

Assessment of Patient's Concept about Anesthesia and Anesthetist in Anesthesia Consultation Clinic at Ghazi –Al Hariri Hospital for Specialized Surgery in Baghdad/ Iraq

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Abstract:

Background: Anesthesia continue to be a major concern to the patient and anesthesiologist still behind screen

Objective: To assess patient's concept about anesthesia and role of anesthetist, with comparison between two groups regarding anesthesia administer previously.

Methodology: Descriptive cross sectional study was conducted on Ghazi AL-Hariri Hospital, Anesthesia consultation clinic. The total number of the study sample were (52) surgical patients out of (60) the remaining was dropout due to incomplete data, age from 20-50 year. The Study Instrument It is composed of 2 major parts and these parts are: the first part related to Socio-demographic Data and the second is questionnaire format related to anesthesia & its related issues which consists of (16) items, divided into (2) types of questions regarding previous exposure to anesthesia or not exposed, three items were shared between them. A study was carried out in anesthesia consultation clinic by investigator using verbal interviewing in local Arabic language with 16 items assessing anesthesia and role of anesthetist dividing into two groups according to previous exposure to anesthesia.

Results: 52 patients enrolled in this study, 40 male and 12 female. 18 of participants with primary level of education and 16 with inter mediate level. 29 patients had previous exposure to anesthesia and 23 patients without. 17 patients of first group knew that anesthesia was given by anesthesiologist, while 15 of the other group with the same concept. 16 patients of first group regarding operative room as the only working place for anesthesiologist, and only 8 patients of this group had knowledge about role of anesthesiologist in recovery stage.

Conclusion: Anesthesiology as a medical science still enigmatic for lay people, while there is awareness among patients about anesthesia as a vital and threatened issue regarding their lives intraoperatively, but without actual concept, and not waking up after anesthesia was a major concern.

Keywords: Anesthesia concept, Anesthesiologist role, Anesthesia clinic.

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I. Introduction

Anesthesiology was obsolete for so many years with ambiguity about importance of this branch in medical fields in general and surgery precisely, recently over the last 50 years anesthesiology got big revolution with new anesthetic agents and developed monitoring systems⁽¹⁾.

Now a day a anesthesiology become aholistical science tenting all medical sciences and its important role in many departments in the hospital regarding preoperative care, pain management, critical care and palliative care. Anesthesiologist become a decision maker in patient management especially critically ill⁽²⁾.

The role of anesthesiologist is crucial, but till now he does not have what he deserve as professional doctor with a unique approach. Anesthesiologist play sensitive role in operative room, with his dexterity can overcome any surgical mishap, but still a doctor behind screen and invisible to the patient⁽³⁾.

Public awareness programs are being arranged in many developed countries and on May 25th 2000 National Anesthesia Day was observed to inform the public about the role of anesthetist⁽⁴⁾.

Objective: To assess patient's concept about anesthesia and role of anesthetist, with comparison between two groups regarding anesthesia administer previously.

This present study might be the first one regarding Iraqis patient's concept about anesthesia and anesthesiologist.

II. Methodology

After obtaining institutional ethical committee. The study carried out through the period of 1st April to the 30th of October 2017. This descriptive(Cross sectional) study design was conducted in Anesthesia Consultation Clinic at Ghazi –Al Hariri Hospital for Specialized Surgery in Baghdad, where tertiary care provided to patients in urology, otolaryngology, orthopedic, plastic, maxillofacial, neurology, and ophthalmology branches, in which Large number of surgical patients are referral from other medical centers and need advance cohesive surgical management. This new regime of visiting anesthesia clinic preoperatively to make patients ready for operation without delay or cancelled, about (30) to (50) patients up to (70) in some occasions visiting anesthesia clinic every day, this make collection of data a little bit difficult and construed modest study, as every patient need clinical assessment, medical examination with all laboratory investigations should be completed. The total number of the study sample were (52) patients out of (60) the remaining was dropout due to incomplete data .The study instrument is composed of 2 major parts and these parts are: Socio-demographic Data that consists of (4) items as general information of patients like (age, gender, level of education, and patient's occupation), and Questionnaire format related to anesthesia & its related issues were taken from review on similar topics and modified according to local perception in this country , it consists of (16) items, divided into (2)types of questions regarding previous exposure to anesthesia or not , three items were shared between the two groups of Patients were interviewed with Arabic language after talking to them about the study and got their agreement orally, the reply written by investigator, the included criteria were; patients with elective surgery, age from (20) to (50)year, clinically and mentally stable. Pretest data was done before real data collection

III. Results of the Study

Table (1): Demographic Characteristics of Participants (N=52)

Demographic Characteristics	Groups	Frequency	Percentage
Age (Years)	20 -25	13	25.0
	26 -31	17	32.7
	32 -37	9	17.3
	38 – 43	5	9.6
	44 – 49	7	13.5
	50 and above	1	1.9
Gender	Male	40	76.9
	Female	12	23.1
Level of Education	Illiterate	1	1.9
	Able to read and write	5	9.6
	Primary school graduate	18	34.6
	Intermediate school	16	30.8
	Secondary school graduate	2	3.8
	Institute graduate	3	5.8
	College graduate	7	13.5
Occupation	free job	18	34.6
	Governmental officer	7	13.5
	Military	15	28.8
	housewife	10	19.2
	*Others	2	3.8

Table (1) shows that the mean age group and SD was 32 ± 9.03 Minimum 20 and Muximum 50. (34.6%) of participants had primary school level, while (13.5%) were graduate, (76.9%) male and (23.1%) were female. Military patients were (28.8%), while (34.6%) with free job



Table (2) : Distribution of the study sample who had a previous anesthesia (N=29)

No .	Variables	Frequency	Percentage (%)
1	Who is anesthetist?		
	Anesthesiologist	17	58.6
	Surgeon	0	0.0
	Nurse	3	10.3
	Do not know	9	31.0
2	Fasting pre operatively		
	To prevent vomiting and suffocation	24	82.8
	For more successful surgery	3	10.3
	Do not know	2	6.9
3	Signature pre operatively		
	For risk of an operation	27	93.1
	As routine work	1	3.4
	Do not know	1	3.4
4	Taking anesthesia for		
	Loss of pain	26	89.7
	Good result of surgery	3	10.3
	Do not know	0	0.0
5	Anesthesia is taken as		
	single dose	14	48.3
	Multiple doses	12	41.4
	Do not know	3	10.3
6	Are there especial equipment for anesthesia?		
	Yes	7	24.1
	No	7	24.1
	Do not know	15	51.7
7	Have a got a chance to speak with Anesthesiologist?		
	Yes	21	72.4
	No	8	27.6
	Do not know	0	0.0
8	How did you recover from anesthesia?		
	At end of anesthesia dose	14	48.3
	Anesthesiologist	8	27.6
	Nurse	2	6.9

	Surgeon	2	6.9
	do not know	3	10.3
9	If there are any mishap intra operatively, who fix it?		
	Surgeon	12	41.4
	Nurse	7	24.1
	Anesthesiologist	2	6.9
	do not know	8	27.6
10	Is the anesthetic similar to all patients?		
	Yes	8	27.6
	No	20	69.0
	Do not know	1	3.4
11	Location of anesthesiologist in the hospital		
	Operation room only	16	55.2
	Casualty unit and intensive care unit	7	24.1
	Do not know	6	20.7

This table revealed the awareness of 29 patients with previous exposure to anesthesia .17(58.6%) patients knew that anesthesia given by anesthesiologist, and 21 (72.8) patients had a chance to speak to anesthesiologist before induction, while concept about the way of taking anesthesia whether single or multiple doses was 14(48.3%) patients reply as single dose only at the beginning of surgery, and regarding availability of anesthetic equipment only 7(24.1%) insist this issue, while 15(51.7%) patients without any knowledge concern this . 16(55.2%) Of this group of patients regarding operative room is the only working place for anesthesiologist and only 8 patients knowledge about role of anesthesiologist in recovery stage. The patient wake up at end of anesthesia dose as 14 of them said .Two only knew that anesthesiologist had role in management if any mishap occur intra operatively. Limited Response of this group reveal restricted interaction between surgical patient and anesthesiologist and may be attributed to casual time spending preoperatively with the patient.

Table (3) : Distribution of study sample who did not have a previous anesthesia (N=23)

No	Variables	Frequency	Percentage (%)
1	Who is anesthetist?		
	Anesthesiologist	15	65.2
	Surgeon	3	13.0
	Nurse	1	4.3
	Do not know	4	17.4
2	Your expectation when you visit anesthesia clinic		
	Person sign your paper	1	4.3
	Doctor examine you	19	82.6
	You can take anesthesia there	1	4.3
	Do not know	2	8.7
3	Is Visiting anesthesia clinic?		
	As a request of the surgeon	3	13.0
	For better operation	20	87.0
	As a routine work	0	0.0
	Do not know	0	0.0
4	Are there types of anesthesia (general, local and spinal)? Last decision of surgery is:		
	Yes	21	91.4
	No	0	0.0
	Do not know	2	8.6
5	Last decision of surgery is:		

	Responsibility of the surgeon	12	52.2
	Responsibility of anesthesiologist	11	47.8
	Do not know	0	0.0
6	Is the anesthetic similar to all patients?		
	Yes	4	17.4
	No	16	69.6
	Do not know	3	13.0
7	Location of anesthesiologist in the hospital		
	Operation room only	11	47.8
	Casualty unit and intensive care unit	8	34.8
	Do not know	4	17.4

This table shows that 23 patients taking anesthesia for the first time 15(65.2%) knew anesthetist is doctor, 82.6% state doctor examine them, 87.0% is visiting anesthesia clinic for better operation, 91.4% there is many types of anesthesia, 52.2% mentioned that last decision of surgery is responsibility of the surgeon 69.6% that anesthesia not similar to all patients & working place of anesthesiologist should be operative room exclusively was 11(47.8 patients %).

Table (4): Comparative between the study sample who had a previous anesthesia and who did not have a previous anesthesia

Variables	Sample Who had A Previous Anesthesia. (N= 29)		Sample Who Did not Have A Previous Anesthesia. (N= 23)		T. test	df	P. value
	F.	%	F.	%			
Who is anesthetist?							
Anesthesiologist	17	58.6	15	65.2	-2.538	51	0.014 (S)
Surgeon	0	0.0	3	13.0			
Nurse	3	10.3	1	4.3			
Do not know	9	31.0	4	17.4			
Is the anesthetic similar to all patients?							
Yes	8	27.6	4	17.4	-4.383	51	0.000 (S)
No	20	69.0	16	69.6			
Do not know	1	3.4	3	13.0			
Location of anesthesiologist in the hospital							
Operation room only	16	55.2	11	47.8	-1.807	51	0.077 (NS)
Casualty unit and	7	24.1	8	34.8			
Do not know	6	20.7	4	17.4			

Table (5) : Association among study sample who had a previous anesthesia with demographic characteristics (N=29)

Variables	Age			Gender			Education			Occupation		
	df	χ^2	P.	df	χ^2	P.	df	χ^2	P.	df	χ^2	P.
1 Who is anesthesiologist	10	8.897	(NS)	2	1.183	(NS)	8	12.936	(NS)	8	5.576	(NS)
2 Fasting pre operatively	15	18.398	(NS)	3	7.783	(S)	12	10.489	(NS)	12	25.408	(S)
3 Signature pre operatively	10	8.235	(NS)	2	1.313	(NS)	8	4.117	(NS)	8	5.370	(NS)

4	Taking anesthesia for	5	9.233	(NS)	1	.030	(NS)	4	0.697	(NS)	4	3.243	(NS)
5	Anesthesia is taken as	10	19.048	(S)	2	1.189	(NS)	8	12.459	(NS)	8	8.439	(NS)
6	Are there especial equipments for	10	5.465	(NS)	2	1.493	(NS)	8	4.902	(NS)	8	3.368	(NS)
7	Have a got a chance to speak with	5	1.809	(NS)	1	0.001	(NS)	4	1.467	(NS)	4	2.093	(NS)
8	How did you recover from anesthesia?	20	14.334	(NS)	4	1.897	(NS)	16	24.066	(NS)	16	9.173	(NS)
9	If there are any mishap intra operatively, who fix it?	15	14.934	(NS)	3	0.987	(NS)	12	10.638	(NS)	12	9.748	(NS)
10	Is the anesthetic similar to all	10	10.743	(NS)	2	2.241	(NS)	8	33.894	(S)	8	6.233	(NS)
11	Location of anesthesiologist in the hospital	10	15.500	(NS)	2	0.544	(NS)	8	7.520	(NS)	8	9.017	(NS)

Association among study sample who did not have a previous anesthesia, χ^2 : chi-square, df: degree of freedom P-value, S: Significant, NS: Not Significant

Table (6) : Association among study sample who did not have a previous anesthesia with demographic characteristics (N=23)

Variables	Age			Gender			Education			Occupation		
	df	χ^2	P.	df	χ^2	P.	df	χ^2	P.	df	χ^2	P.
1 Who is	12	16.68	(NS)	3	6.97	(NS)	15	12.69	(NS)	12	10.38	(NS)
2 Your expectation when you visit anesthesia clinic	12	16.308	(NS)	3	0.220	(NS)	15	21.559	(NS)	12	7.505	(NS)
3 Is Visiting anesthesia clinic?	4	3.407	(NS)	1	0.157	(NS)	5	2.218	(NS)	4	2.281	(NS)
4 Are there types of anesthesia (general, local and	4	5.507	(NS)	1	10.977	(NS)	5	3.807	(S)	4	12.204	(S)
5 Last decision of surgery is:	4	0.736	(NS)	1	1.140	(NS)	5	2.771	(NS)	4	7.141	(NS)
6 Is the anesthetic similar to all patients?	8	7.161	(NS)	2	0.457	(NS)	10	4.834	(NS)	8	3.193	(NS)
7 Location of anesthesiologist in the hospital	8	3.572	(NS)	2	1.140	(NS)	10	13.092	(NS)	8	11.127	(NS)

χ^2 : chi-square, df: degree of freedom, P-value, S: Significant, NS: Not Significant

IV. Discussion

The present study shows the following:

- No relation between educational level (studying) and public education regarding anesthesia, as there is a difference between them
- Concept of anesthesia as science and role of anesthesiologist in operative room still in midway step of milestone markers of anesthesia as major supportive branch in medicine.
- Majority of participants insist that anesthesiologist works only in operative room in spite of many duties that he had in other medical sectors. This is also seen in study conducted by Erden A et al⁽⁶⁾ and KadriA⁽⁷⁾.
- 61% patient knew that anesthetist is a qualified doctor, while in study conducted in developed nations as united kingdom⁸ and Hongkong⁹ where rate 78% and 70% respectively, this could be more approximated

in future by anesthesiologist through more time spent with surgical patients perioperatively to figure out their pivotal role in successful surgical team.

- Despite health knowledge is upgrading now a day the people health perception is not coping with comparable awareness of special doer of anesthesiologist and anesthesia tasks, anesthesia is chartered specialty that support advance surgery to be more credible⁽⁵⁾.

While in study conducted in UK by Swinhoe et al 80% of patients knew that an anesthesiologist would give them anesthesia⁽⁴⁾, this high percent could be due to greater interaction between anesthesiologist and the patient preoperatively. 23 patients taking anesthesia for the first time 15 (65.2%) knew anesthetist is doctor, these result might be due to surgeon request when asking patient for visiting anesthesia clinic and not the actual concept, The reply about working place of anesthesiologist should be operative room exclusively was 11 (47.8%) patients. The responses of patients without previous exposure to anesthesia could be related to their chronic disease that made them frequent visitor to hospital in contact with other patients without a real knowledge and this need more expanded future study .

V. Conclusions and Recommendations

Conclusions: This present study revealed that

- Anesthesiology as a medical science still enigmatic for lay people, as the study conducted patients refer to the tertiary center had different qualification of education.
- There is some awareness about anesthetist as anesthesiologist, with limited knowledge regarding his crucial role.
- Patients previously exposed to anesthesia not so much different from none exposed in their awareness about anesthesia & the anesthetist.
- There is awareness among patients about anesthesia as a vital and threatened issue regarding their lives intraoperatively, but without actual concept.
- Not waking up after anesthesia was a major concern
- The responses of patients without previous exposure to anesthesia could be related to their chronic disease that made them frequent visitor to hospital in contact with other patients without a real knowledge and this need more expanded future study

Recommendations

The investigator recommended the following:

- 1- There must be an interaction between surgical patient and anesthesiologist perioperatively.
- 2- That Global educational programs must be taken by advertising with using all modern & social media, including print media, television, movies and the internet to figure out anesthesiology as pivotal medical science and role of anesthesiologist in different medical branches including chronic pain management.

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