

Interview Questionnaire

Record ID

Date

Participant ID

(K(B, S or Y) 00 #/K/(Month)16)

1. What is your gender?

- ☐ Male
☐ Female

2. What is your age range?

- ☐ 20-24
☐ 25-29
☐ 30-34
☐ 35-39
☐ 40-44
☐ 45-49
☐ 50-54
☐ 55-59
☐ 60 and Above

3. What is your affiliated institution?

(The name of the hospital where you work)

4. What is the level of this institution?

- ☐ Referral Hospital
☐ District Hospital
☐ Other

4. a. Please specify:

5. In which county is your institution located?

- ☐ Siaya
- ☐ Kisumu
- ☐ Kisii
- ☐ Kericho
- ☐ Bomet
- ☐ Nakuru
- ☐ Kiambu
- ☐ Uasin Gishu
- ☐ Trans Nzoia
- ☐ Elgeyo Marakwet
- ☐ Turkana
- ☐ Nairobi
- ☐ Kwale
- ☐ Mombassa
- ☐ Machakos
- ☐ Kitui
- ☐ Embu
- ☐ Kirinyaga
- ☐ Meru
- ☐ Isiolo
- ☐ Nyandura
- ☐ Nyeri

6. When did you graduate from the KRNA Training Program?

(Year)

7. What was your primary occupation before joining the KRNA training program?

- ☐ Administrative nurse
- ☐ Nurse in charge
- ☐ Theater nurse
- ☐ Critical care nurse
- ☐ Other

7. a. Specify

8. What was your income before attending the KRNA training Program?

- ☐ Less than 40 000 KES
 - ☐ 40 000 - 59 999 KES
 - ☐ 60 000 - 79 999 KES
 - ☐ 80 000 - 99 999 KES
 - ☐ 100 000 - 119 999 KES
 - ☐ 120 000 - 139 999 KES
 - ☐ 140 000 - 159 999 KES
 - ☐ 160 000 KES and Above
- (Monthly Gross income)

9. What is your primary occupation now?

- ☐ KRNA
- ☐ Floor nurse
- ☐ Administrative nurse
- ☐ Nurse in charge
- ☐ Theater nurse
- ☐ Critical care nurse
- ☐ Other

9. a. Specify:

10. What is your income now?

☐ Less than 40 000 KES
☐ 40 000 - 59 999 KES
☐ 60 000 - 79 999 KES
☐ 80 000 - 99 999 KES
☐ 100 000 - 119 999 KES
☐ 120 000 - 139 999 KES
☐ 140 000 - 159 999 KES
☐ 160 000 KES and Above
 (Monthly Gross income)

11. Have you ever worried that you would not be able to pay your children's school fees?

☐ Yes
☐ No
☐ Not applicable

11. a. If yes, how often did this happen?

☐ Never
☐ Rarely
☐ Sometimes
☐ Often
☐ Always

Please fill out the following matrix:

	Not at all	To a small extend	To some extend	To a large extend	To a very large extend	Not sure
12. Was the KRNA training relevant to your work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Was the time allocated for the KRNA training program sufficient?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Did you consider yourself a leader before the KRNA training program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Would you consider yourself a leader in your hospital after the KRNA training program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Are the doctors (surgeons, anesthesiologists & OBGs) in your current facility supportive of your new role?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Do you have adequate basic equipment (speculum, etc) necessary for obstetric procedures?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Do doctors in your clinic question your professional judgments?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Are you overwhelmed by the needs of your patients?

☐ Yes
☐ No

19. a. If yes, why?

20. What obstacles do you encounter to provide safe anesthesia in your current environment?

(List the top five in order of biggest obstacle to least obstacle)

	Not at all	To a small extent	To some extent	To a large extent	To a very large extent	Not sure
21. Do you think that your current salary is fair?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Have you been able to increase your personal income since you became a KRNA?

☐ Yes
☐ No

22. a. If Yes, what has been the percentage increase?

☐ 0 - 24%
☐ 25 - 49%
☐ 50 - 74 %
☐ 75 -100%
☐ Over 100%

23. Do you feel that the KRNA training program has provided you with financial opportunities?

☐ Yes
☐ No

23. a. If yes, how has this helped your personal situation?

☐ Paying school fees
☐ Paying for additional trainings
☐ Purchased land
☐ Purchased a house
☐ Paid back loans
☐ Bought a car
☐ Support other family members who are being educated
(Select all that apply)

Please fill out the following matrix

	Not at all	To a small extend	To some extend	To a large extend	To a very large extend	Not sure
25. Does work infringe your personal time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Do you have too much administrative work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Do you feel sufficiently trained to complete the clinical tasks that you are assigned?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Do you feel confident to complete the clinical tasks that you are assigned?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Are you comfortable seeing patients in your role?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Do you feel well mentored by those with more training than yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Do you feel well assisted by those by more training than yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Have your expanded responsibilities made it difficult for you to attend to all of your job duties?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. Would you have preferred receiving additional training to complete your new job tasks?

- ☐ Yes
☐ No
☐ Not sure

33. a. If yes, describe areas where you need additional training:

(List all the possible additional training needed)

Checklist

[Attachment: "Safe Anesthesia Checklists - v2 - 2015.gif"]

34. Would it be beneficial to put the attached checklist on your OR walls in your facility?

- ☐ Yes
☐ No
☐ Not sure

35 What would be the limitations of using the checklist?