WOLKITE UNIVERSITY

COLLEGE OF MEDICINE AND HEALTH SCIENCE

DEPARTMENT OF NURSING

PATIENT SATISFACTION TOWARDS SURGICAL INFORMED CONSENT PROCESS AND ASSOCIATED FACTORS AMONG PATIENTS WHO UNDERGONE MAJOR SURGERY IN GURAGE ZONE HOSPITALS, SNNPR, ETHIOPIA, 2022

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JUNE, 2022

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A research thesis to be submitted to Wolkite University College of Medicine and Health Science Department of Nursing for The Partial Fulfillment of Bachelor of Degree in BSc Nursing.

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List of abbreviations and acronym

IC: Informed Consent

SIC: Surgical Informed Consent

WKU: Wolkite University Specialized Hospital

HCP: Health care provider

COR: Crude odds ratio

AOR Adjusted odds ratio

CI: Confidence interval

Acknowledgement

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Abstract

Introduction: Surgical informed consent is an important aspect of any surgical operation, and it should be founded on clear communication between patients and health-care providers, which is based on human rights, autonomy, and the right to information. Patient satisfaction with the informed consent procedure is a key indication of patient satisfaction with health-care services and a reflection of high-quality care. For all surgical operations, a properly informed consent process is at the core of collaborative decision-making, legal requirements, and ethical commitments. Despite this, it is rarely applied consistently and rarely approaches the theoretical ideal.

Objective: This study aims to assess the level of patient satisfaction towards surgical informed consent process and associated factors among patients admitted to surgical ward for major surgery in Gurage zone hospitals,2022

Materials and Methods: Hospital based cross-sectional study was conducted from April 1to May 30, 2022 at WKU Specialized Hospital and Attat hospital. A total of 409 surgical patients were selected using a systematic random sampling method. Data was entered, cleaned and analyzed using Statistical Package for Social Science windows version 22. Binary logistic regression model was used for factors analysis and the degree of association between independent and dependent variables was assessed using an adjusted odds ratio with a 95% confidence interval. Finally, the variables that have a p-value of <0.05 in multivariate analysis was considered as statistically significant.

Result: A total of 409 study participants were interviewed and giving a response rate of 98.79 %. In this study, being female (AOR:2.779, 95% CI:2.12-6.72), having language barrier (AOR: 3.866, 95% CI:2.48-9.53), sufficiency of time allocated (AOR:4.01, 95% CI:2.44-7.93) and were factors significantly associated with patients' dissatisfaction level towards surgical informed consent.

Conclusion and recommendation: This study revealed that the level of patient dissatisfaction with the SIC process was high. So, hospitals found in Gurage zone should prepare training session for health professionals to strength patient to health provider relationship and to improve way of delivering informed consent service and to increase patient satisfaction.

Key words: Patient satisfaction, surgical informed consent, Gurage zone hospital

1. Introduction

1.1 Background

Informed consent (IC) is a crucial step in ensuring that patients understand the implications of their treatment decisions. When it comes to surgery, it is critical that patients understand the risks and advantages of the treatment and make informed decisions More than just signing a paper is involved in the process of informed consent. It entails sharing a sufficient amount of information with the consenting individual, addressing their concerns, fears, and questions, as well as describing various outcomes. The most fundamental purpose of informed consent is to allow patients to participate in decisions regarding their health care as informed participants(1). The nature of the decision/procedure; reasonable alternatives to the proposed intervention; the relevant risks, benefits, and uncertainties related to each alternative(2); assessment of the patient's understanding; and the patient's acceptance of the intervention are all elements of complete informed consent. It stems from the patient's legal and ethical right to choose what happens to his or her body, as well as the physician's ethical obligation to include the patient in health-care decisions(3)

Informed consent is frequently a formal act in which a patient's signature is acquired, with physicians assuming that an important requirement has been met regardless of whether the patient has been adequately informed about the medical intervention that is about to take place.(4)

Patient satisfaction is the most important indication of care quality and is regarded a healthcare service outcome. Patient satisfaction surveys supplied essential performance data, assisting in complete quality management. A patient centered measure of satisfaction with the quality of nursing care received is an important component of hospital quality management systems in today's consumer-oriented healthcare markets (5)

Patients require thorough diagnosis and treatment of their problems, as well as the restoration of function and/or relief of symptoms. If the findings are poor, patients will seek treatment and care elsewhere. Patient satisfaction is a concrete criterion for assessing health care and, as a result, nursing care quality. It delivers vital information to healthcare executives by offering critical resources for procedures such as those engaged (3)

Patient satisfaction with perioperative care is another area where a variety of factors might influence satisfaction. Depending on their expectations and overall satisfaction with the care delivered, patients may select a different health institution and surgeon. Preoperative anxiety, limited functional status, and postoperative pain control are all critical parts of surgical patient management, and they're all linked to a good recovery and patient satisfaction(6)

Patients who are psychologically, physically, and emotionally prepared prior to surgery, as well as those who receive sufficient information and counseling at the time of gaining informed consent, have a better chance of healing, pain reduction, and therapeutic success(7)

In general, patient satisfaction is determined by the difference between anticipation and perception, thus it is important to investigate in depth which parts of health care give surgery patients with the most satisfaction.

1.2 Statement of problem

For all surgical operations, a properly informed consent process is at the core of collaborative decision-making, legal requirements, and ethical commitments.

Despite this, it is rarely applied consistently and rarely approaches the theoretical ideal. The patient cannot actively engage in decision-making without a basic awareness of the nature of the procedure, risks, benefits, and treatment options. This underlines the vital need of proper informed consent in providing safe, high-quality, patient-centered health care (8)

Various studies in Western (Netherlands, UK) and Middle Eastern (Pakistan) nations found that healthcare practitioners' use of proper surgical informed consent (SIC) was suboptimal and did not satisfy the basic standards when conducting informed consent with patients. In these investigations, it was discovered that the informed consent process provided insufficient information and did not always ensure that patients were actively involved in the process. (9)

In the Netherlands, one out of every six surgeons had a SIC-related complaint, indicating that consenting is not being implemented properly in daily surgical practice. Only 12.6 percent of nurses in Iran said that patients were given enough information to ensure that informed consent was properly practiced(7)

In Africa, proper informed consent is rarely used. Only 50% of physicians in an Egyptian survey said they informed their patients in detail about the planned treatment's potential consequences, while 65.7 percent of patients said they were not informed at all. Only 50% and 6% of surgeons in Uganda and Nigeria, respectively, reported getting consent with adequate information prior to each surgical treatment. Only 24% of patients knew what surgical treatment they had had, and only 17% could identify the surgeon who performed informed consent(10)

Patients who have decided major surgery should be thoroughly informed about the procedure they will undergo, the risks they may encounter as a result of the therapy, and the chance to choose an alternate treatment. (1) Educating health care providers, including physicians, on the importance of informed consent so that it is no longer regarded as routine; (2) giving the patient space and respect so that he or she can choose for himself or herself without coercion, ensuring that they are aware of the procedures and associated risks they will face and how to cope with them, allowing them to keep a copy of whatever document they sign, and increasing patient awareness of the procedures and associated risks. (11)

In the current study, however, more than two-thirds of the patients sought to have a greater say in the treatment plan decision-making process. In the meantime, the bulk of people had unanswered questions and were not given any other options.

Providing adequate preoperative information to a surgery patient is required by law, and it can help you avoid lawsuits. SIC procedural components have not changed substantially in most hospitals over the last several decades, despite major improvements in the legislation, information technology, and patient requests. Surgeons prepare their patients at random, and the information quality will most likely vary greatly. Patients are required to provide SIC with (or without) written data.

However, the majority of the materials utilized were naturally prepared by experts for professionals, and little information about patient satisfaction with the informed consent process could be found(12)

It is vital to ensure that the patient receives enough information before to surgery/procedure if the health care wishes to give transparency in surgical service provision in accordance with government requirements. Despite the fact that various research has been undertaken in different parts of Ethiopia on the same topic, referring to patient satisfaction with healthcare services and associated factors, there are insufficient and recent studies focused on surgical informed consent process and associated factors. Furthermore, Ethiopia is a multicultural country with great socio-demographic diversity, which contributes to the uniqueness of the finding(13)

1.3 Significance of the study

Patient satisfaction studies allow service users voice to be heard and affirm the importance of their experience for improved health cate planning.

This work contributes to the improvement of health-care delivering system by identifying the problems which are associated with patient dissatisfaction with surgical informed consent process. This study is significant in that it attempted to show situation of health care delivering system specially regarding SIC process at a local level and can be a base line for further studies The findings of this study used as a guide other researcher who want to look into the same or comparable topic.

2. Literature Review

2.1 Level of patient satisfaction

A cross sectional study conducted in Netherlands, Israel and Italy revealed that patient dissatisfaction towards SIC was 19.2% ,20% and 29% respectively (12)(14)(15). A cross-sectional study done in Pakistan and Saudi Arabia showed that patient satisfaction towards SIC was 44% and 24% respectively (16)(17). A cross sectional study conducted in Eritrea and Egypt revealed that patient satisfaction with SIC provision was 55%(18)and 51.6%(19).

A hospital-based cross-sectional study undertaken at Hawassa University Comprehensive Specialized Hospital and Jimma medical college among women undergone obstetric and gynecologic surgery towards SIC patient satisfaction showed that 37.9 % and 57% and were not satisfied respectively(13)

2.2 Factors associated with level of satisfaction

Patients' expectations, overall health status, psychological considerations, and the type of the treatment offered can all influence patient satisfaction(13). Patients' preoperative expectations were the most important predictors of postoperative experiences, unhappiness, and mood disturbance. In a similar study, proper information regarding their health state, treatment options, and relationships with nursing and medical staff were found to be key predictors of patient satisfaction in Norway. Perioperative discomforts, on the other hand, were the key factors that significantly impacted patient satisfaction. On the contrary, patient satisfaction was unaffected by information quality, although admission processes, information provision, nursing care, and physician-nurse interactions all had an impact on surgical in-patient satisfaction(20)

Rural residence, being referred from other facility, the language of the written consent form differs from mother tongue, inadequate time taken for informed consent provision and in appropriate patient to health provider relationship were negatively associated with patient satisfaction.(15)

Perceived factors significantly associated with patients' dissatisfaction towards SIC were: language used, medical terminology used, insufficient time allocation, cultural/traditional reasons, low education and inappropriate timing for taking consent (4) The variables that had association with the patient's dissatisfaction were patient admission status, information about the disease and operation and operation theatre staff attention to the patients complains (21).The

cultural background, family structure, socioeconomic status, religion and education were significantly influenced patient satisfaction level towards SIC provision process(22).

Preoperative patients satisfaction towards surgical informed consent process were significantly influenced by following factors: explanation given about current status of the disease, a detailed discussion between the doctor and the patient, the HCP temptation to hand over the consent form to the patient for signing or delegate the responsibility to a junior doctor or even paramedics, the given detail information of surgery ,patient's perception of about informed consent ,adequate explanation about the possible complications of the proposed surgery (19).

2.3 Conceptual framework

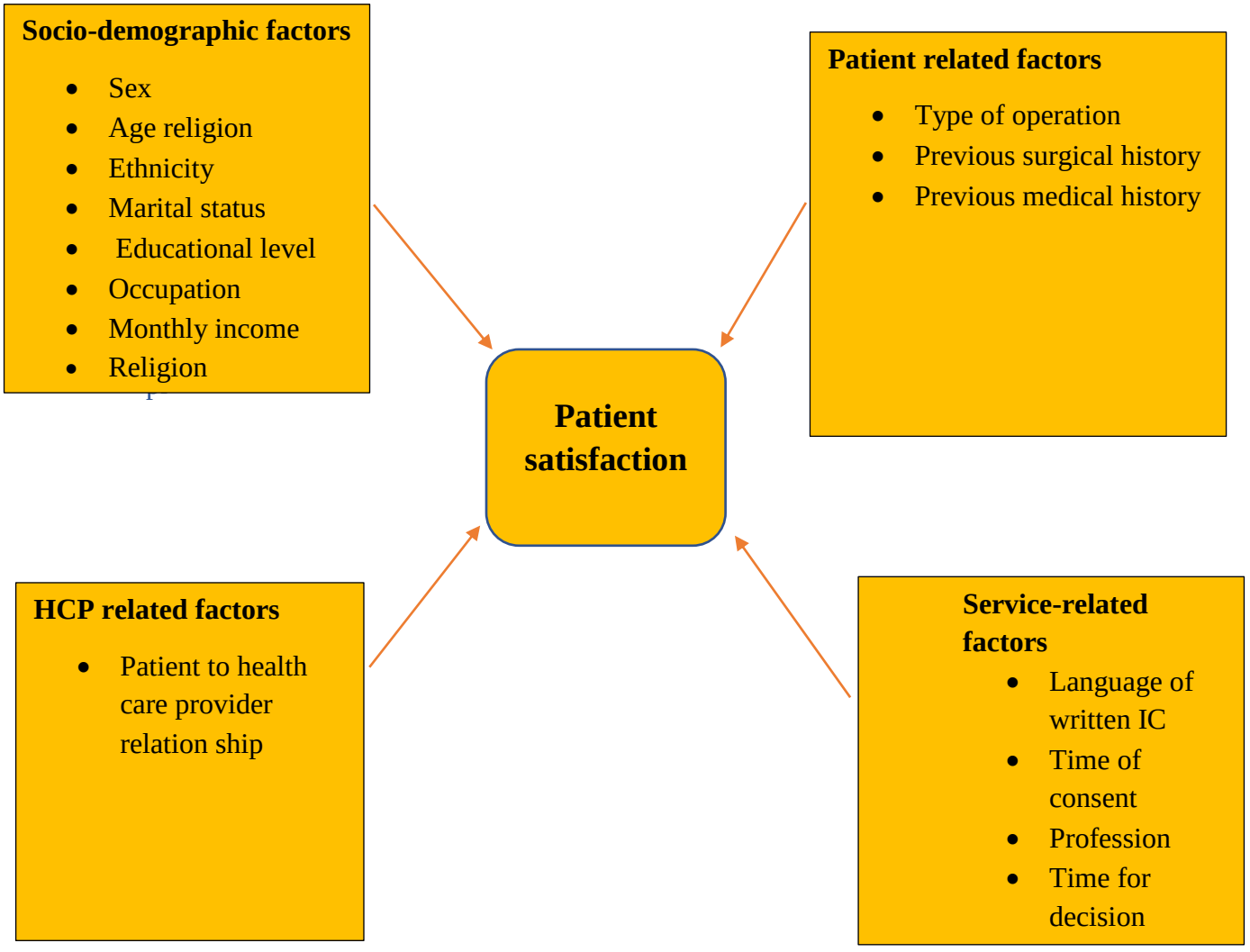

Figure 2.1 Conceptual frame work for level patient satisfaction and associated factors (23)(24)

3. Objective

3.1 General objective

To assess the level of patient satisfaction towards surgical informed consent process and associated factors among patients admitted to surgical ward for major surgery in Gurage zone hospitals, SNNPR, Ethiopia,2022

3.2 Specific objective

- To determine the level of patient satisfaction towards surgical informed consent process and associated factors among patients admitted to surgical ward for major surgery in Gurage zone hospitals, SNNPR, Ethiopia,2022
- To identify associated factors with patient satisfaction level among patient admitted to surgical ward for major surgery in Gurage zone hospitals, SNNPR, Ethiopia,2022

4.Method and material

4.1 Study area

Gurage zone is one of the administrative zones in South Ethiopia. It has 13 districts and two town administrations. Wolkite town is the capital of Gurage zone. It is found 153 km southwest to Addis Ababa, the capital of Ethiopia. There are six hospitals (four public, and two non-governmental) serving the total population in the zone. Four of the hospitals in the zone are primary hospitals, one is general zonal hospital and the remaining one is specialized referral hospital. Additionally, there are 72 health centers in Gurage zone. Two of the six hospitals in Gurage zone were involved in the study wolkite university specialized hospital and Atat hospital.

4.2 Study period

The study was conducted from April 1 – May 30,2022.

4.3 Study design

Facility based cross –sectional study was conducted in Attat and Wolkite university specialized referral hospital.

4.4 Population

4.4.1 Source population

All patients who undergone major surgery found in Gurage Zone Hospitals, whose age is 18 or above.

4.4.2 Study population

All patients who undergone major surgery during the study period, whose age is 18 or above.

4.4.3 Inclusion criteria

All Patients who undergone major surgery(elective-emergency) above the age of 18 admitted to surgical ward

4.4.3 Exclusion criteria

Patients who cannot communicate, and unconscious after operation during data collection.

4.5 Sample size determination

The sample size was determined using single population proportion formula by considering 43% proportion (P) which took from research done in Jimma (1); with 95% confidence interval (1.96); α=0.05 and 5% marginal of error

$n = (Z\alpha/_2)^2 \underline{(p(1-p)}/d^2$ where n= sample size required (desired)

$Z\alpha/_2$ = the confidence level usually set 1.96 at 95

P= the proportion of patient satisfaction

d= margin of error

n = (1.96) ^2(0.43(1-0.43)/0.05)2

= 3.8416(0.43(0.57)/0.0025

= 376.630464 Assume the non-response rate is 10%.

= 376.630464 + 37.663

=414

4.6 Sampling method and Techniques

Sampling technique was systematic random sampling method and 59.17% of the sample size (243) was taken from Attat hospital and 40.82% of the sample size (166) was taken from Wolkite specialized referral hospital. The class interval to systematic random sampling method is K=N/n and based on our sample size 409 study participants was interviewed. By using systematic random sampling method, based on Attat hospital surgical patient registration book above 506 surgical patients come to the hospital for follow up and surgical treatment every month. Yearly report =N (total patients visiting hospital for surgical treatment service) but since the data collection takes place in one month we use N from monthly data, n=our sample size, K=N/n=1.5 so the 1st participant interview will be picked by using lottery method and continue with 1.5 class interval; meaning passing a patient every two interview. By using systematic random method, based on wolkite university specialized referral hospital surgical patient registration book above 340 patients comes to the hospital for surgical treatment service monthly. Yearly report =N (total number of patients who undergone major surgery) but since the

data collection takes place in one month we use N from monthly data, n=our sample size in WKUSRH, K=N/n=1.5 so the 1st participant interview will be picked by lottery method and continue with 1.5 class interval; meaning passing a patient every two interview

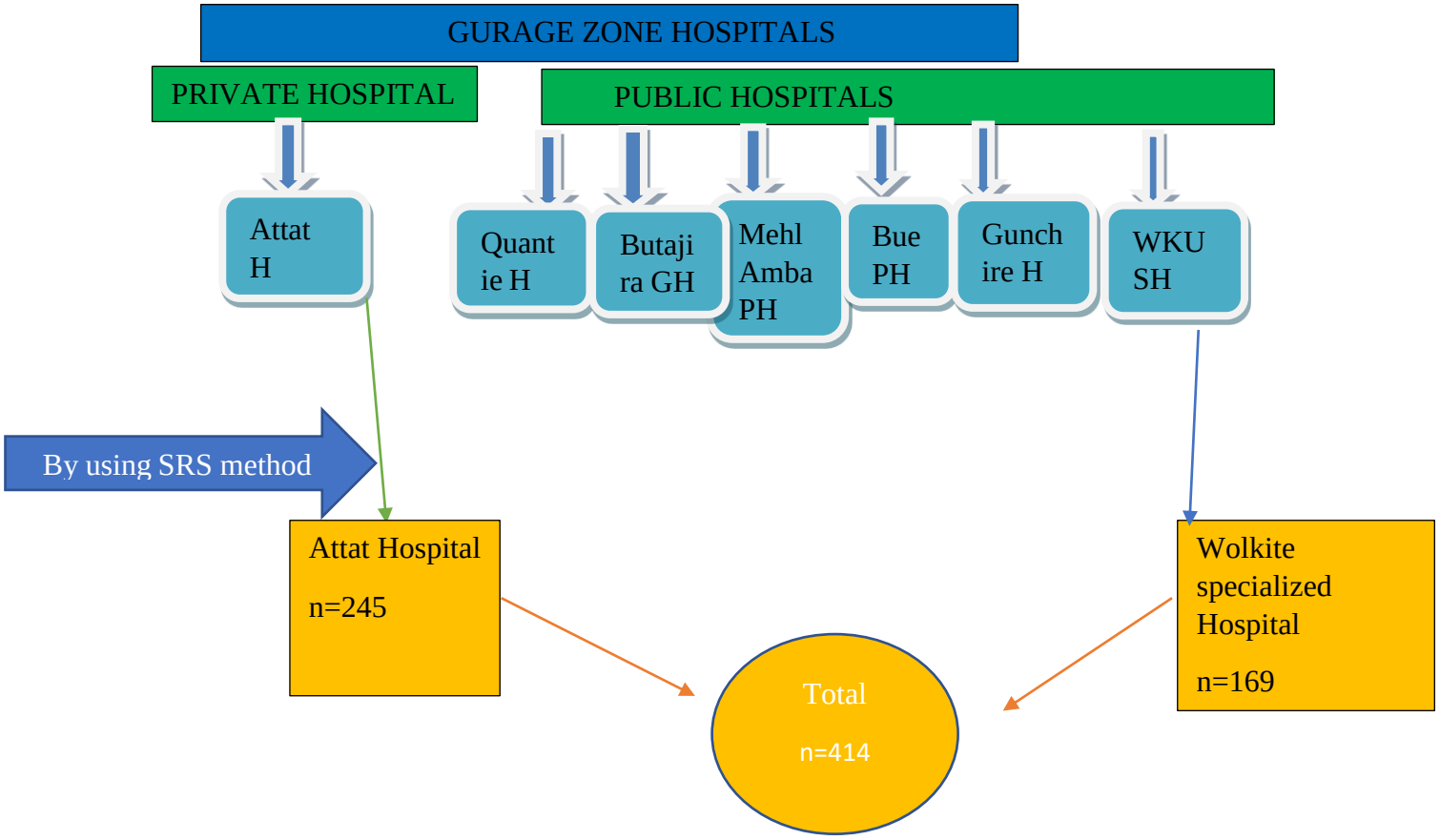

Figure 4.1. Schematic Diagram for Sampling technique

4.7 Variables

4.7.1 Dependent variable

Patients Satisfaction towards surgical informed consent

4.7.2 Independent variables

Social-demographic characteristics: Age, educational status, occupation, marital status, income and residence.

Patient related factors: Type of surgery, previous medical history and previous surgery.

Health care providers related factors: Patient to health care provider relationship

Service-related factors: Referred history, language of the written consent form, profession who request informed consent, timing of consent, time taken to provide of informed consent, time taken to decision making and person who signed on informed consent.

4.8 Data collection tools

Data was collected by using pre-tested structured questionnaire developed after review of different literatures. The questionnaire contains four parts; socio-demographic, patient related, service related, health care provider related

4.9 Data collection techniques

Semi- Structured questionnaire was developed first in English. The questions and statements were arranged according to particular objectives that they can address. Then the first draft of questionnaire was submitted to the advisors and colleagues for comments. The valuable suggestions were considered to improve the instrument. Accordingly, redundancy, vagueness and logical flow of the questions was corrected. After extensive revision, the final version of the English questionnaire was translated to Amharic version, then back to English to ensure understandability and message consistency and then was pre tested on some patients admitted to surgical ward.

4.10 Data quality assurance

Attention was given to check all questionnaires for completeness and accuracy. During the pretest, the questions which frequently asked were documented for further consideration. Both the interviewers and supervisors planned to assess for clarity, understandability and completeness of questions. After the result of the pretest, some correction and changes were done.

4.11 Data processing and analysis

Data was entered, cleaned, coded and analyzed using Statistical Package for Social Science windows version 22. Binary logistic regression model was used for factors analysis and the degree of association between independent and dependent variables were assessed using an adjusted odds ratio with a 95% confidence interval. Finally, the variables that have a p-value of <0.05 in multivariate analysis were considered as statistically significant.

4.12 Ethical consideration

Permission letter was obtained from Wolkite University, college of health science and medicine. At the time of data collection, a verbal consent was asked from the participant. Confidentiality and privacy of responses was ensured (the names of respondents were not included and ensuring to participants that their identification was not public. also clearly putting the objective of this study to respondents may help to keep the confidentiality of the respondents) throughout the research process. Permission was obtained from each hospital administrators.

4.13 Operational definitions

Surgical patients: refers elective-emergency surgery and obstetrics, gynecology patients who operated during the study period.

Patient satisfaction: defined as meeting someone's anticipation so happy from received services and product.

Satisfied: In this study refer study participants who have acquiring the overall satisfaction above mean satisfaction score 35 on the given items to measure respondents' satisfaction.

Dissatisfied: In this study refer participants who have acquiring the overall satisfaction below mean score 35 on the given items to measure respondents' satisfaction(24).

Patient to HCP relationship: The patient to HCP relationship can be seen as the perception of the patient concerning the caring shown by the HCP and the attitude and behavior of the HCP towards the patient.

5. Result

5.1 Socio demographic characteristics of respondents

In this study almost half 227 (55.5%) of the respondents were female and about 227(55.5%) participants were muslim,104(25.4%) were orthodox, 24(5.9%) were protestant, 54(13.2%) were catholic in religion. Regarding to their ethnicity majority were Gurage 288(70.4%),79 (19.3%) was Amhara. Approximately 68% of our respondents were educated but 32% of them were not completely educated. This study also shows that majority 73.3% of our respondent were married.

Table 5.1 Socio demographic factors

Variables	Characteristics	Frequency	Percentage
Sex	Male	182	44.5%
	Female	227	55.5%
Ethnicity	Amhara	79	19.3
	Tigray	12	2.9
	Oromo	18	4.4
	Gurage	288	70.4
	Others	12	2.9
Educational level	Un able to read and write	131	32
	Read and write	53	13
	Primary level	104	25.4
	High school	70	17.1
	Diploma and above	51	12.5
Religion	Muslim	227	55.5
	Orthodox	104	25.4
	Protestant	24	5.9
	Catholic	54	13.2
Residency	Urban	215	52.6
	Rural	194	47.4

5.2 Individual and service-related factors

Our study indicates that about 263(64.3%) of patients reported that there was a language barrier when the consent is provided but 271 (66.3%) participants respond as the time allocated for counseling the informed consent was sufficient. Majority of the participants get the information about the reason and nature of surgery 317(77.5%). Also, more than half of the participants 259 (63.3%) get detailed information about the nature of surgery.

Table 5.2 Individual and service-related factor

Variables	Characteristics	Frequency	Percent
Language barrier	Yes	146	35.7
	No	263	64.3
Have you previous surgical history?	Yes	159	38.9
	No	250	61.1
Duration of time given to provide informed consent	Less than 5 minutes	154	37.7
	5 to 10 minutes	90	22
	Greater than 5 minutes	165	40.3
Type of operation	Elective	162	39.6
	Emergency	247	60.4
Health care provider inform you about the reason and nature of surgery	Yes	317	77.5
	No	92	22.5
Have you got detail information	Yes	259	63.3
	No	50	36.7
When was the time of counseling for informed consent?	The before date of surgery	78	19.1
	On the day of surgery	234	57.2
	Immediately before surgery	67	16.4
	On the operation table	30	7.3

5.3 The prevalence of patient satisfaction to wards to surgical informed consent

In our study with a total of 409 respondents were interviewed with the response rate of 98.79%. From them around 247 (60.4%) respondents were satisfied towards to the surgical informed consent provided to while the rest 162(39.6%) were dissatisfied.

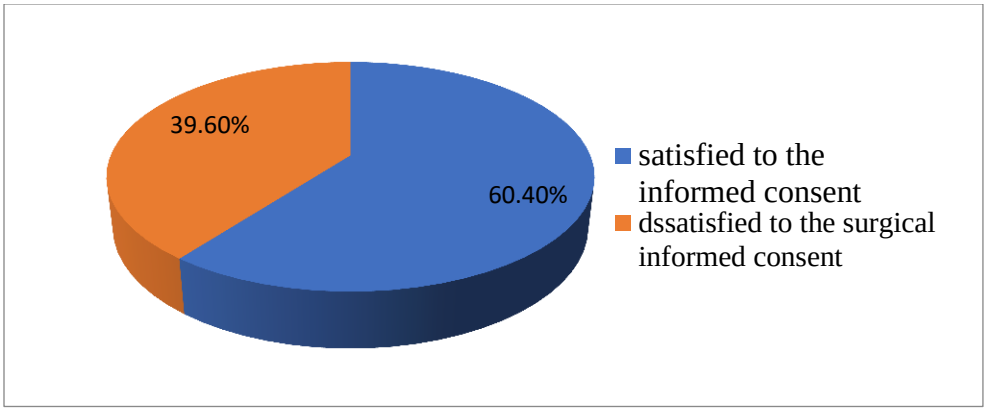

Figure 5.1 Prevalence of patient satisfaction towards SIC process

5.4 Factors associated with patient satisfaction

In bivariate logistic regression 9 variables which had p-value less than 0.25 was considered as candidate variable for multivariate logistic analysis. These variables were sex, educational status, residence, type of surgery, referred history from other health facility, language barrier to understand IC, timing of consent, time taken to provide informed consent, previous surgical history. In multivariable logistic analysis 4 variables had p-value less than 0.05. These variables were sex, language barrier to understand the given information and sufficiency of time allocated for counseling were statistically significant with outcome variable.

The result of multivariable logistic regression analysis showed that females were 2.8 times (AOR:2.779, 95% CI:2.12-6.72) more likely dissatisfied than males towards the provision of informed consent.

Furthermore, patients who had language barrier to understand the given information were 4 times (AOR: 3.866, 95% CI:2.48-9.53) more likely dissatisfied towards informed consent than counterpart and patients who hadn`t got sufficient time for counseling were 4 times (AOR:4.01, 95% CI:2.44-7.93) more likely dissatisfied than who got sufficient time for counseling.

Table 5.3: Multivariable logistic regression of factors associated with patients' satisfaction towards SIC

Variables	Category	Satisfaction level		95% confidence interval		P-value
		Satisfied	Dissatisfied	COR	AOR	
Sex	Female	116	111	3.090(2.023,4.72)	2.779(2.12,6.72)	0.000*
	Male	46	136	1	1	
Language barrier	Yes	134	129	4.378(2.715,7.058)	3.866(2.48,9.53)	0.000*
	No	28	118	1	1	
Time allocated for counseling sufficiently	No	90	48	5.182(3.33,8.06)	4.01(2.44,7.93)	0.000*
	Yes	72	199	1	1	

7.Discussion

This study showed that 39.6% of patients were dissatisfied with the surgical informed consent process, which is lower than the 57% and 55% reported in prior studies conducted in Ethiopia and Eritrea, respectively (2, 17).

This study's findings were consistent with those of studies conducted in Ethiopia and Rwanda, which found that 37.9 %and 32.6% of patients, respectively, were dissatisfied with SIC provision (18,19). This disparity may be attributable to differences in patient perceptions of the services provided and research methodology.

However, the finding of this study showed that the level of dissatisfaction was higher than in studies conducted in, the Netherlands, and Israel, where, 19.2 %, and 20 %, respectively, were found (20,21,). Patients' satisfaction with surgical informed consent differs by nation; this could be attributable to health-care service quality or patients.

Females were 2.8 times more likely dissatisfied than males towards the provision of informed consent; this might be due to they were not exposed to anxiety provoking events and the IC by itself aggravate an anxiety.

A language barrier to understanding the given information informed consent, was statistically significant with patient satisfaction level on surgical informed consent. Those who had a language barrier to understand the given information were 4 times more likely dissatisfied with provision of SIC than those who did not have a language barrier; this could be due to delivering of an information to patients without their mother tongue, lead them to don`t easily understand the information given by health care providers and haven't been satisfied. It supported by study done in Switzerland the consent form written in a simple layman language and simpler wording improve patients' ability to understand the information provided and strongly associated with patients' satisfaction Simply provision of information doesn't guarantee to say a patient understood what healthcare providers told to them unless we provided the information within their mother tongue due to the fact that patients belonged to various ethnic groups that speak different languages(. Furthermore, Patients who hadn`t got sufficient time for counseling were 4 times more likely dissatisfied than who got sufficient time for counseling; the reason might be due to inadequate time provision to patient during informed consent process disallow them to easily understand the information provided. When health care providers didn`t explaining proposed surgery with adequate time, the patient didn't coped from their anxiety and they have been dissatisfied.

8.Limitation

This study was limited in terms of identifying what patient didn't learn, but what might have mattered to them, during SIC process. A limited previous research studies done in Ethiopia

9. Conclusion

This study revealed that the level of patient satisfaction with the SIC process was high compared with previous studies conducted in the country and other countries in the world. Being female, having language barrier to understand the given information, inadequate time allocation and undergoing emergency operation were the determinant factors for patient dissatisfaction. Health professionals need to give emphasis for information on care provision processes, patients' health progress and patients' complaints

10.Recommendation

We recommend that future studies consider a multidimensional approach that includes observations and interviews with health care providers in different levels and types of hospitals across the country. Furthermore, inclusion of all types of clients undergoing surgical procedures and assessing clients' expectations of information rendered during counseling would lead to a clearer understanding of SIC.

Case oriented and patient specific consent form with mother tongue (Guragigna) should developed.

Hospitals found in Gurage zone should prepare training session for health professionals to strength patient to health provider relationship and to improve way of delivering informed consent service.

Healthcare provider needs to give emphasis to their way of informed consent provision; patients need and follow standard informed consent guideline to come up with evidence-based practice.

The health care providers should give enough time while provision of surgical informed consent to patients.

It should not be just rush to signed consent form rather give adequate time and information until patients understood the information provided to them and ready themselves to decision making.

The forthcoming researcher should be emphasized the perspective of health care providers of surgical informed consent process.

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12.Annex

12.1 English version

Good morning(afternoon), my name is_____ and nurse graduating student at Wolkite University. I/we are conducting research on a title "Patient satisfaction towards surgical informed consent process and associated factors among patients admitted to surgical ward in Gurage zone hospitals", SNNPR, ETHIOPIA, 2022"and would appreciate your Participation. I/we would like to ask you some questions related to the above topic. I/we want to assure you that whatever information you provide us will be kept strictly confidential (secret) and we will never reveal your name or answers. I/We will not keep a record of your name and address. Participation in this research is voluntary. There are no right or wrong answers. You can skip any questions that you do not want to answer or stop the interview at any time. However, we hope that you will participate in this survey because your views are important. If you have any question about the study you may ask investigator through Tel:+251961387975

Do you agree to be interviewed? 1.Yes 2. No .

If yes, thank the respondent for cooperation and proceed.

Data collectors name _____-sign: _____

Questionnaire identification number_____

Part one socio demographic factors

No	Question	Option	Skip
1	Sex	A. Male B. Female	
2	Age	----------years	
3	Religion	A. Muslim B. Orthodox C. Protestant D. Catholic E. Others specify…….	
4	Ethnicity	A. Amhara B. Tigray C. Oromo	

		D. Garage E. Others specify……	
5	educational level	A. Un able to read and write B. Read& write C. Primary level D. high school E. diploma and above	
6	Occupation	A. Government employment B. Farmer C. Merchant D. Daily labor E. Others specify……	
7	Residency	A. Urban B. Rural	
8	Your monthly income	_____ birr	
9	Marital status	A. Single B. Married C. Widowed D. Divorced E. Others specify…….	

Part two: individual and service-related factors

	Variables	Responses	Skip
1.	Is there Language barrier to understand the given information	A. Yes B. no	
2.	Is the time allocated for counseling	A. yes	

	sufficient	B. no	
3.	Have you Previous surgical history	A. Yes B. no	
4.	Have you previous medical admission history	A. Yes B. No	
5.	Time taken to provide informed consent	A. Less than 5 minutes B. 5 to 10 minutes C. Greater than 10 minutes	
6.	Have you got adequate time to make decision	A. Yes (> 1hour) B. No (< 1hour)	
7.	Type of operation	A. Elective B. Emergency	
8.	Language of written informed consent used	A. Within mother tongue B. Differ from mother tongue	
9.	Health care professionals Inform me about nature of surgery	A. Yes B. no	
10.	Have you got detail information about the procedure	A. Yes B. no	
11.	Were you informed of the reason and nature of surgery?	A. Yes B. no	
12.	Profession of the person who gave counseling about the informed consent?	A. Nurse B. Surgeon/gynecologist C. Midwife D. Intern students E. I don't know	

13.	Have you referred from other health facility	A. Yes B. No	
14.	When was the time of counseling for informed consent	A. The day before date of surgery B. On the day of surgery C. Immediately before surgery D. On the operation table	

Part three: - Satisfaction towards informed consenting process

S no.	Variables	Responses				
		1	2	3	4	5
01	How satisfied are you in the information given for my procedure					
02	How satisfied are you in the explanation of health care providers for the indication of surgery					
03	How satisfied are you for the given alternative of surgery					
04	How satisfied are you with the explain of the benefit of the surgery					
05	How satisfied are you in explaining of the risks or potential complication/s related to the surgery					
06	How satisfied are you for the chance give to express your opinion regarding the surgery					
07	How satisfied are you for the chance give for asking question related with the surgery					
08	How satisfied are you with the amount of information given about the surgery					
09	How satisfied are you with the easiness of the given information to understand					
10	How satisfied are you in discussion with the health care					

	provider about surgery					
11	How satisfied are you provide adequate time for a decision to sign on the informed consent form					
12	How satisfied are you for the given counseling aids including the recommended treatment which assists in the decision making for the surgery					
13	How satisfied are you for the time give to discuss about the surgery with your doctor					
14	How satisfied are you for the health care providers response for your questions					

NB. 1= very dissatisfied, 2= dissatisfied, 3= neutral, 4= satisfied, 5= very satisfied

12.2 Amharic Version

በመረጃ የተደገፈ ስምምነት

እንደምን አደሩ/ ዋሉ

ስሜ ____ እባላለሁ እና በ ነርሲንግ ሙያ በወልቂጤ ዩኒቨርሲቲ ተመራቂ ተማሪ ነኝ/ነን። እኔ/እኛ በ ደቡብ ክልል በ ጉራጌ ዞን በሚገኙ ሆስፒታሎች ቀዶ ጥገና በተደረገላቸው ታካሚዎች በ 2014 ዓ.ም "**የታካሚዎች እርካታ ስለ መረጃ ላይ የተመሰረተ የቀዶ ጥገና ፈቃድ ሂደት እና ተያያዥ ምክንያቶች** በሚል ርዕስ ላይ ጥናት እያደረግን ነው ።ስለዚህ እርስዎ የጥናቱ ባለቤት ሆነዋል።አሁን እኔ/እኛ ስለራስዎ አንዳንድ መረጃዎችን እንፈልጋለን። እኔ/እኛ ልንነግርዎ የምንፈልገው ማንኛውም አይነት መረጃ በሚስጥር (ሚስጥራዊ) እንደሚጠበቅ እና ስምዎን ወይም መልሶችዎን በጭራሽ አንገልጽም። እኔ/እኛ የእርስዎን ስም እና አድራሻ መዝግበን አንይዝም። በዚህ ጥናት ውስጥ መሳተፍ በፈቃደኝነት ነው. ትክክለኛ ወይም የተሳሳቱ መልሶች የሉም። መመለስ የማይፈልጓቸውን ማንኛውንም ጥያቄዎች መዝለል ወይም በማንኛውም ጊዜ ቃለ መጠይቁን ማቆም ይችላሉ። ይሁን እንጂ በዚህ የዳሰሳ ጥናት ላይ እንደሚሳተፉ ተስፋ እናደርጋለን ምክንያቱም የእርስዎ አመለካከት ጠቃሚ ነው። ስለ ጥናቱ ምንም አይነት ጥያቄ ካሎት መርማሪውን በስልክ፡+251961387975 መጠየቅ ይችላሉ።

ቃለ መጠይቅ ለማድረግ ተስማምዋል? 1.አዎ 2. አይ.

አዎ ከሆነ እናትየዋን ለትብብብሯ አመሰግናለሁ እና ይቀጥሉ።

የመረጃ ሰብሳቢዎች ስም _____- ምልክት፡ _____

መጠይቅ መለያ ቁጥር _____

ክፍል አንድ የሶሺዮ ስነ-ሕዝብ ሁኔታዎች

አይ	ጥያቄ	አማራጭ	ዝለል
1	ፆታ	1. ወንድ 2. ሴት	
2	ዕድሜ	------ዓመታት	
3	ሃይማኖት	1. ሙስሊም 2. ኦርቶዶክስ 3. ፕሮቴስታንት 4 . ካቶሊክ 5. ሌሎች ይገልፃሉ…….	
4	ብሄር	1. አማራ 2. ትግራይ 3. ኦሮሞ 4.ጉራጌ 5. ሌሎች ይገለፃሉ …….	

5	የትምህርት ደረጃ	1. ማንበብና መጻፍ አለመቻል 2. አንብብ እና ጻፍ 3. የመጀመሪያ ደረጃ 4. ሁለተኛ ደረጃ ትምህርት ቤት 5. ዲፕሎማ እና ከዚያ በላይ	
6	ሥራ	1. የመንግስት ስራ 2. ገበሬ 3. ነጋዴ 4. ዕለታዊ የጉልበት ሥራ 5. ሌሎች ይገልፃሉ …….	
7	የመኖሪያ ቦታ	1. ከተማ 2. ገጠር	
8	ወርሃዊ ገቢዎ	_____ብር	
9	የጋብቻ ሁኔታ	1. ነጠላ 2. ያገባ 3. ባል የሞተባት 4. የተፋታ 5. ሌሎች ይገልፃሉ…….	

ክፍል ሁለት፡ ከግል እና ከአገልግሎት ጋር የተያያዙ ምክንያቶች

	ተለዋዋጮች	ምላሾች	ዝለል
A.	የተሰጠውን መረጃ ለመረዳት የቋንቋ እንቅፋት አለ?	1. አዎ 2. አይ	
B.	ለምክር የተመደበው ጊዜ በቂ ነው?	A. አዎ B. አይ	
C.	ያለፈ የቀዶ ጥገና ታሪክ አለዎት?	1. አዎ 2. አይ	
D.	ከዚህ ቀደም ተኝቶ የመታከም ታሪክ አለዎት	1. አዎ 2. አይ	
E.	በመረጃ ላይ የተመሰረተ ስምምነት ለመስጠት ምን ያህል ጊዜ ወስዷል?	A. ከ5 ደቂቃ በታች B. ከ 5 እስከ 10 ደቂቃዎች C. ከ10 ደቂቃ በላይ	
F.	ውሳኔ ለማድረግ በቂ ጊዜ አግኝተዋል?	A. አዎ (> 1 ሰዓት) B. የለም (< 1 ሰዓት)	
G.	የቀዶ ጥገናው አይነት	A. የተመረጠ(በቀጠሮ) B. ድንገተኛ አደጋ	
H.	የፈቃድ ቅፁ የተፃፈበት ቋንቋ	A. በአፍ መፍቻ ቋንቋ B. ከአፍ መፍቻ ቋንቋ ይለያሉ።	
I.	የጤና አጠባበቅ ባለሙያዎች ስለ ቀዶ ጥገና ምንነት	A. አዎ	

	ያሳውቆታል	B. አይ	
J.	ስለ ሂደቱ ዝርዝር መረጃ አግኝተዋል	A. አዎ B. አይ	
K.	ስለ ቀዶ ጥገናው ምክንያት እና ተፈጥሮ ተነግሮዎታል?	A. አዎ B. አይ	
L.	በመረጃ ላይ የተመሰረተ ስምምነትን በተመለከተ ምክር የሰጠው ሰው ሙያ ?	A. ነርስ B. የቀዶ ጥገና ሐኪም / የማህፀን ሐኪም C. አዋላጅ D. የውስጥ ተማሪዎች E. አላውቅም	
M.	ከሌላ የጤና ተቋም ሪፈር ተደርገሽ/ህ ነው	A. አዎ B. አይ	
N.	በመረጃ ላይ የተመሰረተ ፈቃድ ለማግኘት የምክር ጊዜ መቼ ነበር።	A. ከቀዶ ጥገናው ቀን በፊት B. በቀዶ ጥገናው ቀን C. ከቀዶ ጥገናው በፊት ወዲያውኑ D. በኦፕራሲዮኑ ጠረጴዛ ላይ	

ክፍል ሶስት፡- በመረጃ ላይ የተመሰረተ የስምምነት ሂደት እርካታ

ኤስ ቁ.	ተለዋዋጮች	ምላሾች				
		1	2	3	4	5
01	ስለ ቀዶ ጥገናው ሂደት በተሰጠሽ/ህ መረጃ ምን ያህል ረክተሻል/ሀል?					
02	ስለ ቀዶ ጥገናው አስፈላጊነት የጤና በለሞያው በሰጠሽ/ህ ማብራሪያ ምን ያህል ረክተሻል/ሀል?					
03	በተሰጠው የቀዶ ጥገና አማራጭ ምን ያህል ረክተዋል					
04	ስለ ቀዶ ጥገናው ጥቅም ማብራሪያ ምን ያህል ረክተዋል					
05	ከቀዶ ጥገናው ጋር የተያያዙ ስጋቶችን ወይም ሊከሰቱ የሚችሉ ችግሮችን በማብራራት ምን ያህል ረክተዋል					
06	ስለ ቀዶ ጥገናው አስተያየትዎን ለመግለጽ በተሰጠው እድል ምን ያህል ረክተዋል					
07	ከቀዶ ጥገናው ጋር የተያያዘ ጥያቄ ለመጠየቅ በተሰጠው እድል ምን ያህል ረክተዋል					
08	ስለ ቀዶ ጥገናው በተሰጠው መረጃ መጠን(በቂነት) ምን ያህል ረክተዋል					
09	በተሰጠው መረጃ ለመረዳት ቀላልነት ምን ያህል ረክተዋል					
10	ስለ ቀዶ ጥገና ከጤና ባለሞያው ጋር ሲወያዩ ምን ያህል ረክተዋል					
11	በመረጃ ላይ የተመሰረተ የስምምነት ቅጽ ላይ ለመፈረም በተሰጥዎት					

	ጊዜ ምን ያህል ረክተዋል::					
12	ቀዶ ጥገናውን ለማድረግ በተሰጥዎት የምክር እገዛ እና ለውሳኔ የሚረዱ የሕክምና ምክሮች ምን ያህል ረክተዋል					
13	ስለ ቀዶ ጥገናው ከሐኪምዎ ጋር ለመወያየት ለሰጡት ጊዜ ምን ያህል ረክተዋል					
14	ለጥያቄዎችዎ በጤና ባለሞያዎች በተሰጥዎት ምላሽ ምን ያህል ረክተዋል					

NB 1= በጣም አልረካም፣ 2= አልረካም፣ 3= ገለልተኛ፣ 4= እርካታ፣ 5= በጣም እርካታ

APPROVAL SHEET

PATIENT SATISFACTION TOWARDS SURGICAL INFORMED CONSENT PROCESS AND ASSOCIATED FACTORS AMONG PATIENTS WHO UNDERGONE MAJOR SURGERY IN GURAGE ZONE HOSPITALS, SNNPR, ETHIOPIA, 2022.

Submitted by [Students]:

1.	Student Name	Signature	Date
2.	Student Name	Signature	Date
3.	Student Name	Signature	Date

Approved by [Advisors]:

1.	Advisors' Name	Signature	Date
2.	Advisors' Name	Signature	Date

Approved by [Board of Examiners]:

1.	Examiners' Name	Signature	Date
2.	Examiners' Name	Signature	Date