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Patients' satisfaction with the Preoperative Informed Consent in Elective Gynecological Surgery in a Tertiary Hospital, BMA

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ABSTRACT

Objectives: This study aimed to evaluate patients' satisfaction with the preoperative informed consent process in elective gynecological surgery.

Materials and Methods: This cross-sectional study was conducted at Charoenkrung Pracharak Hospital, Bangkok, Thailand, from October 2023 to May 2024. Personal data and satisfaction with the preoperative informed consent process were collected on the second postoperative day. The Thai version of the decisional satisfaction scale (DSS) was used to measure satisfaction and the informed consent process questionnaire was used to assess knowledge of surgery and perception of informed consent process. Bivariate associations between highly satisfied and not highly satisfied groups were tested using Fisher's exact test.

Results: A total of 178 participants were enrolled, with a mean age of 42.48 years. Most participants agreed or strongly agreed with the statements on the DSS, a mean total score was 27.87, indicating high overall satisfaction. One hundred and thirty-five patients (75.8%) were highly satisfied with the informed consent process. There were several factors with significant differences between the highly satisfied group and not highly satisfied group. These included being informed about the consequences of not undergoing the procedure, knowing enough about the procedure to explain it, being informed about the reasons for prolonged urine catheterization and being given the opportunity to refuse the procedure.

Conclusion: This study highlighted the critical role of an effective informed consent process in elective gynecological surgery. High patient satisfaction was achieved when communication and patient participation were prioritized. Future research should explore these dynamics in different settings and diverse populations.

Keywords: patients satisfaction, decisional satisfaction scale, informed-consent process, elective gynecological surgery.

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ความพึงพอใจของผู้ป่วยต่อการขอความยินยอมก่อนการผ่าตัดทางนรีเวชแบบไม่ฉุกเฉิน ในโรงพยาบาลตติยภูมิสังกัดกรุงเทพมหานคร

ทศพร ช่วยสถิตย์, อภิชญา ปรัชญาชัยพิมล, จิรพร เหลืองเมตตากุล

บทคัดย่อ

วัตถุประสงค์*: เพื่อประเมินความพึงพอใจของผู้ป่วยต่อการให้ข้อมูลและขอความยินยอมก่อนการผ่าตัดและตรวจสอบความสัมพันธ์ระหว่างปัจจัยส่วนบุคคล ปัจจัยการรักษา และกระบวนการให้ข้อมูลและขอความยินยอมในการผ่าตัดทางนรีเวชแบบไม่ฉุกเฉิน*

วัสดุและวิธีการ*: การศึกษานี้เป็นการศึกษาแบบภาคตัดขวางที่ดำเนินการในโรงพยาบาลเจริญกรุงประชารักษ์ กรุงเทพมหานคร ประเทศไทย ระหว่างเดือนตุลาคม พ.ศ. 2566 ถึง พฤษภาคม พ.ศ. 2567 โดยข้อมูลส่วนบุคคลและความพึงพอใจต่อกระบวนการให้ข้อมูลและขอความยินยอมก่อนผ่าตัดของผู้เข้าร่วมวิจัยถูกเก็บรวบรวมในวันที่ 2 หลังการผ่าตัด โดยใช้แบบประเมินความพึงพอใจของผู้ป่วยต่อการให้ข้อมูลในการขอความยินยอมก่อนการผ่าตัดทางนรีเวชแบบไม่ฉุกเฉิน และแบบสอบถามกระบวนการให้ข้อมูลและขอความยินยอมก่อนการผ่าตัดฉบับภาษาไทย ซึ่งความพึงพอใจถูกวัดด้วยแบบสอบถามที่ประกอบด้วยข้อคำถาม 6 ข้อ ความรู้เกี่ยวกับการผ่าตัดและการรับรู้ถึงกระบวนการให้ข้อมูลและขอความยินยอมก่อนการผ่าตัดถูกวัดด้วยแบบสอบถามกระบวนการให้ข้อมูลและขอความยินยอมก่อนการผ่าตัดจำนวน 21 ข้อคำถาม ความสัมพันธ์ระหว่างกลุ่มที่พึงพอใจสูงและไม่ได้พึงพอใจสูงถูกทดสอบโดยใช้ Fisher exact test*

ผลการศึกษา*: ผู้เข้าร่วมการศึกษา 178 คน อายุเฉลี่ย 42.48 ปี โดยส่วนใหญ่เห็นด้วยหรือเห็นด้วยอย่างยิ่งกับข้อความในแบบวัดความพึงพอใจในการตัดสินใจ (Decisional Satisfaction Scale: DSS) คะแนนรวมเฉลี่ยคือ 27.87 บ่งชี้ว่ามีความพึงพอใจโดยรวมสูง ผู้ป่วย 135 คน (ร้อยละ 75.8) มีความพึงพอใจสูงต่อกระบวนการให้ข้อมูลและขอความยินยอมก่อนการผ่าตัดทางนรีเวช ซึ่งปัจจัยที่ส่งผลต่อความพึงพอใจอย่างมีนัยสำคัญ ได้แก่ การได้รับข้อมูลเกี่ยวกับผลกระทบที่อาจเกิดขึ้นหากไม่ทำการผ่าตัด การเข้าใจขั้นตอนการผ่าตัดจนสามารถอธิบายให้ผู้อื่นฟังได้ การได้รับข้อมูลเกี่ยวกับเหตุผลของการใส่สายสวนปัสสาวะเป็นเวลานานหากจำเป็น และการได้รับโอกาสในการปฏิเสธการผ่าตัด*

สรุป*: การศึกษานี้เน้นย้ำถึงบทบาทสำคัญของกระบวนการให้ข้อมูลและขอความยินยอมที่มีประสิทธิภาพก่อนการผ่าตัดทางนรีเวชแบบไม่ฉุกเฉิน โดยแสดงให้เห็นว่าผู้ป่วยมีความพึงพอใจสูงเมื่อมีการให้ความสำคัญกับการสื่อสารและการมีส่วนร่วมของผู้ป่วย งานวิจัยในอนาคตสามารถต่อยอดโดยมุ่งสำรวจในบริบทและกลุ่มประชากรที่หลากหลายขึ้นเพื่อยืนยันผลและปรับปรุงกระบวนการให้ข้อมูลและขอความยินยอมก่อนการผ่าตัดในสภาพแวดล้อมต่างๆ*

คำสำคัญ*: ความพึงพอใจของผู้ป่วย, แบบวัดความพึงพอใจในการตัดสินใจ, กระบวนการให้ข้อมูลและขอความยินยอมก่อนผ่าตัด, การผ่าตัดทางนรีเวชแบบไม่ฉุกเฉิน*

Introduction

The informed consent process is a long-standing fundamental principle of the practice of medicine, mandating that doctors must get patients' permission before doing any procedure. It means keeping patients in the loop about what exactly is going on, informing them of their diagnosis and treatment options, and letting them choose whether to continue. Patients should be well educated with high-quality evidence-based information on the disease and its severity, management options (both likelihood of benefit and harm), both medical and surgery risks. Patients should also be educated on treatment results and the potential implications of declining recommended therapy[1].

Informed consent is an important part of the doctor–patient relationship that helps to improve patient satisfaction[2-5], a key healthcare quality indicator[6]. All stages, such as preoperative, intraoperative and postoperative phases, must provide accurate and sufficient information about treatment options along with obtaining written consent. Levels of patient satisfaction with informed consent differ between countries ranging from 49% to 95%[7-10] in Pakistan, Israel, Netherlands, and Switzerland. However, some African nations like Rwanda, Botswana, Eritrea and Ethiopia have lower figures ranging from 36.9% to 67.4%[11-14]. Satisfied patients are more likely to adhere to treatment plans and keep appointments, they also show lower readmission rates and the hospitals with higher scores get significant improvement of postoperative mortality rates[15].

Studies showed that patients' satisfaction with preoperative care is dependent on various factors, such as the information given by doctors about the disease and preoperative details, the standardized consent forms, previous experiences of the disease or surgery, duration spent on information and consent, doctor-patient relationship[16-25]. Therefore, informed consent should not be a mere formality but an opportunity for patients to clarify any ambiguities with their physicians.

Under this hospital's Obstetrics and Gynecology Department, Charoenkrung Pracharak, pre-operative information is provided to all patients in both non-emergency and emergency cases. For non-emergency surgeries, once a diagnosis is finalized, they are informed at the outpatient department about their condition, surgical treatment plans and medication. The attending physician explains in detail the benefits and complications that are likely to come up during the whole process. However, the consent process has not yet been evaluated for patient satisfaction regarding understanding, completeness of information, addressing questions before deciding to undergo surgery, and enabling informed, independent decisions.

Therefore, the research team conducted this cross-sectional study to evaluate patient satisfaction with the information provision and consent process before gynecological surgery in a tertiary hospital. The study also aimed to assess patients' understanding of preoperative information. The findings will be used to improve the preoperative information process, enhancing patient satisfaction and safety, and ensuring safe and effective care.

Materials and Methods

This was a cross-sectional study conducted at Charoenkrung Pracharak Hospital in Bangkok, Thailand between October 2023 to May 2024. The study protocol was approved by the Bangkok Metropolitan Administration Human Research Ethics Committee (R003hc/66_EXP). Sample size in this study was based on Glaiza S de Guzman's 2022 study[25] that reported 70.7% prevalence of highly satisfied with informed consent process. The total sample size after accounting for an estimated 10% data loss was 178. Participants aged between twenty and sixty-five years, scheduled for elective major gynecological surgery in the hospital, and able to communicate in Thai were included.

Study participants were recruited from patients attending the Gynecology outpatient department and

Minimally Invasive Surgery Center. Members of the research team introduced themselves to patients when they came for their appointment leaving adequate time for them to make an informed decision about participation. Further opportunities were also given by researchers to allow patients to ask more questions regarding the research objectives. Patients were provided with additional documents concerning the research and were told why it won't affect their medical care if they chose to participate voluntarily. For those who declined, nothing changed in terms of their regular medical treatment procedure.

During the elective gynecological surgery conducted at Charoenkrung Pracharak Hospital, questionnaires were completed by patients. Eligible individuals were volunteers who were between the ages of 20 and 65 years old, could read and write in Thai language and fulfilled the inclusion criteria.

The process of data collection involved:

1. The outpatients department's doctors also gave some information about the disease and treatment options to these patients before their surgeries were scheduled for surgical management. For example, if surgery was intended for treatment, disease details, treatment choices, benefits, risks, operation procedures performed during surgery such as potential complications that may arise during surgery; additional operations or procedures which be immediately required after the complication occurred; among others as well as possible further surgeries which may be needed soon afterwards were all provided to them. This information was given in a series of steps:

- Initial information was provided by gynecologists at the outpatient department.

- Minimally Invasive Surgery Center's medical staff offered advice to those who would choose laparoscopic surgery.

- The attending gynecologists at the gynecology ward or the treating surgeon provided information on the day of admission before surgery.

2. The researchers selected volunteers through random sampling from patients undergoing elective gynecological surgery at Charoenkrung Pracharak Hospital. The selection included patients in all the gynecologic wards.

3. On the second day postoperatively using a three-part questionnaire data will be collected:

Part 1: Participants' personal information

Part 2: Decisional satisfaction scale (DSS) questionnaire developed by Sung et al[26]. There were a total of 6 items rated on a five-point Likert scale ("strongly disagree" to "strongly agree"). The instrument demonstrated high reliability, with a Cronbach's alpha of 0.95. Permission was obtained prior to its use, and the questionnaire was adapted. Content validity was then assessed by three experts (Obstetrics and Gynecology faculty members), and revisions were made based on their feedback. Subsequently, the instrument was tested for reliability on a group of 30 patients with characteristics similar to the study sample. Using Cronbach's alpha coefficient, the reliability score was 0.9. After confirming its reliability, the instrument was applied to the actual study sample. The DSS score is between 6 and 30, where scores of 26-30 are classified as highly satisfied while a score below that range classifies as not highly satisfied.

Part 3: This part of the questionnaire was to evaluate the informed consent process before elective gynecological surgery, from a patient's perspective. Its mechanism was built on a method of Hallock et al[21]. Twenty-one yes/no questions. After revisions based on the feedback of three independent obstetrician/gynecology experts, we updated this adapted questionnaire and tested its content validity. The pilot test was conducted with 30 patients with similar characteristics to the sample of the study, and a value superior or equal than 0.8 in Cronbach's alpha coefficient used as good reliability previous criteria for using at this actual sample.

The questionnaires were self-printed using identification codes, instead of names. All 3 sections

of the questionnaire were prepared by researchers, and medical records review was done to standardize data completeness.

The primary outcome was the prevalence of patient satisfaction with the informed consent process prior to elective gynecological surgery. The secondary outcomes were the relationships between personal factors, treatment factors, and the informed consent process with patient satisfaction before elective gynecological surgery.

All data were analyzed using SPSS software (version 26), with statistical significance set at $p < 0.05$. Descriptive statistics were used to summarize the data, presented as numbers, percentages, means, and standard deviations.

The chi-square test or Fisher Exact test was employed to compare proportions of categorical data (e.g., sex, underlying disease, diagnosis, complication) between the highly satisfied and not highly satisfied groups. For continuous data (e.g., age, body mass index, information time), the independent t-test was used if the data were normally distributed; otherwise, the Mann-Whitney U test was applied.

Results

Between October 2023 and May 2024, 212 participants were recruited for the study. Of these, 19 participants declined enrollment, and 15 were excluded based on the exclusion criteria: four due to mental health problems and eleven due to illiteracy in Thai. Consequently, the final number of participants was 178. The mean age of the respondents was 42.48 ± 9.68 years. The majority held a bachelor's degree or higher (51.1%), were married (64.6%), had no underlying diseases (82.6%), and were self-employed (37.1%). A history of previous surgery was reported by 32.6% of participants. The mean information time was 15.01 ± 7.09 minutes. The most common diagnosed condition was uterine disease (72.5%), with laparoscopic procedures used in 118 cases (66.3%). There were three cases of complications (1.7%): one bladder injury and two bowel injuries. Table 1 summarizes the demographic data and clinical characteristics of participants.

Table 1. Demographic data and clinical characteristics of participants (n = 178).

Characteristics	Total (n = 178)	
	n	%
Age (years)		
20-34	39	21.9%
35-49	101	56.7%
50-65	38	21.3%
mean ± SD	42.48 ± 9.68	
Race		
Thai	176	98.9%
not Thai	2	1.1%
BMI (kg/m^2)		
< 18.5	11	6.2%
18.5-22.9	76	42.7%
23.0-24.9	25	14.0%
25.0-29.9	41	23.0%
≥ 30	25	14.0%
mean ± SD	24.15 ± 4.77	
Income (Baht)		
< 10,000	31	17.4%
10,000-20,000	77	43.3%
20,001-30,000	29	16.3%
> 30,000	41	23.0%

Table 1. Demographic data and clinical characteristics of participants (n = 178). (Cont.)

Characteristics	Total (n = 178)	
	n	%
Education		
Secondary school and below	30	16.9%
High school	37	20.8%
Vocational education	20	11.2%
Bachelor's degree and above	91	51.1%
Marital		
Single	59	33.1%
Married	115	64.6%
Divorce	4	2.2%
Occupation		
Government Employee	21	11.8%
Self-employed	66	37.1%
company employee	54	30.3%
Housewife/Unemployed	37	20.8%
Underlying Disease		
Yes	31	17.4%
No	147	82.6%
Previous gynecological disease	9	5.1%
Prior Surgery	58	32.6%
Information time (min)		
< 10	15	8.4%
10-15	113	63.5%
15-30	50	28.1%
mean ± SD	15.01 ± 7.09	
Information provider		
Staff	129	72.5%
Resident	49	27.5%
Diagnosis		
Uterus	129	72.5%
Ovary	32	18.0%
Fallopian tube	17	9.5%
Approach		
Laparoscopy	118	66.3%
Exploratory	54	30.3%
Vaginal hysterectomy	6	3.4%
Procedure		
Hysterectomy	109	61.2%
Myomectomy	15	8.4%
Adnexal surgery	54	30.4%
Complications		
Yes	3	1.7%
No	175	98.3%
bladder injury	1	0.6%
bowel injury	2	1.1%

SD: standard deviation, BMI: body mass index

Most participants agreed or strongly agreed with the statements on the decisional satisfaction scale (DSS), resulting in a mean total score of 27.87 ± 2.77, indicating high overall satisfaction. Table 2 presents the respondents' scores on the DSS, while Table 3 provides a summary of overall satisfaction with the decision scale.

Table 2. Decisional satisfaction scale (n = 178).

Parameters	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	mean ± SD
1. I am satisfied that I was adequately informed about my disease and choice of treatment.		1 0.6%	2 1.1%	48 27.0%	127 71.3%	4.69 ± 0.52
2. I am satisfied that I was adequately informed about appropriate postoperative care.		1 0.6%	2 1.1%	55 30.9%	120 67.4%	4.65 ± 0.53
3. I am satisfied that I was adequately informed about treatment guidelines and potential complications that may occur.	1 0.6%	1 0.6%	5 2.8%	54 30.3%	117 65.7%	4.60 ± 0.63
4. I am satisfied that the doctor provided an opportunity for questions and respected my decision-making.		1 0.6%	2 1.1%	45 25.3%	130 73.0%	4.71 ± 0.51
5. I am satisfied with the amount of time I had to make decisions before the surgery.		1 0.6%	7 3.9%	60 33.7%	110 61.8%	4.57 ± 0.60
6. I am satisfied with my decision		1 0.6%	2 1.1%	55 30.9%	120 67.4%	4.65 ± 0.53
Total scores (5-30)						**27.87 ± 2.77**

Table 3. Summary of overall satisfaction with decision scale.

Score Range, Interpretation	n	%
Highly satisfied ≥ 26	135	75.8%
Not highly satisfied 5-25	43	24.2%

A total of 135 patients (75.8%) reported high satisfaction with the consent process prior to elective gynecological surgery. The key factors significantly influencing their satisfaction included being informed about the possible consequences of not undergoing the procedure, understanding the procedure well enough to explain it to others, being informed about the reasons for prolonged urine catheterization if necessary, and being given the opportunity to refuse the procedure. These findings are detailed in Table 4.

There was no significant correlation between patient satisfaction and the variables of age (p = 0.465), educational background (p = 0.320), civil status (p = 0.281), occupation (p = 0.680), prior gynecological disease (p = 0.509), history of surgery (p = 0.706), information time (p = 0.680), information provider (p = 0.648), procedure type (p = 0.509), and complications (p = 1.000) (Table 5).

Table 4. Responses to the informed consent questionnaire comparing patients who were highly satisfied to those who were not highly satisfied. (n = 178)

Questions	Total (n = 178)		Patients' satisfaction				p value
			Highly (n = 135)		Not highly (n = 43)		
	n	%	n	%	n	%	
1. Had you been given an explanation of the disease, including its nature and how it develops?	176	98.9%	134	99.3%	42	97.7%	0.426
2. Was the procedure explained to you?	176	98.9%	133	98.5%	43	100%	1.000
3. Were you informed about possible consequences of not having the procedure?	170	95.5%	132	97.8%	38	88.4%	0.010*
4. Were you informed about the alternatives to the procedure?	165	92.7%	127	94.1%	38	88.4%	0.211
5. Do you know enough about the procedure that you could basically explain to another person how it would occur?	175	98.3%	135	100%	40	93.0%	0.013*
6. Were you informed of the risks of the procedure?	177	99.4%	135	100%	42	97.7%	0.242
7. Do you understand the risks of the procedure?	176	98.9%	135	100%	41	95.3%	0.057
8. Were you informed of the benefits of the procedure?	178	100%	135	100%	43	100%	-
9. Do you understand the benefits of the procedure?	178	100%	135	100%	43	100%	-
10. Do you know the success rate of the procedure?	162	91.0%	123	91.1%	39	90.7%	0.934
11. Were you informed of the possibility of common complications from the procedure?	171	96.1%	131	97.0%	40	93.0%	0.238
12. Were you informed of the most severe possibility of a life-threatening complication from the procedure?	148	83.1%	115	85.2%	33	76.7%	0.198
13. Were you informed of the recovery period after procedure?	176	98.9%	133	98.5%	43	100%	1.000
14. Do you know about the duration of the hospital recovery period?	172	96.6%	131	97.0%	41	95.3%	0.633
15. Do you know about post-operative care instructions?	164	92.1%	124	91.9%	40	93.0%	0.804
16. Were you informed about the reason to prolong urine catheter if needed?	125	70.2%	100	74.1%	25	58.1%	0.047*
17. Do you feel that adequate time was spent providing you with all the information you need?	176	98.9%	134	99.3%	42	97.7%	0.426
18. Were you given the opportunity to ask questions before making the decision?	178	100%	135	100%	43	100%	-
19. Were you given the opportunity to refuse the procedure?	152	85.4%	121	89.6%	31	72.1%	0.005*
20. Were relatives invited to be informed about the procedure? (As per patient's preference)	156	87.6%	121	89.6%	35	81.4%	0.153
21. Do you get all the information you need to make a good decision about the procedure?	178	100%	135	100%	43	100%	-

p values from chi-square test or Fisher's exact test, * significant at p value < 0.05

Table 5. Demographic and clinical characteristics of participants, and the association between these characteristics and patients' satisfaction (n = 178).

Characteristics	Patients' satisfaction				p value
	Highly (n = 135)		Not highly (n = 43)		
	n	%	n	%	
Age (years)					0.465
20-34	31	23.0%	8	18.6%	
35-49	78	57.8%	23	53.5%	
50-65	26	19.3%	12	27.9%	
mean ± SD	41.94 ± 9.57		44.16 ± 9.93		0.191
Race					1.000
Thai	133	98.5%	43	100%	
Not Thai	2	1.5%	0	0%	
BMI (kg/m^2)					0.599
< 18.5	9	6.7%	2	4.7%	
18.5-22.9	54	40.0%	22	51.2%	
23.0-24.9	18	13.3%	7	16.3%	
25.0-29.9	33	24.4%	8	18.6%	
≥ 30	21	15.6%	4	9.3%	
mean ± SD	24.37 ± 4.91		23.47 ± 4.28		0.272
Income (Baht)					0.778
< 10,000	24	17.8%	7	16.3%	
10,000-20,000	57	42.2%	20	46.5%	
20,001-30,000	24	17.8%	5	11.6%	
> 30,000	30	22.2%	11	25.6%	
Education					0.320
Secondary school and below	20	14.8%	10	23.3%	
High school	26	19.3%	11	25.6%	
Vocational education	15	11.1%	5	11.6%	
Bachelor's degree and above	74	54.8%	17	39.5%	
Marital					0.281
Single	43	31.9%	16	37.2%	
Married	90	66.7%	25	58.1%	
Divorce	2	1.5%	2	4.7%	
Occupation					0.680
Government Employee	15	11.1%	6	14.0%	
Self-employed	48	35.6%	18	41.9%	
Company employee	44	32.6%	10	23.3%	
Housewife/Unemployed	28	20.7%	9	20.9%	
Underlying Disease					0.105
Yes	115	85.2%	32	74.4%	
No	20	14.8%	32	74.4%	
Previous gynecological disease	6	4.4%	3	7.0%	0.509
Prior Surgery	45	33.3%	13	30.2%	0.706
Information time (min)					0.680
< 10	10	7.4%	5	11.6%	
10-15	87	64.4%	26	60.5%	
15-30	38	28.1%	12	27.9%	
mean ± SD	15.13 ± 7.08		14.65 ± 7.19		0.677

Table 5. Demographic and clinical characteristics of participants, and the association between these characteristics and patients' satisfaction (n = 178). (Cont.)

Characteristics	Patients' satisfaction				p value
	Highly (n = 135)		Not highly (n = 43)		
	n	%	n	%	
Information provider					0.648
Staff	99	73.3%	30	69.8%	
Resident	36	26.7%	13	30.2%	
Diagnosis					0.720
Uterus	96	71.1%	33	76.7%	
Ovary	26	19.3%	6	14.0%	
Fallopian tube	13	9.6%	4	9.3%	
Approach					0.522
Laparoscopy	90	66.7%	28	65.1%	
Exploratory	41	30.4%	13	30.2%	
Vaginal hysterectomy	4	3.0%	2	4.7%	
Procedure					0.509
Hysterectomy	80	59.3%	29	67.4%	
Myomectomy	10	7.4%	5	11.6%	
Adnexal surgery	45	33.3%	9	20.9%	
Complications					1.000
Yes	132	97.8%	0	0%	
No	3	2.2%	43	100%	
Bladder injury	1	0.7%	0	0%	1.000
Bowel injury	2	1.5%	0	0%	1.000

P values for mean data were calculated with the use of independent t-test or Mann-Whitney U test, for percentages with the use of chi-square test or Fisher's exact test.
SD: standard deviation, BMI: body mass index

Discussion

Our study demonstrated that the prevalence of high patient satisfaction with the informed consent process was 75.8%. Similar findings were observed in other studies: Guzman et al[25] reported 70.7% in the Philippines, Akkad et al[27] found 80% in England, and Sulaiman et al[24] reported 77% in Saudi Arabia. The mean total score for DSS in our study was 27 (27.87 ± 2.77). This was consistent with previous studies, such as Hallock et al[21], where the mean DSS score was 27.9, and Guzman et al[25], where it was 27.4.

The consistency of our findings with other studies suggests that patient satisfaction levels are comparable across different regions and healthcare systems. The quality of a well-structured informed consent process appears to be more crucial than the specific healthcare system or region. Moreover, Akkad et al[27] (2006) found significantly higher satisfaction in non-emergency gynecological surgeries (80%) compared to emergency cases (63%). While our study focused solely on elective surgeries, the high satisfaction rate reflects patterns that observed in non-emergency settings, stress that the time to receive information and the type of procedure are affecting patient satisfaction.

Key factors that significantly impacted patient satisfaction, which can be improved through counseling, include being informed about the consequences of not undergoing the procedure, having a clear understanding of the procedure sufficient to explain it to others, understanding the reasons for prolonged urinary catheterization if necessary, and being given the opportunity to refuse

the procedure.

Regarding the results, no significant correlation was found between patient satisfaction and demographic factors such as educational background and occupation, as the distribution between the two groups was similar and all patients may receive similar standardized information and care during preoperative process leading to similar levels of understanding and satisfaction. This similarity enhanced the reliability of the findings in this context.

Although statistically significant difference between the highly satisfied and not highly satisfied groups regarding being informed about the reason for prolonged urinary catheterization if needed. However, both groups received or were aware of this information at relatively low rates, 74.1% and 58% respectively. Therefore, this issue should be emphasized to increase patient satisfaction and understanding.

As health professionals, we do understand that learning about the experience of our patients is very critical in order to enable us to offer them better quality of care. The study represented a novelty effort in the local context and has been conducted with the objective of eliciting how patients feel about their involvement in decision-making regarding their health. We based our measurements on valid tools in order to act like a sturdy bridge, thus connecting our research methods to the real-world level of patient experiences. This allows us to gather feedback directly from patients and subsequently delineate their needs and perspectives.

This study was conducted at a single institution, which limits the ability to apply the findings to other settings. The patient experiences and satisfaction levels observed here may differ from those in other institutions due to variations in practices, resources, and patient demographics. As a result, the findings may not be fully applicable to patients in other departments or hospitals. Differences in healthcare delivery, patient populations, and institutional policies across various settings could lead to different outcomes, making it challenging to generalize the results beyond this institution. Furthermore, cultural factors in Thailand, such as respect for authority and conflict avoidance, heavily influence patient interactions in medical settings. Thai patients often hesitate to voice concerns or dissatisfaction, leading to potentially inflated satisfaction ratings. Reluctance to give negative feedback is common, and patients may provide positive responses even if they have reservations. Additionally, norms discouraging questioning authority may limit patients' willingness to ask questions or seek clarification, impacting the depth of informed consent.

These and similar studies showed high satisfaction rates, which indicated a need for comprehensive approaches to the informed-consent process. Educating patients promotes satisfaction, decreases preoperative anxiety and creates trust in providers. Although our study was conducted at a single institution, limiting generalizability, the consistent findings suggest that comprehensive information provision, patient participation, and clear communication are key elements of a successful informed consent process applicable across various settings.

Conclusion

The study underscored the vital importance of a well-executed informed consent process for elective gynecological surgery in terms of patient satisfaction when communication and participation were emphasized. Future research should be conducted in other contexts and different types of population to confirm these findings, which would help us determine the adequate intervention in informed-consent process across various healthcare backgrounds.

Potential conflicts of interest

The author declares no conflicts of interest.

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