AMBULATORY SURGERY PROVIDED IN STAND-ALONE AMBULATORY SURGICAL CENTERS: FACTORS ASSOCIATED WITH ITS ACCEPTABILITY AMONG SURGICAL HEALTHCARE PROVIDERS IN UGANDA

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INTRODUCTION: The study aimed to assess the acceptability of ambulatory surgery provided in stand-alone ambulatory surgical centers and to identify factors associated with its acceptability among surgical healthcare providers in Uganda.

METHOD: An analytical cross-sectional study was conducted among surgical healthcare providers in the Central and Eastern regions of Uganda. Hospitals were sampled purposively, while health center-level facilities were randomly sampled. Surgical care providers were consecutively sampled and participated in structured interviews.
Descriptive analyses (frequency and cross-tabulations) were performed, followed by multivariate analysis using a log-binomial model in SPSS version 26. Statistical significance for multivariate analysis was set at α = 0.05.

RESULTS: Overall acceptability was 13%. Among non-acceptors, major concerns included safety, gaps in patient care, limited surgical scope, and poor postoperative outcomes.
Low acceptability was significantly associated with:

- Being a graduate-level provider (aPR = 0.527, 95% CI: 0.299–0.927, p = 0.026)
- Having 5–10 years of surgical experience (aPR = 0.393, 95% CI: 0.223–0.693, p = 0.001)
- Perceiving ambulatory surgery as linked to more adverse events (aPR = 0.222, 95% CI: 0.056–0.886, p = 0.033)
- Believing that few colleagues would accept ambulatory surgery for most surgical cases (aPR = 0.537, 95% CI: 0.313–0.920, p = 0.024)

Acceptability was higher among providers who perceived ambulatory surgery to be less costly than inpatient surgery (aPR = 2.305, 95% CI: 1.024–5.188, p = 0.044).

CONCLUSION: Acceptability of ambulatory surgery in stand-alone facilities is low among surgical care providers in Uganda, with only one in ten providers supporting this model. Acceptability is associated with individual sociodemographic characteristics and provider perceptions, which may hinder wider adoption of this surgical model.
Improving acceptability will require targeted mindset-change interventions that address negative perceptions and the identified provider-level factors.