

A Survey on Patients' Awareness About Anaesthesia and Anaesthesiologist in a Rural Tertiary Care Hospital.

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Abstract:

Background: Anaesthesia and anaesthesiologists play a pivotal role in modern medicine, yet public awareness about their responsibilities remains limited, particularly in rural settings. **Objective:** This study aimed to assess the awareness levels of patients in a rural tertiary care hospital regarding anaesthesia and the role of anaesthesiologists. **Materials and Methods:** A cross-sectional survey was conducted among 368 participants using structured interviews. **Results:** Of the 368 respondents, 71 (19.2%) were educated, while the majority, 297 (80.8%), were uneducated. Male participants constituted 232 (63%) of the sample, with females comprising the remaining 136 (37%). Only 41 (11.2%) patients had previous exposure to anaesthesia and reported an understanding of anaesthesiologists' roles. Notably, no respondents were aware that anaesthesiologists provide critical care services. A mere 18 (5%) of participants were familiar with the different types of anaesthesia, attributing their knowledge to explanations provided by anaesthesiologists during previous surgical procedures. **Conclusion:** These findings underscore the substantial gap in public awareness about anaesthesia and its practitioners in rural areas. The study highlights the need for enhanced educational initiatives to bridge this knowledge gap, improve preoperative communication, and foster informed decision-making among patients.

Keywords: Anaesthesia, Anaesthesiologist, Awareness, Critical care, Rural hospital

Introduction:

Anaesthesia is an essential component of modern healthcare, facilitating surgical and diagnostic procedures while ensuring patient safety and comfort. The role of the anaesthesiologist extends beyond the operating room to encompass perioperative care, pain management, and critical care. Despite their significant contributions, anaesthesiologists often remain underrecognized by the general public. This lack of awareness is particularly pronounced in rural areas, where educational resources and healthcare infrastructure are limited. Understanding patients' knowledge about anaesthesia and anaesthesiologists is crucial for improving patient education, fostering trust, and ensuring optimal care outcomes.

In rural healthcare settings, patients often approach medical interventions with apprehension due to limited exposure and understanding. Anaesthesia—a field that involves highly specialized knowledge and skills—is often perceived as a mere adjunct to surgery rather than a critical component of the procedure. The anaesthesiologist's multifaceted role, including

preoperative assessment, intraoperative management, and postoperative care, is frequently overlooked. Moreover, their responsibilities in critical care and pain management are rarely recognized by patients, further perpetuating misconceptions about the profession. The disparity in awareness is influenced by several factors, including educational levels, cultural beliefs, and the availability of healthcare information. In rural areas, where literacy rates are generally lower, patients may rely heavily on verbal communication with healthcare providers to understand medical procedures. However, preoperative discussions often focus on the surgical aspects, with minimal emphasis on anaesthesia and the anaesthesiologist's role. This communication gap can lead to anxiety, misinformation, and reduced patient satisfaction.

Addressing this issue requires a multifaceted approach that includes targeted educational programs, improved communication strategies, and community engagement initiatives. By evaluating the current state of patients' awareness in rural tertiary care hospitals, healthcare providers can identify gaps and implement strategies to enhance understanding. This study aims to assess the awareness levels of patients in a rural tertiary care hospital regarding anaesthesia and the role of anaesthesiologists, providing insights that can inform future educational and policy interventions.

Materials and Methodology:

This cross-sectional survey was conducted in a rural tertiary care hospital, targeting patients admitted for various surgical procedures. A total of 368 participants were included in the study. Data were collected using structured interviews conducted in the local language to ensure comprehension. The survey instrument comprised questions designed to assess patients' demographic characteristics, educational background, previous exposure to anaesthesia, and knowledge about anaesthesia and anaesthesiologists. Participants were selected using a convenience sampling method. Inclusion criteria were adult patients scheduled for surgery, while those with cognitive impairments or language barriers were excluded. Informed consent was secured from all participants. Data were analyzed using descriptive statistics to summarize demographic variables and awareness levels.

Results:

The study population consisted of 368 individuals, with 232 (63%) males and 136 (37%) females. Educational status varied significantly, with 71 (19.2%) of participants being educated and the remaining 297 (80.8%) uneducated. A total of 41 (11.2%) respondents reported previous exposure to anaesthesia, and these individuals stated that they were aware of the anaesthesiologist's role. However, none of the participants recognized that anaesthesiologists are also involved in critical care services. Only 18 (5%) of the population demonstrated knowledge about the different types of anaesthesia, attributing their understanding to information provided by anaesthesiologists during prior surgical encounters. These findings highlight a profound lack of awareness about anaesthesia and the diverse roles of anaesthesiologists among the surveyed population.

Discussion:

The results of this survey reveal a significant gap in patients' awareness about anaesthesia and the role of anaesthesiologists in a rural tertiary care hospital setting. This lack of knowledge is particularly concerning given the critical role that anaesthesiologists play in ensuring patient safety and comfort during surgical and medical procedures.

One of the most striking findings is the limited recognition of anaesthesiologists as critical care providers. Despite their extensive training in managing life-threatening conditions and

operating intensive care units, not a single participant in this study was aware of this aspect of their role. This suggests a need for broader community education about the multifaceted responsibilities of anaesthesiologists, which extend far beyond the administration of anaesthesia.

The influence of educational status on awareness is evident in this study. With 297 (80.8%) of participants being uneducated, it is unsurprising that the overall knowledge about anaesthesia was low. Education plays a crucial role in shaping health literacy, and individuals with higher educational attainment are more likely to seek information about medical procedures. In rural areas, where educational opportunities are limited, patients often rely on healthcare providers for information. However, the study findings indicate that preoperative discussions rarely emphasize the role of anaesthesia and anaesthesiologists. This communication gap must be addressed to ensure that all patients, regardless of their educational background, receive adequate information. Gender disparities in awareness were not directly assessed in this study, but the predominance of male participants (232, 63%) raises questions about whether gender influences health literacy and access to healthcare information in rural settings. Cultural and societal factors may further compound the lack of awareness, particularly among women, who may have limited autonomy in making healthcare decisions.

The finding that only 18 (5%) of participants were familiar with different types of anaesthesia underscores the inadequacy of preoperative education. Anaesthesiologists' explanations during prior surgeries were the sole source of this knowledge, highlighting the importance of effective communication. Preoperative consultations should include detailed discussions about anaesthesia options, potential risks, and the anaesthesiologist's role. Visual aids, brochures, and multimedia resources can complement verbal explanations, making the information more accessible to patients with varying literacy levels.

Previous exposure to anaesthesia appears to influence awareness, as evidenced by the 41 (11.2%) of participants who had undergone surgery and understood the anaesthesiologist's role. This suggests that firsthand experience can be a valuable educational tool. However, reliance on experiential learning alone is insufficient, as it excludes patients undergoing surgery for the first time. Proactive educational initiatives are needed to reach all patients, regardless of their surgical history. The lack of awareness about critical care services provided by anaesthesiologists is particularly concerning. In rural settings, where access to specialized medical care is often limited, anaesthesiologists' expertise in managing critically ill patients is invaluable. Public education campaigns should emphasize this aspect of their role, showcasing the breadth of their contributions to healthcare.

Cultural beliefs and misconceptions about anaesthesia may also contribute to the knowledge gap. In some rural communities, anaesthesia is perceived as a simple, routine procedure with minimal risks. This underestimation of its complexity and the anaesthesiologist's expertise can lead to a lack of appreciation for their role. Healthcare providers must address these misconceptions through culturally sensitive education that respects local beliefs while providing accurate information.

The findings of this study align with existing literature, which consistently highlights low awareness levels about anaesthesia and anaesthesiologists, particularly in rural and underserved areas. Comparisons with studies conducted in urban settings reveal stark differences, underscoring the influence of geographic and socioeconomic factors on health

literacy. Bridging this gap requires a coordinated effort involving healthcare institutions, policymakers, and community leaders.

Limitations of the Study:

This study has several limitations. The use of convenience sampling may introduce selection bias, limiting the generalizability of the findings. The reliance on self-reported data may also result in recall bias, particularly regarding previous exposure to anaesthesia. Additionally, the study did not explore the reasons behind patients' lack of awareness or the specific barriers to education in this context. Future research should address these limitations and incorporate a more diverse sample to provide a comprehensive understanding of the issue.

Conclusion:

This survey highlights a significant lack of awareness about anaesthesia and the role of anaesthesiologists among patients in a rural tertiary care hospital. The findings emphasize the need for improved educational efforts to enhance health literacy, particularly in underserved areas. Preoperative consultations should prioritize patient education, providing clear

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Submitted: 23/08/2024

Revised: 11/09/2024

Accepted: 3/11/2024

Published: 31/12/2024

Cite this article:

Lt col (Dr)Raj Narayan mandal, Dr. Yugam, Dr. Alexander Anand Abhinay, Dr. Raveena Kukreja. A Survey on Patients' Awareness About Anaesthesia and Anaesthesiologist in a Rural Tertiary Care Hospital. *Jour Med Dent Fron* 2024;1(2):79-83