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Satisfaction with Ent Consultations in Tropical Environment: Patients' Perceptions

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Abstract

Introduction: Patient satisfaction is an important indicator of healthcare quality. This study assessed satisfaction with ear, nose, and throat consultations and its associated factors at the National University Hospital Hubert Koutoukou Maga in Cotonou, Benin, providing local evidence to guide improvements in care.

Materials and Methods: An analytical cross-sectional study was conducted from July 8 to 15, 2025, among 110 adult patients attending consultations. Data were collected using a structured questionnaire adapted from the Patient Satisfaction Questionnaire-18. Satisfaction was assessed across reception and environment, medical consultation, and general opinion. Associations were examined using chi-square tests and logistic regression, with statistical significance set at 5%.

Results: Women represented 57.3% of participants, and the median age was 43 years. Medical consultation received the highest satisfaction rating, with 79.1% highly satisfied. Reception and environment received low or moderate ratings from 99.1% of respondents. Overall satisfaction was moderate in 90.9% and high in 8.2%. Staff availability was significantly associated with satisfaction (odds ratio: 19.3; 95% confidence interval: 3.22–381; p=0.0078).

Conclusion: Satisfaction was generally moderate, particularly due to perceptions of reception and the care environment. Improving staff availability, reducing waiting times, and upgrading infrastructure may improve patient experience.

Keywords: Patient Satisfaction; Otorhinolaryngology; Tropical Environment; Quality of Care

Introduction

Patient satisfaction is widely recognized as a central indicator of healthcare quality and an essential determinant of treatment adherence and continued use of health services [1]. It reflects the alignment between patients' expectations and the care they receive, encompassing not only the technical quality of care but also relational, organizational, and environmental dimensions [2]. High levels of satisfaction promote not only patients' return to the healthcare facility but also better therapeutic adherence and a positive institutional image [3]. In otorhinolaryngology (ENT), patient satisfaction is particularly important, as consultations often involve diagnostic or therapeutic procedures perceived as invasive or uncomfortable, such as nasofibroscopy or functional examinations [4]. These procedures, which may cause

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anxiety, require appropriate reception, clear communication, and a reassuring environment to ensure a positive patient experience. International studies report variable satisfaction levels depending on the context. In Saudi Arabia, Bahammam [1]. reported that 91.7% of patients were satisfied with ENT services, while in Nepal, Pokhrel et al. [5] found a satisfaction rate of 67.3%. In sub-Saharan Africa, satisfaction rates are often lower: in Ghana, Abdulai, et al. [6] reported an overall satisfaction rate of 61.2%, and in Ethiopia, Berehe, et al. [7] observed a rate of 47%. In Benin, available data are limited and often restricted to specific specialized services. Alagnidé, et al. [8] reported an overall satisfaction rate of 72% in the Department of Physical Medicine and Rehabilitation. In this context, the present study aimed to assess patient satisfaction during ENT consultations at CNHU-HKM and to identify associated factors to guide quality improvement interventions.

Materials and Methods

We conducted an analytical cross-sectional study in the Otorhinolaryngology and Cervico-Facial Surgery Department. The survey was conducted from July 8th to August 15th, 2025, among adult patients attending the ENT-CCF clinic. Patients aged 18 years or older who provided informed consent and were able to respond to the questionnaire were included. Patients with communication impairments or a health condition incompatible with the interview were excluded. Exhaustive sampling was used during the study period, including all patients meeting the inclusion criteria. Data were collected through face-to-face interviews at the end of the consultation or by telephone using a digital questionnaire based on the Patient Satisfaction Questionnaire 18 (PSQ-18) and adapted to the local context. The questionnaire included four sections: sociodemographic information, reception and environment, medical consultation, and general opinion on the consultation. Overall satisfaction was calculated by summing the scores for each item and dividing by the total number of items. The dependent variable was overall satisfaction, categorized into three levels: low, moderate, and high. Independent variables included age, sex, educational level, occupation, frequency of medical visits, presence of a companion, service accessibility, reception, waiting time, cleanliness, safety perception, physician attentiveness and availability, respect for privacy, information received, and staff courtesy. A complete list is provided in the questionnaire in the appendix. Data were analyzed using R software (version 4.3.3). Qualitative variables were expressed as counts and percentages, while quantitative variables were presented as medians with interquartile ranges (IQR). Associations between overall satisfaction and independent variables were assessed using the χ^2 test or Fisher's exact test. Variables with $p \leq 0.25$ in bivariate analysis or deemed relevant were included in a multivariate logistic regression model. Results were reported as odds ratios (OR) with 95% confidence intervals (95% CI). Statistical significance was set at $p<0.05$.

Results

A total of 110 participants were recruited out of 146 patients seen during the same period, representing a participation rate of 75.3%. Patients not included were mainly children (32 patients) and individuals with a general health condition preventing participation (4 patients). The median age of the sample was 43 years (range: 18–75 years). The age group 36–55 years accounted for 45.5% of participants. The majority were female (57.3%), with a sex ratio of 0.75. Nearly half had a university-level education (47.3%), and the most represented occupations were public sector employees and unemployed individuals (27.3% each). More than half (57.3%) were occasional visitors, and 88.2% came alone. The socio-demographic characteristics of the participants are presented in Table 1.

Sex	Frequency (%)
Male	47 (42.7)
Female	63 (57.3)
Age	
18–35	33 (30.0)
36–55	50 (45.5)
>55	27 (24.5)
Education level	
None	15 (13.6)
Primary	8 (7.3)
Secondary	35 (31.8)
University	52 (47.3)
Occupation	
Public sector employee	30 (27.3)
Unemployed	30 (27.3)
Employee	9 (8.2)
Artisan	8 (7.3)
Entrepreneur	8 (7.3)
Others*	25 (22.7)
Frequency of visits	
First-time	41 (37.3)
Occasional	63 (57.3)
Regular	6 (5.4)

Table 1: Sociodemographic characteristics of patients attending ENT consultations (n=110).
*Others include Trader/Vendor, Retired, Farmer

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Medical consultation was the highest-rated dimension, with 79.1% of patients reporting being "very satisfied" and no cases of dissatisfaction. In contrast, reception and environment were rated as low or moderately satisfactory by 99.1% of respondents. General opinion of the consultation was very positive, with 84.5% reporting being "very satisfied." The distribution of participants according to their satisfaction with the different components of the ENT consultation is presented in Table 2.

	Dissatisfied (%)	Slightly satisfied (%)	Moderately satisfied (%)	Very satisfied (%)
Reception and environment	0.91	48.18	50.91	0
Medical consultation	0	0.91	20	79.09
Overall opinion	0	0.91	14.55	84.54

Table 2: Distribution of satisfaction levels by dimension (n=110).

The majority of patients (90.9%) were moderately satisfied with their ENT consultation experience, 8.2% were very satisfied, and 0.9% were slightly satisfied. In bivariate analysis, only healthcare staff availability was significantly associated with overall satisfaction (p=0.0004). In multivariate analysis, this variable remained strongly associated: patients perceiving staff as "always available" were 19.3 times more likely to be satisfied than those who did not perceive it this way (OR=19.3; 95% CI: 3.22–381; p=0.0078).

Discussion

This study conducted showed that overall patient satisfaction during ENT consultations is moderate, with a predominance of moderate satisfaction (90.9%) and a high level of satisfaction for medical consultation (79.1% very satisfied). The main factor associated with overall satisfaction was healthcare staff availability, highlighting the critical role of human interactions in the patient experience. These findings are consistent with studies conducted in Africa and elsewhere, which emphasize that the quality of the healthcare provider–patient relationship is a major predictor of satisfaction [1,9,10]. For instance, Bahammam [1]. in Saudi Arabia and Redding, et al. [9] in the United States demonstrated that attentiveness, courtesy, and staff availability positively influence satisfaction, sometimes more than the material aspects of the service. The marked contrast between high ratings for medical consultation and more moderate evaluations of reception and environment reflects a challenge already documented in several African contexts. In Ghana, Abdulai, et al [6]. reported an overall satisfaction rate of 61.2%, but only 42.3% were satisfied with waiting times. In Ethiopia, Berehe, et al. [7] observed an overall satisfaction of 47%, with main sources of dissatisfaction including poor hygiene, lack of signage, and delays in care. Similarly, Diouf, et al [11]. in Senegal noted that cleanliness and reception are often rated lower than the care itself. Comparatively, the overall satisfaction level observed in our study is higher than that reported in most sub-Saharan studies [6,7,11]. and close to findings in other specialized services such as Alagnidé, et al. [8] who reported 72% overall satisfaction in the Department of Physical Medicine and Rehabilitation. This relative performance may be linked to the professionalism of ENT medical staff and the technical quality of consultations. However, low scores regarding reception and environment (no patients reported being "very satisfied" in this dimension) highlight a key area for improvement. As recommended by Batbaatar, et al. [12], enhancing the patient experience requires addressing both relational and organizational dimensions, including reducing waiting times, improving patient navigation within the service, and enhancing comfort and hygiene. Installing a handwashing station or providing disposable tissues in the waiting area could improve comfort for patients with conditions causing physiological discharge. For hearing-impaired patients, a specific system facilitating communication via sign language is essential. The challenge of providing a sign language interpreter could be mitigated using artificial intelligence–based technologies [13,14]contributing significantly to their social inclusion. Recent advances in both sensing technologies and AI algorithms have paved the way for the development of various applications aiming at fulfilling the needs of deaf and hearing-impaired communities. To this end, this survey aims to provide a comprehensive review of state-of-the-art methods in sign language capturing, recognition, translation and representation, pinpointing their advantages and limitations. In addition, the survey presents a number of applications, while it discusses the main challenges in the field of sign language technologies. Future research direction are also proposed in order to assist prospective researchers towards further advancing the field."},"container-title":"Sensors (Basel, Switzerland. Limitations of this study include the short data collection period, which may not capture seasonal variations, and the risk of social desirability bias inherent in self-reported surveys. Nevertheless, the use of a validated questionnaire (PSQ-18) adapted to the local context and the inclusion of multiple variables in multivariate analysis strengthen the internal validity of the results.

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Conclusion

This study highlights that, despite high satisfaction with the technical quality of medical consultations, overall patient satisfaction with ENT consultations in our tropical environment remains moderate, mainly due to perceived weaknesses in reception and environment. Healthcare staff availability emerged as a major determinant, emphasizing the importance of human interactions in the patient experience. Strengthening staffing, reducing waiting times, and improving reception infrastructure are priority measures to enhance perceived quality of care and promote patient retention in ENT services.

Conflicts of Interest

The authors declare that they have no conflicts of interest.

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