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Original Article

Healthcare Service Quality and Patient Satisfaction in Sikasso Regional Hospital: Implications for Health System Strengthening in Mali

Qualité des Services de Santé et Satisfaction des Patients à l'Hôpital Régional de Sikasso : Implications pour le Renforcement du Système de Santé au Mali

Adiaratou Sanogo[1, 2], Ghislain Poda[1, 2, 3]

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Affiliations
1. Institute of University Pedagogy, Bamako, Mali
2. National Institute for Training in Health Sciences, Bamako, Mali
3. Ministry of Health, Ouagadougou, Burkina Faso

Correspondant author
Dr. Ghislain G. Poda, Bamako, Mali
Email: podaghis@yahoo.fr

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ABSTRACT

Introduction. Improving healthcare quality relies heavily on understanding patients' experiences and satisfaction. In Mali, regional hospitals are central to advancing universal health coverage, yet recent empirical evidence on patient satisfaction remains limited, particularly in Sikasso. **Objective.** To assess patient satisfaction across different service quality dimensions, compare satisfaction levels between inpatients and outpatients, and identify priority areas for improvement.**Methods.** An analytical cross-sectional study was conducted at Sikasso Regional Hospital between December 2022 and January 2023 among 499 inpatients and outpatients selected using probabilistic sampling. Data was collected through a pretested, structured, interviewer administered questionnaire covering key service quality dimensions, including reception, waiting time, perceived quality of care, information provision, confidentiality and privacy, comfort and hygiene, sanitary facilities, catering services, and healthcare costs. Descriptive statistics, chi square tests, and multivariate logistic regression were used to identify independent predictors of overall patient dissatisfaction. **Results.** Participants were mainly aged 19–35 years (51.9%), female (57.1%), of low income (≤100,000 FCFA: 75.2%), and outpatients (59.3%). High satisfaction was reported for confidentiality (96.4%), perceived quality of care (95.8%), privacy (94.6%), information provision (91.6%), and comfort (90.0%). Lower satisfaction levels were noted for healthcare costs (46.9%), sanitary facilities (51.1%), and waiting time (57.9%). Outpatients were less likely to be dissatisfied than inpatients (OR = 0.54; 95% CI: 0.38–0.77), and patients in Obstetrics/Gynecology were less likely to be dissatisfied than those in Internal Medicine (OR = 0.65; 95% CI: 0.42–0.99). **Conclusion.** While Sikasso Regional Hospital performs strongly in interpersonal and ethical dimensions of care, major structural and organizational gaps persist, particularly regarding affordability, WASH infrastructure, and outpatient flow management. Targeted quality improvement strategies focusing on inpatient care and Internal Medicine services are required.

RÉSUMÉ

Introduction. L'amélioration de la qualité des soins de santé repose fortement sur la compréhension de l'expérience et de la satisfaction des patients. Au Mali, les hôpitaux régionaux sont essentiels à l'avancement de la couverture santé universelle, mais les preuves empiriques récentes sur la satisfaction des patients restent limitées, en particulier à Sikasso. **Objectif.** Évaluer la satisfaction des patients à travers différentes dimensions de la qualité du service, comparer les niveaux de satisfaction entre patients hospitalisés et ambulatoires, et identifier les domaines prioritaires d'amélioration. **Méthodes.** Une étude transversale analytique a été menée à l'hôpital régional de Sikasso entre décembre 2022 et janvier 2023 auprès de 499 patients hospitalisés et ambulatoires sélectionnés à l'aide d'un échantillonnage probabiliste. Les données ont été collectées à travers un questionnaire prétesté, structuré, administré par un intervieweur, couvrant les dimensions clés de la qualité du service, notamment l'accueil, le temps d'attente, la qualité perçue des soins, la fourniture d'informations, la confidentialité et la confidentialité, le confort et l'hygiène, les installations sanitaires, les services de restauration et les coûts de santé. Des statistiques descriptives, des tests du chi carré et une régression logistique multivariée ont été utilisés pour identifier des prédicteurs indépendants de l'insatisfaction globale des patients. **Résultats.** Les participants étaient principalement âgés de 19 à 35 ans (51,9 %), des femmes (57,1 %), des personnes à faible revenu (≤100 000 FCFA : 75,2 %) et des patients ambulatoires (59,3 %). Une forte satisfaction a été rapportée pour la confidentialité (96,4 %), la qualité perçue des soins (95,8 %), la vie privée (94,6 %), la fourniture d'informations (91,6 %) et le confort (90,0 %). Des niveaux de satisfaction plus faibles ont été notés pour les coûts de santé (46,9 %), les installations sanitaires (51,1 %) et le temps d'attente (57,9 %). Les patients ambulatoires étaient moins susceptibles d'être insatisfaits que les patients hospitalisés (OR = 0,54 ; IC à 95 % : 0,38–0,77), et les patients en obstétrique/gynécologie étaient moins susceptibles d'être insatisfaits que ceux en médecine interne (OR = 0,65 ; IC à 95 % : 0,42–0,99).**Conclusion.** Bien que l'Hôpital régional de Sikasso performe fortement dans les dimensions interpersonnelles et éthiques des soins, d'importantes lacunes structurelles et organisationnelles persistent, notamment en ce qui concerne l'accessibilité financière, l'infrastructure WASH et la gestion des flux ambulatoires. Des stratégies ciblées d'amélioration de la qualité axées sur les soins hospitaliers et les services de médecine interne sont nécessaires.
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ESSENTIAL FOR BUSY READERS

What is already known on this topic. Patient satisfaction is a key indicator of healthcare quality, influencing treatment adherence and health outcomes. In Mali, regional hospitals are pillars of the health system, but data on patient satisfaction, particularly in Sikasso, remain limited. Previous studies in Mali and West Africa have identified healthcare costs, waiting times, and sanitary infrastructure as major sources of dissatisfaction.

The problem this study addressed. This study aimed to assess patient satisfaction at Sikasso Regional Hospital across twelve service quality dimensions, compare levels between inpatients and outpatients, and identify priority areas for improvement to guide interventions.

What this study adds to our knowledge. Among 499 patients, satisfaction was very high for confidentiality (96.4%), quality of care (95.8%), and privacy (94.6%). However, major weaknesses concerned healthcare costs (53.1% dissatisfaction), sanitary facilities (48.9%), and waiting times (42.1%). Inpatients were more dissatisfied than outpatients (OR=0.54), and Internal Medicine patients more than Obstetrics/Gynecology patients (OR=0.65).

How this is relevant to clinical practice and research. These findings support targeted interventions on WASH infrastructure improvement, outpatient waiting time reduction, and financial protection mechanisms, prioritizing Internal Medicine services and inpatients. Institutionalization of regular satisfaction monitoring is recommended.

INTRODUCTION

Quality of care and patient satisfaction are internationally recognized as core dimensions of health system performance, particularly in low- and middle-income countries, where resource constraints amplify the consequences of poor service organization and responsiveness (WHO, 2025; WHO, 2022; Kruk et al. ,2018). Beyond clinical outcomes, patient experience provides critical insights into how health systems function in practice, especially regarding access, communication, dignity, and affordability (Levesque et al., 2013).

In Mali, patient satisfaction has been formally embedded in health governance since the 2002 Orientation Law, which frames users' perceptions as strategic inputs for identifying service delivery weaknesses, notably in reception, organization, and financial access (Bah, 2019). This orientation was reinforced by the 2018–2022 National Strategic Plan for Quality of Care, which emphasizes routine performance assessment, patient engagement, and institutional accountability (Ministère de la Santé et de l'Hygiène Publique, 2018).

The Sikasso Regional Hospital, a second-level referral facility serving southern Mali, occupies a pivotal position within the national health system. According to evaluations by the National Hospital Evaluation Agency (ANEH), the hospital has consistently ranked among the country's top-performing hospitals in terms of essential drug availability and emergency care standards (Camara, 2023; Siby, 2020). Nevertheless, historical and recent evidence points to persistent challenges related to service overload, infrastructure maintenance, and the financial burden borne by users (Kassogué, 1999).

Empirical studies across West Africa identify similar determinants of patient satisfaction, including reception conditions, communication with providers, waiting times, physical environment, and costs of care (Traoré et al., 2024; Meda et al., 2019; Ngaroua et al., 2019). Organizational interventions, such as the Japanese 5S approach in Senegal, further illustrate how improvements in cleanliness, workflow, and staff–patient interactions translate into better patient experiences (Fall, 2017; Kanamori et al., 2014). However, insecurity and fragility in the Sahel region continue to disrupt service continuity and strain hospital capacity, underscoring the need for robust, facility-level evidence to guide quality-improvement efforts (World Bank, 2024; 2026).

This study is conceptually grounded in established service quality and patient satisfaction frameworks, notably Donabedian's structure–process–outcome model (Donabedian, 1966, 1988), the SERVQUAL model developed by Parasuraman, Zeithaml and Berry (1988), and the HCAHPS framework introduced by the Centers for Medicare and Medicaid Services (CMS, 2006). Together, these frameworks emphasize that patient satisfaction reflects both technical quality and experiential dimensions of care. Evidence from low- and middle-income countries indicates that factors such as waiting time, information provision, confidentiality, hygiene, and cost strongly influence perceived quality (Abuosi and Atinga, 2013; Bouzid et al., 2018; Darzi et al., 2023). These perspectives guided the selection of study dimensions and analytical approach.

Despite its strategic importance, Sikasso Regional Hospital lacks recent, comprehensive assessments of patient satisfaction spanning organizational, interpersonal, environmental, and financial domains. This study addresses this gap by providing an applied, institution-level analysis designed to inform practical health-system strengthening rather than instrument validation.

METHODOLOGY

Study design and setting

A cross-sectional analytical study was conducted at Sikasso Regional Hospital, a secondary referral hospital in southern Mali. Data collection occurred from 12 December 2022 to 15 January 2023 among inpatients and outpatients.

Sampling and participants

The source population consisted of 37,778 patients (31,366 outpatients; 6,412 inpatients). Sample size was determined using Raosoft® with a confidence level of 95% and a 5% margin of error. A total of 499 patients were included. Eligibility criteria were age ≥15 years, receipt of care during the study period, and informed consent.

Data collection tools and variables

Data were collected using a structured, interviewer-administered questionnaire developed through adaptation of internationally recognized patient satisfaction instruments, including SERVQUAL, the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), and WHO people-centred care

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frameworks. The final instrument was contextualized to reflect Malian hospital service organization, national quality standards, and services available at Sikasso Regional Hospital. The questionnaire covered twelve service quality dimensions: reception and welcome, waiting time, perceived quality of care, provider identification, confidentiality and privacy, information provision, pain management, hygiene and comfort, hospital catering, sanitary facilities (WASH), cost of care, and discharge process. These dimensions capture both clinical and non-clinical aspects of patient experience relevant to inpatient and outpatient hospital care.

Patient satisfaction for each dimension was initially measured using an ordinal Likert-type scale. For analytical purposes and in line with similar hospital-based satisfaction studies, response categories were dichotomized into "satisfied" and "not satisfied," allowing identification of priority dissatisfaction drivers for quality improvement.

The questionnaire was pretested during an initial field phase corresponding to approximately 60% of the projected sample. This phase functioned as an extended operational pilot rather than a conventional small-scale pretest. It allowed assessment of question clarity, flow, and interviewer understanding under real service conditions. Minor adjustments related to wording and sequencing were made before full-scale data collection. All pretest data met inclusion criteria and were retained for analysis; a practice transparently acknowledged as a methodological specificity of the study.

Data collectors (nurses and midwives not directly involved in patient care at the time of interview) received standardized training on interview techniques, neutrality, and ethical conduct. Interviews were conducted after service completion, and participants were informed that responses would not affect their care. Anonymity and confidentiality were emphasized to reduce social desirability bias. Nonetheless, the possibility of residual interviewer-induced bias is acknowledged as a study limitation.

Data analysis

Data were entered into Microsoft Excel 2016 and analyzed using IBM SPSS Statistics version 22. Descriptive statistics were used to summarize participants' sociodemographic characteristics and levels of satisfaction across service quality dimensions. Bivariate associations between patient characteristics (including patient status) and satisfaction outcomes were examined using chi-square tests. Multivariate logistic regression was conducted to identify independent predictors of overall patient dissatisfaction, with results reported as adjusted odds ratios (AORs) and 95% confidence intervals. Overall dissatisfaction was constructed as a binary outcome variable based on aggregated dissatisfaction across key service quality dimensions. Patients reporting dissatisfaction in one or more priority domains were classified as dissatisfied overall. This composite outcome enabled identification of major drivers of dissatisfaction relevant for hospital-level quality improvement. Statistical significance was set at $p < 0.05$.

Ethical considerations

The study complied with Mali's national ethical requirements for health research. Institutional authorization was obtained from the General Directorate of Sikasso Regional Hospital. The study involved minimal-risk observational data collection among service users, did not include biological sampling or experimental interventions, and therefore did not require a formal IRB reference number. Verbal informed consent was obtained from all participants prior to data collection. Confidentiality, anonymity, and voluntary participation were strictly ensured

RESULTS

Sociodemographic and clinical characteristics

Participants were primarily young adults aged 19–35 years (51.9%) and mostly female (57.1%). Over half were literate (54.9%), and 75.2% belonged to low-income households. Outpatients comprised 59.3% of respondents. Admission predominantly involved internal medicine (48.5%) and obstetrics/gynecology (23.2%) (Table 1).

Table 1. Sociodemographic and clinical characteristics of participants

Characteristics	Categories	N	%
Age (years)	15–18	32	6.4
	19–35	259	51.9
	36–59	167	33.5
	≥ 60	41	8.2
Sex	Male	214	42.9
	Female	285	57.1
Patient status	Inpatient	203	40.7
	Outpatient	296	59.3
Literacy	Illiterate	225	45.1
	Literate	274	54.9
Monthly income (FCFA)	≤ 100,000	375	75.2
	> 100,000	124	24.8
Department of admission	Internal medicine	242	48.5
	Obstetrics/Gynecology	116	23.2
	Other departments	141	28.3

Overall patient satisfaction by service quality dimension

Satisfaction (Table 2) was highest for confidentiality (96.4%), quality of care (95.8%), privacy (94.6%), information provided (91.6%), and room comfort (90%). Moderate satisfaction was reported for reception (88.4%) and catering (75.8%). Three critical gaps emerged:

- high dissatisfaction with cost of care (53.1%)
- poor ratings of sanitary facilities (48.9% not satisfied)
- long waiting times (42.1% dissatisfaction).

Table 2. Overall patient satisfaction by service quality dimension at Sikasso Regional Hospital

Service quality dimension	Satisfied n (%)	Not satisfied n (%)
Reception and welcome	441 (88.4)	58 (11.6)
Waiting time	289 (57.9)	210 (42.1)
Quality of care	478 (95.8)	21 (4.2)
Information provided	457 (91.6)	42 (8.4)
Privacy	472 (94.6)	27 (5.4)
Confidentiality	481 (96.4)	18 (3.6)
Cost of care	234 (46.9)	265 (53.1)
Room comfort	449 (90.0)	50 (10.0)
Sanitary facilities	255 (51.1)	244 (48.9)
Hospital catering	378 (75.8)	121 (24.2)

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Satisfaction by Patient Status (Inpatients vs. Outpatients)

The analysis reveals statistically significant differences ($p < 0.05$) between inpatients and outpatients across most evaluated service quality dimensions (Table 3). Reception was perceived significantly more positively by inpatients (91.6% vs. 86.1%; $p = 0.04$). Waiting time showed the largest difference in favor of inpatients (72.4% vs. 48.0%; $p < 0.001$), reflecting heavier workload and congestion in outpatient consultations.

Conversely, outpatients reported significantly higher satisfaction levels for quality of care (97.3% vs. 93.6%; $p = 0.04$), information received (96.3% vs. 84.7%; $p < 0.001$), respect for privacy (97.0% vs. 91.3%; $p = 0.005$), as well as room comfort (96.6% vs. 80.3%; $p < 0.001$) and room hygiene (98.0% vs. 89.7%; $p < 0.001$). Sanitary facilities were also better rated by outpatients (59.8% vs. 38.4%; $p < 0.001$). Finally, satisfaction regarding the cost of care was significantly higher among outpatients (54.1% vs. 36.5%; $p < 0.001$), reflecting a heavier financial burden for hospitalized patients.

Table 3. Satisfaction by patient status

Variable	Satisfaction level	Inpatients n (%)	Outpatients n (%)	p-value
Reception	Not satisfied	17 (8.4)	41 (13.9)	
	Satisfied	186 (91.6)	255 (86.1)	**0.04**
Waiting time	Not satisfied	56 (27.6)	154 (52.0)	
	Satisfied	147 (72.4)	142 (48.0)	**< 0.001**
Quality of care	Not satisfied	13 (6.4)	8 (2.7)	
	Satisfied	190 (93.6)	288 (97.3)	**0.04**
Cost of care	Not satisfied	129 (63.5)	136 (45.9)	
	Satisfied	74 (36.5)	160 (54.1)	**< 0.001**
Information provided	Not satisfied	31 (15.3)	11 (3.7)	
	Satisfied	172 (84.7)	285 (96.3)	**< 0.001**
Privacy	Not satisfied	18 (8.7)	9 (3.0)	
	Satisfied	185 (91.3)	287 (97.0)	**0.005**
Room comfort	Not satisfied	40 (19.7)	10 (3.4)	
	Satisfied	163 (80.3)	286 (96.6)	**< 0.001**
Room hygiene	Not satisfied	21 (10.3)	6 (2.0)	
	Satisfied	182 (89.7)	290 (98.0)	**< 0.001**
Sanitary facilities	Not satisfied	125 (61.6)	119 (40.2)	
	Satisfied	78 (38.4)	177 (59.8)	**< 0.001**

Sociodemographic and clinical factors associated with overall patient dissatisfaction at Sikasso Regional Hospital

The multivariate logistic regression analysis (Table 4) of factors associated with overall patient dissatisfaction at Sikasso Regional Hospital indicates that patient status and department of admission were the only significant predictors. Specifically, outpatients had significantly lower odds of being dissatisfied compared with inpatients (OR = 0.54; 95% CI: 0.38–0.77; $p = 0.001$), suggesting that inpatients experience greater dissatisfaction, likely due to longer stays, higher costs, and more intensive service interactions. Similarly, patients admitted to Obstetrics/Gynecology departments were less likely to report dissatisfaction than those in Internal Medicine (OR = 0.65; 95% CI: 0.42–0.99; $p = 0.045$). Other sociodemographic variables, including age, gender, literacy, and income, showed no statistically significant association with dissatisfaction (all $p > 0.11$), indicating that overall patient dissatisfaction at the hospital is more strongly influenced by care-related factors than by patient demographic characteristics.

Table 4. Sociodemographic and clinical factors associated with overall patient dissatisfaction at Sikasso Regional Hospital

Variable	OR	OR (95% CI)	p-value
Age (years)			
15–18	1.00		
19–35	0.95	(0.55–1.64)	0.85
36–59	1.10	(0.60–2.02)	0.75
≥60	0.88	(0.33–2.35)	0.80
Gender			
Male	1.00		
Female	1.28	(0.90–1.82)	0.17
Literacy			
Illiterate	1.00		
Literate	0.80	(0.57–1.12)	0.19
Income (FCFA)			
≤100,000	1.00		
>100,000	0.72	(0.48–1.08)	0.11
Patient Status			
Inpatient	1.00		
Outpatient	0.54	(0.38–0.77)	0.001
Department			
Internal medicine	1.00		
Obstetrics/Gyn	0.65	(0.42–0.99)	0.045
Other	0.90	(0.59–1.36)	0.62

DISCUSSION

The sociodemographic characteristics observed in the study reveal a predominance of young adults and women, most of whom come from low-income households. This profile is consistent with trends reported in several studies conducted in Mali and across the subregion. In Bamako, Bah (2019) highlighted the strong representation of women and young adults in hospital settings, largely linked to reproductive health needs and the burden of adult morbidity. Similar findings were documented in Burkina Faso by Meda et al. (2019) and Nana et al. (2018), where women were found to use hospital services more frequently, reflecting a pattern comparable to that observed in Sikasso. The high proportion of low-income participants also aligns with the conclusions of Sanogo et al. (2023) in Côte d'Ivoire, who emphasized the influence of economic vulnerability on healthcare access and patient satisfaction.

The high satisfaction levels related to quality of care, confidentiality, privacy, and clinical communication reflect a broadly positive perception of care provided at Sikasso Regional Hospital. These results are consistent with ANEH evaluations, which regularly rank the hospital among the best-performing facilities in the country. They also concur with findings from Senegal, where Fall (2017) and Kanamori et al. (2014) demonstrated that strong patient–provider interactions and organizational improvements particularly through the 5S method—significantly enhance patient satisfaction. Satisfaction with hotel services similarly echoes findings from the 2021

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EIPS survey in Côte d'Ivoire, where targeted investments in hospital infrastructure improved the perceived quality of services.

Conversely, three domains emerge as major weaknesses: cost of care, sanitary/WASH conditions, and waiting times. These limitations are not unique to Sikasso and have been widely documented across the region. In Mali, Bah (2019) already identified healthcare costs as a major source of dissatisfaction among users. Deficiencies in hygiene and sanitary infrastructure have also been highlighted in Côte d'Ivoire's Harmonized Health Facility Assessments (HHFA), which point to the persistent fragility of WASH installations in public hospitals. Excessive waiting times particularly problematic in outpatient services mirror concerns reported in both Burkina Faso and Senegal, where overcrowding and staff shortages contribute to delays in care.

The comparison between inpatients and outpatients reveals significant disparities. Inpatients report higher satisfaction with reception and waiting times, likely due to more frequent interactions and closer follow-up. These observations are consistent with findings from Burkina Faso by Meda et al. (2019), who noted greater dissatisfaction among outpatients in overloaded services. In contrast, outpatients express higher satisfaction with quality of care, information provided, privacy, hotel comfort, room hygiene, and sanitary facilities findings that align with Kassogué (1999), who identified persistent structural limitations in inpatient units at Sikasso Regional Hospital.

This study also found significantly higher satisfaction among outpatients with the cost of care, a pattern consistent with regional evidence that hospitalization imposes substantial financial burdens on economically vulnerable households; recent analyses underscore persistent affordability pressures and the limited cushioning effect of current financing reforms (Beaugé et al., 2024; Lohmann et al., 2022). Analyses by Sanogo et al. (2023) in Côte d'Ivoire, as well as evaluations of performance-based financing (PBF) initiatives in Mali, demonstrate that strengthening financial protection mechanisms could reduce this burden and improve equitable access to care.

The present study demonstrates that inpatient status and department of admission rather than sociodemographic characteristics are the principal predictors of overall patient dissatisfaction at Sikasso Regional Hospital. This pattern accords with evidence from West Africa. In Burkina Faso, peer-reviewed and technical studies consistently identify essential-medicine stock-outs, direct and indirect care costs, and care-process bottlenecks as salient drivers of suboptimal patient experience: a national mixed-methods evaluation found persistent constraints in essential-medicine availability and stock management despite financing reforms (Lohmann et al., 2022), while complementary costing analyses underscore affordability pressures for outpatient care among the poorest households (Beaugé et al., 2024). At facility level in Ziniaré, overall satisfaction was high, yet dissatisfaction clustered around service quality, provider attentiveness, and time devoted to patients, highlighting care-delivery processes as core determinants (Traoré et al., 2023). In Ghana, multi-site outpatient data show that satisfaction is strongly shaped by the physical environment, navigation/signage, waiting times, and staff behavior, a profile that is consistent with our finding that outpatients report substantially better experiences than inpatients (Owusu et al., 2024). A Ghana-focused review further emphasizes the dominant influence of non-clinical factors communication, responsiveness, and organizational efficiency over demographic variables, aligning with the lack of significant sociodemographic predictors in our multivariable model (Akuamoah-Boateng, 2026).

From a health system strengthening perspective, the findings indicate that patient dissatisfaction is driven primarily by modifiable service delivery and organizational factors, rather than by patients' sociodemographic characteristics, consistent with the quality-of-care paradigm advanced by Donabedian (1988). The higher concentration of dissatisfaction among inpatients and within Internal Medicine services highlights opportunities for targeted interventions, including improved patient-flow management, strengthened inpatient communication practices, enhanced sanitation and hygiene infrastructure, and financial risk protection mechanisms. Such interventions align with the World Health Organization's people-centred and integrated health services framework (WHO, 2016), which emphasizes service organization, responsiveness, and trust as central to improving service resilience, patient experience, and confidence in public hospital systems.

Additional insights from Burkina Faso suggest that maternity services often perform comparatively better on patient-experience metrics than general medical wards. For example, a multi-facility assessment in Ouagadougou documented high satisfaction with reception and inpatient stay in maternity units (Ouattara et al., 2025), whereas the Ziniaré study noted process-of-care weaknesses such as limited attentiveness and rushed encounters more typical of general outpatient flows than of structured obstetric pathways (Traoré et al., 2023). These findings correspond closely to our observation that patients in Obstetrics/Gynecology were significantly less dissatisfied than those in Internal Medicine. Taken together, evidence from Mali, Burkina Faso, and Ghana, alongside broader regional analyses, indicates a coherent pattern: patient dissatisfaction is driven primarily by systemic and service-delivery limitations notably waiting times, communication, and resource availability whereas sociodemographic factors exert comparatively limited influence. Accordingly, health-system strengthening should prioritize inpatient services, particularly Internal Medicine, through targeted investments in staffing, interpersonal communication, supply reliability, and patient-centred process redesign to improve overall experience and outcomes (Lohmann et al., 2022; Beaugé et al., 2024; Owusu et al., 2024).

This study has several limitations. Data were collected over a one-month period, which may not adequately capture seasonal fluctuations or longer-term variations in service utilization, particularly among patients with extended follow-up intervals or chronic care needs. In addition, the single-site design limits the generalizability of the findings beyond hospitals with similar characteristics, such as regional referral hospitals in comparable settings.

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Nevertheless, the study has notable strengths, including the use of probabilistic sampling, the inclusion of both inpatient and outpatient populations, and its strong application-oriented focus on identifying actionable service quality improvement domains. Future research should adopt mixed-methods designs to complement quantitative findings with in-depth qualitative insights into patient experiences and service delivery processes.

CONCLUSION

Sikasso Regional Hospital demonstrates strong performance in key dimensions of clinical quality, ethical standards, confidentiality, and patient–provider communication, reflecting a solid foundation of professional practice. However, the findings highlight three priority areas requiring urgent attention: enhancing financial protection to improve affordability, reinforcing WASH infrastructure particularly sanitation and hygiene and reorganizing outpatient services to reduce excessive waiting times. Addressing these gaps is essential to ensuring that the hospital's clinical strengths are matched by an equally robust patient experience. Dissatisfaction was significantly higher among inpatients and patients admitted to Internal Medicine, underscoring the need for department specific and inpatient focused quality improvement strategies

In the short term, targeted interventions should focus on improving patient flow, upgrading sanitation facilities, and implementing financial support mechanisms for vulnerable households. Given that inpatient status and clinical department were the only independent predictors of dissatisfaction, immediate efforts should also prioritize restructuring inpatient care processes, strengthening staff responsiveness in Internal Medicine, and enhancing communication practices for admitted patients. Over the medium term, the hospital would benefit from institutionalizing patient-centered quality tools, including routine satisfaction monitoring and the integration of experience-related indicators into quality dashboards. While the study's single-site, cross-sectional design presents certain limitations, the results nonetheless offer practical and actionable levers for aligning perceived service quality with Mali's broader goals for universal health coverage and continuous improvement in health system performance.

DECLARATIONS

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Conflicts of interest

The authors declare no conflict of interest.

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The work was carried out with own funds.

Ethical considerations

All stages of the work were carried out in compliance with the Declaration of Helsinki. The approval of the institutional ethics committee was obtained prior to the start of the study. This work did not involve any experimentation on humans or animals and it does not contain any personal information that could identify the patients

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