



ADDIS ABABA UNIVERSITY COLLEGE OF HEALTH  
SCIENCE; SCHOOL OF NURSING AND MIDWIFERY;  
DEPARTMENT OF NURSING AND MIDWIFERY.

PERCEIVED QUALITY OF PREOPERATIVE INFORMATION,  
ITS BARRIERS AND PREFERENCES OF MODE OF DELIVERY  
AMONG ADULT PATIENTS AND NURSES IN PUBLIC  
HOSPITALS, ADDIS ABABA, ETHIOPIA, 2023

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ADDIS ABABA UNIVERSITY  
COLLEGE OF HEALTH SCIENCES  
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ABABA, ETHIOPIA, 2023

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## APPROVAL SHEET

I, the undersigned MSc student, declare that I have submitted my original thesis on a title PERCEIVED QUALITY OF PREOPERATIVE INFORMATION, ITS BARRIERS AND PREFERENCES OF MODE OF DELIVERY AMONG ADULT PATIENTS AND NURSES IN PUBLIC HOSPITALS, ADDIS ABABA, ETHIOPIA, 2023, to the institutional review board of Addis Ababa University College of health science school of nursing and midwifery.

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DESSALEGNE DANIEL (BSC) \_\_\_\_\_

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This thesis by Dessalegne Daniel is accepted in its present form by the member of examiners as satisfying thesis requirement for the degree of masters in perioperative care in cardiothoracic surgery.

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## STATEMENT OF THE AUTHOR.

By my signature below, I declare and affirm that this thesis is my own work. I have followed all ethical principles of scholarship in the preparation, data collection, analysis, interpretation and completion of this thesis. All scholarly matter that is included in the thesis has been given recognition through citation. I affirm that I have cited and referenced all sources used to prepare this document. Every serious effort has been made to avoid any plagiarism in the preparation of this thesis. This thesis is submitted in partial fulfilment of the requirement for the degree of masters from the School of Graduate Studies at Addis Ababa University. The thesis is deposited in the Library of Addis Ababa University and is made available to the user under the rules of the library. I strongly declare that this thesis has not been submitted to any other institution anywhere for the award of any academic certifications. Brief quotations from this thesis may be used without special permission provided that accurate and complete acknowledgement of the source is made. Requests for permission for extended quotations from, or reproduction of, this thesis in whole or in part may be granted by the Head of the School or Department or the Dean of the School of Graduate Studies when in his or her judgment the proposed use of the material is in the interest of scholarship. In all other instances, however, permission must be obtained from the author of the thesis.

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## ACRONYMS AND ABBREVIATIONS

AAHB	Addis Ababa Health Bureau
ASOS	African surgical outcome study
ENT	Ear, Nose, and Throat
ERAS	Enhanced Recovery after surgery
ER	Enhanced Recovery
ETB	Ethiopian Birr
IRB	Institutional Review Board
ISOS	International surgical outcome study
LMICs	Low and middle-income countries
OR	Operation Room
PI	Principal Investigator
QI	Quality improvement
RN	Registered Nurse
SaLTS	Saving Lives Through Surgery
SPSS	Statistical Package for Social sciences
SRS	Simple Random Sampling
TASH	Tikur Anbesa Specialized Hospital.
Y12H	Yekatite 12 Hospital
ZMH	Zewditu Memorial Hospital.

## ABSTRACT

**Background:** One of the major health-related decisions a person makes in their lifetime is having surgery, with results that can be both positive and negative. It actually has three phases, these are: preoperative, intraoperative, and postoperative. Preoperative information provision is providing reassurance and therapeutic listening to patients before surgery.

**Objectives:** To assess the perceived quality of preoperative information, its barriers, and preferences of the mode of delivery among adult patients and nurses in public hospitals, Addis Ababa, Ethiopia, March to April 30, 2023.

**Methods and Materials:** An institutional-based cross-sectional study with a qualitative phenomenological approach was conducted from March to April 30, 2023. A systematic sampling technique was employed to select 305 study participants among admitted adult surgical patients. The data were collected using a pretested and structured interviewer-administered questionnaire and in-depth interviews. To maintain data reliability pre-test was conducted and validity was maintained by using surgical expert's opinion.

**Result:** According to this study the patients who got good quality preoperative information was 75.7% with 95% CI: (71.1, 80.7) and significantly associated with frequency of hospital visits, [AOR (CI 95%): 2.866 (1.112 -7.390): p= .029\*], higher educational level of the participant [AOR (CI 95%): (9.581:(2.824 -32.501, p= .001\*\*)] and presence of previous surgery [AOR (CI 95%):5.232 (2.67–10.249):p = .000\*\*], patients have a good quality of preoperative information than the counterparts. The most frequent preoperative information delivery barriers from the patients, health professionals, and facility viewpoint were as follows: differences in languages (55.7%), low level of health literacy (77.4%), and lack of training, space, and time constraints (62.0%). lack of continuing education, Reluctance to communicate with patients and Religion from qualitative findings.

**Conclusion:** Quality of preoperative information given to surgical adult patient was less than 85%, and Barriers included language problems, time restraints, poor communication skills, and inappropriate approaches. A training program and preparation of necessary materials should be fulfilled to improve the quality of preoperative information delivery.

**Keywords:** Quality, preoperative information, Adult Surgical Patient.

## INTRODUCTION:

### Background:

Preoperative information refers to five various kinds of information that are provided to patients before surgery, including details on the treatment, preoperative instructions, the operating room setting, postoperative expectations, and specifics about anesthesia. (1).

Preoperative information supply is an interactive process where patients who are about to have surgery are given information and explanations concerning surgical procedures, anticipated patient behaviors, and anticipated symptoms as well as appropriate reassurance and therapeutic listening (2),(3). Pre-operative information is vital in maintaining the well-being of clients experiencing enhanced recovery after Surgery (ERAS) (4). Information provided preoperatively contributes to the patient knowing what will happen at each stage of a surgical procedure and improves physical and psychological well-being and also surgical outcomes (5),(6). According to research, giving patients access to high-quality preoperative information makes it easier for them to participate actively in their care, which may boost patient satisfaction as a whole (7).

A quality preoperative information provision reduces surgical site infection by 10.9%, according to a quasi-experimental study done at the Menoufi University Hospital (8). The quality of preoperative information is a useful way to organize medical data and plan postoperative care (9). Preoperative patient education is more important than postoperative patient education for knowledge retention (10), (11), reduce drug and procedure errors by communicating with the medical staff (12), lowers pre-operative anxiety levels and makes the unfamiliar more familiar (13), (14).

Effective preoperative information provision will have a significant positive effect on patient satisfaction, enhanced recovery (ER), reduced hospital stays (15),(16), reduce expenditure, reduce patient anxiety, pain, nausea, and vomiting, (16),(17) but due to its density and complexity, preoperative information can be confusing (18).

Failure to supply the highest quality preoperative information within the preoperative period leads to emotional difficulties, such as concerns over the choice to function and holding up period, anxiety, fear of torment, vulnerability over future readmission, discouragement, outrage, and failure to perform individual functions after surgery (10),(19),(20).

## Statement of the problem

Annually, 312.9 million surgical procedures are carried out globally (21). It has been estimated that up to 22% of significant complications following inpatient surgical operations can result in mortality of up to 0.8 percent and each year, seven million patients will have major surgical-related difficulties, and one million patients could die as a result of post-operative complications (22). One in five surgical patients in Africa experienced a perioperative problem, and one in ten patients died, according to prior studies from 25 nations for all in-patient procedures (23). 60% of fatalities from illnesses treatable by surgical management are caused by poor quality preoperative care, which results in US \$6 trillion in economic losses and is a key impediment to reducing mortality in LMICs (12). Surgery has a significant impact on a patient's quality of life (QOL), but preoperative QOL might also influence postoperative recovery (24). A study conducted in the province of Karman result shows only 47.2% of patients get sufficient preoperative information concerning preoperative procedures and preoperative preparations and that only 7.6% have been given this information by nurses (25).

Due to Ethiopia's poor economic condition, the healthcare system is weak, especially in the field of surgery. Inadequate preoperative planning can lead to difficulties in patients who need surgery, which can negatively impact their physical and mental health as well as their prognosis and postoperative mortality rate (26). Preoperative information has been disseminated using a variety of methods, including written materials, spoken teaching, audio-visual presentations, one-on-one counselling, and in-group conversations. Despite, the lack of data on surgical outcomes, available figures demonstrate an all-cause surgical death rate of 7% (27). As per a study conducted in Jimma University specialized teaching hospital, patients lacking adequate preoperative information (16.4%) faced greater postoperative pain (39.1%) (28). preoperative information for surgical patients. Also, there is a recent study conducted in Gamo Gofa zone Arbaminch, the proportion of patients who received good quality perioperative information is only 36.6%. (29).

In 2015, the Global Surgery Foundation and the Lancet Commission emphasized the urgent need to bridge the access gap to safe surgery and anesthesia for necessary surgical services in low- and middle-income countries (LMICs) (30). Although in addition to the access gap, the International Surgical Outcomes Study (ISOS) and the African Surgical Outcomes Study (ASOS) pointed out the critical need to reduce the quality gap in perioperative care in (LMICs) (5).

The main barriers to improving surgical treatment in underdeveloped countries are lack of social support, lack of knowledge about surgical situations, widespread attitudes about disease processes, poor communication, and poor quality of preoperative information provision (31). Preoperative care must be evidence-based, standardized, patient-centered, economical, efficient, and accompanied by reliable outcome data to close the quality gap and guarantee positive outcomes (12). The Ethiopian Minister of Health has recommended that preoperative information be given to each patient having surgery based on the most recent evidence-based best practice research (27). Through the SaLTS project, Ethiopia has become a trailblazer in Sub-Saharan Africa for giving surgery top priority as part of a national healthcare plan. The FMOH has started implementing the greatest surgical health system reform in a low-income nation with great success (32) to achieve this plan high quality of preoperative information is vital.

There is a gap in the literature because no prior studies have been done to show preoperative information provision techniques and their barriers, preferred mode of delivery, and associated factors for patients undergoing surgery in this subject area, this may be because of the caliber of preoperative information dissemination practices. Nurse preoperative teaching techniques are crucial for patients undergoing surgical treatments in developing nations like Ethiopia, particularly in facilities with limited resources to reduce this gap the present study required.

This study intended to answer the question of which mode of delivery is best to provide preoperative information for adult surgical patients in Addis Ababa public hospitals and its barriers among nurses working in Addis Ababa public hospitals. Hence, the purpose of this study is to explore the perceived quality of preoperative information provided, its barriers & preferred mode of delivery among adult surgical patients & nurses in selected public hospitals in Addis Ababa; Ethiopia, 2023.

## Significance of the study

This study will help to understand the perceived quality of preoperative information provided, its barriers and preferred mode of delivery as well as associated factors among adult surgical patients and nurses in selected Addis Ababa public hospitals. Since there is no study conducted on this specific topic at Addis Ababa public Hospitals the results from this mixed method study will be used as sources of information, enable health professionals a better basis for providing adequate preoperative information and improving their practices, offer patients the basis to make informed choices about their care, evidence for service improvement and quality assurance of operations.

Additionally; the present study will be very essential for decision-makers in the development of information-providing ways in the operation room, stockholders, Researchers, the Hospital community, and strategic plan makers on the quality of perioperative information provision for surgical patients.

## LITERATURE REVIEW

Publications examining the factors linked with the preoperative information delivered as well as how patients and nurses perceived it. The databases examined include PubMed, Google Scholar, and Medline, with a restriction on the adult population, and keywords like "Quality of pre-operative information or perception of preoperative information," "patient perspectives," and "Nurses perspectives."

Orthopedic, cardiac, pediatric, and same-day surgery patient populations are not included in the review because they are not frequently admitted to the general surgical unit. Overall, this analysis illustrates a variety of various preoperative information delivery strategies, subjects covered, assessment instruments, and results.

### Quality of preoperative information

In the healthcare industry, quality improvement is a top priority (33). According to health research, quality is defined as doing the right thing for the right patient at the right time in the right way to achieve the best results (34). A previously conducted study explains that preoperative information of the best quality can enhance patient satisfaction, collaborative decision-making, and health literacy, and improve surgical outcomes (35). A recent study shows significant differences are established between the perceived importance of information and information delivery concerning the procedures or operation and anaesthesia details (36). Regarding the dissemination of preoperative information, there is a glaring disparity between nurses' perceptions and practice, and the quality of preoperative information provided to ambulatory surgical patients is impacted by limited preoperative information transmission tools, constrained operation timelines, and language obstacles (12).

### Preferred mode of preoperative information delivery

Healthcare providers use various methods to provide preoperative information to patients about how to accelerate their recovery, before surgery. Preoperative information can be delivered through a variety of platforms (e.g., websites or booklets), delivery methods (e.g., in person or online), and providers (e.g., doctor, nurse, or therapist), and can be tailored or adapted to a specific population and surgery. Considering the evidence in the pieces of literature describes that the most favorite modes of delivering preoperative information are oral explanation, pamphlets, Oral explanation with pictures, Internet, and videotape (37). An Iranian study compared one-on-one verbal preoperative information provision sessions with a nurse to a booklet to disseminate preoperative information the night before cholecystectomy or hernia repair surgery (38).

The results of a randomized trial and the medical-legal perspective on the consequences of providing patients with vocal or written pre-operative information in gynecologic oncology surgery Preoperative information given by leaflets are more effective at preparing patients for surgery, as evidenced by faster recovery times, reduced medication use, and improved quality of life results (39)

Other studies used written materials, videos, and websites for educational delivery before surgery (40),(41). According to the Turkish study, a variety of methods (video screening, brochures, virtual reality, web-based training, etc.) can be developed to give the patient appropriate preoperative information (42).

According to the findings of a recent study, patients will generally be given informal preoperative information by the healthcare providers involved in their care before being operated on (doctors, nurses, ward clerks, or healthcare assistants). This preoperative information can also be provided formally in a variety of formats, such as written material, formal lectures, or audio-visual recordings (43).

Preoperative information for surgical patients is most frequently distributed through printed materials (44). It is unclear which method of providing preoperative information to surgical patients is most effective (45). Furthermore, it is not yet clear whether giving patients with various surgical procedures or varying anticipated lengths of stay preoperative information can lower their state anxiety level. Another study found that giving written materials to patients decreased their anxiety, which was further decreased by a class format (45).

### [Barriers to receiving pre-operative information:](#)

#### **Client Perspective: Barriers to receiving preoperative information:**

Surgical patients may feel vulnerable and face other challenges associated with a life-changing diagnosis, stressors associated with surgery, and conflicts related to work and home life. This section will outline the barriers to preoperative information from the client's perspective. Considering the evidence in the literature that clients received and benefited from preoperative information, obstacles, and inconsistencies are identified.

The three distinct recent studies explore the barriers to preoperative information delivery are the availability of nursing time, the patient's body language, the patients' spoken language, and the patient's questions, the condensed time between operations, the doctors' obligation to provide information, the belief that patients will resolve their doubts (37),(46),(47).

According to studies, having family and support networks nearby can help clients reduce their anxiety and improve their comprehension and memory. Clients also indicated it is important when information could be discussed at home and during hospitalization to reinforce and increase awareness of the expectations regarding recovery goals (4),(19).

### **Nursing Perspective: Barriers to providing preoperative information:**

Healthcare professionals play a crucial role in continuing to deliver preoperative information to patients as they follow the process of surgery. From a nursing viewpoint, this section will discuss the challenges and opportunities in delivering preoperative information.

Many factors impact healthcare providers in giving sufficient preoperative information. Much of the piece of literature review results show preoperative information is often given low priority during the preoperative visits with clients due to time constraints, workload, Limited teaching resources, Nurse's expectations, confusion regarding the responsibility to provide preoperative information to clients, time availability, language barriers and tight operation schedules (37),(48), low-income and largely minority population (4),(19). Another study shows that the top barriers to providing sufficient information are time availability), the types of questions, and language barriers (46).

### **Associated factors**

The literature demonstrates that the provision of high-quality preoperative information is substantially correlated with the frequency of hospital visits, reasons for hospital visits, prior surgeries, the total number of prior surgeries, place of surgery, surgical professional, and consent (29). A recent study shows that adequate knowledge of nurses is 61.6% with 95% CI: (56.7 - 66.3) and is significantly associated with being male, nurse use of guidelines, nurses who have been trained, and nurses who say they do not have a staff shortage.

Nurses' good practice in providing preoperative information to surgical patients is 46.3%, with a 95% confidence interval of (41.4 - 51.0), and is significantly associated with the presence of preoperative teaching guidelines, taking patient education training, nurses who stated no staff shortage, and knowledge of preoperative patient education (49).

With a response rate of 98%, a recently published study reveals that only 38.5% of nurses are found to have good practices for giving preoperative information to patients; work experience (AOR = 3.15, 95% CI: 1.692 - 5.874), enough time (AOR = 2.33, 95% CI: 1.119 - 4.889) and training (AOR = 4.27, 95% CI: 1.548 - 11.796) are significantly associated (50).

## Conceptual Framework

Various studies reveal that there is a relationship between socio-demographic factors, Clinical conditions of patients, patient's perception, and the preferred mode of preoperative information delivery on the quality of preoperative information provision. (51),(52).

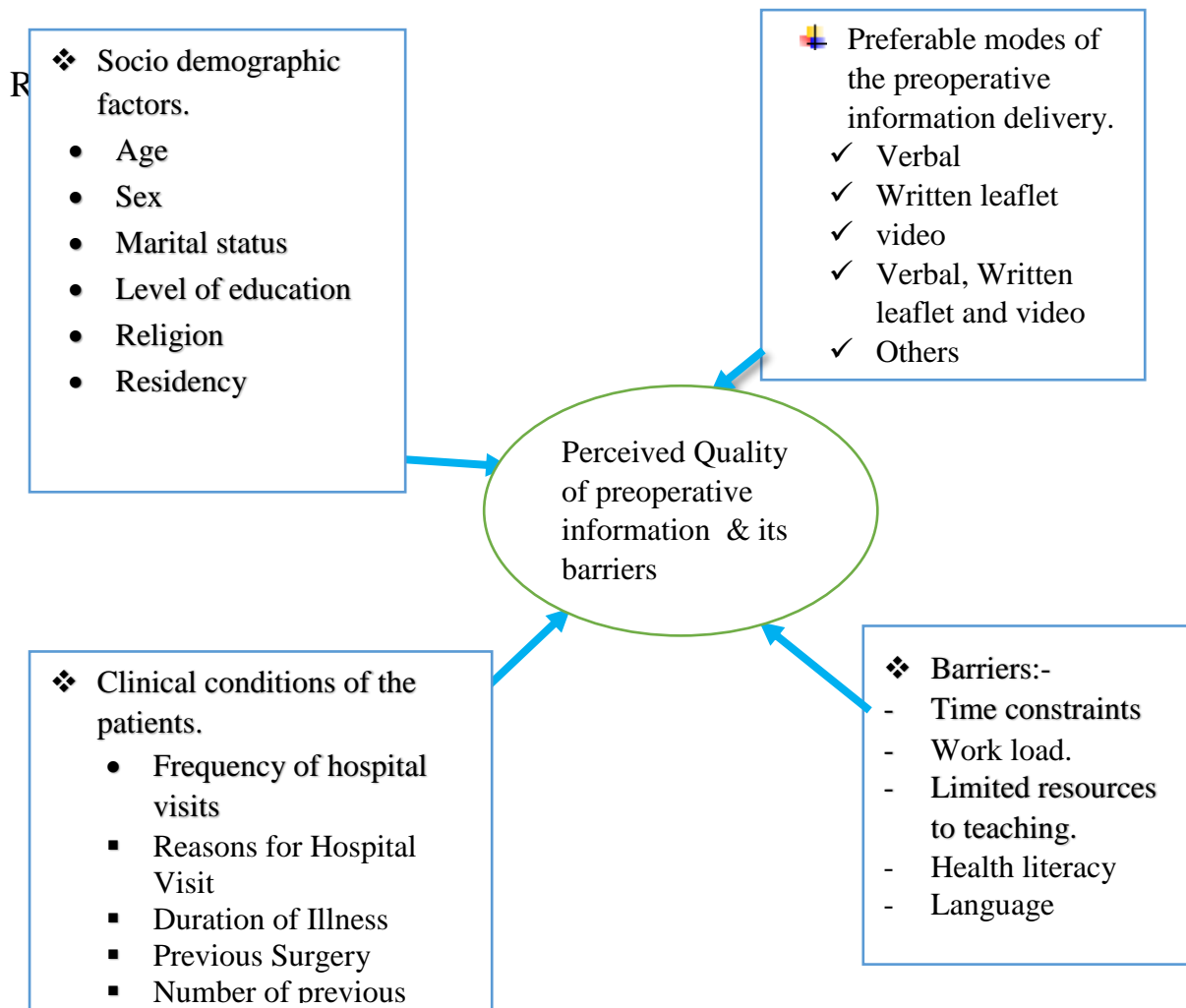


Figure 1: a conceptual framework of quality of preoperative information and its preferred mode of delivery.

## OBJECTIVES

### General objective

To assess the perceived quality of preoperative information, its barriers, and preferred mode of delivery among adult patients and nurses in public hospitals, Addis Ababa, Ethiopia, from March to April 30, 2023.

### Specific objectives

To determine the perceived quality of preoperative information among adult patients admitted to surgical wards in public hospitals in Addis Ababa; from March to April 30, 2023.

To identify the preferred mode of information delivery among adult patients admitted to surgical wards in public hospitals in Addis Ababa; from March to April 30, 2023.

To describe the barriers to receiving information among adult patients admitted to surgical wards in public hospitals in Addis Ababa.

To explore the barriers of Nurses face during the provision of quality preoperative information among adult patients admitted to surgical wards in public hospitals in Addis Ababa; from March to April 30, 2023

## METHODS AND MATERIALS

### Study Area

The study was conducted in selected public hospitals in Addis Ababa, Ethiopia. The selected hospitals are tertiary referral hospitals directly under the control of the Addis Ababa Health Bureau (AAHB) except Tikur Anbesa Specialized Hospital (TASH) which is administered by the Federal Ministry of Health.

The Tikur Anbesa Specialized Hospital, a branch of Addis Ababa University's College of Health Sciences, is the largest teaching hospital managed by the Federal Ministry of Health. A year's worth of patients ranges from 370,000 to 400,000. The hospital has 850 beds, 181 of which are designated for surgical circumstances, 169 specialists, 75 surgeons, 65 non-teaching doctors, 627 nurses, and 14 operating rooms. (53).

Yekatite 12 Memorial (Y12H) was built in honor of the Ethiopians, including children, pregnant women, senior citizens, and others, who were killed by the Italians on February 19/1937/ G.C. Yekatite 12 Hospital (Y12H) medical college have 5 OR table. It is also a teaching hospital for the Medical College and it gives service to patients under different clinical disciplines which include orthopedics, general surgery, obstetrics, gynecology, pediatrics, cardiothoracic, urology, neurosurgery, and ear, nose, throat (ENT) surgery and also internal medicine.

In 1933 GC, the Zewditu Memorial Hospital (ZMH) was founded. It is a teaching hospital with 280 nurses, 175 beds, and other amenities. It features a regional laboratory and a dialysis center (53).

### Study design and Period:

A mixed method study design was conducted from March 2023 up to April 30 / 2023. For the quantitative study, cross-sectional design and the qualitative phenomenologic approach were used.

### Populations:

#### Source populations:

The source populations were all elective surgical patients visiting public hospitals, in Addis Ababa, Ethiopia during the study period, and for the qualitative part all nurses who work in the surgical ward.

## Study populations

Study populations were randomly selected adults with elective surgery and who fulfilled the inclusion criteria during the study period & similarly for the qualitative part all nurses who work in the surgical ward with work experience of at least 6 months in TASH, ZMH & Y12H

### Inclusion Criteria:

All randomly selected elective adult surgical patients who had undergone surgery and were admitted to the surgical ward after surgery in selected public hospitals of Addis Ababa, Ethiopia in the study period were included in the study, The inclusion criteria for the qualitative part were nurses working in the surgical ward at TASH, ZMH & Y12H and with work experience of at least 6 months.

### Exclusion Criteria:

All outpatients, critically ill, mentally unstable, and aged less than 18 years were excluded from the study, for the qualitative part nurses who are on annual leave, maternity leave, and ill at the time of data collection were excluded from the study.

## Sample Size and Sampling Techniques:

### Sample Size Determination:

The sample size was calculated by using the single population proportion formula. Taking the p-value 50% because the Perceived quality of preoperative information is not known in the study area to get the maximum sample size, using the following formula, Z = 95% Confidence level, d = 5% marginal error. Thus, our required sample size was calculated as;  $N =$

$$\frac{(Z/\alpha/2)^2 \times p(1-p)}{d^2} \text{ Where, } Z = 95\% \text{ Confidence interval: } Z_{1-\alpha/2} = 1.96, P = 0.5, d = 0.05; N = \frac{(1.96)^2 \times 0.5(1-0.5)}{(0.05)^2} = 384, \text{ since the source population of my study is less than } 10,000$$

we will use the population correction formula.  $N_f = \frac{n}{1 + \frac{n}{N}} = \frac{384}{1 + (\frac{384}{1002})} = 278$

Then, we added a 10% non-response rate, then our final sample size was 305 participants. A total of 12 nurses four from each hospital were selected for the qualitative study.

## Sampling Techniques:

Three hospitals were chosen by lottery method from the 13 governmental hospitals that operate in Addis Ababa. Proportionally, the number of participants for each hospital was distributed based on number of patients used they services monthly. According to records from each facility, Tikur Anbesa Specialized Hospital (TASH), Zewditu Memorial Hospital (ZMH), and Yekatite 12 hospital (Y12H) saw, 702, 50, and 250 patients per month respectively.

The number of participants from each hospital is equal to  $N_i \times n/N$ , where  $N_i$  is the number of patients who visit the hospital per month for services,  $n$  is the sample size and  $N$  is the sum of the total number of patients who visit each hospital per each month for services. According to the aforementioned calculation, 214, 15, and 76 participants were selected from TASH, ZMH, and Y12H, respectively by proportional allocation techniques.

Finally, a list of patients scheduled for surgery was received from the ward based on the number of beds, after that using the systemic sampling method one from every three patients ( $1002/305 = 3$ ) was taken into consideration to choose a specific study unit; The first participant will be selected by lottery method among the first three patients (Figure 2)

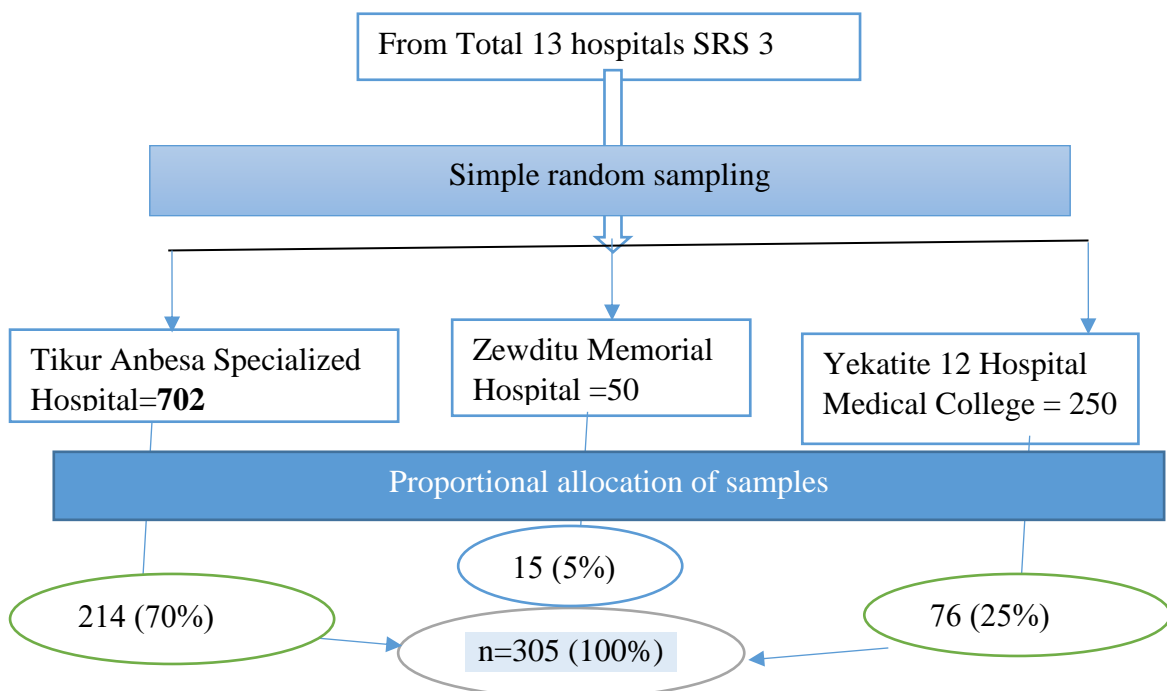


Figure 2: Schematic representation of sampling procedure on the perceived quality of preoperative information and preferred mode of delivery in selected public hospitals of Addis Ababa, Ethiopia, 2023

Purposive sampling technique was used for the qualitative part to select nurses for the in-depth interview. Initially, it was planned to have an in-depth interview with 12 nurses. Data were collected until the point of redundancy or saturation.

### Operational definitions of terms:

**Adult:** People who have attained a certain age, typically eighteen, and are regarded by the law as being able to manage their affairs. (53)

**Quality:** “ is the degree to which a set of inherent characteristics fulfills requirements” (54)

**Perceived quality:** “is a customer’s perception of the overall quality of preoperative information or services concerning the intended purpose and relative to alternatives” (54).

**Good Quality:** A receipt of more than 75% of the preoperative information necessary for a patient. (29).

**Poor quality:** A receipt of less than 75 % of the preoperative information necessary for a patient. (55).

**Mode of delivery:** a way or means by which information is relayed from a source to an end user.

**Perceived information:** is defined as patients’ recall of received information, concerning both the content and quality of information (56).

## STUDY VARIABLES:

### Dependent variable

The perceived Quality of preoperative information.

### Independent variables

Socio-Demographic: Age, Gender, marital status, Level of education, Religion, & Residency

Clinical Characteristics: Frequency of Hospital Visit, Reasons for Hospital Visit, Duration of Illness, Previous Surgery, Number of previous surgeries, and Place of the current Surgery & Type of Surgery.

### Data collection procedure

Three data collectors (BSC nurses), and two MSc nurses for supervision activities were selected for data collection. All data collectors and supervisors were recruited based on their previous experience in data collection. All of them were not employees of the selected hospitals to reduce bias. The training was given to data collectors and supervisors for one day on the method of approaching participants, how to fill out the interviewer-administered questionnaire as well as the aim of the study and contents of the instruments.

Pre-test of the tool of 5% was done by the principal investigator in the surgical ward at St. Pawlos hospital 7 days before the actual data collection period which is not included in the study, to assess the content, approach of the tool and to correct unclear and vague issues on the tools.

For the qualitative study, an open-ended in-depth interview guide was used to collect data from nurses about barriers to providing and receiving pre-operative information. Data were collected in a quiet and conducive place for the interview. The interview was recorded after getting permission from the interviewees. The assistant took notes from the interview. The time it took to complete the in-depth interview was 20 to 30 minutes.

### Data collection tools

Interviewer administered questionnaire was used for the collection of both outcome variables and independent variables. The tools were adapted from literature (29),(46),(57) and modified as the objective of the study and tool validity (content validity is an assessment of the degree to which each item or question is to measure what it is supposed to measure) was made by surgical expertise opinion.

The questionnaire was developed in English and then translated into Amharic and back-translated to English to check the consistency of meanings. The Amharic version questionnaire

was used to interview patients within 24 hours after the operation ensuring they were fully awake. The tool consisted of five parts:

Section 1: Socio-demographic characteristics of participants contain (07) questions.

Section 2: Clinical Characteristics of Adult patients (8) questions.

Section 3: Questionnaires on components of preoperative information (10) questions.

Section 4: Questionnaires on the perceived quality of preoperative information among adult patients about (21) questions.

Section 5: Questionnaires on the preferred mode of delivery of preoperative information among adult patients.

### Data quality control

To assure the data quality, each questionnaire was checked for completeness, incomplete questionnaires were omitted from the analysis. The principal investigator and supervisor were made spot-checking and reviewed the complete questionnaires by the data collectors to ensure completeness of the information that was collected; before the actual data possessing entry of 5% of the data to the EPI data software package was made to maintain the data quality and pre-test was conducted on 5% of source population in ST. Pawlos hospital to check the internal consistency and reliability. In addition, delivering training for data collectors to make sure data was consistently recorded between them and standardization of questionnaires during interview procedures to make sure they are structured and clear as well as careful consideration during survey planning and survey design was made to minimize observation bias and other biases. The quality of the qualitative data was determined by maintaining trustworthiness, credibility, dependability, conformability, and transferability.

### Data processing and analysis

Data were analyzed via qualitative and quantitative methods. The collected data was checked for its completeness and the response was coded and entered into the computer using the Kobo toolbox data collection tool was used to collect data then the collected data was downloaded and which was exported to windows of Statistical Package for Social Science (SPSS) version 27.0 for data analysis; then categorical variables were summarized as numbers and percentages, whereas normally distributed continuous variables were presented as means and standard deviations. To identify factors associated with the outcome variable; Quality of preoperative information, first a bivariate logistic regression analysis was performed for each independent variable. Then, significant variables observed (those with a p-value less than 0.25) in the bivariate logistic regression analysis were subsequently included in the multivariate logistic

regression model to determine the independent predictors for the outcome variable among the study participants. Before running the multivariate logistic regression, the logistic regression assumption was tested using the Hosmer-Lemeshow test, which was also used to gauge the effectiveness of the model. Diagnostics for multicollinearity were meant to demonstrate that no value existed that could be used to infer the existence of multicollinearity between independent variables. Associations are considered statistically significant for variables with p-value less or equal to 0.05.

#### Qualitative Data analysis

The challenges to providing preoperative information were largely explained using the qualitative data collected through interviews. To fix any differences between the original recordings and the transcribed manuscripts; the two were compared. The 'thematic analysis' method was used to analyse the data (58),(59). The quantitative information on the topics from the interview data deemed to be most important was used to create priority of subthemes. An open coding method was used to assess the first three transcripts and create the topic framework. Atlas-Ti 19 was used to complete the entire code. Then, quotes were chosen to illustrate the entire process of classifying data items and to highlight any opposing viewpoints.

#### Ethical consideration

Ethical clearance for the study was obtained from the institutional ethical review board of the School of Nursing and Midwifery, College of Health Sciences, Addis Ababa University. Official permission letters were also obtained from Addis Ababa University, Tikur Anbessa Specialized Hospital, Zewditu Memorial hospital, and Addis Ababa health bureau IRB.

Before the beginning of data collection permission letters were provided to the hospital's administrative body for data collection. Participation is voluntary and information was collected anonymously after obtaining oral informed consent from each respondent by assuring confidentiality throughout the data collection period. Participants were told the objective of the study and their right to refuse to answer the questionnaires and are given the right to stop or withdraw at any time of data collection. Confidentiality is maintained by omitting their name and personal identification. The primary investigator securely protected the data behind a two-layer, password-protected encryption. Moreover, there are no invasive procedures in this study and it was conducted following the Declaration of Helsinki.

## Dissemination plan of the results

The study result will be submitted to the College of Health Sciences, School of Nursing and Midwifery, Addis Ababa University, Black Lion Specialized Hospital, Zewditu Memorial Hospital, MOH, AAHB, and Yekatite 12 hospital medical college. The result of the study will be disseminated to all responsible bodies. Furthermore, the manuscript will be submitted to national or international peer review journals for possible publication. Hard and soft copies will be made available in the library of AAU, for graduate students as well as for other researchers and readers.

## RESULTS

### Sociodemographic characteristics

The response rate of the quantitative study was 97.7% comprising a total of 305 study participants. Of the 305 respondents in this study, 192(63%) were urban residents. The majority, 181(59.4%) of the respondents ‘were between 18 – 40 years. The mean and standard deviations of the variable age are 40.56 and + 15.711 respectively. (Table: 1)

Table 1: Frequency distribution of Sociodemographic characteristics of Adult Surgical patients at TASH, Zewditu Memorial hospital, and Yekatite 12 Hospitals, Addis Ababa, Ethiopia, 2023.

Variable on Socio-demographic Characteristics of Participants	Category	Frequency	Percent
Age	18 – 30	106	34.8
	31 – 40	75	24.6
	41 – 50	46	15.1
	51+	78	25.6
Sex	1. Male	165	54.1
	2. Female	140	45.9
Marital status	1. Single	66	21.6
	2. Married	215	70.5
	3. Divorced	9	3.0
	4. Widowed	15	4.9
Residency	1. Urban	192	63
	2. Rural	113	37
Occupation	1. Civil servant	46	15.2
	2. Merchant	46	15.2
	3. Farmer	52	17.0
	4. Daily labourer	37	12.1
	5. Housewife	56	18.4
	6. NGO	36	11.8
	7. Others	32	10.5
Religion	1. Orthodox	141	46.2
	2. Muslim	79	25.9
	3. Protestant	80	26.2
	4. Others.	5	1.7
Educational status	1. Unable to read and write	25	8.2
	2. Primary education	89	29.2
	3. Secondary education	109	35.7
	4. College Diploma and above	82	26.9

For the phenomenological study, it was planned to have 12 in-depth interviews. Only nine nurses were interviewed because there was no new information after the 8<sup>th</sup> and ninth interviews. The mean and standard deviations of the variable age are 31.22 and + 3.768 respectively. Their work experiences range from 2 to 14 years; the mean and standard deviations of the variable work experiences in the year are 5.64 and + 3.64 respectively.

Table 2: Frequency distribution of Sociodemographic characteristics of Nurses working at TASH, Zewditu Memorial hospital, and Yekatite 12 Hospitals, Addis Ababa, Ethiopia, 2023.

Variable	Category	Frequency	Percent
Age group	18 – 30	4	44.4%
	31 +	5	55.5%
Sex	Male	6	66.6%
	Female	3	33.3%
Marital status	Single	4	44.4%
	Married	5	55.5%
Educational level	BSc	7	77.7%
	MSc	2	22.2%
Work experience	2 – 5 years	5	55.5%
	6 + years	4	44.4%

## Clinical Characteristics

The reason for the current hospital visits was illness accounting for 250 (82.3%) of the respondents. Regarding the length of illness, 164 (53.8%) of the respondents had only been ill for one week. More than fifty percent 161(52.8%) of the study participants have undergone surgery in the past. More than one-third 116 (38%) of surgical patients received preoperative information from healthcare professionals other than nurses before they consent. (Table 3)

Table 3: Clinical Characteristics of Adult Surgical patients at TASH, Zewditu Memorial hospital, and Yekatite 12 Hospitals, Addis Ababa, Ethiopia, 2023.

Variable on Clinical Characteristics	Category	Frequency	Percent
.Frequency of Hospital Visit.	1. One Visit	245	80.3
	2. Two and more	60	19.7
Reasons for Hospital Visit	1. Illness	250	82
	2. Follow up	55	18
.Duration of Illness	1. A week	164	53.8
	2. Two weeks	115	37.7
	3. Three & more weeks	26	8.5
Previous Surgery	1. Yes	161	52.8
	2. No	144	47.2
Number of previous surgeries	1. Only one	128	42.0
	2. More than one	33	10.8
Consenter	1. Nurse	76	25
	2. Anaesthesia	113	37.0
	3. Other health professionals	116	38.0
Time of Consenting	1. Immediately before surgery	89	29.2
	2. On the day before the Surgery	138	45.2
	3. On the day of surgery	78	25.6
Types of Surgery	1. Cardiothoracic	38	12.5
	2. Neurosurgery	21	6.9
	3. Abdominal	87	28.5
	4. Urology	42	13.8
	5. Gynaecology	25	8.2
	6. ENNT	41	13.4
	7. Orthopaedics	36	11.8
	8. Others	15	4.9

### Components of preoperative information given

Almost (89.5%) of the respondents have been informed about the surgical procedures to be performed before the operation. Of these (55.7%) got a proper explanation about alternate options. Nearly half (53.2%) of the respondents were informed about the type of anesthesia they will be given and (59.7%) were informed about any possible drug allergies. (Table 4)

Table 4: Frequency distribution on components of preoperative information given to Adult Surgical patients at TASH, Zewditu Memorial hospital, and Yekatite 12 Hospitals, Addis Ababa, Ethiopia, 2023.

Variables	Category	Frequency	Percent
Have you been informed about surgical procedures in the preoperative period?	Yes	273	89.5%
	No	32	10.5%
Have you been informed about the indication of surgery in the preoperative period?	Yes	279	91.5%
	No	26	8.5%
Have you been informed about alternate options in the preoperative period?	Yes	187	61.3%
	No	118	38.7%
Have you had a proper explanation about alternate treatment in the preoperative period?	Yes	170	55.7%
	No	135	44.3%
Have you been informed about the benefits and outcomes of surgery in the preoperative period?	Yes	256	84%
	No	49	16%
Have you been informed about complications of surgery in the preoperative period?	Yes	249	81.6%
	No	56	18.4%
Have you been informed about the type of anaesthesia in the preoperative period?	Yes	162	53.2%
	No	143	46.8%
Have you been informed about complications of anaesthesia in the preoperative period?	Yes	236	77.4%
	No	69	22.6%
Have you been informed about any possible drug allergies in the preoperative period?	Yes	182	59.7%
	No	123	40.3%
Have you been informed about the days of hospital stay in the preoperative period?	Yes	136	44.6%
	No	169	55.4%

## Perceived quality of preoperative information

Table 5 and figure three shows the response of respondents on their perception of the quality of perioperative information provided. Most 231 (75.7%) of the respondents had received preoperative information of minimally good quality. A total of 248(81.3%) of the respondents perceived they received a sufficient explanation for the reasons for surgery and 249(81.6%) think they got sufficient preoperative information. About asking questions about their concerns 226(74.1%) responded that they were given the chance to ask questions and 198(64.9%) said there was adequate time to discuss the questions they have about preoperative information. Around 193(63.3%) of the respondents got proper answers to their questions. In addition, 243(79.9%) of them were satisfied with the information provided in the preoperative period.

Table 5: Perceived quality of preoperative information among adult surgical patients at TASH, Zewditu Memorial Hospital, and Yekatite 12 Hospitals, Addis Ababa, Ethiopia, 2023.

Variables on the perceived quality of preoperative information	Category	Frequency	Percent
Have you got a sufficient explanation about the reason for the surgery?	Yes	248	81.3
	No	57	18.7
Have you consented to surgery?	Yes	289	94.8
	No	16	5.2
Have you received preoperative information before consenting?	Yes	282	92.5
	No	23	7.5
Was the preoperative information understandable?	Yes	276	90.5
	No	29	9.5
Was the preoperative information provided useful?	Yes	298	97.7
	No	7	2.3
Was the preoperative information provided sufficient?	Yes	249	81.6
	No	56	18.4
Was the preoperative information provided containing all points you need to know?	Yes	273	89.5
	No	32	10.5
Have you been given the chance to ask questions about your concerns?	Yes	226	74.1
	No	79	25.9
Was there adequate time to discuss with the nurse the question you have about the preoperative information?	Yes	198	64.9
	No	107	35.1

Was the nurse willing to answer your questions?	Yes	254	83.3
	No	51	16.7
Was the nurse attentive to your questions?	Yes	257	84.3
	No	48	15.7
Have you got the proper answer to your questions?	Yes	193	63.3
	No	112	36.7
Have you been clear with the information provided?	Yes	260	85.2
	No	45	14.8
Was the nurse respectful during communication about the preoperative information?	Yes	271	88.9
	No	34	11.1
Did the ward Nurses provide Information on the risk of discomfort and relieving methods after an operation?	Yes	260	85.2
	No	45	14.8
Do you think this is the right time to provide preoperative information?	Yes	301	98.7
	No	4	1.3
Are you satisfied with the information provided by staff in the preoperative period?	Yes	243	79.7
	No	62	20.3
Have you been Clear with all the information provided?	Yes	250	82.0
	No	55	18.0

The quality of preoperative information provided is classified as Good quality and poor quality.

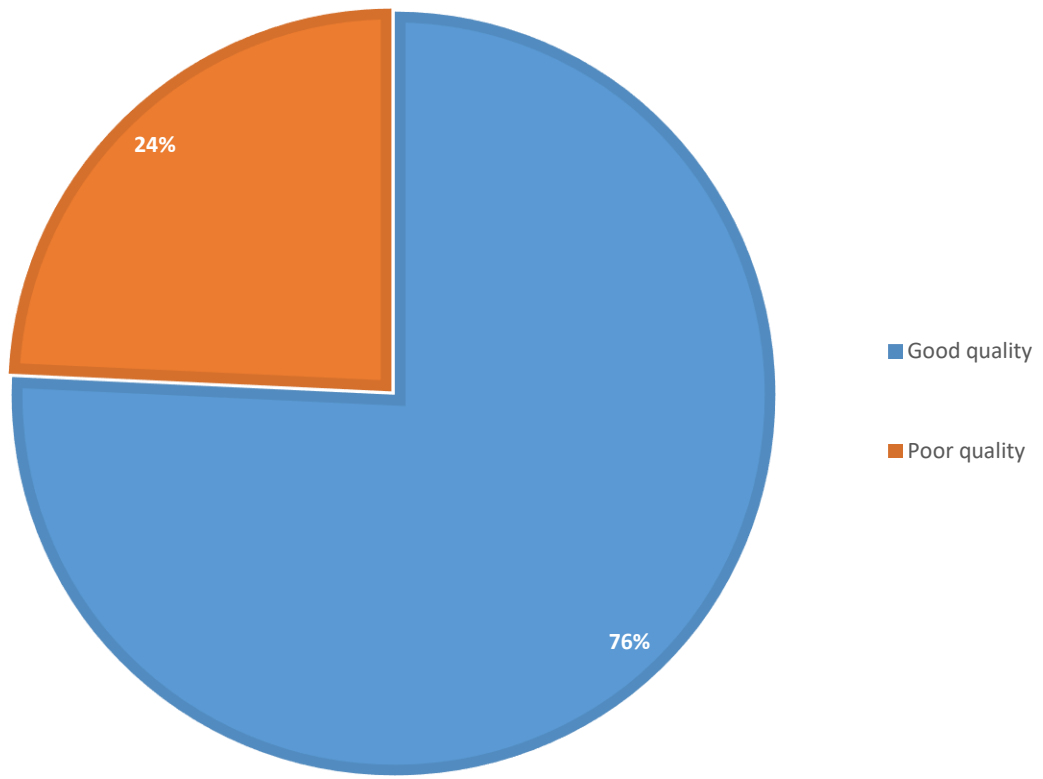


Figure 3: The quality of preoperative information provided is classified as Good quality and poor quality.

### Modes of information delivery

In this study most (74.4%) of the participants received their preoperative information verbally. The most preferred mode of preoperative information delivery for more than half of (54.1%) the respondents is a written leaflet. Almost half of (50.2%) the respondents like the preoperative information delivered by written leaflet. (Table 6).

Table 6: Result on Adult patient's preferred mode of delivery of preoperative information at TASH, Zewditu Memorial Hospital, and Yekatite 12 Hospitals, Addis Ababa, Ethiopia, 2023.

Variables	Category	Frequency	Percent
How was preoperative information provided to you?	1. Verbal	227	74.4
	2. Written leaflet	78	25.6
What was your method of choice to get preoperative information?	1. Verbal	29	9.5
	2. Written leaflet	165	54.1
	3.. Verbal, written leaflet and video	111	36.4
How would you like preoperative information to be delivered?	1. Verbal	20	6.6
	2. Written leaflet	153	50.2
	3. Video	1	0.3
	4. Verbal, written leaflet and video	131	43.0

### Factors Associated with the Quality of Preoperative Information

After running the Bivariate and Multivariable analysis for identifying factors associated with the quality of preoperative information provided to adult surgical patients; previous surgery, frequency of hospital visit, and educational status of the participants are the variables found to be statistically associated with the quality of preoperative information. (Table 7)

Table 7: Candidate variables selected for multivariate logistic regression analysis results for factors statistically associated with Quality of Preoperative pieces of information provided to Adult Surgical patients at TASH, Zewditu Memorial Hospital, and Yekatite 12 Hospitals, Addis Ababa, Ethiopia, 2023.

Variables	Receipt of Quality preoperative information		COR (CI 95%)	AOR (CI 95%)	P-Value
	Good quality	Poor quality			
Residency					
Urban	155 (50.8)	37 (12.13)	2.039 (1.198 – 3.472)	1.642(0.842 – 3.205)	.146
Rural	76 (24.9)	37 (12.13)	1	1	
Education					.001**
Unable to write and read	6 (2)	19 (6.2)	1	1	
Primary	67 (21.9)	22 (7.2)	5.414 (2.098 – 13.973)	7.031 (2.299 - 21.508)	.001*
Secondary	88 (28.85)	21 (6.9)	7.405 (2.895 – 19.172)	9.083 (2.853 - 28.916)	.000**
College and above	70 (22.9)	12 (3.9)	7.941(2.950 – 21.373)	9.581 (2.824 - 32.501)	.000**
Reason for visit					
Illness	180 (59.02)	70 (22.95)	1		
Follow up	51 (16.72)	4 (1.31)	4.958 (1.727 – 14.233)		
Frequency of hospital visits					.029*
One Visit	177 (58.03%)	68 (22.29%)	1	1	
Two and more	54 (17.70%)	6 (2%)	3.458 (1.422 – 8.408)	2.866 (1.112 - 7.390)	.029*
Previous surgery					
Yes	141 (46.23%)	20 (6.56%)	4.230 (2.375 - 7.534)	5.232 (2.67 – 10.249)	.000**
No	90 (29.50%)	54 (17.7%)	1	1	

### Barriers to providing and receiving preoperative information.

A mixed-method study was employed to study the barriers to providing and receiving information concurrently. For the quantitative study data were collected from patients through an interviewer-administered questionnaire

The most frequent preoperative information delivery barriers from the patient's viewpoint include differences in languages (55.7%), low level of health literacy (77.4%), and attitude towards the given information (75.7%). On the other hand health professional-related barriers are: time constraints (62.0%), lack of clarity of the information given by the health professionals (69.5%), lack of work experience of health professionals (29.5%), lack of skill of health professionals (49.8%), and lack of empathy, and being ignored by nurses (53.11%)

Table 8: Barriers to pre-operative information delivery to Adult Surgical patients at TASH, Zewditu Memorial Hospital, and Yekatite 12 Hospitals, Addis Ababa, Ethiopia, 2023

Variable	Category	Frequency	Percent
Language differences	Yes	170	55.7
	No	135	44.3
Time constraints	Yes	189	62.0
	No	116	38.0
Lack of empathy and being ignored by nurses	Yes	162	53.11
	No	143	46.88
Low level of health literacy	Yes	236	77.4
	No	69	22.6
Low socioeconomic level	Yes	98	32.1
	No	207	67.9
Patient conditions	Yes	40	13.1
	No	265	86.9
Religion of patients	Yes	73	23.9
	No	232	76.1
Lack of clarity of the information provided	Yes	212	69.5
	No	93	30.5
The positive attitude of patients	Yes	231	75.7
	No	74	24.3
Lack of work experience	Yes	90	29.5
	No	215	70.5
Lack of skill of health professionals	Yes	152	49.8
	No	153	50.2

AOR\*Adjusted odd ratio for all significant variables  $p < 0.05$

### Findings from the in-depth interview:

The qualitative study was conducted to explore in-depth the perception and experience of nurses using in-depth interviews. Under the theme of barriers to providing and receiving pre-operative information, three subthemes emerged: patient-related, nurses-related, and hospital related. Table 9: Results obtained from in-depth interviews of nurses on barriers to providing pre-operative information.

Themes	Category/Subthemes	Codes
Patient-related factors	Patient-related factors	Language barriers, low level of patient education, High patient expectations, Religion, the clinical condition of patients,
Health professional-related factors	Health professional-related factors	Ethical problems: Reluctance to communicate with patients, Negligence, low commitment, and lack of empathy Lack of Skills: Lack of communication skills of nurses, Lack of understanding of the needs and status of the patient. Lack of competency: lack of education, lack of preparedness, low work experience.
Hospital related factors	Hospital related factors	Work overload Lack of a conducive place for patient education Lack of continuing education and lack of training on preoperative information provision Low incentive

## Barriers related to patients

### Language barriers and low level of patient education

For nurses caring for members of ethnic minorities, communication can frequently be difficult, especially when dealing with patients who don't speak Amharic. The quality of preoperative information suffers as a result of poor communication during the preoperative information-delivering session, which is directly related to the poor outcome of surgery.

*“ -----, we cannot understand patients without first opening ourselves up to them, so we must adjust our approach and conversation to the patient, especially when approaching the patient, our speech should be comfortable for the patient.” P3*

Language hurdles, Cultural disparities, and limited health literacy are additional patient-related issues that compromise the quality of preoperative information.

*“What I want to say about this question is that the person I am teaching should be taught in the language they should understand. “ (p1)*

*“When the patient does not understand the message I am conveying, I convey the message through someone else's translation. At this time, I am not speaking directly to the patient, but to the interpreter. Another obstacle is the patient's low education, -----.” (P4)*

### High patient expectations & Religion

Most of the participants raised that the barriers to quality preoperative information delivery are the religion of patients and high patient expectations.

*“-----, the patient's high expectations for surgical treatment, and the patient's religion. In addition to this, in my opinion, some human blood transfusions are immoral for some patients, for example, a patient came to our hospital with a small bowel obstruction, but the fluid in his body was very low, so he needed blood, but the patient denied to accept human blood and died by saying that it is immoral, my religion does not allow it.” P7*

## Barriers related to healthcare professionals.

Lack of competency

Lack of education

Factors that are specifically related to the healthcare professionals delivering the preoperative information include their conception of preoperative education, their knowledge and experience, their own educational needs concerning mastering the skills of preoperative education, and the position of regular clinical nurses with their specialist colleagues.

*“-----, then we cannot understand the patients without first opening ourselves up to them, so we have to adjust our approach and communication with the patient. Along with this, the lack of professional preparedness is one hindrance at the top. “p1*

Low work experience:

The majority of participants said that the quality of preoperative information provisions was influenced by the expertise and experience of the individual nurses. Nurses were seen to avoid engaging in education due to a lack of confidence brought by inexperience, eliminating the chance for patients to ask questions.

*“Therefore, a lot depends on the nurses and their level of readiness to impart knowledge. People who haven't been around as long or aren't as qualified, in my opinion, would want to stay out of the whole questions-and-answers process. They won't go out and volunteer information if you don't ask, you know. The patients might not always be given the chance to ask questions, and I believe that has a lot to do with it.” (p8)*

Lack of preparedness

One participant raised the issue of sustaining professional identity in inter-professional preparation education. *“They would take a little portion of what I already do if we got in multiple people if we brought in multiple people. When time and other constraints interfered, some participants thought they were still able to cover topics that would generally be dealt with by other disciplines” p5*

Ethical problems

Reluctance to communicate with patients

The quality of preoperative information delivery was hampered by a lack of empathy and knowledge.

*“Professionals should put themselves in the shoes of patients. Health professionals always say it’s okay, this is small. Professionals should have the attitude of servants, not masters. Health professionals have to show compassion to their patients but it is only in words.”(p7)*

Lack of understanding of the needs and status of the patient:

Health Care Professionals appeared to have little interest in the patient's well-being and were unwilling to listen *“Professionals should put themselves in the shoes of patients. Health professionals always say its ok, this is small. Professionals should have the attitude of servants, not masters. Health professionals have to show compassion to their patients but it is only in words.”(p7)*

Negligence, low commitment, and lack of empathy

The nurse is the health professional who provides direct treatment, thus even the tiniest delay in providing care will be viewed as malpractice. Given that there is a direct line of communication between nurses and patients, their credibility as professionals play a crucial part in determining how well preoperative information is delivered. *“The thing with the health care professional is a bit difficult, -----“p5*

**Health facility-related barriers:**

Lack of a conducive place for patient education

For both categories, the key facility-related barriers are the presence of seriously ill patients in the ward, the busy hospital environment, and inappropriate environmental conditions.

*“There are things that need to be done for their dignity, for example, there is no room to shave the patient’s body, so we get out the patient's relatives from the room.” P1*

Lack of continuing education and lack of training on preoperative information provision

Participants also believed that to deliver a good education, educators needed the appropriate training and experience. Preoperative education is highly regarded and offers a variety of advantages. According to nurses, patients who attended a preoperative education class were more prepared for their hospital stay. *“Before it was mandatory, I could walk into a room and tell you if somebody had done the class or not done the class. The nurses and for sure the therapists, would know the difference between someone that had come to class and someone who didn’t come to class. Just because of how prepared they felt, or unprepared they were.”*

*P2.*

## Discussion:

This study was targeted at determining the perceived quality of preoperative information, its associated factors, the preferred mode of delivery, and its barriers to receiving preoperative information among adult patients in Yekatite 12 (Y12H), Zewditu Memorial (ZMH) and TASH, Ethiopia, 2023.

According to this study, the proportion of patients who received good quality preoperative information's almost equal to three fourth (75%) of participants. The finding of this study is higher than the finding of a study conducted on the quality of perioperative information provided and its associated factors among adult surgical patients in Arbaminch town (29) This variation could be due to the difference in the study area, and study period.

There were various factors found to be associated with the quality of preoperative information provided to adult patients who have undergone surgery. In this study, respondents who had two and more Hospital visits are 2.8 times more likely to receive better preoperative information than those who had a single visit to the Hospital. This finding is consistent with the quality of perioperative information provided and its associated factors among adult surgical patients (29). This could be because; with an increasing frequency of hospital visits, there will be an increased or a better chance to have effective communication with health professionals.

According to this study, the presence of previous surgery is significantly associated with the quality of preoperative information provided. As a result, study participants with previous surgery are 5.2 times more likely to receive good quality preoperative pieces of information compared to the study participants who had no history of previous surgery. This could be due to the reason that having previous Surgery allows the patient to have frequent contact with health professionals and be aware of the surgery and all its aspects better than those who had no surgery previously which enhances informational capital (60). Having a history of previous surgery also allows the patients to extensively seek and ask for information as their awareness of surgical aspects is practically higher. This finding is consistent with the quality of perioperative information provided and its associated factors among adult surgical patients in Arbaminch (29) and the narrative review conducted on Factors influencing day surgery patients' quality of postoperative recovery in Orebro, Sweden (61).

According to this study, the educational level of patients greatly affects the quality of preoperative information provided, as a result, patients with educational levels starting from

primary up to university level were 7- 9 times more likely to receive the good quality of preoperative information. This finding is consistent with the quality of patient education in day surgery as evaluated by adult patients (62) and also patients who receive little chance of education confront difficulty in understanding and adherence with preoperative instruction and performing the exercise; the findings are consistent with a study conducted on Predictors of preoperative anxiety among surgical patients in Jimma University Specialized Teaching Hospital, South Western Ethiopia (27); the main similarity is the participants have relatively the same socio-economic level and the main difference on the participants are language barrier.

According to this study, health professional-related barriers identified quantitatively were language differences (55.5%) and time constraints (62%), this result is lower than a study conducted in Saudi Arabia on essential elements of Preoperative Information as Perceived by the nurses in Surgical Units: Scoping Review language differences (64.25%) and time constraints (61.75%) respectively (46). This is due to differences in the study period, study place, living conditions of people, and also differences in socio-economic status.

The educational level of health professionals (77.7%), qualitatively identified were lack of empathy, low work experience, communication skills of health professionals (63), and approaching surgical patients during preoperative information delivery time.

Health professional-related facilitators identified in this study were simple language usage (69.5%) and a positive attitude toward giving preoperative information (75.7%). This finding is approximately consistent with a study conducted in Saudi Arabia on essential elements of Preoperative Information as Perceived by the Nurses in Surgical Units: Scoping Review (80.53% & 69.83%) respectively (46) the main difference is the data collection method, and similarity is adult patients in surgical units, whereas qualitatively findings were harmonious relationships between patients and healthcare workers, approaching and communication skills, preparedness of health professionals, high work experiences and good relationships.

Language barriers (55.5%), time constraints (62%), low health literacy (77.7%), low socioeconomic level (32.1%), patient clinical condition (13%), amount of information provided (24%), and religion (23%) were the patient-related barriers that were quantifiably identified. In the qualitative study, the majority of participants said that language barriers were among the reasons for the lack of preoperative patient teaching which is consistent with a study conducted on knowledge, practice, and associated factors of preoperative patient teaching among surgical unit nurses, at Northwest Amhara Comprehensive Specialized Referral

Hospitals, Northwest Ethiopia (49), this similarity is study facilities and study populations are almost in similar level and the main difference was study period and area.

In this study most (74.4%) of the participants received their preoperative information verbally this result is consistent with a study conducted on Preoperative patient teaching: the practice and perceptions among surgical ward nurses at the Chinese University of Hong Kong, China states oral explanation was reported as the most prevalent way of information delivery and the internet was the least preferred method, the main difference is that in our country set up internet usage is impossible (37).

## Strengths and limitations of the study

### Strength of the study

This study used a mixed-method design to explore in-depth and breadth the phenomena of interest.

### Limitation of the study.

A limitation of this study was that the study not considered the different categories of health care taskforces (the physicians and anaesthesiologists) to examine the quality of preoperative information, barriers, and preferred mode of delivery.

### Conclusion:

The preoperative information given to the patients was insufficient. Preoperative information-receiving practices were substantially correlated with high levels of education, including those from elementary school through college, frequent visits to medical facilities, and the occurrence of prior surgery. Lack of experience, knowledge, training, continuous education, and time are problems for health workers.

To enhance the caliber of preoperative information, which is highly recommended, all relevant bodies must also organize experience-sharing, in-service training programs for nurses on the subject, and create a comfortable environment for patients. Because it is a crucial component of a functioning healthcare system, and every healthcare professional should aim to improve the calibre of preoperative information provided to adult surgery patients.

### Recommendations:

The content and methods utilized to offer preoperative information should be improved by creating and implementing a systematic preoperative training program. This will improve the quality of both the preoperative information delivery and the care given to the patient.

Additional research is required to determine the nurses' perceptions of crucial preoperative knowledge and to investigate the various teaching modalities and tactics that can be employed to develop a successful preoperative teaching program. Therefore, we strongly recommend the following:

To Addis Ababa Health Bureau and Tikur Anbessa Hospital

Devise measures to improve the quality of preoperative information delivery by addressing identified barriers.

To Respective hospitals

Devise measures to improve the quality of preoperative information provision by training healthcare workers and preparing standardized manuals.

To Nurses

Develop the behavior of implementing ethical conduct of smooth relationships and good communication between nurses and patients.

To Researchers

Conduct an interventional study to identify the appropriate preoperative information provision techniques.

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Annex i: Information sheet for the study participant

Hello. I am a postgraduate student in perioperative care in cardiothoracic surgery nursing at Addis Ababa University, College of Health Sciences, Department of Nursing and Midwifery.

Today I am here to collect data on the perceived quality of preoperative information and its preferred modes of delivery among adult patients in selected public hospitals in Addis Ababa.

Your correct and genuine answers to the questions will make the study achieve its goals. The findings of this study will help health professionals with a better basis for providing adequate preoperative information and improving their practices, offer patients the basis to make informed choices about their care, evidence for service improvement, and quality assurance.

I kindly request you answer the questions honestly and anonymously. Since this interviewer-administered questionnaire is based on willingness you have the right not to participate, to participate partially and wholly. I would like to promise you that it will not have any risk to you and that the confidentiality of the information you rendered will be kept, for this reason, you don't need of writing your name. It will take approximately one hour to complete the questionnaire.

Are you willing to participate in the study?      Yes       No

1. If yes, Continue the interview\_\_\_\_\_ Signature\_\_\_\_\_
2. If not, skip to the other participant -----, Name of interviewer -----  
Date----- Signature -----

For more information and question here is the contact address of the principal investigator.

Dessalegne Daniel

Tele: +251916400381, +251927663534

Mail: desalegndaniel358@gmail.com

Thank you for your cooperation!!!

CONSENT FORM

I \_\_\_\_\_ am informed of a study to be conducted by a Master's Student in AAU, College of Health Sciences, School of Nursing and Midwifery. The objective of the study and participation in this study is voluntary no obligation to answer any question there is no harm in not answering the questions and no special benefit by answering the question also the interview will take 30 minutes. I heard all the information mentioned above and am willing to participate in the interview.

1. Name of interviewer\_\_\_\_\_ Signature\_\_\_\_\_

(Signature of interviewer certifying that respondent has given informed consent verbally)

**Annex ii: English version questionnaires.**

Instruction: Please circle the appropriate answer from the given choices and give proper answers for questions where space is provided for sections 1-5.

**Section 1:** Socio-demographic Characteristics: Adult Surgical Patients at TASH, Zewditu Memorial Hospital and Yekatite 12 Hospital, Addis Ababa, Ethiopia, 2023.

S.N.	Variable on Socio-demographic Characteristics of participants	Responses
101	Age	-----
102	Sex	1. Male
		2. Female
103	Marital status	1. Single
		2. Married
		3. Divorced
		4. Widowed
104	Residency	1. Urban
		2. Rural
105	Occupation	1. Civil servant
		2. Merchant
		3. Farmer
		4. Daily labourer
		5. Housewife
106	Religion	1. Orthodox
		2. Muslim
		3. Protestant
		4. Catholic
		5. Others.
107	Educational status	1. Unable to read and write
		2. Primary education
		3. Secondary education
		4. College diploma and above

**Section 2:** Questions to assess the Clinical Characteristics of Adult Surgical patients at TASH, Zewditu Memorial Hospital, and Yekatite 12 Hospitals, Addis Ababa, Ethiopia, 2023.

S.N.	Variable on Clinical Characteristics	Response choices
201	How often do you visit this hospital?	1. One Visit
		2. Two and more
202	Why do you visit this hospital?	1. Follow up
		2. Illness
203	How long have you stayed with this illness?	1. A week
		2. Two weeks
		3. Three & more weeks
204	Is there any surgery done before?	1. Yes
		2. No( If no, go to question 2.6)
205	How many times the surgery was done?	1. Only one
		2. More than two
206	Who gave the Consent form for you for this surgery?	1. Nurse
		2. Anaesthesia
		3. Other health professionals
207	Time of Consenting	1. On the day before surgery
		2. Immediately Before the Surgery
		3. On the day of surgery
208	Types of Surgery	1. Cardiothoracic
		2. Neurosurgery
		3. Abdominal
		4. Urology
		5. Gynecology
		6. ENNT
		7. Orthopedics
		8. Plastic surgery
		9. Others

Adapted from literature:(29)

**Section 3: Questionnaires on components of preoperative information given to Adult Surgical patients at TASH, Zewditu Memorial Hospital, and Yekatite 12 Hospitals, Addis Ababa, Ethiopia, 2023.**

S.N.	Questionnaires on components of preoperative information	Response of patients
301	Have you been informed about surgical procedures in the preoperative period?	Yes No
302	Have you been informed d about the indication of surgery in the preoperative period?	Yes No
303	Have you been informed about alternate options in the preoperative period?	Yes No
304	Have you had a proper explanation about alternate treatment in the preoperative period?	Yes No
305	Have you been informed about the benefits and outcomes of surgery in the preoperative period?	Yes No
306	Have you been informed about complications of surgery in the preoperative period?	Yes No
307	Have you been informed about the type of anesthesia in the preoperative period?	Yes No
308	Have you been informed about complications of anesthesia in the preoperative period?	Yes No
309	Have you been informed about any possible drug allergies in the preoperative period?	Yes No
310	Have you been informed about the days of hospital stay in the preoperative period?	Yes No

*Adopted from different kinds of literature (29), (46)*

**Section 4:** Questionnaires on Perceived Quality of preoperative information among adult surgical patients at TASH, Zewditu Memorial Hospital, and Yekatite 12 Hospitals, Addis Ababa, Ethiopia, 2023.

S.N.	Variables on the perceived quality of preoperative information	Responses of participants
401	Have you got a sufficient explanation about the reason for the surgery?	Yes
		No
402	Have you consented to surgery?	Yes
		No
403	Have you received preoperative information before consenting?	Yes
		No
404	Was the preoperative information understandable?	Yes
		No
405	Was the preoperative information provided useful?	Yes
		No
406	Was the preoperative information provided sufficient?	Yes
		No
407	Was the preoperative information provided containing all points you need to know?	Yes
		No
408	If your answer to question 4.7 is no, what other information do you want to receive? Specify it-----	
409	Have you been given the chance to ask questions about your concerns?	Yes
		No
410	Was there adequate time to discuss with the nurse the question you have about the preoperative information?	Yes
		No
411	Was the nurse willing to answer your questions?	Yes
		No
412	Was the nurse attentive to your questions?	Yes
		No
413	Have you got the proper answer to your questions?	Yes
		No
414	Have you been clear with the information provided?	Yes
		No

415	Was the nurse respectful during communication about the preoperative information?	Yes
		No
416.	Did the ward Nurses provide Information on the risk of discomfort and relieving methods after the operation?	Yes
		No
417	Do you think this is the right time to provide preoperative information?	Yes
		No
418	If your answer to question 417 is no what is the appropriate time to provide preoperative information? Please Specify it-----	
419	Are you satisfied with the information provided by staff in the preoperative period?	Yes
		No
420	Have you been Clear with all the information provided?	Yes
		No
421	What are the facilitators and barriers in receiving your preoperative information?	

Adopted from: (29), (57)

**Section 5:** Questionnaires on Adult patients’ preferred mode of delivery about preoperative information at TASH, Zewditu Memorial Hospital, and Yekatite 12 Hospitals, Addis Ababa, Ethiopia, 2023.

SN	Questions	Patients response
501	How was preoperative information provided to you?	1. Verbal
		2. Written leaflet
		3. Video
		4. Verbal, written leaflet and video
		5. Other
502	What was your method of choice to get preoperative information?	1. Verbal
		2. Written leaflet
		3. Video
		4. Verbal, written leaflet and video
		5. Other
503	How would you like preoperative information to be delivered?	1. Verbal
		2. Written leaflet
		3. Video
		4. Verbal, written leaflet and video
		5. Other

Adopted from: <https://www.dovepress.com/terms.php>. (46),

***Interview Guide Questions on Barriers to preoperative information provision***

***Instruction:***

Hello; my name is ***Desalegn*** a postgraduate student in perioperative care in cardiothoracic surgery nursing at Addis Ababa University, College of Health Sciences, Department of Nursing and Midwifery.

The purpose of this study is to assess the perceived quality of preoperative information, its preferred mode of delivery, and barriers to receiving as well as delivering preoperative information among adult patients plus nurses in public hospitals in Addis Ababa, Ethiopia, from March 15, 2023, to April 30, 2023.

I kindly request you to answer the questions honestly and anonymously. Since this semi-structured interview question is based on willingness you have the right not to participate, to participate partially and wholly. I would like to promise you that it will not have any risk to you and that the confidentiality of the information you rendered will be kept, for this reason, you don't need of writing your name. It will take approximately half an hour to complete the interview.

Socio-demographic Characteristics of interviewees at TASH, Zewditu Memorial Hospital, and Yekatite 12 Hospitals, Addis Ababa, Ethiopia, 2023.

S.N.	Variable on Socio-demographic Characteristics of Participants.	Choices or Alternatives answer questions
1.1	Age	-----
1.2	Sex	1. Male
		2. Female
1.3	Marital status	1. Single
		2. Married
		3. Divorced
		4. Widowed
1.4	Educational status	1. Diploma
		2. BSC
		3. MSC and above
1.5	Work experience	-----

**Interview questions about barriers to the provision of quality preoperative information:**

2.1 The Nurses' experiences of participation in preoperative information provision?

-----  
-----

(probe) -----

2.2 What is the best mode of delivery for the preoperative information?

-----  
-----

(probe) -----

2.3 What are the facilitator factors for the quality of preoperative information provision? -----

-----

(probe) -----

2.4 What are the barriers to the quality of preoperative information provision?

-----  
-----

(probe) -----

Annex iii: Amharic version questionnaires.

አባሪ I: ለጥናቱ ተሳታፊ የመረጃ ወረቀት

ሀሎ. እኔ በአዲስ አበባ ዩኒቨርሲቲ፣ በጤና ሳይንስ ኮሌጅ፣ በነርቪንግ እና አዋላጅ ትምህርት ክፍል በፔሪኦፊት ነርቪንግ ሕክምና የድህረ ምረቃ ተማሪ ነኝ።

ዛሬ በአዲስ አበባ ከተማ በተመረጡ የመንግስት ሆስፒታሎች ውስጥ የሚገኙ አዋቂ ታካሚዎች የቅድመ-ቀዶ ጥገና ህክምና መረጃ ጥራት እና ተመራጭ የአቅርቦት ዘዴዎችን መረጃ ለመሰብሰብ እዚህ መጥቻለሁ።

ለጥያቄዎች የሰጡት ትክክለኛ እና ትክክለኛ መልስ ጥናቱ ግቦቹን እንዲያሳካ ያደርገዋል። የዚህ ጥናት ግኝቶች የጤና ባለሙያዎች በቂ የቅድመ ቀዶ ጥገና መረጃን ለማቅረብ እና ልምዶቻቸውን ለማሻሻል የተሻለ ለመሥራት ያግዛሉ፣ ለታካሚዎች እንክብካቤን በተመለከተ በመረጃ ላይ የተመሰረተ ምርጫ እንዲያደርጉ፣ የአገልግሎት መሻሻል እና የጥራት ማረጋገጫ ማስረጃዎችን ያቀርባል።

ጥያቄዎቹን በቅንነት እና በስም ሳይገለጽ እንድትመልሱ በአክብሮት እጠይቃለሁ። ይህ በቃለ መጠይቅ አድራጊ የሚተዳደረው መጠይቅ በፈቃደኝነት ላይ የተመሰረተ ስለሆነ ያለመሰብሰብ፣ በክፍል እና ሙሉ በሙሉ የመሰብሰብ መብት አልዎት። በአንተ ወይም በአንተ ላይ ምንም አይነት አደጋ እንደማይኖረው እና ያቀረብከው መረጃ ምስጢራዊነት እንደሚጠበቅ ቃል ልንሰጥህ እወዳለሁ። በዚህ ምክንያት ስምህን መጻፍ አያስፈልግህም። መጠይቁን ለማጠናቀቅ በግምት 1 ሰዓት ይወስዳል።

በጥናቱ ለመሰብሰብ ፈቃደኛ ነህ?                      አዎ ----- አይ -----

ለትብብርዎ እናመሰግናለን!!

መመሪያ፡ ከተሰጡት ምርጫዎች ትክክለኛውን መልስ ያክብቡ።

ክፍል 1፡ የስነ ሕዝብ አወቃቀር ባህሪያት፡ የአዋቂዎች የቀዶ ሕክምና ታካሚዎች በጥቁር አንበሳ ስፔሻላይዝድ ፣ ዘውዲቱ መታሰቢያ እና የካቲት 12 ሆስፒታሎች፣ አዲስ አበባ፣ ኢትዮጵያ፣ 2015 ዓ.ም ።

ተ.ቁ. በማህበራዊ ስነ-ሕዝብ አወቃቀር ላይ የተሳታፊዎች መልስ አማራጮች የተሳታፊዎች ባህሪያት

- |     |                |                        |                  |
|-----|----------------|------------------------|------------------|
| 1.1 | ዕድሜ            | -----                  |                  |
| 1.2 | ፆታ             | 1. ወንድ                 | 2. ሴት            |
| 1.3 | የጋብቻ ሁኔታ       | 1. ያላገባ                | 2. ያገባ           |
|     |                | 3. የተፋታ                | 4. ባል የሞተባት      |
| 1.4 | የመኖሪያ ቦታ /አድራሻ | 1. ከተማ                 | 2. ገጠር           |
| 1.5 | የሥራ ሁኔታ        | 1. የመንግስት ሰራተኛ         | 2. አርሶ አደር       |
|     |                | 3. ነጋዴ                 | 4. የቀን ሠራተኛ      |
|     |                | 5. የቤት እመቤት            |                  |
| 1.6 | ሃይማኖት          | 1. ኦርቶዶክስ              | 2. ሙስሊም          |
|     |                | 3. ፕሮቴስታንት             | 4. ሌሎች           |
| 1.7 | የትምህርት ደረጃ     | 1. መደበኛ ትምህርት ደረጃ የሌሎች | 2. የመጀመሪያ ደረጃ    |
|     |                | 3. የሁለተኛ ደረጃ ትምህርት ሰ   | 4. ኮሌጅ ድገሎማና በላይ |

ክፍል 2: በጥቁር አንበሳ ስፔሻላይዥን ፣ ዘውዲቱ መታሰቢያ እና የካቲት 12 ሆስፒታሎች የአዋቂዎች የቀዶ ህክምና ክፍል የክሊኒካል ሁኔታዎች ስርጭት፣ አዲስ አበባ፣ ኢትዮጵያ፣ 2015 ዓ. ም።

ተ.ቁ.	የህክምናው ባህሪያት ላይ የተነሱ ጥያቄዎች	ለምላሽ የተሰጡ አማራጮች
2.1	ይህንን ሆስፒታል ምን ያህል ጊዜ ይጎበኛሉ?	1. መጀመሪያ ጉብኝት ነው
		2. ሁለት እና ከዚያ በላይ
2.2	ለምንድነው ይህንን ሆስፒታል የሚጎበኙት?	1. ለክትትል
		2. ሕመም
2.3	ከዚህ በሽታ ጋር ለምን ያህል ጊዜ ቆዩ?	1. አንድ ሳምንት
		2. ሁለት ሳምንታት
		3. ሶስት እና በላይ
2.4	ከዚህ በፊት የተደረገ ቀዶ ጥገና አለ?	1. አዎ
		2. የለም
		(አይደለም ከሆነ ወደ ጥያቄ 2.6 ይሂዱ)
2.5	ቀዶ ጥገናው ስንት ጊዜ ተከናውኗል?	1. አንድ ጊዜ
		2. ከአንድ ጊዜ በላይ
2.6	ለዚህ ቀዶ ጥገና የፍቃድ ፎርም የተሰጠው ማነው?	1. ነርስ
		2. ማደንዘዥ በለሙያ
		3. ሌሎች የጤና ባለሙያዎች
2.7	የሆስፒታል ቆይታዎን ቀናት አሳውቀዋል?	1. አዎ
		2. አይ
2.8	ፈቃደኝነት ማሳወቂያ መች ነው የሰጡት?	1. ከቀዶ ጥገናው አንድ ቀን በፊት
		2. ከቀዶ ጥገናው በፊት ወዲያውኑ
		3. ቀዶ ጥገናው በሚደረግበት ቀን

ክፍል 3፡ በጥቁር አንበሳ ስፔሻላይዥድ ሆስፒታል ፣ በዘውዲቱ መታሰቢያ ሆስፒታል እና በየካቲት 12 ሆስፒታል፣ አዲስ አበባ፣ ኢትዮጵያ፣ 2015 ዓ.ም ለአዋቂዎች የቀዶ ጥገና ህሙማን የተሰጡ የቅድመ ቀዶ ጥገና መረጃ ይዘት ላይ መጠይቆች።

ተ.ቀ.	ከቀዶ ጥገና በፊት ባለው መረጃ አካላት ላይ መጠይቆች	የታካሚዎች ምላሽ	
3.1	በቅድመ-ቀዶ ጊዜ ውስጥ ስለ ቀዶ ጥገና ሂደት ተነግሮዎታል?	1. አዎ	2. አይ
3.2	በቀዶ ጥገናው ወቅት ስለ ቀዶ ጥገና አመለካከት መረጃ ተነግሮልዎታል?	1. አዎ	2. አይ
3.3	በቅድመ-ቀዶ ጥገና ወቅት ስለታቀደው አሰራር ተነግሮዎታል?	1. አዎ	2. አይ
3.4	ከቀዶ ጥገናው በፊት ስለ አማራጭ አማራጭ ተነግሮዎታል?	1. አዎ	2. አይ
3.5	በቅድመ-ቀዶ ሕክምና ወቅት ስለ አማራጭ ሕክምና ትክክለኛ ማብራሪያ አግኝተዋል?	1. አዎ	2. አይ
3.6	በቀዶ ጥገናው ውስጥ ስለላለው ጥቅምና ውጤት ተነግሮዎታል?	1. አዎ	2. አይ
3.7	በቀዶ ጥገናው ወቅት ስለሚያጋጠሙ ችግሮች ተነግሮዎታል?	1. አዎ	2. አይ
3.8	በቅድመ-ቀዶ ጊዜ ውስጥ ስለ ማደንዘዣው አይነት ተነግሮዎታል?	1. አዎ	2. አይ
3.9	በቅድመ-ቀዶ ሕክምና ወቅት ስለ ማደንዘዣ ውስብስብ ችግሮች ተነግሮዎታል?	1. አዎ	2. አይ
3.10	3.10 በቅድመ-ቀዶ ሕክምና ወቅት ስለ ማንኛውም መድሃኒት አለርጂ ተነግሮዎታል?	1. አዎ	2. አይ
3.11	በቅድመ-ቀዶ ጥገና ወቅት በሆስፒታል ስለሚቆዩት ቀናት ተነግሮዎታል አዎ አይደለም	አዎ	አይደለም

ክፍል 4፡ በጥቁር አንበሳ ስፔሻላይዥድ ሆስፒታል፣ ዘውዲቱ መታሰቢያ ሆስፒታል እና በየካቲት 12

ሆስፒታል፣ አዲስ አበባ፣ ኢትዮጵያ፣ 2015 ዓ.ም. ስለ አዋቂ ታካሚዎች በቅድመ ቀዶ ጥገና መረጃ ላይ

ያላቸው ግንዛቤ መጠይቆች።

ተ.ቁ. ከቀዶ ጥገና በፊት ባለው መረጃ ጥራት ላይ ያሉ ጥያቄዎች	የታካሚዎች ምላሽ አማራጮች
4.1 ስለ ቀዶ ጥገና ምክንያት በቂ ማብራሪያ አግኝተዋል?	
4.2 ለቀዶ ጥገና ተስማምተዋል?	1. አዎ 2. አይ
4.3 ከመስማማትዎ በፊት ከቀዶ ጥገና በፊት መረጃ ደርሶዎታል?	1. አዎ 2. አይ
4.4 ከቀዶ ጥገናው በፊት የነበረው መረጃ ለመረዳት የሚቻል ነበር?	1. አዎ 2. አይ
4.5 ከቀዶ ጥገና በፊት የተሰጠው መረጃ ጠቃሚ ነበር?	1. አዎ 2. አይ
4.6 ከቀዶ ጥገናው በፊት የነበረው መረጃ በቂ ነበር?	1. አዎ 2. አይ
4.7 ከቀዶ ጥገናው በፊት የቀረበው መረጃ ማወቅ ያለብዎትን ሁሉንም ነጥቦች ይዟል?	1. አዎ 2. አይ
4.8 ለጥያቄ 4.7 መልስዎ የለም ከሆነ ምን ሌላ መረጃ መቀበል ይፈልጋሉ? ይግለጹ -----	
4.9 ስለ ስጋቶችዎ ጥያቄ ለመጠየቅ እድል ተሰጥቶዎታል?	1. አዎ 2. አይ
4.10 ከቀዶ ጥገና በፊት ስላለው መረጃ ያለዎትን ጥያቄ ከነርስ ጋር ለመወያየት በቂ ጊዜ ነበረዎት?	1. አዎ 2. አይደ.

ተ.ቁ.	ከቀዶ ጥገና በፊት ባለው መረጃ ጥራት ላይ ያሉ ጥያቄዎች	የታካሚዎች ምላሽ አማራጮች	
4.11	ነርሷ ለጥያቄዎችዎ መልስ ለመስጠት ፈቃደኛ ነበረች?	1. አዎ	2. አይ
4.12	ነርሷ ለጥያቄዎችዎ ትኩረት ሰጥታ ነበር?	1. አዎ	2. አይ
4.13	ለጥያቄዎችዎ ትክክለኛ መልስ አግኝተዋል?	1. አዎ	2. አይ
4.14	በቀረበው መረጃ ግልጽ ሆነሃል	1. አዎ	2. አይ
4.15	ነርሷ ስለ ቅድመ-ቀዶ ሕክምና መረጃ በሚግባቡበት ወቅት አክባሪ ነበረች?	1. አዎ	2. አይ
4.16	የቀዶ ህክምና ክፍል ነርሶች ከቀዶ ጥገና በኋላ የአለመመቻቸት እና የማስታገሻ ዘዴዎችን በተመለከተ መረጃ ሰጥተዋል?	1. አዎ	2. አይ
4.17	ከቀዶ ጥገና በፊት መረጃ ለመስጠት ይህ ትክክለኛው ጊዜ ነው ብለው ያስባሉ?	1. አዎ	2. አይደለም
4.18	ለጥያቄ 4.17 የሰጡት መልስ የለም ከሆነ ከቀዶ ጥገና በፊት መረጃ ለመስጠት ትክክለኛው ጊዜ መች ነው? እባክዎትን ይግለጹ -----		
4.19	በቅድመ-ቀዶ ጊዜ ውስጥ በሠራተኞች በተሰጠው መረጃ ረክተዋል?	1. አዎ	2. አይ
4.20	በሁሉም የቀረቡት መረጃዎች ግልጽ ሆነዋል?	1. አዎ	2. አይ
4.21	ከቀዶ ጥገና በፊት ላለው የመረጃ አቅርቦት ጥራት አመቻቾችና እንቅፋቶች ምንድን ናቸው ብለው ያስባሉ? ያስረዱ -----.		

ክፍል 5፡ በጥቁር አንበሳ ስፔሻላይዥድ ሆስፒታል፣ ዘውዲቱ መታሰቢያ ሆስፒታል እና በየካቲት 12 ሆስፒታል ፣ አዲስ አበባ፣ ኢትዮጵያ፣ 2015 ዓ. ም. ለአዋቂ ታካሚዎች ተመራጭ የቅድመ ቀዶ ጥገና መረጃ አቅርቦት ዘዴዎች ላይ የቀረቡ መጠይቆች።

ተ.ቁ.	መረጃ አቅርቦት ዘዴዎች ላይ የቀረቡ ጥያቄዎች	የታካሚዎች ምላሽ አማራጮች
5.1	ከቀዶ ጥገና በፊት መረጃ በምን መንገድ ተሰጥቷል?	1. በቃል 2. በተጻፈ በራሪ ወረቀት 3. በቪዲዮ 4. በቃል፣ በተጻፈ በራሪ ወረቀት እና በቪዲዮ 5. ሌላ -----
5.2	ከቀዶ ጥገና በፊት መረጃ ለማግኘት የመረጡት ዘዴ ምን ነበር?	1. የቃል 2. የተጻፈ በራሪ ወረቀት 3. ቪዲዮ 4. የቃል፣ የተጻፈ በራሪ ወረቀት እና ቪዲዮ 5. ሌላ _____
5.3	ከቀዶ ጥገና በፊት መረጃ እንዴት እንዲደርስ ይፈልጋሉ?	1. የቃል 2. የተጻፈ በራሪ ወረቀት 3. ቪዲዮ 4. የቃል፣ የተጻፈ በራሪ ወረቀት እና ቪዲዮ 5. ሌላ

የቃለ መጠይቅ መመሪያ ከቀዶ ጥገና በፊት የመረጃ አቅርቦት መሰናክል የሚሆኑ ጉዳዮችን የሚገልጹ ጥያቄዎች

መመሪያ፡-

ሀሎ፣ ስሜ ----- እባላለው በአዲስ አበባ ዩኒቨርሲቲ፣ በጤና ሳይንስ ኮሌጅ፣ በነርሲንግ እና አዋላጅ ትምህርት ክፍል በፔሪኦድ ስልጠና ህክምና የድህረ ምረቃ ተማሪ ነኝ።

የዚህ ጥናት ዓላማ ከመጋቢት 15 ቀን 2023 እስከ ሚያዚያ 30 2023 ባለው ጊዜ ውስጥ በአዲስ አበባ ውስጥ በሚገኙ የመንግስት ሆስፒታሎች ያሉ የጎልማሳ ህመምተኞች የቅድመ ቀዶ ጥገና መረጃን ጥራት ፣ ተመራጭ የአቅርቦት ዘዴን እና የቅድመ ቀዶ ጥገና መረጃን ለመቀበል እንቅፋቶችን ለመገምገም ነው ። ጥያቄዎቹን በቅንነት እና በስም ሳይገለጽ እንድትመልሱ በአክብሮት እጠይቃለሁ። ይህ ከፊል የተዋቀረ የቃለ መጠይቅ ጥያቄ በፈቃደኝነት ላይ የተመሰረተ ስለሆነ ያለመሰጠት፣ በከፊል እና በሙሉ የመሰጠት መብት አልዎት። በአንተ/ች ላይ ምንም አይነት ችግር እንደማይኖረው እና ያቀረብኩት መረጃ ምስጢራዊነት እንደሚጠበቅ ቃል ልንሰጥህ እወዳለሁ። በዚህ ምክንያት ስምህን መጻፍ አያስፈልግህም። ቃለ መጠይቁን ለማጠናቀቅ በግምት 1 ሰዓት ይወስዳል።

የቃለ መጠይቅ የተደረገላቸው የሶሻሎ ዲሞክራሲ ባህሪያት መረጃ በጥቁር አንባሳ ስፔሻዝድ ሆስፒታል፣ ዘውዲቱ መታሰቢያ ሆስፒታል እና የካቲት 12 ሆስፒታል፣ አዲስ አበባ፣ ኢትዮጵያ፣ 2023 ።

ተቁ	በሶሻሎ ስነ-ሕዝብ ባህሪያት	ለጥያቄዎች መልስ
1	ዕድሜ	-----
2	ፆታ	1. ወንድ
		2. ሴት
3	የጋብቻ ሁኔታ	1. ያላገባ
		2. ያገባ
		3. የተፋታ
		4. ባል/ ሚስት የሞተባት/በት
4	የትምህርት ደረጃ	1. ዲፕሎማ
		2. BSC
		3. MSC
5	የሥራ ልምድ	-----

ከቀዶ ጥገና በፊት ጥራት ያለው መረጃ ለማቅረብ እንቅፋቶችን በተመለከተ የቃለ መጠይቅ ጥያቄዎች

2.1 የነርሲች በቅድመ-ቀዶ መረጃ አቅርቦት ላይ የመሰጠት ልምድ አለህሽ?

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(መመርመሪያ ጥያቄዎችን ማንሳት) -----

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2.2 ለቅድመ-ቀይ ሕክምናው መረጃ በጣም ጥሩው የማድረስ ዘዴ ምንድናቸው?

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(መመርመሪያ ጥያቄዎችን ማንሳት) -----

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2.3 ለቅድመ-ቀይ የመረጃ አቅርቦት ጥራት አመቻቾች ምን ምን ናቸው?

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(መመርመሪያ ጥያቄዎችን ማንሳት) -----

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2.4 ከቀይ ጥገና በፊት ላለው የመረጃ አቅርቦት ጥራት እንቅፋቶች ምንድን ናቸው?

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(መመርመሪያ ጥያቄዎችን ማንሳት) -----

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