Access to Surgical Care for Hearing Loss - ENT Care Provider's Perspectives.

You are being invited to take part in an online survey exploring ENT providers' perspectives on access to surgical care for hearing loss in African settings.
The survey is conducted under the supervision of an ENT surgeon in Nigeria and the data analysis will form part of a Master's dissertation project in Global Surgery at the University of Oxford, UK. The aim is to better understand practical barriers and potential solutions to improving access to ear surgery for patients with hearing loss in Nigeria.
You are being invited because you are an ENT/ORL surgeon, ENT trainee, or other doctor/health care provider involved in some aspect of ENT care in Nigeria.

You will complete one online survey that will take approximately 10–15 minutes. The demographic information collected is to ensure adequate representation across regions. **Please do NOT write the name of your hospital or any identifiable patient information in free-text responses.**

Participation is entirely voluntary. You are under no obligation to take part and can withdraw the decision to take part at any point.

By proceeding to complete the survey, you indicate that you have read the participant information sheet provided beforehand and also the information given here and agree to take part.
At the end of the survey you will have the option to provide your name and email address in a separate, optional section for acknowledgement on any published work from this. This contact information will be stored separately from your survey responses, so that your answers remain anonymous. Providing your contact details is entirely optional and not required to take part in the survey.

If you have concerns or wish to raise an issue about this survey, please contact the researcher or supervising clinicians using the details below. They will do their best to address any questions.

Research team:
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If you have read and understood this information and agree to take part, please begin the survey.

* Indicates required question

1. I agree to be part of this research and agree to allow my information to be used and shared as described above. *

Mark only one oval.

- ◯ Yes
- ◯ No

2. Gender

Mark only one oval.

- ◯ Male
- ◯ Female
- ◯ Non-binary/Other
- ◯ Prefer not to say

3. Age (years) *

_____

4. Are you currently involved in the surgical or procedural management of patients with hearing loss in Nigeria? *

Mark only one oval.

- Yes
- No

5. Which of these best describes your current role? *

Mark only one oval.

- Consultant ENT Surgeon
- ENT registrar / resident/ trainee
- Medical officer
- General Surgeon performing ENT surgery
- Other: _____

6. Years of experience in ENT practice *

Mark only one oval.

- < 5 years
- 5-9 years
- 10-19 years
- ≥ 20 years

7. Does your main workplace have a dedicated ENT service? *

Mark only one oval.

- Yes
- No
- Unsure

8. Type of main workplace *

Mark only one oval.

- Tertiary / Teaching hospital
- Secondary / Regional hospital
- District / General hospital
- Private hospital / clinic
- Mission / faith-based hospital
- Other: _____

9. Location of facility *

Mark only one oval.

- Major city/ Metropolitan/ Urban
- Rural
- Both urban and rural

10. Which hearing-loss–related services are routinely available at your facility? (tick all that apply) *

Tick all that apply.

- [ ] ENT outpatient clinics
- [ ] Diagnostic audiology (pure tone audiometry / tympanometry)
- [ ] Newborn hearing screening
- [ ] School hearing screening
- [ ] Hearing aids / rehabilitation services
- [ ] Otologic / middle ear surgery
- [ ] Cochlear implantation
- [ ] Other: _____

Workforce and Skills mix

In this section, we would like to ask you about systemic barriers to surgical care for hearing loss.

11. How would you rate the overall ENT/otology workforce at your facility relative to patient need for hearing-loss surgery? *

Mark only one oval.

	1	2	3	4	5	
Very	◯	◯	◯	◯	◯	Excellent

12. At your main facility, please tick who is regularly involved in ear and hearing-loss care? *

Tick all that apply.

- [ ] Consultant ENT / ORL surgeons
- [ ] ENT residents / registrars
- [ ] General surgeons performing ENT surgery
- [ ] Medical officers / clinical officers performing ENT procedures
- [ ] Audiologists / audiology technicians
- [ ] Speech therapists
- [ ] ENT specialist nurses / non-physician clinical officers
- [ ] Other: _____

13. Do you receive support from visiting ENT or otology specialists (e.g. from other hospitals or international teams)? *

Mark only one oval.

- ◯ Yes, regularly (at least several times per year)
- ◯ Occasionally (once every 1–2 years)
- ◯ Never

14. In your opinion, which of the following workforce issues most limit access to surgical care for hearing loss in your setting? *

Tick all that apply.

- ☐ Too few ENT surgeons
- ☐ Too few trained otologists / ear surgeons
- ☐ Too few anaesthetists
- ☐ Too few audiologists / diagnostic staff
- ☐ Too few theatre nurses / ENT nurses
- ☐ High turnover / migration of trained staff
- ☐ Limited training opportunities in ear surgery
- ☐ Maldistribution (concentration of staff in major cities)
- ☐ Other: _____

Organisation and Service Delivery

In this section, we would like to ask you about organisational barriers to surgical care for hearing loss.

15. On a typical ENT surgery list, how often are cases cancelled for non-patient reasons (e.g. no theatre time, equipment issues, staff shortage)? *

Mark only one oval.

- Always
- Often
- Sometimes
- Rarely
- Never
- Not sure

16. How do most patients with hearing loss requiring surgery typically reach your facility? *

Mark only one oval.

- Direct self-referral
- Referred from primary care / health centres
- Referred from district / general hospitals
- Referred from other specialists (e.g. paediatrics, neurology)
- Outreach or screening programmes
- Not sure
- Other: _____

17. In your opinion, how important are the following factors as barriers to accessing surgical care for hearing loss in your setting? *

Mark only one oval per row.

	Not a barrier	Minor barrier	Moderate barrier	Major barrier	Don't know
Government support / funding					
Availability of operating/procedure rooms					
Availability of surgical equipment					
Referral pathways to ENT					
Availability of post-operative follow-up and rehab					
Direct costs of surgery (implants, fees, tests)					
Indirect costs (transport, lost income)					
Travel time and distance to reach ENT facility					
Long waiting times for surgery					
Stigma associated with hearing loss					
Fear of hospitals/surgery					

18. Are there other barriers for patients or providers not listed above? please mention.

19. In your opinion, which three changes would most improve access to surgical care for hearing loss in your setting? (Please select up to three) *

Tick all that apply.

- [ ] Increasing the number of ENT surgeons
- [ ] Improving availability of essential ear surgery equipment
- [ ] Expanding audiology and rehabilitation services
- [ ] Improving referral pathways and clinical protocols
- [ ] Reducing direct surgical costs to patients
- [ ] Improving health insurance coverage for hearing-loss surgery
- [ ] Increasing community awareness and early detection
- [ ] Expanding training in otologic surgery
- [ ] Other: _____

20. Please describe any additional important barriers to accessing surgical care for hearing loss in your setting that you feel are not adequately captured above.

21. If you could change one thing in your health system to improve access to surgical care for hearing loss, what would it be and why?

Optional contact for Acknowledgement

If you would like to be acknowledged as a contributor in future publications that stem from this research, please indicate so below.

22. Would you like to be acknowledged as a contributor/collaborator when the results of this work are disseminated (e.g. in the MSc thesis and any future publications)? *

Mark only one oval.

- Yes
- No

23. If yes, please provide your name and email address (optional).
Note: Your name and email will be stored separately from your survey answers so that your responses remain anonymous.

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