Journal of
Anesthesia and Surgical Care

JScholar
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Research Article Open Access

Satisfaction of Patient with Anaesthetic Service Provided by Health Professional, in Surgical Department, Dilla University Referal Hospital, Gedeo Zone, South Ethiopia, 2020

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Received Date: January 26, 2022 **Accepted Date:** February 26, 2022 **Published Date:** February 28, 2022

Citation: Yetayale Berhanu (2022) Satisfaction of Patient with Anaesthetic Service Provided by Health Professional, in Surgical Department, Dilla University Referal Hospital, Gedeo Zone, South Ethiopia, 2020. J Anesth Surg Care 3: 1-8.

Abstract

Background: Patient satisfaction with preoperative and postoperative anesthesia care represents an important aspect of quality health care management. Many anesthesiologists are wondering if assessing patient satisfaction with anesthesia services makes sense or can improve quality, but assessing patient satisfaction is a practice today. The purpose of this study was to assess patient satisfaction with factors that affect health care provider interaction and health in the surgery of patients at the Dilla University Referral Hospital.

Objectives: The purpose of this study was to assess the satisfaction of patients with anesthetic services provided by a health professional in the surgical department, Dilla University Referral Hospital, Dilla Town, Gedeo Zone, SNNPRS, Ethiopia, 2020.

Method: The prospective cross-sectional study design was used to assess the satisfaction of surgical inpatients with anesthesia care. The data was processed by the DURH structured interrogator. The data collected was filled out on a prepared summary sheet, analyzed using SPSS window version 20, and summarized using tables and graphs based on the findings.

Result: patient satisfaction with anesthesia education for the patients who underwent elective surgery at DURH where the majority of the respondents satisfied 69(56.6%) and 16(13.1%) were very satisfied that means most of the patients satisfied with anesthesia education, none of the patients were dissatisfied & very dissatisfied with anesthesia education. Most of the patients were satisfied with the medical staff approach. Concerning to patient satisfaction with medical staff approach.52 % of patients were satisfied, on the other hand, about 15% of the patient was strong satisfied with the medical staff approach.

Conclusion: DURH surgical patients report high satisfaction with perioperative anesthesia education. The present study shows in this study population medical staff-to-to-patient interaction in the preoperative period, less presence of nausea and vomiting, less presence of sore throat, and postop follow-up are significant predictors of patient satisfaction.

Keywords: Patient satisfaction; Anesthesia Service; Perioperative Surgical Services

List of abbreviation: RA: Regional Anesthesia; SA: Spinal Anesthesia; C/S: Cesarean Section; WHO: world Health Organization; DURH: Dilla university referral hospital; TVP: Trans-vesicalprostectomy; PROP: Pre operation

Introduction

Satisfaction is the subjective perception of the realization of a desire or the degree of correspondence between expectations and achievements. Patient satisfaction usually refers to the degree to which patients' expectations for health services are met. Service is usually any activity aimed at meeting the needs of the community. Public services, in particular, refer to activities carried out by public institutions to meet social needs and provide social security, as well as to comply with government laws, regulations and instructions [1]. The correct use of anesthetics is important to reduce pain and anxiety in patients undergoing surgery. To improve the quality of such care, perioperative services need to be evaluated. The patient's perioperative condition is influenced not only by medical factors such as the pathophysiology of the disease, anesthesia intervention, and surgery, but also by the patient's perception of the care they receive [7]. Many anesthesiologists are wondering if assessing patient satisfaction with anesthesia services makes sense or can improve quality, but patient satisfaction assessments are now in practice. I have been anesthetized. In addition to the widespread use of patient satisfaction measurements by payers and institutions that provide surgical services, patient satisfaction monitoring is already included in benefit scheme compensation this trend is likely to continue, and patient satisfaction ratings will have an impact on the salary of anesthesiologists in the near future [8]. In the past few decades, people have once again realized that health is a basic human right and a worldwide social goal. It is essential for meeting basic human needs and national efficiency. However, the expectations have not yet been realized. Recently; patient satisfaction registration is an important parameter in the medical community, as an important parameter for analyzing the medical services provided [8,9]. In Ethiopia, medical services are limited and of poor quality. Compared with other low-income countries, the country's health status is extremely low. In order to solve this problem, the government has focused on improving the organization and quality of medical services provided to the public. This intention of the government was reflected in the health policy of 1993 and plans for the development of the country's health sector. In such efforts to improve the quality of health centers, patient satisfaction is an integral component of the delivery of health services to the population [10,11].

Statement of problem

Patient satisfaction is an important metric for measuring the quality of service that helps balance the structure, process and outcomes of the assessment service. There are many factors that affect patient satisfaction, including the availability and convenience of services, the ability of healthcare providers, and patients' own expectations. Recovery from anesthesia and surgery is sometimes accompanied by residual sedation, pain, vomiting, and various other serious and minor discomforts. Without examining large populations, it is difficult to determine a representative sample of patients who are dissatisfied with treatment. There are several studies of anesthesia that measure patient satisfaction, and most studies are limited to patients undergoing daytime surgery. Several years ago, we conducted a postoperative patient survey on the second day after surgery as a quality assurance (QA) exercise to measure patient outcomes and our performance [13]. Several review articles in the Journal of Anesthesia outline the shortcomings of the methods used to develop and validate patient satisfaction surveys for anesthesia services [13,14] one aspect of quality is the patient's surgical and anesthesia care experience. As early as 1960, it was recognized that patients had a poor view of anesthesia care, and anesthesiologists were often described as objective rather than "real" doctors [14]. In an editorial in a 1996 Anesthesia and Analgesia paper discussing patient satisfaction, the author cited the necessity of assessing patient satisfaction with anesthesia services, and encouraged anesthesiologists to study evaluation methods [15]. The anesthesia care quality model states that the quality of anesthesia should include the key anesthesia results that meet the requirements of all customers, including surgeons, administrators, colleagues in anesthesiology, and patients, and take patient satisfaction as a potentially useful indicator of the quality of anesthesia care [22]. Compared with the actual value of postoperative visits by anesthesiologists, research reveals more about the "insensitivity" and "insufficiency" of their patient satisfaction tools [29]. Even though our own professions are beginning to recognize the need to assess patient satisfaction, external forces have become more important in shaping the environment and pushing organizations to assess the patient experience. Patient satisfaction with perioperative care remains largely undiscovered (ML), only a few anesthesia studies have evaluated patient satisfaction, and most studies are limited to patients undergoing day surgery. It is generally believed that satisfaction data plays an important role in the strategies and tactics used by healthcare providers to provide services to customers. In addition, the measurement of patient satisfaction is playing an increasingly important role in the increasing promotion of accountability by healthcare providers it is also regarded as an established indicator of medical quality, although it is obscured by organizational measures in the health care quality equation. This research will be used to determine

what has been done and to correct, prevent, or better solve the bottleneck of DURH anesthesia services. In Ethiopia, there are few and unfocused data on patient satisfaction, and even no published studies, especially in DURH. Therefore, the purpose of this study was to evaluate preoperative patients' satisfaction with anesthesia care and related factors for patients who visited Dela University during the employment study.

Methods and Materials

Study Design, area, and Study period

Cross sectional study design with quantitative data was conducted in Dilla University Referral Hospital, Dilla, Gedeo zone, SNNPR, Ethiopia. Gedeo Zone has a total area of 1347.4 square kilometers and encompasses two city administrations with six woredas. DURH were established in 1977 E.C /1985 G.C as a zonal hospital in Gedio zone with the former name of Dilla Hospital until June 11/2001 E.C that changed in to DURH. It is located 360 km from Addis Ababa (the capital city of Ethiopia) and 90 k/m from Hawassa (the capital city of SNNPR). It provides curative and rehabilitative services for about 2 million catchment populations. At the time of its establishment, about 154 staffs were present, of them 104 are health professionals and the remaining were supportive staffs. The study was conducted from March to May, 2020.

Data collection techniques

Despite the many attractive features of patient satisfaction, current measures of satisfaction in anesthesia care suffer from lack of refinement and have uncertain reliability and validity. Cross-sectional surveys using single-item questions and yes/no / Likert response formats [23,24] have yielded uniformly high scores (>80% satisfied or very satisfied). Unfortunately, it is unclear what these global ratings mean. Are patients truly satisfied with their anesthesia care or merely expressing their satisfaction with their surgical or hospital care? Do patients base these positive ratings on a single factor (such as intact survival) or on several criteria (friendliness, sensitivity, compassion, information, and communication)? Are reports of satisfaction biased by patients' respect, trust, confidence, and gratitude towards their doctors, nurses, and healthcare in general (a so-called halo effect)? The inability to answer these types of questions limits the utility of simple measures of patient satisfaction in anesthesia [25,27]. as pointed out in the accompanying editorial [24].

Data collection and measurement

After consulting relevant literature, data collection tools were developed and adjusted. Data is collected through the use of structured questioners containing general information and self-designed, open and closed questionnaires. The response has been circled or written in the space provided. This procedure is carried out by students of selected anesthesia professionals in collaboration with the main researchers after understanding the purpose of the research; it does explain how to collect and reduce bias, they are health professionals and are required to fill in honestly.

Plan for data analyzing

Following conducted of the study, the collected data was tallied manually on a tally sheet and analyzed and the information was recorded on the computer software by using SPSS window version 20, then the frequency percentage of different variables was determined. Lastly, the data was summarized using tables and graphs based on the study findings.

Data quality control measure

Quality control

During data collection, the principal investigator throughout the procedure undertakes the supervision of data collectors. During data collection, the investigator was checked for completeness, ambiguous suspicion, impossible, variables filled, and corrected accordingly.

Ethical issue

First ethical clearance was obtained from Dilla University College of Health Science and Medicine, department of Anesthesia. Additionally, informed consent was obtained from the study participants to confirm willingness for participation after explaining the objective of the study. The respondents were notified that they have the full right to refuse or terminate the interview at any point and information from any respondent was kept confidentially.

Results

Sochio Demographic Characterstics of Durh 2020

Most of the patients satisfied by anesthesia education, none of the patients was dissatisfied & very dissatisfied by anesthesia education. Most of the patients 52(42.6%) satisfied, 15(12.3%) are very satisfied, and 20(16.4%) are neutral with the medical staff approach. & none of them are dissatisfied or very dissatisfied with the medical staff approach. From 87 patients (60.7%), underwent only one surgery, 13(10.7%) were undergoing surgery 2-3 times and none were undergoing surgery more than three times. Majority of the patients, 72(59%) underwent elective surgery in Dilla University, and they did not have associated medical disease. As the table shows that in the administered elective surgery 30or 24.6% of participants were proposed a U/E and L/E procedure. On the other hand, 5 or 4.1% proposed a procedure of thyroidectomy, 9 or 7.4% was administered a TVP procedure, 12 or 9.8% was administered cholecystectomy and others 31 or 25.4%. Among the study population, the majority (51.72%) had above the expected value of pain were they experienced in the operation,40 or 45.98% expected, and 2 or 2.29% were below the pain expectation. See Table 1.

As the above table we show that most of the patients experience shivering after surgery ,next to shivering patients experience headache, only 3 peoples experience shoulder pain among the study population and only 5 peoples experience sore throat from 87 study population. See Figure 1.

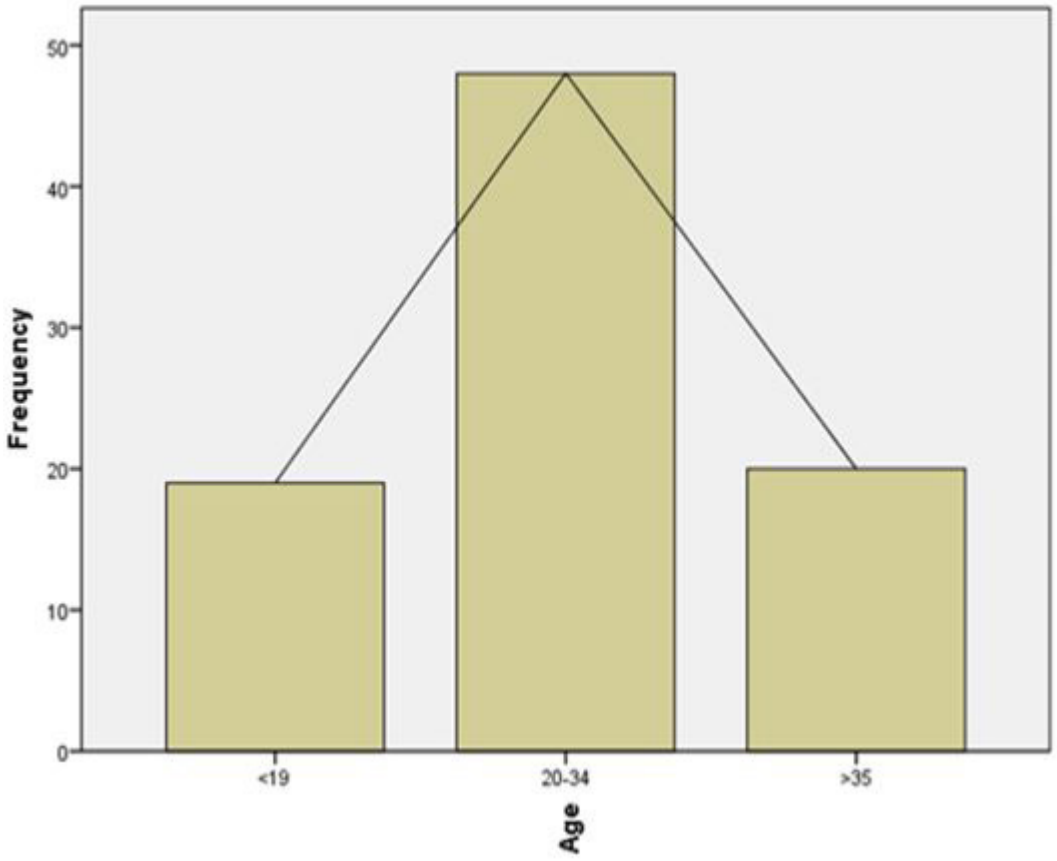

Figure 1: shows Age distribution of the patients who underwent elective surgery at DURH, Mar 1, 2020- May 30, 2020

Interpretation and elaboration of the overall study result

According to socio-demographic characteristics of the study population, the majority 48 (39.3%) were between 20-34 years (Figure 1). Concerning with the educational status of the participant majority, 31(25.4%) of them were not illiterate. For patients who underwent elective surgery at DURH reported, 11(9%) was received preop medication but not 76(62.3%). In case of patients, satisfaction with anesthesia education for the patient who underwent elective surgery at DURH where most of the participants satisfied 69(56.6%) and 16(13.1%) very satisfied that means the majority of the patients satisfied with anesthesia education, none of the patients were dissatisfied & very dissatisfied with anesthesia education. Majority of the patients were satisfied with the medical staff approach. Concerning to patient satisfaction with the medical staff approaches.52 % of patients was satisfied; on the other hand, about 15% of patients were strong satisfied with the medical staff approach.

Discussion

The preoperative assessment of a surgical patient by an anesthetist is crucial interaction between the patient and the anesthetist. This evaluation allows the anesthetist to assess the patient's satisfaction with education preop; evaluate the patient's overall health status; and discuss the techniques of anesthesia and available options for postoperative management. All of these processes can improve the safety of anesthesia and contribute significantly to increasing the outcome of surgical patients. Patient satisfaction is also considered an important indicator of the quality of care delivery. In this study, the satisfaction rate was higher for men than compared to women.. Arabia showed that according to the ASA classification by educational level and severity of anesthesia, women's dissatisfaction was significantly higher than men's. In addition, patients with ASA I - II were significantly less satisfied than patients with ASA III, and patients with a university degree were less satisfied than others [25]. This discrepancy may be related to differences in study design. We interviewed patients postoperatively to investigate the problem properly, but in Saudi Arabia a self-help questionnaire was used. The fact that in our study only 59.4% of patients were informed about postoperative complications and their management options, postoperative analgesia 0.9%, PONV 15.2%, considered the type of anesthesia, is the fact that Gondar University Hospital, Response rate 87.9% [27]. Other prescribed results such as studies conducted in Australia, patient satisfaction, and nausea. We evaluated vomiting, pain, and complications. Overall satisfaction was high (96.8%) [26], this could be due to different socio-demographic characteristics and study design. According to the research done in Alfred Hospital, Melbourne, Australia, in patients was interviewed on the first day after operation. The major subjective outcome measure was patient satisfaction [24]. He also measured other predetermined outcomes, such as nausea, vomiting, pain, and complications. The overall level of satisfaction was high [96.8%], 2.3% were slightly dissatisfied, o.9% were dissatisfied with anesthesia care [25]. It indicates that satisfaction ratings may or may not be a true predictor of the care patients received. This may not be highly proven by a woman who claimed that she was satisfied with her general anesthetic even though she woke up during the procedure! Indeed, a number of patient-related and systemic factors may promote significant differences between the actual quality of care a patient receives and the level of satisfaction reported in a single item rating. The literature in our country on patient satisfaction for anesthesia care is so scanty and unfocused that no research has been published to date. Data on patient satisfaction are scarce in Ethiopia.

Conclusion

Dilla University Referral Hospital surgical patients report high satisfaction with anesthesia care.

The present study shows in this study population medical staff-to-to-patient interaction in the perioperative period, less presence of nausea and vomiting, less presence of sore throat, and postop follow-up are significant predictors of patient satisfaction. In addition to that the finding shows, the presence of intraoperative and postoperative pain are one of the causes of dissatisfaction.

And it will be helpful in keeping knowing the problem of the patient and improving the quality of the services.

References

1. SL Hardly, JF Tailler, MC Dupuis G (2002) Patient satisfaction with anesthesia services. Can J anesthesia 48: 153-61.

2. Lohr KN, Donaldson MS, Harris-Wehling J (1992) Medicare: a strategy for quality assurance. Qual Rev Bull 18: 120-6.

3. Donabedian A (1988) The quality of care, how can it be assessed, JAMA 260: 1743–8.

4. Gill TM, Feinstein AR (1994) A critical appraisal of the quality-of-life measurements. JAMA 272: 619-26.

5. Abbey A, Andrews FM (1985) Modeling the psychosocial determinants of life quality. Soc Indicators Res 16: 1-34.

6. Berwick DM (1989) Continuous improvement as an ideal in health care. N Engl J Med 320: 53-6.

7. Heppner DL, Badner AM, Hurwitz.S, GustatsonM, TsenLC (2004) Patient satisfaction with preoperative assessment in a preoperative assessment testing clinic, Anesthesia analg 98: 1099-105.

8. Myles PS, William DL, Handratam M, Anderson H, Weeks AM (2000) Patient satisfaction after anesthesia and surgery; results of a prospective surgery of 10811 patients. Br J Anesthesia 84: 6-10.

9. Heidegger T, Saal (2006) Nuebling Patient satisfaction with anesthesia care: what is patient satisfaction? How should it be measured, and what is the evidence for assuring high patient satisfaction? Best practice res cline anesthesia 20: 331-46.

10. The Federal Democratic Republic of Ethiopia (2002) Health Sector Development Program II. Ministry of Health: Addis Ababa, Ethiopia.

11. John, Robert, Gilbert E (2005) Patient-physician communication? Why and how. JAO.

12. Tong D, Chung F, Wong D (1997) Predictive factors for global and aesthesia satisfaction in ambulatory surgical patients. Anaesthesiology 87: 856-64.

13. Chanthong P, Abrishami A, Wong J, Herrera F, Chung F: Systematic review of questionnaires.

14. Klock P, Roizen M (1996) More or better educating the patient about the anaesthesiologists role as a perioperative physician. AnesthAnalg 83: 671-2.

15. Sheffer M, Greenstein F (1983) Emotional responses of patients to surgery and anaesthesia. Review and analysis Evaluation Prog Planning 6: 185-210.

16. Fung, Cohen (1996) Sunnybrook Health Science Centre; Departments of Aesthesia and Health Administration and the Clinical Epidemiology & Health Care Research University of Toronto; and (Cohen) Centre for Research in Women's Health, Toronto, Ontario, Canada

17. National Center for Health Statistics (2003).

18. Schug S, Large R. Economic considerations in pain management Pharmacia economics 3: 260– 7.

19. Warfield CA, Kahn CH (1995) Acute pain management: programs in U.S hospitals and experiences and attitudes among U.S adults, Anaesthesiology 83:1090–4.

20. SMG forecast of surgical volume in hospital/ambulatory settings 1994–2001. Chicago: SMG Marketing Group, Inc., 1996.

21. Carr DB, Goudas LC. Acute pain Lancet 353: 2051–8.

22. Breivik H (1998) Postoperative pain management: why is it difficult to show that it improves outcome? Eur J Anaesthesia 15: 748–51.

23. Practice guidelines for acute pain management in the perioperative setting: a report by the American Society of Anaesthesiologists Task Force on Pain Management, Acute Pain Section. Anaesthesiology 82: 1071–81.

24. Twersky R, Fishman D, Homel P (1997) What happens after discharge? Return hospital visit after ambulatory surgery. AnesthAnalg 84: 319–24.

25. British Journal of Anaesth 84: 6–10

26. Pain Management Standards (2012) Joint Commission on Accreditation of Healthcare Organization.

27. Klock PA, Roizen M (1996) More or better: educating patients about the anaesthesiologist's role as peri-operative physician, AnesthAnalg 83: 671-2.

28. Zvara DA, Nelson JM, Brooker RF (1996) The importance of the postoperative anaesthetic visit: do repeated visits improve patient satisfaction or physician recognition? AnesthAnalg 83: 793-7

29. PS Myles, DL Williams, M Hendrata, H Anderson AM (2009) Patient satisfaction after anaesthesia and surgery. Br J Anaesth 2000; 84: 6–10. Measuring patient satisfaction in ambue latory anaesthesia, Anaesthesiology 110: 10

30. Dina N Baroudi, Walid H Nofal, Nauman A (2010) Ahmad4 Patient satisfaction in anesthesia: A modified Iowa Satisfaction with Anaesthesia Scale 4: 85–90.

31 . Saal D, Hiedgger T, Nuebling M, Germann R (2011) Does postoperative Visit increase patient satisfaction with anaesthesia care? Br J Anaesth 107: 703–9.

32. Gebremedhn E (2013) Patient satisfaction with anaesthesia with anaesthesia services and associated factors at the University of Gondar Hospital 8: 377.