

SCIENTIFIC ARTICLE

Anesthesiologist: the patient's perception

REVISTA





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KEYWORDS

Anesthesiology; Doctor-patient relationship; Patient satisfaction

Abstract

Background and objectives: Anesthesia is still a major concern for patients, although the anesthetic complications have decreased significantly. Additionally, the role assigned to the anesthesiologist remains inaccurate. The aim of this study was to evaluate the concerns with anesthesia and assess the patient's knowledge about the anesthesiologist's duties.

Methods: Prospective study conducted over three months with patients in the preoperative anesthetic visit in a university hospital. Demographic information about the level of education and prior anesthesia was obtained. The knowledge of patients regarding the anesthesiologists' education was evaluated. Patients' concerns and anesthesiologist and surgeon responsibilities were classified with a 5-point scale. The analysis was performed with SPSS 21, and p < 0.05 was considered statistically significant.

Results: We included 204 patients, and 135 (66.2%) recognized the anesthesiologist as a specialist physician. Not waking up after surgery and postoperative infection were the main concerns compared to all others (p < 0.05). Women expressed more concern than men about not waking up after surgery, nausea and postoperative vomiting, medical problems, and waking up during surgery (p < 0.05). Ensure that patients do not wake up during surgery was the anesthesiologist task most recognized, compared to all other (p < 0.05). The surgeon was more recognized (p < 0.05) than the anesthesiologist in post-operative, antibiotics administration, and blood transfusions pain management.

Conclusions: Patients need to be informed about the current safety of anesthesia and the anesthesiologist's functions. The patient involvement will demystify some fears and reassure the confidence in the health system.

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PALAVRAS-CHAVE Anestesiologia; Relação médico-doente; Satisfação do doente

O anestesiologista: a visão do doente

Resumo

Justificativa/objetivos: A anestesia ainda é uma preocupação importante para os doentes, embora as complicações anestésicas tenham diminuído significativamente. Adicionalmente, o papel atribuído ao anestesiologista permanece impreciso. Avaliar as preocupações com a anestesia e verificar o conhecimento dos doentes acerca das funções do anestesiologista foram os objetivos deste estudo.

Métodos: Estudo prospetivo decorrido durante 3 meses em doentes com consulta de anestesia pré-operatória num Hospital Universitário. Foi questionada informação demográfica, nível de educação e anestesia prévia. Foi avaliado o conhecimento dos doentes relativamente à educação do anestesiologista. As preocupações dos doentes, responsabilidades dos anestesiologistas e cirurgiões foram classificadas usando uma escala de 5 pontos. A análise foi realizada com SPSS 21, p < 0,05 foi considerado estatisticamente significativo.

Resultados: Foram incluídos 204 doentes. 135 (66,2%) reconheceram o anestesiologista como médico especialista. Não acordar após a cirurgia e infeção pós-operatória foram as principais preocupações, comparativamente a todas as outras (p < 0,05). As mulheres manifestaram maior preocupação do que os homens com (p < 0,05): não acordar após a cirurgia, náuseas e vómitos pós-operatórios, problemas médicos e acordar durante a cirurgia. Assegurar que os doentes não acordem durante a cirurgia foi a tarefa mais reconhecida no anestesiologista, comparativamente a todas as outras (p < 0,05). O cirurgião foi mais reconhecido (p < 0,05) do que o anestesiologista na gestão da dor pós-operatória, administração de antibióticos e transfusões sanguíneas.

Conclusões: Os doentes necessitam de ser informados acerca da atual segurança da anestesia e sobre as funções do anestesiologista. Envolver o doente irá desmistificar alguns receios e reassegurar a confiança no sistema de saúde.

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Introduction

Understanding the role of the anesthesiologist and its recognition in the eyes of the contemporary world has been an undervalued subject, being considered as a ''behind the screen'' specialty, in which the main actor is the surgeon and the anesthesiologist has only a secondary function.¹⁻³

Despite several studies on patients' perception of anesthesiology, there has been no significant evolution in the results or efforts to expose this area of interest to the general public.¹⁻⁷ The lack of patients' knowledge is not limited to the anesthesiologist's role in the operating room, but also to his functions in intensive care units (ICU), pain management, and teaching medical students.¹⁻⁶ Patients' concerns about anesthesia were also the subject of several studies in recent years, and although the development of anesthesia has significantly decreased the incidence of complications, it is still a major cause of concern.^{1,6,8,9} Moreover, most studies comparing the knowledge of patients with and without anesthetic experience does not show significant differences in the results, which may translate limitations in patient–anesthesiologist relationship.^{3,10}

With the recent explosion of information through the media and internet, one would expect the recognition of anesthesiology. This was an area of great development in recent years, which allowed boosting numerous surgical techniques and overcome physiological obstacles.^{2,5,7}

However, we assume that the dissemination and appreciation of this medical specialty is not successful and, as such, to prepare an action plan we must first evaluate what needs to be debated. Thus, it is important to know the patients' perception of the anesthesiologist, so that we can promote measures that strengthen the relationship of trust between doctor and patient, demystify the perioperative processes causing anxiety, and clarify the role of the anesthesiologist as an important resource investment area.

In this line of thought, our study aimed to assess the patient's knowledge of the anesthesiologist's role, concerns regarding anesthesia, and the functions assigned to the anesthesiologist and the surgeon during the perioperative period in a university central hospital. For this, we used a questionnaire similar to the one used in the study by Gottschalk et al.

Methods

After approval by the Research Ethics Committee of the Centro Hospitalar São João EPE, we began a prospective study for 3 months, with patients undergoing anesthesiology consultation at the Hospital. All participants were aged \geq 18 years and gave written informed consent after reading a leaflet on this investigation. Individuals with impaired autonomy or those illiterate were excluded. Data collection

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