.5	100
Friendliness and respect of the welcoming staff			
Rarement	17	9.3	9.3
No opinion	29	15.8	25.1
Never	35	19.1	44.2
Often	42	23	67.2
Toujours	60	32.8	100

Vol. 6, No. 04; 2022

ISSN: 2581-3366

Table V: Distribution by referral, pathway information and hospital management by receiving staff

Orientation within the hospital	Workforce	%	% accumulated
No opinion	6	3.3	3.3
Rarely	6	3.3	6.6
Never	25	13.7	20.3
Often	31	16.9	37.2
Toujours	115	62.8	100
Path of care			
No opinion	3	1.6	1.6
Rarely	11	6	7.6
Never	38	20.8	28.4
Often	42	23	51.4
Always	89	48.6	100

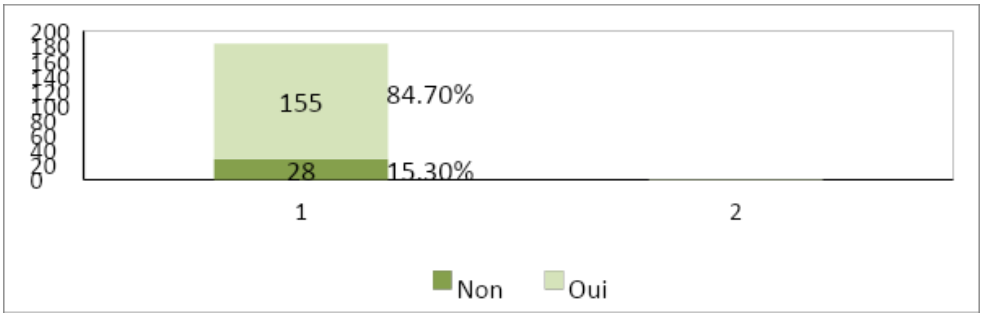

Figure I: Distribution of satisfaction with the reception of health personnel

The long waiting time at the counter was the first reason for dissatisfaction with the health staff, followed by the disorder in the queue at the counter with 39.3% and 21.4% respectively.

Vol. 6, No. 04; 2022

ISSN: 2581-3366

Table VI: Distribution of users' suggestions for improvement

users' proposals to improve reception	Workforce	%
Organize the row at the consultation	1	0.8
Improve the quality of reception and orientation of users	2	1.4
Make waiting areas spacious and increase the number of chairs	3	1.6
Give priority to users not covered by insurance	7	3.8
Increase the number of consulting rooms	12	6.6
Recruiting agents to organize the reception line	11	6
Avoiding omissions during registration	10	5.5
Sympathy and friendliness of the agents at the counter	16	8.7
Open the window early	16	08.7
Multiply the number of windows	21	11.5
Physician compliance with work hours	27	14.8
No opinion	56	30.6
Total	183	100

Discussion

During the study period, 183 users were surveyed out of a total of 268 consultations, i.e. a frequency of 68.28%. In our study, 87.4% of the users arrived at the counter between 3:00 and 7:30 a.m., contrary to Kané where the majority of users (61%) arrived after 7:30 a.m. [11]. This massive early arrival of users in order to benefit from the consultation could be due to the large number of consultants. The insufficient number of counters and the quality of the organization of the counters do not facilitate access to the consultation booth. The average waiting time at the counter was 2 hours 12 minutes. Our waiting time was longer than that of Kané [11] where the average waiting time was 43 minutes. The questioning of our users reveals that they did not expect it and did not know the reasons for this long waiting time. This long waiting time in our case could be explained by the time difference between the arrival of the users and the opening of the counters (3h to 7h30mn). Although the majority of users (52.5%) had received their consultation tickets before 8 am, only about 35% arrived at the consultation booth before 8 am. The fear of the long waiting time at the cubicle made some of them go back to have breakfast or to take care of domestic tasks before coming back. Among our users, 19.1% had the help of a referral agent, and 64.5% of users were regulars at the hospital. Kané et al. [11] found that 64.9% were regulars compared to 0% by a referral agent, our difference with Kané is explained by the presence of referral agents at the exit of the wickets. The majority of the sample, 70.5%, did not have a receptionist. This situation can be explained by the lack of orientation agents and organized reception services. Analysis of the results shows that 35.0% of the users did not know the identity of their caregiver. Our result is lower than that of CHAOUI Hanane who found 85.5% of cases [12]. This could be explained by the socio-cultural realities of Mali, which is a country of joking cousins, which usually motivates this presentation to create a climate of conviviality. Regarding the attitude of the staff at the time of reception (gesture-hold-speech)

Vol. 6, No. 04; 2022

ISSN: 2581-3366

25.7% of the users participating in the study considered it very good, 37.7% good and 24.1% of the users considered it insufficient. The friendliness of the staff includes kindness, politeness, thoughtfulness and courtesy towards the users [1,13,14,15,16,]. For example, 32.8% of the users felt that the staff were always friendly, while 19.1% of the users thought that they were never friendly. 36.6% of the users felt that the health care staff were always sensitive to their concerns, while 15.8% of the users felt that the health care staff were never sensitive to their concerns.

18.6% of the users felt that the health care staff were never available compared to 37.7% of the users who felt that the staff gave them enough time to express their concerns. In 32.8% of the cases, the users felt that the health care staff listened to them very well. In our study, 51.4% of the users said that they had received the necessary administrative information such as payment for procedures, compared to 21.9% of the users who said that they had never received useful information on administrative procedures from the staff. This could be due to the fact that the staff itself does not have sufficient information or time to guide the users. The reasons for the long wait were not known by 51.4% of users at the reception desk. Only 31.7% of users said they had received this information after the counter. The waiting time for consultation was between 2h-4h for 49.7% of the users. This long waiting time could be explained by the lack of consulting physicians in relation to the number of users, but also by the complexity of the gynecological-obstetrical consultation, which takes a long time per client, and the massive and early arrival of the women who are consulting in order to be among the first. It should be noted that the queue for the consultation is managed by the software of the entrance office which sends the name of the consultant on the doctor's screen. In our study 84.7% of users were satisfied compared to 15.3% of users who were not satisfied. The same trend of high satisfaction was reported:

- By the satisfaction survey conducted at the University Hospital of Fez which had revealed that the reception dimension in clinical services had an average satisfaction score of 72% [17,18].

- In France, the satisfaction survey showed that 91.9% of users were satisfied with the reception in clinical services [19].

- In France, the satisfaction survey had

Our study shows that the identification of staff, the information useful for reception, the availability of staff, the attention paid by staff to the reception of the user, communication and listening by staff are the dimensions least approved and most decried by users. These aspects should be taken into account in the planning of continuous training and the organization of activities in the hospital with a view to improvement.

The long waiting time at the counter was the first reason for dissatisfaction, followed by lack of order at the counter, negligence and verbal aggression at the counter, and omission of names during registration, with 39.3%, 21.4%, 7.1%, 7.1% and 3.6% respectively. In fact, these dysfunctions disrupt waiting times and create dissatisfaction that is difficult to dispel, even if the quality of relations at the reception desk is appreciated by the user. Moreover, 86.7% of the unsatisfied users preferred not to mention the reasons for their dissatisfaction. The main

Vol. 6, No. 04; 2022

ISSN: 2581-3366

difficulties encountered by users were: long waiting time at the counter 18.6%, long waiting time at the consultation 8.2%, lack of order at the counter 8.2%, late arrival of doctors at the consultation 7.1%, but 42.6% of users did not give an explanation for the difficulties encountered.

The general assessment of the quality of the reception at the hospital by the users participating in the study reveals that 66.1% of these users felt that the nursing staff was welcoming, while 33.9% felt that it was not welcoming.

One of the objectives of this study was also to identify the suggestions of the users in order to improve the quality of the reception. Thus, at the end of this study, users made the following suggestions: Start consultations at 8 a.m. (14.8%), Increase the number of counters (11.5%), Open the counter early (8.7%), Wish for more friendliness and friendliness of the counter agents (8.7%), Recruit agents to organize the row at the reception desk (6.0%). From all of this, it is clear that what the participants in our study said is consistent and converges with the literature on strategies for improving hospital reception. These suggestions can be taken into consideration in the development of the hospital's social project in relation to the improvement of reception and the humanization of the hospital.

Our study focused on the reception given to clients who came for gynecological consultations, so the generalizability of the results of the study remains limited.

Our research had a good level of acceptability and a high response rate among participants 68.28%. However, not all participants gave their opinion on some of the questions in the study.

Conclusion

Overall, this study found that only 35.0% of the users who participated in our study felt that the staff was welcoming at the hospital. Those who were dissatisfied mentioned difficulties on the circuit concerned by our study. This allows us to conclude that this study has allowed us to take a concrete and objective look at the strengths and weaknesses of the reception of users, and at the same time has attempted to obtain basic information to develop a plan to improve the quality of care through reception. This could be a decision-making tool for the hospital administration to improve the quality of reception.

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Vol. 6, No. 04; 2022

ISSN: 2581-3366

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