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SCIENTIFIC ARTICLE

Knowledge of anaesthesiologists in Recife with respect to potential risks in the operating room—cross-sectional study

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Abstract

Objectives: the health care should be a safe act, free of adverse events. However, in daily practice an excessive exposure to factors that endanger the health of the professional is observed. The surgical center stands out as one of the sites where the professional involved is more vulnerable. This environment is the anaesthesiologist's workplace, and this professional must deal with its potential complicators. This study aimed to evaluate the knowledge of anaesthesiologists in Recife on various situations of risk in the workplace.

Method: a cross-sectional study in which structured questionnaires, completed voluntarily and anonymously by the anesthesiologist itself, were applied to assess the knowledge of the potential risks in the operating room. Data were analyzed using Epi Info version 7.

Results: a total of 162 anaesthesiologists responded to the questionnaire, 38.02% of these professionals registered at Cooperative of Anaesthesiologists of Pernambuco. Of these, 3.7% read the manual of the Committee on Hospital Infection Control (Comissão de Controle de Infecção Hospitalar) of their institution and 40.74% chose the correct option, "technical director", as responsible for ensuring proper working conditions. Of the total, 5.56% stated that the anaesthetics' pollution index in the operating theater was monitored. Only 1.85% of the sample was subjected to periodic screening for tuberculosis. By analyzing the hypothetical situation of contamination with a patient with hepatitis C, only 43.83% knew that there is no effective post-exposure prophylaxis.

Conclusion: educational campaigns should be implemented to improve the knowledge of health professionals and clarify institutions and professionals' rights and duties.

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Introduction

The health care should be a safe act, free of adverse events. However, what is observed in daily practice is an excessive exposure to factors that endanger the physical and mental integrity of the health professional.

Among the various scenarios to provide services to which the physician is exposed, the surgical center stands out as one of the most significant, in which the professional is more vulnerable to potential risks. This scenario is unique among workplaces, with continuous exposure to noise pollution, chemical fumes, ionizing radiation, infectious agents, and increased levels of psychological stress.¹

This environment is the anaesthesiologist's workplace, and this professional must deal with its potential complications and it is here that he lives most of his days.¹ Given this reality, it is of paramount importance that the professionals involved in this activity be aware of all the risks and their consequences, as well as the duty of the hospital to provide dignified and safe conditions for the exercise of the profession.

After reviewing the literature, we found studies that outline the profile of the anesthesiologists and evaluate their quality of life,^{2,3} in addition to research investigating the physical and psychological consequences of long-term exposure to the unhealthy environment of the operating room.¹ However, studies are lacking that inquire about the anaesthesiologist's knowledge of the risks surrounding the profession, despite the existence of extensive literature describing these aggravating factors. The aim of this study was to evaluate the knowledge of anaesthesiologists in Recife on the various hazard situations in their work environment.

Method

After approval by the Ethics Committee for Research on Humans of the Instituto de Medicina Integral Prof. Fernando Figueira (CEP/Imip), a descriptive cross-sectional study was conducted between October 2011 and May 2012, involving anaesthesiologists in Recife (PE) accredited at Anaesthetists' Cooperative of Pernambuco (Coopanest/PE).

For participation in this research, anaesthesiologists in activity in hospitals in Recife who signed an informed consent form were selected. Exclusion criteria were incompletely filled questionnaires and anaesthesiologists who do not participate routinely in clinical care with procedures in the operating room.

The methodology consisted of developing a questionnaire that included the potential risks in the operating room, with items about physical risks, infection and fire, and the use of electrocautery. The physician was informed about the purpose of this research and was asked to offer his/her collaboration. The questionnaire was then given to the participants at their workplaces. The participants received orientation on how to answer the questions; it was explained that only an assertion was correct. The authors of this study were available for any clarification needed about the questionnaire. The identity of the participants was preserved. The research followed the ethical principles adopted by Resolution 196/96 of the National Health Council (CNS) and was approved by CEP/IMIP under number 2459.

Table 1 General characteristics of the sample.

Variable	n	%
AST	20	12.3
Master	09	5.5
Doctorate	03	1.8
<i>Years of practice of anaesthesiology</i>		
0-5	46	28.4
5-10	11	6.7
10-15	29	17.9
>15	76	46.9

Table 2 Knowledge of the anesthesiologist with respect to physical hazards.

Questioning	Hits	
	n	%
Responsible for ensuring proper working conditions (technical director)	66	40.7
Work at institutions with anesthetic pollution index monitoring	09	5.5
Sector of higher concentration of anesthetic gases (post-anesthetic recovery room)	89	54.9
Consequences caused by excessive noise	155	95.6
Most common form of presentation of latex sensitivity (contact dermatitis by irritation)	101	62.3

The variables studied were physical risks (anesthetic gases, radiation, allergic reactions, noise pollution), infection (respiratory viruses, herpes viruses, hepatitis, acute immunodeficiency virus, tuberculosis, viruses in laser mist) variables and of fires and use of electrocautery (surgical specialties involved, oxidizing agents in the operating room).

For data analysis we used the software Epi Info version 7 program. The results were presented in the form of frequency distribution.

Results

Among the 426 accredited anaesthesiologists and those available in the hospital system, 162 agreed to participate, corresponding to 38% of those registered in their Cooperative. Of the respondents, 46.9% practice the specialty for over 15 years, 12.3% have a higher degree of anaesthesiology and 5.5% an MSc (Table 1).

As to the questioning about the responsibility for ensuring proper and decent working conditions for the anesthesiologist, only 40.7% chose the correct answer, "technical director" (Table 2).

Regarding anesthetic pollution index monitoring of the surgical center, only 5.5% of respondents said that this procedure is performed in their workplace. Of the total, 54.9% correctly indicated "post-anesthetic recovery room" as the sector with the highest concentration of inhaled anesthetics (Table 2).

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