ADDIS ABABA UNIVERSITY

COLLEGE OF HEALTH SCIENCES

SCHOOL OF NURSING AND MIDWIFERY

DEPARTMENT OF NURSING

PATIENT SATISFACTION TOWARDS PREOPERATIVE EDUCATION AND ASSOCIATED FACTOR AMONG ADULT ELECTIVE SURGICAL PATIENTS IN SELECTED PUBLIC HOSPITALS, ADDIS ABABA, ETHIOPIA 2021.

BY: DEREJE DERESSA (BSc)

A THESIS WORK SUBMITED TO ADDIS ABABA UNIVERSITY COLLEGE OF HEALTH SCIENCE SCHOOL OF NURSING AND MIDWIFERY IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR MASTER OF SCIENCE IN PERIOPERATIVE CARDIOTHORACIC NURSING.

JUNE 2021

ADDIS ABAB ETHIOPIA

ADDIS ABABA UNIVERSITY

COLLEGE OF HEALTH SCIENCE

SCHOOL OF NURSING AND MIDWIFERY

PATIENT SATISFACTION TOWARDS PREOPERATIVE EDUCATION AND ASSOCIATED FACTOR AMONG ADULT ELECTIVE SURGICAL PATIENTS IN SELECTED PUBLIC HOSPITALS, ADDIS ABABA, ETHIOPIA 2021.

BY: DEREJE DERESSA (BSc)

ADVISORS: TIGISTU GEBREYOHANNIS (MSc, ASSISTANT PROFESSOR)

ABDISA BOKA (MSc, ASSISTANT PROFESSOR)

A THESIS WORK SUBMITED TO ADDIS ABABA UNIVERSITY COLLEGE OF HEALTH SCIENCE SCHOOL OF NURSING AND MIDWIFERY IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR MASTER OF SCIENCE IN PERIOPERATIVE CARDIOTHORACIC NURSING.

JUNE, 2021

ADDIS ABAB ETHIOPIA

ADDIS ABABA UNIVERSITY

COLLEGE OF HEALTH SCIENCES

SCHOOL OF NURSING AND MIDWIFERY

DEPARTMENT OF NURSING

This is to certify that the thesis prepared by Dereje Deressa, entitled: patient satisfaction towards preoperative education and associated factor among adult elective surgical patients in selected public hospitals, Addis Ababa, Ethiopia, and submitted in fulfilment of the requirements for the Degree in Master of Science in perioperative Nursing complies with the regulations of the University and meets the accepted standards with respect to originality and quality.

Approval by the Examining Board:

Tigistu Gebreyohannis (MSc, Ass. Professor) _____

Advisor Signature

Abdisa Boka (MSc, Ass.proffessor) _____

Advisor Signature

_____ _____

Internal Examiner Signature

_____ _____

External Examiner Signature

Chairman of the Department or Graduate Program Coordinator

_____ Signature _____ Date _____

STATEMENT OF DECLARATION

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, data analysis 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 in this document. Every effort has been made to avoid plagiarism in the preparation of this thesis. This thesis is submitted in partial fulfilment of the requirement for a graduate degree from the Addis Ababa University at College of Health Sciences, School of Nursing and Midwifery department of Nursing. The thesis is deposited in the Addis Ababa University Digital Library and is made available to local, national, and international scientific communities. I solemnly declare that this thesis has not been submitted to any other institution anywhere for the award of any academic degree, diploma, or certificate. 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 Department or all advisers of the theses when in his or her judgment the proposed use of the material is in the interest of scholarship and publication. In all other instances, however, permission must be obtained from the author of the thesis.

Dereje Deressa _____ _____

Student Name: Signature Date

Research Advisors:

Tigistu Gebreyohannis (MSc, Ass. Professor) _____ _____

Name Rank Signature Date

Abdisa Boka (MSc, Ass.proffessor) _____ _____

Name Rank Signature Date

ACKNOWLEDGEMENTS

Primary, I would like to convey my heartfelt thanks, appreciation, and acknowledgement to my advisors Mr. Tigistu Gebreyohannis (MSc, Assistant professor), and Mr. Abdisa (MSc, Assistant professor) for their unreserved guidance, support in all aspect of this research starting from topic selection to submission to thesis report.

Next, I would like to express my deepest gratitude to Addis Ababa University, College of Health Sciences School of nursing and midwifery for giving me the chance to pursue my education in master's program in Peri operative cardiothoracic nursing and giving me sponsorship to conduct my graduate studies.

Finally, my heartfelt thanks go to data collectors, supervisors, study participants, health institutions administrators, for their kind cooperation and invaluable contributions. My gratitude also goes to my wife Gebaynesh Dhugassaa who provided continuous support and assisted me in all aspects of this research.

LIST OF ABREVIATIONS

DC Data Collectors

DEC: Data entry clerk

HADS: Hospital-l Anxiety and Depression Scale

PEEP: positive end expiratory pressure

PONV: Postoperative nausea and vomiting.

PIs: Principal investigators

ROM: Range of motion

SD: Standard Deviation

SPSS: Statistical package for social sciences)

ST.PMH: St. Paulos Millennium Medical College Hospital

THA: Total hip arthroplasty

TASH: Tikur Anbessa Specialized Hospital

TKA: Total knee arthroplasty

ZMH: Zewditu Memorial Hospital

TABLE OF CONTENTS

LIST OF FIGURES

ABSTRACT

Patient satisfaction is characterized as a subjective and complex concept, including physical, emotional, mental, social, and social components. Globally, increasing thoughts has been given to the evaluation of patient satisfaction as a strategy of observing for the quality of health care provision in the health care institutions. Quantitative institutional based cross sectional study was conducted and a total of 422 elective surgical patients from 3 public hospitals at Addis Ababa, Ethiopia were included. Study participants were allocated proportionally based on the average surgery done per month in selected hospitals. Data were collected using pre-tested and interviewed structured questionnaires. The collected data was analyzed using SPSS version25.0. Bivariate and multivariate analysis was conducted to examine association between independent and outcome variables. A variable that has P-value of <0.25 bi-variable logistic regression analysis and which can fit binary logistic regression model was subjected for multivariable logistic regression analysis to control the confounding factors. Level of statistical significance was declared at P-value <0.05. The level of satisfaction in this study was mean 83.6 ±0.4. Preoperative fear/anxiety [AOR=0.013; 95% CI: 0.003, 0.067, P= 0.000], previous surgery [AOR= 2.7; 95% CI: 2.51, 6.85, P= 0.000] and Preoperative educations about surgery [AOR=0.005; 95% CI: .000, 0.061, P= 0.000].where the factors associated with level of satisfaction. The level of satisfaction towards preoperative teaching in the current study was 83.6%, more than three fourth of adult elective surgical patients confirmed good satisfaction levels. Although health care givers should routinely provide preoperative education to reduce anxiety and fear of surgical patients.

Keywords: Preoperative patient education, satisfaction, surgery

CHAPTER ONE

1. INTRODUCTION

1.1. Background

Patient satisfaction has been described as the value and response of patients towards the care they received. Currently, it is most important concern of the health care system, mainly in developing countries. Satisfied patients are more likely to have a good relationship with health professionals and the extent to which they desired expectations, goals and or preferences are met by the health care provider (1,2). It is defined as a subjective and complex concept, involving physical, emotional, mental, social, and cultural factors. Patient satisfaction with healthcare services is critical result that is progressively utilized as a marker for quality of care (3).

Health-care experts all over the world give preoperative teaching to assist patients to prepare for their surgery. The foundation of preoperative teaching for the surgical patients includes nursing staff giving education that incorporate desires of the surgical procedure, medication and food restrictions before the procedure, as well as giving instructions for aftercare once a patient is discharged home Preoperative education permits patients to take an active role in their care and improvement(4–6).

Patients are source of information about a hospital system's communication, education, and pain-management forms, and they are source of information about whether they were treated with dignity and respect. Their experiences often shows how well a hospital system is operating and can stimulate essential insights into the sorts of changes that are required to close the gap between the care given and the care that should be provided(7). Having a preoperative patient education programme provides sufficient information on the risk and process of surgery to patients which may help to increase their satisfaction levels and reduce their anxiety levels(8,9).

The centre of satisfaction has been revealed to increase patient preservation, maximize staff morale, decrease risk of negligence suits , and optimize professional satisfaction(10). The use of patient satisfaction has been advocated as a unique clinical end-point and as a marker of the quality of health care given(11).

1.2. Statement of Problems

Patient satisfaction improves patient centred focus, communication, and a trusting relationship between patients and healthcare providers(12).Satisfaction is also affected by surgeon's effective communication pre-operatively and on the day of surgery. Patients highly value being treated with respect and knowing that providers are listening to what they have to say(13).

The most important responsibility of surgical nurses in the preoperative patient information processes is preoperative education. However, more than half of participants (56.2%) were satisfied with the preoperative information provided by their nurses but less than half reported their satisfaction levels as very satisfied (42.8%) (6).Studies have reported that Participants who received preoperative education experienced a greater decrease in anxiety score (14).

Preoperative teaching engages patients to reduce postoperative complication, increase patient satisfaction, reduce anxiety, and shorten the length of hospitalization(9).These program reduced the length of Hospital stay and cost of care. Similarly it has reduced the mean length of stay significantly from seven days in patients who did not receive preoperative education to five days in patients who received preoperative education(15).

Previous patient surveys concerning anaesthesia revealed that patients are very fearful of death during anaesthesia (8-55%), awakening during anaesthesia (5-54%), experiencing postoperative pain (5-65%), and experiencing postoperative nausea (5-48%)(16)

The patient's context should be the starting point for high-quality patient-centred education that is geared to finding solutions to patients' problems(17). The education programs are primarily used in chronic diseases such as diabetes mellitus, rheumatoid arthritis, asthma, or cancer, but several research have currently reported the benefits of preoperative teaching for patient's undergone primary total hip arthroplasty (THA). Education prior to THA was notably associated with more realistic patient expectations and higher satisfaction(18). It includes education of the patient concerning the surgery and ought to meet patients" expectations of the surgical procedure, medication and fasting before the procedure. It is essential moment to give relevant instructions that will help a patient after surgery and when discharged home. On the other hand, preoperative education and information was proved to help the patients get satisfied with the care from the health providers (7,15).

Anxiety among patients is common in the operation theatre set up with a reported incidence of 60%–80%. Long surgical procedures, anaesthesia, new environment and unexpected delays usually increase patient anxiety. Approximately, one-third of patients having surgery under regional anaesthesia are highly anxious before surgery (19). So , it is important to address preoperative anxiety, a condition that affects 41% of patients before they receive anaesthesia or undergo surgery and that may result in surgery cancellation or postponement (20,21).

Based on current studies and information reviewed in different articles, it shows that there are gaps in how nursing staff gives preoperative information and the participant's perception from teaching related to a surgical procedure (4).

Preoperative education is variously described in the literature, and is loosely used to refer to different types of educational interventions that occur in the period before surgery, including the following: (i) the provision of health information; (ii) enhancing skill training for patients such as educating breathing and leg exercises; and (iii) the arrangement of psychosocial support to address patients' anxieties, desires and concerns (14,22). Although some studies have been conducted to evaluate the level of patient satisfaction with nursing care in Ethiopia, they were conducted in a particular institution with small sample size and their information was not consistent and uncertain. Thus, the national level of patient satisfaction with nursing care remains inadequate (1).

Even though preoperative patient education concerning surgical procedure has been given, it is not satisfactory, and the patients still feel anxiety concerning the procedure. So, this study will evaluate patient satisfaction towards preoperative education, to fill the gap and reduce lack of information among surgical patients.

CHAPTER TWO

2. LITERATURE REVIE

Patient satisfaction is a concrete criterion for assessment of health care and therefore quality of nursing care. It gives important information for healthcare directors by providing important resources for processes such as those included in measuring patients' expectations and satisfaction with nursing care quality improving nursing service quality through distinguishing of areas of failure and planning and implementing necessary training (11).

Although researchers have reported different outcomes related to pain severity and satisfaction. Few have found that patients who perceived severe pain during the first 24 hours postoperatively were less satisfied with their pain management than patients who reported less severe pain levels. Patient satisfaction with pain control has been directly linked to the effectiveness of preoperative education on pain the amount of pain the patient experienced in the first 24 hours after surgical procedure (5).

2.1. Preoperative education

Patient education is important for reducing preoperative anxiety, and it incorporates a positive impact on professionals' performance. Understanding patient centred education and experts with great communication skills appear to have an influential role in the experienced quality of nursing care and there seems to be a connection between patient Centred teaching (23).

A research conducted in Norway revealed that sufficient information about their health status, management options, and relation with nursing and medical staffs had been the principal determinants that affect patient satisfaction. then again, preoperative discomforts had been the most components that affects a person's satisfaction negatively(24).

There is evidence that preoperative teaching can reduce anxiety, support compliance with physiotherapy and increase self-esteem, and may be most useful to high risk patients, present with co-morbidities or impaired mental health as part of a targeted rehabilitation program(25).

Patients who received a psycho-educational intervention 1-2 days earlier to surgery reported lower levels of postoperative anxiety at 3 days and immediately earlier discharge to home(26).

Patients' information deficits about anaesthesia and the anaesthesiologist's role in their care may contribute to these fears and anxieties (16).Experiencing cardiac surgery is a stressful event for both patients and family members. Those clients waiting for cardiac surgery, the prevalence of clinically significant anxiety and depression were 28% and 47%, respectively (3). A further existing study revealed that an effective nurse preoperative teaching not only reduced anxiety levels, but also decreased the risk of postoperative complications, such as sternal infection, in cardiac surgical patients (8)

Studies in cardiac surgery in account synthesis of 14 studies, 11 studies (79%) concluded that preoperative education improves postoperative outcomes, whereas three studies (21%) reported no positive results. In this review, we did not assess any harm related to preoperative education because none of the included studies reported harm effects of the intervention (27).

Greater than half of the patients (54.2%) were fully educated while 36.8% were moderately informed about their surgery. Eighteen participants stated that they were not informed about their surgery. They were least informed on the effect of surgery on patients life (53.2%), about deep breathing and coughing exercises /How and when to do positive and expiratory pressure (PEEP) (47.8%) and range of motion (ROM) (Positioning in bed) exercises (42.8%) (6).

Ethiopia more over appeared that self apprised health status, desire about the services, perceived adequacy of consultation duration, perceived providers' technical competency, perceived welcoming approach and perceived body sign allying were determinants of satisfaction from both public and private hospitals (24).

2.2. Patient satisfaction

Universally, increasing concern has been given to the assessment of patient satisfaction as a method of monitoring the quality of health care givers in the health institution. Preoperative patient satisfaction has been thinking quietly related to the level of postoperative pain concentration, patients' need of the outcome and patient health provider relationship. In patent services, hospital facilities, access to care, waiting time, cost and helpfulness of treatments received (24).

In India Sreenivas, watched that small number of patients were satisfied with the services gotten from three hospitals studied simultaneously(2). A research conducted at a University

hospital in Saudi Arabia showed that the clarification of the surgical team about the way life after an operation and the quality of food in the hospital influenced patient satisfaction negatively (28).

In addition, many studies have been conducted to determine the level of patient satisfaction with nursing care. For instance, studies done in Iraq, Brazil and Egypt showed that patient satisfaction with nursing care was high. Additionally, the overall level of patient satisfaction with nursing care was 69% in Iran, 67% in Kenya, and 33%in Ghana. On the opposite, the results of the study done in India revealed that most of the hospitalized patients had poor perception regarding nursing care. (1).

A study conducted to evaluate level of satisfaction at CHUK in 2015,showed that, nearly all 96.87% surgical patients reported they were dissatisfied for not included in choice making and treatment plan during the preoperative period (7). Current research shows that while 81-89% of patients who have had a total hip Arthroplasty (TKA) are satisfied postoperatively, there is room to improve patient satisfaction by providing further education preoperatively(29) the majority of patients are described as being satisfied with surgical outcome; though consistent reports of 10–20% dissatisfaction with joint Arthroplasty persist(30). It has been numerous studies performed that assess the satisfaction of patients after experience a primary TKA. Whereas the satisfaction rate ranges from 81-89% a study reports (29). The most common sources of anxiety reported the participants included lack of information, being away from family, risk of death and pain (31).

Generally patient satisfaction with the preoperative anaesthetist visit was low (73.4%) at Menelik II referral hospital. On anaesthetist skill the patient had 54.7 % of patient were satisfied from the anaesthetist was given fasting instruction clearly anaesthetic care plan, the low satisfaction was just from introduction of anaesthetist and permission before anaesthetist's examination adequate information about postoperative analgesia and PONV management (32). When not knowing what to anticipate when entering the OR and encountering a feeling of fear whereas waiting for surgical transport. Patients who were arriving on the day of surgery were insufficiently educated concerning surgical preparation and process, resulting in preoperative anxiety (21).

2.3. Factors affecting patient satisfaction

Information provision and instruction are vital factors affecting patient satisfaction. In addition, giving patients and their families with information about patients' conditions is imperative in making them overcome fear of the unknown. Another potential reason that satisfaction of a patient could differ according to social values based on age related increases in tolerance and maturity levels. Patients with lower levels of education being most satisfied, additionally, appeared that higher educational attainment was strongly associated with dissatisfaction (11).

Although there are numerous perspectives of patient satisfaction with treatment such as overall satisfaction, interpersonal factors, competence of experts, patient ranking of the result, materials, coherence of care, accessibility for facilities, information about procedure and treatment, system of service and costs for treatment were the main indicator of patient experiences, dissatisfaction and mood disorder after operation (24).

Benefits of patient teaching including increased patient satisfaction, improved quality of life, enhanced continuity of care, decreased anxiety, less complications, advancement of adherence to the arrange of care, maximized freedom, and empowering. The adequacy of preoperative teaching in promoting postoperative outcome, which appeared most 98.4% of patients did not develop to postoperative complication (9,15).

Preoperative anxiety, impaired functional status and post-operative pain control are imperative with in the management of surgical patients and related to effective improvement and patients satisfaction (33).

2.3.1. Patient characteristics Socio-demographic factors):

Such as gender, age, educational status, and health proficiency rate influence the educational needs of the patients. Also, the patients' personality as well as mental state (anxiety, fear and unreasonable expectations) influence the patient's communication with health care experts, which can impact the information awareness (34). Numerous other psychological factors such as anxiety, mood disorders, preoperative neuroticism and psychosocial vulnerability may impact how surgical patients come across severe pain postoperatively. Other components such as the presence of preoperative pain, and pain response to heat stimuli can be few important

preoperative indicators of pain intensity as well as patient dissatisfaction of the postoperative analgesia (35).

2.3.2. Health professional factor

Patient safety is a major concern today. In the context of the Patient Safety Program, the World Health Organization (WHO), develops programs that address the different risks to patients around the world. Hospital staff competency and techniques, their medical effectiveness, the environment they create and the support they offer, the overall attitude and service proceedings are determinants of Patient Satisfaction(36).

2.3.3. Patient and family factor

The application of great guidelines and proficient codes of morals, which essentially incorporate an assessment of patient satisfaction with respect to : doctor and patient relationship, comfort services, freedom of choice, scientific information and technical skills, service effectiveness and protection method(37). Although a recent research from Balkan countries including Macedonia, Bulgaria, and Serbia identified the top three indicators of patient satisfaction: trust, attention of doctors, and perceived outcome of the treatment. Long waiting time, huge administrative producers and patient privacy protection are too issues for concern in all three countries(38).

2.3.4. Institutional factor

The hospital's physical benefit incorporates: The cleanliness and maintenance of the facility, the accessibility of physical facilities, such as resident rooms, technological capability, diagnostic test rooms, blood banks, wards, beds, ambulance services, waiting rooms, and operation theatres. Several studies have already attempted to ascertain the impact of the physical services in quality service delivery(36).

A recent study, health policy, socio-economic move, trend in healthcare resources and out comes were observed among three historical health-policy legacies in South-eastern European nations. Although a study from Bangladesh implies medical service of the hospital, service of the hospital staff, hospital facilities and technology are factors that affect patient satisfaction (38).

2.4. Conceptual Framework

The conceptual framework was constructed from literature review which has four categories patient's socio-demographic data, institutional factors, health professional factors and patient and family factors.

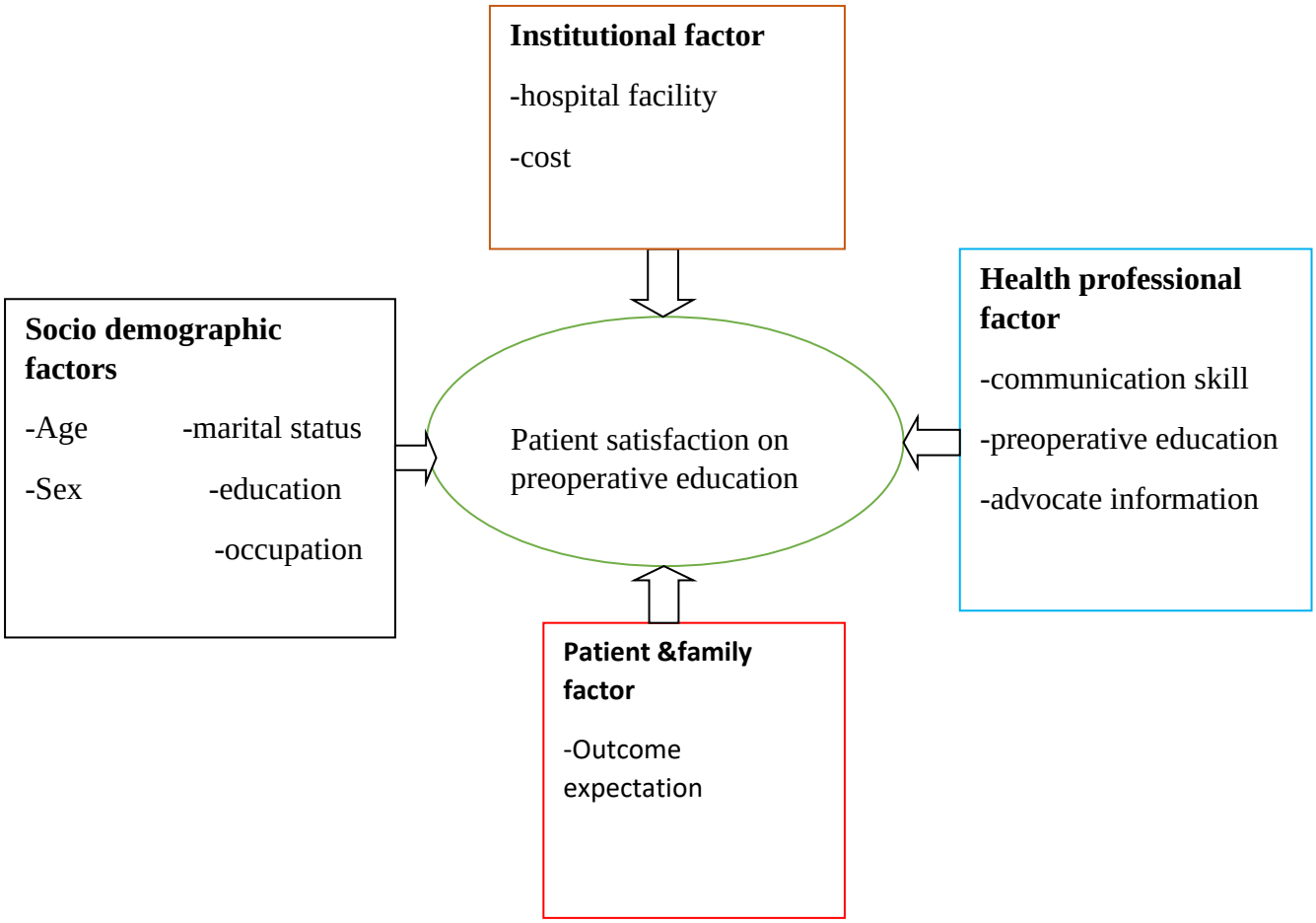


Fig 1: Conceptual frame work for preoperative patient satisfaction designed by principal investigator as it appears in the literature(35,36,38)

2.5. Significance of the Study

The issues of patient satisfaction on preoperative education are crucial for operation outcome and prevention of complication. Besides these, early post-operative recovery depends on educating patients on self-care, wound care and providing clear information to discharge patients. On top of this, if preoperative education is not given to the patient, he/she is not satisfied with the operation going to be done and ends up to procedure cancellation or postponement of the operation. Cancellations more over make a financial burden for patients in addition to possible emotional stress. So, this study will help to assess patient satisfaction after preoperative education towards surgical procedure. At the end of this research study the institutions at which the research conducted will be benefited by identifying the factors that made patients not satisfied with the procedure going to be undertaken and it helps the researcher to use the result as inputs for other researchers to conduct the same study.

CHAPTER THREE

3. OBJECTIVES

3.1. General objectives

- To assess patient satisfaction towards preoperative education and associated factors among adult elective surgical patients in selected public hospitals, Addis Ababa, Ethiopia in 2021.

3.1.1. Specific objective

- To determine patient satisfaction about preoperative education in selected public hospitals, Addis Ababa, Ethiopia in 2021.
- To identify the factors associated with pre-operative education on patient satisfaction in selected public hospitals, Addis Ababa, Ethiopia in 2021.

CHAPTER FOUR

4. METHODS AND MATERIALS

4.1. Study Area and Period

The study was conducted in three public hospitals Addis Ababa, Ethiopia. From February 08 to March 08, 2021.In Addis Ababa, Ethiopia. Addis Ababa is the capital city of Ethiopia in which 25% of the urban people of the country lives. The health coverage status of the city in 2015 was estimated to be 52.2%. There are a total of 52 hospitals in the city, of which 12 of them are public hospitals. Tikur Anbessa Specialized hospital is the largest teaching hospital under the administration of federal ministry of health Addis Ababa University, College of Health Sciences. Approximately, it has 370,000- 400,000 patients flow per year. The hospital has 850 beds of which 181 are dedicated for surgical cases in the hospital; there are 169 specialists, 75 surgeons 65 non-teaching doctors, 627 nurses and 11 operating theatre rooms. Information from surgery department and Nursing office of Tikur Anbessa specialized. St. Paul's Millennium Medical College as it is known today, established through the council of ministers in 2010 and hospital was established in 1968. The college has more than 2800 clinical, academic, and administrative and supportive staff that provide medical speciality services to patients who are referred from all over the country, while the inpatient capacity is more than 700beds, The College sees an average of 1200emergency and outpatient clients daily (ST.PMH human resource). Zewditu memorial hospital was established in 1933 GC. It is teaching and general hospital which was accompanied by 175 beds and 280 nurses. It has a dialysis centre and a regional laboratory (ZMH human resource2021).

4.2. Study Design

An institutional based cross sectional study design was used.

4.3. Population

4.3.1. Source of population

The source of population is all elective patients visiting selected public hospitals, in Addis Ababa, Ethiopia in 2021.

4.3.2. Study Population

All selected adult elective surgical patients in selected public hospitals, Addis Ababa, Ethiopia in 2021.

4.3.3. Eligibility criteria

4.3.3.1. Inclusion criteria

All randomly selected elective adult patients who undergone surgery in selected public hospitals, Addis Ababa, Ethiopia in 2021

4.3.3.2. Exclusion Criteria

Those patients who come and treated as outpatient (OPD) and non-surgical patients, severely ill (unconscious) patients, patients with known mental problems and those patients not willing to participate in the study were excluded.

4.4. Sample Size Determination

The sample size was estimated by using single population proportion formula and assuming the level of significance (α) equals to 0.05 and marginal error of 5% and proportion of 50%.

$$n = \frac{(Z\alpha/2)^2 \times p\,(1-P)}{d^2}$$

Where, n = the required sample size

a= confidence interval (95%)

p=previous level of satisfaction 50% = 0.5 (since there is no study done on the specific topic)

d= is the margin of sampling error tolerated (5%) = 0.05

$ni = (1.96)^2\,(0.5)\,(1-0.5)/\,(0.05)^2 = 384$

By adding 10% of non-response rate the final sample size was:

$= 384 + 384\,(0.1) = 422$

4.5. Sampling Techniques

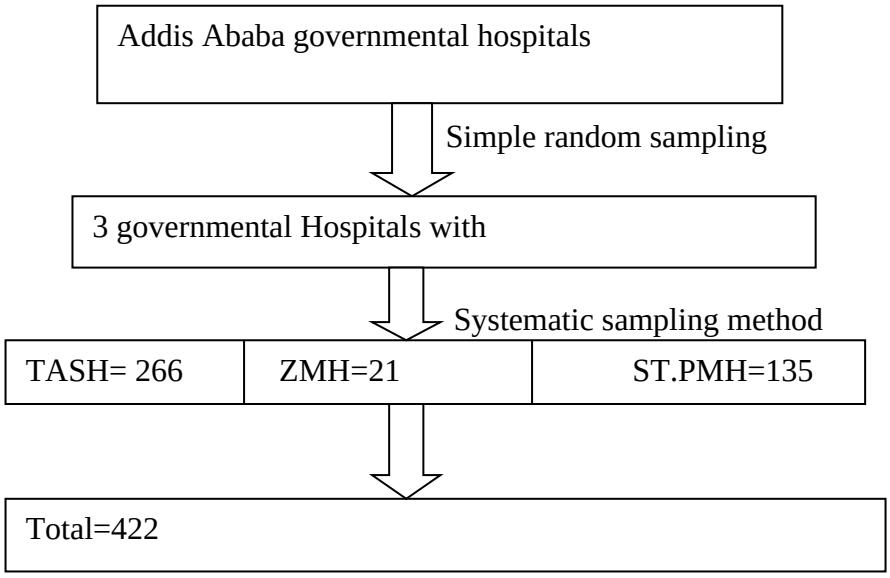
Among all governmental hospitals, three hospitals were selected by simple random sampling. The sample size was allocated propositionally.

$$(ni = n \times Ni/N)$$

Table 1: Proportional Allocation of patient satisfaction towards preoperative education at Public Hospitals Addis Ababa, Ethiopia 2021

Name of selected hospital	Average surgery done per month in selected Hospitals	Total No. of participants in each Hospitals	Proportional allocation of participants in each hospital by the formula ni= (n * Ni)/ N
TASH	546	422*546/866=266	266
ZMH	43	422*43/866=21	21
ST.PMH	278	422*278/866=135	135
Total	866	422	422

Study participants were selected from each ward by using systematic sampling technique. First list of the patients before surgery was obtained from the ward depending on the bed number and then the k^{th} value was calculated. After thek^{th} value obtained the first patient was taken by lottery method and then continued by k^{th} interval until the sample size obtained.



TASH- Tikur Anbessa Specialized Hospital

ZMH- Zewditu Memorial Hospital

ST.PMH- Saint Paul Millennium Medical College Hospital

K value- N/n

The K value of Tikur Anbessa Specialized Hospital, N/n 546/266=2 Saint Paul Millennium Medical College Hospital, N/n 278/135=2 and Zewditu Memorial Hospital N/n 43/21=2, A total of 422 elective surgical patient were incorporated from the selected public hospitals.

4.6. Study Variables

4.6.1. Dependent variables

Surgical Patient Satisfaction towards Preoperative Education

4.6.2. Independent variables

Socio-demographic factors: age, sex, address, marital status, education

Patient and family factors: outcome expectation

Health professional factors: provider communication skill, preoperative education and information.

Institutional factors: hospital facility, cost

4.7. Operational Definitions

Good satisfaction: The individual response for each satisfaction questions was computed and then mean was calculated. Those scored greater than mean (50%) was considered as had good satisfaction.

Poor satisfaction: The individual response for each satisfaction question was computed and then mean was calculated. Those scored less than or equal to 50%. Considered as had poor satisfaction(6).

4.8. Conceptual Definitions

Patient satisfaction**:** is defined as a subjective reaction to the context, process, and result of the service experience one has received.

Preoperative teaching**:** is defined as 'an interactive process of providing information and explanations about surgical processes.

Adult: Individuals who by virtue of achieving a definite age, generally eighteen, is respected in the eyes of the law as being able to manage his or her own affairs

4.9. Data Collection Methods

Structured interviewer administered questionnaire was used to collect data on patient satisfaction to preoperative education and associated factors. The investigator was responsible for the overall management of the project; the development of the final questionnaire; securing participation of selected patients; identifying, training and assignment of data collectors and supervisors.

The Data collectors were three trained BSc nurse professionals, who were assigned at each of the three hospitals preoperative units and were supervised by two BSc nurse professionals. The principal investigator made the overall supervision daily. The purpose of the training is to ensure that all the data collectors had the same information about the study instrument and follow the same interview procedures. The training was to deal with the purpose of the study, confidentiality and how to approach and forward questions to clients.

4.10. Data Collection Instrument

The tool was adopted from recent published articles. Structured interviewer administered questionnaire was used to collect data on patient satisfaction towards preoperative education and associated variables and it has 3 parts. The Socio-demographic characteristics part contains 6 questions requesting demographic related data. The Effects of type of surgery and patient and family factor part contains 10 questions and on preoperative education. And the preoperative education part contains 16 questions constructed to assess patient preoperative educations. patient satisfaction on health facilities it contains 24 questions. Amharic version questionnaires were used.(6)A Likert scale type questionnaire was prepared in English version

and translated to Amharic by independents language experts. The tools contain questions related to patient level of satisfaction. The theoretical ranges and classification boundaries of the sum variables were on a scale 1–5: 1.00–2.49 = poor, 2.50–3.49 = satisfactory and 3.50–5.00 = good.

Questionnaire items were rated between 1and 5 and all response formats was converted to percentages. Thus, 5-point Likert scale with very dissatisfied 1 = dissatisfied 2 = neutral 3 = Satisfied 4 = very satisfied 5 = was converted to percentages as follows: 1 = 0%, 2 = 25%, 3 = 50%, 4 = 75%, and 5 = 100%. Therefore, those with scores greater than 50% are categorized as having good satisfaction and those with scores less than or equal to 50% are categorized as having poor satisfaction(6).Cronbach's alpha reliability was checked 0.76 (76%).

4.11. Data quality management

Before actual data collection was started pre-test was made on 5% of the study participants at Menelik II referral hospital and amendment was made on the questionnaire based on need. To ensure data quality, the data collectors was provided training on the objective of the study, contents of the questionnaires and how to preserve confidentiality and privacy of the study subjects. The information collection processes were closely monitored and collected data was checked for its completeness on daily bases by supervisors and the principal investigator.

4.12. Data analysis

The data was collected by using face to face interview for the patient who fulfilled the inclusion criteria and those who admitted in preoperative unit during the study period at selected Public hospitals. It was checked and cleaned in excel software then; exported to SPSS version 25 software for analysis. Incomplete and inconsistent data were excluded from the analysis. Descriptive statistics was utilized to express the sample. The outcome of the descriptive statistics was expressed as percentages and frequencies. Associations between independent and dependent variables were analyzed first using bi-variable analysis to identify factors which were associated with the outcome variable. Those factors which were found to have an association with the outcome variable at $P<0.25$ and which fitted for binary logistic regression model were entered to multivariable logistic regression analysis to control the confounding factors. The magnitude of the association between the different independent

variables in relation to dependent was measured using adjusted odds ratios (AOR) and 95% confidence interval and P values below 0.05 were be statistically significant. Results were presented in tables and graphs and conclusion was drawn based on the findings.

4.13. Ethical Consideration

Ethical clearance was obtained from the Research and Ethics Committee of the department of Nursing and midwifery of the school. Before the beginning of data collection, a permission letter was provided to the hospital's administrative body for data collection. Participation was volunteered 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 were given the right to stop or withdraw at any time of data collection. Also they had told that the information obtained from them be treated with complete confidentiality and do not cause any harm to them. Confidentiality was maintained by omitting their name and personal identification.

4.14. Dissemination of the Results

This result will be submitted to Addis Ababa University, Health Sciences College, and department of nursing. Also, it will be disseminated to Addis Ababa Public Health Research and Emergency Management Directorate. To publish it in different journals, present it in workshops and conferences, further effort will be made.

CHAPTER FIVE

5. RESULTS

5.1. Socio-demographic characteristics of adult elective patients

A total of 422 participants were included to participate in the study and 114 participated with the response rate of 98.1%. Nearly half of the participants 210(50.7% were male. About 95(22.6%) were found within the age group between 25 and34 years. Of the total respondents about 124(29.5%) were unable to read and write and 108(25.7) primary school level education. (Table1 below summarizes the results).

Table 1: Distribution of socio-demographic characteristics of adult elective patients' satisfaction to preoperative education in Addis Ababa public health hospitals, March to April 2021 (n=414).

Variable	Categories	Frequency(n=414)	Percentage (%)
Sex	Male	210	50.7
	Female	204	49.3
Age	18-24	45	10.9
	25-34	95	22.6
	35-44	92	21.9
	45-54	89	21.1
	55-64	55	13.1
	65-74	36	8.6
	>75	2	0.5
Marital status	Single	88	20.9
	Married	297	70.5
	Divorced	29	6.9
Education	unable to read and write	124	29.5
	primary school	108	25.7
	High school	79	18.8
	College or university	103	24.5
	Farmer	96	22.8
	Merchant	62	14.7
	Employee	145	34.4
	house wife	77	18.3
Occupation	daily labourer	34	8.1

5.2. Effects of type of surgery and patient and family factor on preoperative education.

From a total surgery appointed abdominal surgery were the highest, 104 (25%). More than half of participants325 (78.5%) experienced preoperative fear and anxiety, but 89 (21.1%) were not felt preoperative fear. From the fear of surgery related death 106 (25.2%), those who were undergoing complicated surgery and pain were 35(8.3%), those who feel not being the same again after surgery 69(16.4%). The duration of illness was 168 (40.6%) in months and 118 (28.5%) in days duration. Of them surgery waiting time were 258 (62.3%) Less than 1 month and 53(13%) was 3-6months**.**

Table .2 Characteristics of the effect of types of surgery and patient and family factors at public hospital, Addis Ababa. 2021**.**

Types of surgery	Cardiothoracic	22	5.2
	ENT	39	9.3
	Neurosurgery	52	12.4
	Abdominal	104	24.7
	Urology	64	15.2
	Gynaecology	40	9.5
	Orthopaedics	41	9.7
	plastic surgery	9	2.1
Having Preoperative fear/anxiety	No	89	21.1
	Yes	325	78.5
Kind of fear/anxiety	Fear of death	167	40.3
	Undergoing complicated surgery as well as pain	212	51.2
	Not being the same again	158	38.2
Duration of the illness	In days	118	28.0
	In months	168	39.9
	In years	128	30.4
Surgery waiting time	Less than 1 month	258	61.3
	Less than 3 months	92	21.9
	3-6 months	53	12.6
	4.More than 6 months	11	2.6
Previous surgery	No	350	83.1
	Yes	64	15.2
Number of admissions	1	236	56.1
	2	124	29.5
	3	43	10.2
	≥4	11	2.6
Perceived patient's service expectation	High	348	82.7
	Medium	50	11.9
	Low	9	2.1
	None	7	1.7
Payment status for treatment	Free	155	36.8
	Paid	259	61.5
Self-rated health status during interview	Very well	107	25.4
	Well	288	68.4
	No change	19	4.5

5.3. Patient satisfaction towards preoperative education among adult elective surgical patients.

Overall satisfaction of adult elective surgical patients was calculated using satisfaction to preoperative education which contains 24 questions. Using this score, 346 participants (83.6%), has good satisfaction and the prevalence of poor satisfaction to preoperative education was 68 (16.4%).

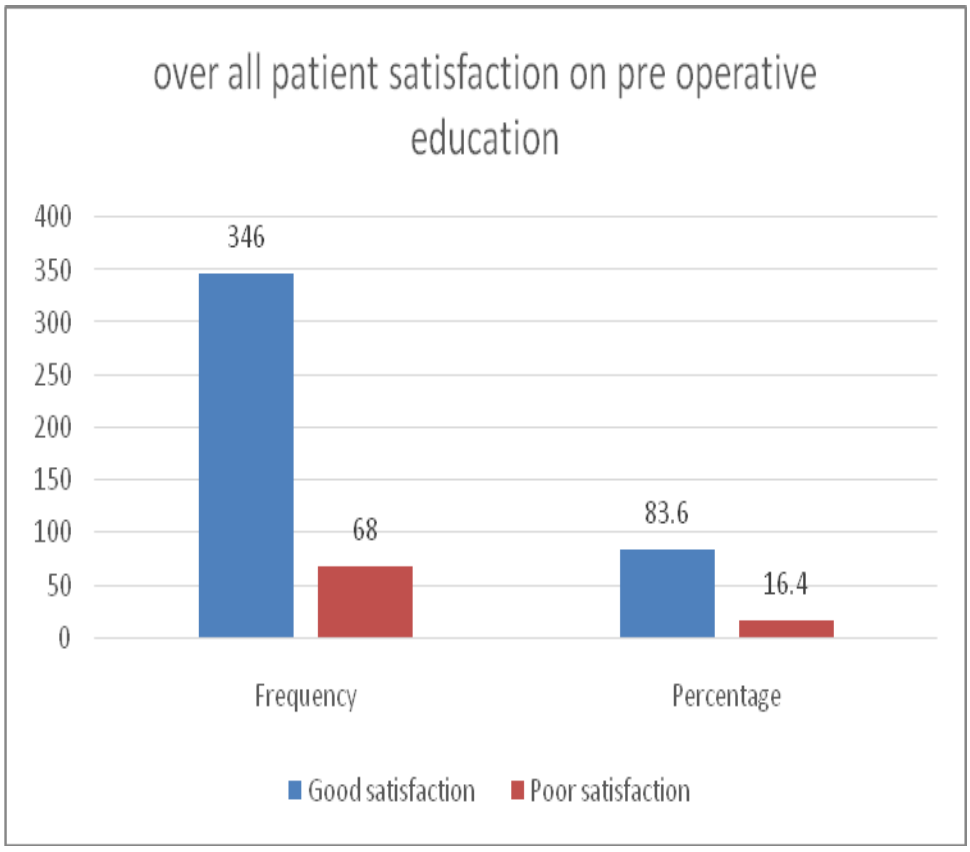


Fig. 2: Patient satisfaction to preoperative education in Addis Ababa public health hospitals, March; to April 2021 (n=414).

5.4. Patient satisfaction towards preoperative education.

Among the respondents 165(39.2%) were dissatisfied and 149(35.4%) of them were satisfied, about adequacy of information provided and the possible complications that may occur during operation or treatment. Two hundred six (49.8%) patients were dissatisfied about the importance of information given by the ward nurses' regarding the importance of laboratory investigations. Most of the participants168 (39.9) were dissatisfied, about accessibility of pharmacy and laboratory facilities while 64(15.2) were satisfied.

Table3. Questions to assess the patient satisfaction on preoperative educations in Addis Ababa public health hospitals which contains 24 questions, March: to April 2021 (n=414).

Variable	Very Satisfied (5)	Satisfied (4)	Neutral (3)	dissatisfied (2)	Very Dissatisfied (1)
Adequacy of physicians' and nurses' answer for your questions?	71(16.9)	171(40.5)	44(10.5)	109(25.9)	19(4.5)
Adequacy of physicians' and nurses' information about the nature of your problem or operation?	63(15.0)	171(40.6)	33(7.8)	136(32.3)	11(2.6)
Adequacy of information provided about the possible complications that may occur during operation or treatment?	41(9.7)	149(35.4)	43(10.2)	165(39.2)	16(3.8)
Waiting time to see the doctor?	21(5.0)	151(35.9)	38(9.0)	192(45.6)	12(2.9)
Waiting time to give laboratory specimens?	9(2.1)	189(44.9)	76(18.1)	126(29.9)	14(3.3)
Waiting time to see the doctor after receiving lab results	13(3.1)	186(44.2)	71(16.9)	122(29.0)	22(5.2)
Nurses' provide prompt response for your call	27(6.4)	132(31.4)	63(15.0)	173(41.1)	19(4.5)
Ward nurses respect ion to you during communication?	31(7.4)	129(30.6)	66(15.7)	165(39.2)	23(5.5)
Adequacy of ward nurses' information to you about your health progress?	14(3.3)	114(27.1)	49(11.6)	205(48.7)	32(7.6)

Table3. Questions to assess the patient satisfaction on preoperative educations in Addis Ababa public health hospitals which contains 24 questions, March: to April 2021 (n=414). Continued.

Ward nurses' information about the importance of investigations?	12(2.9)	99(23.5)	65(15.4)	206(48.9)	32(7.6)2
Adequacy of information provided by ward nurses about the side effects of medications?	37(8.8)	119(28.3)	70(16.6)	158(37.5)	30(7.1)
Adequacy of time the ward nurses spent with you during evaluation and treatment?	55(13.1)	145(34.4)	79(18.8)	115(27.3)	20(4.8)
Adequacy of the care given by ward nurses at night?	47(11.2)	163(38.7)	62(14.7)	120(28.5)	22(5.2)
Responsibility of the physician for you?	40(9.5)	169(40.1)	84(20.0)	117(27.8)	4(1.0)
The communication of the physicians with you in an understandable way?	50(11.9)	198(47.0)	57(13.5)	104(24.7)	5(1.2)
The availability of the responsible physician when needed?	35(8.3)	164((39.)	43(10.2)	151(35.9)	21(5.0)
Did the physician show a carrying attitude for you?	43(10.2)	189(44.9)	82(19.5)	98(23.3)	2(0.5)
Were you confident in the skill of physicians during treatment?	49(11.6)	143(34)	137(32.5)	80(19)	5(1.2)
The cleanliness of the ward or beds?	16(3.8)	94(22.3)	70(16.6)	187(44.4)	47(11.2)
The cleanliness of the bathroom?	8(1.9)	81(19.2)	36(8.6)	206(48.9)	83(19.7)
The cleanliness of the latrines?	14(3.3)	40(9.5)	23(5.5)	228(54.2)	(25.9)
The adequacy of food and water supply?	16(3.8)	67(15.9)	25(5.9)	226(53.7)	80(19.0)
Accessibility of pharmacy and laboratory facilities to you?	20(4.8)	64(15.2)	96(22.8)	168(39.9)	66(15.7)
The fairness of medication and investigation costs for you?	25(5.9)	68(16.2)	101(24)	149(35.4)	71(16.9)

5.5. Factors associated with patient satisfaction on preoperative educations.

Both bi-variable and multivariable logistic regression analysis were implemented to determine the factors that associated with patient satisfaction on preoperative educations. At bi-variable analysis the factors associated with overall Patient satisfaction on preoperative educations includes the following: Gender of the participants and Payment status for treatment with COR (95% CI): 0.76(0.28, 5.62) and 0 .60(0.14, 3.04) respectively.

In multivariable analysis model the result revealed that participants who had no preoperative fear/anxiety were 0.013 times less likely to have satisfaction on preoperative educations when compared to those who had preoperative fear/anxiety AOR (95% CI): 0.013(0.003, 0.067).

Similarly, the participants with no previous surgery were 3 times more likely to have satisfaction on preoperative educations when compared to those who had Previous surgery AOR (95% CI): 2.7(2.51, 6.85).

Participants with poor preoperative educations about surgery were 0.005 times less likely to have satisfaction on preoperative educations when compared to participants with good preoperative educations about surgery AOR (95% CI): 0.005(.000, 0.061)

Whereas, Kind of fear/anxiety, Duration of the illness, Number of admissions, Perceived patient's service expectation, Self-rated health status during interview were not associated with patient satisfaction on preoperative educations (Table 4).

Table 2. Factors associated with patient satisfaction on preoperative educations among adult

Elective surgical patients in Addis Ababa public hospitals, March; to April 2021(n=414).

characteristics	Category	Patients satisfaction status		COR, 95%CI	AOR, 95%CI	P value
		Poor (%)	**Good (%)**			
Sex	Male	25(11.9%)	185(88.1%)	1.97 (1.15, 3.37)	1.25 (0.28,5.62)	0.76
	Female	43(21.1%)	161(89.9%)	1	1	
Payment status for treatment	Free	31(20%)	24(80%)	0.66 (0.09, 1.12)	0.67 (0.14, 3.04)	0.60
	Paid	37(14.3%)	222(85.7%)	1	1	
preoperative fear/anxiety	No	60(67.4%)	21(10.7%)	0.01(0.005,0.028)	**0.013(0.003, 0.06)**	**0.000****
	Yes	29(36.2%)	317(97.5%)	1	1	
Previous surgery	No	11(2.7%)	339(81.9%)	2.5 (2.3, 6.7)	**2.76 (2.51, 6.85)**	**0.000****
	Yes	57(13.8%)	7(1.7%)	1	1	
Preoperative educations about surgery	No	62(15%)	85(20.5%)	0.032(0.01,0.075)	**0.005(0.000,0.061)**	**0.000****
	Yes	6(1.4%)	346 (83%)	1	1	

Statically Significant**:*** highly statically Significant at P value 0.05, **

CHAPTER SIX

6. DISCUSSION

This study assessed the level of patient satisfaction and factors associated with patient satisfaction on preoperative educations in three public hospitals of Addis Ababa, Ethiopia.

Few studies had been performed to measure patient's satisfaction on preoperative educations; However, most of the studies that investigate patient satisfaction on preoperative educations did not express the level of satisfaction with percentage.

The results of the study showed that the patients were satisfied; on preoperative educations was good in83.6% of the total participants. This level of good patient satisfaction was lower than what has been reported in Gondar, (24). This discrepancy might be due to, study setting, hospital overcrowded.

However, when compared to what has been reported in Turkey(6)it is better report. The difference might be due to study setting and sample size.

This study showed that participants those who had no preoperative educations were 0.005times less likely to have satisfaction on preoperative educations than who had preoperative educations. This is due to; patients who have good preoperative education manifest good satisfaction on preoperative educations as they get enough understanding about the procedures. Reports from different countries also found that lack of preoperative education is significantly associated with low quality of life and poor satisfaction(8,26).

Patients those who had no preoperative anxiety had 0.013times less likely to have satisfaction on preoperative educations when compared to those who had preoperative fear/anxiety. This study result was higher than study conducted in Turkey (40). This discrepancy might be due to the difference in the number and type of health care providers in those mentioned service delivery places and the variety of activities they run in their respective study areas.

A Study result revealed that, patients who have no previous surgery had 3 times more satisfied on preoperative educations than those who had previous surgery. This is similar to the study done in Turkey (39)This similarity might be due to, suffered from the previous manoeuvre, hospital stay and cost.

However, there is no significant relationship between gender of the participants, and level of Patient satisfaction on preoperative educations; Whereas this finding contradict a report from Sohang university (south Korea) which showed that Male patients were more satisfied than females during the preoperative education period(40).It might be due to Socio-demographic difference.

The report from this study concluded that there is no significant association between ages of surgical patient's satisfaction toward preoperative education. Furthermore, the number of admission to surgical ward has no association with satisfaction which was contrary findings with the studies from(39).

In this study, the patients were dissatisfied 136(32.3%) on the information had given by physicians' and nurses about the nature of problem or operation. These degrees of dissatisfactions were high compared with a previous study conducted in Jimma specialized University hospital (41). This might be due to study setting, cost, and sample size.

The study showed communication gap between the patient and physicians which resulted in dissatisfaction on preoperative education104 (24.7).This variation is high compared with a previous study conducted in Gonder specialized teaching hospital (24). This could be due to the physicians were busy with different activities, sometimes physician use medical terminology and language barrier.

Generally, preoperative educations increase the patient's satisfaction toward the procedure. This understanding about the nature of their problem helps to lower negative emotional response and increase patient's satisfaction(9,15).This result was similar with a previous study conducted in Turkey. This might be due to better understanding about their surgical procedure after preoperative educations.

CHAPTER SEVEN

7. STRENGTHS AND LIMITATIONS

7.1. Strength of the study

From several strength of this study the primary one is showing out the current knowledge on preoperative educations among adult elective surgical patients in Ethiopia, which to the knowledge of the investigator, have not previously been published? In addition, the study used primary data which increases the reliability of the data. Moreover, the study also used validated tool, thus it enables comparison as the reliability, and instrument is high. Sample size was larger with compared to similar studies as a result which helps to draw conclusion to the study population.

7.2. Limitations of the study

This study is not without limitations. First, only public health institutions were included in the study due to resource constraints. Next, absence of previously published data in Ethiopia makes comparison and discussion difficult. Then, the data on patient satisfaction towards preoperative educations among adult elective surgical patients was also collected through self-reporting rather than direct observation which may cause recall and social desirability biases. Finally, study design and absence of national guidelines on patient satisfaction; limit this study to focus on foreign countries guideline.

CHAPTER EIGHT

8. CONCLUSIONS AND RECOMMENDATIONS

8.1. Conclusions

From the participants more than three fourth of adult elective surgical patient participated in this study had good satisfaction towards preoperative educations. Among in dependent variables Preoperative fear/anxiety, previous surgery and Preoperative educations about surgery were significantly and positively associated with the patient satisfaction.

8.2. Recommendations

This study revealed that there is a need to improve patient satisfaction towards preoperative educations. The following recommendations are forwarded to the respective stake holders:

For policy makers /Health institutions management and Addis Ababa health bureaus:

The investigator wishes to recommend to:

Organize and provide continuous refreshing trainings on patient satisfactions to preoperative educations and related topics for health care providers to improve patient satisfactions so that they can share their knowledge to all surgical patients.

Work with higher stake holders to prepare comprehensive guideline of patient satisfactions to preoperative educations.

Setting advocate on adherence to preoperative education by using mass media like television, radio, face book and the like

For Health care providers:

The health care providers working in surgical wards should provide continues preoperative educations both patient and family on how to improve self-management during preoperative period.

The health care providers working in surgical clinics also should prepare preoperative educations that can increase patient's understanding about the planned procedure.

For future Researchers:

It is recommended to do further study by including private health institutions to increase the representativeness of the study.

Emphasize on the organizational and health care provider related factors which were not well covered in this study but are associated with patient satisfaction towards preoperative educations.

REFERENCE

1. Mulugeta H, Wagnew F, Dessie G, Biresaw H, Habtewold TD. Patient satisfaction with nursing care in Ethiopia: A systematic review and meta-analysis. BMC Nurs. 2019;18(1):1–12.
2. Obi IE, Ndu AC, Agu KA, Omotowo BI, Agunwa CC, Idoko AC. Patient satisfaction with services at a tertiary hospital in south-east Nigeria. Malawi Med J. 2018;30(4):270–5.
3. Lai VKW, Ho KM, Wong WT, Leung P, Gomersall CD, Underwood MJ, et al. Effect of preoperative education and ICU tour on patient and family satisfaction and anxiety in the intensive care unit after elective cardiac surgery: A randomised controlled trial. BMJ Qual Saf. 2020;1–8.
4. Atinyagrika Adugbire B, Aziato L. Surgical patients' perspectives on nurses' education on post-operative care and follow up in Northern Ghana. BMC Nurs. 2018;17(1):1–9.
5. Best JT, Musgrave B, Pratt K, Hill R, Evans C, Corbitt D. The Impact of Scripted Pain Education on Patient Satisfaction in Outpatient Abdominal Surgery Patients. J Perianesthesia Nurs [Internet]. 2018;33(4):453–60. Available from: https://doi.org/10.1016/j.jopan.2016.02.014
6. Akyüz E, Erdem Y. Patients' Experiences of Informed Consent and Preoperative Education. Clin Nurs Res. 2020;(12).
7. Leontine I. Patients Satisfaction With Perioperative Care At Oshen Fing Faisal Hospital. J Health Care Chaplain. 2017;85(6):80–7.
8. Lai VKW, Lee A, Leung P, Chiu CH, Ho KM, Gomersall CD, et al. Patient and family satisfaction levels in the intensive care unit after elective cardiac surgery: study protocol for a randomised controlled trial of a preoperative patient education intervention. BMJ Open. 2016;6(6).
9. Al amine Ali ES, Ahmed Abdallah HM. Effect of Preoperative Preparation on Patients Outcome Among Patients Undergoing Surgical Operations At Almik Nimir Hospital – Sudan. Int J Res -GRANTHAALAYAH. 2020;8(8):346–55.
10. Okafor L, Chen AF. Patient satisfaction and total hip arthroplasty: a review. Arthroplasty. 2019;1(1):1–7.
11. Karaca A, Durna Z. Patient satisfaction with the quality of nursing care. Nurs Open.

2019;6(2):535–45.

12. Murdock A, Griffin B. How is patient education linked to patient satisfaction? Nursing (Lond). 2013;43(6):43–5.
13. Trinh LN, Fortier MA, Kain ZN. Primer on adult patient satisfaction in perioperative settings. Perioper Med. 2019;8(1):1–13.
14. Guo P. Preoperative education interventions to reduce anxiety and improve recovery among cardiac surgery patients: A review of randomised controlled trials. J Clin Nurs. 2015;24(1–2):34–46.
15. Majid N, Lee S, Plummer V. The effectiveness of orthopedic patient education in improving patient outcomes: a systematic review protocol. JBI database Syst Rev Implement reports. 2015;13(1):122–33.
16. Ortiz J, Wang S, Elayda MA, Tolpin DA. Preoperative patient education: can we improve satisfaction and reduce anxiety? Brazilian J Anesthesiol (English Ed [Internet]. 2015;65(1):7–13. Available from: http://dx.doi.org/10.1016/j.bjane.2013.07.009
17. Rajala M, Kaakinen P, Fordell M, Kääriäinen M. The Quality of Patient Education in Day Surgery by Adult Patients. J Perianesthesia Nurs. 2018;33(2):177–87.
18. Lübbeke A, Suvà D, Perneger T, Hoffmeyer P. Influence of preoperative patient education on the risk of dislocation after primary total hip arthroplasty. Arthritis Care Res. 2019;61(4):552–8.
19. Dias R, Baliarsing L, Barnwal NK, Mogal S, Gujjar P. Role of pre-operative multimedia video information in allaying anxiety related to spinal anaesthesia: A randomised controlled trial. Indian J Anaesth. 2016;60(11):843–7.
20. Bruckenthal P, Simpson MH. The Role of the Perioperative Nurse in Improving Surgical Patients' Clinical Outcomes and Satisfaction: Beyond Medication. AORN J [Internet]. 2016;104(6):S17–22. Available from: http://dx.doi.org/10.1016/j.aorn.2016.10.013
21. Helms LJ. Video Education to Improve Preoperative Anxiety in the Bariatric Surgical Patient: A Quality Improvement Project. J Perianesthesia Nurs [Internet]. 2020;35(5):467–71. Available from: https://doi.org/10.1016/j.jopan.2020.01.012
22. Fredericks S, Guruge S, Sidani S, Wan T. Postoperative patient education: A systematic review. Clin Nurs Res. 2016;19(2):144–64.
23. Gröndahl W, Muurinen H, Katajisto J, Suhonen R, Leino-Kilpi H. Perceived quality of

nursing care and patient education: A cross-sectional study of hospitalised surgical patients in Finland. BMJ Open. 2019;9(4):1–9.

24. Gebremedhn EG, Lemma GF. Patient satisfaction with the perioperative surgical services and associated factors at a university referral and teaching hospital, 2014: A cross-sectional study. Pan Afr Med J. 2017;27(July).
25. Sisak K, Darch R, Burgess LC, Middleton RG, Wainwright TW. A preoperative education class reduces length of stay for total knee replacement patients identified at risk of an extended length of stay. J Rehabil Med. 2019;51(10):788–96.
26. Waller A, Forshaw K, Bryant J, Carey M, Boyes A, Sanson-Fisher R. Preparatory education for cancer patients undergoing surgery: A systematic review of volume and quality of research output over time. Patient Educ Couns [Internet]. 2015;98(12):1540–9. Available from: http://dx.doi.org/10.1016/j.pec.2015.05.008
27. Ramesh C, Nayak BS, Pai VB, Patil NT, George A, George LS, et al. Effect of Preoperative Education on Postoperative Outcomes Among Patients Undergoing Cardiac Surgery: A Systematic Review and Meta-Analysis. J Perianesthesia Nurs [Internet]. 2017;32(6):518-529.e2. Available from: http://dx.doi.org/10.1016/j.jopan.2016.11.011
28. Gebremedhn EG, Lemma GF. Patient satisfaction with the perioperative surgical services and associated factors at a university referral and teaching hospital, 2014: A cross-sectional study. Pan Afr Med J. 2017;27:1–14.
29. White JA. Improving Patient Satisfaction after Primary Total Knee Arthroplasty Using Nurse Practitioner- Driven Preoperative Education. 2015;1–25. Available from: http://digitalcommons.otterbein.edu/stu_doc
30. Hamilton DF, Lane J V., Gaston P, Patton JT, MacDonald D, Simpson AHRW, et al. What determines patient satisfaction with surgery? A prospective cohort study of 4709 patients following total joint replacement. BMJ Open. 2013;3(4):1–8.
31. Ertürk EB, Ünlü H. Effects of pre-operative individualized education on anxiety and pain severity in patients following open-heart surgery. Int J Health Sci (Qassim). 2018;12(4):26–34.
32. WAHIDI AM. Assessment of Patient Satisfaction With Preoperative Anesthetic Evaluation and Assosated Factors At Addis Ababauniversity College of Health. 2016;35:9–18.

33. Itisha C, Manu S. Study on the Effect of Pre-Operative Patient Education on Post-Operative Outcomes. 2016;10(5):285–93.
34. Koivisto JM, Saarinen I, Kaipia A, Puukka P, Kivinen K, Laine KM, et al. Patient education in relation to informational needs and postoperative complications in surgical patients. Int J Qual Heal Care. 2020;32(1):35–40.
35. Bradshaw P, Hariharan S, Chen D. Does preoperative psychological status of patients affect postoperative pain? A prospective study from the Caribbean. Br J Pain. 2016;10(2):108–15.
36. Hussain A, Sial MS, Usman SM, Hwang J, Jiang Y, Shafiq A. What factors affect patient satisfaction in public sector hospitals: Evidence from an emerging economy. Int J Environ Res Public Health. 2019;16(6).
37. Ramli AH. Patient Service and Satisfaction Systems. Bus Entrep Rev. 2019;15(2):189.
38. Damnjanović V, Janičić R, Jovanović V. Factors affecting patient satisfaction in the health care sector in Serbia. Srp Arh Celok Lek. 2018;146(9–10):506–11.
39. Edwards PK, Mears SC, Lowry Barnes C. Preoperative Education for Hip and Knee Replacement: Never Stop Learning. Curr Rev Musculoskelet Med. 2017;10(3):356–64.
40. Findik UY, Unsar S, Sut N. Patient satisfaction with nursing care and its relationship with patient characteristics. Nurs Heal Sci. 2016;12(2):162–9.
41. Assefa F, Mosse A, Michael YH. ASSESSMENT OF CLIENTS ' SATISFACTION WITH HEALTH SERVICE DELIVERIES AT JIMMA UNIVERSITY SPECIALIZED HOSPITAL. (1):101–9. Available from: tgsffsf

ANNEXES

Annex A. Information Sheet

I. Introduction

Research Topic: Patient satisfaction towards preoperative education and its associated factors among elective surgical patient in public hospitals, Addis Ababa, Ethiopia, 2021

Investigator: Dereje Deressa

Dear Respondent:

I am a master's student at Addis Ababa University, College of Health Sciences, School of Allied Health sciences, Department of Nursing and Midwifery. I kindly request you to participate in a study that is aimed at assessing the patient satisfaction towards preoperative education and its associated factors among elective surgical patient in Tikur Anbessa Specialized Hospital in Addis Ababa, St. Paulos Millennium Medical College Hospital and Zewditu Hospital, Ethiopia.

Participation in this interview is voluntarily; you can also withdraw at any time from the interview if you feel uncomfortable. Refusal to participate will not affect your work or care you shall seek at any of the health facilities in any way. Confidentiality will be ensured by not using your name or address on the questionnaire. There are no risks involved in participating in this interview.

The interview session has no immediate benefits to the respondents but will have benefits later in improving patient satisfaction in long runs by implementation of study findings. I welcome any question if you have any, about the study and your participation. If you have any questions about the research or any related matters, please contact the researcher at

Cell phone: +251-911879016**E-mail**: derejederessa@gmail.com

Annex B. Consent sheet

I understand the nature of the study, benefits, and my right to voluntary participation, confidentiality and withdrawal from the study without any oppression. I have had the opportunity to ask questions and answered to my satisfaction. To express my agreement, I have signed below.

I hereby freely consent to take part in this study.

Signature of the participant_____

Date_____

Supervisor Name _____ signature_____

Date_____/_____/____E.C.

Name of interviewer

Date _____/_____/_____E.C. signature_____

Yours Faithfully,

Annex C. Data collection format of English version

This data collection tools were prepared to collect information to assess patient satisfaction towards preoperative education from elective surgical appointed patient in Tikur Anbessa Specialized Hospital, St. Paulos Millennium Medical College Hospital and Zewditu Hospital.

Data collection tools

Table: 1- Questions to assess socio-demographic data of surgical patients Circle the selected options.

s/n	Characteristics		Remark
1.	Gender	1. Male 2. Female	
2.	Age	1. 18-24 2. 25-34 3. 35-44 4. 45-54 5. 55-64 6. 65-74 7. >75	
3.	Marital status	1. Single 2. Married 3. Divorced 4. Widow	
4.	Education	1. Unable to read and write 2. Primary school 3. High school 4. College/university 5. Degree	
5.	Occupation	1. Farmer 2. Merchant 3. Employee 4. Hose wife 5. Daily laborer	
6.	Types of surgery	1. Cardiothoracic 2. ENT 3. Neurosurgery 4. Abdominal 5. Urology 6. Gynecology 7. Orthopedics 8. Plastic surgery 9. Others	
7.	Having preoperative fear/anxiety, n (%)	1. Yes 2. No	

8.	Kind of fear/anxiety, n (%)	1. Fear of death 2. Undergoing bad surgery & pain 3. Not being the same again
9.	Duration of the illness	1. In days 2. In months 3. In years
10.	Surgery waiting time.	1. Less than 1 month 2. Less than 3 months 3. 3-6 months 4. More than 6 months
11.	Previous surgery	1. Yes 2. No
12.	Number of admissions	1. 1 2. 2 3. 3 4. ≥4
13.	Perceived patient's service expectation	1. High 2. Medium 3. Low 4. None
	Payment status for treatment	1. Free 2. Paid
	Self-rated health status during interview	1. Very well 2. Well 3. No change

Table 3: Questions to assess patients to preoperative education given for patients and tick the selected options.

Patient education questionnaire

S/n	Variables	Yes	No
1	Informed about type of surgery and surgical procedure/method		
2	Informed about Feeding (fasting time and duration, IV or tube feeding and care, postoperative first oral intake and diet.		
3	Informed about Postoperative life (the effect of surgery on patient's life		
4	Informed about Treatment options other than surgery		
5	Informed about Day, time and duration of surgery		
6	Informed about Risks of surgery		
7	Informed about Type of anesthesia		
8	Informed about the need for Discontinuation of anticoagulant drugs if any?		
9	Informed about Postoperative pain management, treatment, excretion, individual care (bath, perineum care etc.		
10	Informed about Postoperative exercises, (deep-breathing and cough exercises, range of motion *ROM* use of positive end expiratory pressure) and activities or early mobilization		
11	Wound care		
12	Informed about Drains/catheters and points to take into consideration		
13	Informed about Post-anesthesia care unit, intensive care process (if necessary), post-operative care and recovery process and patient involvement in care		
14	Informed about Postoperative employment status, changes in work/home life		
15	Informed about Postoperative treatment, follow-up/monitor frequency		
16	Informed about Post-discharge home care practices and precautions		

Table 4: Questions to assess the patient satisfaction on preoperative educations! Please tick on the alternative given as your correct answer!

I. Questions to assess health professional factors

S/n	Variable	Very Satisfied n (5)	Satisfied n (4)	Neutral n (3)	Dissatisfied n (2)	Very Dissatisfied n (1)
1	Adequacy of physicians' and nurses' answer for your questions?					
2	Adequacy of physicians' and nurses' information about the nature of your problem or operation?					
3	Adequacy of information provided about the possible complications that may occur during operation or treatment?					
4	Waiting time to see the doctor?					
5	Waiting time to give laboratory specimens?					
6	Waiting time to see the doctor after receiving lab results					
7	Nurses' provide prompt response for your call					
8	Ward nurses respect ion to you during communication?					
9	Adequacy of ward nurses' information to you about your health progress?					
10	Ward nurses' information about the importance of investigations?					
11	Adequacy of information provided by ward nurses about the side effects of medications?					
12	Adequacy of time the ward nurses spent with you during evaluation and treatment?					

13	Adequacy of the care given by ward nurses at night?
14	Responsibility of the physician for you?
15	The communication of the physicians with you in an understandable way?
16	The availability of the responsible physician when needed?
17	Did the physician show a carrying attitude for you?
18	Were you confident in the skill of physicians during treatment?
19	The cleanliness of the ward or beds?
20	The cleanliness of the bathroom?
21	The cleanliness of the latrines?
22	The adequacy of food and water supply?
23	Accessibility of pharmacy and laboratory facilities to you?
24	The fairness of medication and investigation costs for you?

እዝሎች

እዝል I. የመረጃ ቅጽ

1. መግቢያ

የጥናቱ ርዕሰ ጉዳይ፡ ታካሚዎች በቅድመ ቀዶ ጥገና ትምህርት ላይ እና ተያያዥ ምክንያቶች ላይ ያላቸው እርካታ በጥቁር አንበሳ ስፔሻላዝድ ሆስፒታል ውስጥ በተመረጡ የቀዶ ጥገና ታካሚዎች መካከል በአዲስ አበባ፣ ኢትዮጵያ፣ 2012/13 ዓ.ም

ጥናት አድራጊ፡ ደረጀ ደሬሳ

ውድ መልስ ሰጪ፡

እኔ በአዲስ አበባ ዩኒቨርስቲ፣ ጤና ሳይንስ ኮሌጅ፣ አፕላይድ ጤና ሳይንስ ትምህርት ቤት፣ የነርሲንግ እና አዋላጅ ትምህርት ክፍል ውስጥ የማስተርስ ተማሪ ነኝ፡፡ ስለዚህ ታካሚዎች በቅድመ ቀዶ ጥገና ትምህርት ላይ እና ተያያዥ ምክንያቶች ላይ ያላቸው እርካታ በጥቁር አንበሳ ስፔሻላዝድ ሆስፒታል ውስጥ በተመረጡ የቀዶ ጥገና ታካሚዎች መካከል በአዲስ አበባ፣ ኢትዮጵያ፣ ያለውን ሁኔታ ለማጥናት በሚደረገው ጥናት ውስጥ እንድትሳተፉ በትህትና እጠይቃለሁ፡፡

በዚህ ቃለ መጠይቅ ውስጥ የሚደረግ ተሳትፎ በፈቃደኝነት የሚደረግ ነው፣ በማንኛውም ጊዜ በዚህ ጥናት ውስጥ የማስማሙ ከሆነ መውጣ ይችላሉ፡፡ በዚህ ጥናት ውስጥ ለመሳተፍ አለመፈለግ ሥራዎትን ወይም የህክምና እንክብካቤዎ ላይ በማንኛውም መንገድ ተፅዕኖ አያደርግም፡፡ ስምዎትን ወይም አድራሻዎትን በመጠይቁ ላይ ባለመጠቀም ሚስጥራዊነት የተጠበቀ መሆኑን እናረጋግጣለን፡፡ በዚህ ቃለ መጠይቅ ውስጥ ተሳትፎ በማድረግ የሚመጡ ማናቸውም ስጋቶች የሉም፡፡

የቃለ መጠይቁ ፕሮግራም ለመልስ ሰጪዎች የሚያመጣው ቀጣይ ጥቅም የለውም፡፡ ነገር ግን የጥናቱን ውጤቶች ተግባራዊ በማድረግ ለወደፊቱ በረጅም ጊዜ ውስጥ የታካሚ እርካታን በማሻሻል ረገድ ጥቅም ይኖረዋል፡፡ ስለጥናቱ ወይም ማንኛውም ተዛማጅ ጉዳይ ላይ ማናቸውም ጥያቄዎች ካለዎት፣ እባክዎን ጥናት አራጊውን፡፡

በስልክ ቁጥር +251-911-879016፣

ኢሜይል derejederessa@gmail.com ማነጋገር ይችላሉ፡፡

እዝል II. የስምምነት ቅጽ

እኔ የጥናቱን ባህሪ፣ ጥቅሞች እና በፈቃደኝነት ተሳትፎ የማድረግ መብት፣ ሚስጥራዊነት እና ያለምንም አስገዳጅነት ከጥናቱ የመውጣት መብት ያለኝ መሆኑን ተረድቻለው፡፡ ጥያቄዎች ለመጠየቅ በቂ እድል አግኝቼ የሚስማማኝን መልስ አግኝቻለሁ፡፡ ስለዚህ ከጥናቱ ጋር የተስማማው መሆኔን ለመግለፅ ከዚህ በታች ፊርማዬን አትሚበታለው፡፡

በዚህ ጥናት ውስጥ ነፃ ተሳትፎ ለማድረግ ተስማምቻለው፡፡

የተሳታፊ ፊርማ _____

ቀን፡ _____

የተቆጣጣሪ ስም _____ ፊርማ፡ _____

ቀን፡ _____

የቃለመጠይቅ አድራጊ ስም፡ _____ ፊርማ፡ _____

_____

ቀን፡ _____

ከሰላምታ ጋር

እዝል III. የአማርኛ ትርጉም መረጃ መሰብሰቢያ ቅጽ

ይህ መረጃ መሰብሰቢያ መሳሪያ ታካሚዎች በቅድመ ቀዶ ጥገና ትምህርት ላይ እና ተያያዥ ምክንያቶች ላይ ያላቸው እርካታ በጥቁር አንበሳ ስፔሻላዝድ ሆስፒታል ውስጥ በተመረጡ የቀዶ ጥገና ታካሚዎች ላይ ግምገማ ለማድረግ የሚያስችል መረጃ ለመሰብሰብ የተዘጋጀ ነው፡፡

መረጃ መሰብሰቢያ መሳሪያዎች

ሰንጠረዥ አንድ - ማህበራዊ - ስነህዝብ መረጃ

ቁጥር		ሁኔታዎች	መቶኛ (%)
1	ፆታ	1) ወንድ 2) ሴት	
2	እድሜ	1) 18-24 2) 25-34 3) 35-44 4) 45-54 5) 55-64 6) 65-74 7) >75	
3	የጋብቻ ሁኔታ	1) ያላገባ 2) ያገባ 3) የፈታ 4) የሞተበት	
4	ብሔር	1) ኦሮሞ 2) አማራ 3) ትግራይ 4) ጉራጌ 5) ሌሎች (ግለፅ)	
5	ሀይማኖት	1) ኦርቶዶክስ 2) ፕሮቴስታንት 3) ሙስሊም 4) ካቶሊክ 5) ሌሎች (ግለፅ)	
6	ትምህርት	1) ማንበብ እና መፃፍ የማይችል 2) የመጀመሪያ ደረጃ 3) ሁለተኛ ደረጃ	

		4) ኮሌጅ/ዩኒቨርስቲ ዲግሪ
7	ሥራ	1) አርሶአደር 2) ነጋዴ 3) ሰራተኛ 4) የቤት እመቤት 5) የቀን ሰራተኛ

ሰንጠረዥ ሁለት፡ የቀዶ ጥገና ዓይነት

ቁጥር		ሁኔታዎች	መቶኛ /ዐ/
1	የቀዶ ጥገና ዓይነት	1) የልብ እና ደረት 2) ከአንገት በላይ 3) የነርቭ ቀዶ ጥገና 4) የሆድ 5) የሽንት ቱቦ እና የወንድ መራቢያ ቱቦ በሽታ 6) የማህፀን 7) የአጥንት 8) ፕላስቲክ ቀዶ ጥገና 9) ሌሎች /ግለፅ/	
2	ከቀዶ ጥገናው በፊት ፍራሃት-ተሰምቶት/ሰግቶ ነበር	1) አዎ 2) አይ	
3	ፍራሃት-ተሰምቶት/ሰግቶከሆነ ምን አይነት ስጋትነው	1) ሞት 2) ከቀዶ ጥገናው ቧሀላ ያለው ከባድ ህመም 3) ከቀዶ ጥገናው ቧሀላ እንደ ዱሮ ጠናማ ስሜት ላይኖር ይችላል ብሎ	
4	የህመሙ ቆይታ ጊዜ	1) በቀናት 2) በወራት 3) በዓመታት	
5	የቀዶ ጥገና ለማግኘት የጠበቁት ጊዜ	1) ከአንድ ወር ያነሰ 2) ከሶስት ወር ያነሰ 3) ከ3-6 ወራት 4) ከ6 ወራት በላይ	

6	የቀድሞ ቀዶ ጥገና	1) አዎ 2) አይ
7	በሆስፒታል ተኝቶ ያገኙት ህክምና ብዛት	1) 1 2) 2 3) 3 4) ≥4
8	ታካሚው የሚጠብቀው አገልግሎትዓይነት	1) ከፍተኛ 2) መካከለኛ 3) ዝቅተኛ 4) ምንም የለም
9	የታካሚው የህክምና ሁኔታ	1) በነፃ 2) በክፍያ
10	በቃለመጠይቅ ጊዜ የተሰጠ የራስ ጤና ሁኔታ ደረጃ	1) በጣም ጥሩ 2) ጥሩ 3) ለውጥ የለውም

ሰንጠረዥ ሶስት፡ የታካሚ የቅድመ የቀዶ ጥገና ትምህርት መጠይቅ

የታካሚ ትምህርት መጠይቅ

ቁጥር		አዎ	አይ
1	ስለ ቀዶ ጥገና ዓይነት እና የቀዶ ጥገና አካሄድ/ዘዴ ተነግሮዎታል?		
2	ስለ አመጋገብ (የፆም ጊዜ እና የጊዜ ርዝማኔ፣ በደም ሥር የሚሰጥ ወይም በቱቦ በሚሰጥ አመጋገብ እና እንክብካቤ፣ የድህረ ቀዶ ጥገና የመጀመሪያ በአፍ የሚወሰድ ምግብ እና የምግብ ዓይነት ተነግሮዎታል?		
3	ስለ ድህረ ቀዶ ጥገና ሕይወት ተነግሮዎታል? (ቀዶ ጥገናው በታካሚው ህይወት ላይ የሚኖረው ውጤት)		
4	ከቀዶ ጥገና ሌላ ያሉ የህክምና አማራጮች ተነግሮዎታል?		
5	ስለ ቀዶ ጥገናው ቀን፣ ጊዜ እና የጊዜ ርዝማኔ ተነግሮዎታል?		
6	ስለቀዶ ጥገናው ስጋቶች ተነግሮዎታል?		
7	ስለ ሰመመን ህክምና ዓይነት ተነግሮዎታል?		
8	ማናቸውም ደም መርጋት ወይም ማቆም ጋር ተዛራሪ የሆኑ መድሃኒቶች እንዲያቋርጡ ተነግሮዎታል?		
9	የድህረ ቀዶ ጥገና አካል ብቃት እቅስቃሴዎች፣ (አየር በረጅሙ መሳብ እና ማስወጣት እንዲሁም የሳል መሳል ሁኔታዎች፣ የእንቅስቃሴ መጠን አርኦኤም አዎንታዊ እና አየር ወደ ውጪ ገፍቶ የማስወጣት ሁኔታ) እና ተግባራት ወይም አስቀድሞ የሚኖር እንቅስቃሴ ረገድ ተግሮዎታል?		
10	ስለ ድህረ ቀዶ ጥገና ህመም አያያዝ፣ ህክምና፣ መፀዳጃ ሁኔታ፣ የግለሰብ እንክብካቤ (መታጠብ፣ የብልት አካባቢ ንፅህና አያያዝ ወዘተ ተነግሮዎታል?		
11	የታሸገ ቁስል የሚቀየርበት ሁኔታ ተነግሮዎታል?		
12	የፍሳሽ ማስወገጃ/ካቲተር ሁኔታ ታሳቢ መሆኑን ተነግሮዎታል?		
13	ስለ ድህረ ሰመመን እንክብካቤ ክፍል፣ ፅኑ ህሙማን እንክብካቤ ሂደቶች (አስፈላጊ ከሆነ)፣ ድህረ ቀዶ ጥገና እንክብካቤ እና የማገገም ሂደት እንዲሁም ታካሚው በእንክብካቤ ውስጥ የሚያደርጋቸው ተሳትፎዎች ተነግሮዎታል?		
14	ስለ ድህረ ቀዶ ጥገና ስራ ሁኔታ፣ የሥራ ለውጥ/የቤት አኗኗር ሁኔታ ተነግሮዎታል?		
15	ስለ ድህረ ቀዶ ጥገና ህክምና፣ ክትትል/የክትትል የጊዜ ብዛት ተነግሮዎታል?		
16	ከሆስፒታል እንዲወጡ ከተደረጉ በኋላ ስለሚኖረው የቤት ውስጥ እንክብካቤ እና ጥንቃቄ ተግባራት ተነግሮዎታል?		

ሰንጠረዥ አራት፡ የታካሚ እርካታ መጠይቅ

ቁጥር	ተለዋወጭ	የታካሚ እርካታ መጠይቅ				
		በጣም ረክቻለሁ (5)	ረክቻለሁ (4)	ገለልተኛ (3)	አልረካሁም (2)	በጣም አልረካሁም (1)
1	ሀኪሞች እና ነርሶች እርሶ ለሚያቀርቡት ጥያቄዎች በበቂ ሁኔታ መልስሰጥተዎታል?					
2	ስለ እርስዎ ህመም ባህሪ ወይም ስለቀዶ ጥገናው ሐኪሞች እና ነርሶች የሚሰጡት መረጃ በበቂ ሁኔታ አግኝተዋል?					
3	በቀዶ ጥገና ወይም በህክምና ወቅት ሊኖሩ ወይም ሊከሰቱ የሚችሉ ውስብስብ ሁኔታዎች ረገድ የተሰጠ መረጃ በበቂ ሁኔታ አግኝተዋል?					
4	ሐኪም ለማየት የሚጠብቁት ጊዜ?					
5	የላብራቶሪ ናሙናዎች ለመስጠት የሚጠብቁት ጊዜ?					
6	የላብራቶሪ ውጤት ከተቀበለ በኋላ ሐኪም ለማየት የሚጠብቁት ጊዜ ?					
7	ነርሶች እርስዎ ለሚያቀርቡት ጥያቄዎች ወዲያውኑ መልስ ይሰጣሉ?					
8	የዋርድ ነርሶች በግንኙነት ጊዜ ለእርስዎ የሚሰጡት ክብር?					
9	የዋርድ ነርሶች ስለጤናዎ መሻሻል ሁኔታ የሚሰጡት መ ረጃ በበቂሁኔታ ማግኘት?					
10	የዋርድ ነርሶች ስለምርመራው ጠቀሜታ የሚሰጡት መረጃ በበቂ ሁኔታ ማግኘት?					

11	የዋርድ ነርሶች ስለመድሃኒቱ የጎንዮሽ ጉዳቶች የሚሰጡት መረጃ በበቂ ሁኔታ ማግኘት ?
12	የዋርድ ነርሶች በግምገማ ወይም በህክምና ወቅት እርስዎ ጋር የሚያሳልፉት ጊዜ በበቂሁኔታ ማግኘት ?
13	በምሽት በዋርድ ነርሶች የሚሰጥ እንክብካቤ በበቂ ሁኔታ ማግኘት?
14	ሐኪሙ ለእርስዎ ያለው ኃላፊነት?
15	ሐኪሞች ከእርስዎ ጋር የሚያደርጉት ግንኙነት በሚረዱት መንገድ ነው?
16	ኃላፊነት ያለበት ሀኪም በሚፈለግበት ጊዜ ይገኛል?
17	ሐኪሙ ለእርስዎ የእንክብካቤ ዓይነት ዝንባሌ አሳይትዎታል?
18	በህክምና ወቅት በሐኪሙ ክህሎት ላይ ይተማመኑ ነበር?
19	የዋርድ ወይም የመኝታ ንፅህና እንዴት ነው?
20	የመታጠቢያ ቤት ንፅህና እንዴት ነው?
21	የመፀዳጃ ቤት ንፅህና እንዴት ነው?
22	የምግብ እና የውሃ አቅርቦት በበቂ ሁኔታ ይገኛል?
23	የፋርማሲ እና የላብራቶሪ ፋሲሊቲዎች እንደልብዎ ማግኘት ይችላሉ?
24	የመድሃኒት እና የምርመራ ዋጋ ለእርስዎ ፍትሃዊ ነው?