

## Information sheet

Awareness, associated factors and practice of patient's right from their perspective among elective surgical patients at black lion hospital, Addis Ababa "English version Information Sheet.

### IDENTIFICATION

Name of the Institute \_\_\_\_\_

Address of the Institute \_\_\_\_\_

Greetings: Hello, how are you? My name is \_\_\_\_\_. I am data collector for this research, which is conducted in AAU college of medicine department of anesthesia, who want to conduct this survey.

The objective of the study is to assess the awareness and practice of patients' right in black lion hospital. I am interviewing surgical case patients admitted in surgical unit to assess the awareness of their right and its practice by health care provider during the health care management process. I am going to ask you some questions that are very important for the health care decision makers, patient's, clinicians and policy makers to improve the practice and awareness of right of patients who undergo surgical procedures. Your cooperation and willingness for the interview is very helpful in identifying the problems related to the issue. Your name will not be written in the form and I assure you that all information that you give will be kept strictly confidential. Your participation is voluntary, and you are not obliged to answer any question if you do not wish to answer. If you are not still comfortable with interview, please be free to stop me any time. There is no harm if you not answer the questions and no special benefit you get if you answer the question; the interview will take 15- 20 minutes. We would be thankful if you spend some time with us answering questions related to the issues described above.

1. If yes,

Name of interviewer \_\_\_\_\_ Signature \_\_\_\_\_

2. If not, skip to the other participant

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

Kaletsidk Dessalegn

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## Consent form

I am informed of the study to be conducted Masters' Student in AAU, college of medicine, department of anesthesia on awareness and practice of patient rights among elective surgical patients in black lion hospital. Participation to this study is voluntary; no obligation to answer any questionnaire and there is no harm by not answering the questions as well no special benefit by answering the question. The interview will take 15-20 minutes. I heard all the information mentioned above and willing to participate in the interview.

Name of interviewer \_\_\_\_\_ Signature \_\_\_\_\_

## Self-administered Questionnaires English version

### Part 1: Socio-demographic characteristics of the patients

100. Sex of patient

1. Male            2. Female

101. Age-----

102. Marital status

1. Single    2. Married    3. Divorced    4. Widowed

103. Educational level

1. Cannot read and write                      4. Secondary school  
2. Can read and write                            5. University/college level  
3. Primary school

104. Occupation

1. Professional            3. Student            5. Unemployed  
2. Trade                    4. Farmer            6. Others specify\_\_\_\_

105. Residence

1. Urban    2. Rural

106. How many hospital admissions do you have?

1. Once            2. Twice            3. Three times and more

107. Did you know about the charter of patient rights?

1. Yes    2. No

108. What is your source of knowledge about patients' rights?

- |                             |               |
|-----------------------------|---------------|
| 1. I don't have any sources | 4. Relatives  |
| 2. Physicians               | 5. Mass media |
| 3. Nurses                   |               |

109. Did you read about patient rights?

- |                               |                        |
|-------------------------------|------------------------|
| 1. I didn't read              | 3. Book                |
| 2. Placard from hospital wall | 4. Other specify ----- |
| 3. Internet                   |                        |

**Part 2: Awareness about aspects of patients' rights from patients' perspectives.**

<b>Possible answers for question number 200 to 213</b>
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- |   |
|---|
| <p><b>1. Not at all aware</b></p> <p><b>2. Somewhat not aware</b></p> <p><b>3. Somewhat aware</b></p> <p><b>4. Completely aware</b></p> |
|---|

200. Do you know about the patient has the right to receive treatment and medical services without discrimination based on race, age, color, religion, or sex?

1            2            3            4

201. Do you know about the patient has the right to be informed about his/her rights and responsibilities in a manner he/she can understand?

1            2            3            4

202. Do you know about the patient has the right to receive respectful care?

1.            2            3            4

203. Do you know about the patient has the right to privacy during the clinical examination?

1            2            3            4

204. Do you know about the patient has the right to the confidentiality of his/her medical information? The information a patient reveals to a healthcare provider is private and there are limits on how and when it can be disclosed to a third party.

1            2            3            4

205. Do you know about the patient has the right to receive a full explanation of his/her case and any unanticipated outcomes of care and treatments in terms that she/he can understand?

1            2            3            4

206. Do you know about the Patient has a right to sign an informed consent form before any medical procedure?

1                      2                      3                      4

207. Do you know about the patient has the right to refuse or discontinue treatment after a thorough explanation by his/her physician about the consequences and/or outcomes of his/her decision?

1                      2                      3                      4

208. Do you know about the patient has the right to be informed names and functions of all health workers involved in patient care?

1                      2                      3                      4

209. Do you know about the patient has the right to participate in decisions relating to their care and in choosing the treatment plan?

1                      2                      3                      4

210. Do you know about the patient has the right to obtain functional bathing and toilet, clothing, and storage area?

1                      2                      3                      4

211. Do you know the patient has the right to know about the prices of services and procedures?

1                      2                      3                      4

212. Do you know about the patient has the right to obtain a copy of the patient medical record?

1                      2                      3                      4

213. Do you know about the patient has the right to present his or her suggestion or grievances?

1                      2                      3                      4

**Part 2: The practice of patient rights among health care providers from patients' perspective.**

300. Did the summary of the patient rights given?

1. Yes                      2. Do not know                      3.No

301. Did the health care providers introduce themselves about their name and their function to you and show you, their ID?

1. Yes                      2. Do not know                      3. No

302. Did the healthcare provider deal with you respectfully?

1. Yes                      2. Do not know                      3. No

303. Did your privacy protect during the physical examination?

1. Yes                      2. Do not know                      3. No

304. Was the information about your medical condition, recommended treatment, risk of the treatment, and expected results given by the health provider clear and understandable to you?

1. Yes                      2. Do not know                      3. No

305. Were you informed about the available alternatives before completing the treatment plan?

1. Yes                      2. Do not know                      3. No

306. Did you sign an informed consent form before surgery?

1. Yes                      2. Do not know                      3. No

307. Did you receive information about the recommended procedure, the risks involved, and any alternative treatment before you signed the consent form?

1. Yes                      2. Do not know                      3. No

308. Do you obtain storage space in your room for storing your materials?

1. Yes                      2. Do not know                      3. No

309. Did you obtain functional bathing and toilet and any necessary personal items available?

1. Yes                      2. Do not know                      3. No

310. Did you know the financial costs of services and procedures?

1. Yes                      2. Do not Know                      3. No

311. Do you obtain a copy of your medical record?

1. Yes                      2. Do not know                      3. No

312. Did anyone tell you about how to submit a complaint regarding any concerns related to confidentiality or the quality of health care and then inform you about any subsequent actions or results?

1. Yes                      2. Do not know                      3. No

313. Did the health care providers give you your treatment and medical services without discrimination based on race, age, color, religion, or sex?

1. Yes

2. Don't know

3. No