

ASSESSMENT OF ANAESTHESIA AND ANAESTHETIST THROUGH THE PATIENTS' POINT OF VIEW *

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SUMMARY

Two hundred and thirty-nine patients were interviewed by a questionnaire comprising 36 questions, to evaluate the patients' knowledge about the anaesthetist, their expectations and satisfactions, their main fears about the anaesthesia and surgery and their perception of the service provided by the anaesthesia team. Although 219 patients had been visited preoperatively, 166 of them considered that they had been insufficiently warned of possible anaesthetic events. Most of the patients were afraid of not waking up or of expectation of poor prognosis related to the primary pathologies which led to the procedure. In general, patients stated that they were satisfied and made no criticisms to the health service performed during the perioperative period. Based on the data received from this study, it is concluded that in order to maintain the quality of anaesthesia, the evaluations related on the postoperative patient impressions will be advantageous.

Key words: Questionnaire, anaesthetist, patient's satisfaction, fear, quality.

ÖZET

Hastaların; anesteziistin cerrahi girişimlerdeki rolüne ilişkin bilgilerinin, beklentilerinin, anestezi ekibince sunulan sağlık hizmetinin kalitesine yönelik yorumlarının araştırılması amacıyla 239 hastaya 36 sorudan oluşan bir anket uygulandı. Hastaların 219'una preoperatif ziyaret uygulanmış olmasına karşın, bunların 166'si olası anestezi risklerinden yeterince bilgilendirilmediklerini ifade ettiler. Hastaların çoğunun uyanamamaktan ya da girişime neden olan primer patolojileri ile ilgili kötü bir prognozdan korktukları belirlendi. Genel olarak hastaların perioperatif dönemde verilen sağlık hizmetine yönelik bir eleştiri getirmeyip, memnun oldukları saptandı. Bu çalışmadan elde edilen verilere dayanılarak, anestezi kalitesinin korunması için, postanestezi hasta izlenimlerine dayandırılan değerlendirmelerin yarar sağlayacağı sonucuna varıldı.

Anahtar sözcükleri: Anket, anesteziist, hasta memnuniyeti, korku, kalite.

Complex surgery performed on high risk patients became increasingly possible as anaesthetists developed techniques for active perioperative management of vital functions. However, the general public understood not much of these developments. The problem of image and status of anaesthetists in the eyes of the medical and lay communities are not new.

In 1978, 67 % of the patients questioned by Keep and Jenkins (1), thought that an anaesthetist was a doctor. In 1996, Zvara et al (2), based upon the National Centre for Health Statistics, claimed that anaesthetists care for approximately 25 million patients annually, yet very often their patients did not know their anaesthetist's name nor they knew the importance of the anaesthetist in their

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perioperative care. These results show that there has not been much development in public knowledge of the anaesthetist's status over the last two decades.

The present study was conducted to assess patients' knowledge and attitudes concerning the specialty and practice of anaesthesia, as well as the quality of service provided by the anaesthesia team. We used a version of van Vijk and Smalhout's (5) questionnaire adapted to our own hospital with certain aspects modified.

METHODS

This survey was carried out in over an eight-week period. Two hundred and thirty-nine patients were interviewed who had undergone elective surgery. The interview comprising 36 questions was made 1-3 days after the operation by the third investigator to elicit the following information:

1. Patient's knowledge about the physician status and speciality of anaesthetist.
2. Patient's expectation and satisfaction of preoperative and postoperative visits.
3. Patient's main fears about the anaesthesia and the surgery.
4. Patient's perception of the service provided by the anaesthesia team.

Patients under 14 years old, mentally incompetent; undergone emergency and cardiac surgery, craniotomy or other procedures requiring postoperative mechanical ventilation, and ASA physical classification of IV or greater were excluded from the study.

Statistical analysis of data were performed using SPSS system for the Chi-square test. A $p < 0,05$ was accepted as statistically significant.

RESULTS

Of the 239 patients who were interviewed, 173 (72 %) were female and 66 (28 %) were male. The age range was 16-82 (mean 44.2) years. General anaesthesia was performed in 75.7 % of patients, regional in 20 % and a combination of the two in 4.2 %. Anaesthesia was provided by both qualified anaesthetists and trainees.

The results to the questions regarding preoperative assessment and expectations of anaesthesia are summarized in Table I.

Although 219 patients (91.6 %) had been visited preoperatively, 166 of them (75.8 %) considered that they had been insufficiently warned of possible anaesthetic events.

The average duration of the visit was about 9.5 min according to the patients. Of the 219 (91.6 %) who were visited preoperatively by an anaesthetist, 165 patients (75.3 %) said that the time spent was sufficient and 158 (72.2 %) mentioned that it gave confidence and relaxation.

Eighty-one patients (33.9 %) expected problems related to anaesthesia, while 158 (66.1 %) did not. Expectation of problems were found to be more in women than men ($p < 0,05$).

Preoperative fears related to anaesthesia and surgery are summarized in Tables II and III. Seventy percent of patients who had anaesthetic fears were found to be afraid of not waking up postoperatively, 51.4 % of the patients who had fears about surgery, were afraid of expectation of poor prognosis related to the primary pathologies which led to the procedure.

Table I. Preoperative Expectations and Experiences of Patients

	Total	Male	Female
Interviewed	239	66	173
Visited preoperatively (%)	219 (91.6)	57 (23.8)	162 (67.8)
Considered visit duration adequate (%)	165 (75.3)	46 (21.0)	119 (54.3)
Impressed from preoperative visit (%)	158 (72.2)	37 (16.9)	121 (55.3)*
Expected problems related to anaesthesia (%)	81 (33.9)	15 (6.3)	66 (27.6)*
Have specific fears related to anaesthesia (%)	114 (47.7)	24 (21.1)	90 (37.7)*
Have specific fears related to surgery (%)	111 (46.4)	22 (9.2)	89 (37.2)*
Thought surgeon as qualified doctor (%)	192 (80.3)	52 (21.7)	140 (58.6)
Thought anaesthetist as qualified doctor (%)	91 (38.1)	37 (15.5)	54 (22.6)†
Knew surgeon's name	182 (76.2)	50 (21.0)	132 (55.2)
Knew anaesthetist's name	23 (9.6)	7 (2.9)	16 (6.7)

(*) indicates the difference between males and females is statistically significant ($p < 0.05$)

(†) indicates the difference between males and females is statistically significant ($p < 0.01$)

Interestingly, while only 38.1 % knew that anaesthetist was a qualified doctor, majority of patients (80.3 %) knew that surgeon was. Also, more patients (76.2 %) could remember the name of the surgeon than the name of the anaesthetist (9.6 %).

Thirty-nine (16.2 %) of 191 patients who had general anaesthesia mentioned that they would prefer regional anaesthesia because they believed that this approach was easier (7.2 %), they wished to avoid the risk of not waking up (5.1 %), vomiting (2.3 %) or use of anaesthetic gases incorrectly (1.6 %).

Postoperative complaints and their incidences according to sex are summarized in Table IV. No statistically significant differences were found related to sex.

Fifty-four patients (22.6 %) who were visited by an anaesthetist in the postoperative period were satisfied with this visit, of the patients who were not, most (63.8 %) would have liked. The most frequent causes of postoperative visit expectations are listed as; having information (31.9 %), expressing thanks (11.4 %), being cared (9.2 %), seeing (5.9 %) or talking with (4.3 %) the anaesthetist.

Table II. Preoperative Fears Related to Anaesthesia

	Total	Male	Female
Not waking up (%)	80 (70.2)	11 (9.7)	69 (60.5)
Painful procedure (%)	21 (18.4)	7 (6.1)	14 (12.3)
Unknown (%)	6 (5.4)	3 (2.6)	3 (2.6)
Postoperative nausea and vomiting (%)	4 (3.6)	2 (1.8)	2 (1.8)
Awareness (%)	3 (2.6)	1 (0.8)	2 (1.8)
Total	114	24	90

Table III. Preoperative Fears Related to Surgery

	Total	Male	Female
Poor prognosis about the pathology led to surgery (%)	57 (51.4)	9 (8.2)	48 (43.2)
Postoperative pain (%)	27 (24.3)	4 (3.6)	23 (20.7)
Unknown (%)	26 (23.4)	8 (7.2)	18 (16.2)
Scar (%)	1 (0.9)	1 (0.9)	0
Total	111	22	89

Table IV. Postoperative Complaints

	Total	Male	Female
Shivering (%)	53 (32.1)	10 (6.1)	43 (26.1)
Vomiting (%)	43 (26.1)	9 (5.5)	34 (20.6)
Muscle weakness (%)	27 (16.4)	9 (5.5)	18 (10.9)
Sore throat (%)	24 (14.5)	8 (4.9)	16 (9.7)
Headache (%)	18 (10.9)	4 (2.4)	14 (8.5)
Total	165	40	125

DISCUSSION

The preoperative visit is not only a way of obtaining information about the patient, but also an opportunity to inform the patient about anaesthesia in order to diminish fear and misinformation. Klafitz and Roizen (4) stated that preoperative visit has six purposes: first, to assess and ensure the readiness of the patient for anaesthesia and surgery; second, to choose an anaesthetic and educate the patient regarding the planned anaesthetic technique; third, to reassure the patient and reduce anxiety; fourth, to discuss postoperative care plans and care therapy options; fifth, to decrease costs by improving outcome, reducing length of stay, and facilitating communication among the patient care team; and sixth, to obtain informed consent.

Our findings and the data obtained from various studies are summarized in Table V. In the present

series comprising 239 patients, according to the fact that about 10 % of the patients not visited preoperatively and 25 % visited but believed that the anaesthetist didn't give enough time indicate our serious insufficiency in preoperative visits.

About 40 years ago, Egbert et al (10) found that adequate preoperative information related to postoperative pain reduced the amount of morphine used postoperatively by 50 percent.

Our present findings not waking up and postoperative pain which were the primary concerns related to the preoperative fears supported the recommendations of investigators that anaesthetists should specifically address patients' concerns regarding waking up and experiencing pain (2,6,10-14). Indeed, in our series 69.5 % of the patients found the information about the postoperative period to be insufficient. Similarly, our data reflecting the number of the

patients who knew the name and the specialty of the surgeon is higher than the anaesthetist, reveal the lack of information of anaesthesia and of the anaesthetist's vital importance in maintaining normal haemodynamics during the perioperative period.

Moreover, 165 patients (69 %) complained from shivering, vomiting, muscle weakness, sore throat and headache after the operation. Although the deficiencies in preoperative visits and postoperative complaints prevailed, 98,3 % of the patients interestingly did not make any criticism about the service provided by the anaesthesia team and said that they were satisfied. These findings are consistent with the results of Zvara et al (2), who performed a postoperative questionnaire to evaluate patient satisfaction. They also found out that the most important criteria of satisfaction was an anaesthetic management without complication. One possible explanation to such findings is the lack of patients knowledge regarding the vital

importance of anaesthetist and anaesthesia during the perioperative period. Wetehler (15) stated this problem as "We [anesthesiologists] suffer from a lack of recognition for the accomplishments we have made, a lack of understanding for what we do, (and) how we contribute to the overall safety of our patients".

However, we believe that one can find the answer of this question in the results of this paper. Anaesthetists can not give more time to the preoperative visits due to gradually increasing patient number, and due to interest and service area. Moreover, they can visit very few patients in the postoperative period.

Our achievements may depend upon our success in educating the public, politicians, and other health care professional.

In conclusion, a routine postoperative interview, using a preformulated questionnaire, is a good way to assess and maintain a high quality of anaesthesia.

Table V. Summary of the Data Obtained from Various Questionnaires.

Series, year	No. Of patients (mean)	Age (years)	Qualification of Anaesthetist(%)	Qualification of Surgeon(%)	Knew name of Anaesthetist(%)	Knew name of Surgeon(%)	Not waking up(%)	Painful procedures(%)	Postoperative pain(%)	Expectation of Post. Prognosis(%)
Gizzeybek et al. 1999	239	44.2	31.4	76.6	9.2	76.6	70.2	18.4	24.3	51.4
Keep and Jenkins, 1978 [1]	100	48.4			2		15	26		
Dódes et al. 1985 [5]	121	48.8	81		42.9	98.5	4.1	1.6		9.8
van Wijk and Smalhout, 1990 [3]	129	46			49.6	76.6	54.5	13.6		24.8
Hume et al. 1994 [6]	166	48.4					43.4		38	
Sèveac and Panagopoulos, 1991 [7]	800	52	45				37	10	34	
Swinhoe and Groves, 1994 [8]	100		65							
Ramsay, 1972 [9]	382						23	29	5	

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