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Patients' Perceptions of Person-Centred Care in Audiology:

A South African Cross-Sectional Survey

A Research Report

By

Student: Danielle Blasl

Student Number: BLSDAN001

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Supervisor: Vera-Genevey Hlayisi

Co-supervisor: Lucretia Petersen

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Glossary of Terms

Analysis bias: When, during analysis, researchers look for data which may confirm their hypotheses and overlook data which does not align with their personal beliefs (Smith & Noble, 2014).

Communication and interpersonal skills: Mutual communication in a careful, sensitive and authentic manner, which includes interactional dialogue, exchange of unbiased information, and attentive listening in a useful and affirming manner (Grenness et al., 2014).

Confounding variable: The influence of a confounding variable i.e. a variable which affects both the dependent and independent variables, could lead to omitted variable bias and ultimately error in associations (Jargowsky, 2005)

Content validity: The extent to a scale and its items accurately measures the intended construct and its facets (Polit & Beck, 2006).

COVID-19: An infectious disease caused by the SARS-CoV-2 virus (Kraaijeveld, 2021).

Cross-cultural adaptation: The appropriate modification and adaptation of an evidence-based treatment or measurement scale for use in a different language, culture, and context (Gjersing, Caplehorn & Clausen, 2010).

Holistic care: Providing care or treatment which considers the patient as a whole person by taking into consideration the interactions of a patient's biopsychosocial aspects (Sladdin, Gillespie, Ball & Chaboyer, 2019b).

Individualized care: Personalising a patient's care to their individual needs and preferences (Sladdin et al., 2019b)

Kurtosis: Is a measure that describes the peakedness and tail behaviour of the data set's distribution (Westfall, 2014).

Lockdown: A restriction policy which restricts a person or community from moving freely (i.e. enforces that they remain where they are) to avoid risks (e.g. spread of disease) to others or themselves (Kraaijeveld, 2021).

Measurement bias: When a study's data or information collected is skewed or inaccurate, usually as a result of using scales with poor validity and reliability (Smith & Noble, 2014).

Omitted variable bias: When a confounding variable leads to errors in associations e.g. an under or over association of relationships between variables (Jargowsky, 2005).

Psychometric evaluation: Refers to the testing of a measurement tools validity and reliability (Sladdin et al., 2019b)

Recall bias: The inaccurate recollection (i.e. recall) of past events which is always present when relying on patients recollection of past events (Khare & Vedel, 2019).

Research bias: When a researcher introduces systematic error in participant selection or data collection to guide research towards a desired outcome (Smith & Noble, 2014).

Respondent error: Error introduced into a study using surveys, whereby participants intentionally or unintentionally answering the survey do so in an untrue or incorrect manner (Langelett, 2018).

Selection bias: Bias that occurs in research when participants in a study are not representative of the target population which the study hopes to draw conclusions about (Smith & Noble, 2014).

Shared decision-making: An interactive process where information is shared between a patient and practitioner, where both parties are actively and equally involved, to reach an agreement for which both parties are equally responsible (Sladdin et al., 2019b).

Skewness: The extent to which a distribution is symmetrical i.e. normally distributed (Hair, Hult, Ringle, Sarstedt & Thiele, 2017)

Social-desirability bias: A type of response bias or error that occurs in survey studies when a participant intentionally answers survey items in a manner that conflicts with their attitudes, beliefs or behaviours in order to be viewed favourably by researcher or other individuals (Larson, 2019).

Therapeutic alliance: Describes the caring relationship between a patient and practitioner, wherein both parties are respected, trusted, understood, taken seriously, honest and transparent with each other (Sladdin et al., 2019b).

List of Abbreviations

CVI:	Content Validity Index
FHS:	Faculty of Health Sciences
HREC:	Human Research Ethics Committee
I-CVI:	Item-Content Validity Index
PCC:	Person-Centred Care
P-PCC:	Perceptions of Person-Centred Care
PP-PCC:	Patient Perceptions of Person-Centred Care
PADRI:	Patient-and-Dietitian-Reported Inventory
PARI:	Patient-and-Audiologist-Reported Inventory
PCCM:	Patient Perception of Patient-Centeredness
PCQ-P:	Person-Centered Care Climate Questionnaire-Patient
PCQ-P-Fin:	Person-Centered Care Climate Questionnaire-Patient Finnish Version Questionnaire
PCQ-S:	Person-Centered Care Climate Questionnaire-Staff Questionnaire
PPPC:	Patient Perception of Patient-Centeredness Questionnaire
PPPC-R:	Patient Perception of Patient-Centeredness Questionnaire-Revised Version
S-CVI:	Scale-Content Validity Index
UCT:	University of Cape Town

Abstract

Background: Person-centred care (PCC) has gained momentum over recent years as essential in the practice of health care. This is largely due to research documenting the benefits of PCC to both patients and practitioners. PCC ensures that patients receive care that respects and accounts for their needs and preferences as individuals. However, until now studies have focused mainly on PCC from the audiologists' point of view; with few exploring the perceptions of PCC (P-PCC) held by patients, particularly within a South African context. One reason for this may be due to the variability around the definition of PCC among professionals. Subsequently, no universal tool to measure P-PCC and its underlying concepts exists, much less one that is suitable for a South African context. Developing and implementing a tool to measure South African audiology patients' perspectives of PCC (PP-PCC), will not only address this paucity in literature, but further inspire PCC strategies which could lead to improvement in clinical practice and quality of care.

Aims: 1) To create a tool to assess PP-PCC in a South African audiology context; 2) Determine PP-PCC across 5 dimensions (i.e., communication, shared decision-making, audiologist-patient relationship, provision of individualized care, and holistic care); and 3) Determine associations between PP-PCC and patient characteristics (i.e. age; sex; level of education; socioeconomic status; number of previous consultations; frequency of consultations; public vs. private; nature of consultation; presence of hearing loss; use of amplification; in-patients vs. out-patients).

Method: The Patient-and-Audiology-Reported Inventory (PARI) was adapted from the previously validated Patient-and-Dietician-Reported Inventory (PADRI) to an audiological context. To remain inclusive to the South African population, the PARI was translated into Afrikaans and IsiXhosa. A quantitative validation study was conducted using suggested translation and cross-cultural adaptation guidelines proposed by Gjersing, Caplehorn, and Clausen (2010). A group of six validators which consisted of audiology lecturers, researchers, clinicians, and audiology patients validated the PARI and its translated versions using the content validity index (CVI).

Once validated a quantitative, descriptive, cross-sectional survey design was carried out using the PARI and a short self-developed demographic questionnaire. The PARI was distributed via electronic, telephonic, face-to-face and paper-based mediums. The initial target sample size was 150 participants, with an inclusion criterion of South African adults, who were able to communicate in English, IsiXhosa or Afrikaans and had attended at least one audiology consultation in South Africa within three months of participation in the study. Participants were purposely sampled, and recruited via advertisements on social media and in patient waiting rooms. Due to hindrances to data collection from the COVID-19 pandemic, the time-frame in which a participant had to have consulted an audiologist was revised to one year. After a year of data collection, a total sample size of 111 participants was obtained.

Results: Data analysis employed a mixed methods (i.e. descriptive and inferential) approach to analyse the data, using Stata version 17. The final PARI consisted of 28-items, with CVI analysis indicating appropriate validity at both an item and scale level. Using the responses of 111 participants, the PARI was found to display excellent internal consistency ($\alpha = 0.95$). Significant differences in scores were initially associated with patients' healthcare sector; in-patient versus out-patient status; age; education level; employment status; frequency of audiological consultations; nature of consultations; hearing loss status; and use of amplification. However, associations between scores and all patient characteristics were no longer statistically significant when scores were adjusted for the influence of healthcare sector (i.e. public vs. private) on PP-PCC. Patients from the private health sector displayed significantly more positive P-PCC than those from the public health sector. Nonetheless, scores from the PARI suggested that South African audiology patients generally held positive P-PCC and its five underlying dimensions.

Conclusions: The newly developed PARI has shown to be a valid and reliable tool to measure the P-PCC among South African audiology patients. South African patients generally held a positive P-PCC and its underlying dimensions however, disparities were observed among PARI scores between audiology patients from public and private healthcare sectors. This exhibits the stark differences in participant characteristics between the two sectors. This study has provided a foundation for addressing

the paucity in PCC literature in South African hearing healthcare. Therefore, future research should focus on using the PARI as a self-reflection tool among practitioners, and an outcome measurement tool for PCC intervention strategies. Moreover, closer investigation between healthcare sectors is needed, especially in developing countries like South Africa.

Key words: Person-centred care (PCC), Perceptions, PCC dimensions, patient characteristics, South African context, hearing healthcare services

Chapter 1: Literature Review

Introduction

Over time a transition from practitioner-centred to person-centred approaches to healthcare has inspired many studies to examine person-centred care (PCC) (Grenness, Hickson, Laplante-Lévesque & Davidson, 2014). The concept of PCC refers to good patient-clinician communication which fosters a positive clinician-patient relationship, shared decision-making¹ and individualised, holistic care² (Boisvert et al., 2017; Sladdin, Ball, Gillespie & Chaboyer, 2018). As a result of the benefits associated with PCC, several studies in audiology have investigated PCC from a clinician's perspective (Ali, Meyer & Hickson, 2019; Laplante-Lévesque et al., 2014; Manchaiah, Gomersall, Tomé, Ahmadi, & Krishna 2014). However, recent studies examining patients' perceptions of PCC (PP-PCC) are limited in audiology. With outcomes of PCC having been noted as beneficial to both patients and clinicians (Sladdin et al., 2019a), the lack of research into audiology PP-PCC, may hinder the opportunities to improve service delivery within hearing healthcare. Sladdin et al. (2019a) theorized that by examining PP-PCC, strategies for improvement could be put in place to enhance clinical practice (Sladdin et al., 2019a; 2019b). Thereby, this study seeks to identify South African audiology PP-PCC, and the patient characteristics associated with perceptions of PCC (P-PCC), in order to improve audiological service delivery.

Patient Preferences and P-PCC

Sofaer and Firminger (2005) describe patient perceptions as the interactions between a patient's expectations, attitudes, preferences and experiences, which leads to the formation of a patient's understanding and interpretation of concepts like PCC. The terms "satisfaction" and "perceptions" have thus been used interchangeably in research; however, satisfaction is considered an example of one's perceptions i.e. the extent to which one's experiences aligns with one's expectations (Sofaer & Firminger, 2005). Few studies examine PP-PCC and its dimensions in audiology, particularly in South

¹ See Glossary

² See Glossary

Africa. Previous research has however, documented patient desires for PCC in various healthcare fields. For example, Edvardsson, Watt and Pearce (2017) found that patients' self-reported ratings of person-centredness and caring were highly associated with patients' ratings and experiences of quality care in nursing. Additionally, a lack of PCC in healthcare has been reported to leave patients feeling uninvolved, uncertain and concerned about their management plans, as well as confused about information provided by the practitioner (Sladdin, et al., 2019a).

Sofaer and Firminger (2005) have identified PP-PCC as important to ensuring quality healthcare. PP-PCC has a significant impact on healthcare outcomes to both patients and practitioners (Sofaer & Firminger, 2005). Some recent audiology studies indicate that most patients' expectations were unmet during audiological consultations and that a provider's behaviour had a large influence on patients' readiness to accept treatment options like amplification devices (Amlani, 2020). Additionally, PCC in audiological practice was either hindered or supported by patients' perceptions of a professional setting (Amlani, 2020). Therefore, examining PP-PCC in hearing healthcare could prove beneficial to treatment outcomes and improvement of quality care. Moreover, previous research has focused on if and how patient factors such as age, gender, race/ethnicity, socioeconomic status, health status, expectations and attitudes of care influence PP-PCC (Sofaer & Firminger, 2005). However, South Africa is a multilingual, multicultural, and multiracial context with few studies on PP-PCC having been conducted in such a setting, particularly from audiology patients' point of view (Swanepoel, 2006; Mbunge, 2020; Pillay, Tiwari, Kathard & Chikte, 2020). South African patients experience various obstacles regarding access and availability of adequate audiological services, which many Western countries do not (Swanepoel, 2006; Mbunge, 2020; Pillay et al., 2020). As such, South African patient populations are typically classified as socioeconomically, psychosocially or medically vulnerable (Little et al., 2001). Having previously exhibited greater preferences for person-centredness (Little et al., 2001), updated and novel research is needed to determine South African audiology PP-PCC and the patient characteristic associated with these perceptions. Examining P-PCC dimensions from patients of varying levels of vulnerability in South Africa, may assist audiologists in understanding patients' desires, expectations, attitudes and understanding of PCC.

Practitioner Preferences and P-PCC

A study examining audiologists' preferences for PCC in Australia, found that audiologists displayed a significant positive preference for person-centeredness (Laplante-Lévesque et al., 2014). However, Manchaiah, Dockens, Bellon-Harn, & Burns, (2017) highlighted a noncongruence regarding preferences for person-centeredness between patients with hearing loss and audiologists, in that audiologists displayed higher preferences for PCC than patients. As PCC has been linked to improvement in healthcare quality and outcomes (Saha, Beach & Cooper, 2008), examining the nature of PCC from a patient's perspective may aid in minimizing this noncongruence. Just as factors which influence patient perceptions have been studied, multiple factors (e.g. age, years of experience and the type of work setting) have been noted as influencing practitioner preferences for PCC (Laplante-Lévesque et al., 2014). For example, differences in practitioner preferences for PCC have been observed across countries with differing cultural profiles.

Audiologists practicing in countries with similar cultural profiles (e.g. India and Iran) generally display lower preferences for PCC than audiologists in for example, Portugal (Manchaiah et al., 2014). Additionally, pre-exposure to the principles of PCC in training curriculums has been found to positively influence practitioner preferences (Dockens, Bellon-Harn & Manchaiah, 2016). Whereas, patients' decision-making has been found to be influenced by pre-established perceptions of hearing healthcare (Rawool & Keihl, 2008). Thus, it is possible that patient P-PCC may vary: a) according to areas of PCC valued by patients b) between patients, and c) between patients and practitioners. Investigating PP-PCC may thus lessen the noncongruence observed between patients' and practitioners' and subsequently assist with improving hearing healthcare quality, health outcomes and patient satisfaction levels (Manchaiah et al., 2017). Investigation into the P-PCC and its underlying dimensions from a patient's perspective is thus warranted and may provide insight into the nature and impact of PCC in audiology, particularly in South Africa.

Dimensions Underlying PCC

A number of concepts have been used to guide PCC in clinical settings (Sladdin et al., 2019a). Examining perceptions of these underlying components of PCC may prove key to shaping this

understanding of PCC among audiological patients. For example, patients of primary care physicians have placed greater value on PCC aspects such as communication, partnership and health promotion (Little et al., 2001). The International Classification of Functioning, Disability and Health (ICF) is a framework that strives to merge the traditional biopsychosocial approach to healthcare with aspects of PCC to provide holistic basis for the treatment and management of health conditions (World Health Organization [WHO], 2001). The ICF analyses the interactions between a person's health conditions with environmental (e.g. accessibility, resources, community etc.) and personal factors (e.g. social support, relationships, attitudes etc.) to determine a person's level of functioning and participation (WHO, 2001).

In light of the controversy surrounding a consensus on the definition for PCC, proposed integrative models of PCC has been suggested by Scholl, Zill, Härter and Dirmaier (2014) and Zill, Scholl, Härter and Dirmaier (2015). Principles of PCC proposed by Scholl et al. (2014) and Zill et al. (2015), include concepts such as the clinician-patient relationship; patient as a unique person; and teamwork and teambuilding, which are similar to dimensions included in previous models of PCC. However, Scholl et al. (2014) and Zill et al. (2015) further proposes the inclusion of: integration of medical and non-medical care; access to care; coordination and continuity of care; involvement of family and friends; physical support; and emotional support. Although, these proposed dimensions provide a comprehensive approach to healthcare, they mainly reflect conceptual definitions of westernized societies like North America and Europe (Scholl et al., 2014). Minimal research and definitions from other countries like South Africa, New Zealand, Australia and Asia were included in the formation of these models of PCC (Scholl et al., 2014; Zill et al., 2015).

One Australian study by Sladdin, et al. (2019a) recently examined patient perceptions of five concepts underlying PCC in dietetics, namely: practitioner communication skills, shared decision-making, practitioner-patient relationships, provision of individualized and holistic care. Researchers found that patients placed greater emphasis on "shared decision-making" compared to dietitians, however reported significantly lower scores for caring relationships, providing individualised and holistic care, and knowing the patient/dietitian (Sladdin et al., 2018).

Within audiology, Grenness et al. (2014) explains that shared decision-making is dependent on factors such as educating and sharing information with the patient, trusting the audiologist, and nurturing patient choice and autonomy. Concepts like shared decision-making are essential to employing PCC and empowering patients (Grenness et al., 2014). Obtaining insight into which concepts patients perceive PCC to entail, and which aspects (i.e. practitioner communication skills, shared decision-making, practitioner-patient relationships etc.) are most valued, can assist by enhancing patient experiences in their healthcare (Rathert, Williams, McCaughey & Ishqaidef, 2015). Sladdin et al.'s (2019a) study, identified PCC dimensions which received low scores, thereby strategies for improvement in dietetic practice can be developed. Similarly, audiology services may be improved by understanding PP-PCC, and which dimensions underlying PCC a patient values most and least. These concepts may be deemed key to improving aspects such as: patient satisfaction, adherence to treatment, health outcomes, and practitioner outcomes (Grenness et al., 2014). The studies mentioned, which examine PP-PCC and its underlying concepts have not yet simultaneously been conducted within the field of audiology in a South African context. Moreover, no contextually-appropriate tool to obtain such information exists in South African audiology. Thus, studies exploring audiology PP-PCC in South Africa are needed to improve quality of care. However, in order to obtain the necessary information, a tool to measure PP-PCC among audiology patients is required.

Existing P-PCC Measurement Tools and Recent Research

Most research is in agreement that PCC leads to improved patient experiences, satisfaction and outcomes. Research conducted in recent years appears to remain audiologist-oriented, with literature focusing on P-PCC from a clinician, educator or undergraduate student point of view, rather than patients (Tai, Barr & Woodward-Kron, 2018; Muñoz, Ong, Whicker & Twohig, 2019; Amlani, 2020; Pillay et al., 2020). Research exploring PCC from a patient's point of view has been conducted previously, however most studies take place in professions other than audiology e.g. nursing, primary health, dietetics etc. (Sladdin et al., 2018; Stolt, Koskenvuori, Edvardsson, Katajisto & Suhonen, 2021; Ryan, Brown, Tremblay & Stewart, 2019). Additionally, the majority of these studies are conducted in developed countries (e.g. Australia, Finland, Canada etc.) (Sladdin et al., 2018; 2019a; Stolt et al., 2021;

Ryan et al., 2019), which do not face the same challenges to healthcare as developing countries like South Africa. Currently, no prior tool to simultaneously measure PP-PCC and its underlying dimensions among audiology patients has been documented, particularly in South Africa.

One example of a valid and reliable tool which broaches PP-PCC in a South African context is the Measure of Processes of Care (MPOC) (Cunningham & Rosenbaum, 2014). The MPOC is an empirical tool, which has been employed globally, including within South Africa, and in a variety of languages (Cunningham & Rosenbaum, 2014). The MPOC was designed to determine parents' perceptions of family-centredness in the healthcare services received by their children (Cunningham & Rosenbaum, 2014). The original MPOC was pioneered in Canada as a 56-item self-reported scale, to measure five underlying dimensions of family-centredness, namely: respectful and supportive care; giving general information; giving child-specific information; partnership and enabling; and integrated and holistic care (King, Rosenbaum, King, 1996 as cited in Cunningham & Rosenbaum, 2014). Over the last twenty years, numerous adaptations and translations of the MPOC have emerged, including the MPOC-8 South Africa (8 SA), which is available in seven African languages (i.e. English, Xitsonga, Setswana, Sesotho, Isizulu, Tshivenda, and Sepedi) (Saloojee, Rosenbaum, Westaway & Stewart, 2009). Research on the MPOC-8 (SA) have found the reliability and validity to be inadequate (Saloojee et al., 2009). A study done by Stewart, Slattery and McKee (2021) does however provide evidence that the MPOC is an appropriate measure for caregiver perceptions of family-centred practice among parents with children who are Deaf or hard of hearing in Australia.

One example of a tool to measure PP-PCC is the Person-Centred Care Climate Questionnaire-Staff (PCQ-S) (Edvardsson, Sandman & Rasmussen, 2009b). Originally in Swedish, the PCQ-S was designed to evaluate the extent to which a patient's healthcare setting climate was person-centred among hospital staff (Edvardsson et al., 2009b). Studies found the PCQ-S to be a valid and reliable tool, and subsequently adapted it to be used on patients (i.e. the Person-Centered care Climate Questionnaire-Patient version [PCQ-P]) (Edvardsson, Koch & Nay, 2009a). The PCQ-P has been translated into English, and more recently into Finnish and Persian for use among older adults with heart failure and older adults admitted to hospital, respectively (Edvardsson et al., 2009b; Stolt et al., 2021; Kobrai-

Abkenar, Pourghane, Jafarzadeh-Kenarsari, Roushan, & Edvardsson, 2020). All versions of the PCQ-P were translated using forward-back translation methods and then subjected to psychometric evaluation³ where they were found to be valid and reliable scales (Edvardsson et al., 2009a; Stolt et al., 2021; Kobrai-Abkenar et al., 2020). The final PCQ-P-Fin measured three climate dimensions, namely: safety, everydayness, hospitality (Stolt et al., 2021). Stolt et al. (2021) was the only study that reported PP-PCC using the results from the PCQ-P. It was determined that individualised care had a strong, positive association with P-PCC in nursing care (Stolt et al., 2021).

Another tool to assess PP-PCC being provided by practitioners is the Patient Perception of Patient-Centeredness (PPPC) questionnaire (Ryan et al., 2019). The revised version of the PPPC (PPPC-R), adheres to the Patient-Centred Clinical Method (PCCM) conceptual framework to investigate components such as: health, disease and illness experience; knowing the patient; mutual understanding and shared decision-making; and improving the relationship (Ryan et al., 2019). The study by Ryan et al. (2019) reported the PPPC-R to be a valid and reliable tool which measures dimensions underlying the PCCM; however, patient outcomes from the PPPC-R were not reported. Other methods employed to measure PP-PCC, include the use of topic guides to facilitate the discussions among patients in qualitative studies (Maseko & Harris, 2018). For example, perceptions of primary healthcare sectors in South Africa and the likelihood of service utilisation were studied by Maseko and Harris (2018) using qualitative methods.

Research on the PCQ-P and the PPPC-R have only recently surfaced. The Patient-and-Dietician Reported Inventory (PADRI) (Sladdin et al., 2018; 2019a; 2019b), examines PCC and underlying dimensions similar to those employed in audiology, which were first mentioned by Mead and Bower (2000, as cited in Grenness et al., 2014). These dimensions include: the biopsychosocial and patient as a person; therapeutic alliance⁴ and sharing responsibility and power; patient-practitioner interaction; and patient and practitioner as persons (Mead & Bower, 2000 as cited in Grenness et al., 2014). The PADRI was compiled using modified existing scales which measure the underlying concepts of PCC

³ See Glossary

⁴ See Glossary

in primary healthcare and nursing (Sladdin et al., 2019b). As mentioned, Sladdin et al. (2019a; 2019b) highlighted how misaligned P-PCC between patients and practitioners can be. Additionally, constructs (e.g. PCC) can be experienced, understood and interpreted differently between cultures, countries and individuals (Sharma, Deller, Biswal & Mandal, 2009). As such, a contextually-appropriate tool to simultaneously measure P-PCC and its underlying dimensions is needed to address the paucity in audiology, patient-oriented, PCC literature. Moreover, with the development of such a tool, psychometric evaluation is required in order to determine its validity and reliability amongst the South African audiology population.

Study Context: Audiology in South Africa

The context in which healthcare services are provided have the potential to affect provision of PCC in audiological practice. As such, it is important to understand the unique South African context in which this study has been conducted. After more than 25 years, healthcare in South Africa still suffers from the inequalities brought about by the Apartheid era (Khoza-Shangase, Moroe & Neille, 2021). South Africa's population consists of approximately 57 million people (Worldometer, 2019, March 25) with diverse linguistic, sociocultural, and ethnic backgrounds, making it a unique context for audiology PCC (Pillay et al., 2020). In a country with 11 official languages, many individuals struggle with literacy in addition to other inequalities (Nel, 2014). Additionally, burdens of illness and disease which include: human immunodeficiency virus (HIV) and tuberculosis (TB); chronic illnesses (e.g. high blood pressure and diabetes); high levels of violence and injury, add to the vulnerability of South Africa's population (Pillay et al., 2020). The public health sector, which is state-funded, faces extreme pressures as it caters to the majority of the population (Ngobeni, Breitenbach & Aye, 2020).

Progressive policies like The National Health Act 61 of 2003 and the Batho Pele Principles, which provide a framework for PCC (South Africa, 1997), have aimed to redress past and current inequities. These frameworks aspire to promote and improve healthcare services, particularly in the public health sector (Mmadi & Sithole, 2019). Batho Pele is based on the principles of: access; information; openness and transparency; consultation; value for money; redress; service standards and courtesy (South Africa, 1997). Despite these frameworks, South African healthcare in the public and

private sectors face challenges such as: financial constraints; inaccessibility; and unequal distribution of inadequate and limited resources (e.g. equipment and staff), which are particularly felt in rural areas (Mbunge, 2020). One obvious example of hindrances to equal provision of audiological services, is the fact that the majority of speech-and-hearing practitioners are English or Afrikaans speaking, in a country where 80% of the population is non-English speaking (Khoza-Shangase, Moroe & Neille, 2021). This creates perceptions of a failed healthcare system among South African patients, particularly within the public sector (Maseko & Harris, 2018). According to Maseko and Harris (2018), negative perceptions of service quality have been linked to hesitancy and rejection of healthcare services, which subsequently reduces quality of care and P-PCC. Additionally, individual characteristics (e.g. race, socioeconomic status etc.) have been shown to influence perceptions, as well as expectations of patients, and care provided by practitioners in South Africa (Maseko & Harris, 2018). Understanding patient challenges to quality healthcare and P-PCC in South Africa could thus lead to improved PCC. Subsequently, care satisfaction; patient participation; and adherence to audiological services may be improved (Bosire, Mendenhall, Norris & Goudge, 2021).

COVID-19 and PCC Challenges in South Africa

The onset of COVID-19⁵ restrictions in 2020 presented many challenges to the provision of PCC in audiological care. In order to minimize the spread of the disease, many countries were forced to turn to tele-audiology to provide limited services through the use of tablets, computers, emails and video-conferencing (Saunders & Roughley, 2021; Bennett, Eikelboom, Swanepoel & Manchaiah, 2020; Manchaiah, Eikelboom, Bennett & Swanepoel, 2021). However, as Saunders' and Roughley's (2021) study found, patients and audiologists were hesitant to make use of Tele-audiology. This hesitancy was mainly linked to concerns the lack of verbal and non-verbal communication; accessibility barriers; distrust and fear of technology; and lack of patient interest in the use of remote services (Saunders & Roughley, 2021). As mentioned, hesitancy to access services, communication break-downs, and distrust effectively indicate signs of poor P-PCC, which negatively impact quality of care. Hearing healthcare

⁵ See Glossary

policies and infrastructures, were also identified as barriers to tele-audiology prior to COVID-19, and many institutions were not equipped to handle the rapid changes required when COVID-19 transpired (Saunders & Roughley, 2021; Eikelboom & Swanepoel, 2016). In countries like South Africa physical (e.g. poor digital infrastructure) and social (e.g. low digital literacy levels) barriers to accessibility, particularly in rural areas, render tele-audiology ineffective (Watkins, Goudge, Gómez-Olivé & Griffiths, 2018). Even to those who are able to access audiological services face-to-face, mandatory face masks have created additional barriers to communication, leading to anxiety, frustration and decreased quality of life (Knollman-Porter & Burshnic, 2020). It is likely that the healthcare disparities present before the pandemic, will increase as society recovers from the pandemic, particularly among previously disadvantaged populations (e.g. unemployed individuals; low socioeconomic status; and pre-existing health conditions) (Kim, Marrast & Conigliaro, 2020). Overall, studies have indicated that COVID-19 has added significant disruptions to audiological services and the provision of PCC (Saunders & Roughley, 2021). As such, in South Africa where many barriers to audiological PCC have previously been highlighted, the need for investigations into patient characteristics associated with PP-PCC has increased following the onset of COVID-19.

The Purpose of This Study

The use of PCC in audiology has been deemed as key to improving aspects such as: patient satisfaction, adherence to treatment, health outcomes, and practitioner outcomes (Grenness et al., 2014). Moreover, a lack of PCC has been determined to negatively impact various areas of audiological care e.g. trust-levels; uptake of services; and acceptance of treatment (Amlani, 2020; Maseko & Harris, 2018; Sladdin, et al., 2019a). Manchaiah et al. (2017) describes PCC as a service delivery model which aims to respect and respond to patients' individual values, needs and preferences, whilst using patient characteristics to shape clinical decisions. Research conducted thus far has mostly focused on the aspects influencing PCC from a healthcare practitioner's point of view; yet it has been determined that P-PCC between patients and practitioners are not aligned, particularly among the individual dimensions of PCC (Manchaiah et al., 2014; Sladdin et al., 2019a). As such, the factors which influence practitioners P-PCC may not necessarily coincide with those that influence PP-PCC. Additionally, the

majority of research exploring PCC from a patient's point of view has been conducted in healthcare professions and Western-countries (Sladdin et al., 2018; Stolt et al., 2021; Ryan et al., 2019). This creates a paucity of patient-oriented research on P-PCC and its underlying dimensions in audiology in South Africa. The lack of updated, audiology-specific research on PP-PCC is further hindered by the shortage of tools available to measure PP-PCC. Considering that South Africa is a diverse country where patients experience many unique barriers to healthcare (Swanepoel, 2006; Mbunge, 2020; Pillay et al., 2020), contextually relevant research and measurement tools are scarce, yet necessary to improve audiological PCC. In light of the information presented above, this study hopes to provide novel insight into South African audiology PP-PCC and its underlying dimensions using contextually-relevant tools. Additionally, by identifying the patient characteristics associated with South African audiology PP-PCC, this study will address the paucity in literature and provide a foundation to improve South African audiological care in the future.

Chapter 2: Methodology

Aims & Objectives

Aim 1: To create a tool to assess PP-PCC in a South African audiology context.

1. To adapt the PADRI into an audiology appropriate tool, the patient-and-audiologist-reported inventory (PARI).
2. To translate the PARI from English into Afrikaans and IsiXhosa.
3. To content validate the PARI through an expert panel using the Content Validity Index (CVI).
4. To determine the internal consistency (Cronbach's alpha) of the PARI.

Aim 2: To determine PP-PCC and its five underlying dimensions:

1. Communication
2. Shared decision-making
3. Audiologist-patient relationship
4. Provision of individualized care⁶
5. Holistic care

Aim 3: To determine associations between PP-PCC and patient characteristics, namely:

1. Age
2. Sex
3. Level of education
4. Socioeconomic status (i.e. employed/unemployed/pensioner)
5. Number of previous consultations
6. Frequency of consultations
7. Public vs Private
8. Nature of consultation (diagnostic vs rehabilitative)

⁶ See Glossary

9. Presence of hearing loss
10. Use of amplification
11. In-patients vs out-patients

Research Design

Aim 1: A quantitative validation study was conducted using the translation and cross-cultural adaptation⁷ guidelines proposed by Gjersing, Caplehorn, and Clausen (2010). Cross-cultural adaptation theory reduces the risk of bias which may occur when a tool is implemented in a different language, setting and time-period (Gjersing et al., 2010).

Aim 2 & 3: The study adopted a quantitative, descriptive, cross-sectional survey design, which is an appropriate method for population-based surveys often employed in healthcare (Setia, 2016). Cross-sectional studies measure outcomes and exposures in a sample at one point in time, to draw associations (Setia, 2016). Strengths of this study design include that they are relatively easy, quick and inexpensive to conduct (Sedgwick, 2014). Cross-sectional studies can also be used to study multiple outcomes and exposures simultaneously, which can generate an in-depth research study (Wang & Cheng, 2020). The weaknesses of such a study include: the inability to draw causal inferences; possible confounding variables⁸ distorting associations between outcomes and exposures; and susceptibility to recall and nonresponse bias (Wang & Cheng, 2020). This design was appropriate as this study made use of a survey to examine PP-PCC at one point in time without intervention.

⁷ See Glossary

⁸ See Glossary

Participants

Sampling

Aim 1: Expert sampling, a type of purposive sampling (Etikan, Musa & Alkassim, 2016), was used to select validators which included clinical audiologists (from hospitals, private practices, clinics), and audiology researchers/lecturers from the University of Cape Town (UCT) based on their reputation and expertise in audiology. Validators also included audiology patients which were sampled using convenience sampling via colleagues, friends and family, as they were readily available and easily accessible (Etikan et al., 2016).

Aim 2 and 3: Non-probability, purposive sampling was used as participants were purposely selected according to the study's selection criteria (Taherdoost, 2016). Purposive sampling is convenient, quick, low-cost and suitable to exploratory studies; however, drawbacks include subjectivity and poor generalization (Taherdoost, 2016).

Recruitment

Aim 1: Validators were contacted via telephone or email to request their participation. Validators were required to provide voluntary formal consent via a permissions letter (refer to [Appendix D](#)).

Aims 2 and 3: Participants were recruited via advertisements (see [Appendix I](#)) on social media platforms such as Facebook personal and group pages (e.g. South African Association of Audiologists and South African Speech-Language-Hearing Association). Research invitations were also distributed via the UCT's Department of Student Affairs (DSA) email database. Advertisements included information on the study; links to the electronic survey (based on SurveyMonkey's website); and the researchers contact details, should patients wish to contact them with questions or to request a survey in a different medium (i.e. paper-based, telephonic, or digital survey)

Participants were also recruited via word of mouth from audiologists and paper-based advertisements placed in the waiting rooms at audiology clinics/institutions, such as: Groote Schuur Hospital; Tygerberg Hospital; Brooklyn Chest Hospital; Kind2Hearing; and The Ear Institute.

Permission to conduct data collection at government institutions (i.e. Groote Schuur Hospital; Tygerberg Hospital; Brooklyn Chest Hospital) was obtained from the Western Cape Department of Health via The National Health Research Database. Additionally, all sites had to provide permission to conduct research on site via a permission letter (see [Appendix H](#)). Although clinics were predominantly located in the Western Cape, recruitment was also done using advertisements at The Ear Institute and Kind2Hearing in Pretoria. Face-to-face recruitment was conducted whilst participants were waiting in line at Brooklyn Chest Hospital; Kind2Hearing and The Ear Institute situated in Cape Town. A wide range of recruitment strategies offer ethical benefits and improve study validity, increasing the likelihood of a larger and more representative sample (Gyure et al., 2014). Recruitment etiquette was upheld to combat participant coercion and threats to sample representivity, which may present as flaws to this study's recruitment strategies (Gyure et al., 2014). Participants were required to give informed consent in their language of choice via consent forms (see [Appendix J](#)) before being given access to the survey. Participants could withdraw from the study at any time prior to submission of their survey.

Inclusion Criteria

Aim 1: Validators consisted of South African experts in the field of audiology and audiology patients.

- All validators needed to be Afrikaans, English or IsiXhosa first-language speakers, as proclaimed by the individual.
- Expert validators had to have had a minimum of five years of experience in practice, teaching or research, per the guidelines for validation studies (Quatrini Carvalho Passos Guimarães et al., 2016).
- All validators needed to be adults aged 18 years or older (≥ 18 years).
- Validators who were patients, needed to have consulted with an audiologist within the last three months.

Aims 2 and 3: South African adults (≥ 18 years), who were able to communicate (verbally or in written format as declared by the individual) in English, IsiXhosa or Afrikaans and had attended at least one audiology consultation in South Africa within three months of participation in the study.

Although South Africa has 11 official languages, due to limited time and resources, only English, Afrikaans and IsiXhosa were chosen as these are the three predominant languages in the Western Cape, where the study was based (Nel, 2014). A three-month reference period, although still prone to recall bias⁹, was suitable when surveying participants' experiences in healthcare (Warner, Schenker, Heinen & Fingerhut, 2005; Khare & Vedel, 2019). However, due to hindrances from COVID-19 regulations the reference period was later extended to 12 months to improve sample size.

Sample Size

Aim 1: Nine validators were invited to participate, during the PARI validation phase, of which a final sample size of six validators was obtained. Lynn (1986, as cited in Polit & Beck, 2006) advised a minimum of three validators during pre-validation of scales, stating that more than 10 validators were deemed unnecessary. Two first-language speaking validators were obtained for each language (Afrikaans, English and IsiXhosa) of the adapted PARI.

Aims 2 and 3: A total sample size of 111 participants was obtained. Applying 17.5% as the prevalence of hearing loss in South Africa for an estimated population of 57,883,296 in 2019; sample size calculators suggested a target sample size of 385 participants, using a 0.05 probability and 95% confidence interval (Louw, Eikelboom & Hugo, 2018; Worldometer, 2019, March 25; CheckMarket 2019, March 25). However, due to scarcity of potential participants and usable responses, recent audiology-related survey studies in South Africa, typically feature approximately 45 to 156 participants (Makhoba & Joseph, 2016; Bagwandin & Joseph, 2017; Wium & Gerber, 2016; Fouché-Copley, Govender & Khan, 2016). Therefore, a target sample size of 150 participants was initially selected. This sample size was not obtained due to research restrictions and limitations from COVID-19 that influenced data collection timelines and procedures (see more information under Procedure).

⁹ See Glossary

Data Collection

Instrumentation

The Patient-And-Audiologist-Reported-Inventory (PARI)

As definitions of PCC and its concepts vary among professions, there is no universal tool which has been established to measure P-PCC and its underlying concepts (Hudon, Fortin, Haggerty, Lambert & Poitras, 2011). Following a review of tools available to measure PP-PCC, the PADRI by Sladdin et al. (2018) was deemed to be most aligned with the concepts of PCC in audiology suggested by Grenness et al. (2014). This study adapted and translated the PADRI (see [Appendix A](#)) to be contextually appropriate for use among South African audiology patients. Sladdin et al. (2019b) previously validated and employed the PADRI to measure concepts underlying PCC from patients' perspectives in dietetics (Sladdin et al., 2019b). The PADRI consisted of five subscales taken from separate previously validated surveys, to measure various dimensions of PCC (refer to Table 1).

Table 1.

Summary Of PADRI Subscales

Subscale	Dimension measured by PADRI subscale	Scale type	Number of items	Example of PADRI items
The Communication Assessment Tool (CAT) (Makoul, Krupat & Chang, 2007)	Patient-dietitian Communication and interpersonal skills ¹⁰	five-point rating scale ranging from 1 (poor) to 5 (excellent)	7	The dietician treated me with respect
The 9-item Shared Decision-Making Questionnaire (SDM-Q-9, patient version) (Kriston et al., 2010)	Shared decision-making	Six-point response scale consisting of 0 (completely disagree) to 5 (completely agree)	8	My dietician asked me which treatment option I prefer
The Patient-Doctor Depth of Relationship Scale (PDDRS) (Ridd, Lewis, Peters & Salisbury, 2011)	Therapeutic alliance i.e. knowing the patient/dietician;	Five-point Likert-scale ranging from 0 (disagree) to 4 (totally agree)	6	I know this dietician very well

¹⁰ See Glossary

	caring patient-dietician relationship			
The Seeing the Individual Patient subscale from the Schmidt Perception of Nursing Care Scale (SPNCS) (Schmidt, 2001)	Individualized care	Five-point response scale ranging from 1 (strongly disagree) to 5 (strongly agree)	5	The dietician treated me as a unique person
The Providing Holistic Care subscale from the Person-Centred Practice Inventory-Staff (PCPI-s) (Slater, McCance & McCormack, 2017)	Holistic care	A five-point scale ranging from 1 (strongly disagree) to 5 (strongly agree)	3	My dietician took time to find out more about me as a person

The PADRI was modified for an audiological context (i.e. substituted the word “dietician” with “audiologist”) (See [Appendix B](#)) in order to produce the PARI. The PARI was subsequently translated into Afrikaans and IsiXhosa by a native-speaking professional and an expert translator, respectively. Thus, making the PARI suitable for a South African audiological context.

The Content Validity Index (CVI)

During instrument validation, validators provided feedback on the PARI using the CVI (Refer to [Appendix E](#)). The CVI employs a 4-point rating scale to measure the content validity¹¹ of a survey by examining the clarity, ambiguity, simplicity and relevance of the scale and its items (Polit & Beck, 2006). For decades, the CVI has been a recommended method of determining a scale's content validity among various disciplines (Polit & Beck, 2006). The CVI is easy to use and analyse; examines a scale's understandability; and determines both scale-level CVI (S-CVI) and item-level CVI (I-CVI) (Polit, Beck, & Owen, 2007).

Demographics Questionnaire

A self-developed demographic questionnaire was included to determine participant demographics (See [Appendix C](#)). The demographic questionnaire included descriptive questions in

¹¹ See Glossary

order to obtain information about participants' characteristics (e.g. age, biological sex etc.) and previous audiological experiences (e.g. How do you most commonly access your audiologist?; What was the nature of your last consultation? etc.).

Procedure

Data collection was conducted over a period of one year. With the onset of COVID-19, on-site data collection was restricted for nine months due to strict COVID-19 lockdown¹² regulations. Figure 1 displays a summary of procedures followed during data collection.

¹² See Glossary

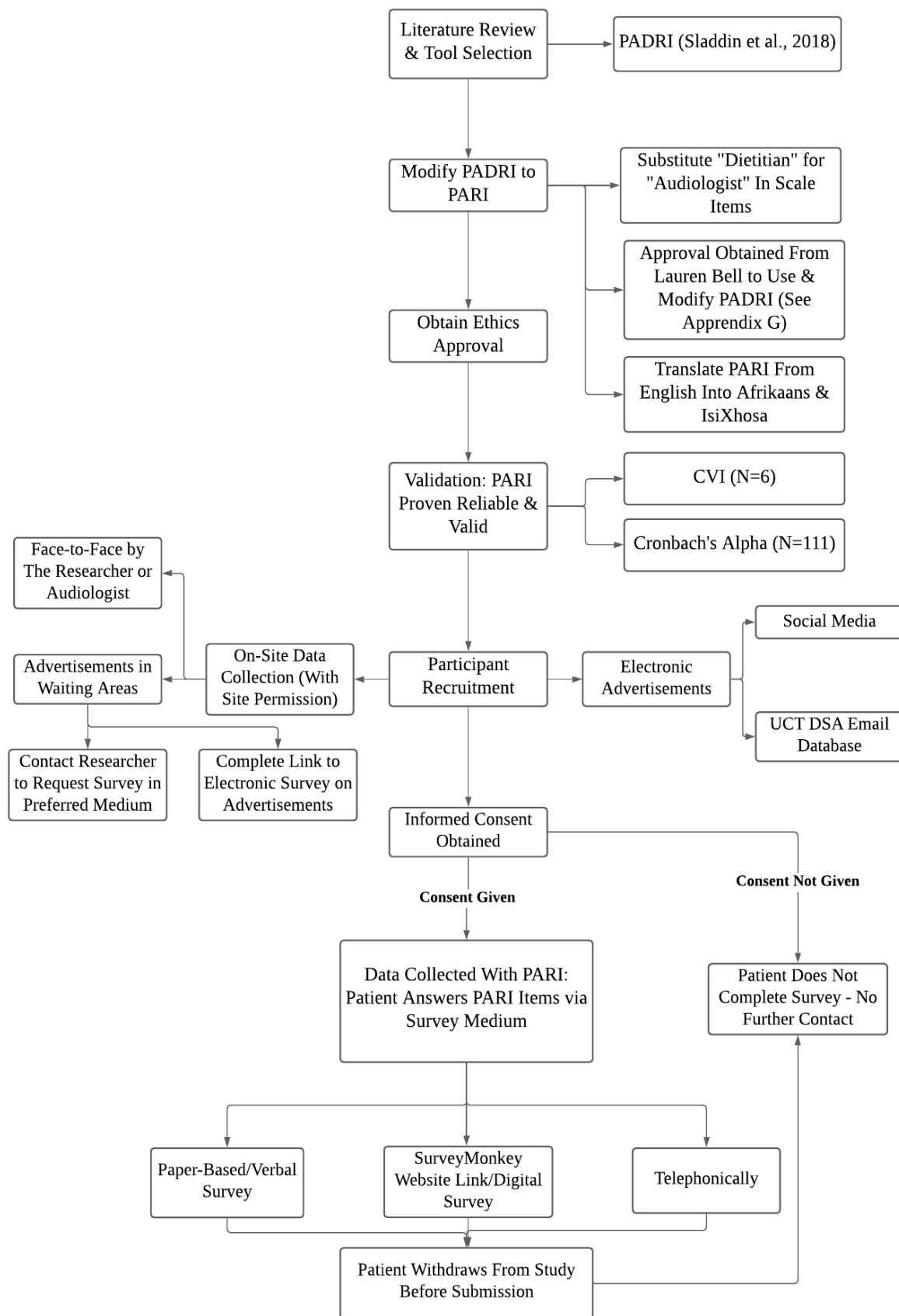


Figure 1. Flow Chart Summary of The Data Collection Procedure

- Ethics approval was obtained from UCT's Faculty of Health Sciences' (FHS) Human Research Ethics Committee (HREC) (FHS HREC: 493/2019). Ethics approval was obtained prior to commencement of PARI validation and main study data collection. Amendments were approved by UCT's FHS HREC and ethics approval was extended following COVID-19 related delays.

Reliability and Validity

Validity refers to the extent to which a concept is accurately measured by a scale proposing to measure said concept (Heale & Twycross, 2015). The PARI was adapted from the PADRI which consisted of five previously validated scales (Sladdin et al., 2018). Sladdin et al. (2019b) noted the validity and reliability of the PADRI as a strength in their study. To ensure that the PARI maintained good content validity, instrument validation was performed as part of Aim 1-objective 3.

Sladdin et al. (2019b) reported that the PADRI displayed good internal consistency, as denoted by a Cronbach's alpha (α) of 0.7 or higher (Heale & Twycross, 2015). Aim one, objective three examined the inter-rater reliability and validity of the PARI with the CVI (Polit et al., 2007); whereas objective four examined the internal consistency of the validated PARI after its distribution. Obtaining scale reliability confirmed that the PARI consistently and objectively measures the constructs it intended to measure (Heale & Twycross, 2015), and assists researchers in avoiding measurement bias¹³ (Smith & Noble, 2014).

To further ensure good reliability and avoid research bias¹⁴, researchers adhered to a well-designed research protocol, to reduce data collection and measurement bias to the best of the researchers' abilities (Smith & Noble, 2014). Additionally, selection bias¹⁵ was reduced by ensuring that the PARI was available in three languages (IsiXhosa, Afrikaans and English) and distribution mediums (i.e. paper-based, telephonic/verbal and electronic). Three languages and three survey

¹³ See Glossary

¹⁴ See Glossary

¹⁵ See Glossary

mediums ensured that individuals were not excluded from participating in the study due to external (e.g. internet/phone access) and internal (e.g. language) barriers, thereby obtaining a more representative sample of the study population (Smith & Noble, 2014). To counter the possibility of respondent error¹⁶ from the advantage held by participants who took part via telephonic or face-to face surveys-researchers strictly adhered to the scripted consent form and survey (See [Appendix F](#)) (Langelett, 2018). Additionally, participants could contact researchers via the contact details on advertisements and consent forms if they had questions about the survey or their roles.

Data Management

Under observation of the research supervisors (to ensure accuracy and trust), the main researcher would enter participants' responses from the paper-based surveys into SurveyMonkey once a week, to allow all responses to be securely captured and stored electronically. Once paper-based records were captured, they were marked to ensure that responses were not duplicated. All records were stored in a locked drawer at the main researcher's residence. Only the main researcher had access to this locked drawer. All data stored electronically was username and password-protected, and only accessible by the main researcher. Storage of participants' Internet Protocol (IP) addresses on SurveyMonkey was disabled to ensure that responses could not be traced back to participants. Additionally, SurveyMonkey makes use of SOC 2 accredited data centres that adhere to strict security protocols and technical best practices to ensure that information is securely stored (SurveyMonkey Inc., n.d.). Data was extracted from SurveyMonkey in an Excel spreadsheet and cleansed by removing unfinished surveys. All exported data was stored in password-protected files on a hard-drive, which was stored in the same locked drawer as the hard copy responses.

All hard copy and electronic data will be securely retained for a period of five years, regardless of whether publication occurs, as recommended by the UCT's FHS HREC. After this time period, data will be destroyed accordingly.

¹⁶ See Glossary

Data Analysis

Data analysis employed a mixed methods approach i.e. descriptive and inferential techniques to analyse data. Data was analysed in consultation with UCT's epidemiology and biostatistics consultation services, using Stata version 17 software.

Aim 1: Analysis of the CVI included S-CVI and I-CVI (Polit et al., 2007). I-CVI is depicted as a score between 0 (i.e. 0%) and 1 (i.e. 100%), which indicates the level of agreement between validators concerning an item's relevance (Zamanzadeh, et al., 2015). I-CVI was calculated by dividing the number of validators who rated an item's relevance and clarity as a "3" or a "4" by the total number of validators (Zamanzadeh, et al., 2015). To calculate overall content validity (S-CVI), PARI items which received an I-CVI score of 1 (i.e. interpreted as relevant by validators) were tallied and divided by the total number of items in the PARI (Zamanzadeh, et al., 2015). Table 2 summarises the interpretation for I-CVI scores and S-CVI scores provided by Abdollahpour, Nejat, Nourozian and Majdzadeh (2010) and Polit et al. (2007), respectively. Cronbach's alpha was calculated using the responses from 111 participants who completed the PARI. Cronbach's alpha is most frequently used to determine internal reliability of a scale, with a coefficient of seven or higher ($\alpha \geq 7$) considered appropriate (Gliem & Gliem, 2003). Table 2 summarises the interpretation for I-CVI scores and S-CVI scores provided by Abdollahpour, et al. (2010) and Polit et al. (2007), respectively.

Table 2.

CVI Scoring Interpretation

I-CVI score	Interpretation
>79%	Item displayed appropriate validity
70-79%	Item required revision
<70%	Item eliminated from scale
S-CVI scores	Interpretation
$\geq 80\%$	Scale displayed appropriate validity

Note. CVI: Content Validity Index; I-CVI: Item-Content Validity Index; S-CVI: Scale-Content Validity Index

Aims 2 and 3: Table 3 summarizes the data analysis methods used per aim to analyse the demographic data and PARI scores.

Table 3.

Summary of Methods Used to Categorise and Analyse Data According to Study Aims

Data	Type of raw data	Type of statistical data	Type of analysis	Method of analysis	Interpretation of analysis
Demographics (e.g. male/female; age; education level)	Nominal & numerical	Categorical, nominal & numerical, continuous	Descriptive	Frequency of distribution & Measures of central tendency	Mean, median, mode, standard deviation (SDs), interquartile ranges (IQRs) are typically used to describe a study's population (Ismail & Chan, 2015).
Aim 1: PARI data	Numerical raw scores and total from PARI	Categorical, ordinal	Descriptive	Frequency of distribution & measures of central tendency, IQRs, and SDs	Average PARI scores will be interpreted as a total out of a total score of 147. Distribution of data (i.e. skewness and kurtosis) will be used to examine perceptions.
Aim 2: associations between PARI scores and demographics	Numerical raw PARI scores & demographic survey descriptive data	Categorical, nominal & ordinal	Parametric, Descriptive & Inferential	Linear regression analysis with a confidence interval of 95%, and a p-value of 0.05 or less was considered statistically significant (Pallant, 2010)	A p-value of ≤ 0.05 or less indicates that differences in scores are statistically significant and that scores obtained are associated with the variable in question (e.g. age).

Note. Parametric tests, like linear regression analysis, are appropriate for Likert scales (e.g. the PARI); with skewed data distributions; and smaller sample sizes with unequal variances (Norman, 2010). Linear regression

analysis further allows a study to control the effects of a particular variable (Pallant, 2010).

Ethical Considerations

Principles and considerations of ethics are addressed in this study as per the Ethics in Health Research Guidelines (Department of Health in The Republic of South Africa, 2015) and the Declaration of Helsinki (World Medical Association, 2013), which upholds principles of autonomy and dignity; privacy and confidentiality; beneficence and non-maleficence; and fairness and justice in health research.

Autonomy, dignity and consent

Consent forms with study information were provided to potential participants to ensure that participants fully comprehended their role in the study, and could make an informed decision to partake voluntarily. Consent forms were available in English, Afrikaans and IsiXhosa, and written in a literacy level (Grade 7) appropriate to the South African population (South African Market Insights, 2019). Participants were required to read or be read the consent form and tick the consent box/provide verbal consent before receiving access to the survey. Only participants capable of giving informed consent were allowed to participate in the study. Individuals who did not consent were not given surveys to complete and the researchers subsequently made no further contact with the individual. Individuals' right to participate; refuse participation; or withdraw from the study was recited to participants and their decisions were respected by the researcher. Participants consented either electronically (if the survey was completed via SurveyMonkey); on paper (if the survey was paper-based/face-to-face); or verbally (if the survey was conducted telephonically). Researchers recorded the date, time, and exact responses for participants who opted for scripted telephonic interviews, in accordance with the H3Africa consortium (2013). Research supervisors randomly observed 10% of telephonic or face-to-face interactions to ensure that the researcher adhered to ethical considerations and data collection procedures.

Fairness and justice

Fair and equal opportunities to participate were given to all individuals who met the inclusion criteria by eliminating accessibility or language barriers, thereby reducing the risk of selection-bias (Smith & Noble, 2014). For maximum inclusion of the South African population, participants were able

to select their preferred survey medium (i.e. electronically, paper-based/face-to-face or telephonically) and language (i.e. English, Afrikaans or IsiXhosa). Consent forms emphasised participants' right to withdraw at any point without consequences, and declared a balance between the risks and benefits involved in participating in the study. All participants were treated fairly.

Beneficence and non-maleficence

Consent forms contained clear information on the purpose and implications of this research to rule out deception. All risks associated with the study, of which there were none, were declared in the consent forms. Participants did not receive any direct benefits or compensation for their involvement. Participants did however, indirectly benefited by improving research in hearing healthcare and subsequently audiological service quality in South Africa. Thereby participation in the study presented with a favourable risk-to-benefit ratio. Information provided by participants were kept confidential and not divulged to anyone outside of this study.

Privacy and confidentiality

Only researchers involved in this study had access to the study's raw data. Participants consent forms and responses were stored separately and each participant was assigned a participation number. Participation numbers e.g. #1, #2, #3 etc. ensured that responses could not be traced back to a participant and that participants could not partake more than once. All participant information and responses were kept private and stored securely. All participants were assured that they would remain anonymous and that their responses would not be traced back to them, thereby reducing the risk of social-desirability bias¹⁷ (Larson, 2019).

Participants who requested a summary of the report upon conclusion of the study, provided contact details to where the summary could be sent. These contact details were kept private and securely stored separately to the participant responses. A research report will be accessible via UCT's Open Access website upon conclusion of the study, however will not contain any participants' identifying information.

¹⁷ See Glossary

Chapter 3: Results

In this chapter, results will be reported in accordance with study aims. All Results from the data analysis can be found in [Appendix K](#), however a summary of key findings will be represented in this chapter using the tables, figures and graphs below.

Aim 1: To create a tool to assess PP-PCC in a South African audiology context.

Objective 1 & 2: Adaptation and translation of the PADRI to the PARI

Please refer to [Appendix B](#) for the adaptations applied to the PADRI. [Appendix L](#) contains the final PARI and its translated (Afrikaans and IsiXhosa) versions.

Objective 3: PARI content validation

Content Validity Index Results

A total of six validators (N=6) provided feedback on the PARI: two patients, two audiologists and two lecturers (two IsiXhosa-speaking; two English-speaking; and two Afrikaans-speaking). Table 4 displays the I-CVI and S-CVI results obtained from PARI validators. All versions of the PARI were found to have appropriate S-CVI scores. I-CVI results for the English, Afrikaans and IsiXhosa versions of the PARI can be found in [Appendix K.1](#). Majority of items obtained an I-CVI score greater than 0.79, indicating appropriate content validity. However, “This audiologist accepts me the way I am” from the Therapeutic Alliance subscale, obtained an I-CVI of 0.67, denoting poor content validity. Following discussion between researchers, and per the recommendation of Abdollahpour et al. (2010), this item was removed from the final scale. The PARI obtained appropriate scores of 0.98 and 0.90 using the average S-CVI (S-CVI/Ave) and universal average S-CVI (S-CVI/UA) methods of S-CVI analysis, respectively.

Table 4.*Summary of I-CVI Scores of The PARI and Its Items*

Subscale	Item	Relevant (ratings ≥ 3)	Not relevant (ratings ≤ 2)	I-CVI	Interpretation
1. Communication & Interpersonal Skills	The audiologist greeted me in a way that made me feel comfortable	6	0	1	Appropriate
	The audiologist treated me with respect	6	0	1	Appropriate
	The audiologist showed interest in my ideas about my health	6	0	1	Appropriate
	The audiologist understood my main health concerns	6	0	1	Appropriate
	The audiologist paid attention to me (looked at me, listened carefully)	6	0	1	Appropriate
	The audiologist encouraged me to ask questions	6	0	1	Appropriate
	The audiologist showed care and concern	6	0	1	Appropriate
2. Shared Decision Making	My audiologist wanted to know exactly how I want to be involved in making decisions	6	0	1	Appropriate
	My audiologist told me that there are different options for treating my medical condition	6	0	1	Appropriate
	My audiologist precisely explained the advantages and disadvantages of the treatment options	6	0	1	Appropriate
	My audiologist helped me understand all the information	6	0	1	Appropriate
	My audiologist asked me which treatment option I prefer	6	0	1	Appropriate
	My audiologist and I thoroughly weighed the different treatment options	6	0	1	Appropriate

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	My audiologist and I selected a treatment option together	6	0	1	Appropriate
	My audiologist and I reached an agreement on how to proceed	6	0	1	Appropriate
3. Therapeutic Alliance	I know this audiologist very well	5	1	0,83	Appropriate
	This audiologist knows me as a person	6	0	1	Appropriate
	This audiologist really knows how I feel about things	6	0	1	Appropriate
	This audiologist really cares for me	6	0	1	Appropriate
	This audiologist takes me seriously	5	1	0,83	Appropriate
	This audiologist accepts me the way I am	4	2	0,67	Eliminated
4. Individualized Care	The audiologist treated me as a unique person	6	0	1	Appropriate
	I knew my audiological care was specifically tailored to my needs	6	0	1	Appropriate
	The audiologist took time to find out more about me as a person	6	0	1	Appropriate
	When the audiologist was providing my care, I was at the centre of their attention	6	0	1	Appropriate
	The audiologist was warm in his/her interactions with me	6	0	1	Appropriate
5. Holistic Care	My audiologist strives to gain a sense of me as a whole person	6	0	1	Appropriate
	My audiologist assesses my needs, taking account of all aspects of my life	6	0	1	Appropriate
	My audiologist took time to find out more about me as a person	6	0	1	Appropriate

Objective 4: Determining Reliability of the PARI

Cronbach's Alpha Results

Findings for objective four were determined after the PARI was used in the survey which was undertaken with 111 participants in order to calculate Cronbach's alpha. A Cronbach's alpha of seven or higher ($\alpha \geq 0.7$) is considered appropriate (Gliem & Gliem, 2003). Table 5 summarizes the final PARI, its subscales, and its validity and reliability scores. Due to limited sample size, Cronbach's alpha could not be obtained for the individual Afrikaans, English and IsiXhosa versions of the PARI, as such a cumulative Cronbach's alpha was calculated.

Table 5.

Description of Final PARI and Its Subscales, With Cronbach's Alpha Scores

Subscale	Description	Number of items	α (N=111)
Communication & interpersonal skills	Examines perceptions of audiologists' communication via a 7-item self-reported, 5-point response scale ranging 1 (poor) to 5 (excellent).	7	0.92
Shared decision-making	Examines perceptions of shared-decision making via an 8-item self-reported, 6-point response scale consisting of 0 (completely disagree) to 5 (completely agree)	8	0.93
Therapeutic alliance	Examines perceptions of patient-audiologist relationship on a 5-item self-reported, 5-point response scale consisting of 0 (disagree) to 4 (totally agree)	5	0.88
Individualized care	Examines perceptions of individualised care on a 5-item self-reported, 5-point response scale consisting of 1 (strongly disagree) to 5 (strongly agree)	5	0.85
Holistic care	Examines patients' perceptions of holistic care on a 3-item self-reported, 5-point response scale consisting of 1 (strongly disagree) to 5 (strongly agree)	3	0.87
Total PARI scale	Examines patients' perceptions of PCC across the 5 underlying dimensions of PCC in audiology.	28	0.95

Note. I-CVI: Item-Content Validity Index; α : Cronbach's alpha (Criteria $\alpha \geq 0.7$); N: Sample size for the validation and data collection; S-

CVI/Ave: Average Scale-Content Validity Index; S-CVI/UA: Universal Scale-Content Validity Index

Aim 2: To determine PP-PCC and its underlying 5 dimensions.

Aim one's validated PARI was used to determine P-PCC and perceptions of the PCC dimensions: communication; shared decision-making; audiologist-patient relationship; provision of individualized care; and holistic care. A total of 111 participants with a median age of 47 (32 – 70 years) completed the PARI.

Participant Demographics

Majority of surveys were completed in English (71%), followed by Afrikaans (24%) and IsiXhosa (5%). Participants were mainly: females (59%), and made use of the private health sector (58%). Up to 74% of participants experienced hearing loss, of which 41% made use of amplification devices. Table 6 and Figure 2 below, summarise information obtained from the demographic questionnaire. The full demographic data is presented in [Appendix K.2](#).

Table 6.

Participant Demographics and Audiological History

Demographic characteristics		Audiological history	
Variable	Total sample	Variable	Total sample
Education High School or less Matric Diploma Bachelor's degree Honours degree Master's degree Doctorate degree	47 (42%) 20 (18%) 19 (17%) 13 (12%) 6 (5%) 4 (4%) 2 (2%)	Nature of consultation(s) Diagnostic Rehabilitative	76 (68%) 35 (32%)
Employment Unemployed Employed Pensioner	50 (45%) 28 (25%) 33 (30%)	In-patient versus out-patient In-patient Out-patient	46 (41%) 65 (59%)
Home language Afrikaans English isiXhosa Other (i.e. Hindi and Zulu)	68 (61%) 26 (23%) 15 (14%) 2 (2%) – Both participants completed the English versions of the survey	Speaks home language with audiologist	91 (82%)

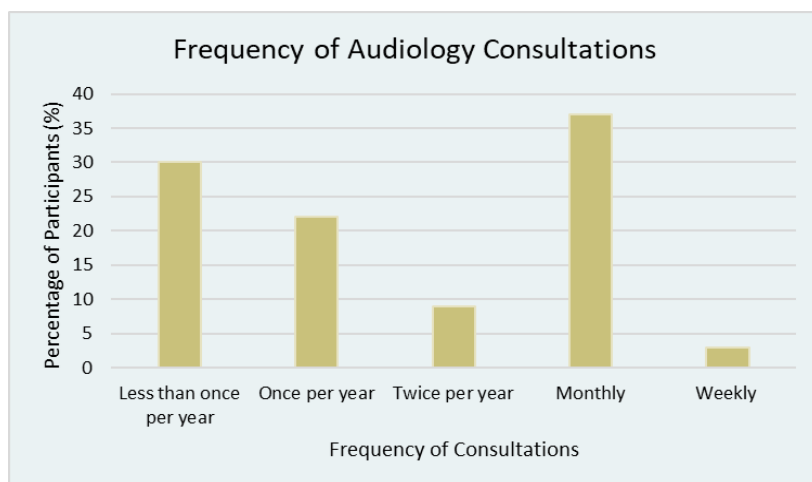


Figure 2. Bar Graph of Frequency of Participants Consultations with Audiologist

PARI findings on P-PCC

Figure 3, displays the distribution of total PARI and subscale scores. PARI scores were found to be positively-distributed and left-skewed. A left-skewed distribution, indicates that the bulk of participants gave highly-rated scores, with fewer participants giving lower scores (Hair, Hult, Ringle, Sarstedt & Thiele 2017). Additionally, positive kurtosis¹⁸ values indicate a higher peak than normally-distributed data (Hair et al., 2017). The therapeutic alliance subscale and the individualised care subscale obtained the lowest and highest mean scores, respectively. Mean, median, mode, SD, IQR, kurtosis values, maximum and minimum scores can be found in Table 7.

¹⁸ See Glossary

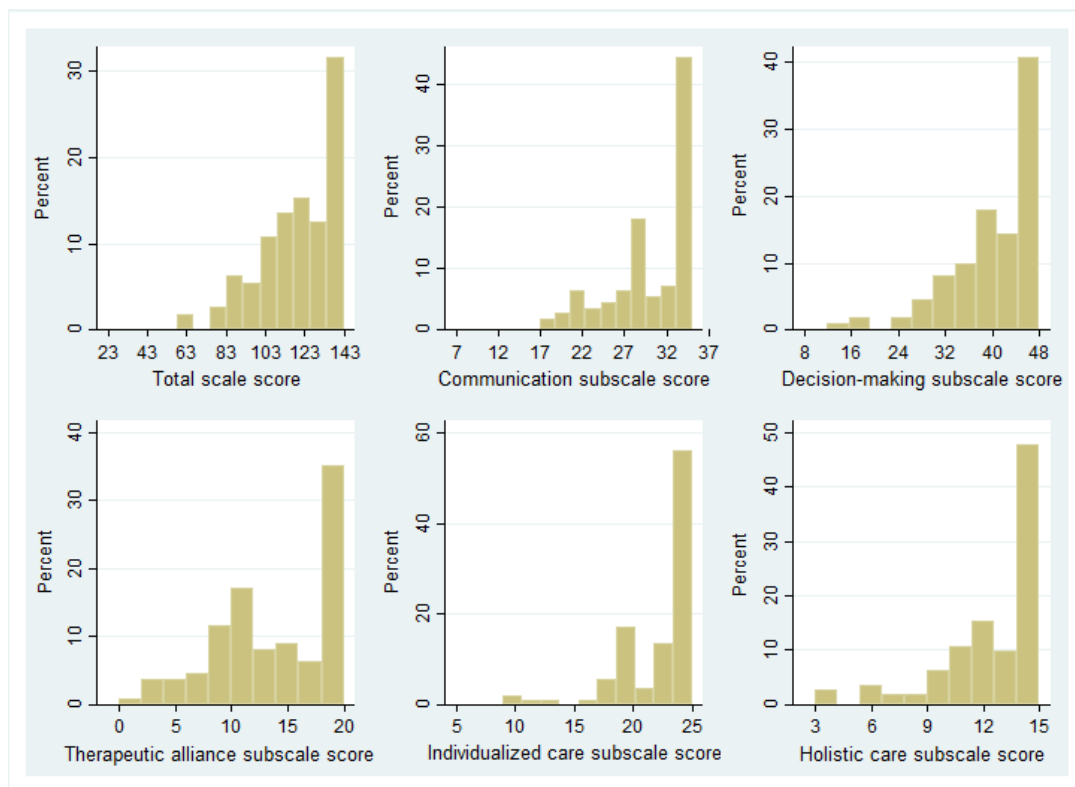


Figure 3. Histograms of Total PARI Scale and Subscale Scores

Table 7.

PARI Scores Across Total Scale and Subscales

Variable	Possible range	Min score; max score	Mode	Median [IQR]	Mean (SD)	Kurtosis value
Total PARI scale	23-143	58; 143	143	122 [108, 137]	119.5 (19.6)	3.09
Communication and interpersonal skills subscale	7-35	17; 35	35	32 [27, 35]	30.3 (5.0)	2.60
Shared decision-making subscale	8-48	12; 48	48	41 [37, 48]	40.6 (7.7)	4.80
Therapeutic alliance subscale	0-20	0; 20	20	14 [10, 19]	13.5 (5.5)	2.07
Individualized care subscale	5-25	9; 25	25	24 [20, 25]	22.5 (3.4)	6.50
Holistic care subscale	3-15	3; 15	15	13 [11, 15]	12.6 (2.9)	4.52

Note. Min: minimum; Max: maximum; IQR: interquartile range; SD: standard deviation.

Aim 3: Associations Between P-PCC and Patient Characteristics

Linear regression analysis was used to determine statistically significant associations between patient characteristics (Independent variables) and mean PARI scores (dependent variables). Nine patient characteristics displayed significant p-values (≤ 0.05). These characteristics included: healthcare sector; in-patients versus out-patients; age; education level; employment status; frequency of audiological consultations; the nature of consultations; hearing loss status; and use of amplification. Table 8 displays the associations between PARI scores and patients' characteristics; whereas Table 9 displays the associations between PARI scores and patients' audiological history.

Associations between PARI scores and patients' healthcare sector displayed a statistically significant p-value (≤ 0.05). The right side of Table 8 and Table 9 further displays the associations, when the effect of a patient's healthcare sector on mean scores is removed. Differences in mean scores across all patient characteristics were no longer statistically significant ($p > 0.05$) when adjusting for the influence of healthcare sector (i.e. public vs private) on scores.

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Table 8.*Associations of Patient Characteristics and Overall PARI Scores*

Variable	Mean (SD) score	Unadjusted β [95% CI]	P-value	Adjusted β [95% CI]	P-value
Private versus public sector					
Private	125.5 (17.7)	Ref			
Public	111.5 (19.5)	-14.02 [-21.04, -6.99]	<0.001*	-	-
Age					
18-49 years	113.4 (19.8)	Ref		Ref	
50 years and older	126.2 (17.3)	12.78 [5.75, 19.80]	<0.001*	6.30 [-3.07, 15.67]	0.185
Biological sex					
Female	119.8 (18.2)	Ref		Ref	
Male	119.3 (21.7)	-0.49 [-8.03, 7.04]	0.897	-1.27 [-8.35, 5.82]	0.724
Education					
High School or less	112.3 (22.3)	Ref		Ref	
Matric	119.3 (16.0)	6.98 [-2.85, 16.81]	0.162	1.70 [-9.64, 13.04]	0.767
Tertiary studies	127.4 (14.9)	15.07 [7.34, 22.79]	<0.001*	8.13 [-2.69, 18.94]	0.139
Employment					
Unemployed	112.6 (19.1)	Ref		Ref	
Employed	120.9 (20.4)	8.31 [-0.37, 16.98]	0.060	1.06 [-10.63, 12.75]	0.858
Pensioner	128.9 (15.8)	16.26 [8.02, 24.50]	<0.001*	8.55 [-3.19, 20.29]	0.152

Note. Unadjusted β : unadjusted regression coefficient with 95% confidence interval (CI); Adjusted β : regression coefficient for the association between each variable and scale scores, adjusted for public versus private sector.

* $P \leq 0.05$

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Table 9.*Associations of Patient Audiological History and Overall PARI Scores*

Variable	Mean (SD) score	Unadjusted β [95% CI]	P-value	Adjusted β [95% CI]	P-value
Total number of audiology consultations					
One	116.7 (19.3)	Ref		Ref	
2-3	116.8 (20.5)	0.06 [-9.26, 9.39]	0.989	-3.23 [-12.25, 5.79]	0.480
4 or more	125.4 (17.8)	8.72 [-1.17, 18.62]	0.083	3.69 [-6.08, 13.46]	0.456
Frequency of consultations					
<1 per year	123.3 (17.5)	Ref		Ref	
1-2 per year	123.2 (20.7)	-0.04 [-9.37, 9.30]	0.994	-3.15 [-12.38, 6.08]	0.501
Monthly or weekly	113.9 (19.4)	-9.36 [-18.16, -0.57]	0.037*	-1.43 [-11.38, 8.51]	0.775
Nature of consultation(s)					
Diagnostic	116.1 (19.5)	Ref		Ref	
Rehabilitative	126.9 (18.1)	10.80 [3.08, 18.52]	0.007*	4.95 [-3.47, 13.37]	0.247
Experienced hearing loss					
No	111.5 (18.7)	Ref		Ref	
Yes	124.1 (18.8)	12.66 [5.31, 20.01]	0.001*	5.72 [-3.76, 15.19]	0.235
Has/had amplification device					
No	114.5 (18.5)	Ref		Ref	
Yes	126.9 (19.2)	12.34 [5.15, 19.53]	0.001*	4.73 [-5.28, 14.74]	0.351
In-patient versus out-patient					
In-patient	110.9 (19.3)	Ref		Ref	
Out-patient	125.7 (17.6)	14.75 [7.75, 21.74]	<0.001*	26.09 [-10.72, 62.90]	0.163

Note. Unadjusted β : unadjusted regression coefficient with 95% confidence interval (CI); Adjusted β : regression coefficient for the association between each variable and scale scores, adjusted for public versus private sector.

* $P \leq 0.05$

Chapter 4: Discussion and Conclusion

Overview of chapter: The primary focus of this study was to create a tool to provide insight into PP-PCC in a South African audiology context. In doing so, PP-PCC and perceptions of the underlying dimensions in PCC could be determined in South African hearing healthcare. Moreover, factors associated with PP-PCC could be identified. This chapter will discuss results obtained from this study in the context of existing research. Thereafter the study's strengths and limitations are addressed, followed by the implications and recommendations for future research.

The PARI: A New and Inclusive PCC Measurement Tool

Prior to this study, no validated tool was available to measure PP-PCC in a South African audiological context. The lack of consensus on a definition for PCC in audiology, and practitioner-oriented research (Grenness et al., 2014) may have hindered development of such a tool. Although previously validated tools to measure PP-PCC exist in other professions (e.g. dietetics, nursing, primary healthcare) (Sladdin et al., 2018; Ryan et al., 2019), no prior tool to measure the P-PCC and its underlying dimensions in hearing healthcare has been documented. Moreover, the majority of tools available to measure PP-PCC have been developed for use in Western countries, which do not face the same challenges to hearing healthcare as the diverse South African population (Sladdin et al., 2019b; Stolt et al., 2021; Ryan et al., 2019; Pillay et al., 2020; Swanepoel, 2006). This study therefore developed a tool to assess PP-PCC, as well as its individual dimensions, in a South African audiological context. The PADRI was adapted into the PARI and translated into Afrikaans and IsiXhosa, i.e. three of the 11 official languages of South Africa. Afrikaans and IsiXhosa were chosen as these are the predominant languages in the Western Cape, where the study was based. The cross-cultural adaptation and translation of an existing tool is common practice in healthcare research (Gjersing et al., 2010). For example, the PCQ-P-Fin was recently adapted and translated in a similar manner in order to determine perceptions of individuality and P-PCC among older adults with heart failure (Stolt et al., 2021).

CVI results from the PARI's validation phase indicated that the PARI displayed appropriate validity at an item ($I\text{-CVI} > 0.79$) and scale-level ($S\text{-CVI} \geq 0.80$). The final 28-item tool also displayed excellent internal consistency i.e. reliability ($\alpha = 0.95$). Research comparisons show that the PARI's overall Cronbach alpha was equivalent to that of the overall PCQ-P-Fin ($\alpha = 0.95$) (Stolt et al., 2021) and PADRI ($\alpha = 0.95$) (Sladdin et al., 2019b), and higher than the PPPC-R ($\alpha = 0.89$) (Ryan et al., 2019). A contending scale, could be said to be the MPOC, which aims to evaluate perceptions of family-centredness (Cunningham & Rosenbaum, 2014). A family-centred approach differs from traditional approaches to healthcare, as it considers the internal knowledge of family members and actively includes familial members in an individual's treatment and management (Cunningham & Rosenbaum, 2014). Family-centred approaches have been found to have greater developmental and psychological benefits among children and their families, particularly among families with Deaf or hard of hearing children (Cunningham & Rosenbaum, 2014; Saloojee et al., 2019). The original version of the MPOC has been found to be both valid and reliable (Cunningham & Rosenbaum, 2014). However, the South African version's (i.e. the MPOC-8 (SA)) subscales obtained Cronbach's alphas between 0.30 and 0.6, indicating that the MPOC-8 (SA) was neither reliable or valid within the South African context (Saloojee et al., 2019). Saloojee et al. (2019) highlighted the use of contextually-relevant and setting-appropriate language, references and concepts as factors which influence reliability and validity, and thus need to be considered when adapting and translating a tool like the MPOC. In comparison to PADRI subscales, the PARI obtained slightly lower Cronbach's alphas for the individualised care and holistic care subscales, however majority of the PARI's subscales had similar if not higher reliability than the PADRI (Sladdin et al., 2019b). A variation in Cronbach's alphas is expected following the removal of an item as was the case in this study for the PARI (Castro et al., 2008). Unlike the PARI, cross-cultural adaptation of the PCQ-P made use of standard forward-back translation methods and subjected the tool to multiple rounds of psychometric testing, before it was deemed valid and reliable (Stolt et al., 2021). The PARI was not subjected to forward-back translations, but rather translated by linguists and home-language speakers. Furthermore, the PARI was only subjected to one round of validation. Much like the findings of Saljoolee et al. (2009) regarding the MPOC-8 (SA), aspects such as: language, cultural, social, and individual differences may also result in constructs (e.g. PCC) being

interpreted differently, thus influencing the validity and reliability of a scale (Sharma et al., 2009; Gjersing et al., 2010). This confirms the importance of taking contextual factors and population characteristics into consideration when employing tools cross-culturally, particularly in unique settings like South Africa. Nonetheless, findings from this study indicate that the PARI is a reliable and valid tool to measure PP-PCC in South African hearing healthcare.

PP-PCC in A South African Audiological Context

Using the newly validated PARI, this study obtained insight into how South African audiology patients perceive PCC and its underlying dimensions. Scores from the PARI indicated that South African audiology patients generally held a high P-PCC and all five of its underlying dimensions. Limited research exists on the P-PCC among audiology patients, with most studies being older than five years; occurring in other health professions; or focusing purely on the practitioner's point of view (Oates, Weston & Jordan, 2000; Little et al., 2001; Sofaer & Firminger, 2005; Edvardsson et al., 2017; Grenness et al., 2014; Laplante-Lévesque et al., 2014; Manchaiah et al., 2014; Sladdin et al., 2019a; Stolt et al., 2021; Ryan et al., 2019). To the knowledge of researchers in this study, this was the first study to examine P-PCC in South African hearing healthcare. Similar past and recent studies done in fields like dietetics, general medicine, oncology and nursing, confirm that patients tend to have positive P-PCC. For example, Sladdin et al. (2018) found that dietetic patients reported high scores on the PADRI for P-PCC. Additionally, high levels of PP-PCC were identified among patient advocates and general practitioners, which were associated with favourable health outcomes and effective care (Oates et al., 2000). Study findings by Bennett et al. (2021) also found that the benefit and likelihood of use of clinical approaches aimed at addressing a patient's psychological needs, were positively perceived by adults with hearing loss. It was therefore inferred that patients saw value in using a PCC approach to hearing healthcare (Bennett et al., 2021). PCC approaches to hearing healthcare have thus been linked to improved quality of care, satisfaction levels, service utilisation and a decrease in self-perceived hearing handicap (Bennett et al., 2021). Majority of studies exploring PP-PCC found that although still positive, when compared to practitioners, patients displayed lower P-PCC (Poochikian-Sarkissian,

Sidani, Ferguson-Pare & Doran, 2010; Oates et al., 2000; Sidani et al., 2016; Sladdin et al., 2019a; 2019b; Sossong & Poirier, 2013; Bennett et al., 2021).

Makwero, Muula, Anyanwu, and Igumbor (2021) conceptualise that patients perceive PCC as having their needs, goals and expectations met, as it relates to the responsiveness of their healthcare system. Thus, it is important to note that majority of the studies discussed in this paper occurred in developed countries (e.g. United States, Canada, Australia etc.) which have substantially different sociocultural, linguistic backgrounds and healthcare policies when compared to South Africa. In South Africa, PCC can be linked to the frameworks for effective service delivery of quality care (e.g. the National Health Act and Batho Pele principles) (South Africa, 1997). South Africa also consists of diverse vulnerable populations, which face many barriers to effective healthcare services (Pillay et al., 2020). Considering that patient health status has been suggested to influence the implementation and reception of PCC (Laplane-Levesque et al., 2014); South African audiology patients may likely exhibit greater preferences and P-PCC, as they associate PCC with the desire for having their needs and expectations met by receiving quality care. This is supported by Sofaer and Firminger's (2005) findings that patients perceived quality of care as meeting the dimensions underlying PCC. Simply put, receiving holistic and individualized care through the use of good communication, therapeutic alliance, and shared-decision making, allows patients to perceive good quality healthcare which meets their needs and greatly benefits them.

P-PCC from South African audiology patients were overall positive, however PARI scores indicated that the individualised care and the therapeutic alliance subscales obtained the highest and lowest scores, respectively. In contrast, scores from the PADRI were higher for shared-decision making and lower for holistic and individualised care (Sladdin et al., 2018). Holistic care and therapeutic alliance have been identified as key to PCC in audiological rehabilitation (Grenness et al., 2014; Sofaer & Firminger, 2005). Patients have described individualised care as expecting their audiologists to accommodate and adapt to their individual needs (Grenness et al., 2014). The terms Individualized care and PCC have been used interchangeably in previous literature, with the implementation of individualised care having similar positive outcomes to those seen with PCC (Stolt et al., 2021). Stolt

et al. (2021) found that individualized care and patients' PCC climate were strongly associated in older adults with heart failure, and highly perceived. Therefore, high scores on the individualized care subscale support the overall positive scores obtained by the PARI for P-PCC.

Therapeutic alliance has been described as fundamental to PCC (Grenness et al., 2014). It is considered the most basic need in practitioner-patient interactions, which is built through verbal and non-verbal exchanges that fosters care, trust and respect in the relationship (Grenness et al., 2014; Sladdin et al., 2019b). Several factors have been reported to influence a patient's perception of therapeutic alliance, namely: their motivation and expectations from intervention; the practitioner's effectiveness at portraying trust, authenticity, and empathy; negative past experiences; and patients' perceptions of practitioners' competency (Rooney, 2009; Manning, 2010; Karver, Handelsman, Fields & Bickman, 2005; Sylvestre & Gobeil, 2020). As such, lower PARI scores obtained for therapeutic alliance are unsurprising in a country where the lack of appropriate linguistic and culturally-competent audiological services are highlighted as major barriers to hearing healthcare (Swanepoel, 2006; Moonsamy, Mupawose, Seedat, Mophosho & Pillay, 2017; Khoza-Shangase & Mophosho, 2021). These obstacles leave little room for the formation of patient-practitioner relationships and thus may be linked to the lower scores obtained for therapeutic alliance. Still, it is worth noting that although scores were lower than other subscales, scores obtained for the therapeutic alliance subscale and overall PARI, were positive. This suggests that South African patients positively perceive the hearing healthcare they are receiving across all dimensions underlying PCC. Further research is however needed to determine why scores were lower for the Therapeutic alliance subscale. Identifying reasons for scores obtained could assist in developing culturally and linguistically appropriate strategies for improvement in areas of PCC which may be lacking in South African hearing healthcare.

Patient factors associated with P-PCC in a South African Context

This study aimed to identify South African audiology patient characteristics (personal and audiological) associated with P-PCC. Doing so would provide novel insight and a clearer understanding of factors which influence audiology PP-PCC in South Africa. Initial analysis demonstrated that a PP-PCC was significantly associated with the following characteristics: healthcare sector; in-patient or out-

patient status; age; level of education; employment status; frequency of audiological consultations; nature of consultations; hearing status; and use of amplification. P-PCC were more positive among patients who: were older; had higher education levels; and were employed or receiving pension. Additionally, patients who had a hearing loss; made use of amplification; and reported their last audiological consultation as rehabilitative in nature displayed more favourable P-PCC.

Patient characteristics and PP-PCC

Limited literature exists on the influence of patient characteristics on PP-PCC, particularly in South Africa. Previous studies have identified patient characteristics which are positively and negatively associated with P-PCC; however recent audiological studies, which have been conducted within the last five years, are limited. Among these studies, age, education, socioeconomic status, health status, race/ethnicity, and gender are some of the factors which have previously been linked as potentially influencing both patients' and practitioners' P-PCC (Sofaer & Firminger, 2005; Grenness et al., 2014). Some studies suggest that associations between perceptions of lower quality of care and characteristics like race/ethnicity, gender, socioeconomic status, age etc. are due to biases from healthcare providers (FitzGerald & Hurst, 2017). For example, Hildenbrand, Perrault and Rnoh (2021) found that patients who were younger, female and of lower socioeconomic status felt they were more easily dismissed by healthcare providers. Moreover, practitioner characteristics (e.g. age, experience, gender etc.) were found to influence their provision of PCC (Bertakis & Azari, 2012; FitzGerald & Hurst, 2017; Laplante-Lévesque et al., 2014; Rademakers, Delnoij, Nijman & de Boer, 2012). Therefore, in this study it is possible that observations (e.g. the positive association of PP-PCC seen with increased education levels), may be due to the audiologist's intentional or unintentional biases towards the patient, or the influence of the audiologist's own characteristics on their provision of audiological PCC. Alternatively, evidence has also shown that patients with higher education levels were more likely to be actively involved in healthcare decisions and value information, which could lead to higher perceptions of the aspects underlying PCC (e.g. shared decision-making) (Ting, Yong, Yin & Mi, 2016). The influence of audiologists' characteristics on P-PCC were not explored in this study, and could thus be explored in future research.

Sex and PP-PCC

Contrary to some studies (FitzGerald & Hurst, 2017; Hildenbrand, Perrault & Rnoh, 2021; Grenness et al., 2014; Ting et al., 2016), no significant differences in PP-PCC were found between males and females in this study. Similarly, literature suggests that no clear association has been found between a patient's gender and PP-PCC or satisfaction levels (Sofaer & Firminger, 2005; Weisman, Henderson, Schiffrin, Romans & Clancy, 2001). However, a practitioner's gender has been found to influence their own P-PCC and provision of PCC to patients (Bertakis & Azari, 2012; Cleary, Zaslavsky & Cioffi, 2000; Grenness et al., 2015). Bertakis and Azari (2012) found that female physicians showed greater provision of PCC to patients, particularly when treating female patients.

Hearing Loss, Age and PP-PCC

Both the presence of hearing loss and older patients (50 years or older) were positively associated with PP-PCC in this study. Hearing loss can be seen as a chronic condition which greatly contributes to patients' burden of disease (Pillay et al, 2020; Wattamwar et al., 2017). Literature confirms that patients with chronic conditions (e.g. HL) express greater need and desire for PCC (Foley, Steel & Adams, 2020). The occurrence of chronic health conditions (e.g. hearing loss, depression, cognitive decline) tend to rise in vulnerable populations, particularly amongst older populations (Gussekloo et al., 2003). Hickson, Meyer, Lovelock, Lampert & Khan (2014) identified that greater hearing handicap in older adults, coupled with increased social and audiological support, were positively associated with successful hearing aid use. Furthermore, findings from Vestergaard Knudsen et al. (2010), indicate that older, more experienced hearing aid users display greater satisfaction and use of hearing aids. These increased satisfaction-levels were linked to greater satisfaction with their audiologists, thereby improving practitioner-patient relationship and thus P-PCC (Vestergaard Knudsen et al., 2010; Wanzer, Booth-Butterfield & Gruber, 2004). Grenness et al. (2014) further confirms that older Australian adults express greater desire to be involved in their audiological care and management. The interaction between the burdens of disease in South Africa, coupled with hearing loss which tends

to occur more in older adults may thus explain the positive relationship between these characteristics and PP-PCC.

Number of consultations and PP-PCC

Results from the PARI indicated that the total number of audiological consultations a patient has previously undergone was not significantly associated with their P-PCC. Available research has not yet focused on the influence of overall consultations on PP-PCC. However, it is possible that the total number of audiological consultations a patient had previously undergone did not appear to be associated with PP-PCC, due to the study's inclusion criteria. The original reference period whereby patients had to have consulted an audiologist within the last three months had to be adjusted to 12 months due to the COVID-19 pandemic, limiting patients' access to audiologists during lockdown periods. Therefore, risk of recall bias (i.e. inaccurate recollection) was increased as time between a patients' previous consultations and time of participation in this study was increased (Khare & Vedel, 2019).

Overall, this study's findings contribute to a clearer understanding of factors which influence audiology PP-PCC in South Africa. Findings confirm the outcomes of many previous studies that support the implementation of a biopsychosocial approach to healthcare (Bennet et al., 2021). The biopsychosocial approach affirms that interactions between a patient's biological, psychological and social factors determine their overall well-being (Bennet et al., 2021). Patients have expressed the importance of practitioners identifying and understanding the unique psychosocial factors which influence their health and circumstances (e.g. socioeconomic status, living situation) in order to create helpful and realistic healthcare services (Sladdin et al., 2018). Despite this, there are studies suggesting that audiologists may not be providing support for the psychosocial challenges their patients may be facing (Bennet et al., 2021; Grenness et al., 2014; Muñoz, Ong, Whicker & Twohig, 2017). This study's findings support associations between patient characteristics and P-PCC. Thereby findings reinforce the need for a patient's biopsychosocial needs to be addressed in their hearing healthcare. Taking time to obtain more information about a patient's biopsychosocial background may improve the underlying concepts of PCC (e.g. therapeutic alliance, individualised and holistic care, communication, and shared

decision-making etc.). Additionally, these efforts may better align patients' and practitioners' P-PCC. Addressing these aspects of PCC will thus lead to improved satisfaction levels; adherence to treatment; better treatment outcomes; and improved quality of care for audiology patients.

P-PCC for public vs private sector audiology patients: Omitted variable bias

South African audiology PP-PCC were overall positive, however, being a public sector patient; in-patient; or visiting an audiologist more frequently were negatively associated with PP-PCC. Both public and private sector audiology patients displayed positive P-PCC. However, patients from the private sector ($M = 125.5$, $SD = 17.7$), displayed significantly higher P-PCC than patients from the public sector ($M = 111.5$, $SD = 19.5$). A significant novel finding of this study was that a patient's healthcare sector was identified as a confounding variable. When the influence of a patient's healthcare sector was adjusted for across all categories of patient characteristics, no significant associations were found between patient characteristics and PP-PCC. This finding not only conflicts with that of previous studies, but also demonstrates the influence of possible differences between care and/or patients' characteristics in the public and private healthcare sector in South Africa.

Numerous South African studies have highlighted the disparities between patients, professionals, and challenges faced by public and private health sector patients (Khoza-Shangase et al., 2021; Maseko & Harris, 2018; Pillay et al., 2021; James, Sindiwe, & Miza, Thenjiwe 2015; Mbunge, 2020). Focus on PCC aspects such as individualised care, are mainly rendered by the private audiology sector (Pillay et al., 2020). Moreover, it is speculated that private practice audiologists are encouraged to be especially person-centred in order to retain business and assist with sales (Potter, et al., 2003). Fifty-eight percent of participants in this study reported using the private audiology sector; which is high considering that a majority (86%) of hearing healthcare is accessed from the public sector in South Africa (Pillay et al., 2020). Thus, findings from this study should be interpreted with caution, and may not be generalizable to the majority of the South African population. Guidelines laid out by the Batho Pele principles and the National Health Act are not always effective in impeding the unfair distribution of audiology services, which vary across rural and urban, sociocultural, and linguistic settings in South Africa (Pillay et al., 2020). Accessibility, resources, finances and availability of appropriate and

effective resources are integral to patients' perceptions of quality of care and PCC (Jardien-Baboo, van Rooyen, Ricks & Jordan; 2016; Laplante-Levesque et al. 2014; Ting et al., 2016). With many South African studies having highlighted the above-mentioned barriers to healthcare, it is unsurprising that there are vast differences observed between public and private healthcare audiology patients in South Africa.

Research on perceptions of care between in-patients and out-patients are scarce, however medical and psychiatric studies have found satisfaction and PCC-levels to be positively associated with being an out-patient (Bramesfeld, Wedegärtner, Elgeti & Bisson, 2007; Wolf et al., 2008; Dana & Wambach, 2003). It is however important to note that 98% of in-patients in this study formed part of the public healthcare sector, and thus it is likely that associations exhibited were due to a patient's healthcare sector, rather than a patient's in-patient or out-patient status. Similarly, it could be said that patients who frequently consult with their audiologist had less favourable perceptions of PCC as they felt their needs may not be met, thus resulting in the frequent consultations (Makwero et al., 2021). In the current study, the majority of private sector patients reported that they consulted an audiologist once a year (34%) or less than once a year (38%); whereas 70% of public sector patients reported seeing their audiologist monthly. Therefore, the associations between PP-PCC and their frequency of consultations, or status as an in-patient or out-patient could be attributed to their use of the public or private sectors in South African hearing healthcare.

International studies conducted on factors influencing PP-PCC in healthcare professions like audiology, typically do not account for the influence of variables like healthcare sectors. However, it can be said that many studies performed in first world countries do not experience such a stark imbalance in healthcare sectors and differences in populations like South Africa. For example, Jerram and Purdy (2001), found that the use of public versus private audiology clinics in New Zealand did not influence the use or satisfaction of hearing aids and audiological services. In contrast, studies like Laplante-Levesque et al. (2014) which controlled for confounding variables like gender, employment status and area of residence, found that these characteristics did not account for the variability of

patients' preferences for PCC. Thus, not controlling for potential confounding variables, could lead to omitted variable bias¹⁹ and ultimately error in associations (Jargowsky, 2005). In this study, it is unclear whether the differences in scores are the result of differences between patients' experiences and expectations in their respective healthcare sectors; or if differences are due to the attributes of the patients themselves. Based on the biopsychosocial approach to healthcare, it is likely that differences in PP-PCC are the result of interactions between healthcare sector characteristics and the patient characteristics. Moreover, due to the nature of this study causal relationships cannot be derived and thus the reasons for differences observed between public and private healthcare sectors remain unclear and warrant further investigation. Nonetheless, findings from this study displayed positive P-PCC and its underlying dimensions, among audiology patients in South Africa. This indicates that despite the challenges they face, South African patients highly perceive PCC and could potentially be mostly satisfied with their audiological care. Understanding the influences of patients' characteristics, both external (e.g. healthcare sector, culture, social) and internal (e.g. age, education level, employment, health and hearing loss status) factors, will assist audiologists in providing quality individualized PCC. Both patients and practitioners may thus benefit from further investigation into the disparities observed between audiology patients from the public and private healthcare sectors.

Strengths and Limitations

This study not only adapted and translated a new tool to measure PP-PCC in audiology; all three versions (English, Afrikaans and IsiXhosa) of the PARI were found to be valid tools by patients and experts in the field of audiology. Thus, making the PARI available in three of South Africa's 11 official languages. The PARI further exhibited excellent reliability equivalent to, if not better than, most tools available to measure PP-PCC. Additionally, the PARI is able to simultaneously measure and provide understanding of five of the underlying dimensions in PCC, where most other scales do not. This study further provided novel insight into audiology PP-PCC in South Africa, as well as areas of PCC (e.g. therapeutic alliance) which require further focus and improvement. Identifying audiology

¹⁹ See Glossary

patients' healthcare sector in South Africa as the most significantly associated factor influencing PP-PCC, is a notable finding of this study. These findings also give a new awareness of several patient variables which are associated with PP-PCC. Differences observed between PP-PCC associated with variables like healthcare sector, emphasize the importance of audiologists to consider patients' background and individual characteristics when providing hearing healthcare. When the robust influence of a patient's healthcare sector on P-PCC was identified during statistical analysis; outcomes were adjusted to reflect the true associations of P-PCC scores, which through inspection of previous literature, was not typically done in other studies.

There are several participant-based and methodological factors in this study, which may have influenced the outcomes of this study. Due to the immense diversity of the South African population, findings from this study should be interpreted with caution, and may not be generalizable to all individuals. The target sample size ($n = 150$) may not have been reached, however given the challenges presented by the COVID-19 pandemic and the South African context, obtaining 111 responses surpasses the mean sample sizes in previous South African audiology studies. This came at the cost of time and resources, as data collection was heavily delayed during the COVID-19 lockdown which restricted access to data collection sites, particularly within the public health sectors. The risk of recall bias in results for aims two and three was increased when the reference period of the inclusion criteria was changed from three months to 12 months to accommodate for COVID-19 hindrances. Selection-bias was further minimised by offering telephonic, electronic, paper-based or verbal PARI questionnaires, ensuring equal opportunity for participation.

Regarding the PARI's adaptation and validation, some literature suggests the use of forward-back translations and at least two rounds of validation for a new survey. The PARI was translated by linguists and home-language speakers, and had only undergone one round of validation prior to its distribution. This was due to time constraints and lack of available validators. The PARI was developed in order to address the study's initial aim i.e. determining audiology PP-PCC in South Africa. Due to the limited inter-sample sizes obtained per language (Afrikaans, IsiXhosa and English), the individual Cronbach's alphas could not be determined for the respective language versions of the PARI. The

detailing of each Cronbach's alpha in the respective languages of the PARI can thus be recommended for future studies. Lastly, skewed distributions of the study's data lead to the use of less robust methods of statistical analysis. However, upon the discovery of a patient's healthcare sector as a confounding variable; scores were adjusted in order to obtain true results. Thereby a significant strength of this study is the consideration of analysis bias²⁰ and omitted variable bias. Lastly, due limitations from the nature of this study, causal relationships between PP-PCC and patient characteristics cannot be drawn. Therefore, the reasons for differences in PARI scores among different patient characteristics (e.g. public and private healthcare sectors) remain unclear and warrant further investigation.

Research implications

Many novel findings were produced by this study, which both addresses paucity in literature surrounding patient-oriented research in PCC, and urges further research development into audiology in South Africa. These main findings include:

1. The PARI is a new valid and reliable tool for the measurement of PP-PCC in audiology. The PARI has proven to be suitable for a South African context and is available in three of the 11 official languages of South Africa. Prior to the PARI, most research and P-PCC scales were practitioner-oriented and took place in developed countries. This new tool has provided a foundation to expand patient-oriented research in Audiology. PARI scores may provide insight into crucial areas of PCC (i.e. Therapeutic alliance) which require improvement and have a large impact on a patient's satisfaction levels, treatment adherence and rehabilitation outcomes. Moreover, the PARI has the potential to be used by audiologists as an outcome measurement for PCC strategies in South Africa.
2. Findings demonstrate that South African audiology patients have a generally positive P-PCC. This suggests that South African audiology patients are perceiving PCC in their hearing care. South African audiology PP-PCC were mostly positive across all five subscales measuring the underlying dimensions of PCC. This indicates that patients were receiving satisfying levels of

²⁰ See Glossary

communication, shared decision-making, therapeutic alliance, individualized care and holistic care from South African audiologists.

3. Healthcare sector was the most significant factor associated with P-PCC in South African audiological patients. Initial associations between patient characteristics and P-PCC ceased when data was adjusted for the influence of healthcare sector on PARI scores. This accentuates the stark differences in participant characteristics or care provided between the two healthcare sectors. This finding may well be aligned with the vast variations between those using private and public healthcare in a country with known and documented inequalities like South Africa.

Recommendations for future research

To confirm validity and reliability findings, the PARI should be subjected to forward-back translations and multiple rounds of validation. Moreover, results from this in-depth validation should aim to use exploratory factor analysis and determine inter-item correlation. Future South African studies are encouraged to translate the PARI into additional languages and modify it for use in other health professions. Researchers are urged to delve deeper into the perceptions of the individual dimensions underlying PCC. Outcomes of such studies may guide audiologists on areas which are lacking within PCC and provide a foundation to improve them. Lastly, South African hearing healthcare will greatly benefit from investigating the differences between patients and care provided by the public and private sectors, as it relates to PCC. This would allow studies to determine if the current South African frameworks for PCC are viable and take into account a patient's biopsychosocial aspects. The above-mentioned recommendations will allow comparisons to be made to the findings of this study with those of future studies.

Conclusion

The current study investigated PP-PCC and associated characteristics of South African audiology patients. The PARI was proven to be a contextually valid and reliable means of measuring audiology PP-PCC in South Africa. South African audiology patients generally held high P-PCC and its underlying dimensions. In particular, the individualised care and therapeutic alliance subscales were

found to be the most and least positively perceived subscales, respectively. Additionally, Initial analysis led researchers to believe that PP-PCC were associated with patient characteristics such as healthcare sector; in-patient or out-patient status; age; level of education; employment status; frequency of audiological consultations; nature of consultations; hearing status; and use of amplification. Most of these associations were aligned with findings of previous studies conducted in audiology and more modern studies done in other healthcare fields. However, upon further inspection researchers discovered that differences in characteristics between audiology patients from different healthcare sectors had led to an error in associations. This is a novel finding as many studies do not account for the effect of such a confounding variable. Findings adjusted for the influence of healthcare sector as a confounding variable indicated that private audiology care was associated with higher P-PCC. Exact reasons for this association are not clear and this study cannot deduce causal relationships. However, South African research suggests that the historical inequalities and barriers to effective and appropriate quality audiological services may be a potential reason for these findings. This supports the need for closer investigation into reasons for the findings of this study, and potential strategies to lessen challenges to PCC at both an audiologist and patient level.

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Appendices

Appendix A: The Patient-and-dietician-reported inventory (PADRI)

The Communication Assessment Tool (CAT)

1	2	3	4	5
Poor	Fair	Good	Very good	Excellent

Please use this scale to rate the following sentences:

1. The dietitian greeted me in a way that made me feel comfortable ____
2. The dietitian treated me with respect ____
3. The dietitian showed interest in my ideas about my health ____
4. The dietitian understood my main health concerns ____
5. The dietitian paid attention to me (looked at me, listened carefully) ____
6. The dietitian encouraged me to ask questions ____
7. The dietitian showed care and concern ____

The Shared Decision-Making Questionnaire (patient version) (SHMQ)

1	2	3	4	5	6
Completely	disagree	Slightly	Slightly agree	agree	Completely
disagree		disagree			agree

Please use this scale to rate the following sentences:

1. My dietitian wanted to know exactly how I want to be involved in making the decision. ____
2. My dietitian told me that there are different options for treating my medical condition. ____
3. My dietitian precisely explained the advantages and disadvantages of the treatment options.

4. My dietitian helped me understand all the information. ____
5. My dietitian asked me which treatment option I prefer. ____

PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

6. My dietitian and I thoroughly weighed the different treatment options. ____
7. My dietitian and I selected a treatment option together. ____
8. My dietitian and I reached an agreement on how to proceed. ____

The Patient-Doctor Depth of Relationship (PDDR)

0	1	2	3	4
Disagree	Neither agree nor disagree	Slightly agree	Mostly agree	Totally agree

Please use this scale to rate the following sentences:

1. I know this dietitian very well ____
2. This dietitian knows me as a person ____
3. This dietitian really knows how I feel about things ____
4. This dietitian really cares for me ____
5. This dietitian takes me seriously ____
6. This dietitian accepts me the way I am ____

The Seeing the Individual Patient sub-scale (from the Schmidt Perception of Nursing Care Scale (SPNCS))

1	2	3	4	5
Strongly disagree	Disagree to some extent	Neither agree nor disagree	Agree to some extent	Strongly agree

Please use this scale to rate the following sentences:

1. The dietician treated me as a unique person ____
2. I knew my dietetic care was specifically tailored to my needs ____
3. The dietician took time to find out more about me as a person ____
4. When the dietician was providing my care, I was at the centre of their attention ____

5. The dietitian was warm in their interactions with me ____

The Providing Holistic Care subscale (from the Person-Centred Practice Inventory-Staff)

1	2	3	4	5
Strongly disagree	Disagree to some extent	Neither agree nor disagree	Agree to some extent	Strongly agree

Please use this scale to rate the following sentences:

1. My dietitian strives to gain a sense of me as a whole person ____
2. My dietitian assesses my needs, taking account of all aspects of my life ____
3. My dietitian took time to find out more about me as a person ____

Appendix B: PADRI subscales with suggested modifications for the PARI

The Communication Assessment Tool (CAT) and suggested adaptations for an audiological context

CAT version	Adapted version for PARI
The dietitian greeted me in a way that made me feel comfortable	The audiologist greeted me in a way that made me feel comfortable
The dietitian treated me with respect	The audiologist treated me with respect
The dietitian showed interest in my ideas about my health	The audiologist showed interest in my ideas about my health
The dietitian understood my main health concerns	The audiologist understood my main health concerns
The dietitian paid attention to me (looked at me, listened carefully)	The audiologist paid attention to me (looked at me, listened carefully)
The dietitian encouraged me to ask questions	The audiologist encouraged me to ask questions
The dietitian showed care and concern	The audiologist showed care and concern

The Shared Decision-Making Questionnaire (patient version) (SHMQ) and suggested modifications for an audiological context

SHMQ version	Adapted version for PARI
My dietitian wanted to know exactly how I want to be involved in making the decision.	My audiologist wanted to know exactly how I want to be involved in making decisions.
My dietitian told me that there are different options for treating my medical condition.	My audiologist told me that there are different options for treating my medical condition.
My dietitian precisely explained the advantages and disadvantages of the treatment options.	My audiologist precisely explained the advantages and disadvantages of the treatment options.

My dietitian helped me understand all the information.	My audiologist helped me understand all the information.
My dietitian asked me which treatment option I prefer.	My audiologist asked me which treatment option I prefer.
My dietitian and I thoroughly weighed the different treatment options.	My audiologist and I thoroughly weighed the different treatment options.
My dietitian and I selected a treatment option together.	My audiologist and I selected a treatment option together.
My dietitian and I reached an agreement on how to proceed.	My audiologist and I reached an agreement on how to proceed.

The Patient-Doctor Depth of Relationship (PDDR) Scale and suggested modifications for an audiological context

PDDR	Adapted version for PARI
I know this dietitian very well	I know this audiologist very well
This dietitian knows me as a person	This audiologist knows me as a person
This dietitian really knows how I feel about things	This audiologist really knows how I feel about things
This dietitian really cares for me	This audiologist really cares for me
This dietitian takes me seriously	This audiologist takes me seriously
This dietitian accepts me the way I am	This audiologist accepts me the way I am

The Seeing the Individual Patient sub-scale (from the Schmidt Perception of Nursing Care Scale)**(SPNCS) and suggested modifications for an audiological context**

SPNCS version	Adapted version for PARI
The dietitian treated me as a unique person	The audiologist treated me as a unique person
I knew my dietetic care was specifically tailored to my needs	I knew my audiological care was specifically tailored to my needs
The dietitian took time to find out more about me as a person	The audiologist took time to find out more about me as a person
When the dietitian was providing my care, I was at the center of their attention	When the audiologist was providing my care, I was at the center of their attention
The dietitian was warm in their interactions with me	The audiologist was warm in his/her interactions with me

The Providing Holistic Care sub-scale (from the Person-Centred Practice Inventory-Staff) (PCIPIS) and suggested modifications for an audiological setting

PCIPIS	Adapted version for PARI
My dietitian strives to gain a sense of me as a whole person	My audiologist strives to gain a sense of me as a whole person
My dietitian assesses my needs, taking account of all aspects of my life	My audiologist assesses my needs, taking account of all aspects of my life
My dietitian took time to find out more about me as a person	My audiologist took time to find out more about me as a person

Appendix C: Descriptive Questions for Audiology Patients in The Study

Appendix C.1: Descriptive Questions for Audiology Patients in The Study (English)

1. What is your age?
2. What is your biological sex? (Male; Female; Other)
 - a. If Other, please specify: _____
3. Are you a South African citizen? (Yes or no)
 - a. If not, what is your nationality?
(American; European; Asian; Australian; African; Other)
4. What is your highest qualification?
(Highschool or less; Matric; Diploma; Bachelor's degree; Master's degree; Doctorate degree)
5. Are you employed?
(Yes; No)
If no, are you a pensioner? (Yes; No)
6. When was your last consultation with an audiologist?
(one week ago, one month ago, $\pm$ six months ago, $\pm$ one year ago, more than a year ago)
7. How many times have you consulted with an audiologist?
(More than 5 times, 4 - 5 times, 2 - 3 times, 1 time, Less than 1 time, Never)
8. How regularly do you consult with an audiologist?
(Daily, Weekly, Monthly, Twice a year, Once a year, Never)
9. How do you most commonly access your audiologist?
(State/government institutions (e.g. government hospital or clinic) or private institutions (e.g. private practices, private hospital services))?
10. What was the nature of your last consultation?
Rehabilitative (e.g. the provision of an amplification device, attending aural rehabilitation) or
Diagnostic (e.g. a diagnostic or hearing assessment, electrophysiological or vestibular assessment)?

11. Do you have a hearing loss?

(Yes; No)

- a. If yes, do you have an amplification device (e.g. a hearing aid, cochlear implant or bone anchored hearing aid)?

(Yes; No)

Appendix C.2: Descriptive Questions for Audiology Patients in The Study (Afrikaans)

1. Wat is u ouderdom?
2. Wat is u biologiese seks? (Manlik; Vroulik; Ander)
Indien Ander, spesifiseer asseblief: _____
3. Is u 'n Suid-Afrikaanse burger? (Ja of Nee)
Indien nie, wat is u nasionaliteit?
(Amerikaans; Europees; Asies; Australies; Afrika; Ander)
4. Wat is u hoogste kwalifikasie?
(Hoërskool; Matriek; Diploma; Baccalaureus graad; Meesters graad; Doktors graad; Ander)
5. Werk u?
(Ja; Nee)
Indien nie, is u 'n pensioenaris? (Ja; Nee)
6. Wanneer was u laaste konsultasie met 'n oudioloog?
(een week gelede, een maand gelede, ± ses maande gelede, ± een jaar gelede, meer as een jaar gelede)
7. Hoeveel keer het u al met 'n oudioloog gekonsulteer?
(Meer as 5 keer, 4 - 5 kere, 2 - 3 kere, 1 keer, Minder as 1 keer, Nooit)
8. Hoe gereeld konsulteer u met 'n oudioloog?
(Daaglik, Weeklik, Maandlik, Twee keer 'n jaar, Een keer 'n jaar, Nooit)
9. Hoe kry u gewoonlik toegang tot u oudioloog?
(Staat/regeringsinstellings (bv. staatshospitaal of kliniek) of private instellings (bv. privaat praktyke, privaat hospitaaldienstes))?
10. Wat was die aard van u laaste konsultasie?
Rehabilitatiewe (bv. Die verskaffing van 'n versterkingstoestel, bywoning van gehoorrehabilitasie) of Diagnosties (bv. 'n Diagnostiese- of gehoorassessering, elektrofisiologiese- of vestibulêre assessering)?

11. Het u 'n gehoorverlies?

(Ja; Nee)

- a. Indien ja, het u 'n versterkingsapparaat (byvoorbeeld 'n gehoorapparaat, kogleêre implantaat of beenverankerde gehoorapparaat)

(Ja; Nee)

Appendix C.3: Descriptive Questions for Audiology Patients in The Study (IsiXhosa)

1. Uneminyaka emingaphi?
2. Isini sakho sithini? (Ndoda; Ibhinqa; Esinye)
 - a. Ukuba usesinye, nceda usibalule: _____
3. Ungummi waseMzantsi Afrika (Ewe okanye Hayi)
 - a. Ukuba hayi, ungummi waphi?
(UmMelika; umYurophu; umAsiya; umOstreliya; umAfrika; Okunye)
4. Yeyiphi eyona qualification onayo kwezi zilandelayo?
(ISatifiketi samabanga aphezulu okanye aphantsi; iMatriki; iDiploma; idigri ye-Bachelor; idigri yee-Honours; idigri yee-Masters; idigri yezinga lobuGrirha)
5. Kukho apho uqeshwe khona?
(Ewe; Hayi)
Ukuba hayi, urhola ipenshini? (Ewe; HayiHnHa)
6. Ugqibele nini ukundwendwela ugqirha weendlebe?
(kwiveki ephelileyo, kwinyanga ephelileyo, kwiinyanga ezintandathu ezidlulileyo, kunyaka odlulileyo, ngapha konyaka)
7. Ubonwe izihlandlo ezingaphi ngugqirha wendlebe?
(Ngapha kwezihlandlo eziyi-5, izihlandlo eziyi-4 ukuya kweziyi-5, izihlandlo eziyi-2 ukuya kweziyi-3, isihlandlo esiyi-1, hayi nakanye)
8. Umndwendwela rhoqo kangakanani ugqirha wendlebe?
(Mini nganye, veki nganye, nyanga nganye, kabini ngonyaka, kanye ngonyaka, andizange ndamndwendwela)
9. Uqhele ukumfumana njani ugqirha wendlebe?
(Kumaziko karhulumente (umzekelo: isibhedlela okanye ikloniki karhulumente) okanye kumaziko azimeleyo (umzekelo: ugqirha wendlebe ozimeleyo, kwisibhedlela esingalawulwa ngurhulumente))?
10. Ukugqibela kwakho ukundwendwela ugqirha wendlebe, yayiyintoni isizathu?

Utyelelo lokuvuselela ukuva (e.g. ukunikezelwa kwesixhobo esincedisa ekuveni, ukuvuselela ukuthetha) okanye uXilongo (e.g. uxilongo okanye uvavanyo lokuva kwendlebe, uxilongo lwe-electrophysiology okanye uvavanyo lokusebenza kwendlebe xa iyonke)?

11. Uphulukene nokuva kwakho?

(Ewe; Hayi)

- a. Ukuba ewe, unaso isixhobo esincedisa ekuveni (e.g. ihearing aid, icochlear implant or bone anchearing aid)?

(Ewe; Hayi)

Appendix D: Formal Permission Letter & Consent Form Requesting Validators**Assistance and Feedback**

 DHRS Department of Health and Rehabilitation Sciences FACULTY OF HEALTH SCIENCES		Department of Health & Rehabilitation Sciences Faculty of Health Sciences
<i>Division of Communication Sciences and Disorders, Nursing and Midwifery, Occupational Therapy, Physiotherapy</i>		
F45 Old Main Building, Groote Schuur Hospital, Observatory 7925		
Tel: +27 (0) 21 406 6401 Fax: +27 (0) 21 4066323		
Website: www.uct.ac.za		

VALIDATORS INFORMATION LETTER AND CONSENT FORM

***“South African Patients’ Perceptions of Person Centred-Care in Audiology: A Cross-
 Sectional Survey”***

Dear Researcher/Audiologist/Patient,

My name is Danielle Blasl (email: blasdan001@myuct.ac.za) and I am an Audiology Master’s student in the Faculty of Health Sciences at the University of Cape Town (UCT). In order to fulfil the requirements of my degree, I must conduct a research study for my dissertation. This study seeks to explore patient perceptions of the five (5) dimensions underlying person-centred care in audiology, namely: communication, shared decision-making, audiologist-patient relationship, provision of individualized care, and holistic care. Previous research has documented the benefits of person-centred care to both patients and practitioners. However, until now studies have focused mainly on person-centred care from audiologists’ point of view, with few studies researching the perceptions of person-centred care by patients, particularly within a South African context. By addressing this paucity in literature, this study hopes to further research on person-centred care in audiology. Moreover, the

outcomes of this study may be used to develop solutions to the shortfalls identified and thereby improve audiological care and service quality in South Africa.

The purpose of this letter is to request your assistance and feedback in the pre-validation of my research tool, the patient-and-audiologist-reported inventory (PARI). The tool has been adapted from a previously used tool, the patient-and-dietician-reported inventory (PADRI) (Sladdin et al.,2019). The PARI consists of five previously validated subscales, designed to measure patient perceptions of PCC dimensions including: Patient-practitioner communication and interpersonal skills; Shared decision-making; Therapeutic alliance; Caring patient-practitioner relationship; Individualized and holistic care). I hereby, kindly request your assistance in validating the PARI by using the Content Validity Index (CVI), a questionnaire designed to validate questionnaires. The CVI involves assessing each question of the PARI by rating the clarity, relevance, simplicity, and ambiguity using a 4-point scale e.g. Rating relevance of a question from 1 (not relevant) to 4 (highly relevant). Scores will then be tallied to determine whether items of the PARI, and the overall PARI display appropriate validity. Should you consent to participating you will be sent the CVI and PARI, and have 2 weeks to complete the CVI. The CVI should take approximately ± 20 minutes to complete and your feedback will be greatly appreciated. The feedback obtained from the CVI will be used to refine the PARI and validate it as a reliable measure which can be used in future research.

This study will be supervised by audiologist and researcher Vera-Genevey Hlayisi (email: vera.hlayisi@uct.ac.za) of the Division of Communication Science and Disorders at UCT. Additionally, Lucretia Petersen (email: lucretia.petersen@uct.ac.za) who is an audiologist and researcher at UCT, will be providing co-supervision. If you have any questions, please do not hesitate to contact us. The University of Cape Town Faculty of Health Science Human Research Ethics Committee can be contacted on 021 406 6338 in case participants have any questions regarding their rights and welfare as research subjects on the study. Should you refuse to participate or withdraw from participation at any point, the researcher will respect your decision and your decision will not have any adverse effects. The information you provide will be kept private and only be shared with supervisors and researchers

involved in this study. Please indicate your decision below by ticking the appropriate box, dating, and signing this letter. Once you have indicated your decision, please send this letter back to me.

Validators Permission to Assist In The Pre-validation of The PARI

I have read the above information and been provided with the opportunity to ask questions to my satisfaction. I understand the purpose and use of the CVI and my role in the study. As such, I hereby (please tick/underline/highlight):

- ☐ Consent to assisting in the pre-validation of the PARI.
- ☐ Do not consent to assisting in the pre-validation of the PARI.

Signature: _____

Date: _____

DD/MM/YY

Warmest regards,

Danielle Blasl

Appendix E: Content Validity Index Scale and PARI CVI Feedback Scale

Appendix E.1: Content Validity Index Scale and PARI CVI Feedback Scale (English)



DHRS
Department of Health and
Rehabilitation Sciences
FACULTY OF HEALTH SCIENCES



University of Cape Town
Yunivesithi yaseKapa • Universiteit van Kaapstad

**Department of Health & Rehabilitation
Sciences**

Faculty of Health Sciences

*Division of Communication Sciences and Disorders, Nursing and Midwifery, Occupational
Therapy, Physiotherapy*

F45 Old Main Building, Groote Schuur Hospital, Observatory 7925

Tel: +27 (0) 21 406 6401 Fax: +27 (0) 21 4066323

Website: www.uct.ac.za

CONTENT VALIDITY INDEX SCALE WITH PARI CVI EXAMPLE

***“South African Patients’ Perceptions of Person-Centred Care in Audiology: A Cross-
Sectional Survey”***

The CVI employs a 4-point rating scale to measure the content validity of a survey by examining the clarity, ambiguity, simplicity and relevance of the scale and its’ items (Polit & Beck, 2006). Analysis of the CVI will include both scale-level CVI (S-CVI) and item-level CVI (I-CVI) (Polit, Beck, & Owen, 2007). I-CVI is depicted as a score between 0 (i.e. 0%) and 1 (i.e. 100%), which indicates the level of agreement between validators concerning an item’s relevance (Zamanzadeh, et al., 2015). The S-CVI will be used to determine the overall content validity of the PARI (Zamanzadeh, et al., 2015).

Analysis of I-CVI will be done by calculating the number of validators who rated an item’s relevance and clarity as a “3” or a “4”, and dividing this score by the total number of validators (Zamanzadeh, et al., 2015). Items with scores greater than 79% are considered to have appropriate content validity, items with scores between 70% and 79% require revision, and items less than 70% are eliminated from the PARI (Abdollahpour, Nejat, Nourozian & Majdzadeh, 2010) (refer to table below

for scoring interpretation). To calculate S-CVI, PARI items which reviewed an I-CVI score of 1 (i.e. were considered relevant by validators) will be tallied and divided by the total number of items in the PARI (Zamanzadeh, et al., 2015). A S-CVI score of 80% or higher from three or more validators will indicate that the PARI displays acceptable content validity (Polit et al., 2007).

CVI Scoring and Interpretation Table	
CVI Score	Interpretation
I-CVI	
>79%	Item displays appropriate validity
70-79%	Item requires revision
<70%	Item should be eliminated from scale
S-CVI	
≥80%	Scale displays appropriate validity

Terminology:

Clarity: Relates to how clear a question has been written.

1-not clear, 2-somewhat clear, 3-quite clear, 4-very clear

Relevance: Relates to how appropriately the question is assessing the topic of a survey.

1- not relevant, 2-somewhat relevant, 3-quite relevant, 4-highly relevant

Ambiguity: Relates to what extent the meaning of a question can be interpreted.

1-very ambiguous, 2-somewhat ambiguous, 3-quite ambiguous, 4-not ambiguous

Simplicity: Relates to how easy it is to understand a question

1-not simple, 2-somewhat simple, 3-quite simple, 4-very simple

PARI with CVI Scale Example:

Please make use of the tables below items to rate the clarity, ambiguity, simplicity and relevance of the following scale items.

The Patient-And-Audiologist-Reported Inventory (PARI)

Part 1: Communication and interpersonal skills

1	2	3	4	5
Poor	Fair	Good	Very good	Excellent

Please use the above rating scale to rate the following statements:

1. The audiologist greeted me in a way that made me feel comfortable ____

Simplicity:	☐ 1-not simple ☐ 2-somewhat simple ☐ 3-quite simple ☐ 4-very simple
Relevance:	☐ 1-not relevant ☐ 2-somewhat relevant ☐ 3-quite relevant ☐ 4-highly relevant
Clarity:	☐ 1-not clear ☐ 2-somewhat clear ☐ 3-quite clear ☐ 4-very clear
Ambiguity:	☐ 1-very ambiguous ☐ 2-somewhat ambiguous ☐ 3-quite ambiguous ☐ 4-not ambiguous

2. The audiologist greeted me in a way that made me feel comfortable ____

Simplicity:	☐ 1-not simple ☐ 2-somewhat simple ☐ 3-quite simple ☐ 4-very simple
Relevance:	☐ 1-not relevant ☐ 2-somewhat relevant ☐ 3-quite relevant ☐ 4-highly relevant
Clarity:	☐ 1-not clear ☐ 2-somewhat clear ☐ 3-quite clear ☐ 4-very clear
Ambiguity:	☐ 1-very ambiguous ☐ 2-somewhat ambiguous ☐ 3-quite ambiguous ☐ 4-not ambiguous

PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

3. The audiologist showed interest in my ideas about my health ____

Simplicity:	☐ 1-not simple ☐ 2-somewhat simple ☐ 3-quite simple ☐ 4-very simple
Relevance:	☐ 1-not relevant ☐ 2-somewhat relevant ☐ 3-quite relevant ☐ 4-highly relevant
Clarity:	☐ 1-not clear ☐ 2-somewhat clear ☐ 3-quite clear ☐ 4-very clear
Ambiguity:	☐ 1-very ambiguous ☐ 2-somewhat ambiguous ☐ 3-quite ambiguous ☐ 4-not ambiguous

4. The audiologist understood my main health concerns ____

Simplicity:	☐ 1-not simple ☐ 2-somewhat simple ☐ 3-quite simple ☐ 4-very simple
Relevance:	☐ 1-not relevant ☐ 2-somewhat relevant ☐ 3-quite relevant ☐ 4-highly relevant
Clarity:	☐ 1-not clear ☐ 2-somewhat clear ☐ 3-quite clear ☐ 4-very clear
Ambiguity:	☐ 1-very ambiguous ☐ 2-somewhat ambiguous ☐ 3-quite ambiguous ☐ 4-not ambiguous

5. The audiologist paid attention to me (looked at me, listened carefully) ____

Simplicity:	☐ 1-not simple ☐ 2-somewhat simple ☐ 3-quite simple ☐ 4-very simple
Relevance:	☐ 1-not relevant ☐ 2-somewhat relevant ☐ 3-quite relevant ☐ 4-highly relevant

PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

Clarity:	☐ 1-not clear ☐ 2-somewhat clear ☐ 3-quite clear ☐ 4-very clear
Ambiguity:	☐ 1-very ambiguous ☐ 2-somewhat ambiguous ☐ 3-quite ambiguous ☐ 4-not ambiguous

6. The audiologist encouraged me to ask questions ____

Simplicity:	☐ 1-not simple ☐ 2-somewhat simple ☐ 3-quite simple ☐ 4-very simple
Relevance:	☐ 1-not relevant ☐ 2-somewhat relevant ☐ 3-quite relevant ☐ 4-highly relevant
Clarity:	☐ 1-not clear ☐ 2-somewhat clear ☐ 3-quite clear ☐ 4-very clear
Ambiguity:	☐ 1-very ambiguous ☐ 2-somewhat ambiguous ☐ 3-quite ambiguous ☐ 4-not ambiguous

7. The audiologist showed care and concern ____

Simplicity:	☐ 1-not simple ☐ 2-somewhat simple ☐ 3-quite simple ☐ 4-very simple
Relevance:	☐ 1-not relevant ☐ 2-somewhat relevant ☐ 3-quite relevant ☐ 4-highly relevant
Clarity:	☐ 1-not clear ☐ 2-somewhat clear ☐ 3-quite clear ☐ 4-very clear
Ambiguity:	☐ 1-very ambiguous ☐ 2-somewhat ambiguous ☐ 3-quite ambiguous ☐ 4-not ambiguous

Part 2: Shared decision-making

1	2	3	4	5	6
Completely	disagree	Slightly	Slightly agree	agree	Completely
disagree		disagree			agree

Please use the above rating scale to rate the following statements:

1. My audiologist wanted to know exactly how I want to be involved in making decisions ____

Simplicity:	☐ 1-not simple ☐ 2-somewhat simple ☐ 3-quite simple ☐ 4-very simple
Relevance:	☐ 1-not relevant ☐ 2-somewhat relevant ☐ 3-quite relevant ☐ 4-highly relevant
Clarity:	☐ 1-not clear ☐ 2-somewhat clear ☐ 3-quite clear ☐ 4-very clear
Ambiguity:	☐ 1-very ambiguous ☐ 2-somewhat ambiguous ☐ 3-quite ambiguous ☐ 4-not ambiguous

2. My audiologist told me that there are different options for treating my medical condition ____

Simplicity:	☐ 1-not simple ☐ 2-somewhat simple ☐ 3-quite simple ☐ 4-very simple
Relevance:	☐ 1-not relevant ☐ 2-somewhat relevant ☐ 3-quite relevant ☐ 4-highly relevant
Clarity:	☐ 1-not clear ☐ 2-somewhat clear ☐ 3-quite clear ☐ 4-very clear

PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

Ambiguity:	☐ 1-very ambiguous ☐ 2-somewhat ambiguous ☐ 3-quite ambiguous ☐ 4-not ambiguous
------------	--

3. My audiologist precisely explained the advantages and disadvantages of the treatment options _____

Simplicity:	☐ 1-not simple ☐ 2-somewhat simple ☐ 3-quite simple ☐ 4-very simple
Relevance:	☐ 1-not relevant ☐ 2-somewhat relevant ☐ 3-quite relevant ☐ 4-highly relevant
Clarity:	☐ 1-not clear ☐ 2-somewhat clear ☐ 3-quite clear ☐ 4-very clear
Ambiguity:	☐ 1-very ambiguous ☐ 2-somewhat ambiguous ☐ 3-quite ambiguous ☐ 4-not ambiguous

4. My audiologist helped me understand all the information _____

Simplicity:	☐ 1-not simple ☐ 2-somewhat simple ☐ 3-quite simple ☐ 4-very simple
Relevance:	☐ 1-not relevant ☐ 2-somewhat relevant ☐ 3-quite relevant ☐ 4-highly relevant
Clarity:	☐ 1-not clear ☐ 2-somewhat clear ☐ 3-quite clear ☐ 4-very clear
Ambiguity:	☐ 1-very ambiguous ☐ 2-somewhat ambiguous ☐ 3-quite ambiguous ☐ 4-not ambiguous

5. My audiologist asked me which treatment option I prefer _____

PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

Simplicity:	☐ 1-not simple ☐ 2-somewhat simple ☐ 3-quite simple ☐ 4-very simple
Relevance:	☐ 1-not relevant ☐ 2-somewhat relevant ☐ 3-quite relevant ☐ 4-highly relevant
Clarity:	☐ 1-not clear ☐ 2-somewhat clear ☐ 3-quite clear ☐ 4-very clear
Ambiguity:	☐ 1-very ambiguous ☐ 2-somewhat ambiguous ☐ 3-quite ambiguous ☐ 4-not ambiguous

6. My audiologist and I thoroughly weighed the different treatment options ____

Simplicity:	☐ 1-not simple ☐ 2-somewhat simple ☐ 3-quite simple ☐ 4-very simple
Relevance:	☐ 1-not relevant ☐ 2-somewhat relevant ☐ 3-quite relevant ☐ 4-highly relevant
Clarity:	☐ 1-not clear ☐ 2-somewhat clear ☐ 3-quite clear ☐ 4-very clear
Ambiguity:	☐ 1-very ambiguous ☐ 2-somewhat ambiguous ☐ 3-quite ambiguous ☐ 4-not ambiguous

7. My audiologist and I selected a treatment option together ____

Simplicity:	☐ 1-not simple ☐ 2-somewhat simple ☐ 3-quite simple ☐ 4-very simple
Relevance:	☐ 1-not relevant ☐ 2-somewhat relevant ☐ 3-quite relevant ☐ 4-highly relevant
Clarity:	☐ 1-not clear ☐ 2-somewhat clear ☐ 3-quite clear ☐ 4-very clear

PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

Ambiguity:	☐ 1-very ambiguous ☐ 2-somewhat ambiguous ☐ 3-quite ambiguous ☐ 4-not ambiguous
------------	--

8. My audiologist and I reached an agreement on how to proceed ____

Simplicity:	☐ 1-not simple ☐ 2-somewhat simple ☐ 3-quite simple ☐ 4-very simple
Relevance:	☐ 1-not relevant ☐ 2-somewhat relevant ☐ 3-quite relevant ☐ 4-highly relevant
Clarity:	☐ 1-not clear ☐ 2-somewhat clear ☐ 3-quite clear ☐ 4-very clear
Ambiguity:	☐ 1-very ambiguous ☐ 2-somewhat ambiguous ☐ 3-quite ambiguous ☐ 4-not ambiguous

Part 3: Therapeutic alliance

0	1	2	3	4
Disagree	Neither agree	Slightly agree	Mostly agree	Totally agree
	nor disagree			agree

Please use the above rating scale to rate the following statements:

1. I know this audiologist very well ____

Simplicity:	☐ 1-not simple ☐ 2-somewhat simple ☐ 3-quite simple ☐ 4-very simple
-------------	---

PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

Relevance:	☐ 1-not relevant ☐ 2-somewhat relevant ☐ 3-quite relevant ☐ 4-highly relevant
Clarity:	☐ 1-not clear ☐ 2-somewhat clear ☐ 3-quite clear ☐ 4-very clear
Ambiguity:	☐ 1-very ambiguous ☐ 2-somewhat ambiguous ☐ 3-quite ambiguous ☐ 4-not ambiguous

2. This audiologist knows me as a person ____

Simplicity:	☐ 1-not simple ☐ 2-somewhat simple ☐ 3-quite simple ☐ 4-very simple
Relevance:	☐ 1-not relevant ☐ 2-somewhat relevant ☐ 3-quite relevant ☐ 4-highly relevant
Clarity:	☐ 1-not clear ☐ 2-somewhat clear ☐ 3-quite clear ☐ 4-very clear
Ambiguity:	☐ 1-very ambiguous ☐ 2-somewhat ambiguous ☐ 3-quite ambiguous ☐ 4-not ambiguous

3. This audiologist really knows how I feel about things ____

Simplicity:	☐ 1-not simple ☐ 2-somewhat simple ☐ 3-quite simple ☐ 4-very simple
Relevance:	☐ 1-not relevant ☐ 2-somewhat relevant ☐ 3-quite relevant ☐ 4-highly relevant
Clarity:	☐ 1-not clear ☐ 2-somewhat clear ☐ 3-quite clear ☐ 4-very clear

PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

Ambiguity:	☐ 1-very ambiguous ☐ 2-somewhat ambiguous ☐ 3-quite ambiguous ☐ 4-not ambiguous
------------	--

4. This audiologist really cares for me ____

Simplicity:	☐ 1-not simple ☐ 2-somewhat simple ☐ 3-quite simple ☐ 4-very simple
Relevance:	☐ 1-not relevant ☐ 2-somewhat relevant ☐ 3-quite relevant ☐ 4-highly relevant
Clarity:	☐ 1-not clear ☐ 2-somewhat clear ☐ 3-quite clear ☐ 4-very clear
Ambiguity:	☐ 1-very ambiguous ☐ 2-somewhat ambiguous ☐ 3-quite ambiguous ☐ 4-not ambiguous

5. This audiologist takes me seriously ____

Simplicity:	☐ 1-not simple ☐ 2-somewhat simple ☐ 3-quite simple ☐ 4-very simple
Relevance:	☐ 1-not relevant ☐ 2-somewhat relevant ☐ 3-quite relevant ☐ 4-highly relevant
Clarity:	☐ 1-not clear ☐ 2-somewhat clear ☐ 3-quite clear ☐ 4-very clear
Ambiguity:	☐ 1-very ambiguous ☐ 2-somewhat ambiguous ☐ 3-quite ambiguous ☐ 4-not ambiguous

6. This audiologist accepts me the way I am ____

PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

Simplicity:	☐ 1-not simple ☐ 2-somewhat simple ☐ 3-quite simple ☐ 4-very simple
Relevance:	☐ 1-not relevant ☐ 2-somewhat relevant ☐ 3-quite relevant ☐ 4-highly relevant
Clarity:	☐ 1-not clear ☐ 2-somewhat clear ☐ 3-quite clear ☐ 4-very clear
Ambiguity:	☐ 1-very ambiguous ☐ 2-somewhat ambiguous ☐ 3-quite ambiguous ☐ 4-not ambiguous

Part 4: Individualized care

1	2	3	4	5
Strongly disagree	Disagree to some extent	Neither agree nor disagree	Agree to some extent	Strongly agree

Please use the above rating scale to rate the following statements:

1. The audiologist treated me as a unique person ____

Simplicity:	☐ 1-not simple ☐ 2-somewhat simple ☐ 3-quite simple ☐ 4-very simple
Relevance:	☐ 1-not relevant ☐ 2-somewhat relevant ☐ 3-quite relevant ☐ 4-highly relevant
Clarity:	☐ 1-not clear ☐ 2-somewhat clear ☐ 3-quite clear ☐ 4-very clear
Ambiguity:	☐ 1-very ambiguous ☐ 2-somewhat ambiguous ☐ 3-quite ambiguous ☐ 4-not ambiguous

2. I knew my audiological care was specifically tailored to my needs ____

Simplicity:	☐ 1-not simple ☐ 2-somewhat simple ☐ 3-quite simple ☐ 4-very simple
Relevance:	☐ 1-not relevant ☐ 2-somewhat relevant ☐ 3-quite relevant ☐ 4-highly relevant
Clarity:	☐ 1-not clear ☐ 2-somewhat clear ☐ 3-quite clear ☐ 4-very clear
Ambiguity:	☐ 1-very ambiguous ☐ 2-somewhat ambiguous ☐ 3-quite ambiguous ☐ 4-not ambiguous

3. The audiologist took time to find out more about me as a person ____

Simplicity:	☐ 1-not simple ☐ 2-somewhat simple ☐ 3-quite simple ☐ 4-very simple
Relevance:	☐ 1-not relevant ☐ 2-somewhat relevant ☐ 3-quite relevant ☐ 4-highly relevant
Clarity:	☐ 1-not clear ☐ 2-somewhat clear ☐ 3-quite clear ☐ 4-very clear
Ambiguity:	☐ 1-very ambiguous ☐ 2-somewhat ambiguous ☐ 3-quite ambiguous ☐ 4-not ambiguous

4. When the audiologist was providing my care, I was at the centre of their attention ____

Simplicity:	☐ 1-not simple ☐ 2-somewhat simple ☐ 3-quite simple ☐ 4-very simple
-------------	---

PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

Relevance:	☐ 1-not relevant ☐ 2-somewhat relevant ☐ 3-quite relevant ☐ 4-highly relevant
Clarity:	☐ 1-not clear ☐ 2-somewhat clear ☐ 3-quite clear ☐ 4-very clear
Ambiguity:	☐ 1-very ambiguous ☐ 2-somewhat ambiguous ☐ 3-quite ambiguous ☐ 4-not ambiguous

5. The audiologist was warm in his/her interactions with me ____

Simplicity:	☐ 1-not simple ☐ 2-somewhat simple ☐ 3-quite simple ☐ 4-very simple
Relevance:	☐ 1-not relevant ☐ 2-somewhat relevant ☐ 3-quite relevant ☐ 4-highly relevant
Clarity:	☐ 1-not clear ☐ 2-somewhat clear ☐ 3-quite clear ☐ 4-very clear
Ambiguity:	☐ 1-very ambiguous ☐ 2-somewhat ambiguous ☐ 3-quite ambiguous ☐ 4-not ambiguous

Part 5: Holistic care

1	2	3	4	5
Strongly	Disagree to some	Neither agree	Agree to some	Strongly agree
disagree	extent	nor disagree	extent	

Please use the above rating scale to rate the following statements:

1. My audiologist strives to gain a sense of me as a whole person ____

PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

Simplicity:	☐ 1-not simple ☐ 2-somewhat simple ☐ 3-quite simple ☐ 4-very simple
Relevance:	☐ 1-not relevant ☐ 2-somewhat relevant ☐ 3-quite relevant ☐ 4-highly relevant
Clarity:	☐ 1-not clear ☐ 2-somewhat clear ☐ 3-quite clear ☐ 4-very clear
Ambiguity:	☐ 1-very ambiguous ☐ 2-somewhat ambiguous ☐ 3-quite ambiguous ☐ 4-not ambiguous

2. My audiologist assesses my needs, taking account of all aspects of my life ____

Simplicity:	☐ 1-not simple ☐ 2-somewhat simple ☐ 3-quite simple ☐ 4-very simple
Relevance:	☐ 1-not relevant ☐ 2-somewhat relevant ☐ 3-quite relevant ☐ 4-highly relevant
Clarity:	☐ 1-not clear ☐ 2-somewhat clear ☐ 3-quite clear ☐ 4-very clear
Ambiguity:	☐ 1-very ambiguous ☐ 2-somewhat ambiguous ☐ 3-quite ambiguous ☐ 4-not ambiguous

3. My audiologist took time to find out more about me as a person ____

Simplicity:	☐ 1-not simple ☐ 2-somewhat simple ☐ 3-quite simple ☐ 4-very simple
Relevance:	☐ 1-not relevant ☐ 2-somewhat relevant ☐ 3-quite relevant ☐ 4-highly relevant
Clarity:	☐ 1-not clear ☐ 2-somewhat clear ☐ 3-quite clear ☐ 4-very clear

PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

Ambiguity:	☐ 1-very ambiguous ☐ 2-somewhat ambiguous ☐ 3-quite ambiguous
	☐ 4-not ambiguous

- Please provide an indication as to how long (in minutes) it took you to answer these questions:

- Please indicate (Yes/No) if the questionnaire uses appropriate language (English, Afrikaans, or IsiXhosa) for your population: _____

Appendix E.2: Content Validity Index Scale and PARI CVI Feedback Scale (Afrikaans)**PARI with CVI Scale Example (Afrikaans):**

Gebruik die tabelle hieronder om die duidelikheid, onduidelikheid, eenvoud en relevansie van die volgende skaalitems te beoordeel.

Die Pasiënt-en-Oudioloog-Gerapporteerde Inventaris (POGI)**Deel 1: Kommunikasie en interpersoonlike vaardighede**

1	2	3	4	5
Swak	Billik	Goed	Baie Goed	Uitstekend

Gebruik asseblief die bogenoemde graderingskaal om die volgende stellings te beoordeel:

1. Die audioloog het my gegroet op 'n manier wat my gemaklik laat voel het ____

Eenvoud:	☐ 1-nie eenvoudig ☐ 2-effens eenvoudig ☐ 3-nogals eenvoudig ☐ 4-baie eenvoudig
Relevansie:	☐ 1-nie relevant ☐ 2-effens relevant ☐ 3-nogals relevant ☐ 4-hoogs relevant
Duidelikheid:	☐ 1-nie duidelik ☐ 2-effens duidelik ☐ 3-nogals duidelik ☐ 4-bae duidelik
Dubbelsinnigheid:	☐ 1-baie dubbelsinnig ☐ 2-effens dubbelsinnig ☐ 3-nogals dubbelsinnig ☐ 4-nie dubbelsinnig

PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

2. Die oudioloog het my met respek behandel ____

Eenvoud:	☐ 1-nie eenvoudig ☐ 2-effens eenvoudig ☐ 3-nogals eenvoudig ☐ 4-baie eenvoudig
Relevansie:	☐ 1-nie relevant ☐ 2-effens relevant ☐ 3-nogals relevant ☐ 4-hoogs relevant
Duidelikheid:	☐ 1-nie duidelik ☐ 2-effens duidelik ☐ 3-nogals duidelik ☐ 4-bae duidelik
Dubbelsinnigheid:	☐ 1-baie dubbelsinnig ☐ 2-effens dubbelsinnig ☐ 3-nogals dubbelsinnig ☐ 4-nie dubbelsinnig

3. Die oudioloog het belangstelling getoon in my idees oor my gesondheid ____

Eenvoud:	☐ 1-nie eenvoudig ☐ 2-effens eenvoudig ☐ 3-nogals eenvoudig ☐ 4-baie eenvoudig
Relevansie:	☐ 1-nie relevant ☐ 2-effens relevant ☐ 3-nogals relevant ☐ 4-hoogs relevant
Duidelikheid:	☐ 1-nie duidelik ☐ 2-effens duidelik ☐ 3-nogals duidelik ☐ 4-bae duidelik
Dubbelsinnigheid:	☐ 1-baie dubbelsinnig ☐ 2-effens dubbelsinnig ☐ 3-nogals dubbelsinnig ☐ 4-nie dubbelsinnig

4. Die oudioloog het my belangrikste gesondheidsprobleme verstaan ____

PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

Eenvoud:	☐ 1-nie eenvoudig ☐ 2-effens eenvoudig ☐ 3-nogals eenvoudig ☐ 4-baie eenvoudig
Relevansie:	☐ 1-nie relevant ☐ 2-effens relevant ☐ 3-nogals relevant ☐ 4-hoogs relevant
Duidelikheid:	☐ 1-nie duidelik ☐ 2-effens duidelik ☐ 3-nogals duidelik ☐ 4-bae duidelik
Dubbelsinnigheid:	☐ 1-baie dubbelsinnig ☐ 2-effens dubbelsinnig ☐ 3-nogals dubbelsinnig ☐ 4-nie dubbelsinnig

5. Die oudioloog het aandag gegee aan my (na my gekyk, aandagtig geluister) ____

Eenvoud:	☐ 1-nie eenvoudig ☐ 2-effens eenvoudig ☐ 3-nogals eenvoudig ☐ 4-baie eenvoudig
Relevansie:	☐ 1-nie relevant ☐ 2-effens relevant ☐ 3-nogals relevant ☐ 4-hoogs relevant
Duidelikheid:	☐ 1-nie duidelik ☐ 2-effens duidelik ☐ 3-nogals duidelik ☐ 4-bae duidelik
Dubbelsinnigheid:	☐ 1-baie dubbelsinnig ☐ 2-effens dubbelsinnig ☐ 3-nogals dubbelsinnig ☐ 4-nie dubbelsinnig

6. Die oudioloog het my aangemoedig om vrae te vra ____

Eenvoud:	☐ 1-nie eenvoudig ☐ 2-effens eenvoudig ☐ 3-nogals eenvoudig ☐ 4-baie eenvoudig
Relevansie:	☐ 1-nie relevant ☐ 2-effens relevant ☐ 3-nogals relevant ☐ 4-hoogs relevant
Duidelikheid:	☐ 1-nie duidelik ☐ 2-effens duidelik ☐ 3-nogals duidelik ☐ 4-bae duidelik
Dubbelsinnigheid:	☐ 1-baie dubbelsinnig ☐ 2-effens dubbelsinnig ☐ 3-nogals dubbelsinnig ☐ 4-nie dubbelsinnig

7. Die oudioloog het belangstelling en omgee getoon ____

Eenvoud:	☐ 1-nie eenvoudig ☐ 2-effens eenvoudig ☐ 3-nogals eenvoudig ☐ 4-baie eenvoudig
Relevansie:	☐ 1-nie relevant ☐ 2-effens relevant ☐ 3-nogals relevant ☐ 4-hoogs relevant
Duidelikheid:	☐ 1-nie duidelik ☐ 2-effens duidelik ☐ 3-nogals duidelik ☐ 4-bae duidelik
Dubbelsinnigheid:	☐ 1-baie dubbelsinnig ☐ 2-effens dubbelsinnig ☐ 3-nogals dubbelsinnig ☐ 4-nie dubbelsinnig

Deel 2: Gedeelde besluitneming

1

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Gebruik asseblief die bogenoemde graderingskaal om die volgende stellingen te beoordeel:

Eenvoud:	☐ 1-nie eenvoudig ☐ 2-effens eenvoudig ☐ 3-nogals eenvoudig ☐ 4-baie eenvoudig
Relevansie:	☐ 1-nie relevant ☐ 2-effens relevant ☐ 3-nogals relevant ☐ 4-hoogs relevant
Duidelikheid:	☐ 1-nie duidelik ☐ 2-effens duidelik ☐ 3-nogals duidelik ☐ 4-bae duidelik
Dubbelsinnigheid:	☐ 1-baie dubbelsinnig ☐ 2-effens dubbelsinnig ☐ 3-nogals dubbelsinnig ☐ 4-nie dubbelsinnig

Eenvoud:	☐ 1-nie eenvoudig ☐ 2-effens eenvoudig ☐ 3-nogals eenvoudig ☐ 4-baie eenvoudig
Relevansie:	☐ 1-nie relevant ☐ 2-effens relevant ☐ 3-nogals relevant ☐ 4-hoogs relevant
Duidelikheid:	☐ 1-nie duidelik ☐ 2-effens duidelik ☐ 3-nogals duidelik ☐ 4-bae duidelik

PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

Dubbelsinnigheid:	☐ 1-baie dubbelsinnig ☐ 2-effens dubbelsinnig ☐ 3-nogals dubbelsinnig ☐ 4-nie dubbelsinnig
-------------------	---

3. My oudioloog het die voor- en nadele van die behandelingsopsies presies uiteengesit ____

Eenvoud:	☐ 1-nie eenvoudig ☐ 2-effens eenvoudig ☐ 3-nogals eenvoudig ☐ 4-baie eenvoudig
Relevansie:	☐ 1-nie relevant ☐ 2-effens relevant ☐ 3-nogals relevant ☐ 4-hoogs relevant
Duidelikheid:	☐ 1-nie duidelik ☐ 2-effens duidelik ☐ 3-nogals duidelik ☐ 4-bae duidelik
Dubbelsinnigheid:	☐ 1-baie dubbelsinnig ☐ 2-effens dubbelsinnig ☐ 3-nogals dubbelsinnig ☐ 4-nie dubbelsinnig

4. My oudioloog het my gehelp om al die inligting te verstaan ____

Eenvoud:	☐ 1-nie eenvoudig ☐ 2-effens eenvoudig ☐ 3-nogals eenvoudig ☐ 4-baie eenvoudig
Relevansie:	☐ 1-nie relevant ☐ 2-effens relevant ☐ 3-nogals relevant ☐ 4-hoogs relevant
Duidelikheid:	☐ 1-nie duidelik ☐ 2-effens duidelik ☐ 3-nogals duidelik ☐ 4-bae duidelik

PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

Dubbelsinnigheid:	☐ 1-baie dubbelsinnig ☐ 2-effens dubbelsinnig ☐ 3-nogals dubbelsinnig ☐ 4-nie dubbelsinnig
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5. My oudioloog het my gevra watter behandelingsopsie ek verkies ____

Eenvoud:	☐ 1-nie eenvoudig ☐ 2-effens eenvoudig ☐ 3-nogals eenvoudig ☐ 4-baie eenvoudig
Relevansie:	☐ 1-nie relevant ☐ 2-effens relevant ☐ 3-nogals relevant ☐ 4-hoogs relevant
Duidelikheid:	☐ 1-nie duidelik ☐ 2-effens duidelik ☐ 3-nogals duidelik ☐ 4-bae duidelik
Dubbelsinnigheid:	☐ 1-baie dubbelsinnig ☐ 2-effens dubbelsinnig ☐ 3-nogals dubbelsinnig ☐ 4-nie dubbelsinnig

6. Ek en my oudioloog het die verskillende behandelingsopsies deeglik opgeweeg ____

Eenvoud:	☐ 1-nie eenvoudig ☐ 2-effens eenvoudig ☐ 3-nogals eenvoudig ☐ 4-baie eenvoudig
Relevansie:	☐ 1-nie relevant ☐ 2-effens relevant ☐ 3-nogals relevant ☐ 4-hoogs relevant
Duidelikheid:	☐ 1-nie duidelik ☐ 2-effens duidelik ☐ 3-nogals duidelik ☐ 4-bae duidelik

PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

Dubbelsinnigheid:	☐ 1-baie dubbelsinnig ☐ 2-effens dubbelsinnig ☐ 3-nogals dubbelsinnig ☐ 4-nie dubbelsinnig
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7. Ek en my oudioloog het saam 'n behandelingsopsie gekies ____

Eenvoud:	☐ 1-nie eenvoudig ☐ 2-effens eenvoudig ☐ 3-nogals eenvoudig ☐ 4-baie eenvoudig
Relevansie:	☐ 1-nie relevant ☐ 2-effens relevant ☐ 3-nogals relevant ☐ 4-hoogs relevant
Duidelikheid:	☐ 1-nie duidelik ☐ 2-effens duidelik ☐ 3-nogals duidelik ☐ 4-bae duidelik
Dubbelsinnigheid:	☐ 1-baie dubbelsinnig ☐ 2-effens dubbelsinnig ☐ 3-nogals dubbelsinnig ☐ 4-nie dubbelsinnig

8. Ek en my oudioloog het 'n ooreenkoms bereik oor hoe om voort te gaan ____

Eenvoud:	☐ 1-nie eenvoudig ☐ 2-effens eenvoudig ☐ 3-nogals eenvoudig ☐ 4-baie eenvoudig
Relevansie:	☐ 1-nie relevant ☐ 2-effens relevant ☐ 3-nogals relevant ☐ 4-hoogs relevant
Duidelikheid:	☐ 1-nie duidelik ☐ 2-effens duidelik ☐ 3-nogals duidelik ☐ 4-bae duidelik

Dubbelsinnigheid:	☐ 1-baie dubbelsinnig ☐ 2-effens dubbelsinnig ☐ 3-nogals dubbelsinnig ☐ 4-nie dubbelsinnig
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Deel 3: Terapeutiese alliansie

0	1	2	3	4
Verskil	Stem nie saam	Stem effens	Stem meestal	Stem volkome
	nie en nie gekant	saam	saam	saam
	daarteen nie			

Gebruik asseblief die bogenoemde graderingskaal om die volgende stellings te beoordeel:

1. Ek ken hierdie oudioloog baie goed ____

Eenvoud:	☐ 1-nie eenvoudig ☐ 2-effens eenvoudig ☐ 3-nogals eenvoudig ☐ 4-baie eenvoudig
Relevansie:	☐ 1-nie relevant ☐ 2-effens relevant ☐ 3-nogals relevant ☐ 4-hoogs relevant
Duidelikheid:	☐ 1-nie duidelik ☐ 2-effens duidelik ☐ 3-nogals duidelik ☐ 4-bae duidelik
Dubbelsinnigheid:	☐ 1-baie dubbelsinnig ☐ 2-effens dubbelsinnig ☐ 3-nogals dubbelsinnig ☐ 4-nie dubbelsinnig

PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

2. Hierdie oudioloog ken my as persoon ____

Eenvoud:	☐ 1-nie eenvoudig ☐ 2-effens eenvoudig ☐ 3-nogals eenvoudig ☐ 4-baie eenvoudig
Relevansie:	☐ 1-nie relevant ☐ 2-effens relevant ☐ 3-nogals relevant ☐ 4-hoogs relevant
Duidelikheid:	☐ 1-nie duidelik ☐ 2-effens duidelik ☐ 3-nogals duidelik ☐ 4-bae duidelik
Dubbelsinnigheid:	☐ 1-baie dubbelsinnig ☐ 2-effens dubbelsinnig ☐ 3-nogals dubbelsinnig ☐ 4-nie dubbelsinnig

3. Hierdie oudioloog weet regtig hoe ek oor dinge voel ____

Eenvoud:	☐ 1-nie eenvoudig ☐ 2-effens eenvoudig ☐ 3-nogals eenvoudig ☐ 4-baie eenvoudig
Relevansie:	☐ 1-nie relevant ☐ 2-effens relevant ☐ 3-nogals relevant ☐ 4-hoogs relevant
Duidelikheid:	☐ 1-nie duidelik ☐ 2-effens duidelik ☐ 3-nogals duidelik ☐ 4-bae duidelik
Dubbelsinnigheid:	☐ 1-baie dubbelsinnig ☐ 2-effens dubbelsinnig ☐ 3-nogals dubbelsinnig ☐ 4-nie dubbelsinnig

4. Hierdie oudioloog gee regtig om vir my ____

PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

Eenvoud:	☐ 1-nie eenvoudig ☐ 2-effens eenvoudig ☐ 3-nogals eenvoudig ☐ 4-baie eenvoudig
Relevansie:	☐ 1-nie relevant ☐ 2-effens relevant ☐ 3-nogals relevant ☐ 4-hoogs relevant
Duidelikheid:	☐ 1-nie duidelik ☐ 2-effens duidelik ☐ 3-nogals duidelik ☐ 4-bae duidelik
Dubbelsinnigheid:	☐ 1-baie dubbelsinnig ☐ 2-effens dubbelsinnig ☐ 3-nogals dubbelsinnig ☐ 4-nie dubbelsinnig

5. Hierdie oudioloog neem my ernstig op ____

Eenvoud:	☐ 1-nie eenvoudig ☐ 2-effens eenvoudig ☐ 3-nogals eenvoudig ☐ 4-baie eenvoudig
Relevansie:	☐ 1-nie relevant ☐ 2-effens relevant ☐ 3-nogals relevant ☐ 4-hoogs relevant
Duidelikheid:	☐ 1-nie duidelik ☐ 2-effens duidelik ☐ 3-nogals duidelik ☐ 4-bae duidelik
Dubbelsinnigheid:	☐ 1-baie dubbelsinnig ☐ 2-effens dubbelsinnig ☐ 3-nogals dubbelsinnig ☐ 4-nie dubbelsinnig

6. Hierdie oudioloog aanvaar my soos ek is ____

PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

Eenvoud:	☐ 1-nie eenvoudig ☐ 2-effens eenvoudig ☐ 3-nogals eenvoudig ☐ 4-baie eenvoudig
Relevansie:	☐ 1-nie relevant ☐ 2-effens relevant ☐ 3-nogals relevant ☐ 4-hoogs relevant
Duidelikheid:	☐ 1-nie duidelik ☐ 2-effens duidelik ☐ 3-nogals duidelik ☐ 4-bae duidelik
Dubbelsinnigheid:	☐ 1-baie dubbelsinnig ☐ 2-effens dubbelsinnig ☐ 3-nogals dubbelsinnig ☐ 4-nie dubbelsinnig

Deel 4: Geïndividualiseerde sorg

1	2	3	4	5	6
Verskil heeltemal	Verskil	Verskil effens	Stem effens saam	Stem saam	Stem volkome saam

Gebruik asseblief die bogenoemde graderingskaal om die volgende stellings te beoordeel:

1. Die oudioloog het my as 'n unieke persoon behandel ____

Eenvoud:	☐ 1-nie eenvoudig ☐ 2-effens eenvoudig ☐ 3-nogals eenvoudig ☐ 4-baie eenvoudig
Relevansie:	☐ 1-nie relevant ☐ 2-effens relevant ☐ 3-nogals relevant ☐ 4-hoogs relevant

PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

Duidelikheid:	☐ 1-nie duidelik ☐ 2-effens duidelik ☐ 3-nogals duidelik ☐ 4-bae duidelik
Dubbelsinnigheid:	☐ 1-baie dubbelsinnig ☐ 2-effens dubbelsinnig ☐ 3-nogals dubbelsinnig ☐ 4-nie dubbelsinnig

2. Ek het geweet my oudiologiese sorg is spesifiek aangepas vir my behoeftes ____

Eenvoud:	☐ 1-nie eenvoudig ☐ 2-effens eenvoudig ☐ 3-nogals eenvoudig ☐ 4-baie eenvoudig
Relevansie:	☐ 1-nie relevant ☐ 2-effens relevant ☐ 3-nogals relevant ☐ 4-hoogs relevant
Duidelikheid:	☐ 1-nie duidelik ☐ 2-effens duidelik ☐ 3-nogals duidelik ☐ 4-bae duidelik
Dubbelsinnigheid:	☐ 1-baie dubbelsinnig ☐ 2-effens dubbelsinnig ☐ 3-nogals dubbelsinnig ☐ 4-nie dubbelsinnig

3. Die oudioloog het tyd geneem om meer oor my as persoon uit te vind ____

Eenvoud:	☐ 1-nie eenvoudig ☐ 2-effens eenvoudig ☐ 3-nogals eenvoudig ☐ 4-baie eenvoudig
Relevansie:	☐ 1-nie relevant ☐ 2-effens relevant ☐ 3-nogals relevant ☐ 4-hoogs relevant

PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

Duidelikheid:	☐ 1-nie duidelik ☐ 2-effens duidelik ☐ 3-nogals duidelik ☐ 4-bae duidelik
Dubbelsinnigheid:	☐ 1-baie dubbelsinnig ☐ 2-effens dubbelsinnig ☐ 3-nogals dubbelsinnig ☐ 4-nie dubbelsinnig

4. Toe die oudioloog my sorg gegee het, was ek die middelpunt van hulle aandag ____

Eenvoud:	☐ 1-nie eenvoudig ☐ 2-effens eenvoudig ☐ 3-nogals eenvoudig ☐ 4-baie eenvoudig
Relevansie:	☐ 1-nie relevant ☐ 2-effens relevant ☐ 3-nogals relevant ☐ 4-hoogs relevant
Duidelikheid:	☐ 1-nie duidelik ☐ 2-effens duidelik ☐ 3-nogals duidelik ☐ 4-bae duidelik
Dubbelsinnigheid:	☐ 1-baie dubbelsinnig ☐ 2-effens dubbelsinnig ☐ 3-nogals dubbelsinnig ☐ 4-nie dubbelsinnig

5. Die oudioloog was hartlik in sy / haar interaksies met my ____

Eenvoud:	☐ 1-nie eenvoudig ☐ 2-effens eenvoudig ☐ 3-nogals eenvoudig ☐ 4-baie eenvoudig
Relevansie:	☐ 1-nie relevant ☐ 2-effens relevant ☐ 3-nogals relevant ☐ 4-hoogs relevant

PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

Duidelikheid:	☐ 1-nie duidelik ☐ 2-effens duidelik ☐ 3-nogals duidelik ☐ 4-bae duidelik
Dubbelsinnigheid:	☐ 1-baie dubbelsinnig ☐ 2-effens dubbelsinnig ☐ 3-nogals dubbelsinnig ☐ 4-nie dubbelsinnig

Deel 5: Holistiese sorg

1	2	3	4	5
Verskil Sterk	Verskil tot 'n mate	Stem nie saam nie en nie gekant daarteen nie	Stem tot 'n mate	Stem sterk saam

Gebruik asseblief die bogenoemde graderingskaal om die volgende stellings te beoordeel:

1. My oudioloog streef daarna om 'n gevoel van my as 'n hele persoon te kry ____

Eenvoud:	☐ 1-nie eenvoudig ☐ 2-effens eenvoudig ☐ 3-nogals eenvoudig ☐ 4-baie eenvoudig
Relevansie:	☐ 1-nie relevant ☐ 2-effens relevant ☐ 3-nogals relevant ☐ 4-hoogs relevant
Duidelikheid:	☐ 1-nie duidelik ☐ 2-effens duidelik ☐ 3-nogals duidelik ☐ 4-bae duidelik
Dubbelsinnigheid:	☐ 1-baie dubbelsinnig ☐ 2-effens dubbelsinnig ☐ 3-nogals dubbelsinnig ☐ 4-nie dubbelsinnig

2. My oudioloog beoordeel my behoeftes met inagneming van alle aspekte van my lewe ____

Eenvoud:	☐ 1-nie eenvoudig ☐ 2-effens eenvoudig ☐ 3-nogals eenvoudig ☐ 4-baie eenvoudig
Relevansie:	☐ 1-nie relevant ☐ 2-effens relevant ☐ 3-nogals relevant ☐ 4-hoogs relevant
Duidelikheid:	☐ 1-nie duidelik ☐ 2-effens duidelik ☐ 3-nogals duidelik ☐ 4-bae duidelik
Dubbelsinnigheid:	☐ 1-baie dubbelsinnig ☐ 2-effens dubbelsinnig ☐ 3-nogals dubbelsinnig ☐ 4-nie dubbelsinnig

3. My oudioloog het tyd geneem om meer oor my as persoon uit te vind ____

Eenvoud:	☐ 1-nie eenvoudig ☐ 2-effens eenvoudig ☐ 3-nogals eenvoudig ☐ 4-baie eenvoudig
Relevansie:	☐ 1-nie relevant ☐ 2-effens relevant ☐ 3-nogals relevant ☐ 4-hoogs relevant
Duidelikheid:	☐ 1-nie duidelik ☐ 2-effens duidelik ☐ 3-nogals duidelik ☐ 4-bae duidelik
Dubbelsinnigheid:	☐ 1-baie dubbelsinnig ☐ 2-effens dubbelsinnig ☐ 3-nogals dubbelsinnig ☐ 4-nie dubbelsinnig

- Gee 'n aanduiding van hoe lank (in minute) dit geneem het om hierdie vraelys te beantwoord:

- Dui asb aan (Ja / Nee) of die Afrikaanse aanpassing van hierdie vraelys toepaslike taal vir u bevolkingsgroep gebruik het: _____

Appendix E.3: Content Validity Index Scale And PARI CVI Feedback Scale (IsiXhosa)**I-PARI KUNYE NOMZEKELO WESILINGANISELO SE-CVI**

Nceda usebenzise inkcazelo ekwiitafle ezilandelayo ukulinganisela ubulula, ukufaneleka, ukucaca nokubhida kwenkcazelo ekwilinganiselo esilandelayo.

Uluhlu olungokwengxelo yomguli kunye nogqirha weendlebe (PARI)**Inxalenye 1: Unxibelelwano kunye nesakhono sokuthetha nabantu.**

1 2 3 4 5

Uqhube kakubi Uzamile Uqhube kakuhle Uqhube kakuhle Ugqwesile
kukhulu

Nceda usebenzise esi silinganiselo singentla ukulinganisela ezi ngxelo zilandelayo:

1. Ugqirha wendlebe undibulise ngendlela endenze ndaziva ndikhululekile ____

Ubulula:	☐ 1-akukho lula ☐ 2-kulula kancinci ☐ 3-kulula ☐ 4-kulula kakhulu
Ukufaneleka:	☐ 1-kungafanelekanga ☐ 2-kufaneleke kancinci ☐ 3- kufanelekile ☐ 4- kufaneleke kakhulu
Ukucaca:	☐ 1-akucacanga ☐ 2-kucace kancinci ☐ 3-kucacile ☐ 4-kucace kakhulu
Ukubhida:	☐ 1-ukubhida okukhulu ☐ 2-ukubhida okuncinci ☐ 3-ayibhidi ☐ 4-akukho kubhida

2. Ugqirha weendlebe undiphathe ngentlonipho ____

Ubulula:	☐ 1-akukho lula ☐ 2-kulula kancinci ☐ 3-kulula ☐ 4-kulula kakhulu
Ukufaneleka:	☐ 1-kungafanelekanga ☐ 2-kufaneleke kancinci ☐ 3- kufanelekile ☐ 4- kufaneleke kakhulu
Ukucaca:	☐ 1-akucacanga ☐ 2-kucace kancinci ☐ 3-kucacile ☐ 4-kucace kakhulu
Ukubhida:	☐ 1-ukubhida okukhulu ☐ 2-ukubhida okuncinci ☐ 3-ayibhidi ☐ 4-akukho kubhida

3. Ugqirha weendlebe ubonise umdla kwiingcinga zam ngempilo yam ____

Ubulula:	☐ 1-akukho lula ☐ 2-kulula kancinci ☐ 3-kulula ☐ 4-kulula kakhulu
Ukufaneleka:	☐ 1-kungafanelekanga ☐ 2-kufaneleke kancinci ☐ 3- kufanelekile ☐ 4- kufaneleke kakhulu
Ukucaca:	☐ 1-akucacanga ☐ 2-kucace kancinci ☐ 3-kucacile ☐ 4-kucace kakhulu
Ukubhida:	☐ 1-ukubhida okukhulu ☐ 2-ukubhida okuncinci ☐ 3-ayibhidi ☐ 4-akukho kubhida

4. Ugqirha weendlebe uziqondile izinto ezindixhalabisayo ngempilo yam ____

PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

Ubulula:	☐ 1-akukho lula ☐ 2-kulula kancinci ☐ 3-kulula ☐ 4-kulula kakhulu
Ukufaneleka:	☐ 1-kungafanelekanga ☐ 2-kufaneleke kancinci ☐ 3- kufanelekile ☐ 4-kufaneleke kakhulu
Ukucaca:	☐ 1-akucacanga ☐ 2-kucace kancinci ☐ 3-kucacile ☐ 4-kucace kakhulu
Ukubhida:	☐ 1-ukubhida okukhulu ☐ 2-ukubhida okuncinci ☐ 3-ayibhidi ☐ 4-akukho kubhida

5. The ugqirha weendlebe undihoyile (undijongile, wandimamela kakuhle) __

Ubulula:	☐ 1-akukho lula ☐ 2-kulula kancinci ☐ 3-kulula ☐ 4-kulula kakhulu
Ukufaneleka:	☐ 1-kungafanelekanga ☐ 2-kufaneleke kancinci ☐ 3- kufanelekile ☐ 4-kufaneleke kakhulu
Ukucaca:	☐ 1-akucacanga ☐ 2-kucace kancinci ☐ 3-kucacile ☐ 4-kucace kakhulu
Ukubhida:	☐ 1-ukubhida okukhulu ☐ 2-ukubhida okuncinci ☐ 3-ayibhidi ☐ 4-akukho kubhida

6. Ugqirha weendlebe undikhuthazile ukuba ndibuze imibuzo____

Ubulula:	☐ 1-akukho lula ☐ 2-kulula kancinci ☐ 3-kulula ☐ 4-kulula kakhulu
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PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

Ukufaneleka:	☐ 1-kungafanelekanga ☐ 2-kufaneleke kancinci ☐ 3- kufanelekile ☐ 4- kufaneleke kakhulu
Ukucaca:	☐ 1-akucacanga ☐ 2-kucace kancinci ☐ 3-kucacile ☐ 4-kucace kakhulu
Ukubhida:	☐ 1-ukubhida okukhulu ☐ 2-ukubhida okuncinci ☐ 3-ayibhidi ☐ 4-akukho kubhida

7. The ugqirha wendlebe ubonakalise inkathalo nenkxalabo_____

Ubulula:	☐ 1-akukho lula ☐ 2-kulula kancinci ☐ 3-kulula ☐ 4-kulula kakhulu
Ukufaneleka:	☐ 1-kungafanelekanga ☐ 2-kufaneleke kancinci ☐ 3- kufanelekile ☐ 4- kufaneleke kakhulu
Ukucaca:	☐ 1-akucacanga ☐ 2-kucace kancinci ☐ 3-kucacile ☐ 4-kucace kakhulu
Ukubhida:	☐ 1-ukubhida okukhulu ☐ 2-ukubhida okuncinci ☐ 3-ayibhidi ☐ 4-akukho kubhida

Inxalenye 2: Ukuthabatha izigqibo kunye

1

2

3

4

5

6

Nceda usebenzise esi silinganiselo singentla ukulinganisela ezi ngxelo zilandelayo:

Ubulula:	☐ 1-akukho lula ☐ 2-kulula kancinci ☐ 3-kulula ☐ 4-kulula kakhulu
Ukufaneleka:	☐ 1-kungafanelekanga ☐ 2-kufaneleke kancinci ☐ 3- kufanelekile ☐ 4- kufaneleke kakhulu
Ukucaca:	☐ 1-akucacanga ☐ 2-kucace kancinci ☐ 3-kucacile ☐ 4-kucace kakhulu
Ukubhida:	☐ 1-ukubhida okukhulu ☐ 2-ukubhida okuncinci ☐ 3-ayibhidi ☐ 4-akukho kubhida

Ubulula:	☐ 1-akukho lula ☐ 2-kulula kancinci ☐ 3-kulula ☐ 4-kulula kakhulu
Ukufaneleka:	☐ 1-kungafanelekanga ☐ 2-kufaneleke kancinci ☐ 3- kufanelekile ☐ 4- kufaneleke kakhulu

PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

Ukucaca:	☐ 1-akucacanga ☐ 2-kucace kancinci ☐ 3-kucacile ☐ 4-kucace kakhulu
Ukubhida:	☐ 1-ukubhida okukhulu ☐ 2-ukubhida okuncinci ☐ 3-ayibhidi ☐ 4-akukho kubhida

3. Ugqirha wam weendlebe undicacisele kakuhle iinzuzo nezithintelo zeendlela zonyago ezahlukeneyo_____

Ubulula:	☐ 1-akukho lula ☐ 2-kulula kancinci ☐ 3-kulula ☐ 4-kulula kakhulu
Ukufaneleka:	☐ 1-kungafanelekanga ☐ 2-kufaneleke kancinci ☐ 3- kufanelekile ☐ 4- kufaneleke kakhulu
Ukucaca:	☐ 1-akucacanga ☐ 2-kucace kancinci ☐ 3-kucacile ☐ 4-kucace kakhulu
Ukubhida:	☐ 1-ukubhida okukhulu ☐ 2-ukubhida okuncinci ☐ 3-ayibhidi ☐ 4-akukho kubhida

4. Ugqirha wam weendlebe undincedile ndayiqonda yonke inkcazelo _____

Ubulula:	☐ 1-akukho lula ☐ 2-kulula kancinci ☐ 3-kulula ☐ 4-kulula kakhulu
Ukufaneleka:	☐ 1-kungafanelekanga ☐ 2-kufaneleke kancinci ☐ 3- kufanelekile ☐ 4- kufaneleke kakhulu
Ukucaca:	☐ 1-akucacanga ☐ 2-kucace kancinci ☐ 3-kucacile ☐ 4-kucace kakhulu

PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

Ukubhida:	☐ 1-ukubhida okukhulu ☐ 2-ukubhida okuncinci ☐ 3-ayibhidi ☐ 4-akukho kubhida
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5. Ugqirha wam weendlebe undibuzile ukuba yeyiphi indlela yonyango endiyikhethayo_____

Ubulula:	☐ 1-akukho lula ☐ 2-kulula kancinci ☐ 3-kulula ☐ 4-kulula kakhulu
Ukufaneleka:	☐ 1-kungafanelekanga ☐ 2-kufaneleke kancinci ☐ 3- kufanelekile ☐ 4- kufaneleke kakhulu
Ukucaca:	☐ 1-akucacanga ☐ 2-kucace kancinci ☐ 3-kucacile ☐ 4-kucace kakhulu
Ukubhida:	☐ 1-ukubhida okukhulu ☐ 2-ukubhida okuncinci ☐ 3-ayibhidi ☐ 4-akukho kubhida

6. Mna nogqirha weendlebe sizithelekisile sobabini iindlela zonyango endinokukhetha kuzo_____

Ubulula:	☐ 1-akukho lula ☐ 2-kulula kancinci ☐ 3-kulula ☐ 4-kulula kakhulu
Ukufaneleka:	☐ 1-kungafanelekanga ☐ 2-kufaneleke kancinci ☐ 3- kufanelekile ☐ 4- kufaneleke kakhulu
Ukucaca:	☐ 1-akucacanga ☐ 2-kucace kancinci ☐ 3-kucacile ☐ 4-kucace kakhulu

PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

Ukubhida:	☐ 1-ukubhida okukhulu ☐ 2-ukubhida okuncinci ☐ 3-ayibhidi ☐ 4-akukho kubhida
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7. Mna nogqirha weendlebe sikhethe indlela yonyango kunye ____

Ubulula:	☐ 1-akukho lula ☐ 2-kulula kancinci ☐ 3-kulula ☐ 4-kulula kakhulu
Ukufaneleka:	☐ 1-kungafanelekanga ☐ 2-kufaneleke kancinci ☐ 3- kufanelekile ☐ 4- kufaneleke kakhulu
Ukucaca:	☐ 1-akucacanga ☐ 2-kucace kancinci ☐ 3-kucacile ☐ 4-kucace kakhulu
Ukubhida:	☐ 1-ukubhida okukhulu ☐ 2-ukubhida okuncinci ☐ 3-ayibhidi ☐ 4-akukho kubhida

8. Mna nogqirha wam weendlebe sisithabathe sobabini isigqibo sokuba sizakuthini ukubheka phambili ____

Ubulula:	☐ 1-akukho lula ☐ 2-kulula kancinci ☐ 3-kulula ☐ 4-kulula kakhulu
Ukufaneleka:	☐ 1-kungafanelekanga ☐ 2-kufaneleke kancinci ☐ 3- kufanelekile ☐ 4- kufaneleke kakhulu
Ukucaca:	☐ 1-akucacanga ☐ 2-kucace kancinci ☐ 3-kucacile ☐ 4-kucace kakhulu

Ukubhida:	☐ 1-ukubhida okukhulu ☐ 2-ukubhida okuncinci ☐ 3-ayibhidi ☐ 4-akukho kubhida
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Inxalenye 3: Umanyano lukagqirha nomguli ngeenjongo zokufikelela kunyango ekuvunyelweneyo ngalo

0	1	2	3	4
Andivumi kwaphela	Andivumi kodwa ndingaphikisi	Ndivuma kancinci	Ndiyavuma ubukhulu becala	Ndivuma ngokupheleleyo

Nceda usebenzise esi silinganiselo singentla ukulinganisela ezi ngxelo zilandelayo:

1. Ndimazi kakuhle lo gqirha weendlebe ____

Ubulula:	☐ 1-akukho lula ☐ 2-kulula kancinci ☐ 3-kulula ☐ 4-kulula kakhulu
Ukufaneleka:	☐ 1-kungafanelekanga ☐ 2-kufaneleke kancinci ☐ 3- kufanelekile ☐ 4- kufaneleke kakhulu
Ukucaca:	☐ 1-akucacanga ☐ 2-kucace kancinci ☐ 3-kucacile ☐ 4-kucace kakhulu
Ukubhida:	☐ 1-ukubhida okukhulu ☐ 2-ukubhida okuncinci ☐ 3-ayibhidi ☐ 4-akukho kubhida

2. Lo gqirha weendlebe uyandazi_____

Ubulula:	☐ 1-akukho lula ☐ 2-kulula kancinci ☐ 3-kulula ☐ 4-kulula kakhulu
Ukufaneleka:	☐ 1-kungafanelekanga ☐ 2-kufaneleke kancinci ☐ 3- kufanelekile ☐ 4- kufaneleke kakhulu
Ukucaca:	☐ 1-akucacanga ☐ 2-kucace kancinci ☐ 3-kucacile ☐ 4-kucace kakhulu
Ukubhida:	☐ 1-ukubhida okukhulu ☐ 2-ukubhida okuncinci ☐ 3-ayibhidi ☐ 4-akukho kubhida

3. Lo gqirha weendlebe uyazi kakuhle indlela endiziva ngayo_____

Ubulula:	☐ 1-akukho lula ☐ 2-kulula kancinci ☐ 3-kulula ☐ 4-kulula kakhulu
Ukufaneleka:	☐ 1-kungafanelekanga ☐ 2-kufaneleke kancinci ☐ 3- kufanelekile ☐ 4- kufaneleke kakhulu
Ukucaca:	☐ 1-akucacanga ☐ 2-kucace kancinci ☐ 3-kucacile ☐ 4-kucace kakhulu
Ukubhida:	☐ 1-ukubhida okukhulu ☐ 2-ukubhida okuncinci ☐ 3-ayibhidi ☐ 4-akukho kubhida

4. Lo gqirha weendlebe unenkathalo nyani ngam_____

PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

Ubulula:	☐ 1-akukho lula ☐ 2-kulula kancinci ☐ 3-kulula ☐ 4-kulula kakhulu
Ukufaneleka:	☐ 1-kungafanelekanga ☐ 2-kufaneleke kancinci ☐ 3- kufanelekile ☐ 4-kufaneleke kakhulu
Ukucaca:	☐ 1-akucacanga ☐ 2-kucace kancinci ☐ 3-kucacile ☐ 4-kucace kakhulu
Ukubhida:	☐ 1-ukubhida okukhulu ☐ 2-ukubhida okuncinci ☐ 3-ayibhidi ☐ 4-akukho kubhida

5. Lo gqirha weendlebe akandithathi kancinci ____

Ubulula:	☐ 1-akukho lula ☐ 2-kulula kancinci ☐ 3-kulula ☐ 4-kulula kakhulu
Ukufaneleka:	☐ 1-kungafanelekanga ☐ 2-kufaneleke kancinci ☐ 3- kufanelekile ☐ 4-kufaneleke kakhulu
Ukucaca:	☐ 1-akucacanga ☐ 2-kucace kancinci ☐ 3-kucacile ☐ 4-kucace kakhulu
Ukubhida:	☐ 1-ukubhida okukhulu ☐ 2-ukubhida okuncinci ☐ 3-ayibhidi ☐ 4-akukho kubhida

6. Lo gqirha wendlebe undamkela ndilolu hlobo ndilulo____

Ubulula:	☐ 1-akukho lula ☐ 2-kulula kancinci ☐ 3-kulula ☐ 4-kulula kakhulu
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PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

Ukufaneleka:	☐ 1-kungafanelekanga ☐ 2-kufaneleke kancinci ☐ 3- kufanelekile ☐ 4- kufaneleke kakhulu
Ukucaca:	☐ 1-akucacanga ☐ 2-kucace kancinci ☐ 3-kucacile ☐ 4-kucace kakhulu
Ukubhida:	☐ 1-ukubhida okukhulu ☐ 2-ukubhida okuncinci ☐ 3-ayibhidi ☐ 4-akukho kubhida

Inxalenye 4: Ukuhoywa komntu ngamnye

1	2	3	4	5
Ndiphikisa ngamandla	Ndiphikisa ukusa kumkhamo othile	Andivumi kodwa andiphikisi	Ndivuma ukusa kumkhamo othile	Ndivuma ngamandla

Nceda usebenzise esi silinganiselo singentla ukulinganisela ezi ngxelo zilandelayo:

1. Ugqirha weendlebe undiphatha ngendlela efanele iimfuno zam_____

Ubulula:	☐ 1-akukho lula ☐ 2-kulula kancinci ☐ 3-kulula ☐ 4-kulula kakhulu
Ukufaneleka:	☐ 1-kungafanelekanga ☐ 2-kufaneleke kancinci ☐ 3- kufanelekile ☐ 4- kufaneleke kakhulu

PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

Ukucaca:	☐ 1-akucacanga ☐ 2-kucace kancinci ☐ 3-kucacile ☐ 4-kucace kakhulu
Ukubhida:	☐ 1-ukubhida okukhulu ☐ 2-ukubhida okuncinci ☐ 3-ayibhidi ☐ 4-akukho kubhida

2. Bendiya ukuba ukunyangwa kwam bekulungiselelwe mna neemfuno zam_____

Ubulula:	☐ 1-akukho lula ☐ 2-kulula kancinci ☐ 3-kulula ☐ 4-kulula kakhulu
Ukufaneleka:	☐ 1-kungafanelekanga ☐ 2-kufaneleke kancinci ☐ 3- kufanelekile ☐ 4- kufaneleke kakhulu
Ukucaca:	☐ 1-akucacanga ☐ 2-kucace kancinci ☐ 3-kucacile ☐ 4-kucace kakhulu
Ukubhida:	☐ 1-ukubhida okukhulu ☐ 2-ukubhida okuncinci ☐ 3-ayibhidi ☐ 4-akukho kubhida

3. Ugqirha weendlebe uchithe ixesha ezama ukundazi mna nje ngomntu _____

Ubulula:	☐ 1-akukho lula ☐ 2-kulula kancinci ☐ 3-kulula ☐ 4-kulula kakhulu
Ukufaneleka:	☐ 1-kungafanelekanga ☐ 2-kufaneleke kancinci ☐ 3- kufanelekile ☐ 4- kufaneleke kakhulu
Ukucaca:	☐ 1-akucacanga ☐ 2-kucace kancinci ☐ 3-kucacile ☐ 4-kucace kakhulu

PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

Ukubhida:	☐ 1-ukubhida okukhulu ☐ 2-ukubhida okuncinci ☐ 3-ayibhidi ☐ 4-akukho kubhida
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4. Ngoku ugqirha weendlebe ebendinika unyango, ebehoye mna kuphela____

Ubulula:	☐ 1-akukho lula ☐ 2-kulula kancinci ☐ 3-kulula ☐ 4-kulula kakhulu
Ukufaneleka:	☐ 1-kungafanelekanga ☐ 2-kufaneleke kancinci ☐ 3- kufanelekile ☐ 4- kufaneleke kakhulu
Ukucaca:	☐ 1-akucacanga ☐ 2-kucace kancinci ☐ 3-kucacile ☐ 4-kucace kakhulu
Ukubhida:	☐ 1-ukubhida okukhulu ☐ 2-ukubhida okuncinci ☐ 3-ayibhidi ☐ 4-akukho kubhida

5. Ugqirha weendlebe ebe ngumntu ofudumeleyo xa ethetha nam____

Ubulula:	☐ 1-akukho lula ☐ 2-kulula kancinci ☐ 3-kulula ☐ 4-kulula kakhulu
Ukufaneleka:	☐ 1-kungafanelekanga ☐ 2-kufaneleke kancinci ☐ 3- kufanelekile ☐ 4- kufaneleke kakhulu
Ukucaca:	☐ 1-akucacanga ☐ 2-kucace kancinci ☐ 3-kucacile ☐ 4-kucace kakhulu
Ukubhida:	☐ 1-ukubhida okukhulu ☐ 2-ukubhida okuncinci ☐ 3-ayibhidi ☐ 4-akukho kubhida

Inxalenye 5: Unyango-jikelele

1	2	3	4	5
Ndiphikisa ngamandla	Ndiphikisa ukusa kumkhamo othile	Andivumi kodwa andiphikisi	Ndivuma ukusa kumkhamo othile	Ndivuma ngamandla

Nceda usebenzise esi silinganisela singentla ukulinganisela ezi ngxelo zilandelayo:

1. Ugqirha wam weendlebe uzimisele ukundazi kakuhle njengomntu_____

Ubulula:	☐ 1-akukho lula ☐ 2-kulula kancinci ☐ 3-kulula ☐ 4-kulula kakhulu
Ukufaneleka:	☐ 1-kungafanelekanga ☐ 2-kufaneleke kancinci ☐ 3- kufanelekile ☐ 4- kufaneleke kakhulu
Ukucaca:	☐ 1-akucacanga ☐ 2-kucace kancinci ☐ 3-kucacile ☐ 4-kucace kakhulu
Ukubhida:	☐ 1-ukubhida okukhulu ☐ 2-ukubhida okuncinci ☐ 3-ayibhidi ☐ 4-akukho kubhida

2. Ugqirha wam weendlebe uhlolisisa zonke iimfuno zam ngempilo yam, evelela zonke inkalo zobom bam_____

PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

Ubulula:	☐ 1-akukho lula ☐ 2-kulula kancinci ☐ 3-kulula ☐ 4-kulula kakhulu
Ukufaneleka:	☐ 1-kungafanelekanga ☐ 2-kufaneleke kancinci ☐ 3- kufanelekile ☐ 4- kufaneleke kakhulu
Ukucaca:	☐ 1-akucacanga ☐ 2-kucace kancinci ☐ 3-kucacile ☐ 4-kucace kakhulu
Ukubhida:	☐ 1-ukubhida okukhulu ☐ 2-ukubhida okuncinci ☐ 3-ayibhidi ☐ 4-akukho kubhida

3. Ugqirha wam weendlebe ulichithile ixesha ezama ukundazi kakuhle njengomntu_____

Ubulula:	☐ 1-akukho lula ☐ 2-kulula kancinci ☐ 3-kulula ☐ 4-kulula kakhulu
Ukufaneleka:	☐ 1-kungafanelekanga ☐ 2-kufaneleke kancinci ☐ 3- kufanelekile ☐ 4- kufaneleke kakhulu
Ukucaca:	☐ 1-akucacanga ☐ 2-kucace kancinci ☐ 3-kucacile ☐ 4-kucace kakhulu
Ukubhida:	☐ 1-ukubhida okukhulu ☐ 2-ukubhida okuncinci ☐ 3-ayibhidi ☐ 4-akukho kubhida

- Nceda usazise ukuba ikuthathe imizuzu emingaphi le mibuzo ukuyiphendula: _____
- Nceda usazise (ngoEWE/HAYI) ukuba le fomu iguqulelweyo isuka esiNgesini isebenzisa ulwimi olufanelekileyo noluvakalayo na : _____

Appendix F: Script And Consent Form For Telephonic Survey

Appendix F.1: Script and Consent Form For Telephonic Survey (English)

	DHRS Department of Health and Rehabilitation Sciences FACULTY OF HEALTH SCIENCES		Department of Health & Rehabilitation
			Sciences
			Faculty of Health Sciences
<i>Division of Communication Sciences and Disorders, Nursing and Midwifery, Occupational</i>			
<i>Therapy, Physiotherapy</i>			
F45 Old Main Building, Groote Schuur Hospital, Observatory 7925			
Tel: +27 (0) 21 406 6401 Fax: +27 (0) 21 4066323			
Website: www.uct.ac.za			

SCRIPT & CONSENT FORM FOR TELEPHONIC SURVEY

“South African Patients’ Perceptions of Person-Centred Care in Audiology: A Cross-Sectional Survey”

Hello, my name is Danielle Blasl, I am an Audiology Master’s student in the Faculty of Health Sciences at the University of Cape Town. I am conducting a study to explore the perceptions of audiology patients on aspects of person-centredness. You have indicated that you are interested in partaking in my study. You must be 18 years or older, and have attended at least one consultation with an audiologist in South Africa within the last 3 months. Please confirm that you meet this criterion by stating yes/no. Please indicate if now is a suitable time for us to contact you regarding your participation by stating yes/no. If you are unavailable at present, when would be an appropriate time for us to contact you? _____(date & time).

Your participation in the study will involve answering questions from a survey, this process is estimated to take approximately 15 minutes. Please indicate that you are comfortable with this by stating yes/no. There are no risks or personal benefits/compensation associated with your participation in this

study, however your participation will be used to further knowledge about person-centred care in audiology and improve service delivery in South Africa.

Your name and surname will be recorded separately to your responses, and you will be assigned a participant number to ensure anonymity. This information will remain private and cannot be linked back to your answers from the survey. The information you provide will be kept confidential, and the data collected from this study will be analysed and used to write up a research report. This report will be available on the university's library website following conclusion of the study.

Participation in this study is entirely voluntary, and you have the right to refuse participation or withdraw from the study at any point in time, without any consequences. Your decision will be respected by the researcher. If you would like a summary of the research report, please let me know at the end of the survey and I will add your name to a separate list which will be kept apart from the survey notes. If you have any questions during or after the survey, please do not hesitate to contact me at +27 (0)72 240 6062 or blsdan001@myuct.ac.za or my supervisor Vera-Genevey Hlayisi at vera.hlayisi@uct.ac.za. The University of Cape Town Faculty of Health Sciences Human Research Ethics Committee can be contacted on 021 406 6338 in case you have any questions regarding your rights and welfare as a research subject in the study.

Certificate of Telephonic Consent

Please state whether you would like to voluntarily participate in the study.

- ☐ The participant has provided verbal informed consent to voluntarily participate in the study.

Please state your name and surname, _____. Let's begin with the survey....

- ☐ The participant has refused voluntary participation in the study

Your time was greatly appreciated, enjoy your day.

PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

Date: _____

DD/MM/YY

Time: _____:

HH:MM

Appendix F.2: Script and Consent Form for Telephonic Survey (Afrikaans)

 DHRS Department of Health and Rehabilitation Sciences FACULTY OF HEALTH SCIENCES		Department of Health & Rehabilitation Sciences Faculty of Health Sciences
<i>Division of Communication Sciences and Disorders, Nursing and Midwifery, Occupational Therapy, Physiotherapy</i>		
F45 Old Main Building, Groote Schuur Hospital, Observatory 7925		
Tel: +27 (0) 21 406 6401 Fax: +27 (0) 21 4066323		
Website: www.uct.ac.za		

TEKS & VRYWARINGSVORM VIR TELEFONIESE OPNAME

***“Suid-Afrikaanse Pasiënte se Persepsies van Persoon-Gesentreerde Sorg in Oudiologie: 'n
 Deursnee-Opname”***

My naam is Danielle Blasl, ek is 'n oudiologie meestersgraad student by die Fakulteit van Gesondheidswetenskappe by die Universiteit van Kaapstad. Ek is besig met 'n studie om die persepsies van oudiologiepasiënte oor aspekte van persoonlikheidsgesondheid te ondersoek. U het aangedui dat u belangstel om aan my studie deel te neem. U moet 18 jaar of ouer wees en binne die afgelope drie maande ten minste een konsultasie met 'n oudioloog in Suid-Afrika bygewoon het. Bevestig asseblief dat u aan hierdie kriterium voldoen deur ja / nee te sê. Dui asseblief aan of dit nou 'n geskikte tyd is om u te kontak rakende u deelname deur ja / nee te noem. As u tans nie beskikbaar is nie, wanneer sal dit die regte tyd wees om u te kontak? _____ (datum & tyd).

U deelname aan die studie behels die beantwoording van vrae uit 'n opname. Na raming sal hierdie proses ongeveer 15-minute duur. Dui asseblief aan dat u hiermee gemaklik is deur ja / nee te noem. Daar is geen risiko's of persoonlike voordele / vergoeding verbonde aan u deelname aan hierdie studie nie, maar u deelname sal gebruik word om kennis oor persoon-gesentreerde sorg in oudiologie te bevorder en om dienslewering in Suid-Afrika te verbeter.

U naam en van word afsonderlik in u antwoorde aangeteken, en u sal 'n deelnemer-nommer kry om anonimiteit te verseker. Hierdie inligting sal privaat bly en kan nie aan u antwoorde uit die opname gekoppel word nie. Die inligting wat u verstrek, word vertroulik gehou, en die data wat uit hierdie studie versamel is, sal ontleed en gebruik word om 'n navorsingsverslag op te stel. Hierdie verslag sal op die biblioteekwebwerf van die Universiteit beskikbaar wees na afloop van die studie.

Deelname aan hierdie studie is heeltemal vrywillig, en u het die reg om deelname te weier of u self op enige tydstip aan die studie te onttrek sonder enige gevolge. U besluit sal deur die navorser gerespekteer word. Laat weet my aan die einde van die opname as u 'n samevatting van die navorsingsverslag wil hê, en ek sal u naam by 'n aparte lys voeg wat van die opmerkings oor die opname gehou sal word. As u enige vrae het tydens of na die opname, moet asseblief nie huiwer om my te kontak by +27 (0) 72 240 6062 of blsdan001@myuct.ac.za of my toesighouer, Vera-Genevey Hlayisi, by vera.hlayisi@uct.ac.za. Die Universiteit van Kaapstad se Fakulteit Gesondheidswetenskappe se komitee vir menslike navorsingsetiek kan gekontak word by 021 406 6338 in geval u enige vrae het oor u regte en welsyn as navorsingsonderwerp in die studie.

Toestemming vir Telefoniese Toestemming

Meld of u vrywillig aan die studie wil deelneem.

☐ Die deelnemer het mondelings ingeligte toestemming verleen om vrywillig aan die studie deel te neem.

Meld asseblief u naam en van aan, _____. Laat ons begin met die opname ...

☐ Die deelnemer het vrywillige deelname aan die studie geweier

U tyd is opreg waardeer, geniet u dag.

Datum: _____ Tyd: _____:

DD / MM / JJ

HH: MM

Appendix F.3: Script And Consent Form For Telephonic Survey (IsiXhosa)

 DHRS Department of Health and Rehabilitation Sciences FACULTY OF HEALTH SCIENCES	 University of Cape Town Kaapstad • University of Cape Town • iYunivesithi yaseKapa	Department of Health & Rehabilitation Sciences Faculty of Health Sciences
<i>Division of Communication Sciences and Disorders, Nursing and Midwifery, Occupational Therapy, Physiotherapy</i>		
F45 Old Main Building, Groote Schuur Hospital, Observatory 7925		
Tel: +27 (0) 21 406 6401 Fax: +27 (0) 21 4066323		
Website: www.uct.ac.za		

I-SCRIPT NEFOMU YEMVUME YOHLOLO OLWENZIWA NGEPHONE

“Iimbono zezigulana zase Mzantsi Afrika ngonyango olugxininisa

ukubaluleka kwesigulana kwi-Audiology: Uhlolo olu-Cross-sectional”

Molo, igama lam nguDanielle Blasl, ndingumfundi kwiDyunivesithi yaseKapa yaye izifundo zam zeze-Audiology kwifakhalathi yeNzululwazi ngezeMpilo ndenza idigri yam yee-Masters. Ndenza uhlolisiso oluqwalasela iimbono zezigulana ze-audiology ngeenkalo ezithile zonyango olugxininisa ukubaluleka kwesigulana. Siqhagamishelana nawe nje, kukuba ubonakalise umdla wokuthabatha inxaxheba kolu hloosiso. Ukuze uthabathe inxaxheba, kufuneka ube neminyaka eyi-18 nangaphezulu, yaye ube ukhe wandwendwele ugqirha weendlebe (audiologist) kwisithuba seenganya eziyi-3 ezigqithileyo. Nceda ubonakalise ukuba uyayifanelekela le miqathango ngokuvuma ngoewe okanye ulandule ngohayi. Kwakhona, nceda usazise ukuba lixesha elifanelekileyo na eli ukuqhagamishelana nawe malunga nenxaxheba yakho kolu hloosiso ngokuvuma uthi:ewe okanye ulandule uthu: hayi. Ukuba awufumaneki okwangoku, leliphi ixesha elifanelekileyo esinokuqhagamishelana nawe ngalo?_____ (umhla nexesha).

Inxaxheba yakho kolu hlolisiso iza kubandakanya ukuphendula imibuzo eqikelelwa ukuba iza kuthatha imizuzu eyi-15 ukuyiphendula. Nceda usazise ukuba ukhululekile na ukukwenza oko ngokuvuma uthi:ewe okanye wale uthi: hayi. Akukho zingozi okanye inzuzo/ingenelo oza kuyifumana ngokuthabatha inxaxheba kolu hlolisiso, kodwa iimpendulo zakho ziza kusetyenziselwa ukwandisa ulwazi ngonyango olugxininisa ukubaluleka kwesigulana kwi-audiology, lwazi olo luya kuphucula ukuziswa kweenkonzo zezempilo kweli loMzantsi Afrika.

Igama kunye nefani yakho zizakohlulwa kwiimpendulo zakho xa zishicilelwa, yaye uza kunikwa inani lomthabathi-nxaxheba ngeenjongo zokuba ungaziwa. Le nkcazelo iza kugcinwa iyimfihlelo yaye ayizi kudityaniswa neempendulo zakho. Inkcazelo esuka kuwe iza kugcinwa iyimfihlo yaye iinkcukacha (idatha) ezifunyanwe kolu hlolisiso ziza kuhlalutywa zize zizesetyenziselwe ukubhala ingxelo yophando. Le ngxelo, iza kufumaneka kwi-website yelaybrari yeDyunivesithi xa luthle lwaqosheliswa olu hlolisiso.

Ukuthabatha inxaxheba kolu hlolisiso kungaphandle kokunyanzelwa kodwa kungokuzithandela kuphela. Unelungelo lokungavumi ukuthabatha inxaxheba ukanye urhoxe naxa sele uvumile nanini na yaye akuzi kubakho miphumo eqatha xa wenjenjalo. Isigqibo sakho siza kuhlanelwa ngumphandi. Ukuba ungathanda ukufumana ingxelo eshwankanthelweyo yolu phando, nceda undazise xa ugqiba ukuphendula imibuzo, yaye ndiza kufaka igama lakho kuludwe olungadibananga namanqaku am ohlolo. Okungakumbi, ukuba unemibuzo ngoxa uthabatha inxaxheba kolu hlolisiso okanye emva kokuba ugqibile, nceda ungathandabuzi ukuqhagamishelana nam kule nombolo yephone ilandelayo: +27 (0)72 240 6062 okanye kule dilesi ye-email: blsdan001@myuct.ac.za okanye uqhagamishelane nomhlohli ongumphathi wam uVera-Genevey Hlayisi kule email: vera.hlayisi@uct.ac.za. IKomiti yeMilinganiselo yoPhando olungaBantu yeFakhalthi yeNzululwazi ngezeMpilo kwiDyunivesithi yaseKapa ungaqhagamishelana nayo kule nombolo 021 406 6338 xa kunokwenzeka ube nemibuzo ngokuphathelele amalungelo akho nentlalontle yakho njengomthabathi-nxaxheba kolu phando.

PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

Nceda uxele ukuba ungathanda ukuthabatha inxaxheba kolu hlolisiso ngokuzithandela.

- ☐ Umthabathi-nxaxheba utshilo ngomlomo wakhe ukuba uyavuma ukuthabatha inxaxheba kolu hlolisiso yaye unayo yonke inkcazelo ngalo.

Nceda uxele igama kunye nefani yakho, _____. Masiqalise uhlolisiso....

- ☐ Umthabathi-nxaxheba wale ngokuzithandela ukuba abe yinxalenye yolu hlolisiso

Sibulela ngokungazenzisiyo ngexesha lakho. Ube nosuku olumyoli.

Umhla: _____ Ixesha: _____:

Umhl/Iny/Uny

Iyu:Imiz

Appendix G: Letter for Sladdin Et Al. (2019) To Approve Modification and Use of The PADRI



DHRS
Department of Health and
Rehabilitation Sciences
FACULTY OF HEALTH SCIENCES



University of Cape Town
Universiteit van Kaapstad

**Department of Health & Rehabilitation
Sciences**

Faculty of Health Sciences

*Division of Communication Sciences and Disorders, Nursing and Midwifery, Occupational
Therapy, Physiotherapy*

F45 Old Main Building, Groote Schuur Hospital, Observatory 7925

Tel: +27 (0) 21 406 6401 Fax: +27 (0) 21 4066323

Website: www.uct.ac.za

PERMISSION LETTER TO ADAPT THE PATIENT-AND-DIETITIAN- REPORTED INVENTORY

Dear Ms. Ishtar Sladdin, Dr. Lauren Ball, Dr. Brigid M. Gillespie and Dr. Wendy Chaboyer

My name is Danielle Blasl, I am an Audiology Master's student in the Faculty of Health Sciences at the University of Cape Town (UCT), South Africa. In order to fulfil the requirements of my degree, I must conduct a research study for my dissertation. This study aims to explore patient perceptions of the five (5) dimensions underlying person-centred care in audiology, namely: communication, shared decision-making, audiologist-patient relationship, provision of individualized care, and holistic care. A study you previously conducted titled: "A comparison of patients' and dietitians' perceptions of patient-centred care: A cross-sectional survey", employed the use of the patient-and-dietitian-reported inventory to measure these dimensions among dietitians and patients. As such, the purpose of this letter is to formally request your support in the adaptation of the patient-and-dietitian-reported inventory survey employed in your study, for research in my study within an audiological setting.

Adaptations to the questionnaire would include the substitution of words such as “dietician” to “audiologist”, in order to ensure that the questionnaire is suitable to an audiological context. The adapted survey will be pre-validated using the Content Validity Index, to ensure that content validity remains appropriate. Additionally, the adapted survey will be translated into Afrikaans, English and IsiXhosa to ensure generalisation to the South African population. Data collection using the adapted survey will only commence once ethical approval by the Human Research Ethics Committee of the Faculty of Health Sciences of the UCT has been obtained.

This study will be supervised by audiologist and researcher Vera-Genevey Hlayisi (email: vera.hlayisi@uct.ac.za) of the Division of Communication Science and Disorders at UCT. Additionally, Lucretia Petersen (email: lucretia.petersen@uct.ac.za) who is an audiologist and researcher at UCT, will be providing co-supervision. If you have any questions, please do not hesitate to contact us. The University of Cape Town Faculty of Health Sciences Human Research Ethics Committee can be contacted on 021 406 6338 in case participants have any questions regarding their rights and welfare as research subjects on the study.

Please contact me, Danielle Blasl (the main researcher) at danniblasl@yahoo.com to inform me of your decision to grant/deny support to adapt the patient-and-dietitian-reported inventory survey for use in my study: Patients' Perceptions of Person-Centred Care in Audiology: A South African Cross-Sectional Survey. I look forward to hearing from you regarding your decision.

Warmest regards,

Danielle Blasl

Appendix H: Site/Organisation Permission Letter

 DHRS Department of Health and Rehabilitation Sciences FACULTY OF HEALTH SCIENCES		Department of Health & Rehabilitation
		Sciences
		Faculty of Health Sciences
<i>Division of Communication Sciences and Disorders, Nursing and Midwifery, Occupational</i>		
<i>Therapy, Physiotherapy</i>		
F45 Old Main Building, Groote Schuur Hospital, Observatory 7925		
Tel: +27 (0) 21 406 6401 Fax: +27 (0) 21 4066323		
Website: www.uct.ac.za		

RESEARCH SITE INFORMATION LETTER AND CONSENT FORM

***“South African Patients’ Perceptions of Person-Centred Care in Audiology: A Cross-
Sectional Survey”***

Dear (Insert name of Head(s) of Department) of (Insert Hospital/Clinic/Organisation name),

My name is Danielle Blasl (email: blasdan001@myuct.ac.za) and I am an Audiology Master’s student in the Faculty of Health Sciences at the University of Cape Town (UCT). In order to fulfil the requirements of my degree, I must conduct a research study for my dissertation. This study seeks to explore patient perceptions of the five (5) dimensions underlying person-centred care in audiology, namely: communication, shared decision-making, audiologist-patient relationship, provision of individualized care, and holistic care. Previous research has documented the benefits of person-centred care to both patients and practitioners. However, until now studies have focused mainly on person-centred care from audiologists’ point of view, with few studies researching the perceptions of person-centred care by patients, particularly within a South African context. By addressing this paucity in literature, this study hopes to further research on person-centred care in audiology. Moreover, the outcomes of this study may be used to develop solutions to the shortfalls identified and thereby improve audiological care and service quality in South Africa.

The purpose of this letter is to request permission to recruit and undertake the study with patients from your institution. Participants in my study will be required to complete a survey, which should take approximately ± 15 minutes. The questionnaire is designed to measure patient perceptions of PCC dimensions. It is aimed at individuals who are South African adults (≥ 18 years), who are able to communicate in English, Afrikaans, or IsiXhosa and have attended at least one audiology consultation in South Africa within the last three months. The study will not pose any risks to participants and all information collected will be used solely for research and cannot be traced back to participants. There are no direct benefits to participating in the study, however outcomes from the study could be used to enhance audiological practice and the quality of care in South Africa.

Your role in the study, should you agree to assist me in my research, will be to allow me to place advertisements (see attached) in patient waiting areas at the clinic/hospital; on your organisation/departmental/private social media sites e.g. Facebook; and to inform potential participants who meet the inclusion criteria of the opportunity to partake in this study. Additionally, the researcher may request to conduct research on site by recruiting participants who are waiting in line. Participation by you or your hospital/clinic/department/organisation is strictly voluntary, and would be greatly appreciated.

This study will be supervised by audiologist and researcher Vera-Genevey Hlayisi (email: vera.hlayisi@uct.ac.za) of the Division of Communication Science and Disorders at UCT. Additionally, Lucretia Petersen (email: lucretia.petersen@uct.ac.za) who is an audiologist and researcher at UCT, will be providing co-supervision. If you have any questions, please do not hesitate to contact us. The University of Cape Town Faculty of Health Sciences Human Research Ethics Committee can be contacted on 021 406 6338 in case participants have any questions regarding their rights and welfare as research subjects on the study. Should you refuse to participate or withdraw from participation at any point, the researcher will respect your decision and your decision will not have any adverse effects. The information you provide will be kept private and only be shared with supervisors and researchers involved in this study. Please indicate your decision below by ticking the appropriate box, dating, and signing this letter. Once you have indicated your decision, please send this letter back to me.

Permission To Administer Study In Your Institution

I have read the above information and been provided with the opportunity to ask questions. As such, I hereby (please tick/underline/highlight):

- ☐ Consent to assisting this study by allowing the researcher(s) to administer the study at my department/clinic/hospital/organisation.
- ☐ Do not consent to assisting this study by allowing the researcher(s) to administer the study at my department/clinic/hospital/organisation.

Signature: _____

Date: _____

DD/MM/YY

Warmest regards,

Danielle Blasl

Appendix I: Advertisements for Study

Appendix I.1: Advertisement (English)

ATTENTION AUDIOLOGY CLIENTS



UNIVERSITY OF CAPE TOWN

IYUNIVESITHI YASEKAPA • UNIVERSITEIT VAN KAAPSTAD

PARTICIPANTS NEEDED FOR A SURVEY STUDY

SOUTH AFRICAN PATIENTS' PERSPECTIVES OF PATIENT CENTRED
CARE IN AUDIOLOGY: A CROSS-SECTIONAL SURVEY

WHY WE NEED YOUR HELP?

I am a post-graduate Master's student from the University of Cape Town (UCT). I am conducting a study exploring audiology patients' perspectives of the aspects involved in patient centered care. The outcomes of this study may be used to develop solutions to the shortfalls identified, and improve audiological care and service quality in South Africa.



WHO CAN TAKE PART?

South African individuals (18 years or older), who are able to communicate in English, Afrikaans or IsiXhosa and have attended at least one consultation with an audiologist in South Africa within the last three (3) months.



WHAT YOU NEED TO DO?

Your participation in this study will involve answering a questionnaire. This questionnaire is estimated to take approximately ± 10 minutes and can be done online, telephonically, or on paper. There are no risks or personal benefits involved in your participation in this study, however your contribution will go towards research on improving the quality of healthcare in South Africa.



HOW YOU NEED TO DO IT?

*Pass The Time While You
Wait In Line!*

Go to <https://www.surveymonkey.com/r/PARIUCT> to complete the survey online

OR

Contact Danielle Blasl at blsdan001@myuct.ac.za or sms 0722406062 to set up a telephonic interview or request a survey

**IF YOU HAVE ANY QUESTIONS PLEASE DO NOT HESITATE TO
CONTACT US**

THE UNIVERSITY OF CAPE TOWN FACULTY OF HEALTH SCIENCES HUMAN RESEARCH ETHICS COMMITTEE CAN BE CONTACTED ON 021 406 6338 IN CASE PARTICIPANTS HAVE ANY QUESTIONS REGARDING THEIR RIGHTS AND WELFARE AS RESEARCH SUBJECTS ON THE STUDY.

Appendix I.2: Advertisement (Afrikaans)

AANDAG ALLE OUDIOLOGIE KLIËNTE



UNIVERSITY OF CAPE TOWN
IYUNIVESITHI YASEKAPA • UNIVERSITEIT VAN KAAPSTAD

**DEELNEMERS BENODIG VIR
'N OPNAME-STUDIE**

*SUID-AFRIKAANSE PASIËNTE SE PERSEPSIES VAN PERSOON-
GESENTEERDE SORG IN OUDIOLOGIE: 'N DEURSNEE-OPNAME"*

HOEKOM HET ONS JOU HULP NODIG?

Ek is 'n nagraadse meestersgraadstudent aan die Universiteit van Kaapstad (UK). Ek is besig met 'n studie waarin die perspektiewe van oudiologiepasiënte op die aspekte van pasiëntgesentreerde sorg ondersoek word. Die uitkomst van hierdie studie kan gebruik word om oplossings vir die geïdentifiseerde tekortkominge te ontwikkel en om oudiologiese sorg en diensgehalte in Suid-Afrika te verbeter.

**WIE MAG DEELNEEM?**

Suid-Afrikaanse individue (18 jaar of ouer) wat in Engels, Afrikaans of IsiXhosa kan kommunikeer en binne die afgelope drie (3) maande minstens een konsultasie met 'n oudioloog in Suid-Afrika bygewoon het.

**WAT MOET JY DOEN?**

U deelname aan hierdie studie behels die beantwoording van 'n vraelys. Na raming neem hierdie vraelys ongeveer ± 10 minute en kan aanlyn, telefonies of op papier gedoen word. Daar is geen risiko's of persoonlike voordele verbonde aan u deelname aan hierdie studie nie, maar u bydrae sal lewer tot navorsing oor die verbetering van die gehalte van gesondheidsorg in Suid-Afrika.

**HOE KAN JY DIT DOEN?**

Gaan na <https://www.surveymonkey.com/r/PARIUCT> om die opname aanlyn te voltooi
OF

Kontak Danielle Blasl by blsdan001@myuct.ac.za of sms +27 (0) 72 24 06062 om 'n telefoniese onderhoud op te stel of 'n opname aan te vra

*Laat Die Tyd In Die Lyn
Vlieg Deur Deel Te Neem!*

**AS U ENIGE VRAE HET, MOET ASSEBLIEF NIE HUIWER OM ONS TE
KONTAK NIE**

DIE UNIVERSITEIT VAN KAAPSTAD SE FAKULTEIT GESONDHEIDSWETENSKAPPE-KOMITEE VIR MENSLIKE NAVORSINGSETIEK KAN GEKONTAK WORD BY 021 406 6338 INDIEN DEELNEMERS VRAE HET OOR HUL REGTE EN WELSYN AS NAVORSINGSONDERWERPE OOR DIE STUDIE.

Appendix I.3: Advertisement (IsiXhosa)

**ISAZISO KWABABONA UGQIRH WEENDLEBE
(AUDIOLOGY)**



UNIVERSITY OF CAPE TOWN
 IYUNIVESITHI YASEKAPA • UNIVERSITEIT VAN KAAPSTAD

ABATHABATHI-NXAXHEBA BAYAFUNWA KUHLOLISISO

IIMBONO ZEZIGULANA ZASEMZANTSI AFRIKA NGONYANGO
OLUGXININISA UKUBALULEKA KWESIGULANA KWI-AUDIOLOGY:
UHLOLISISO OLU-CROSS-SECTIONAL

KUTHENI SIDINGA UNCEDO LWAKHO?

Ndingumfundi owenza idigri yee-Masters kwi-audiology kwiDyunivesithi yaseKapa yaye ndenza uphando olujonge ekuqwalaseleni iimbono zezigulana ze-audiology ngeenkalo ezithile zonyango olugxininisa ukubaluleka kwesigulana. Ngaphezu koko, olu phando lungaphanda ngokubhekele phaya inkathalo egxininisa ebantwini kwi-audiology. Iziphumo zolu phando zingasetyenziswa ukukhawulelana neentsilelo eziboniweyo kunyango lwe-audiology, ngaloo ndlela kuphucuke indlela yokwenza kwi-audiology nomgangatho wonyango eMzantsi Afrika.

NGUBANI ONOKUTHABATHA INXAXHEBA?

Abemi boMzantsi Afrika abasaziyo isiXhosa, isiAfrikaans kunye nesiNgesi (abaminyaka iyi-18 nangaphezulu) nabekhe bandwendwela ugqirha weendlebe (audiologist) kwiinyanga eziyi-3 ezidlulileyo apha eMzantsi Afrika.

KUFUNeka WENZE NTONI?

Ukuthabatha inxaxheba kolu hloosiso kubandakanya ukuphendula ifomu yemibuzo, nto leyo eqikelelwa ukuba ingakuthatha imizuzu eyi-10. Igalelo lakho kolu phando luza kusetyenziswa ukwandisa ulwazi ngonyango olugxininisa ukubaluleka kwabantu kwi-audiology luze luphucule iinkonzo nonyango lwe-audiology kuMzantsi Afrika uphela.

UYENZA NJANI?

Yiya ku: <https://www.surveymonkey.com/r/PARIUCT> ukugqibezela ukuphendula imibuzo online.
OKANYE
Qhagamishelana noDanielle Blas kule dilesi blsdan001@myuct.ac.za okanye sms 0722406062 ukulungiselela udliwanondlebe olwenziwa ngephone okanye ukucela ukuphendula imibuzo

**UKUBA UNEMIBUZO, NCEDA UNGATHANDABUZI
UKUQHAGAMISELANA NATHI.**

IKOMITI YEMILINGANESELO YOPHANDO OLUNGABANTU YEFAKHALTHI YENZULULWAZI NGEZEMPILO KWIDYUNIVESITHI YASEKAPA UNGAQHAGAMISELANA NAYO KULE NOMBOLO 021 406 6338 XA KUNOKWENZEKA UBE NEMIBUZO NGOKUPHATHELELE AMALUNGELO AKHO NENTLALONTLE YAKHO NJENGOMTHABATHI-NXAXHEBA KOLU PHANDO.

Gqithisa Ikhesha Ngaxa
Ngaxa Usalinde Emqeneni!



Appendix J: Consent Forms

Appendix J.1: Consent Form (English)

 DHRS Department of Health and Rehabilitation Sciences FACULTY OF HEALTH SCIENCES	 University of Cape Town Universiteit van Kaapstad • Universiteit van Johannesburg • Universiteit van Durban	Department of Health & Rehabilitation Sciences Faculty of Health Sciences
<i>Division of Communication Sciences and Disorders, Nursing and Midwifery, Occupational Therapy, Physiotherapy</i>		
F45 Old Main Building, Groote Schuur Hospital, Observatory 7925		
Tel: +27 (0) 21 406 6401 Fax: +27 (0) 21 4066323		
Website: www.uct.ac.za		

PARTICIPANT INFORMATION LETTER AND CONSENT FORM

“South African Patients’ Perceptions of Person-Centred Care in Audiology: A Cross-Sectional Survey”

Dear potential participant,

My name is Danielle Blasl, I am an Audiology Master’s student at the Health Sciences Faculty of the University of Cape Town. As part of my degree, I must write up a report on a research topic that I am investigating. This information letter about my study will help you decide if you would like to participate.

The Purpose of this study

This study aims to explore audiology patients’ perceptions of person-centred care. Findings from this study may help address shortfalls in audiological care. By doing so, it could improve knowledge and quality of care in South Africa.

Who Can Participate?

This study seeks the assistance of South African adults (18 years or older). You must be able to communicate in *English, Afrikaans, or IsiXhosa*. You must have attended at least one audiology consultation in South Africa within the last three months.

How to Participate and How Long Will It Take?

To participate you will need to answer a survey. This will take about ± 15 minutes.

Voluntary Participation

Your decision to take part in this study is voluntary. You may refuse to participate or withdraw from the study at any time. Your decision to refuse or withdraw participation will not affect you in any way.

What Are the Risks & Benefits of Participating?

There are no risks linked to your participation in this study. There are no direct benefits or rewards linked to your participation in this study. Your participation will help to improve audiological services, and further knowledge about patient-centred care in South Africa.

Confidentiality

Any information you give during this study will be private. Your information will be safely stored in a locked cabinet in a secure building. Electronic survey information will be password-protected. Only the researcher and supervisor will have access to your information. Your name and surname will be recorded apart from your survey answers. You will be given a participant number to ensure that you remain nameless. All your information will be kept private. Your survey answers will not be linked back to you.

Conclusion of the study

The results of this study will be written into a report. The report will be available on the University of Cape Town's Open Access website when the study is completed. If you would like a copy of the report, please provide contact details where this copy can be sent. Information from the study will be safely stored for two years, If the study is published. The information will be safely stored for six years, if no

publication occurs. Once a suitable amount of time has passed the data will be destroyed accordingly.

Outcomes from the study could be used to further future research in audiology.

Who to Contact?

If you have any questions or complaints, please contact the researcher or supervisors.

Researcher: Danielle Blasl +27 (0)72 240 6062 or blsdan001@myuct.ac.za

Supervisor: Vera-Genevey Hlayisi vera.hlayisi@uct.ac.za

Co-Supervisor: Lucretia Petersen lucretia.petersen@uct.ac.za

The University of Cape Town Faculty of Health Sciences Human Research Ethics Committee can be contacted on 021 406 6338 in case you have any questions regarding your rights and welfare as a research subject in the study.

Certificate of Consent

You have read what the study is about and what participation would involve. Your questions or complaints have been addressed. Please tick the applicable box to state your participation decision.

- ☐ I willingly agree to participate in this study
- ☐ I do not agree to participate in this study

Date: _____

DD/MM/YY

Appendix J.2: Consent Form (Afrikaans)

 DHRS Department of Health and Rehabilitation Sciences FACULTY OF HEALTH SCIENCES	 University of Cape Town Universiteit van Kaapstad • Universiteit van Kaapstad • Universiteit van Kaapstad	Department of Health & Rehabilitation Sciences Faculty of Health Sciences
<i>Division of Communication Sciences and Disorders, Nursing and Midwifery, Occupational Therapy, Physiotherapy</i>		
F45 Old Main Building, Groote Schuur Hospital, Observatory 7925		
Tel: +27 (0) 21 406 6401 Fax: +27 (0) 21 4066323		
Website: www.uct.ac.za		

DEELNEMER INFORMASIE BRIEF EN VRYWARINGSVORM

“Suid-Afrikaanse Pasiënte se Persepsies van Persoon-Gesentreerde Sorg in Oudiologie: 'n Deursnee-Opname”

Geagte potensiele deelnemer,

My naam is Danielle Blasl, ek is 'n student in Oudiologie aan die Fakulteit Gesondheidswetenskappe van die Universiteit van Kaapstad. As deel van my graad moet ek 'n verslag opstel oor 'n navorsingsonderwerp wat ek ondersoek. Hierdie inligtingbrief oor my studie sal u help om te besluit of u wil deelneem.

Die Doel Van Hierdie Studie?

Die doel van die studie is om die persepsies van audiologiepasiënte van persoon-gesentreerde sorg te ondersoek. Bevindinge uit hierdie studie kan help om tekorte in audiologiese sorg aan te spreek. Sodoende kan dit die kennis en kwaliteit van sorg in Suid-Afrika verbeter

Wie Mag Deelneem?

Hierdie studie beywer die hulp van Suid-Afrikaanse volwassenes (18 jaar of ouer). U moet in Engels/Afrikaans/Xhosa kan kommunikeer. U moes binne die afgelope drie maande ten minste een audiologiekonsultasie in Suid-Afrika bygewoon het.

Hoe Om Deel Te Neem En Hoe Lank Sal Dit Neem?

Om deel te neem, sal u 'n vraelys moet beantwoord. Dit sal ongeveer $\pm$ 15minute neem.

Vrywillige Deelname

U besluit om aan hierdie studie deel te neem is vrywillig. U kan op enige tyd weier om aan die studie deel te neem of onttrek. U besluit om deelname te weier of terug te trek, sal u op geen manier beïnvloed nie.

Wat Is Die Risiko's En Voordele Van Deelname?

Daar is geen risiko's verbonde aan u deelname aan hierdie studie nie. Daar is geen direkte voordele of vergoeding verbonde aan u deelname aan hierdie studie nie. U deelname sal bydra tot die verbetering van audiologiese dienste en verdere kennis oor pasiëntgesentreerde sorg in Suid-Afrika.

Vertroulikheid

Enige inligting wat u tydens hierdie studie gee, is privaat. U inligting sal veilig in 'n toesluitkas in 'n veilige gebou geberg word. Elektroniese opname-inligting sal met 'n wagwoord beskerm word. Slegs die navorser en studieleier het toegang tot u inligting. U naam en van word apart aangeteken van u antwoorde op die opname. U kry 'n deelnemernommer om seker te maak dat u naamloos bly. Al u inligting sal privaat gehou word. U antwoorde van die opname sal nie aan u gekoppel word nie.

Sluiting Van Die Studie

Die resultate van hierdie studie sal in 'n verslag geskryf word. Die verslag sal op die Open Access-webwerf van die Universiteit van Kaapstad beskikbaar wees sodra die studie voltooi is. As u 'n afskrif van die verslag wil hê, verskaf asseblief kontakbesonderhede waarheen hierdie kopie gestuur kan word.

Inligting oor die studie sal twee jaar lank geberg word, indien die studie gepubliseer is. Die inligting sal vir ses jaar veilig geberg word, indien geen publikasie plaasvind nie. Sodra 'n geskikte tydsduur verby is, sal die data dienooreenkomstig vernietig word. Uitkomste van die studie kan gebruik word om toekomstige navorsing in oudiologie te bevorder.

Wie Om Te Kontak?

As u enige vrae of klagtes het, kontak die navorser of toesighouers.

Navorser: Danielle Blasl +27 (0) 72 240 6062 of blsdan001@myuct.ac.za

Toesighouer: Vera-Genevey Hlayisi vera.hlayisi@uct.ac.za

Mede-toesighouer: Lucretia Petersen lucretia.petersen@uct.ac.za

Die Universiteit van Kaapstad se Fakulteit Gesondheidswetenskappe se komitee vir menslike navorsingsetiek kan gekontak word by 021 406 6338 in geval u enige vrae het oor u regte en welsyn as navorsingsonderwerp in die studie.

Sertifikaat Van Toestemming

U het geleses waarom die studie gaan en wat u deelname behels. U vrae of klagtes is aangespreek. Merk die toepaslike blokkie om u deelnamebesluit te dui.

☐ Ek gee vrywillig toestemming om aan hierdie studie deel te neem

☐ Ek gee hiermee nie toestemming om aan hierdie studie deel te neem nie

Datum: _____

DD / MM / JJ

Appendix J.1: Consent Form (IsiXhosa)

 DHRS Department of Health and Rehabilitation Sciences FACULTY OF HEALTH SCIENCES	 University of Cape Town Universiteit van Kaapstad • University of Cape Town • iYunivesithi yaseKapa	Department of Health & Rehabilitation Sciences Faculty of Health Sciences
<i>Division of Communication Sciences and Disorders, Nursing and Midwifery, Occupational Therapy, Physiotherapy</i>		
F45 Old Main Building, Groote Schuur Hospital, Observatory 7925		
Tel: +27 (0) 21 406 6401 Fax: +27 (0) 21 4066323		
Website: www.uct.ac.za		

ILENTA YOMTHABATHI-NXAXHEBA ENGOPHANDO KUNYE NEFOMU

YEMVUME

“Imbono zezigulana zase Mzantsi Afrika ngonyango olugxininisa ukubaluleka

kwesigulana kwi-Audiology: Uhlobo oLubanzi”

Mhlekezi/Nkosikazi/Nkosazana ebekekileyo

Igama lam ndingu Danielle Blasl, ndingumfundi kwiDyunivesithi yaseKapa kwi zifundo zam ze-Audiology kwifakhalathi yeNzululwazi ngezeMpilo ndenza idigri yam yee-Masters. Kwinxalenye yezifundo zam kumele ndenze uphando ndibhale ingxelo zoluphando. Leleta izakunika incukacha ofanele uyazi ukuze ukwazi uthatha inxaxheba koluphando lwam.

Injongo Yophando

Injongo zoluphando kukufundisa iimbono zezigulana kwi candelo le -audiology ngeenkalo ezithile zonyango olugxininisa ukubaluleka kwesigulana. Iziphumo zizakunceda ukubona ingxaki icandelo le audiology elithi lidibane nazo., ngaloo ndlela kuphuculwe ulwazi gabalala kwi-audiology nomgangatho wonyango eMzantsi Afrika.

Ngubani onokuthabatha inxaxheba?

Kungaluncedo kakhulu ukuba kungafumaneka abantu abakhulileyo ababeli lomZansti Afrika (abaminyaka iyi-18 nangaphezulu), abakwaziyo ukuthetha ulwimi lwe siXhosa, iAfrikaans okanye isiNgesi nabakhe bandwendwela icandelo le Audiology uyokuhlolwa indlebe kweli loMzantsi Afrika kwezinyanga zintathu ezigqithileyo.

Ungayithabatha njani inxaxheba yaye kuza kukuthatha ixesha elingakanani?

Ukuthabatha inxaxheba kuzakudingeka uphendule imibuzo kwi fomu, nto leyo eqikelelwa ukuba ingakuthatha imizuzu eneshumi elinesihlanu kuphela (15mins).

Inxaxheba yokuzithandela

Isigqibo sokuthatha inxaxheba kwezizifundo iya kuba kukuzithandela kwakho awunyanzelekanga. Unalo ilungelo lokurhoxa nanini na ngaphandle kwemiphumo eqatha. Unobangela wokuba urhoxe awuzukucaphazela nganto nangoluphi uhlobo. Kwaye umphandi uyakusihlonipha isizathu sakho.

Ziziphi iingozi okanye inzuzo efumanekayo ngenxaxheba yakho?

Akukho zingozi okanye inzuzo ethe ngqo oza kuyifumana ngokuthabatha inxaxheba kolu phando. Kodwa, igalelo lakho kolu phando liza kusetyenziswa ukwandisa ulwazi ngonyango olugxininisa ukubaluleka kwabantu kwi-audiology luze luphucule iinkonzo nonyango lwe-audiology kuMzantsi Afrika uphela.

Ukukhuseleka kweenkcukacha zakho

Incukacha ozonikayo ngoluphando zifihlakele, kwaye ziyakugcinwa kwi ndawo ekhuselekileyo. Ngumphandi no Mphathi wakhe ababandanyeka noluphando kuphela abanokufikelela kwincukacha zakho. Yonke inkcazelo efunyenweyo iza kugcinwa ikhuselekile kwikhabhathi etsixwayo kwisakhiwo esikhuselekileyo nakwizixhobo ze-elektroniki ezikhuselwe nge-password. Igama lakho nesibongo sakho aziyikuba yinxalenye yempendulo ozinikileyo. Uyakunikwa inombolo yokuthabatha inxaxheba ukuqinisekisa ukuba igama lakho lifihlakele. Impendulo zakho aziyi kungqamaniswa nawe.

Ukuqosheliswa kophando

Iziphumo zolu phando zizakubhalwa zibe yingxelo ngalo yaye ziza kufumaneka kuwonke-wonke kwi-website yeDyunivesithi yaseKapa xa sele lugqityiwe uphando. Ukuba unomnqweno wokufumana isishwankathelo sale ngxelo, ithuba liza kubakhona lokuba unikise ngeenkukacha zakho zoqhagamishelwano ukuze eso sishwankathelo sithunyelwe. Yonke inkcazelo efunyenwe kolu hlolisiso iza kugcinwa elukhuselweni kangangeminyaka emibini xa kusenzeka ukuba oluhlolisiso lupapashwe. Ukuba alupapashwa, inkcazelo iza kugcinwa elukhuselweni kangangeminyaka emithandathu. Xa ixesha elifanelekileyo lithe lamlula, le nkcazelo iza kutshatyalaliswa. Kodwa ke, iziphumo zolu phando, zisenokusetyenziswa kolunye uphando olunokwenziwa kwixesha elizayo oluphathelele unyango olugxininisa kwi candela le -audiology.

Ungaqhagamishelana nabani?

Xa uthe wanemibuzo, okanye izikhalazo ungaqhagamishelana nomphandi okanye abahlohli-mphathi bakhe.

Umphandi: Danielle Blasl +27 (0)72 240 6062 okanye blsdan001@myuct.ac.za

Umphathi: Vera-Genevey Hlayisi vera.hlayisi@uct.ac.za

Umphathi ongumcedi: Lucretia Petersen lucretia.petersen@uct.ac.za

IKomiti yeMilinganiselo yoPhando olungaBantu yeFakhalathi yeNzululwazi ngezeMpilo kwiDyunivesithi yaseKapa ungaqhagamishelana nayo kule nombolo 021 406 6338 xa kunokwenzeka ube nemibuzo ngokuphathelele amalungelo akho nentlalontle yakho njengomthabathi-nxaxheba kolu phando.

Isiqinisekiso semvume

Oko kukuqinisekisa ukuba uyifundile yonke le nkcazelo ingentla iphathelele esisfundo kunye nenxaxheba. Yonke imibuzo enento yokwenza nenxaxheba yakho okanye izikhalazo kolu phando

iphedulwe ngokwanelisayo. Nceda uphawule isigqibo sakho ngenxaxheba yakho ngokukhetha ibhokisi evumelana neso sigqibo.

☐ Ngenxa yoku kungentla, ndiyavuma ukuthabatha inxaxheba kolu hloholiso ngokuzithandela

☐ Ngenxa yoku kungentla, ndiyala ukuthabatha inxaxheba koluhloliso

Umhla: _____

Umhl/Iny/Uny

Appendix K: Results

Appendix K.1: Content Validity Index (CVI) Results of Patient and Audiologist Reported Inventory (PARI) Per Language

English PARI CVI Results

Subscale	Item	Relevant (ratings ≥ 3)	Not relevant (ratings ≤ 2)	I-CVI	Interpretation
1. Communication & Interpersonal Skills	The audiologist greeted me in a way that made me feel comfortable	2	0	1	Appropriate
	The audiologist treated me with respect	2	0	1	Appropriate
	The audiologist showed interest in my ideas about my health	2	0	1	Appropriate
	The audiologist understood my main health concerns	2	0	1	Appropriate
	The audiologist paid attention to me (looked at me, listened carefully)	2	0	1	Appropriate
	The audiologist encouraged me to ask questions	2	0	1	Appropriate
	The audiologist showed care and concern	2	0	1	Appropriate
2. Shared Decision Making	My audiologist wanted to know exactly how I want to be involved in making decisions	2	0	1	Appropriate
	My audiologist told me that there are different options for treating my medical condition	2	0	1	Appropriate
	My audiologist precisely explained the advantages and disadvantages of the treatment options	2	0	1	Appropriate
	My audiologist helped me understand all the information	2	0	1	Appropriate

PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

	My audiologist asked me which treatment option I prefer	2	0	1	Appropriate
	My audiologist and I thoroughly weighed the different treatment options	2	0	1	Appropriate
	My audiologist and I selected a treatment option together	2	0	1	Appropriate
	My audiologist and I reached an agreement on how to proceed	2	0	1	Appropriate
3. Therapeutic Alliance	I know this audiologist very well	2	0	1	Appropriate
	This audiologist knows me as a person	2	0	1	Appropriate
	This audiologist really knows how I feel about things	2	0	1	Appropriate
	This audiologist really cares for me	2	0	1	Appropriate
	This audiologist takes me seriously	2	0	1	Appropriate
	This audiologist accepts me the way I am	2	0	1	Eliminated based on overall CVI scores
4. Individualized Care	The audiologist treated me as a unique person	2	0	1	Appropriate
	I knew my audiological care was specifically tailored to my needs	2	0	1	Appropriate
	The audiologist took time to find out more about me as a person	2	0	1	Appropriate
	When the audiologist was providing my care, I was at the centre of their attention	2	0	1	Appropriate
	The audiologist was warm in his/her interactions with me	2	0	1	Appropriate
5. Holistic Care	My audiologist strives to gain a sense of me as a whole person	2	0	1	Appropriate
	My audiologist assesses my needs, taking account of all aspects of my life	2	0	1	Appropriate

PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

	My audiologist took time to find out more about me as a person	2	0	1	Appropriate
Overall S-CVI of the English version of the PARI		1			Appropriate

Afrikaans PARI CVI Results

Subscale	Item	Relevant (ratings ≥ 3)	Not relevant (ratings ≤ 2)	I-CVI	Interpretation
1. Kommunikasie en interpersoonlike vaardighede	Die oudioloog het my gegroet op 'n manier wat my gemaklik laat voel het	2	0	1	Appropriate
	Die oudioloog het my met respek behandel	2	0	1	Appropriate
	Die oudioloog het belangstelling getoon in my idees oor my gehoorgesondheid	2	0	1	Appropriate
	Die oudioloog het my belangrikste gesondheidsprobleme verstaan	2	0	1	Appropriate
	Die oudioloog het aandag gegee aan my (na my gekyk, met aandagtig geluister)	2	0	1	Appropriate
	Die oudioloog het my aangemoedig om vrae te vra	2	0	1	Appropriate
	Die oudioloog het belangstelling en omgee getoon	2	0	1	Appropriate
2. Gedeelde besluitneming	My oudioloog wou presies weet hoe ek betrokke wil raak by die neem van besluite	2	0	1	Appropriate
	My oudioloog het vir my gesê dat daar verskillende opsies is om my mediese toestand te behandel	2	0	1	Appropriate

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	My oudioloog het die voor- en nadele van die behandelingsopsies presies uiteengesit	2	0	1	Appropriate
	My oudioloog het my gehelp om al die inligting te verstaan	2	0	1	Appropriate
	My oudioloog het my gevra watter behandelingsopsie ek verkies	2	0	1	Appropriate
	Ek en my oudioloog het die verskillende behandelingsopsies deeglik opgeweeg	2	0	1	Appropriate
	Ek en my oudioloog het saam 'n behandelingsopsie gekies	2	0	1	Appropriate
	Ek en my oudioloog het 'n ooreenkoms bereik oor hoe om voort te gaan	2	0	1	Appropriate
3. Terapeutiese alliansie	Ek ken hierdie oudioloog baie goed	2	0	1	Appropriate
	Hierdie oudioloog ken my as persoon	2	0	1	Appropriate
	Hierdie oudioloog weet regtig hoe ek voel	2	0	1	Appropriate
	Hierdie oudioloog gee regtig om vir my	2	0	1	Appropriate
	Hierdie oudioloog neem my ernstig op	2	0	1	Appropriate
	Hierdie oudioloog aanvaar my soos ek is	1	1	0.5	Eliminated based on overall CVI scores
4. Geïndividualiseerde sorg	Die oudioloog het my as 'n unieke persoon behandel	2	0	1	Appropriate
	Ek het geweet my oudiologiese sorg is spesifiek aangepas vir my behoeftes	2	0	1	Appropriate
	Die oudioloog het tyd geneem om meer oor my as persoon uit te vind	2	0	1	Appropriate
	Toe die oudioloog my sorg gegee het, was ek die middelpunt van hulle aandag	2	0	1	Appropriate

PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

	Die oudioloog was hartlik in sy/haar interaksies met my	2	0	1	Appropriate
5. Holistiese sorg	My oudioloog probeer om 'n gevoel van my as 'n hele persoon te kry	2	0	1	Appropriate
	My oudioloog beoordeel my behoeftes met inagneming van alle aspekte van my lewe	2	0	1	Appropriate
	My oudioloog het tyd geneem om meer oor my as persoon uit te vind	2	0	1	Appropriate
Overall S-CVI of the Afrikaans version of the PARI		0.98			Appropriate

PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

IsiXhosa PARI CVI Results

Subscale	Item	Relevant (ratings ≥ 3)	Not relevant (ratings ≤ 2)	I-CVI	Interpretation
1. Unxibelelwano kunye nesakhono sokuthetha nabantu	Ugqirha weendlebe undibulise ngendlela endenze ndaziva ndikhululekile	2	0	1	Appropriate
	Ugqirha weeendlebe undiphathe ngentlonipho	2	0	1	Appropriate
	Ugqirha weendlebe ubonise umdla kwiingcinga zam ngempilo yam	2	0	1	Appropriate
	Ugqirha weendlebe uziqondile izinto ezindixhalabisayo ngempilo yam	2	0	1	Appropriate
	Ugqirha weendlebe undihoyile (undijongile, wandimamela kakuhle)	2	0	1	Appropriate
	Ugqirha weendlebe undikhuthazile ukuba ndibuze imibuzo	2	0	1	Appropriate
	Ugqirha wendlebe ubonakalise inkathalo nenkxalabo	2	0	1	Appropriate
2. Ukuthabatha izigqibo kunye	Ugqirha wam weendlebe ebefuna ukwazi ngokuchanekileyo ukuba ndifuna ukubandakanyeka njani ekuthatyathweni kwezigqibo	2	0	1	Appropriate
	Ugqirha wam weendlebe undazisile ukuba zikhona ezinye iindlela zonyango endingakhetha kuzo	2	0	1	Appropriate
	Ugqirha wam weendlebe undicacisele kakuhle iinzuzo nezithintelo zeendlela zonyango ezahlukeneyo	2	0	1	Appropriate
	Ugqirha wam weendlebe undincedile ndayiqonda yonke inkcazelo	2	0	1	Appropriate
	Ugqirha wam weendlebe undibuzile ukuba yeyiphi indlela yonyango endiyikhethayo	2	0	1	Appropriate
	Mna nogqirha weendlebe sizithelekisile sobabini iindlela zonyango endinokukhetha kuzo	2	0	1	Appropriate

PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

	Mna nogqirha weendlebe sikhethe indlela yonyango kunye	2	0	1	Appropriate
	Mna nogqirha wam weendlebe sisithabathe sobabini isigqibo sokuba sizakuthini ukubheka phambili	2	0	1	Appropriate
3. Umanyano lukagqirha nomguli ngeenjongo zokufikelela kunyango ekuvunyelwene yo ngalo	Ndimazi kakuhle lo gqirha weendlebe	1	1	0,5	Appropriate based on overall CVI scores
	Lo gqirha weendlebe uyandazi	2	0	1	Appropriate
	Lo gqirha weendlebe uyazi kakuhle indlela endiziva ngayo	2	0	1	Appropriate
	Lo gqirha weendlebe unenkathalo nyani ngam	2	0	1	Appropriate
	Lo gqirha weendlebe akandithathi kancinci	1	1	0.5	Appropriate based on overall CVI scores
	Lo gqirha wendlebe undamkela ndilolu hlobo ndilulo	1	1	0.5	Eliminated based on overall CVI scores
4. Ukuhoywa komntu ngamnye	Ugqirha weendlebe undiphatha ngendlela efanele iimfuno zam	2	0	1	Appropriate
	Bendiyazi ukuba ukunyangwa kwam bekulungiselelwe mna neemfuno zam	2	0	1	Appropriate
	Ugqirha weendlebe uchithe ixesha ezama ukundazi mna nje ngomntu	2	0	1	Appropriate
	Ngoku ugqirha weendlebe ebendinika unyango, ebehoye mna kuphela	2	0	1	Appropriate
	Ugqirha weendlebe ebe ngumntu ofudumeleyo xa ethetha nam	2	0	1	Appropriate
	Ugqirha wam weendlebe uzimisele ukundazi kakuhle njengomntu	2	0	1	Appropriate

PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

5. Unyango-jikelele	Ugqirha wam weendlebe uhlolisisa zonke iimfuno zam ngempilo yam, evelela zonke inkalo zobom bam	2	0	1	Appropriate
	Ugqirha wam weendlebe ulichithile ixesha ezama ukundazi kakuhle njengomntu	2	0	1	Appropriate
Overall S-CVI of the IsiXhosa version of the PARI		0.95			Appropriate

Appendix K.2: Demographic Data

Table 1 Participant characteristics and audiology consultations			
Variable	Total sample	Private sector	Public sector
Number of participants	111	64	47
Median [IQR] age	47 [32, 70]	64 [51, 76]	35 [27, 43]
Min; max	18; 99	19; 99	18; 62
Gender			
Female	65 (59%)	36 (56%)	29 (62%)
Male	46 (41%)	28 (44%)	18 (38%)
South African	110 (99%)	63 (98%)	47 (100%)
Education			
Highschool or less	47 (42%)	8 (13%)	39 (83%)
Matric	20 (18%)	15 (23%)	5 (11%)
Diploma	19 (17%)	16 (25%)	3 (6%)
Bachelor's degree	13 (12%)	13 (20%)	0 (0%)
Honours degree	6 (5%)	6 (9%)	0 (0%)
Master's degree	4 (4%)	4 (6%)	0 (0%)
Doctorate degree	2 (2%)	2 (3%)	0 (0%)
Employment			
Unemployed	50 (45%)	8 (13%)	42 (89%)
Employed	28 (25%)	25 (39%)	3 (6%)
Pensioner	33 (30%)	31 (48%)	2 (4%)
Home language			
Afrikaans	68 (61%)	46 (72%)	22 (47%)
English	26 (23%)	18 (28%)	8 (17%)
isiXhosa	15 (14%)	0 (0%)	15 (32%)
Other	2 (2%)	0 (0%)	2 (4%)
Speaks home language with audiologist	91 (82%)	60 (94%)	31 (66%)
Total number of audiology consultations			
One	26 (23%)	9 (14%)	17 (36%)
2-3	49 (44%)	29 (45%)	20 (43%)
4-5	12 (11%)	6 (9%)	6 (13%)
More than 5	24 (22%)	20 (31%)	4 (9%)
Frequency of consultations			
Less than once per year	33 (30%)	24 (38%)	9 (19%)
Once per year	24 (22%)	22 (34%)	2 (4%)
Twice per year	10 (9%)	10 (16%)	0 (0%)
Monthly	41 (37%)	8 (13%)	33 (70%)
Weekly	3 (3%)	0 (0%)	3 (6%)
Nature of consultation(s)			
Diagnostic	76 (68%)	32 (50%)	44 (94%)
Rehabilitative	35 (32%)	32 (50%)	3 (6%)
Experienced hearing loss	71 (64%)	58 (91%)	13 (28%)
Has/had amplification device	45 (41%)	45 (70%)	0 (0%)
In-patient versus out-patient			
In-patient	46 (41%)	0 (0%)	46 (98%)
Out-patient	65 (59%)	64 (100%)	1 (2%)

Abbreviations: IQR: inter-quartile range; min: minimum; max: maximum

Appendix K.3: Analysis Results of Patient and Audiologist Reported Inventory (PARI) Scores

	Possible range	Min score; max score	Mode	Median [IQR]	Mean (SD)	Kurtosis	α
Total PARI scale	23-143	58; 143	143	122 [108, 137]	119.5 (19.6)	3.09	0.95
Communication and interpersonal skills subscale	7-35	17; 35	35	32 [27, 35]	30.3 (5.0)	2.60	0.92
The audiologist greeted me in a way that made me feel comfortable	1-5	1; 5	5	5 [4, 5]	4.2 (1.0)	4.10	0.92
The audiologist treated me with respect	1-5	3; 5	5	5 [4, 5]	4.5 (0.7)	2.96	0.92
The audiologist showed interest in my ideas about my hearing health	1-5	1; 5	5	5 [4, 5]	4.3 (0.9)	3.61	0.90
The audiologist understood my main health concerns	1-5	1; 5	5	4 [4, 5]	4.2 (0.9)	3.31	0.91
The audiologist paid attention to me (looked at me, listened carefully)	1-5	2; 5	5	5 [4, 5]	4.5 (0.8)	3.59	0.91
The audiologist encouraged me to ask questions	1-5	1; 5	5	5 [4, 5]	4.2 (1.0)	3.29	0.91
The audiologist showed care and concern	1-5	2; 5	5	5 [4, 5]	4.4 (0.8)	3.93	0.90
Shared decision-making subscale	8-48	12; 48	48	41 [37, 48]	40.6 (7.7)	4.80	0.93
My audiologist wanted to know exactly how I want to be involved in making decisions	1-6	1; 6	6	5 [5, 6]	5.2 (0.9)	6.77	0.92
My audiologist told me that there are different options for treating my medical condition	1-6	1; 6	6	5 [5, 6]	5.2 (1.0)	5.99	0.92
My audiologist precisely explained the advantages and disadvantages of the treatment options	1-6	1; 6	6	5 [5, 6]	5.1 (1.3)	6.33	0.91
My audiologist helped me understand all the information	1-6	1; 6	6	6 [5, 6]	5.4 (0.9)	10.79	0.93
My audiologist asked me which treatment option I prefer	1-6	1; 6	6	5 [5, 6]	4.9 (1.3)	3.77	0.91
My audiologist and I thoroughly weighed the different treatment options	1-6	1; 6	6	5 [5, 6]	4.9 (1.4)	4.00	0.91
My audiologist and I selected a treatment option together	1-6	1; 6	6	5 [4, 6]	4.8 (1.5)	3.41	0.91
My audiologist and I reached an agreement on how to proceed	1-6	1; 6	6	5 [5, 6]	5.1 (1.2)	6.67	0.91
Therapeutic alliance subscale	0-20	0; 20	20	14 [10, 19]	13.5 (5.5)	2.07	0.88
I know this audiologist very well	0-4	0; 4	4	2 [1, 4]	2.2 (1.6)	1.46	0.84
This audiologist knows me as a person	0-4	0; 4	4	2 [1, 4]	2.2 (1.5)	1.61	0.84
This audiologist really knows how I feel	0-4	0; 4	4	3 [2, 4]	2.6 (1.4)	2.12	0.84
This audiologist really cares for me	0-4	0; 4	4	4 [2, 4]	3.1 (1.1)	3.16	0.86
This audiologist takes me seriously	0-4	0; 4	4	4 [3, 4]	3.4 (0.9)	5.77	0.89

PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

Individualized care subscale	5-25	9; 25	25	24 [20, 25]	22.5 (3.4)	6.50	0.85
The audiologist treated me as a unique person	1-5	2; 5	5	5 [4, 5]	4.5 (0.7)	4.51	0.84
I knew my audiological care was specifically tailored to my needs	1-5	1; 5	5	5 [4, 5]	4.5 (0.8)	8.69	0.81
The audiologist took time to find out more about me as a person	1-5	1; 5	5	5 [4, 5]	4.2 (1.2)	4.01	0.85
When the audiologist was providing my care, I was at the centre of their attention	1-5	1; 5	5	5 [4, 5]	4.6 (0.8)	9.77	0.81
The audiologist was warm in his/her interactions with me	1-5	1; 5	5	5 [4, 5]	4.7 (0.7)	10.74	0.81
Holistic care subscale	3-15	3; 15	15	13 [11, 15]	12.6 (2.9)	4.52	0.87
My audiologist tries to gain a sense of me as a whole person	1-5	1; 5	5	5 [4, 5]	4.2 (1.0)	4.59	0.85
My audiologist assesses my needs, taking account of all aspects of my life	1-5	1; 5	5	5 [4, 5]	4.2 (1.1)	4.56	0.80
My audiologist took time to find out more about me as a person	1-5	1; 5	5	5 [4, 5]	4.1 (1.2)	3.85	0.82

Abbreviations: min: minimum; max: maximum; IQR: inter-quartile range; SD: standard deviation; α : Cronbach's alpha

Appendix K.4: Linear Regression Analysis Results of Total PARI

Associations between patient characteristics, audiology consultations and scores on the total scale ¹					
Variable	Mean (SD) score	Unadjusted β [95% CI]	P-value	Adjusted β [95% CI]	P-value
Private versus public sector					
Private	125.5 (17.7)	Ref			
Public	111.5 (19.5)	-14.02 [-21.04, -6.99]	<0.001	-	-
Age					
18-49 years	113.4 (19.8)	Ref		Ref	
50 years and older	126.2 (17.3)	12.78 [5.75, 19.80]	<0.001	6.30 [-3.07, 15.67]	0.185
Gender					
Female	119.8 (18.2)	Ref		Ref	
Male	119.3 (21.7)	-0.49 [-8.03, 7.04]	0.897	-1.27 [-8.35, 5.82]	0.724
Education					
Highschool or less	112.3 (22.3)	Ref		Ref	
Matric	119.3 (16.0)	6.98 [-2.85, 16.81]	0.162	1.70 [-9.64, 13.04]	0.767
Tertiary studies	127.4 (14.9)	15.07 [7.34, 22.79]	<0.001	8.13 [-2.69, 18.94]	0.139
Employment					
Unemployed	112.6 (19.1)	Ref		Ref	
Employed	120.9 (20.4)	8.31 [-0.37, 16.98]	0.060	1.06 [-10.63, 12.75]	0.858
Pensioner	128.9 (15.8)	16.26 [8.02, 24.50]	<0.001	8.55 [-3.19, 20.29]	0.152
Number of audiology consultations					
One	116.7 (19.3)	Ref		Ref	
2-3	116.8 (20.5)	0.06 [-9.26, 9.39]	0.989	-3.23 [-12.25, 5.79]	0.480
4 or more	125.4 (17.8)	8.72 [-1.17, 18.62]	0.083	3.69 [-6.08, 13.46]	0.456
Frequency of consultations					
<1 per year	123.3 (17.5)	Ref		Ref	
1-2 per year	123.2 (20.7)	-0.04 [-9.37, 9.30]	0.994	-3.15 [-12.38, 6.08]	0.501
Monthly or weekly	113.9 (19.4)	-9.36 [-18.16, -0.57]	0.037	-1.43 [-11.38, 8.51]	0.775
Nature of consultation(s)					
Diagnostic	116.1 (19.5)	Ref		Ref	
Rehabilitative	126.9 (18.1)	10.80 [3.08, 18.52]	0.007	4.95 [-3.47, 13.37]	0.247
Experienced hearing loss					
No	111.5 (18.7)	Ref		Ref	
Yes	124.1 (18.8)	12.66 [5.31, 20.01]	0.001	5.72 [-3.76, 15.19]	0.235
Has/had amplification device					
No	114.5 (18.5)	Ref		Ref	
Yes	126.9 (19.2)	12.34 [5.15, 19.53]	0.001	4.73 [-5.28, 14.74]	0.351
In-patient versus out-patient					
In-patient	110.9 (19.3)	Ref		Ref	
Out-patient	125.7 (17.6)	14.75 [7.75, 21.74]	<0.001	26.09 [-10.72, 62.90]	0.163

¹ Unadjusted β : unadjusted regression coefficient with 95% confidence interval (CI); Adjusted β : regression coefficient for the association between each variable and scale scores, adjusted for public versus private sector.

Appendix K.5: Linear Regression Analysis Results of Individual PARI Subscales

Table 1. Associations between patient characteristics, audiology consultations and scores on the communication and interpersonal skills subscale¹					
Variable	Mean (SD) score	Unadjusted β [95% CI]	P-value	Adjusted β [95% CI]	P-value
Private versus public sector					
Private	31.7 (4.0)	Ref			
Public	28.5 (5.7)	-3.21 [-5.04, -1.39]	0.001	-	-
Age					
18-49 years	29.3 (5.4)	Ref		Ref	
50 years and older	31.5 (4.4)	2.16 [0.30, 4.02]	0.023	0.04 [-2.42, 2.50]	0.975
Gender					
Female	30.6 (4.5)	Ref		Ref	
Male	29.9 (5.8)	-0.73 [-2.66, 1.19]	0.453	-0.91 [-2.75, 0.92]	0.327
Education					
Highschool or less	28.6 (5.6)	Ref		Ref	
Matric	31.3 (3.9)	2.63 [0.06, 5.20]	0.045	1.37 [-1.60, 4.35]	0.361
Tertiary studies	31.8 (4.4)	3.16 [1.14, 5.17]	0.002	1.50 [-1.33, 4.34]	0.296
Employment					
Unemployed	29.0 (5.7)	Ref		Ref	
Employed	30.6 (5.0)	1.60 [-0.70, 3.90]	0.170	-0.78 [-3.86, 2.29]	0.614
Pensioner	32.1 (3.4)	3.02 [0.84, 5.21]	0.007	0.48 [-2.60, 3.57]	0.757
Number of audiology consultations					
One	30.3 (4.5)	Ref		Ref	
2-3	30.0 (5.5)	-0.35 [-2.79, 2.09]	0.779	-1.18 [-3.55, 1.18]	0.324
4 or more	30.8 (4.8)	0.46 [-2.13, 3.05]	0.726	-0.82 [-3.39, 1.74]	0.527
Frequency of consultations					
<1 per year	32.4 (3.5)	Ref		Ref	
1-2 per year	30.7 (4.8)	-1.69 [-4.03, 0.65]	0.155	-2.29 [-4.64, 0.06]	0.056
Monthly or weekly	28.6 (5.7)	-3.80 [-6.00, -1.59]	0.001	-2.26 [-4.80, 0.27]	0.080
Nature of consultation(s)					
Diagnostic	30.0 (5.4)	Ref		Ref	
Rehabilitative	31.0 (4.2)	1.00 [-1.04, 3.04]	0.332	-0.74 [-2.94, 1.46]	0.505
Experienced hearing loss					
No	28.9 (5.7)	Ref		Ref	
Yes	31.2 (4.5)	2.33 [0.40, 4.27]	0.018	0.33 [-2.15, 2.81]	0.794
Has/had amplification device					
No	29.4 (5.3)	Ref		Ref	
Yes	31.8 (4.3)	2.38 [0.49, 4.26]	0.014	0.18 [-2.44, 2.79]	0.894
In-patient versus out-patient					
In-patient	28.3 (5.7)	Ref		Ref	
Out-patient	31.8 (4.0)	3.41 [1.58, 5.23]	<0.001	6.65 [-2.93, 16.23]	0.172

¹ Unadjusted β : unadjusted regression coefficient with 95% confidence interval (CI); Adjusted β : regression coefficient for the association between each variable and scale scores, adjusted for public versus private sector.

Table 2. Associations between patient characteristics, audiology consultations and scores on the shared decision-making subscale ¹					
Variable	Mean (SD) score	Unadjusted β [95% CI]	P-value	Adjusted β [95% CI]	P-value
Private versus public sector					
Private	42.4 (7.0)	Ref			
Public	38.2 (8.1)	-4.18 [-7.02, -1.33]	0.004	-	-
Age					
18-49 years	38.8 (8.1)	Ref		Ref	
50 years and older	42.6 (6.8)	3.72 [0.89, 6.56]	0.011	1.72 [-2.09, 5.53]	0.373
Gender					
Female	41.0 (7.3)	Ref		Ref	
Male	40.0 (8.3)	-0.99 [-3.94, 1.97]	0.509	-1.22 [-4.08, 1.64]	0.400
Education					
Highschool or less	38.1 (9.4)	Ref		Ref	
Matric	40.3 (6.5)	2.14 [-1.77, 6.05]	0.280	1.18 [-3.38, 5.75]	0.608
Tertiary studies	43.5 (4.8)	5.37 [2.30, 8.44]	0.001	4.11 [-0.24, 8.46]	0.064
Employment					
Unemployed	38.7 (7.8)	Ref		Ref	
Employed	41.0 (8.0)	2.34 [-1.20, 5.87]	0.193	-0.19 [-4.97, 4.59]	0.937
Pensioner	43.2 (6.6)	4.48 [1.13, 7.84]	0.009	1.80 [-3.00, 6.59]	0.460
Number of audiology consultations					
One	40.8 (7.6)	Ref		Ref	
2-3	39.6 (8.1)	-1.25 [-4.97, 2.46]	0.505	-2.33 [-5.99, 1.34]	0.211
4 or more	41.9 (7.2)	1.01 [-2.93, 4.96]	0.611	-0.63 [-4.60, 3.35]	0.755
Frequency of consultations					
<1 per year	41.8 (7.3)	Ref		Ref	
1-2 per year	42.3 (6.7)	0.57 [-3.11, 4.24]	0.761	-0.13 [-3.87, 3.60]	0.944
Monthly or weekly	38.5 (8.4)	-3.30 [-6.76, 0.16]	0.061	-1.52 [-5.55, 2.50]	0.454
Nature of consultation(s)					
Diagnostic	39.5 (8.0)	Ref		Ref	
Rehabilitative	43.0 (6.7)	3.47 [0.40, 6.54]	0.027	1.80 [-1.61, 5.21]	0.298
Experienced hearing loss					
No	38.7 (7.6)	Ref		Ref	
Yes	41.7 (7.6)	3.04 [0.06, 6.03]	0.046	0.44 [-3.42, 4.30]	0.820
Has/had amplification device					
No	39.2 (7.7)	Ref		Ref	
Yes	42.6 (7.4)	3.40 [0.50, 6.30]	0.022	0.85 [-3.21, 4.92]	0.678
In-patient versus out-patient					
In-patient	38.0 (8.0)	Ref		Ref	
Out-patient	42.5 (7.0)	4.48 [1.64, 7.31]	0.002	10.00 [-4.92, 24.92]	0.187

¹ Unadjusted β : unadjusted regression coefficient with 95% confidence interval (CI); Adjusted β : regression coefficient for the association between each variable and scale scores, adjusted for public versus private sector.

Table 3. Associations between patient characteristics, audiology consultations and scores on the **therapeutic alliance** subscale¹

Variable	Mean (SD) score	Unadjusted β [95% CI]	P-value	Adjusted β [95% CI]	P-value
Private versus public sector					
Private	14.7 (5.0)	Ref			
Public	11.9 (5.7)	-2.72 [-4.75, -0.69]	0.009	-	-
Age					
18-49 years	12.2 (5.7)	Ref		Ref	
50 years and older	15.0 (4.9)	2.83 [0.82, 4.83]	0.006	1.86 [-0.85, 4.56]	0.177
Gender					
Female	13.0 (5.6)	Ref		Ref	
Male	14.2 (5.3)	1.14 [-0.95, 3.24]	0.281	1.00 [-1.05, 3.04]	0.336
Education					
Highschool or less	12.2 (5.8)	Ref		Ref	
Matric	12.6 (5.2)	0.39 [-2.44, 3.21]	0.786	-0.68 [-3.96, 2.60]	0.684
Tertiary studies	15.3 (4.8)	3.08 [0.87, 5.30]	0.007	1.69 [-1.44, 4.81]	0.288
Employment					
Unemployed	11.7 (5.8)	Ref		Ref	
Employed	14.2 (4.3)	2.55 [0.10, 5.01]	0.041	2.38 [-0.98, 5.73]	0.163
Pensioner	15.7 (5.0)	4.04 [1.71, 6.37]	0.001	3.85 [0.48, 7.21]	0.026
Number of audiology consultations					
One	11.8 (5.9)	Ref		Ref	
2-3	12.7 (5.0)	0.83 [-1.71, 3.37]	0.520	0.31 [-2.24, 2.87]	0.808
4 or more	15.8 (5.2)	3.99 [1.30, 6.68]	0.004	3.20 [0.43, 5.97]	0.024
Frequency of consultations					
<1 per year	13.3 (5.3)	Ref		Ref	
1-2 per year	14.5 (6.2)	1.17 [-1.49, 3.83]	0.386	0.42 [-2.24, 3.08]	0.756
Monthly or weekly	12.9 (5.1)	-0.39 [-2.90, 2.11]	0.756	1.51 [-1.35, 4.38]	0.298
Nature of consultation(s)					
Diagnostic	12.4 (5.3)	Ref		Ref	
Rehabilitative	15.8 (5.3)	3.39 [1.26, 5.53]	0.002	2.62 [0.22, 5.02]	0.033
Experienced hearing loss					
No	11.4 (5.4)	Ref		Ref	
Yes	14.7 (5.2)	3.29 [1.22, 5.36]	0.002	2.54 [-0.17, 5.26]	0.066
Has/had amplification device					
No	12.2 (5.3)	Ref		Ref	
Yes	15.5 (5.2)	3.34 [1.32, 5.35]	0.001	2.80 [-0.05, 5.66]	0.054
In-patient versus out-patient					
In-patient	11.8 (5.7)	Ref		Ref	
Out-patient	14.7 (5.0)	2.87 [0.83, 4.90]	0.006	5.17 [-5.53, 15.88]	0.340

¹ Unadjusted β : unadjusted regression coefficient with 95% confidence interval (CI); Adjusted β : regression coefficient for the association between each variable and scale scores, adjusted for public versus private sector.

Table 4. Associations between patient characteristics, audiology consultations and scores on the individualized care subscale ¹					
Variable	Mean (SD) score	Unadjusted β [95% CI]	P-value	Adjusted β [95% CI]	P-value
Private versus public sector					
Private	23.4 (2.6)	Ref			
Public	21.2 (3.9)	-2.17 [-3.39, -0.95]	0.001	-	-
Age					
18-49 years	21.5 (4.0)	Ref		Ref	
50 years and older	23.6 (2.1)	2.10 [0.89, 3.31]	0.001	1.20 [-0.43, 2.82]	0.147
Gender					
Female	22.6 (2.9)	Ref		Ref	
Male	22.4 (3.9)	-0.16 [-1.46, 1.13]	0.804	-0.28 [-1.51, 0.95]	0.650
Education					
Highschool or less	21.4 (4.3)	Ref		Ref	
Matric	22.9 (2.2)	1.42 [-0.30, 3.15]	0.105	0.45 [-1.54, 2.44]	0.657
Tertiary studies	23.5 (2.2)	2.03 [0.67, 3.39]	0.004	0.75 [-1.15, 2.64]	0.438
Employment					
Unemployed	21.5 (3.9)	Ref		Ref	
Employed	22.4 (3.2)	0.89 [-0.61, 2.40]	0.243	-0.43 [-2.45, 1.60]	0.678
Pensioner	24.1 (1.9)	2.56 [1.13, 3.99]	0.001	1.16 [-0.88, 3.19]	0.262
Number of audiology consultations					
One	22.0 (3.3)	Ref		Ref	
2-3	21.9 (4.0)	-0.18 [-1.77, 1.40]	0.821	-0.68 [-2.23, 0.88]	0.389
4 or more	23.7 (2.1)	1.63 [-0.05, 3.31]	0.058	0.87 [-0.82, 2.55]	0.309
Frequency of consultations					
<1 per year	22.8 (2.9)	Ref		Ref	
1-2 per year	23.0 (3.3)	0.12 [-1.51, 1.75]	0.882	-0.45 [-2.05, 1.15]	0.581
Monthly or weekly	21.8 (3.7)	-1.01 [-2.54, 0.53]	0.196	0.44 [-1.28, 2.17]	0.611
Nature of consultation(s)					
Diagnostic	21.9 (3.7)	Ref		Ref	
Rehabilitative	23.7 (2.2)	1.71 [0.38, 3.04]	0.012	0.81 [-0.65, 2.28]	0.274
Experienced hearing loss					
No	21.2 (3.4)	Ref		Ref	
Yes	23.2 (3.2)	2.01 [0.74, 3.28]	0.002	0.97 [-0.68, 2.62]	0.246
Has/had amplification device					
No	21.7 (3.5)	Ref		Ref	
Yes	23.6 (2.8)	1.84 [0.59, 3.09]	0.004	0.58 [-1.17, 2.32]	0.513
In-patient versus out-patient					
In-patient	21.2 (3.9)	Ref		Ref	
Out-patient	23.4 (2.6)	2.20 [0.98, 3.43]	0.001	1.80 [-4.64, 8.25]	0.580

¹ Unadjusted β : unadjusted regression coefficient with 95% confidence interval (CI); Adjusted β : regression coefficient for the association between each variable and scale scores, adjusted for public versus private sector.

Table 5. Associations between patient characteristics, audiology consultations and scores on the holistic care subscale ¹					
Variable	Mean (SD) score	Unadjusted β [95% CI]	P-value	Adjusted β [95% CI]	P-value
Private versus public sector					
Private	13.3 (2.1)	Ref			
Public	11.6 (3.5)	-1.73 [-2.80, -0.67]	0.002	-	-
Age					
18-49 years	11.7 (3.4)	Ref		Ref	
50 years and older	13.6 (1.8)	1.97 [0.93, 3.00]	<0.001	1.49 [0.09, 2.89]	0.037
Gender					
Female	12.5 (2.9)	Ref		Ref	
Male	12.7 (2.9)	0.25 [-0.87, 1.36]	0.662	0.15 [-0.92, 1.22]	0.779
Education					
Highschool or less	12.0 (3.4)	Ref		Ref	
Matric	12.4 (3.2)	0.39 [-1.12, 1.91]	0.608	-0.63 [-2.36, 1.10]	0.472
Tertiary studies	13.4 (1.9)	1.43 [0.24, 2.62]	0.019	0.09 [-1.56, 1.74]	0.918
Employment					
Unemployed	11.7 (3.5)	Ref		Ref	
Employed	12.6 (2.2)	0.92 [-0.38, 2.23]	0.163	0.08 [-1.68, 1.85]	0.926
Pensioner	13.9 (1.9)	2.16 [0.92, 3.40]	0.001	1.27 [-0.51, 3.04]	0.160
Number of audiology consultations					
One	11.6 (3.7)	Ref		Ref	
2-3	12.6 (2.8)	1.02 [-0.36, 2.40]	0.147	0.65 [-0.72, 2.02]	0.351
4 or more	13.3 (2.3)	1.63 [0.17, 3.10]	0.029	1.07 [-0.42, 2.55]	0.157
Frequency of consultations					
<1 per year	13.0 (2.6)	Ref		Ref	
1-2 per year	12.8 (2.9)	-0.21 [-1.62, 1.20]	0.773	-0.70 [-2.09, 0.69]	0.320
Monthly or weekly	12.1 (3.2)	-0.86 [-2.19, 0.46]	0.200	0.39 [-1.10, 1.89]	0.603
Nature of consultation(s)					
Diagnostic	12.2 (3.1)	Ref		Ref	
Rehabilitative	13.4 (2.4)	1.22 [0.06, 2.38]	0.040	0.46 [-0.82, 1.74]	0.474
Experienced hearing loss					
No	11.3 (3.3)	Ref		Ref	
Yes	13.3 (2.4)	1.98 [0.90, 3.07]	<0.001	1.43 [0.01, 2.85]	0.048
Has/had amplification device					
No	12.0 (3.2)	Ref		Ref	
Yes	13.4 (2.2)	1.39 [0.30, 2.48]	0.013	0.32 [-1.20, 1.84]	0.680
In-patient versus out-patient					
In-patient	11.5 (3.5)	Ref		Ref	
Out-patient	13.3 (2.1)	1.79 [0.73, 2.86]	0.001	2.46 [-3.14, 8.06]	0.386

¹ Unadjusted β : unadjusted regression coefficient with 95% confidence interval (CI); Adjusted β : regression coefficient for the association between each variable and scale scores, adjusted for public versus private sector.

Appendix L: The Validated PARI

Appendix L.1: The PARI (English)

 DHRS Department of Health and Rehabilitation Sciences FACULTY OF HEALTH SCIENCES		Department of Health & Rehabilitation Sciences Faculty of Health Sciences <i>Division of Communication Sciences and</i>
<i>Disorders, Nursing and Midwifery, Occupational Therapy, Physiotherapy</i>		
F45 Old Main Building, Groote Schuur Hospital, Observatory 7925		
Tel: +27 (0) 21 406 6401 Fax: +27 (0) 21 4066323		
Website: www.uct.ac.za		

PATIENT-AND-AUDIOLOGIST-REPORTED INVENTORY (PARI)

“South African Patients’ Perceptions of Person-Centred Care in Audiology: A Cross-Sectional Survey”

The Patient-And-Audiologist-Reported Inventory (PARI)

Part 1: Communication and interpersonal skills

1	2	3	4	5
Poor	Fair	Good	Very Good	Excellent

Please use the above rating scale to rate the following statements:

1. The audiologist greeted me in a way that made me feel comfortable ____
2. The audiologist treated me with respect ____
3. The audiologist showed interest in my ideas about my hearing health ____
4. The audiologist understood my main health concerns ____
5. The audiologist paid attention to me (looked at me, listened carefully) ____
6. The audiologist encouraged me to ask questions ____
7. The audiologist showed care and concern ____

Part 2: Shared decision-making

PATIENTS' PERCEPTIONS OF PERSON-CENTRED CARE IN SOUTH AFRICAN AUDIOLOGY

1	2	3	4	5	6
Completely disagree	Disagree	Slightly disagree	Slightly agree	Agree	Completely agree

Please use the above rating scale to rate the following statements:

1. My audiologist wanted to know exactly how I want to be involved in making decisions ____
2. My audiologist told me that there are different options for treating my medical condition ____
3. My audiologist precisely explained the advantages and disadvantages of the treatment options ____
4. My audiologist helped me understand all the information ____
5. My audiologist asked me which treatment option I prefer ____
6. My audiologist and I thoroughly weighed the different treatment options ____
7. My audiologist and I selected a treatment option together ____
8. My audiologist and I reached an agreement on how to proceed ____

Part 3: Therapeutic alliance

0	1	2	3	4
Disagree	Neither agree or disagree	Slightly agree	Mostly agree	Totally agree

Please use the above rating scale to rate the following statements:

1. I know this audiologist very well ____
2. This audiologist knows me as a person ____
3. This audiologist really knows how I feel ____
4. This audiologist really cares for me ____
5. This audiologist takes me seriously ____

Part 4: Individualized care

1	2	3	4	5
Strongly disagree	Disagree to some extent	Neither agree nor disagree	Agree to some extent	Strongly agree

Please use the above rating scale to rate the following statements:

1. The audiologist treated me as a unique person ____
2. I knew my audiological care was specifically tailored to my needs ____
3. The audiologist took time to find out more about me as a person ____
4. When the audiologist was providing my care, I was at the centre of their attention ____
5. The audiologist was warm in his/her interactions with me ____

Part 5: Holistic care

1	2	3	4	5
Strongly disagree	Disagree to some extent	Neither agree nor disagree	Agree to some extent	Strongly agree

Please use the above rating scale to rate the following statements:

1. My audiologist tries to gain a sense of me as a whole person ____
2. My audiologist assesses my needs, taking account of all aspects of my life ____
3. My audiologist took time to find out more about me as a person ____

Appendix L.2: The PARI (Afrikaans)

 DHRS Department of Health and Rehabilitation Sciences FACULTY OF HEALTH SCIENCES	 University of Cape Town Universiteit van Kaapstad	Department of Health & Rehabilitation Sciences Faculty of Health Sciences <i>Division of Communication Sciences and Disorders, Nursing and Midwifery, Occupational Therapy, Physiotherapy</i>
F45 Old Main Building, Groote Schuur Hospital, Observatory 7925		
Tel: +27 (0) 21 406 6401 Fax: +27 (0) 21 4066323		
Website: www.uct.ac.za		

PASIËNT-EN-ODIOLOOG-GERAPPORTEERDE INVENTARIS (POGI)

“Suid-Afrikaanse Pasiënte Se Persepsies Van Persoon-Gesentreerde Sorg In Oudiologie: 'N Deursnee-Opname”

Die Pasiënt-en-Oudioloog-Gerapporteerde Inventaris (POGI)**Deel 1: Kommunikasie en interpersoonlike vaardighede**

1	2	3	4	5
Swak	Billik	Goed	Baie Goed	Uitstekend

Gebruik asseblief die bogenoemde graderingskaal om die volgende stellings te beoordeel:

1. Die oudioloog het my gegroet op 'n manier wat my gemaklik laat voel het ____
2. Die oudioloog het my met respek behandel ____
3. Die oudioloog het belangstelling getoon in my idees oor my gehoorgesondheid ____
4. Die oudioloog het my belangrikste gesondheidsprobleme verstaan ____
5. Die oudioloog het aandag gegee aan my (na my gekyk, met aandagtig geluister) ____
6. Die oudioloog het my aangemoedig om vrae te vra ____
7. Die oudioloog het belangstelling en omgee getoon ____

Deel 2: Gedeelde besluitneming

1	2	3	4	5	6
Verskil volkome	Verskil	Verskil effens	Stem effens saam	Stem saam	Stem volkome saam

Gebruik asseblief die bogenoemde graderingskaal om die volgende stellings te beoordeel:

1. My oudioloog wou presies weet hoe ek betrokke wil raak by die neem van besluite ____
2. My oudioloog het vir my gesê dat daar verskillende opsies is om my mediese toestand te behandel ____
3. My oudioloog het die voor- en nadele van die behandelingsopsies presies uiteengesit ____
4. My oudioloog het my gehelp om al die inligting te verstaan ____
5. My oudioloog het my gevra watter behandelingsopsie ek verkies ____
6. Ek en my oudioloog het die verskillende behandelingsopsies deeglik opgeweeg ____
7. Ek en my oudioloog het saam 'n behandelingsopsie gekies ____
8. Ek en my oudioloog het 'n ooreenkoms bereik oor hoe om voort te gaan ____

Deel 3: Terapeutiese alliansie

0	1	2	3	4
Verskil	Stem nie saam nie en nie gekant daarteen nie	Stem effens saam	Stem meestal saam	Stem volkome saam

Gebruik asseblief die bogenoemde graderingskaal om die volgende stellings te beoordeel:

1. Ek ken hierdie oudioloog baie goed ____
2. Hierdie oudioloog ken my as persoon ____
3. Hierdie oudioloog weet regtig hoe ek voel ____
4. Hierdie oudioloog gee regtig om vir my ____
5. Hierdie oudioloog neem my ernstig op ____

Deel 4: Geïndividualiseerde sorg

1	2	3	4	5	6
Verskil sterk	Verskil tot 'n sekere mate	Stem nie saam nie en nie gekant daarteen nie	Stem effens saam	Stem saam tot 'n sekere mate	Stem sterk saam

Gebruik asseblief die bogenoemde graderingskaal om die volgende stellings te beoordeel:

1. Die oudioloog het my as 'n unieke persoon behandel ____
2. Ek het geweet my oudiologiese sorg is spesifiek aangepas vir my behoeftes ____
3. Die oudioloog het tyd geneem om meer oor my as persoon uit te vind ____
4. Toe die oudioloog my sorg gegee het, was ek die middelpunt van hulle aandag ____
5. Die oudioloog was hartlik in sy/haar interaksies met my ____

Deel 5: Holistiese sorg**1****2****3****4****5**

Verskil Sterk Verskil tot 'n mate Stem nie saam nie Stem tot 'n mate Stem sterk saam
en nie gekant
daarteen nie

Gebruik asseblief die bogenoemde graderingskaal om die volgende stellings te beoordeel:

1. My oudioloog probeer om 'n gevoel van my as 'n hele persoon te kry ____
2. My oudioloog beoordeel my behoeftes met inagneming van alle aspekte van my lewe ____
3. My oudioloog het tyd geneem om meer oor my as persoon uit te vind ____

Appendix L.3: The PARI (IsiXhosa)

 DHRS Department of Health and Rehabilitation Sciences FACULTY OF HEALTH SCIENCES	 University of Cape Town Universiteit van Kaapstad • University of Cape Town • Yunivesithi yaseKaapstad	Department of Health & Rehabilitation Sciences Faculty of Health Sciences <i>Division of Communication Sciences and Disorders, Nursing and Midwifery, Occupational Therapy, Physiotherapy</i>
F45 Old Main Building, Groote Schuur Hospital, Observatory 7925		
Tel: +27 (0) 21 406 6401 Fax: +27 (0) 21 4066323		
Website: www.uct.ac.za		

ULUHLU OLUNGOKWENGXELO YOMGULI KUNYE NOGQIRHA WEENDLEBE (PARI)

“Izigulana zaseMzantsi Afrika ‘iiNkolelo zoKhathalelo lobuNtu kwi-Audiology: Uphando olweNqamlezayo ”

Uluhlu Olungokwengxelo Yomguli Kunye Nogqirha Weendlebe (PARI)

Inxalenye 1: Unxibelelwano kunye nesakhono sokuthetha nabantu

1	2	3	4	5
Uqhube kakubi	Uzamise	Uqhube kakuhle	Uqhube kakuhle	Ugqwesile
			kukhulu	

Nceda usebenzise esi silinganiselo singentla ukulinganisela ezi ngxelo zilandelayo:

1. Ugqirha weendlebe undibulise ngendlela endenze ndaziva ndikhululekile ____
2. Ugqirha weendlebe undiphathe ngentlonipho ____
3. Ugqirha weendlebe ubonise umdla kwiingcinga zam ngempilo yam ____
4. Ugqirha weendlebe uziqondile izinto ezindixhalabisayo ngempilo yam ____
5. Ugqirha weendlebe undihoyile (undijongile, wandimamela kakuhle) ____
6. Ugqirha weendlebe undikhuthazile ukuba ndibuze imibuzo ____
7. Ugqirha weendlebe ubonakalise inkathalo nenkxalabo ____

Inxalenye 2: Ukuthabatha izigqibo kunye

1	2	3	4	5	6
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Andivumi kwaphela	Andivumi	Andivumi kancinci	Ndivuma kancinci	Ndiyavuma	Ndivuma ngokupheleleyo
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Nceda usebenzise esi silinganiselo singentla ukulinganisela ezi ngxelo zilandelayo:

1. Ugqirha wam weendlebe ebefuna ukwazi ngokuchanekileyo ukuba ndifuna ukubandakanyeka njani ekuthatyathweni kwezigqibo_____
2. Ugqirha wam weendlebe undazisile ukuba zikhona ezinye iindlela zonyango endingakhetha kuzo_____
3. Ugqirha wam weendlebe undicacisele kakuhle iinzuzo nezithintelo zeendlela zonyago ezahlukeneyo_____
4. Ugqirha wam weendlebe undincedile ndayiqonda yonke inkcazelo _____
5. Ugqirha wam weendlebe undibuzile ukuba yeyiphi indlela yonyango endiyikhethayo_____
6. Mna nogqirha weendlebe sizithelekisile sobabini iindlela zonyango endinokukhetha kuzo_____
7. Mna nogqirha weendlebe sikhetha indlela yonyango kunye_____
8. Mna nogqirha wam weendlebe sisithabathe sobabini isigqibo sokuba sizakuthini ukubheka phambili _____

Inxalenye 3: Umanyano lukagqirha nomguli ngeenjongo zokufikelela kunyango ekuvunyelweneyo ngalo

0	1	2	3	4
Andivumi	Andivumi kodwa andiphikisi	Ndivuma kancinci	Ndiyavuma ubukhulu becala	Ndivuma ngokupheleleyo

Nceda usebenzise esi silinganiselo singentla ukulinganisela ezi ngxelo zilandelayo:

1. Ndimazi kakuhle lo gqirha weendlebe _____
2. Lo gqirha weendlebe uyandazi_____
3. Lo gqirha weendlebe uyazi kakuhle indlela endiziva ngayo_____
4. Lo gqirha weendlebe unenkathalo nyani ngam_____
5. Lo gqirha weendlebe akandithathi kancinci _____

Inxalenye 4: Ukuhoywa komntu ngamnye

1	2	3	4	5
Ndiphikisi ngamandla	Ndiphikisi ukusa kumkhamo othile	Andivumi kodwa andiphikisi	Ndivuma ukusa kumkhamo othile	Ndivuma ngamandla

Nceda usebenzise esi silinganiselo singentla ukulinganisela ezi ngxelo zilandelayo:

1. Ugqirha weendlebe undiphatha ngendlela efanele iimfuno zam_____
2. Bendiyazi ukuba ukunyangwa kwam bekulungiselelwe mna neemfuno zam_____
3. Ugqirha weendlebe uchithe ixesha ezama ukundazi mna nje ngomntu _____
4. Ngoku ugqirha weendlebe ebendinika unyango, ebeho ye mna kuphela_____
5. Ugqirha weendlebe ebe ngumntu ofudumeleyo xa ethetha nam_____

Inxalenye 5: Unyango-jikelele

1	2	3	4	5
Ndiphikisi ngamandla	Ndiphikisi ukusa kumkhamo othile	Andivumi kodwa andiphikisi	Ndivuma ukusa kumkhamo othile	Ndivuma ngamandla

Nceda usebenzise esi silinganisela singentla ukulinganisela ezi ngxelo zilandelayo:

1. Ugqirha wam weendlebe uzimisele ukundazi kakuhle njengomntu_____
2. Ugqirha wam weendlebe uhlolisisa zonke iimfuno zam ngempilo yam, evelela zonke inkalo zobom bam_____
3. Ugqirha wam weendlebe ulichithile ixesha ezama ukundazi kakuhle njengomntu_____