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Quality of Care at the Saint Vincent de Paul Neuropsychiatric Hospital in Goma: Patients' Assessments at Discharge

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Abstract: ***This study concerned information collected on patients admitted in the Neuropsychiatric Hospital Saint-Vincent de Paul in Goma. The overall objective is to contribute to the improvement of the quality of care in this Center. The patients were subjected to a tool designed according to the Likert scale ranging from 1 (very good) to 4 (Poor) at the time of exit from the Center. Appraisals of the services offered were collected from patients admitted for at least 48 hours in this center from 2016 to 2018. The assessment focused on 4 variables, namely reception at the center, contact with caregivers, and quality of care and organization of services. Overall, patients positively appreciated the services rendered by the Center from the reception given to them, the staff involved, the care administered and the organization of services by more or less 6 out of 10 people on average. Some services had a relatively high score of « no opinion ». Either the patients consider it too restrictive of their freedom of movement (isolation, for example), or they do not perceive its relevance in their therapeutic process (for example, chaplaincy), or, finally, the quality was probably questionable (for example, the evening recreation). To further improve the quality of services at the CHNP, we recommend that more explanation be provided to patients and family members about the importance of each aspect, service and person involved in the process of care in this hospital. Such studies should be conducted periodically to ensure that the quality of care is improving better on.***

Keywords: Quality of care, services, satisfaction, hospital, mental health, mental disorder

1. Background

Quality of care involves the efforts that health care actors make to ensure that health care services are always doomed to increase the likelihood of achieving desired health outcomes based on existing professional knowledge. [2] It is an approach that allows us to guarantee to each patient the combination of diagnostic and therapeutic acts that will ensure the best result in terms of health, in accordance with the current state of medical science, at the best cost for the same result, with the least iatrogenic risk and for the greatest satisfaction in terms of procedures, results and human contacts within the care system. [2] [14] Improving the quality of services[1] requires asking about users' perceptions in order to maintain strengths and turn weaknesses into opportunities. It is not simply a matter of soliciting the views of the providers, but also, and more importantly, those of the beneficiaries of the services in question. This is the focus of this study.

Bovet L. (2004), referring to the literature, says that patient satisfaction can be defined as the relationship between the patient's expectations and his or her perception of the care provided. [3] [10] As if to say the notion of satisfaction is both subjective because it is based on the client's perception. It is relative in that each client has his or her own expectations. Finally, it is evolutionary because the expectations and/or perception of the customer can vary over time. In short, satisfaction combines the perception and expectations that the individual expresses about the service he or she receives; it results, therefore, from the confrontation between the perceived service and the expected service. [17]

Basically, it is always important to manage client and customer satisfaction in an institution to ensure that services are delivered in the most effective and efficient manner. In-patient satisfaction is essential in assessing the quality of care provided by hospitals. It is a way for patients to describe and give feedback on the care they receive. [13] Psychiatric institutions are no exception to this rule, as "taking into account the mental health and psychosocial well-being of individuals helps to preserve the dignity of victims, in particular, and to improve health care, in general. " [8] The bio-psychosocial model postulates that mental health disorders result from the conjunction of a set of biological, psychological and social factors that partly determine their onset, nature and evolution. [12]

Almost three quarters of the global burden of neuropsychiatric disorders is in countries with low and lower middle incomes. [1] In 2008, at least 15 million Congolese had mental disorders. The same source indicates that 10% of Congolese are affected by a physical or mental disability. [9] According to specialists, one person in five will one day suffer from a mental illness. Indeed, ranked third in terms of

[1] The quality of health services includes 7 components: effectiveness, efficiency, safety, person-centredness, timeliness, equity, integration. In the psychiatric setting, Georges Borgès Da Silva (2003) emphasizes the following components: accessibility, acceptability, continuity, safety and relevance.

illness after cancer and cardiovascular pathologies, psychological disorders and mental illnesses play an important role in the lives of at least one quarter of the population. [11] The burden of disease attributable to neuropsychiatric disorders reached 4.7% in the Democratic Republic of Congo. [7] This is somehow significant.

The Saint Vincent de Paul Centre as a psychiatric hospital can also be considered otherwise as an asylum or psychiatric clinic, or insane asylum in the past. Created in the context of the conflict in North Kivu, where people have been the victims of atrocities for the past thirty years, the Saint Vincent de Paul Neuropsychiatric Hospital Center is the specialized structure that provides psychiatric care for patients. This hospital takes care of people who are victims of the conflict situation that has prevailed for decades, which increases the prevalence of various types of mental disorders, namely: mental disorders related to the abuse of psychoactive substances, post-traumatic stress, epilepsy, depression, psychosis, neuroses, etc. Apart the cases of out-patients health seekers, this is place where patients are forcibly admitted when they represent a danger to themselves or to public.

In 2017, for example, 778 cases had been admitted as inpatients, including 350 new cases for the first time and 428 relapse cases. Compared to outpatient, epilepsy cases came first while for inpatient, drug addiction held the lead (170 cases), followed by bipolar disorder (138 cases), delusional episodes (95 cases) [2].

For the WHO, mental health is a state of well-being in which the individual recognizes his or her abilities, is able to cope with the normal stresses of life, works productively and fruitfully, and contributes to his or her community. [15] It means the ability of individuals and groups of people to develop their skills and achieve the own goals. A mentally healthy person is someone who is able to adapt to the various situations in life, whether they are frustrations or joys, difficult times or problems to solve. A mentally healthy person is someone who feels confident enough to adapt to a situation that they cannot change. [12] In short, mental health is essential for personal well-being, family relationships and making useful contributions to society. It is linked to the development of societies and countries. [16] Given the crucial role that this structure plays in the recovery of mental health, on which the development of the nation largely depends, continuous evaluations look is necessary to assess quality of care in this institution.

2. Materials and methods

The overall aim of this research was to contribute to the improvement of the quality of care for psychiatric patients hospitalized at the Saint Vincent de Paul/Goma Neuropsychiatric Hospital. Specifically, the aim was to assess the quality of the reception given to patients, the quality of contact between inpatients and caregivers, the quality of care offered to inpatients in the various care pathways, and the organization of services at the center.

The present study targeted 981 patients interned at the Neuropsychiatric Hospital Center during the period from 2016 to 2018. A questionnaire comprising closed-ended questions designed according to Likert scale[3] was used in data collection. This questionnaire was administered to patients at the moment of exit from the hospital. This tool helped in collecting patients' rating of the quality of services received during their stay in this center. The tool was completed either by the patient himself, or by his relative. If the patient could not be able to read or write, the caregiver was there r to complete the questionnaire based on the patient's answers. The completed forms were then kept in the center's archives in safer place to avoid loss and destruction.

The inclusion criterion was that the client had been hospitalized for at least 48 hours, had been discharged, and agreed to respond to these questions. At the end of three years, these questions were analyzed and the data processed through SPSS software. In this line, univariate statistical analysis was used.

All the questions covered four types of variables: reception (with 3 aspects evaluated), contact with the caregivers (10 aspects), quality of care (7 aspects) and organization of daily activities (9 aspects). In total, 29 questions were analyzed with five modalities of responses: very good, good, fairly good, bad or poor, no opinion. Each modality of responses was allotted a value (very good = 90%; Good = 70%; fairly good= 50%; bad or poor = 30%). The modality "No opinion" was not given any value. Results are presented in the form of frequencies and graph that is interpreted in the following section.

3. Ethical Aspects

The targets of this study are the patients admitted to the hospital under study. They arrived there in a state of mental health disorder. The tool to be administered was jointly agreed with the CHNP managers to avoid any kind of discomfort among respondents. In order to obtain more or less reliable results, we were required to interview them at the time of their exit from the center. We felt that this was the moment when they could relatively have reached a state of lucidity conducive to this kind of exercise. Their informed consent was obtained beforehand, explaining that the information collected would be kept anonymous. The tool was administered under assistance either of caregivers or by patient guards. Once completed, these questionnaires were kept in a safe place to ensure confidentiality and security of the information.

4. Results

This section describes the demographic characteristics of the study participants, before describing the patients' opinions regarding reception, contact with the caregivers, and quality of care and organization of daily activities at the

[2] From the CHNP Saint Vincent de Paul 2016, 2017 and 2018 annual reports.

[3] A Likert scale is a psychometric tool that measures an attitude in individuals. Our tool has modalities ranging from 1 to 4, i.e. from "very good" to "bad". The "no opinion" implies the category of those who know how to give an evaluation.

Neuropsychiatric Hospital Saint Vincent de Paul. First of all, here are the few mental disorders for which patients are hospitalized at the CHNP Saint Vincent de Paul.

Table 1: Distribution of patients admitted to the NPC by mental disorder from 2016-2018

Mental discorder	2016	2017	2018	Total
Substance abuse	24.9	21.9	25.5	24.2
Bipolar disorder	12.8	17.5	20.6	16.7
Mania	17.1	11.7	11.3	13.6
Delusional episodes	14.8	12.2	11.1	12.8
Epilepsy	4.9	8.7	6.1	6.4
Schizophrenia	6.9	5.1	6.6	6.3
Depression	4.7	5.9	6.1	5.5
Co-morbidities	3.8	2.4	2.5	3.0
Other pathologies	10.1	14.6	10.2	11.5
Total	981	778	831	2590

Source: 2016, 2017 and 2018's Annual reports of the CHNP Saint Vincent de Paul

This table is formed from the data drawn from three annual reports mentioned above. Out of the 2590 people admitted in the CHNP, all sexes combined, 24.2% suffered from drug addiction, 16.7% from bipolar disorder, 13.6% from mania, 12.8% from delusional episodes, etc. Other disorders such as epilepsy, schizophrenia, depression, co-morbidities, and others are represented at 11.5% on average. Most of these addicts are young men in the 20-29 years age group. This may be due to the poor living conditions in the families and joblessness of the youth in a country where hundreds of thousands university graduates are dropped into the job market without any opportunities prepared on exit.

4.1 Socio-demographic characteristics of patients

These characteristics focus on the age of patients who were admitted to the CHNP Saint Vincent de Paul during this period. We group them by age in a 10-year interval in the figure below:

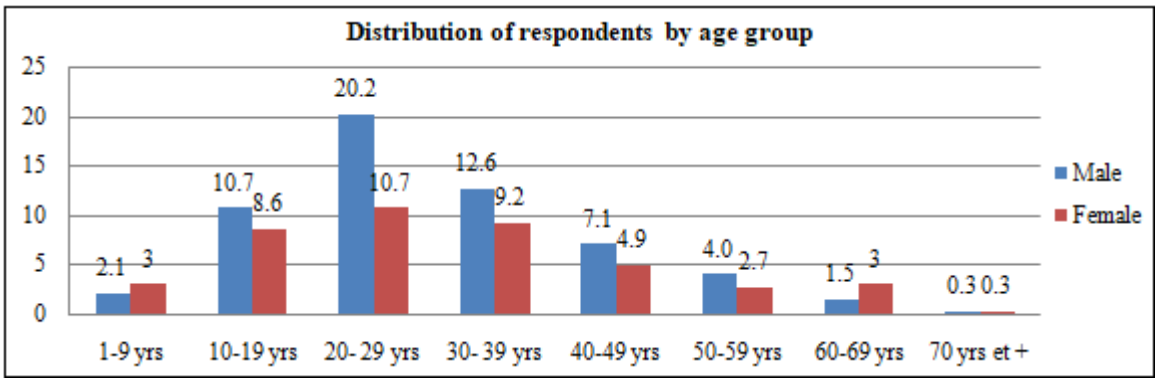

Figure 1: Respondents by age group

In total, 981 patients responded to the questionnaire at the moment of discharge in the CHNP from 2016 to 2018. These ones were distributed in 570 males (or 58.1%) and 411 females (or 41.9%) with a sex ratio of 1.39. The most represented age group was 20 to 29 years old (30.9%), followed by 30 to 39 years old (21.8%). Overall, the under-30 age group, means the young population, accounted for more than half of the patients (55.3%). Young people, especially males, are more affected by mental illness than adults. Their average number of hospitalizations is 1.4, varying from 1 to 15 with a standard deviation of 1.3. Coming back to table n°1, it is indicated that the greatest number suffered from drug addiction because of the consumption of psycho-active substances. The uncertainty offered persistent conflicts in the region that resulted in lack of jobs would be playing a bid role in this situation. How did the patients appreciate the reception at the CHNP?

4.2 Reception at the CHNP

The reception of patients consists largely of listening and organizing the waiting stage, the comfort of those who wait and the discretion of the consultations. A user friendly reception will do much for the quality and reputation of the medical center. The assessment of the reception concerns the arrival at the center, at the consultation service and during the patient's hospitalization. Generally, 4 out of 10 patients said that the reception at the CHNP was good.

Table 2: Appreciation of the reception services by the patients

Services	Very good	Good	Fairly good	Poor	No opinion
Reception service	31, 2	44, 6	10, 7	1, 8	11, 6
Consultation	30, 9	46, 2	8, 0	2, 1	12, 8
Hospitalisation	3, 1	40, 1	48, 3	5, 8	2, 8
Average	**21, 7**	**43, 6**	**22, 3**	**3, 2**	**9, 2**
Total	65.3		25.5		

In general, the reception at the CHNP Saint Vincent de Paul of Goma is well appreciated (43.6%) by patients who attended it from 2016 to 2018. On arrival, these patients feel that they are very well received (31.2%) and well received (44.6%). In the consultation service, the reception is rated very good by 30.9% and good by 46.2% of patients. Even though 40.6% of the patients felt that they were well received in the center's inpatient department, 48.3% rated it a fairly good. This probably involves the people, equipment and working environment.

4.3 Contact with caregivers

The reception is done through a preliminary contact with staff members and patients. At the CHNP, each patient is required to make contact with the following health care personnel: the doctor, nurses, social worker, clinical psychologist, chaplain and occupational therapist.

Table 3: Appreciation of respondents according to the contact with a type of caregiver

Caregiver types	Very good	Good	Fairly good	Poor	No opinion
Doctor	32, 1	55, 4	10, 7	0, 9	0, 9
Nurses	44, 0	48, 9	6, 4	0, 3	0, 3
Clinical psychologist	35, 8	37, 9	11, 3	6, 7	8, 3
Social assistant	28, 1	50, 2	12, 2	2, 8	6, 7
Chaplain	20, 5	22, 9	14, 7	10, 7	31, 2
Occupational therapist	25, 7	48, 0	10, 7	4, 3	11, 3
Average	***31, 0***	***43, 9***	***11, 0***	***4, 3***	***9, 8***
Total	74, 9		15, 3		

In this table, contact with each type of caregiver at the CHNP is positively appreciated (74.9%). Contact with the nurses is the most highly valued (more than 9 out of 10) by the respondents of this centre. Nurses are generally in close contact with the patients. The clinical psychologist and occupational therapy were appreciated by 73.7%. In these two cases, it is assumed that more efforts are made to provide quality services. The assessment of the chaplain's services is biased towards those without any opinion (3 out of 10). Perhaps they are unable to appreciate his contribution to their therapeutic process. Are the services offered by the chaplaincy sensitive to the diversity of religions of the residents of the CHNP?

4.4 Quality of Care

By quality of care, we refer to efforts that can maximize the likelihood that health services provided to individuals and populations are achieved to reach the desired health outcomes in accordance with current professional knowledge. Patients would have liked health services to be effective, safe and focused on them as individuals. In this picture, the focus is on the quality of the medications administered to them, occupational therapy, counseling, seclusion service, existential, diet, and discharge preparation.

Table 4: Appreciation of the quality des care by types

Types of cares	Very good	Good	Fairly good	Poor	No opinion
Medications	60, 9	33, 0	5, 5	0, 0	0, 6
Occupational Therapy	31, 2	43, 4	11, 6	2, 8	11, 0
Counselling	27, 8	44, 3	10, 7	2, 8	14, 4
Isolation	10, 4	30, 3	15, 6	5, 8	37, 9
Existential	21, 1	33, 6	18, 0	6, 1	21, 1
Diet	19, 0	40, 7	23, 2	3, 4	13, 8
Preparation at exit	29, 1	52, 9	12, 8	3, 4	1, 8
Average	**28, 5**	**39, 7**	**13, 9**	**3, 5**	**14, 3**
Total	68, 2		17, 4		

Overall, the "quality of care" at the CHNP is positively appreciated by 68.2% of the patients (39.7% give a "good" rating and 28.5% a "very good" rating). The quality of medication is the most appreciated with 6 out of 10 patients giving it a "very good" rating. The relatively poorly appreciated aspect is the existential followed by the isolation: services for which more than 2 out of 10 patients do not have an opinion. In the following paragraph they were asked to assess the organization of the center.

4.5 Organization of the Center

This assessment of the organization of the center covered all the activities that took place at the CHNP. These activities included the doctor's tour of the wards, hygiene in the center, night service, family visits, recreation time, meals, etc.

Table 5: The organization of activities at the center

Activities at the CHNP	Very good	Good	Fairly good	Poor	No opinion
Ward tours by the doctor	34, 3	50, 8	12, 2	0, 6	2, 1
Night services	42, 2	49, 5	4, 9	1, 2	2, 1
Patients' group	27, 5	49, 2	13, 1	4, 0	6, 1
Environmental Health	25, 4	42, 2	23, 5	6, 4	2, 4
Meals	23, 2	42, 2	24, 5	4, 0	6, 1
Family visits	34, 6	34, 6	18, 7	9, 5	2, 8
Break from 12: 30 to 14: 00	4, 9	20, 2	9, 8	5, 2	59, 9
Evening's recreation	6, 7	16, 2	8, 3	2, 8	66, 1
Moyenne partielle	***24, 3***	***39, 4***	***14, 3***	***4, 0***	***18, 0***
	63, 7		18, 30%		

Overall, the patients appreciated positively the organization of the services they received at the Center (more than 6 out of 10). The activity of ward round by the doctor occupied the place of choice (34.3% for "Very good" and 50.8% for "Good"), followed by the night service (42.2% for "Very good" and 49.5% for "Good"). Patients' group life is also well appreciated as well as environmental health (42.2%), occupational therapy (49.8%) and family visits (with equal parity 34.6% for "Very good" and "good"). Those without an opinion are more numerous for the break time (59.9%) and the evening recreation (66.1%)

5. Discussion of the results

Overall, this study reveals a positive assessment of the CHNP Saint Vincent de Paul, its organization, its staff and the services it offers to its residents by the patients who responded to this questionnaire at the time of their discharge. The welcome is confirmed during the patient's stay, through the support given to him, through listening and understanding from the health staff. Every act of care is a relational act and the aspect of communication gives it the form of a human act par excellence. This is what makes the difference between "giving care" and "taking care of someone". [10] [17]

At the level of the reception service, the fact that hospitalization is the least appreciated is due to the fact that the patients consider this service as a kind of prison, since they do not have enough freedom of movement. In fact, due to their state of health, they are able to understand that this limitation of movement contributes to their good, that it prevents them from the risk of escape, public, loss, others' properties destruction, accidents and stoning by the population surrounding the center. Although it is traditional in Africa for a patient to benefit from the proximity of his or her relatives, some families abandon the patients in the center. For patients who come from far away from the city of Goma, the problem becomes more serious in terms of care.

As for the diet, the center offers a monotonous diet to its patients, which does not fit with their original eating habits. However, since patients do not have the same standard of living, this negative assessment may not mean that the services are poorly provided. It is always necessary to put things into perspective by taking into account the socio-cultural differences of the Center's users.

Caregivers are the most appreciated by patients, much more than doctors and psychologists. This is due to the frequency of contact with the nurses, who are more accessible than the other categories. Also, it should be noted that at the time, the doctor only visited the ward once a week, whereas nurses are there every day. The patients would like to see him visiting them very often and listen to their grievances and find solutions. It might the same with the psychologist who does not administered tangible treatment in terms of medications.

The care provided by the Saint Vincent de Paul Neuropsychiatric Hospital was positively appreciated by the patients (93.9%), especially the quality of the medication. The evaluation by Konan et al. showed the opposite as for them the accessibility of medication recorded the highest rate of dissatisfaction with 83.4% among patients and 89% among attendants at the CHU of Yopougon. [10] In fact, at the CHNP Saint Vincent de Paul, the patients find that the drugs prescribed in sush a way that they allow them to quickly recover and regain their previous health status, they can rejoin their families and, gradually, their previous occupations. However, the Chaplain and the Clinical Psychologist are less appreciated since the patients think that any internal service at the center must offer palpable medication, whereas these two only offer the non-pharmacological service and listen instead of offering something tangible.

Also, I was pointed out that some families do not visit their sick members enough or leave them at the mercy of the nursing staff. Relaxation is perceived as compensation to this lack while the staff assigned to this service does not have enough time to attend. Regarding hygiene, the reality is that patients think that the center should have room cleaners. Patients' involvement in cleaning their rooms is a way of showing performance in their health recovery according to the center's policy. By the way, it is even part of the reintegration within their family and in the professional environment. As matter of fact, there are two ways of perceiving health care considering preparation for discharge, and supervision of patients. It depends on the position of the person: is he a caregiver or a patient? A patient who is not occupied can have difficulty of adaption in the family and in the professional set up once discharged from the hospital. This policy might be relatively good considering the conception of a family in the African context.

Based on the above considerations, it would be recommended for the doctor to be in close contact with the mental ill patients. There is a need to plan more psycho-education to users of the CHNP hospital showing them the role of psychological, chaplaincy, counseling and other services in the therapeutic process. However, it would be advisable to grant more interest on occupational therapy and recreational activities, to sensitize on the advantages of family visits. All these participate in fostering the feeling of proximity of patients with their fellows and their families. Also, it offers opportunity to the families to understand and know what they are expected to continue doing to facilitate social integration. Once at home, families are there to monitor and ensure medication is taken in time and, if necessary, to detect side effects in order to make alert in time.

6. Conclusion

This study consisted of collecting patients' appreciations of quality of care received from the CHNP Saint Vincent de Paul in Goma. It targeted patients who were admitted for at least 48 hours in the center. Knowing that care practices in DRC are always not well documented, it seemed equally important to start collecting these kinds of appreciations of quality of the care by the inpatients when they are leaving from the center. Recommendations out of this exercise can help in improving quality of care in that center. However, the validity of these results can be relativized for the following reasons: (1) the problem of lucidity for a person admitted because of a mental disorder; (2) the memory bias to the extent that the patient might have been not able to recall the succession of all health events in detail; (3) the length of stay and the frequency of contact between the patient and other stakeholders in the therapeutic process may determine the liability of his or her assessment; (4) the ability to recognize the relevance of each the services he or she received during the therapeutic process; (5) the physical and social environment in which the patient was asked to answer these questions.

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References

[1] Alwan A., Closing Mental Health Gaps Action Programme (mhGAP): Expanding access to care to address mental, neurological and substance use disorders, WHO, Geneva, 2008.
[2] Berthon M., "Quality of care, and if it was up to the patient to judge?", online at Quality of care: the patient's opinion (deuxiemeavis. fr), 2019.
[3] BOVET L., Evaluation of the adult inpatient psychiatry unit of the Geneva Cantonal Hospital. Through a patient satisfaction study. Faculty of Medicine, University of Geneva, 2004 (Doctoral thesis).

[4] Da Silva G. B., La qualité des soins en hôpital psychiatrique: revue de la littérature et perspectives In Santé Publique.2003/2 (Vol.15), pages 213 to 222.
[5] Davy A., Evain A., Rossel L. and Schmutz N., Toxicomanie: " Rencontre d'un individu, d'un produit, d'une société ", University of Geneva, Faculty of Medicine, HEDS, 2010.
[6] Davy A., Evain A., Rossel L. and Schmutz N., Toxicomanie: " Rencontre d'un individu, d'un produit, d'une société ", University of Geneva, Faculty of Medicine, HEDS, 2010.
[7] Erick Mukala Mayoyo, Willem van de Put, Sara Van Belle, Bibiane van Mierlo, Bart Criel, "Integration of mental health in primary health care services in the Democratic Republic of Congo, " in Public Health 2021/1 (Vol.33).
[8] IASC Reference Group on Mental Health and Psychosocial Support in Emergencies (2010), Mental Health and Psychosocial Support in Emergencies: What Humanitarian Health Workers Need to Know, Geneva.
[9] Immigration and Refugee Board of Canada (2012), Democratic Republic of the Congo (DRC): information on the treatment of people with mental health disorders; protection and services offered by the state, www.refworld. org
[10] Konan K. J., Soro K., Soro L., Gnangoran K., Ehua S. F., Evaluation of user satisfaction in the emergency room of the Yopougon University Hospital in Abidjan. Rev. Int. Vol.9, n°1, 2007, pp.43-47.
[11] Laforcade, M., Report on mental health; Director General of the Regional Health Agency, Nouvelle Aquitaine Ministry of Social Affairs and Health, 2016.
[12] Lydia G., Mental Health. Science for Public Health, Food Chain Safety and the Environment, Scientific Institute of Public Health. Brussels/Belgium, 2008.
[13] Marc K. Yamba Yamba, Désiré K. Mashinda, Jean-Marie N. Kayembe, Marie A. Onyamboko1, Jean K. Nyandwe. Evaluation of the quality of care at the University Clinics of Kinshasa: a study of the satisfaction of hospitalized patients. Ann. Afr. Med. vol.11, No.3, June 2018)
[14] N'Guessan Etié Armandine, Appreciation of the quality of care by clients seen in the Medicine consultation of the Military Hospital of Abidjan, UFR of Medical Sciences, Felix Houphouet-Boigny University, 2006.
[15] WHO, Investing in Mental Health, Department of Mental Health and Substance Abuse, Geneva, 2004.
[16] WHO. World Health Report 2001. Mental Health: New Understanding, New Hope. Geneva: 2001.
[17] Relwendé Y. A., Millogo G. R. C., Palm A. F., Bamouni J., Mandi G. D., Kologo J. K., Samadoulougou A. K., Zabsonre P., "Evaluation of patient satisfaction in the cardiology service of CHU Yalgado Ouedraogo, " in The Pan African Medical, 2017. Journal, www.ncbi. nlm. nih. gov/pmc/
[18] Tarkpessi K., Mise en place de la démarche qualité dans les établissements hospitaliers du Togo à partir de l'expérience française, Université Senghor d'Alexandrie-Master en Développement, Spécialité santé international, 2007.