



Social Dysfunctioning and Human Resources Management Practices in University Hospital Centers in Mali: The Case of Gabriel Toure, Point-G and the Mali Hospital in 2023

Dr. Lassana Keita

Lecturer and Researcher, Assistant Professor of Management Sciences at the National Institute for Health Sciences Training (INFSS) in Bamako, Mali.

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Corresponding Author:

Dr. Lassana Keita

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ABSTRACT

Introduction: The evolution of the hospital reflects a profound transformation. From a place of spiritual and social assistance for the poor, it has become a high-tech technical center managed according to principles of economic efficiency. Human resources are the primary lever for this much-anticipated economic efficiency in today's hospitals. However, even the slightest disruption can affect human resources and thereby hinder economic efficiency. It is within this context that we initiated this study.

Objectif: the main objective of which was to evaluate the influence of human resource management practices on social dysfunctions in the Gabriel Touré University Hospital, the Mali Hospital, and Point-G.

Methodology: We conducted a cross-sectional, analytical, mixed-methods study with 52 healthcare professionals, 64 support staff, and 93 patients. Individual surveys, semi-structured interviews, and document analysis were used to collect data. This data was analyzed quantitatively using SPSS 21 and qualitatively using NVivo 11. A bivariate analysis with a significance threshold of 10% was also performed to demonstrate the link between variables.

Results: The overall satisfaction rate was 41.9% (high level of dysfunction) for the Mali Hospital, 39.5% (high level of dysfunction) for the Gabriel Touré Hospital, and 25% (high level of dysfunction) for the Point-G Hospital. At the 10% significance level, the study demonstrated that HR practices are linked to social dysfunctions with a p-value < 0.10 in the hospitals.

Conclusion: Our study established the existence of a significant link between human resource management practices and social dysfunctions. If left unresolved, these dysfunctions expose the organization to a multitude of difficulties. To effectively combat dysfunctions, understanding behavioral approaches is therefore essential for HR management, as these approaches are at the root of the dysfunctions.

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INTRODUCTION

While healthcare facilities, for both historical and structural reasons, oscillate between charity and violence [1 ; 2], they nonetheless remain places where scientific, socio-political, economic, and ethical issues are developed through the reception, treatment, and care of suffering or dependent (or at least needy) individuals. Whether the beneficiary of these facilities is called a patient, client, sick person, user, resident, or inmate, whether their presence within the institution is brief or prolonged, whether they come to

prevent, maintain, or restore their health, they remain the pivot around which strategies are implemented. These strategies extend far beyond the framework of care or medical treatment itself. These settings represent an interesting vantage point, as they reveal tensions between partners with divergent interests, and also as evidence of the constantly renewed attempts at social normalization [3]. A social dysfunction can be defined as a disruption affecting the functioning of an organization, which originates wholly or partly from a change in employee behavior [4]. In the hospital setting, these are defined as disruptions to the organization and the work environment. They stem from the deterioration of collective or individual employee behavior (conflicts, absenteeism, burnout) and are often exacerbated by a lack of resources or poor internal management. To address these difficulties, institutions generally rely on their human resources department. Malian hospitals face major structural and operational dysfunctions, particularly within public institutions. Patients regularly experience long waits, a chronic shortage of medications and consumables (such as gloves or alcohol), as well as inadequate or malfunctioning facilities. Added to this is the shortage of qualified staff and the demotivation of the few who remain [5 ; 6 ; 7 ; 8 ; 9]. It is in this context that we initiated this study in three (03) local hospitals.

OBJECTIF

The overall objective of this study was to assess the impact of human resource management practices on social dysfunctions in these three (3) university hospitals in Bamako.

METHODOLOGY

This was a cross-sectional, analytical, multicenter study that adopted positivism as its epistemological framework and a hypothetico-deductive approach. We opted for a mixed-methods approach to fully explore the scope of our topic. For the quantitative component, we used a structured questionnaire for individual surveys with 209 individuals (52 healthcare professionals, 64 support staff, and 93 caregivers). For the qualitative component, 9 semi-structured interviews were conducted with administrative managers. CSPro version 7, SPSS 21, Nvivo 11, Excel 2013, and Word 2013 were used for data collection, data analysis, graph creation, and document entry, respectively. Secondary data analysis, thematic content analysis, and bivariate descriptive analysis with a significance level of 10% were performed.

RESULTS

The study highlighted the following results: the sex ratio was 1.91. The population was mostly married (73.57%), Muslim (91.9%), and had a higher education level (38.27%). The overall satisfaction rate was 41.9% (high level of dysfunction) for Mali Hospital, 39.5% (high level of dysfunction) for Gabriel Touré Hospital, and 25% (high level of dysfunction) for Point-G Hospital.

At a significance level of 10%, the study demonstrated that HR practices are linked to social dysfunctions with a p-value < 0.10 in the hospitals. The differential levels of dysfunction observed in the tertiary referral hospitals are as follows, by staff category: (i) For healthcare professionals, strikes and measures to facilitate access to care are better managed at Mali Hospital; (ii) Recruitment and training of support staff are less ensured at Mali Hospital. These staff members express greater needs in terms of logistics and equipment. (iii) While more satisfied with the services provided at Mali Hospital, accompanying persons frequently complain about poor behavior among reception staff regarding requests for assistance.

Reasons were mentioned in the qualitative interviews to explain certain dysfunctions in hospitals regarding the quality of care services: "The lack of maintenance of certain medical equipment leads to malfunctions" (EI, Management-PG) or "Insufficient budgets allocated to hospitals affect their operation" (EI-HR-HM).

The results show that overall, in about 1 out of 10 cases, the receptionist was not present upon the patient's arrival. The reception was not warm for 52% of the accompanying persons interviewed. Generally, the receptionist did not introduce themselves or ask if they could help. The situation was almost identical in the three hospitals, except perhaps for the fact that reception staff were present at the reception desk in 100% of cases at the Gabriel Touré University Hospital. The presence of the healthcare provider was also 100% effective at the Mali Hospital. According to the accompanying persons, the service was rushed in 44% of cases, and 24% reported that healthcare workers made or answered phone calls during the service. The patient and their accompanying person received a better reception for healthcare services at the Mali Hospital. Using the phone and leaving the room during the service were among the most common practices at the Gabriel Touré University Hospital (36% and 48%, respectively). In 37% of cases, no notes were taken or data entered on a computer. Patients received encouragement from healthcare providers from 54% of those accompanying them. These statistics highlight the generally unfavorable attitude of healthcare professionals towards providers who are highly regarded by patients in tertiary referral hospitals such as the Gabriel Touré University Hospital, the Mali Hospital, and the Point G University Hospital. These observations also emerged from the qualitative interviews: "The causes of dysfunction in this hospital are, among other things, related to staff behavior; it's not in line with good management," (EI, Management-GT) or "Staff absenteeism is a source of dysfunction in hospital management," (EI, Management-PG). Overall, 56% of healthcare professionals do not have a job description or a task sheet. This percentage is higher in the Gabriel Touré University Hospital (55%) and the Point G University Hospital (73%) than in the Mali Hospital (41.2%). When asked whether describing tasks influences staff behavior, more than 80% of the healthcare professionals surveyed answered affirmatively in all hospitals.

Civil service examinations are the primary method of recruiting healthcare professionals in tertiary referral hospitals (52%), followed by contract-based recruitment (30%). Some respondents are dissatisfied with the way these examinations are organized: "Recruitment is chaotic and lacks transparency," stated one human resources manager. In most public hospitals, the link between work and pay is virtually nonexistent, making the private sector a supplementary opportunity where results and performance are rewarded. According to the survey, only 8% of healthcare professionals interviewed reported that their salaries are "very motivating." This percentage is higher at the Mali Hospital (18%) and almost zero at the Point G University Hospital. Among support staff, 59% find their salaries unmotivating. This percentage is lower at the Mali Hospital (50%). For both healthcare professionals and support staff, most respondents believe that salary levels influence employee behavior. Overall, this view is shared by 90% of healthcare professionals and 72% of support staff. A training and professional development plan for healthcare personnel is not clearly developed or implemented. Human resources managers struggle to develop skills. "The training plan is nonexistent; everything depends on support from the department or hospital," (EI, GRH-PG).

Indeed, 38.5% and 42.2% of healthcare professionals and support staff, respectively, report having received no training or refresher courses since their recruitment. The percentage of healthcare professionals without training is lower at the Point G University Hospital (33%), while the percentage of support staff is lower at the Gabriel Touré University Hospital (28%). The lack of training appears to be worsening over time in tertiary referral hospitals. Overall, healthcare professionals who have completed at least one training or refresher course average five, but have completed fewer than two in the last 24 months. Monitoring and evaluation of healthcare professional training does not appear to be standard practice in tertiary referral hospitals.

Half of the professionals (50%) reported that their training was not evaluated, and for almost the same proportion (47%), no follow-up was conducted. Training is better monitored and evaluated at the Mali Hospital (67%) than at the university hospitals (Gabriel Touré 47% and Point G 20%). The lack of monitoring and evaluation of training was highlighted in the interviews: "There is no follow-up, and even in the case of training leave, the human resources department is not involved in monitoring and evaluating the training in question" (EI, GRH-PG). When asked, "How do you assess staff mobility (arrivals and departures)?", 60% of healthcare professionals considered departures "frequent" or "very frequent" at tertiary referral hospitals. A slightly higher proportion (62%) reported the same for arrivals. Only at the Mali Hospital do healthcare professionals find arrivals more "frequent" or "very frequent" (60%) than departures (53%). It appears that, regardless of the hospital, over 80% of healthcare professionals believe that staff performance is linked to career advancement. Overall, support staff are not optimistic about promotion prospects in tertiary referral hospitals. Indeed, when asked, "Do you see any promotion prospects for yourself in this hospital?", 73% of support staff answered negatively. This situation constitutes a major obstacle to staff performance. The results show that, overall, approximately 56% of healthcare professionals in the three hospitals are not at all or only slightly satisfied with their work. The Gabriel Touré University Hospital, with 5%, has the highest percentage of healthcare staff who are not at all satisfied with their work. The lowest satisfaction rate is observed at the Point G University Hospital (approximately 27%). Most health professionals (75%) and support staff (64%) in 3rd referral hospitals do not want to continue working in their current structure. The CHU of Point G records the highest percentage of health professionals not wanting to continue working (47%) and the CHU Gabriel Touré that of support staff (40%). These results indicate a desire among many staff members in tertiary referral hospitals to seek employment elsewhere. Healthcare professionals cite, among other things, the hospital's inadequacy in meeting their expectations, insufficient recognition for good work, poor working conditions, mismanagement, and tasks that are not suited to their skills. As for support staff, delayed payments, lack of respect and consideration, meager salaries, and the desire to pursue further education are the main reasons for their intention to leave. According to the survey, 33% of healthcare staff in hospitals believe that communication within these facilities is inadequate or completely ineffective. This deficiency is even more pronounced at the Gabriel Touré University Hospital (40%). Overall, a majority of support staff (56%) state that a formal framework for communication with management exists within the hospitals. This indicates that the number of support staff who believe this formal framework for exchange does not exist remains high, and the situation is similar in all three hospitals. According to the qualitative findings, the existing frameworks for exchange are generally meetings, statutory gatherings, union consultation forums, and the advisory committee. In all the hospitals, the majority of professional staff report the absence of a systematic mechanism for monitoring attendance and punctuality. The proportions vary from 55% at the Gabriel Touré University Hospital to 65% at the Mali Hospital. Overall, 33% of them state that there is no performance evaluation practice in their current hospital. This observation is confirmed by two-thirds of the professionals at the Point G University Hospital; this hospital is the one where the vast majority of staff are not subject to performance evaluation. When carried out, the annual interview, coupled with another form, constitutes the main mode of evaluation in 3rd reference hospitals; i.e. 50%, 53% and 27% in the Gabriel Touré University Hospital, the Mali Hospital and the Point G University Hospital. Health professionals were asked the number of times they were evaluated in the last 12 months compared to the number planned.

It appears that, on average, healthcare professionals were evaluated only once out of four (4) scheduled evaluations, representing a rate of 19%. The Mali Hospital (31%) stands out from the university hospitals (CHU) with a higher rate of healthcare professional evaluations. More than half of those interviewed stated that there was no performance monitoring of staff. These proportions were higher in the Gabriel Touré University Hospital (60%) and Point G University Hospital (66.7%) than in the Mali Hospital. In the tertiary referral hospitals, more than 67% and 50% of healthcare professionals were unaware of the production of performance

reports for civil servants and trainees, respectively. Regarding the production of staff performance reports, the Mali Hospital differs from the Gabriel Touré and Point G University Hospitals with a higher rate for trainees (65%) and a lower rate for civil servants (29%). According to the results, the expressed needs for capacity building take various forms, including training, financial support, material and logistical support, and human resources. These needs differ depending on the hospital. At the Gabriel Touré University Hospital, financial support, expressed by 92% of healthcare professionals, constitutes the primary need, while at the Mali Hospital and the Point G University Hospital, the main needs are for material and logistical support (97% and 100%, respectively). Regardless of the hospital, training needs are expressed by the majority of support staff. The need for additional human resources is also a significant concern, particularly at the Mali Hospital (23%). Union membership or membership in a professional association is not very common among healthcare professionals. Overall, 63.5% of them are not members of a union or professional association. The percentage of healthcare professionals who are members of a union or professional association is lower at the Mali Hospital (59%). Over the 12 months preceding the survey, healthcare professionals belonging to unions or professional associations within the hospital observed, on average, two strikes and at least one other action (sabotage, marches, sit-ins, etc.) to demand better working conditions. This situation appears to be more frequent at the Gabriel Touré University Hospital (an average of three strikes and two actions) and the Point G University Hospital (an average of two strikes and two actions). Social dialogue is primarily managed formally; this is the case in 44% of tertiary referral hospitals. This practice is more common at the Gabriel Touré University Hospital (60%); two-thirds of the staff at the Point G University Hospital do not know what form social dialogue is used within the institution. Among support staff, 52% report that their concerns are not addressed by hospital management. This observation is much more frequent at the Point G University Hospital, at approximately 78%. In general, needs are only partially met; 44% at the Gabriel Touré University Hospital and 53% at the Mali Hospital. However, a fraction of support staff at the Gabriel Touré University Hospital (8%) report complete satisfaction with their concerns. For the majority of respondents (86.5%), the primary method of implementing social action is the protection of vulnerable individuals. In addition to this type of support, the hospital analysis highlights a predominance of measures facilitating or guaranteeing access to care at the Mali Hospital (94%). This hospital stands out from the Gabriel Touré and Point G University Hospitals due to a higher proportion of healthcare professionals reporting various methods of implementing social action in their institutions, aside from measures supporting life projects related to health issues. The interviews revealed that staffing needs are planned annually. Needs are identified in each department and proposals are submitted to management to expedite the recruitment of the necessary additional staff. However, the annual staffing needs are generally not met. "The civil service cannot absorb our annual proposals for healthcare staffing needs," (EI, Management-GT); "Budgetary constraints mean that internal recruitment is very limited," (EI, HR-PG).

DISCUSSION

The results highlight the negative influence of how staff are recruited on the behavior of agents in the three hospitals. Deficiencies in teamwork organization (job descriptions, staff evaluation, and training) emerged as factors contributing to social dysfunction in all three hospitals, albeit to varying degrees. These results align with those obtained in research conducted by Khatri et al. (2006) [10] in two American hospitals, which empirically verified the influence of the following "progressive" HR practices on the quality and safety of care: (i) individual performance evaluation, (ii) training, (iii) teamwork organization, and (iv) decentralization of decision-making. The results of the empirical study on the influence of employee management practices on patient safety, conducted by West et al. (2002), reveal very clear correlations between HR practices and patient performance. The correlation is particularly strong for individual performance evaluation. In research applied to the French context, focusing on the influence of Quality improvement initiatives regarding changes in healthcare professionals' practices [11] have shown that prioritizing the formalization of these practices improves the quality of care. The correlation is particularly strong for the evaluation of individual performance. In applied research on the French case, focusing on the influence of quality initiatives on changes in the practices of healthcare professionals, [12] showed that by prioritizing the formalization of these practices, the quality of care is improved.

CONCLUSION

HR practitioners perceive dysfunctions as linked to HR practices and consider them a serious management problem. If poorly addressed, the negative repercussions are undeniable. They can easily expose the organization to a multitude of difficulties, including dissatisfaction, disengagement, absenteeism, and even the intention to leave the organization. It must be acknowledged that the HR practices currently in place in our hospitals need to be rethought. We must move from administrative management to strategic management focused on motivation, staff retention, and quality of care. We must also formalize career plans and enhance compensation.

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