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RESEARCH ARTICLE

ANALYSIS OF THE DETERMINANTS OF THERE POOR QUALITY OF THE RECEPTION AT THE UNIVERSITY HOSPITAL CENTER GABRIEL TOURÉ OF BAMAKO, MALI, 2025

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ABSTRACT

Context: Hospital reception is a major determinant of user satisfaction and access to care. In Mali, despite a favorable legislative framework, the Gabriel Touré University Hospital faces chronic user dissatisfaction. **Objective:** This study aims to analyze the root causes of poor patient care and to propose a budgeted strategic improvement plan. **Methods:** A participatory action research project was conducted from August 2024 to February 2025. It involved 131 patients, 76 staff members, and a nominal group of 30 experts. Quality management tools (Hanlon model , Ishikawa diagram, multi-criteria decision matrix) were used to prioritize problems and develop solutions. **Results:** "Unsatisfactory patient care conditions" were identified as the priority problem (Hanlon score : 475). Causal analysis (5Ms) revealed the predominance of factors related to the workforce (insufficient and untrained staff) and organization (lack of procedures, inadequate signage). An action plan of 37.3 million FCFA, focused on the recruitment of 23 agents and the training of 46 staff members, has been validated. **Conclusion:** Improving customer service requires a systemic approach. Rigorous implementation of the proposed action plan should enable a satisfaction rate exceeding 80% by 2027.

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INTRODUCTION

The hospital is a complex institution, both highly technical and profoundly human. Beyond the medical service itself, the quality of the reception constitutes the first interface between the healthcare system and the user. It determines not only patient satisfaction, but also their membership therapeutic And the use rational of the services of health (1). A welcome faulty can generate stress, incomprehension And aggressiveness, compromising Thus efficiency global of there socket in charge. In Mali, national health policy prioritizes the humanization of healthcare. Law No. 02-049 of July 22, 2002, concerning the Framework Law on Health, explicitly stipulates that the right to quality care is a fundamental principle of the public hospital service (2). However, the gap between legislative provisions and the reality on the ground remains a concern. The Gabriel Touré University Hospital Center (CHU), a national referral center located in the heart of Bamako, illustrates these difficulties.

With an average attendance of more than 1,300 patients per month, this establishment faces constant demographic and health pressure. Preliminary assessments have revealed a critical situation: 74% of users report being dissatisfied with the overall reception. Complaints focus on waiting times, deemed excessive by 81% of patients, and the lack of catering services for hospitalized patients (100% dissatisfaction) (3). This finding raises a central question: what are the organizational, material, and human factors contributing to this poor quality of care, and what concrete strategies could be implemented to address it sustainably?. Unlike purely descriptive approaches, this study adopts an analytical and operational approach. Its overall objective is to analyze the factors contributing to the poor quality of care at the Gabriel Touré University Hospital and to propose a realistic and budgeted action plan. Specifically, this involves: (1) identifying and prioritizing the root causes of the problems using the Ishikawa diagram; (2) prioritizing the issues using

the Hanlon method ; (3) selecting the optimal solution using a multi-criteria assessment; and (4) developing an implementation plan for the period 2024-2027.

METHODS

Kind study And frame: We conducted a participatory action research study, combining qualitative and quantitative methods. The study took place at the Gabriel University Hospital Touré of Bamako over a period of six months, from August 2024 to February 2025. This methodological choice is justified by the need not only to diagnose the problems, but to involve local actors in the search for lasting solutions.

Population And sampling: The data collection involved three distinct target groups:

- **THE patients:** A sample of 131 patients has summer constituted, representative approximately 10 % of there monthly active file.
- **THE staff:** 76 agents of health And administrative, representative 10 % of the staff total, have were questioned.
- **THE band nominal:** For there phase of prioritization And analysis strategic, A band of work A team of 30 people was formed, consisting of department heads, unit supervisors (majors), and representatives of users.

Tools analytics: The methodological originality of this work lies in the rigorous application of management tools of quality:

Hanlon 's method for prioritization

For to classify THE problems identified, We have used there method of Hanlon , based on there formula:

Score = (HAS + B) × C × D.

- **HAS (Amplitude):** Size of issue (noted) of 0 has 10).
- **B (Severity):** Gravity and urgency of the problem (rated by 0 to 10).
- **C (Effectiveness):** The solution's ability to solve the problem (rated from 0.5 to 1.5).
- **D (Feasibility):** Relevance PEARL (Property, Economy, Acceptability, Resources, Legality) (0 or 1).

Ishikawa diagram (5M): The root cause analysis of the priority problem was carried out using a cause-and-effect diagram, structured according to the 5Ms: Manpower, Environment, Materials, Equipment, and Methods (11). This tool made it possible to visualize the causal relationships and identify the levers for action.

Multi-criteria analysis of solutions: The potential solutions emerging from a brainstorming session were evaluated according to four weighted criteria, for a total of 20 points: Technical feasibility, Expected effectiveness, Urgency of implementation and Financial solvency.

Considerations ethics And analysis: The study has respected THE standards ethics in vigor At Mali. THE consent illuminated of the participants data was obtained and data anonymity was guaranteed. Quantitative data analysis was carried out using Epi Info 7 software, while qualitative data from the noun group were subjected to thematic analysis (10).

RESULTS

Prioritization of the problems: The initial inventory identified several major dysfunctions. Applying Hanlon 's grid to the nominal group resulted in the ranking presented in Table 1. The problem of "unsatisfactory reception conditions" clearly emerged as the absolute priority with a score of 475, far surpassing the issues of workload overload or outdated infrastructure.

Analysis causal (Diagnosis): Once the priority problem was validated, a thorough root cause analysis was conducted. Table 2 summarizes the identified determinants, classified according to the 5 dimensions of the Ishikawa diagram. It appears that human (Workforce) and organizational (Method) factors are predominant.

Selection of there strategy And Plan action: In light of these findings, four solutions were compared using a multi-criteria assessment grid. Solution #1, "Recruit and train staff in the quality approach to customer service," obtained the highest score (19/20), surpassing infrastructure rehabilitation (14/20), the implementation of a hospital information system (13/20), and the creation of a catering service (11/20). This solution was deemed the most efficient because it directly addresses the "Workforce" and "Method" issues at a controlled cost (4, 5). The operational action plan resulting from this strategic choice is detailed in Table 3. It covers the period 2016-2017 and mobilizes a total budget of 37.3 million FCFA.

DISCUSSION

This study confirms that the problem of patient reception at the Gabriel Touré University Hospital is multidimensional, but that his levers main are humans And organizational. The use of there Hanlon 's method has made it possible to streamline decision-making in a context of limited resources, an approach whose relevance in public health is Africa has been demonstrated by several authors. Causal analysis using the Ishikawa diagram reveals a predominance of factors related to the " Workforce (skills, attitude, staffing levels) and Methodology (organization, procedures). This result is consistent with observations made by Aldana Mendoza in Bangladesh (6), who emphasized that staff behavior (politeness, respect) is often the primary determinant of satisfaction, even before technical competence or hotel-like comfort. Similarly, in Libreville, the need to regulate patient flow was identified as a priority, echoing our findings on queue management. The chosen strategy, focused on capacity building (training and recruitment), aligns with the recommendations of the WHO World Health Report (7), which emphasizes the centrality of human resources to the performance of health systems. Unlike While significant investments in infrastructure (often lengthy and costly) are required, investment in human capital offers a rapid return on investment in terms of perceived quality. The lack of catering for patients, although a major source of dissatisfaction (100%), was deemed secondary to the urgent need to improve medical and administrative reception, demonstrating a pragmatic

Table 1 : Prioritization of the problems by there method of Hanlon

Rank	Issue identified	Magnitude (A)	Severity (B)	Efficiency (C)	Feasibility (D)	Total Score	Decision
1	Accommodation conditions unsatisfactory	8	7	7*	1	475	PRIORITY
2	Overload of work of staff	8	6	7	1	390	Important
3	Absence internal audit	7	6	6	1	360	Important
4	Outdated infrastructure	5	5	4	1	210	Secondary

** Note: In this specific application of the method, the C factor has been weighted on a broadened scale to accentuate the discrimination between problems.*

Table 2. Analysis of the determinants by THE diagram from Ishikawa (5M)

Category (5M)	Causes identified	Frequency / Indicator	Impact assessed
Workforce	Staff insufficient	85% of staff signal an overload	Major
	No shape to techniques reception	70% of dissatisfaction training	Major
	Lack of motivation	65% staff	Moderate
	Absenteeism	45% of rate perceived	Moderate
	Favoritism ("recommendations")	74% of the users of it complain	Major
Method	Absence of procedures written	100% of the services concerned	Major
	Circuit of patient No poster	53% of dissatisfaction orientation	Moderate
	Absence of SIH computerized	System manual predominant	Major
	Not of management formal of the complaints	Non-existence of register	Moderate
Material	Signage insufficient	53% of dissatisfaction	Moderate
	Not of system of numbering	81% dissatisfaction (time limit)	Major
	Material medical dilapidated	Variable according to THE services	Minor
Matter	Absence total of restoration	100% of dissatisfaction	Major
Medium	Unavailability of the drugs	35% of the case	Moderate
	Heat excessive / Not ventilation	59% of dissatisfaction	Moderate
	Parking insufficient	59% of dissatisfaction	Minor
	Lack spaces greens	No quantified	Minor

Table 3. Plan action budgeted For the improvement of the reception (2024-2027)

No.	Activity	Resources necessary	Estimated Cost (FCFA)	Responsible	Indicators result
1	Staff recruitment qualified	3 doctors, 10 Technicians Superiors, 10 Healthcare Technicians	22 000 000	Direction HR	23 agents recruited and affected
2	Training in the approach quality reception	Training modules, trainers, 46 agents existing staff	8 500 000	Training Department	46 agents trained and evaluated
3	Training specific Admissions Office	10 agents reception and orientation	2 800 000	Training Department	10 operational agents
4	Supervision, follow up and evaluation	Monitoring tools, audit grids, committee of piloting	4 000 000	Quality Committee	Satisfaction > 80% Mortality < 6.95%
	TOTAL GENERAL		**37 300 000**		

approach that prioritized the safety and efficiency of care. Comparison with other Malian institutions, such as the Mali Hospital, shows that simple elements like clear signage and clean premises play a crucial role in the institution's brand image. Our action plan integrates these dimensions through training for admissions office staff, who play a pivotal role in patient orientation (8).

Limitations and strengths: This study has limitations, notably its single-center design and relatively short observation period (6 months). Furthermore, the actual impact of the budgeted action plan remains to be assessed post-implementation. Nevertheless, its strength lies in its participatory approach (involving healthcare professionals and users in the diagnosis) and in the operational nature of the results, which go beyond simple observation to propose a quantified roadmap (9).

CONCLUSION

Analysis of the factors influencing patient reception at Gabriel Touré University Hospital reveals a system under strain, where organizational shortcomings and staff training deficiencies significantly impact the patient experience.

However, these obstacles are not insurmountable. Clearly identifying the root causes has enabled the development of a targeted improvement plan that is technically feasible and economically sustainable (37.3 million FCFA). The implementation of this plan, focused on the development of human capital, is a prerequisite *for* restoring user confidence. Beyond the Gabriel University Hospital Touré argues that these results call upon policymakers to institutionalize reception training within healthcare curricula, to generalize the use of Hospital Information Systems (HIS), and to implement formal complaint management mechanisms. Reception should no longer be considered a peripheral function, but rather an integral part of healthcare.

Conflicts of interest: The authors declare that they have no conflicts of interest related to this article.

Author contributions: KEITA B. directed the study design. TALL M M. collected and analyzed data and wrote the manuscript. KAMISSOKO C. supervised the methodology. TRAORE N. participated in the critical review of the content.

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