

Level of patient satisfaction with the quality of care offered in health centres of the Kwango Provincial Health Division

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ABSTRACT

Introduction

Patient satisfaction is an indicator that enables the assessment of the performance, efficiency, and effectiveness of a health facility. It enhances attendance and utilisation of health services. In the health centres of the Kwango Provincial Health Division, patient dissatisfaction with the quality of care has been observed.

Purpose

The general objective of this study was to determine the level of patient satisfaction with the quality of care offered in health centres.

Methods

This was a cross-sectional study conducted among 384 patients selected through simple random sampling. The survey method, supported by interview techniques, was used for data collection. The collected data were analysed using SPSS version 26 to generate frequencies and percentages for the parameters explored.

Results

The results showed that the level of patient satisfaction was low. A total of 196 patients (51%) were satisfied, while 188 patients (49%) were not satisfied with the quality of care received.

Conclusion

To improve the quality of care in health centres within this Provincial Health Division, it is necessary to enhance patient satisfaction by integrating it as a key performance indicator in monitoring and evaluation processes and by strengthening the supervisory role of health zone management teams over healthcare providers.

INTRODUCTION

The evaluation of the Republic's second-generation National Health Development Plan revealed shortcomings on both the supply and demand sides of the health system, notably low service utilisation, poor attendance, and substandard quality of care, as reflected in patient dissatisfaction (Diallo, 2021).

Patient satisfaction derives from the quality of services and care received. This subjective or personal assessment, which each patient forms through a dynamic cognitive process, varies from one individual to another. It constitutes one of the benchmarks for healthcare quality. The assessment of satisfaction refers to the recipient's affective orientation towards the care received in relation to their expectations and experiences (Ramanah et al., 2014).

Globally, numerous studies have focused on the evaluation of patient satisfaction. In a recent French study, patients reported a high level of satisfaction with nursing care, with scores exceeding 80% (Sanogo et al., 2019). This satisfaction was associated with attentiveness, emotional support, quality of care, appointment waiting times, and emergency management (Blondel, 2022).

In rural areas of Bangladesh, patient satisfaction with public-sector healthcare depended largely on the attitudes of caregivers, particularly respect, consideration, courtesy, and technical competence (Mendoza Aldana et al., 2001).

In Niger, a study assessing patient satisfaction in the surgical emergency department of Zinder National Hospital showed that 54.62% (124 out of 227 patients) were satisfied with the services provided (Adamou et al., 2017).

In Burkina Faso, more than 50% of hospitalised patients in the internal medicine department of the Souro Sanou University Hospital Centre (CHUSS) in Bobo-Dioulasso were dissatisfied with the medical care and treatments received. Satisfaction was measured using the SAPHORA version 7 criteria. Dissatisfaction was attributed to poor reception, inadequate staff-patient interaction, catering issues, discharge organisation, and prolonged hospital stays (Meda et al., 2019).

In Mali, following multiple complaints from hospitalised patients in the Koutiala Health District, a cross-sectional survey of 83 patients conducted between June and July 2019

assessed patient satisfaction. The results indicated an overall satisfaction rate of 94%, associated with trust in caregivers, waiting times, safety of care, quality of services, deposit requirements, and the sale of medicines by staff (Sanogo et al., 2019).

According to a study conducted in the N'djili health zone of the Democratic Republic of the Congo, mothers were satisfied with the quality of maternal care, provider competence, professional attitude, and accessibility. However, dissatisfaction arose from poor hygiene, negligent handling, and unexpected costs (Mpembele, 2020).

Relevance of the Study

An analysis of supply and demand indicates that the health system of the Democratic Republic of the Congo, including the Kwango Provincial Health Division, faces significant challenges, particularly poor quality of care reflected in patient dissatisfaction. Corrective interventions depend on an accurate understanding of the degree of patient satisfaction or dissatisfaction. Previous studies were limited to calculating satisfaction rates without determining satisfaction levels, largely due to the absence of standard benchmarks.

To address this gap, the present study proposes a satisfaction-level scale developed by the authors for use by researchers:

- < 50%: very low (red)
- 50–59%: low (yellow)
- 60–69%: moderate (blue)
- ≥ 70%: high (green)

Indeed, discussing a level of satisfaction without first calculating the satisfaction rate would be methodologically unsound.

Research objective:

The objective of this study was to determine the level of patient satisfaction with the quality of healthcare provided in the health centres of the Kwango Provincial Health Division.

Research question:

What is the level of patient satisfaction with the quality of care provided in the health centres of the Kwango Provincial Health Division?

METHODS

Presentation of the Study Setting

The study was conducted in 21 health centres located in the Boko, Kahemba, Kenge, Kimbau, Kisanji, Panzi, and Wamba Lwadi health zones of the Kwango Provincial Health Division, Democratic Republic of the Congo.

Study Type and Field

This was a quantitative study employing an analytical cross-sectional design. It falls within the field of health services management and focuses on patient satisfaction with the quality of care provided in health centres within the Kwango Provincial Health Division.

Population, Sampling, and Sample Size

The study population comprised all 115,733 patients who sought curative care in the 21 health centres across seven health zones benefiting from Performance-Based Financing in the Kwango Provincial Health Division and who voluntarily consented to participate. The sample size was determined using Fisher's formula:

$$n = \frac{z^2 \times p \times (1 - p)}{m^2}$$

Assuming an unknown proportion and a 95% confidence level, the calculated sample size was 384 patients, selected through simple random sampling.

Data Collection Techniques and Instruments

A quantitative approach was used. Data collection was conducted through face-to-face interviews using a structured questionnaire integrated into the KoboCollect application on Android smartphones.

Patient satisfaction was measured using an adapted version of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) tool, tailored to health centre settings and patient expectations. There is a strong correlation ($p < .001$) between HCAHPS indicators and the overall hospital rating, demonstrating good convergent validity. Cronbach's alpha (or Omega) coefficients for

composite measures generally range from 0.77 to 0.89, indicating acceptable to excellent internal consistency.

A four-point Likert scale was used to avoid neutrality: *very satisfied*, *satisfied*, *dissatisfied*, and *very dissatisfied*.

Data Collection Procedure

The average duration of each interview was approximately 35 minutes. Respondents were identified in their communities (villages) by trained community relays, based on addresses recorded in outpatient consultation registers at the health centres. Responses were entered directly into the mobile devices.

Data Analysis

Data collected via KoboCollect were exported to Microsoft Excel 2016 and subsequently imported into SPSS version 26 for statistical analysis. Univariate analysis was performed to generate frequencies and percentages for sociodemographic variables and satisfaction-related indicators.

The satisfaction rate was calculated using the formula: $\text{number of satisfied clients} \times 100 / \text{total number of respondents}$.

The level of satisfaction was determined based on the satisfaction rate, using the scale developed by Richard (2025).

Ethical Considerations

This study received ethical approval from the Ethics Committee of the ISTM/Kinshasa Doctoral School (Approval No. 0003/CBE/ISTM/KIN/RDC/PMBBL/2024, dated 16 February 2024), in accordance with Decision No. 055/ESU/ISTM/DG/2022 of 10 June 2022. Authorisation was also obtained from the authorities of the Kwango Provincial Health Division.

Prior to data collection, informed consent was obtained from all participants. Confidentiality, anonymity, security, and freedom of participation were guaranteed, and participation in the study was entirely voluntary.

RESULTS

Table 1:

Distribution of Respondents According to Sociodemographic Characteristics and Overall Satisfaction (N = 384)

Sociodemographic characteristics	Satisfied n (%)	Dissatisfied n (%)	Total n (%)
Sex			
Female	70 (35.7)	71 (37.8)	141 (36.7)
Male	126 (64.3)	117 (62.2)	243 (63.3)
Age group (mean = 37.29 years)			
18–29 years	55 (28.1)	57 (30.3)	112 (29.2)
30–49 years	104 (53.0)	97 (51.6)	201 (52.3)
50–67 years	37 (18.9)	34 (18.1)	71 (18.5)
Marital status			
Single	25 (12.8)	24 (12.8)	49 (12.7)
Divorced	6 (3.1)	3 (1.6)	9 (2.4)
Married	150 (76.5)	153 (81.4)	303 (78.0)
Widowed	15 (7.7)	8 (4.3)	23 (5.9)
Educational level			
No formal schooling	33 (16.8)	34 (18.1)	67 (17.4)
Primary education	38 (19.2)	23 (12.2)	61 (15.9)
State diploma	92 (46.9)	84 (44.7)	176 (45.8)
University	33 (16.8)	47 (25.0)	80 (20.8)
Occupation			
Administrative staff	13 (6.6)	9 (4.8)	22 (5.7)
Trader	8 (4.1)	4 (2.1)	12 (3.1)
Farmer	88 (44.9)	104 (55.3)	192 (50.0)
Teacher	50 (25.5)	42 (22.3)	92 (24.0)
Student	19 (9.7)	17 (9.0)	36 (9.4)
Police officer	7 (3.6)	4 (2.1)	11 (2.9)
Ordinary worker	11 (5.6)	8 (4.3)	19 (4.9)

Note: Percentages are calculated within columns. Overall satisfaction rate = 51% (196/384); dissatisfaction rate = 49% (188/384).

The study included a total of 384 respondents (100%), of whom 196 (51%) were satisfied and 188 (49%) were dissatisfied.

The sample showed a predominance of males (63.3%). Male respondents (64.3%) were more satisfied than females (35.7%).

With respect to age, respondents aged 30–49 years constituted the largest proportion (52.3%), followed by those aged 18–29 years (29.2%) and 50–67 years (18.5%). The mean age was 37.29 years. Patients aged 30–49 years were the most satisfied (53.0%) compared with other age groups.

Regarding marital status, 78.0% of respondents were married, while divorced individuals represented the smallest proportion (2.4%). Married respondents showed a higher level of satisfaction (76.5%) than other marital categories.

In terms of educational level, respondents holding a state diploma constituted the largest group (45.8%), whereas those with primary education formed the smallest group (15.9%). Satisfaction was highest among respondents with state diplomas (46.9%).

Concerning occupation, farmers represented half of the respondents (50.0%), while traders accounted for only 3.1%.

Farmers demonstrated a higher level of satisfaction (44.9%) compared with other occupational groups.

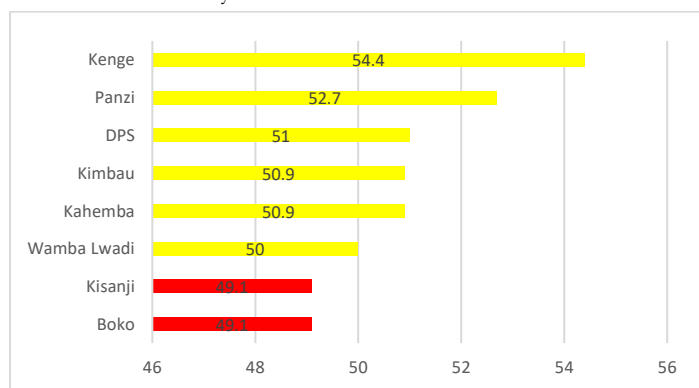
Table 2:
Distribution of Respondents According to Overall Satisfaction by Modality (N = 384)

Overall satisfaction	Frequency (n)	Percentage (%)
Dissatisfied	55	14.3
Slightly satisfied	133	34.7
Satisfied	192	50.0
Very satisfied	4	1.0
Total	384	100.0

Note: Overall satisfaction rate (satisfied + very satisfied) = 51% (196/384).

Overall satisfaction by modality showed that 50% of respondents were satisfied and 1% were very satisfied, while 34.7% were slightly satisfied and 14.3% were dissatisfied. Consequently, the overall satisfaction rate was 51%, corresponding to 196 satisfied patients out of 384.

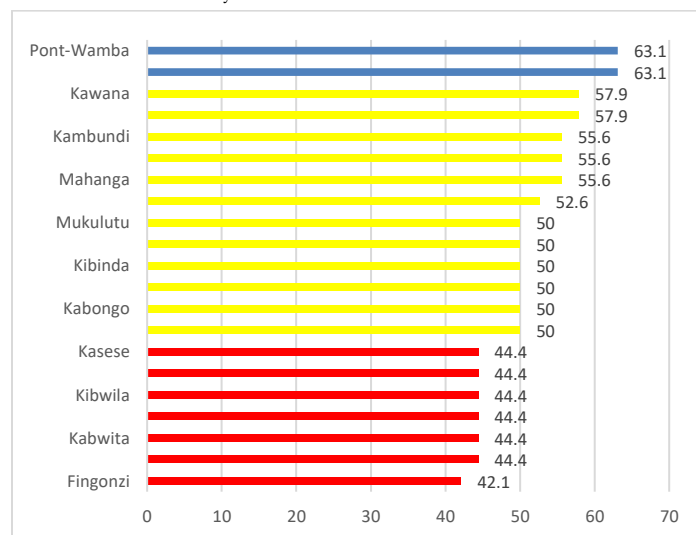
Figure 1:
Overall satisfaction rate by health zone and Provincial Health Division



The overall patient satisfaction level in the Boko and Kisanji health zones was very low. In contrast, satisfaction levels in

the Kenge, Panzi, Kimbau, Kahemba, and Wamba Lwadi health zones were classified as low. Across the entire Provincial Health Division, the overall satisfaction level remained low, with a satisfaction rate of 51%.

Figure 2:
Overall satisfaction rate by health centre



At the health-centre level, two health centres (Pala and Pont Wamba), representing 9.5%, demonstrated a moderate level of satisfaction. Twelve health centres (57.1%) showed a low satisfaction level, including Bangongo, Kabongo, Kalenge, Kambundi, Kawana, Kibinda, Kingunzi, Kitanda, Mahanga, Mukulutu, Mutombo, and Shamusenga.

However, seven health centres (33.3%) exhibited a very low satisfaction level. These included Fingonzi, Kabwita, Kapanga, Kasese, Kibunda II, Kibwila, and Tangombe.

Table 3:
Specific Satisfaction Rates and Levels Among Patients (N = 384)

Service dimension	Very poor n (%)	Poor n (%)	Good n (%)	Very good n (%)	Satisfaction rate (%)	Satisfaction level
Welcome / Reception	64 (16.7)	107 (27.9)	176 (45.8)	37 (9.6)	55.4	Moderate
Prescription practices	127 (33.1)	32 (8.3)	195 (50.8)	30 (7.8)	58.5	Moderate
Comfort in the waiting room	26 (6.8)	160 (41.7)	182 (47.4)	16 (4.2)	51.6	Moderate
Pain management	12 (3.1)	156 (40.6)	197 (51.3)	19 (4.9)	56.2	Moderate
Home follow-up	26 (6.8)	176 (45.8)	147 (38.3)	35 (9.1)	47.4	Low
Glove use by staff	57 (14.8)	148 (38.5)	143 (37.2)	36 (9.4)	46.6	Low
Cleanliness of the health centre	10 (5.1)	71 (36.2)	91 (46.4)	24 (12.2)	58.6	Moderate
Staff availability	36 (9.4)	135 (35.2)	169 (44.0)	44 (11.5)	55.4	Moderate
Availability of handwashing facilities	128 (33.3)	148 (38.5)	153 (39.8)	36 (9.4)	45.8	Low

Service dimension	Very poor n (%)	Poor n (%)	Good n (%)	Very good n (%)	Satisfaction rate (%)	Satisfaction level
Availability of medications	37 (9.6)	141 (36.7)	188 (49.0)	18 (4.7)	53.7	Moderate
Waiting time	37 (9.6)	144 (37.5)	166 (43.2)	37 (9.6)	47.1	Low
Staff remarks / attitude	25 (6.5)	123 (32.0)	192 (50.0)	44 (11.5)	61.4	High
Service continuity	55 (14.3)	120 (31.3)	181 (47.1)	28 (7.3)	54.4	Moderate
Collaboration with patients	28 (7.3)	179 (46.6)	144 (37.5)	33 (8.6)	46.0	Low
Respect for privacy	40 (10.4)	88 (22.9)	243 (63.3)	13 (3.4)	66.6	High
Affordability of care pricing	107 (27.9)	16 (4.2)	242 (63.0)	19 (4.9)	67.9	High

Note: Satisfaction rate = (Good + Very good) × 100 / N.

Satisfaction levels were categorised as: <50% = Low; 50–59% = Moderate; 60–69% = High; ≥70% = Very high.

Analysis of specific satisfaction indicators revealed varying levels of satisfaction across service dimensions.

High satisfaction levels were observed for:

- Staff remarks (61.4%),
- Respect for privacy (66.6%), and
- Affordability of care pricing (67.9%).

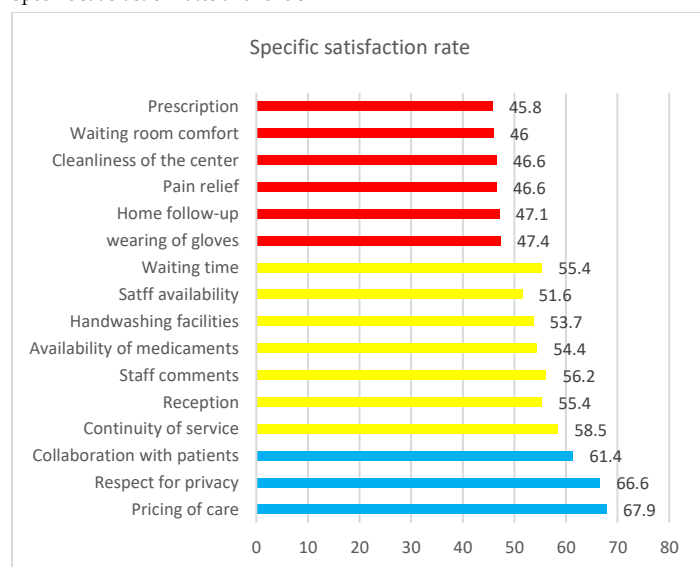
Moderate satisfaction levels were recorded for:

- Reception (55.4%),
- Prescription practices (58.5%),
- Waiting room comfort (51.6%),
- Pain management (56.2%),
- Cleanliness of the health centre (58.6%),
- Staff availability (55.4%),
- Medication availability (53.7%), and
- Service continuity (54.4%).

Low satisfaction levels were noted for:

- Home follow-up (47.4%),
- Glove use by staff (46.6%),
- Availability of handwashing facilities (45.8%),
- Waiting time (47.1%), and
- Collaboration with patients (46.0%).

Figure 3:
Specific satisfaction rates and levels



The affordability of care, respect for privacy, and collaboration with patients showed moderate satisfaction levels. Conversely, service availability, staff behaviour, waiting time, reception quality, medication availability, handwashing facilities, and staff availability exhibited low satisfaction levels.

Six specific indicators—glove use, home follow-up, cleanliness of health centres, pain management, waiting room comfort, and prescription practices—contributed to a very low overall satisfaction level within the Provincial Health Division.

DISCUSSION

Review of Findings

The present study aimed to determine the level of patient satisfaction using a scale developed by the authors. Based

on this objective, it was initially assumed that patient satisfaction would be high in the health facilities of the Kwango Provincial Health Division. However, the findings revealed a low overall satisfaction level (51%) across the Provincial Health System (PHS). This indicates that the population in this geographical area is not receiving optimal-quality care, thereby compromising progress towards Sustainable Development Goal 3, which promotes good health and well-being.

Overall Satisfaction Consolidated by Modality

Analysis of overall satisfaction by modality showed that 50% of respondents were satisfied, 1% were very satisfied, while 34.7% were slightly satisfied. Overall, the satisfaction rate was 51%, corresponding to 196 satisfied patients out of 384 who received care in the health centres of the Kwango Provincial Health Division.

In a study assessing satisfaction among 62 hospitalised patients and 18 outpatients, Diallo (2021) reported a satisfaction rate of 82.5%, which is substantially higher than the rate observed in the present study (Diallo, 2021). Patient satisfaction is widely recognised as a key indicator of healthcare quality and a determinant of health service utilisation, as it also strengthens the caregiver-patient relationship.

Similarly, a study conducted in Ho Chi Minh City, Vietnam, involving 538 patients and their relatives at hospital discharge, found that 50.2% expressed dissatisfaction, resulting in 1,042 complaints. Dissatisfaction was mainly associated with prolonged waiting times, staff behaviour, poor sanitation, and inadequate motorcycle parking. Conversely, satisfaction with the quality of care provided by physicians was high, reaching 90.7% (Nguyen Thi et al., 2002).

Sociodemographic Characteristics and Overall Satisfaction

With respect to marital status, 78.0% of respondents were married, while divorced individuals accounted for only 2.4%. Married respondents demonstrated a higher satisfaction level (76.5%) compared with other groups. Married individuals represented more than three-quarters of the study population, whereas divorced individuals were poorly represented.

These findings contrast with those of a study conducted in Mali on determinants of user satisfaction in the general surgery department of the Gabriel Touré University Hospital in Bamako, where the sample was predominantly female. This difference was attributed to the higher utilisation of healthcare services by women (Diallo, 2021).

Overall Satisfaction by Health Zone

Across the seven health zones surveyed, patient satisfaction rates ranged from 49% to 54.4%, indicating generally low satisfaction levels across the entire Provincial Health Division.

Overall Satisfaction by Health Centre

When analysed by health centre, satisfaction rates ranged from 42.1% to 63.1%, varying from very low in approximately one-third of facilities to moderate in a limited number of centres.

Gerbaud et al. (2002) reported a markedly higher satisfaction rate of 91% in a study conducted across seven public hospitals in France, aimed at improving the quality of care (Gerbaud et al., 2002).

In his doctoral thesis, Nyamdwe assessed patient satisfaction in hospitals in Kinshasa, including Clinique Ngaliema, Kinshasa General Referral Hospital, and Roi Baudouin General Referral Hospital. The overall satisfaction rate was 84.4%, distributed as follows: Clinique Ngaliema (35.3%), Kinshasa General Referral Hospital (33.8%), and Roi Baudouin General Referral Hospital (30.9%).

Furthermore, a cross-sectional study involving 400 patients attending the odontology service of the National School of Health and Social Development in Dakar found that patient satisfaction was associated with provider attentiveness, information provision, respect for privacy, and improved hygiene conditions (Diouf et al., 2010).

In rural Bangladesh, a study of 1,913 respondents found that the strongest predictor of satisfaction with public healthcare services was the behaviour of caregivers, particularly respect and courtesy, which were valued more highly than technical competence. Reduced waiting times (approximately 30 minutes) were also more important to patients than longer consultation durations. Overall, 75% of patients reported being satisfied, with long waiting times

being the principal source of dissatisfaction in peripheral facilities (Mendoza Aldana et al., 2001).

At the Kinshasa University Clinics, more than half of patients reported being satisfied. Although admission reception and room comfort were criticised, confidentiality (86%), quality of health information (90%), and care received (88%) were highly appreciated. Overall, 75% of patients expressed willingness to return for future consultations (Yamba et al., 2018).

Assessment of Specific Satisfaction Dimensions

Three dimensions—care pricing, privacy, and collaboration with patients—showed moderate satisfaction levels. Seven dimensions, including service continuity, staff attitude, waiting time, reception, medication availability, handwashing facilities, and staff availability, demonstrated low satisfaction levels. Five indicators—glove use, home follow-up, pain management, waiting room comfort, and prescription practices—exhibited very low satisfaction levels.

Satisfaction with staff remarks reached 61.4%, corresponding to a moderate level, while collaboration with patients was very low (46%). These findings are consistent with those of Diouf et al. (2010), who reported dissatisfaction related to staff attentiveness and hygiene conditions (Diouf et al., 2010).

Regarding service continuity, 47.1% of respondents considered services to be continuous, while 31.3% perceived them as insufficiently available. The resulting satisfaction rate (55.4%) was low. Previous research has shown that overall satisfaction is influenced by service availability, staff friendliness, appointment scheduling, and responsiveness to emergencies. Low utilisation of healthcare services has also been associated with service unavailability and poor performance (Mbuku et al., 2025).

Privacy satisfaction was moderate (66.6%), whereas comfort was low (51.6%). These findings align with those of Diouf et al. (2010), who reported high satisfaction with privacy (93.4%), but differ with respect to comfort, which was highly rated (79.1%) in their study (Diouf et al., 2010). Reception and hygiene satisfaction levels were low (55.6% and 50%, respectively). In contrast, a study conducted in Lubumbashi, DR Congo, reported high satisfaction with

reception (88%), staff politeness (78%), and empathy (77%), although respondents expressed dissatisfaction with waiting time, organisational efficiency, and sanitation (Didier et al., 2020).

In Mali, Diallo (2021) found that nearly half of respondents waited more than 30 minutes before being attended to, resulting in dissatisfaction related to prolonged waiting times (Diallo, 2021).

Study Limitations

A major limitation of this study is the potential **response bias** inherent in satisfaction surveys, as respondents may hesitate to provide negative feedback for fear of conflict with healthcare providers.

CONCLUSION

This study sought to determine the level of patient satisfaction among users of health centres in the Kwango Provincial Health Division. The findings revealed a low overall satisfaction level (51%), with 196 satisfied patients compared to 188 dissatisfied patients out of 384 respondents. No health zone achieved a high satisfaction level.

Health facility managers are encouraged to address systemic bottlenecks, particularly organisational shortcomings, caregiver–patient interactions, and clinical outcomes such as pain management. Patient satisfaction should be integrated as a key performance indicator in monitoring and evaluation frameworks. Regular quality-of-care audits incorporating patient perceptions are essential, alongside strengthened supervision by health zone management teams.

At the policy level, the routine evaluation of patient satisfaction should be made mandatory for all healthcare facilities, irrespective of level or ownership. Further explanatory studies are recommended to identify the underlying causes of dissatisfaction and inform targeted interventions.

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Ethical Approval: This study received ethical approval from the Ethics Committee of the ISTM/Kinshasa Doctoral School (Approval No. 0003/CBE/ISTM/KIN/RDC/PMBBL/2024, dated 16 February 2024), in accordance with Decision No. 055/ESU/ISTM/DG/2022 of 10 June 2022.

Conflicts of Interest: None declared.

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