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RESEARCH ARTICLE
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COMPARISON OF PERIOPERATIVE QUESTIONNAIRE AND FACE TO FACE SURVEY FOR PATIENT SATISFACTION WITH ANAESTHESIA

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Abstract

Background: Patient satisfaction in anaesthesia is shaped by various factors, including institutional resources, the rapport between anaesthesiologists and patients, healthcare professionals' competencies and individual patient needs. Traditional face-to-face surveys have proven effective in enhancing response rates and improving data quality yet measuring satisfaction remains complex due to subjective influences such culture differences and personal preferences.

Aims and Objectives: This study aims to assess patient satisfaction with anaesthesia services among individuals undergoing upper and lower abdominal surgeries at SMHS Hospital Srinagar.

Methods: A cross-sectional study was conducted from 2022 to 2024 involving 2500 patients schedule for surgical procedure under general anesthesia or regional anesthesia in the Department of Anesthesiology and Critical Care. Postoperative satisfaction was evaluated through face-to-face interviews conducted by an anaesthesiology resident using a two-item satisfaction scale (satisfied and unsatisfied). Data analysis was performed using SPSS version 22.0, R version 3.2.2, and Microsoft Word and Excel for graphical representation.

Results: Among the participants, 51.80% of females (1295) reported satisfaction compared to 40.50% of males (1013). Notably, 61.30% of rural patients expressed satisfaction versus31.00% from urban areas. Satisfaction was predominantly observed in participants aged 30-49 years, with the average age being 40-49 years.

Conclusion: The findings indicate that patient satisfaction with anaesthesia services is significantly influenced by gender, geographic location and age. Continuous efforts to enhance patient-centered care in anaesthesia are essential to improve satisfaction levels, particularly in urban settings. Further research is warranted to explore the underlying factors contributing to these satisfaction disparities.

Keywords: Surgical procedure, patient satisfaction, anaesthesia services, Anesthesia.

INTRODUCTION

Patient satisfaction is a critical measure of the security and quality of healthcare services provided by medical teams. It evaluates how effectively healthcare providers meet patients' expectations regarding the quality of care [1]. Factors influencing patient satisfaction include service availability, convenience, institutional facilities, interpersonal relationships, and the technical skills of healthcare providers, all of which interact with patient expectations and preferences. To accurately gauge satisfaction levels, it is essential to develop comprehensive questionnaires that incorporate a range of items related to specific healthcare events. This process requires a gradual psychometric strategy and thorough validation in practical settings [2].

Various methods are employed to assess patient care and satisfaction, including postoperative visits and structured questionnaires. Notably, face-to-face surveys tend to enhance response rates and improve the quality of data collected, making them a preferred choice for accurate assessments in research projects [3]. In the context of anesthesia services, patient satisfaction serves as a key indicator of quality. It can be measured through postoperative follow-ups and targeted questionnaires [4,5]. Multiple determinants of patient satisfaction exist, such as the accessibility of services, convenience for the patient, the quality of institutional infrastructure, interpersonal relationships, and the competencies of healthcare professionals, alongside patient expectations and preferences [6].

Inadequate anesthesia services can significantly hinder overall healthcare quality, emphasizing the necessity for healthcare services to be delivered without compromising quality [7,8]. Ultimately, patient satisfaction is shaped largely by patients' expectations and perceptions. Therefore, hospitals should implement a systematic approach to address concerns raised by patients, ensuring that they are identified, monitored, modified, and prevented from recurring in the future [9].

MATERIALS AND METHODS

This cross-sectional study was carried out from 2022 to 2024, in the Department of Anesthesiology and Critical Care SMHS Hospital Srinagar. Patients admitted and schedule for any surgical procedure under general anesthesia and regional anesthesia was considered for our study.

INCLUSION CRITERIA

- Patients undergoing upper and lower abdominal surgeries under general anaesthesia and regional anesthesia
- ASA I, II
- 18-70 years of age

EXCLUSION CRITERIA

- Patients below 18 years
- ASA III and IV
- Refused to participate in the study

SAMPLE TECHNIQUE

Consecutive (Non-Probability) sampling was used and all those patients who had fulfilled our inclusion criteria will be selected. A pre-tested questionnaire was used for data collection.

RESULTS

Out of 2500 participants, female satisfaction was higher (51.80% satisfied vs. 2.20% unsatisfied) compared to males (40.50% satisfied vs. 5.50% unsatisfied). Rural respondents showed higher satisfaction (61.30% satisfied vs. 2.50% unsatisfied) compared to urban respondents (31.00% satisfied vs. 5.20% unsatisfied). The highest satisfaction rates were among participants aged 40-49 years (29.20% satisfied), followed by those aged 30-39 (22.20%) and 50-59 (20.30%). Overall,

satisfaction tended to be higher in middle-aged participants (30-49 years). The findings were statistically significant with a P value <0.0001 [Table 1]

Among those with upper abdomen issues, 52.60% were satisfied, while 39.72% of the lower abdomen group reported satisfaction. The findings were statistically significant with a P value <0.0001, indicating strong evidence against the null hypothesis concerning satisfaction across the studied demographics. This indicates that satisfaction levels vary significantly based on demographic factors, with middle-aged and rural participants generally reporting higher satisfaction. Participants classified as ASA II reported higher satisfaction levels, with 61.08% satisfied and 3.92% unsatisfied, compared to ASA I participants, who had 31.24% satisfied and 3.76% unsatisfied. However, the differences were statistically insignificant ($p > 0.05$) [Table 2].

A majority of patients (52.40%) reported that the anaesthetist introduced themselves, while 47.60% did not. Importantly, the anaesthetist's approach was viewed positively by 90.00% of participants, which was statistically significant ($p < 0.05$). Opportunity to Ask Questions: When asked if they had the chance to ask questions, 74.40% responded "Yes," which was statistically significant ($p < 0.05$). Communication about Anaesthesia: Most patients (76.40%) indicated that the anaesthetist did not inform them about how they would feel post-anaesthesia. Conversely, 65.00% felt that the anaesthetist provided enough time for their concerns, with this response being statistically significant ($p < 0.05$). The majority rated their reception in the theatre as "Good" (84.60%), a response that was statistically significant ($p < 0.05$). Regarding privacy in the theatre, 92.60% of patients felt that their privacy was adequately respected, also statistically significant ($p < 0.05$). An overwhelming 95.20% reported that the anaesthesia team kept them fully informed during the process, which was statistically significant ($p < 0.05$).The majority (80.20%) did not experience pain during the induction of anaesthesia, with this finding also statistically significant ($p < 0.05$). Additionally, 98.90% of patients did not recall any events during surgery, a response that was statistically significant ($p < 0.05$). These results indicate a generally positive perception of anaesthesia services, with significant satisfaction related to communication, privacy, and the overall experience in the theatre, despite some areas where patients felt less informed [Table3].

Postoperatively, the majority (97.80%) reported not feeling any pain immediately after surgery, with only 2.20% indicating otherwise. Postoperative Anaesthetist Visits: Most participants (97.80%) did not have a postoperative visit from an anaesthetist. Only a small number (20 patients, or 0.80%) reported experiencing a sore throat after surgery, and none reported postoperative depression. A significant portion of the population (70.00%) did not experience postoperative nausea and vomiting, while 30.00% did. Postoperative shivering was reported by 36.60% of patients, with 63.40% not experiencing it [Table 4].

A majority (67.20%) of patients felt they had just arrived at the operating theatre and were unaware of events during surgery [Fig 1]. Additionally, 74.00% reported having no recollection of anything after surgery [Fig 2]. The overall satisfaction rate with anaesthesia services was high, at 92.30%, while the unsatisfied rate was low at 7.70% . A statistically significant difference was noted between satisfied and unsatisfied groups ($p < 0.05$) [Fig 3]. These findings indicate a high level of patient satisfaction with anaesthesia services, coupled with effective pain management and minimal postoperative complications. The results suggest opportunities for improvement in postoperative communication and follow-up care.

Table 1: Basic characteristics of all patients included in the survey

Variables	**Satisfied n (%)**	**Unsatisfied n (%)**	**p-value**
Gender (Sex)			
Male (1150)	1013 (40.50%)	137 (5.50%)	<0.0001
Female (1350)	1295 (51.80%)	55 (2.20%)	
Region	**Satisfied n (%)**	**Unsatisfied n (%)**	**p-value**
Rural	1533 (61.30%)	62 (2.50%)	<0.0001

Urban	775 (31.00%)	130 (5.20%)	
Age group (yrs.)	**Satisfied n (%)**	**Unsatisfied n (%)**	**p-value**
Below 30 years	323 (12.90%)	37 (1.50%)	<0.0001
30 - 39 years	554 (22.20%)	21 (0.80%)	
40 - 49 years	730 (29.20%)	15 (0.60%)	
50 - 59 years	507 (20.30%)	43 (1.70%)	
60 years or above	194 (7.80%)	76 (3.00%)	

Table 2: Preoperative experience of patients included in the survey

Provisional diagnosis	**Satisfied n (%)**	**Unsatisfied n (%)**	**p-value**
Upper abdomen	1315 (52.60%)	105 (4.20%)	0.3045
Lower abdomen	993 (39.72%)	87 (3.48%)	
	Satisfied n (%)	**Unsatisfied n (%)**	**p-value**
ASA I	781 (31.24%)	94 (3.76%)	<0.0001
ASA II	1527 (61.08%)	98 (3.92%)	
Operative procedure	**Satisfied n (%)**	**Unsatisfied n (%)**	**p-value**
Lap cholecystectomy	871 (34.84%)	37 (1.48%)	**<0.05**
Open hernia surgeries	268 (10.72%)	29 (1.16%)	
Lap appendectomy	265 (10.60%)	30 (1.20%)	
Open cholecystectomy	234 (9.36%)	21 (0.84%)	
Lap hernia surgeries	227 (9.08%)	25 (1.00%)	
Hermorrhoidectomy	211 (8.44%)	12 (0.48%)	
Bariatic surgeries	90 (3.60%)	10 (0.4%)	
Fistulotomy	30 (1.20%)	6 (0.24%)	
Open appendectomy	30 (1.20%)	3 (0.12%)	
Orchidectomy	25 (1.00%)	6 (0.24%)	
Spleenectomy	22 (0.88%)	5 (0.20%)	
Gastrectomy	18 (0.72%)	4 (0.16%)	
Abdominoperineal resection	17 (0.68%)	4 (0.16%)	

Table 3: Preoperative experience of patients included in the survey

Anaesthetist self-introduction	**Frequency (n)**	**Percentage (%)**	**p-value**
Yes	1190	47.60%	0.089594
No	1310	52.40%	
Anaesthetist approach	**Frequency (n)**	**Percentage (%)**	**p-value**
Good	2250	90.00%	0.00001
Bad	250	10.00%	
Chance for asking questions	**Frequency (n)**	**Percentage (%)**	**p-value**
Yes	1860	74.40%	0.00001
No	640	25.60%	
how would you feel after Anaesthesia	**Frequency (n)**	**Percentage (%)**	**p-value**
Yes	590	23.60%	<0.05
No	1910	76.40%	
Did you feel anesthetist give you enough of their time	**Frequency (n)**	**Percentage (%)**	**p-value**
Yes	1625	65.00%	0.00001
No	875	35.00%	
Reception in theatre	**Frequency (n)**	**Percentage (%)**	**p-value**
Good	2115	84.60%	0.00001
Bad	385	15.40%	
Patient privacy in theatre	**Frequency (n)**	**Percentage (%)**	**p-value**

Good	2315	92.60%	0.00001
Bad	185	7.40%	
At the start of anaesthesia, did the anesthesia team keep you fully informed about what was happening to you	**Frequency (n)**	**Percentage (%)**	**p-value**
Yes	2380	95.20%	0.00001
No	120	4.80%	
Pain during induction of anesthesia	**Frequency (n)**	**Percentage (%)**	**p-value**
Yes	495	19.80%	0.00001
No	2005	80.20%	

Table 4: Basic features during surgery and also postoperative

Pain during Surgery	**Frequency (n)**	**Percentage (%)**	**p-value**
Yes	Nil		
No	2500	100.00%	
Experience pain immediately after operation	**Frequency (n)**	**Percentage (%)**	**p-value**
Yes	425	17.00%	0.00001
No	2075	83.00%	
Postoperative anaesthetist visits	**Frequency (n)**	**Percentage (%)**	**p-value**
Yes	55	2.20%	0.00001
No	2445	97.80%	
Number of postoperative visits more than1	**Frequency (n)**	**Percentage (%)**	
Yes	Nil		
No	2500	100.00%	
POST	**Frequency (n)**	**Percentage (%)**	**p-value**
Yes	20	0.80%	0.00001
No	2480	99.20%	
Postoperative depression	**Frequency (n)**	**Percentage (%)**	
Yes	Nil		
No	2500	100.00%	
PONV	**Frequency (n)**	**Percentage (%)**	**p-value**
Yes	750	30.00%	0.00001
No	1750	70.00%	
Postoperative shivering	**Frequency (n)**	**Percentage (%)**	**p-value**
Yes	915	36.60%	0.00001
No	1585	63.40%	

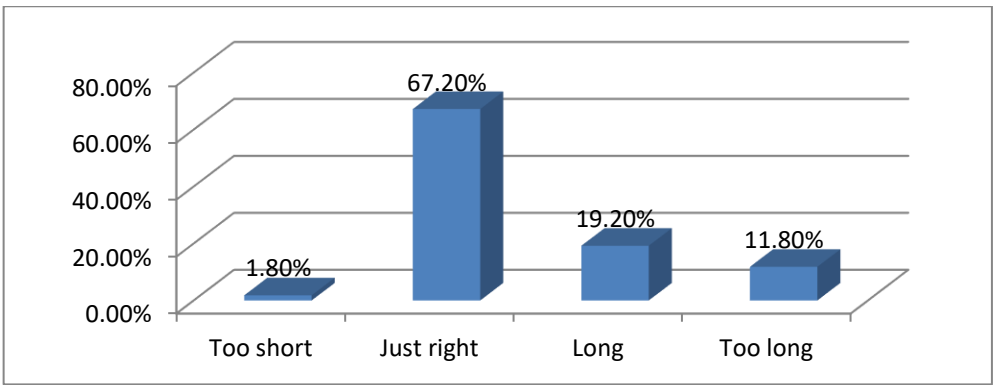

Fig 1.

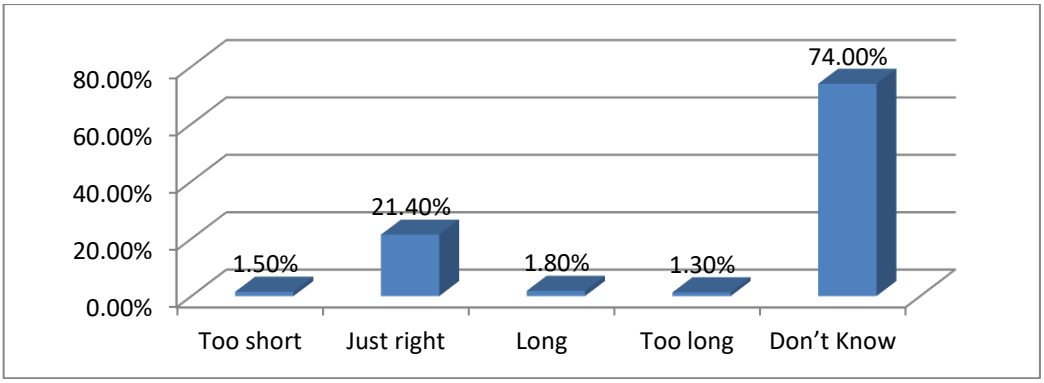

Fig 2.

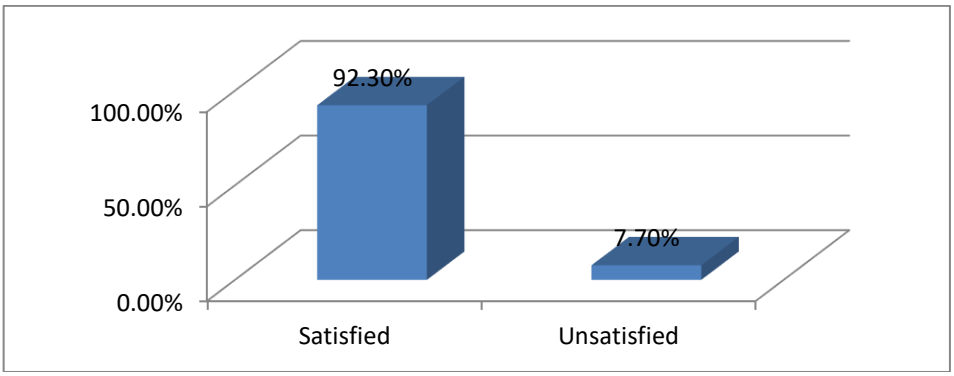

Fig 3

DISCUSSION

Patient satisfaction is a critical component of quality outcomes, primarily shaped by expectations and the correlation between those expectations and actual experiences [10, 11]. This complex, multidimensional concept is influenced by various factors, including cultural, sociodemographic, cognitive, and affective components [12]. Key determinants of satisfaction include patient involvement in decision-making and access to information [13, 14]. A significant preference for shared decision-making has been noted among patients (65%) compared to physicians (32%) [15]. Additionally, satisfaction is positively associated with perceptions of shared decision-making, particularly regarding pain management and anesthesia options [16]. Younger patients and those with higher education levels tend to express a greater desire for involvement in decision-making [17].

In terms of gender, the study found that 54% of participants were female, with a higher satisfaction rate reported among females (51.80%) compared to males (40.50%) [19, 20, 21, 22]. Age also influenced satisfaction; participants aged 40-49 years reported the highest satisfaction rates (29.20%), while those aged 60 and above had lower satisfaction [20, 21, 22]. The ASA classification indicated that patients with ASA II scores were more satisfied than those with ASA I scores [20, 21, 22].

Furthermore, the study highlighted that 92.60% of participants felt their privacy was maintained during procedures, and 95.20% felt adequately informed by the anesthesia team [20, 23]. Pain experiences were notably low, with no reports of pain during surgery and high satisfaction regarding pain management postoperatively [20]. However, there were concerns about postoperative nausea and vomiting (PONV), which affected 30% of participants [20, 21, 24, 25].

Overall, patient satisfaction with anesthesia services was reported at 92.30%, which is consistent with other studies showing high satisfaction rates exceeding 90% [24]. Comparatively, other studies have shown varying satisfaction levels, with some reporting as low as 50% satisfaction [28, 29, 30]. Factors contributing to satisfaction include effective communication, shared decision-making, and emotional support, which foster a strong doctor-patient relationship [36, 37, 38, 39, 40]. Emotional support, a compassionate attitude, and a good doctor–patient relationship gain patient confidence.

These soft skills, in addition to clinical acumen, are vital for a good patient experience. Also, good communication skills play a significant role in decreasing the anxiety of the patient [41].

CONCLUSION

The study found that 92.30% of patients were satisfied with anesthesia care, particularly those 40 years or older (62.60%). Key factors influencing satisfaction included receiving adequate information, postoperative visits with anesthetists, and a lack of nausea or vomiting. Females reported higher satisfaction, while complications negatively impacted it. The study recommends further research on dissatisfaction and other satisfaction components, along with regular monitoring. It suggests programs to enhance medical literacy, communication, patient involvement in decision-making, and measures to prevent cognitive decline after anesthesia.

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