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
- Mombasa
- 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

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

11a. If yes, how often did this happen?  
- Never
- Rarely
- Sometimes
- Often
- Always

Please fill out the following matrix:

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>To a small extent</th>
<th>To some extent</th>
<th>To a large extent</th>
<th>To a very large extent</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Was the KRNA training relevant to your work?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>13. Was the time allocated for the KRNA training program sufficient?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>14. Did you consider yourself a leader before the KRNA training program?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>15. Would you consider yourself a leader in your hospital after the KRNA training program?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>16. Are the doctors (surgeons, anesthesiologists &amp; OBGs) in your current facility supportive of your new role?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>17. Do you have adequate basic equipment (speculum, etc) necessary for obstetric procedures?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>18. Do doctors in your clinic question your professional judgments?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>19. Are you overwhelmed by the needs of your patients?</td>
<td>○</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>○</td>
</tr>
</tbody>
</table>

- Yes
- No

19a. 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)

<table>
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<tr>
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<th>Not sure</th>
</tr>
</thead>
</table>

21. Do you think that your current salary is fair?

- [ ] Not at all
- [ ] To a small extent
- [ ] To some extent
- [ ] To a large extent
- [ ] To a very large extent
- [ ] Not sure

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

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<th>To a very large extend</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>25. Does work infringe your personal time?</td>
<td></td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
</tr>
<tr>
<td>26. Do you have too much administrative work?</td>
<td></td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
</tr>
<tr>
<td>27. Do you feel sufficiently trained to complete the clinical tasks that you are assigned?</td>
<td></td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
</tr>
<tr>
<td>28. Do you feel confident to complete the clinical tasks that you are assigned?</td>
<td></td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
</tr>
<tr>
<td>29. Are you comfortable seeing patients in your role?</td>
<td></td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
</tr>
<tr>
<td>30. Do you feel well mentored by those with more training than yourself?</td>
<td></td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
</tr>
<tr>
<td>31. Do you feel well assisted by those by more training than yourself?</td>
<td></td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
</tr>
<tr>
<td>32. Have your expanded responsibilities made it difficult for you to attend to all of your job duties?</td>
<td></td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
</tr>
<tr>
<td>33. Would you have preferred receiving additional training to complete your new job tasks?</td>
<td>〇 Yes</td>
<td>〇 No</td>
<td>〇 Not sure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. a. If yes, describe areas where you need additional training:</td>
<td></td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
</tr>
</tbody>
</table>

(List all the possible additional training needed)

### Checklist

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
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<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>34. Would it be beneficial to put the attached checklist on your OR walls in your facility?</td>
<td>〇 Yes</td>
<td>〇 No</td>
<td>〇 Not sure</td>
</tr>
</tbody>
</table>

35 What would be the limitations of using the checklist?