

Patient Satisfaction Survey in Referral Health Facilities in the Commune of Aru, Northeastern Democratic Republic of Congo

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Publication Date: 2025/07/09

Abstract:

➤ Introduction:

Patient satisfaction is a key indicator of healthcare quality and hospital performance. In the fragile context of Aru commune, in Ituri (DRC), characterized by limited resources, this study aims to assess hospital users' satisfaction and compare their experiences across different referral health facilities.

➤ Methodology:

A cross-sectional quantitative study was conducted among 455 patients from three health structures: the Aru General Referral Hospital (GRH), Aru Cité Health Center, and Bethsaida Clinic. Data were collected using a structured questionnaire and analyzed through descriptive and inferential statistics, with a significance threshold set at $p < 0.05$.

➤ Results:

The findings reveal a high overall level of patient satisfaction, particularly regarding reception (84.6% satisfied), respect for privacy (91.5%), and dignity (90.5%). However, significant differences emerged between the facilities. Bethsaida

Clinic recorded the highest scores in almost all assessed dimensions, while the Aru GRH reported the lowest satisfaction levels, especially in terms of comfort, communication, and willingness to recommend the facility.

➤ *Conclusion:*

The study highlights the need to strengthen service quality, especially in public facilities, to enhance the patient experience. Targeted interventions focused on reception, caregiver-patient relationships, and material conditions are essential.

Keywords: *Patient Satisfaction, Referral Health Facilities, Commune Aru, DRC.*

How to Cite: Uuchi Djalum Martin; Apande Malu Clementine; Famille Dema Jean-Pierre; Latiwa Fanzela Clarisse; Aleko Sabote Chantal; Merci Serge Esther; Avantage Adhwa Cédric; Zanvayo Ndotu Grâce; Andama Alimadri George; Lemaru Ayibho Rachel; Dhonia Ngaka Florance (2025) Patient Satisfaction Survey in Referral Health Facilities in the Commune of Aru, Northeastern Democratic Republic of Congo. *International Journal of Innovative Science and Research Technology*, 10(6), 2871-2877. <https://doi.org/10.38124/ijisrt/25jun1748>

I. INTRODUCTION

Improving the quality of care is a fundamental pillar of public health policies, particularly within the global efforts to achieve universal health coverage (World Health Organization [WHO], 2018). Among the indicators used to assess the performance of health systems, patient satisfaction is now widely recognized as an essential measure, as it reflects users' direct perceptions of the services they receive (Arah, Westert, Hurst, & Klazinga, 2006; Sofaer & Firminger, 2005).

This subjective measure not only evaluates patients' lived experiences but also provides actionable data for continuous quality improvement (Cleary & McNeil, 1988; Donabedian, 1988). It encompasses several dimensions, such as communication, availability of care, respect for dignity, confidentiality, and the physical environment (Crow *et al.*, 2002; Gill & White, 2009; Tucker & Adams, 2001). Moreover, a high level of satisfaction is positively correlated with better treatment adherence, patient retention, and improved health outcomes (Doyle, Lennox, & Bell, 2013; Sitzia & Wood, 1997; Batbaatar *et al.*, 2017).

In low- and middle-income countries, the patient voice remains often underutilized, despite its strategic importance in guiding health reforms (WHO, 2016; Hanson, Ranson, Oliveira-Cruz, & Mills, 2003). In African contexts, cultural, economic, and structural factors strongly influence care perceptions and may amplify gaps between patient expectations and the services actually delivered (Peabody, Taguiwalo, Robalino, & Frenk, 2006; Boller, Wyss, Mtasiwa, & Tanner, 2003; Andaleeb, 2001).

In the Democratic Republic of Congo (DRC), although health reforms aim to strengthen primary healthcare, field realities particularly in rural areas reveal deep inequalities in access, quality, and equity (Ministry of Health DRC, 2021; Banza *et al.*, 2019). The commune of Aru, located in Ituri Province, is a typical example of these challenges, where health facilities must operate with limited resources, a shortage of qualified staff, and high patient loads, all without solid evidence on user perception (UNICEF DRC, 2022; UNDP, 2020).

Despite these issues, no systematic study has yet been conducted to evaluate patient satisfaction in this area. Yet, numerous studies have demonstrated that assessing satisfaction is a key lever to improve health facility performance, enhance local accountability, and involve communities in service governance (Fonn *et al.*, 2001; Joshi, 2013; Oxfam, 2015).

Therefore, this study aims to assess the satisfaction of patients who were hospitalized or received outpatient consultations in the referral health facilities of Aru commune, in order to identify areas of strength and weakness and to propose recommendations tailored to the local context.

II. MATERIALS AND METHODS

This study is descriptive quantitative research with an analytical aim, conducted using a cross-sectional design. It was carried out during the months of April and May 2025 in three referral health facilities in the commune of Aru: Aru General Referral Hospital, Aru-Cité Health Center, and Bethsaida Clinic.

The study population consisted of patients aged 18 years and older who received outpatient or inpatient care in one of these facilities during the survey period. A total of 455 individuals were selected using simple random sampling, with proportional distribution based on the patient flow in each facility.

Data were collected using a structured questionnaire administered face-to-face by trained interviewers. The questionnaire included sociodemographic variables and satisfaction items (reception, waiting time, quality of care, communication, environment, etc.), rated on a 5-point Likert scale.

The analysis was conducted using SPSS software (version 27), combining descriptive statistics (frequencies, means, and standard deviations) and inferential statistics (Chi-square tests). The study adhered to fundamental ethical principles: informed consent, confidentiality, anonymity, and approval by an ethics committee. Official authorization was obtained from local health authorities.

III. RESULTS

Table 1 Descriptive Statistics of Patient Age in Health Facilities in Aru Commune

N	Minimum	Maximum	Mean	Standard Deviation
455	18.00	82.00	30.47	10.33

This table indicates that participants' ages range from 18 to 82 years, with an average age of 30.5 years and a standard deviation of 10.3. This reflects intergenerational diversity, although the majority likely belong to a young adult population. The relatively low standard deviation suggests moderate dispersion around the mean, indicating that most

respondents are close to their thirties. This demographic structure may influence perceptions of care, especially regarding communication, responsiveness, or technology use. It is also relevant for shaping patient satisfaction policies by age group.

Table 2 Sociodemographic Characteristics and Distribution of Patients by Services and Health Facilities in Aru

Variable	Category	n=455	%
Gender	Male	180	39.6
	Female	275	60.4
Service	General Medicine	178	39.1
	Maternity	122	26.8
	Surgery	64	14.1
	Pediatrics	27	5.9
	Emergency	34	7.5
	Other	30	6.6
Health Facility	Aru GRH	174	38.2
	Aru Cité Hospital	141	31.0
	Bethsaida Clinic	140	30.8

This table shows that the sample was predominantly female (60.4%) compared to males (39.6%), reflecting either greater female utilization of healthcare services or sampling influenced by the nature of services accessed. Indeed, general medicine (39.1%) and maternity (26.8%) were the most frequented services, potentially explaining the female overrepresentation. Surgery (14.1%), emergency (7.5%),

pediatrics (5.9%), and other services (6.6%) were less commonly accessed. The distribution across health facilities was relatively balanced: Aru GRH (38.2%), Aru Cité Hospital (31.0%), and Bethsaida Clinic (30.8%), allowing for a reliable comparison of patient experiences across institutions and reflecting relatively equitable access to hospital services in Aru.

Table 3 Patient Satisfaction with Service Quality in Referral Health Facilities of Aru Commune

Variables/Modalities	Total		Aru GRH		CH Aru Cité		Bethsaida Clinic		χ^2	df	p-value
	N=455	%	n=174	38.2%	n=141	31.0%	n=140	30.8%			
Reception quality upon arrival											
Very satisfied	194	42.6	63	13.8	70	15.4	61	13.4	37.538	6	0.000
Satisfied	191	42.0	71	15.6	62	13.6	58	12.7			
Slightly satisfied	52	11.4	22	4.8	9	2.0	21	4.6			
Not at all satisfied	18	4.0	18	4.0	0	0.0	0	0.0			
Waiting time before being attended to											
Very satisfied	131	28.8	30	6.6	51	11.2	50	11.0	25.379	6	0.000
Satisfied	222	48.8	95	20.9	65	14.3	62	13.6			
Slightly satisfied	97	21.3	44	9.7	25	5.5	28	6.2			
Not at all satisfied	5	1.1	5	1.1	0	0,0	0	0.0			
Clarity of explanations provided by the medical staff											
Very satisfied	124	27.3	25	5.5	44	9.7	55	12.1	36.086	6	0.000
Satisfied	223	49,0	93	20,4	66	14,5	64	14,1			
Slightly satisfied	93	20.4	44	9.7	28	6.2	21	4.6			
Not at all satisfied	15	3.3	12	2.6	3	0.7	0	0.0			
Kindness and attentiveness of the medical staff											
Very satisfied	117	25.7	20	4.4	42	9.2	55	12.1	40.696	6	0.000
Satisfied	237	52.1	108	23.7	74	16.3	55	12.1			
Slightly satisfied	91	20.0	38	8.4	24	5.3	29	6.4			
Not at all satisfied	10	2.2	8	1.8	1	0,2	1	0.2			
Comfort of the waiting area or hospital bed											

Very satisfied	117	25.7	18	4.0	43	9.5	56	12.3	81.43	6	0.000
Satisfied	207	45.5	85	18.7	73	16.0	49	10.8			
Slightly satisfied	92	20.2	36	7.9	21	4.6	35	7.7			
Not at all satisfied	39	8.6	35	7.7	4	0.9	0	0.0			

This table shows that patient satisfaction varies considerably across the reference health facilities in Aru municipality, with statistically significant differences ($p < 0.001$). Overall, 84.6% of patients reported being very satisfied or satisfied with the quality of reception, with satisfaction particularly high at Bethsaida Clinic, where 43.6% of respondents were very satisfied, compared to only 13.8% at Aru General Referral Hospital (GRH). Regarding waiting time, 77.6% of patients expressed satisfaction, with the highest proportion of very satisfied respondents at Aru Cité Hospital Center (11.2%) and Bethsaida (11.0%), while Aru GRH lagged behind at 6.6%. In terms of the clarity of explanations provided by the staff, 76.3% of patients were satisfied or very satisfied, with Bethsaida again leading

(12.1% very satisfied) and a negligible share of dissatisfied patients. Regarding the kindness and attentiveness of the staff, 77.8% of patients were satisfied, and once again, Bethsaida Clinic scored well with 12.1% very satisfied, compared to only 4.4% at Aru GRH. Finally, the comfort of the facilities drew more criticism, particularly at Aru GRH, where 20.1% of patients were slightly or not at all satisfied, whereas Bethsaida recorded no patients who were not satisfied and reported 12.3% very satisfied. These results suggest that Bethsaida Clinic offers a better patient experience, while Aru GRH shows several notable shortcomings that require urgent improvements, particularly in terms of reception and comfort.

Table 4 Respect for Privacy and Patient Dignity in Referral Health Facilities in Aru Commune

Variables/Modalities	Total		Aru GRH		Aru Cité		Bethsaida Clinic		χ^2	df	p-value
	n	%	n	%	n	%	n	%			
The staff respected my privacy during care											
Always	191	42.0	62	13.6	64	14.1	65	14.3	9.037	6	0.172
Often	225	49.5	98	21.5	65	14.3	62	13.6			
Rarely	35	7.7	11	2.4	11	2.4	13	2.9			
Never	4	0.9	3	0.7	1	0.2	0	0.0			
I felt treated with respect and dignity											
Always	188	41.3	51	11.2	71	15.6	66	14.5	22.452	6	0.001
Often	224	49.2	108	23.7	54	11.9	62	13.6			
Rarely	40	8.8	14	3.1	14	3.1	12	2.6			
Never	3	0.7	1	0.2	2	0.4	0	0.0			

Most patients felt their privacy was respected (91.5% said "always" or "often") with balanced scores across facilities. The difference was not statistically significant ($p = 0.172$), indicating a uniform perception of this criterion. In contrast, dignity and respect showed significant disparities ($p = 0.001$). While 90.5% felt always or often respected, Aru

GRH scored lower (11.2% always), whereas Aru Cité had the highest (15.6%). Although instances of disrespect were rare (9.5%), they were slightly more frequent at Aru GRH, suggesting room for improvement in interpersonal care quality.

Table 5 Overall Hospital Experience and Willingness to Recommend Facilities in Aru Commune

Variables/Modalities	Total		Aru GRH		Aru Cité		Bethsaida Clinic		χ^2	df	p-value
	N=455	%	n=174	38.2%	n=141	31,0%	n=140	30.8%			
My overall experience in this hospital											
Very good	143	31.4	35	7.7	48	10.5	60	13.2	26.821	6	0.000
Good	248	54.5	115	25.3	71	15.6	62	13.6			
Average	53	11.6	17	3.7	18	4.0	18	4.0			
Poor	11	2.4	7	1.5	4	0.9	0	0.0			
I would recommend this hospital to a relative											
Very good	135	29.7	26	5.7	56	12.3	53	11.6	38.763	6	0.000
Good	229	50.3	106	23.3	57	12.5	66	14.5			
Average	73	16.0	29	6.4	23	5.1	21	4.6			
Poor	18	4.0	13	2.9	5	1.1	0	0.0			

Overall, 85.9% rated their experience as good or very good. Bethsaida recorded the highest "very good" ratings (13.2%), followed by Aru Cité (10.5%), while Aru GRH

lagged at 7.7%. Negative ratings (average or poor) were low overall (14%) but more frequent at Aru GRH.

Similarly, 80% of patients would recommend their facility to others. Bethsaida (11.6%) and Aru Cité (12.3%) had the highest "very likely" responses, compared to 5.7% at Aru GRH. Notably, Aru GRH had the highest "very unlikely" responses (2.9%), while Bethsaida had none. These differences were highly significant ($p < 0.001$), reflecting clear disparities in overall satisfaction and patient loyalty.

These results highlight that Bethsaida Clinic and Aru Cité Hospital offer a more positive patient experience, leading to higher likelihoods of recommendation. In contrast, Aru GRH must enhance service quality and public perception to improve patient confidence and satisfaction.

IV. DISCUSSION

The results of this study conducted in health facilities in the Aru commune highlight several dimensions of patient satisfaction, influenced both by the sociodemographic characteristics of the participants and by the quality of services offered in each facility.

The average age of respondents (30.5 years) indicates a predominance of young adults, which aligns with demographic trends in African populations, where the majority are young (UNDESA, 2022). This youthful demographic may positively influence perceptions of care quality, particularly in terms of communication and waiting times, as suggested by Asefa *et al.* (2020) in Ethiopia, who found that young patients are more likely to express their expectations and more critical of reception and comfort.

In terms of gender, the overrepresentation of women (60.4%) can be attributed to high attendance at maternity and general medicine services. Similar studies, such as that by Seraphin *et al.* (2021) in Benin, have shown that women are often the primary users of healthcare services and are thus more likely to provide detailed feedback on their hospital experience.

Regarding reception quality, an overwhelming majority (84.6%) reported being satisfied or very satisfied, with the highest levels of satisfaction at Bethsaida Clinic. These findings are consistent with those of Moges *et al.* (2018) in Ethiopia, who found that reception is a key indicator of perceived care quality. The significant variation across facilities ($p < 0.001$) highlights disparities in staff training or service culture, as also observed by Al-Sakkak *et al.* (2019) in Saudi Arabia.

Waiting time is another crucial factor, with 77.6% of patients expressing satisfaction. However, Aru GRH showed a lower satisfaction score. This mirrors findings by Mamboleo *et al.* (2021) in the DRC, who reported that public hospitals are often perceived as slower due to staffing shortages and suboptimal organization.

Communication by healthcare staff, particularly the clarity of explanations, also received generally positive feedback (76.3% satisfaction). The importance of this aspect was emphasized by Gebremedhn *et al.* (2020), who noted that

clear information strengthens patient trust and engagement in the care process.

The courtesy and attentiveness of staff, rated satisfactory by 77.8% of patients, stood out especially at Bethsaida Clinic. This echoes findings from a study by Tesfaye *et al.* (2021) in Kenya, which identified staff empathy as a major predictor of overall satisfaction.

Conversely, the comfort of the infrastructure, while generally acceptable, received criticism at Aru GRH, where 20.1% of patients were dissatisfied. This weakness confirms the findings of Wami *et al.* (2016), who indicated that material comfort directly influences perceptions of quality, especially among inpatients.

Regarding the ethical dimension of care, 91.5% of patients felt their privacy was respected, and 90.5% felt treated with dignity. These figures are comparable to those reported by Agago *et al.* (2022) in Tanzania, who emphasized the importance of confidentiality and respect in patient-centered care evaluation. However, significant differences across facilities, particularly in respect and dignity ($p = 0.001$), suggest a need for stricter oversight in some settings.

Lastly, in terms of overall experience, 85.9% of respondents reported a good or very good experience, and 80% said they would recommend the facility. These indicators, often used as a benchmark for hospital performance (WHO, 2018), demonstrate that patients value relational quality as much as technical efficiency. The disparities between facilities especially in favor of Bethsaida Clinic echo the observations of Obeysekare *et al.* (2020) in Sri Lanka, who noted that good service is not enough: consistent quality is essential for building patient loyalty.

In summary, the results of this study reveal generally high satisfaction levels, but mask important inequalities between health facilities in Aru commune. They call for targeted actions to improve reception, reduce waiting times, strengthen communication, and ensure respectful, humane care particularly in public institutions such as Aru GRH. Such efforts will contribute to the development of a more equitable and responsive healthcare system that aligns with patient expectations.

V. CONCLUSION

This study revealed a generally high level of patient satisfaction with the services received in the health facilities of Aru commune, although notable disparities exist between institutions. Bethsaida Clinic and Aru Cité Hospital stand out positively in terms of reception quality, clarity of communication, and respect for patient dignity. Conversely, Aru General Referral Hospital shows several weaknesses, particularly in infrastructure comfort, relational respect, and perceived care quality. These findings underscore the importance of targeted investments in the continuous improvement of care quality, especially in public hospitals, to ensure a fair, respectful, and dignified experience for all patients.

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