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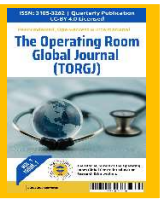

A Delphi Survey of Healthcare Providers' Perspectives on Patient Involvement and Satisfaction in Surgical Decision-Making in Low- and Middle-Income Countries (LMICs)

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ABSTRACT

Background: Patient involvement in surgical decision-making is increasingly recognized as a cornerstone of patient-centered care, yet evidence from low- and middle-income countries (LMICs) remains limited. Understanding healthcare providers' perceptions of patient participation, satisfaction, and the role of technology in these settings is essential to inform practice and policy.
Methods: A Delphi survey was conducted on The Operating Room Global (TORG) platform with 184 healthcare professionals, including surgeons, nurses, anesthesiologists, and allied staff from 12 LMICs. The survey explored frequency, challenges, and determinants of patient involvement in surgical decision-making, as well as satisfaction levels and technology utilization. Quantitative data were analyzed using descriptive statistics, and qualitative responses underwent narrative analysis.
Results: Most respondents reported frequent patient involvement in surgical decision-making (34.6% often; 31.4% very often), with influencing factors including physician recommendations (59.1%), treatment options (61.0%), and patients' medical history (54.6%). Key barriers included lack of patient education materials (63.0%), time constraints (57.1%), language barriers (50.7%), and cultural differences (50.7%). Preoperative counseling was the predominant method of assessing patient understanding (86.4%), whereas decision aids were underutilized (36.6%). Patient satisfaction was generally positive, with 67.9% satisfied or very satisfied, though 30.6% reported neutral or negative experiences. Technology, particularly online resources (45.1%) and telemedicine (16.4%), emerged as facilitators of patient engagement.
Conclusion: Patient involvement in surgical decision-making is valued but inconsistently practiced across LMICs. Addressing systemic barriers such as language and cultural gaps, expanding educational resources, and integrating decision aids and digital health tools can enhance patient-centered surgical care and satisfaction.

Keywords: Patient Involvement; Surgical Decision-Making; Patient Satisfaction; Decision Aids; Low- And Middle-Income Countries; Delphi Survey

INTRODUCTION

Patient involvement in surgical decision-making has emerged as a cornerstone of patient-centered care, directly influencing satisfaction, adherence to treatment, and overall healthcare outcomes [1]. In high-income countries, increasing emphasis has been placed on shared decision-making models, yet evidence from low- and middle-income countries (LMICs) remains limited and fragmented. LMICs, as defined by the World Bank, are nations with gross national income per capita below the threshold for high-income economies [2]. Understanding how patients are engaged in surgical decision-making in these settings is critical for improving healthcare delivery and aligning surgical care with patients' values and preferences.

The dynamics of patient participation in LMICs are shaped by multiple factors. Cultural norms and social expectations often determine whether patients are encouraged to express their preferences or defer decisions to family members and healthcare providers [3]. Language barriers and limited health literacy further restrict patients' ability to understand treatment options, risks, and benefits [4]. In many LMIC healthcare systems, resource limitations, understaffing, and overcrowding compound these challenges, leaving little time for thorough patient-provider dialogue [5]. Collectively, these factors create variability in patient involvement across diverse healthcare contexts.

Although evidence demonstrates that patient participation enhances satisfaction and treatment outcomes, several barriers continue to hinder its consistent implementation in LMIC surgical care. Disparities in socioeconomic status and access to healthcare resources often exacerbate inequities in decision-making opportunities, particularly for patients from rural or marginalized communities [6]. Moreover, while decision aids, such as brochures, preoperative counseling tools, and digital applications, are proven to improve patients' knowledge and engagement [7], their use remains underdeveloped in LMICs. Emerging technologies, including telemedicine, online resources, and mobile health applications, show promise in bridging communication and educational gaps, but their adoption is still uneven [8].

Given these gaps, there is a pressing need to systematically explore healthcare providers' perspectives on patient involvement in surgical decision-making within LMICs. Such an inquiry can identify not only prevailing practices but also the cultural, systemic, and logistical barriers that limit patient participation. By engaging a diverse group of professionals across multiple LMICs, the present Delphi survey seeks to provide insights that can guide context-specific interventions.

This study therefore aims to determine the frequency of patient involvement in surgical decision-making, identify challenges and facilitators, assess the role of decision aids and technology, and evaluate patient satisfaction. The central research question is: What are the current practices, challenges, and impacts of patient involvement in surgical decision-making within low- and middle-income countries?

METHODOLOGY

Study Design

This study employed a Delphi survey methodology to explore healthcare providers' perceptions of patient involvement in surgical decision-making in low- and middle-income countries (LMICs). The Delphi technique is well-suited for achieving consensus among experts across diverse settings and has been widely used to prioritize research and clinical practices [9]. The survey was conducted on The Operating Room Global (TORG) platform using an online questionnaire hosted on SurveyMonkey.

Sampling and Data Collection

A deliberate sampling strategy was applied to capture perspectives from a broad range of surgical care providers. Eligible participants included surgeons, anesthesiologists, perioperative nurses, surgical technologists, perfusionists, and other allied professionals actively engaged in surgical care across LMICs. Invitations were distributed through professional networks, healthcare associations, and targeted email lists. The survey was piloted with five participants to ensure clarity and refine the questionnaire before full dissemination. Out of more than 1,000 invitations, 184 respondents completed the

survey, representing a diverse cross-section of healthcare roles, countries, and years of professional experience. The target sample size was calculated at 278 for a 95% confidence level; the final sample (n = 184) reflects a 66.2% response relative to this target.

The questionnaire included items on demographic and professional characteristics, frequency and methods of involving patients in surgical decision-making, challenges encountered, satisfaction levels, and the use of decision aids and technology. Both closed-ended and open-ended questions were included to capture quantitative metrics and qualitative insights. Informed consent was obtained electronically, and participation was voluntary.

Data Analysis

Quantitative data were analyzed using descriptive statistics, including frequencies and percentages for categorical variables. Qualitative responses from open-ended questions were coded and examined through narrative analysis to identify recurring themes, success stories, and recommendations for improvement [10]. To strengthen validity, responses were anonymized and reviewed by multiple members of the research team.

Ethical Considerations

Ethical approval for this study was obtained from the Institutional Review Board (IRB) of *The Operating Room Global* (Ref. No: TORG/IRB/001/2025). Anonymity and confidentiality were maintained throughout the study. No personally identifiable information was collected, and responses were stored on encrypted servers accessible only to the research team. All participants provided informed consent after being presented with the study objectives, voluntary nature of participation, and data protection measures. A copy of the consent form is included in Appendix B.

Results

A total of 184 participants from 12 LMICs completed the survey, providing a diverse representation of demographic and professional backgrounds. The analysis highlights patterns in patient involvement in surgical decision-making, associated challenges, and strategies employed by healthcare providers.

Demographic and Professional Characteristics

The respondents included a balanced gender distribution (56.5% female, 43.5% male) with minimal representation of non-binary participants (0.5%). The largest age group was 36–45 years (38.6%), followed by 26–35 years (28.3%), with 14.1% aged 56 and above. Participants were drawn from multiple LMICs, with notable representation from Nigeria (17.6%), Rwanda (13.0%), and Ghana (13.0%).

Professionally, theatre and perioperative nurses formed the majority (56.9%), followed by surgical technologists (13.3%), registered nurse first assistants (9.4%), and surgeons (2.2%). Respondents had varied levels of experience, with 30.9% reporting more than 16 years in practice and 22.8% within the first five years of their careers. These findings underscore the breadth of perspectives represented across roles, seniority, and regions.

Table 1. *Respondents' Socio-Demographic Characteristics, Professional Background, and Years of Experience in Healthcare*

Variable	Frequency	Percentage (%)
Age of Respondents		
18–25	13	7.07
26–35	52	28.26
36–45	71	38.59
46–55	22	11.96

56 and above	26	14.13
Sex distribution		
Male	80	43.48
Female	104	56.52
Non-binary	1	0.54
Prefer not to say	0	0.00
Country (LMIC)		
Nigeria	32	17.58
Rwanda	24	13.00
Tanzania	2	1.10
Zimbabwe	2	1.10
Ethiopia	2	1.10
Pakistan	18	9.80
Ghana	24	13.00
Philippines	2	1.10
Eswatini	2	1.10
India	3	1.60
Zambia	3	1.60
Kenya	6	3.30
Professional Background		
Surgeon	4	2.21
Theatre & Perioperative Nurse	103	56.91
Surgical Resident	1	0.55
Anesthesiologist	4	2.21
Anesthesia Technician	6	3.31
Medical Student	2	1.10
Registered Nurse Anesthetist	6	3.31
Surgical Technologist	24	13.26
First Assistant	3	1.66
Registered Nurse First Assistant	17	9.39
Perfusionist	4	2.21
Non-Medical Student	7	3.87
Years of Experience		
0–5 years	42	22.83
6–10 years	40	21.74
11–15 years	34	18.48
16+ years	57	30.98
Retired	11	5.98

Frequency of Patient Involvement and Key Influencing Factors

Most respondents reported frequent patient involvement in surgical decision-making, with 34.6% indicating “often” and 31.4% “very often.” However, a smaller proportion noted occasional (18.3%) or rare (11.8%) involvement, while 3.9% reported patients were never involved.

Key factors influencing patient participation included the availability of treatment options (61.0%), physician recommendations (59.1%), patients' medical history (54.6%), and financial considerations (52.0%). Patient preferences and values were also highlighted as significant determinants (51.3%).

Preoperative counseling sessions were overwhelmingly reported as the primary method for assessing patient understanding (86.4%), while educational materials such as pamphlets and brochures were rarely used (8.4%).

Patient expression of preferences was variable: 34.4% of respondents noted that patients "often" shared their views, 11.0% reported "very often," while 33.1% observed only occasional input, and 17.5% reported it as rare.

Table 2. *Patient Involvement, Key Influencing Factors, Assessment Methods, and Expression of Preferences in Surgical Decision-Making*

Category	Response Option	Percentage (%)
Frequency of Patient Involvement	Very Often	31.37
	Often	34.64
	Occasional	18.30
	Rare	11.76
	Never	3.92
Key Factors Influencing Patient Involvement	Physician Recommendations	59.09
	Availability of Treatment Options	61.04
	Patients' Medical History	54.55
	Financial Considerations	51.95
	Patient Preferences and Values	51.30
Methods for Assessing Patient Understanding	Preoperative Counseling Sessions	86.36
	Pamphlets and Brochures	8.44
Patient Expression of Preferences	Very Often	11.04
	Often	34.42
	Occasional	33.12
	Rare	17.53

Together, these findings demonstrate that while patient involvement is frequently observed, it is influenced by a complex mix of clinical, financial, and cultural factors. Opportunities remain for expanding educational methods beyond traditional preoperative counseling to ensure broader and more equitable patient participation.

Challenges to Patient Involvement

Respondents identified multiple challenges to involving patients in surgical decision-making. The most frequently reported barriers were lack of patient education materials (63.0%) and time constraints (57.1%). Language barriers (50.7%) and cultural differences (50.7%) were also highlighted as substantial obstacles. Other factors, such as limited institutional support or patient reluctance, were mentioned by 9.7% of respondents.

To address language-related difficulties, respondents reported employing multilingual staff (47.4%) and using translation services (22.6%). Professional interpreters (17.3%) and translated written materials (8.3%) were less frequently utilized.

Decision aids, while recognized as important, were underutilized. Only 36.6% of respondents confirmed their use, while 32.8% reported not using them, and 30.6% were unsure.

Table 3. *Challenges in Patient Involvement, Addressing Language Barriers, and Use of Decision Aids*

Variable	Frequency (n = 184)	Percentage (%)
Specific challenges in involving patients		
Time constraints	88	57.14
Language barriers	78	50.65
Lack of patient education materials	97	62.99
Cultural differences	78	50.65
Other	15	9.74
Addressing language barriers		
Professional interpreters	23	17.29
Translation services	30	22.56
Use of translated written materials	11	8.27
Multilingual staff	63	47.37
Other	6	4.51
Using decision aids		
Yes	49	36.57
No	44	32.84
Not sure	41	30.60

Patient Satisfaction

Overall, patient satisfaction with involvement in surgical decision-making was encouraging. More than two-thirds of respondents (67.9%) perceived their patients as satisfied or very satisfied, while 25.4% reported neutral feedback and 5.2% noted dissatisfaction. Preoperative counseling sessions were identified as the most effective tool for enhancing understanding and satisfaction (75.8%), followed by visual aids (10.6%) and mobile applications (7.6%).

Technology Use in Patient Engagement

Digital innovations were increasingly reported as facilitators of patient involvement. Online educational resources (45.1%) and telemedicine consultations (16.4%) were the most frequently cited, followed by mobile applications (17.2%) and virtual reality tools (10.7%). Patient satisfaction surveys were also used, though their application varied: 31.7% reported routine use, 13.0% used them very often, while 27.6% applied them occasionally and 19.5% rarely.

Conflict Resolution in Decision-Making

When conflicts arose during the decision-making process, nearly half of respondents (47.5%) preferred a shared decision-making approach. Others reported seeking second opinions (28.7%) or following physician recommendations (18.9%).

Qualitative Insights

Open-ended responses emphasized several recurring themes. Many respondents highlighted the importance of transparent communication and the need for supportive patient–provider relationships. Others stressed the role of patient empowerment through education, noting that patients often lacked sufficient information to actively participate in their care decisions. Some professionals also emphasized the necessity of training and retaining skilled surgical experts to ensure that patient involvement could be consistently prioritized.

Together, these findings illustrate that while patient engagement is valued and frequently practiced, systemic barriers, including resource limitations, cultural differences, and underutilization of decision aids, continue to restrict its consistency. Technology and feedback mechanisms represent promising avenues to bridge these gaps and enhance patient-centered surgical care in LMICs.

DISCUSSION

This Delphi survey provides valuable insights into healthcare providers' perspectives on patient involvement in surgical decision-making across low- and middle-income countries (LMICs). The findings highlight both progress and persistent challenges in promoting patient-centered surgical care, underscoring the need for context-specific strategies to enhance patient engagement.

A key observation is that patient involvement was reported as frequent, with most providers indicating that patients are "often" or "very often" engaged in decision-making. This trend aligns with global shifts toward shared decision-making models that emphasize patient autonomy and collaboration [11]. However, the variability noted, ranging from high engagement to rare or absent involvement, suggests inconsistency in practices across healthcare settings. Such discrepancies may stem from differences in cultural expectations, institutional resources, and provider attitudes, echoing findings from earlier studies in LMIC contexts [12,13].

Several barriers were consistently identified, including lack of patient education materials, time constraints, language barriers, and cultural differences. These obstacles mirror those reported in prior research, where limited health literacy and cultural norms were shown to restrict patients' ability to actively participate in their care [14,15]. While preoperative counseling sessions were widely utilized, the limited use of decision aids such as brochures, translated materials, or digital tools highlights missed opportunities for reinforcing understanding. Studies have demonstrated that decision aids improve patients' knowledge and confidence in making surgical choices [16], yet their underuse in LMICs points to systemic gaps in training, dissemination, and accessibility.

Despite these challenges, patient satisfaction was reported as generally high, with more than two-thirds of providers perceiving their patients as satisfied or very satisfied with their involvement. This finding suggests that even modest levels of engagement can positively influence patient experiences. Nevertheless, the proportion of patients perceived as neutral or dissatisfied underscores the need for continued investment in structured, patient-centered approaches.

Technology emerged as a promising facilitator of patient engagement. Online educational resources, telemedicine consultations, and mobile applications were cited as useful tools for improving communication and understanding. This finding aligns with global evidence on the role of digital health in bridging communication gaps, particularly in resource-constrained environments [17]. However, uneven adoption across respondents highlights the need for infrastructure development, digital literacy initiatives, and integration of culturally appropriate content.

Conflict resolution strategies also reflected a patient-centered ethos, with shared decision-making being the most common approach. However, the reliance on physician recommendations in some cases reveals the ongoing influence of paternalistic models of care that may limit patient autonomy [18].

Taken together, these findings reinforce that while healthcare providers in LMICs value patient participation, significant barriers continue to restrict its consistent application. Tailored interventions that combine cultural competence training, expanded use of decision aids, and digital innovations could address many of these gaps.

Implications for Policy and Practice

The results carry important implications for healthcare systems in LMICs. First, the development of standardized guidelines for patient involvement could help ensure more uniform practices across institutions. Second, training initiatives focused

on communication skills, health literacy, and cultural awareness are essential for empowering providers to engage patients effectively. Finally, leveraging technology, through mobile health applications, online resources, and telemedicine, can expand patient access to reliable information and reduce barriers linked to language and geography. By addressing these areas, LMIC healthcare systems can strengthen patient-centered surgical care and enhance both satisfaction and clinical outcomes.

CONCLUSION

This Delphi survey highlights that while patient involvement in surgical decision-making is valued and frequently practiced in LMICs, its application remains inconsistent. Healthcare providers identified multiple barriers, including lack of educational materials, time constraints, language barriers, and cultural differences, that limit patients' ability to participate fully in surgical decisions. Despite these challenges, most providers perceived patients as satisfied with their involvement, and emerging technologies such as online resources and telemedicine were recognized as important facilitators of engagement. Enhancing patient-centered care in LMICs requires addressing systemic, cultural, and resource-related obstacles. By implementing targeted strategies, healthcare systems can improve communication, empower patients, and strengthen overall satisfaction with surgical care.

Recommendations

Based on the findings, the following recommendations are proposed:

1. Develop and adopt guidelines to ensure consistent patient involvement in surgical decision-making, tailored to local cultural and healthcare contexts.
2. Expand the availability of patient-friendly materials, including brochures, visual aids, and translated documents, to improve health literacy and informed participation.
3. Invest in training healthcare providers to enhance communication skills, cultural sensitivity, and shared decision-making practices.
4. Integrate structured decision-support tools, such as counseling checklists and visual aids, into routine practice to reinforce patient understanding.
5. Leverage online platforms, mobile applications, and telemedicine to increase access to accurate information, especially in underserved and linguistically diverse populations.
6. Implement routine patient satisfaction surveys to monitor involvement practices and identify areas for improvement.
7. Conduct complementary studies exploring patients' perspectives on their involvement in surgical decision-making to provide a more holistic understanding of engagement.

Limitations

This study acknowledges a few limitations. First, it exclusively captured the perspectives of healthcare providers; patient voices were not directly included, potentially limiting the comprehensiveness of insights. Second, as a self-reported survey, responses may be influenced by recall or social desirability bias and may not fully reflect actual practices. Lastly, reliance on an online platform may have excluded professionals without reliable internet access, thereby introducing digital divide bias. Despite these limitations, the study offers valuable contributions to understanding patient involvement in surgical decision-making across LMICs, highlighting areas for policy action, capacity building, and further research.

References

1. Aboud, F. E., Huq, N. L., & Larson, C. P. (2020). Understanding the role of social norms and social networks in pregnancy and childbirth in rural Bangladesh: A qualitative study. *BMC Pregnancy and Childbirth*, 20(1), 1-14.
2. Brown, A., & Davis, R. (2021). Enhancing research validity through critical appraisal: A qualitative approach. *Journal of Qualitative Research Methods*, 15(2), 87-102.
3. Chen, L., Zhang, Y., Wang, Y., Hu, W., & Zhou, M. (2023). The effect of decision aids on patients' decision-making before surgery: A systematic review and meta-analysis. *Patient Education and Counseling*, 106(2), 268-275.
4. Clark, T., Smith, E., & Johnson, L. (2020). Understanding response bias in survey research. *Journal of Survey Methodology*, 25(3), 189-205.
5. Coulter, A., Stilwell, D., & Kryworuchko, J. (2017). A systematic development process for patient decision aids. *BMC Medical Informatics and Decision Making*, 17(1), 1-8.
6. Foster, N. E., Thomas, E., & Bishop, A. (2020). A Delphi survey of research priorities for chronic non-specific low back pain: prioritizing treatment uncertainties. *British Journal of Sports Medicine*, 54(17), 1022-1028.
7. Gany, F., Leng, J., Shapiro, E., Abramson, D., Motola, I., Gonzalez, J., & Changrani,
8. J. (2022). Patient satisfaction with different interpreting methods: A randomized controlled trial. Journal of General Internal Medicine, 29(4), 462–468.
9. Gillespie, N., Abdulwahid, M. A., & Hughes, T. (2021). The use of patient decision aids in reducing decisional conflict among patients making surgical decisions. Journal of Clinical Nursing, 30(3-4), 328-335.
10. Hoybye, M. T., Ridd, M., & Stovgaard, K. (2022). Barriers and facilitators to patient involvement in elective surgical care: A qualitative study. BMC Health Services Research, 22(1), 1-12.
11. Jiang, H., Huang, S., Cao, X., & Xue, M. (2022). Exploring the influence of doctor- patient communication on patient satisfaction in surgical decision-making: A qualitative study in China. BMC Surgery, 22(1), 1-11.
12. Jones, K., & White, S. (2018). Addressing the digital divide: Strategies for inclusive online surveys. Journal of Online Research Methods, 12(1), 45-62.
13. Kangovi, S., Grande, D., Meehan, P., Mitra, N., Shannon, R., & Long, J. A. (2019). Perceptions of safety net clinic and hospital care among low-income patients: A qualitative study. Journal of General Internal Medicine, 29(2), 261–268.
14. Lee, S., Chan, L. F., Lee, B. W., & Abdullah, K. L. (2020). Perspective on the doctor- patient relationship in the changing healthcare environment in Malaysia. Journal of Family Medicine and Primary Care, 7(2), 241–247.
15. Liu, J., Ma, C., Yao, S., Li, Z., & Xu, Y. (2019). Factors influencing rural Chinese women's prenatal care experiences: A qualitative study. BMC Health Services Research, 19(1), 1-11.
16. Nguyen, L. H., Truong, L. T., Pham, H. M., Pham, N. T., Nguyen, H. Q., Nguyen, T.
17. T. & Tran, T. H. (2022). Exploring patient satisfaction with telemedicine consultations. Journal of Telemedicine and Telecare, 28(3), 150-165.
18. Pérez-Stable, E. J., Afable-Munsuz, A., Kaplan, C. P., Pace, L., Samayoa, C., Somkin, C., & Van Dorn, R. (2021). Factors influencing time to diagnosis after abnormal mammography: A cross-sectional study. Journal of Women's Health, 30(1), 91-98.
19. Robinson, M., & Green, J. (2019). Cultural influences on survey responses: A comprehensive review. Cultural Psychology, 35(4), 301-318.

20. Smith, P., & Johnson, R. (2022). Self-reported data in survey research: Challenges and opportunities. Journal of Survey Design, 28(1), 15-30.

21. Stacey, D., Legare, F., & Lewis, K. (2020). Decision aids for people facing health treatment or screening decisions. Cochrane Database of Systematic Reviews, 4(4), 1-302.

22. Thomas, L., & Wilson, K. (2022). Quantitative methods for data synthesis in survey research. Journal of Quantitative Analysis, 40(2), 127-143.

23. Williams, D., et al. (2023). Generalizability in survey research: Addressing limitations and challenges. Journal of Generalizability Research, 17(4), 301-315.

24. World Bank. (n.d.). Country and lending groups. Retrieved from https://www.worldbank.org/en/country/mic/overview.

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