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A Study to Assess Patients' Satisfaction with the Preoperative Anesthetic Evaluation

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Abstract:

Background:

Assessing patient satisfaction is a crucial component for monitoring quality improvement in anaesthesia services, strongly influenced by the preoperative anaesthetist consultation. This research sought to assess patients' satisfaction about the preoperative anaesthetist consultation.

Materials and Methods:

This cross-sectional, observational research was undertaken at the Department of Anaesthesiology and Critical Care at SCB MCH, Cuttack and SJMC, Puri after clearance from the Institutional Ethical Committee. Patients of either gender from 20 to 70 years (mean age 40.62±13.48 years) who had elective procedures across several surgical specialties were included. Data were gathered using a questionnaire assessing patient satisfaction with the preoperative anaesthetist consultation. The collected data were analyzed with SPSS software.

Result:

In the current research, the proportions of men and females were 52.8% and 47.3%, respectively, among a total of 400 patients. Concerning patient satisfaction with preoperative anaesthetist consultations, we observed that 92.4% of men and 90.5% of females expressed pleasure, while 92.6% of urban patients and 90.3% of rural patients reported satisfaction. 93.0% of patients aged 20-30 expressed satisfaction, followed by 91.4% in the 30-40 age group, 62.2% in the 40-50 range, 91.2% in the 50-60 range, and 90.5% in the 60-70 range. Patients with prior exposure to surgery and anesthesia exhibited greater satisfaction. The

statistical examination of all categories was equivalent and determined to be insignificant ($p>0.05$). 87.8% of patients expressed satisfaction with the time allocated by the anaesthetist, 90.8% were content with the anaesthetist's responses to inquiries, 91% felt at ease after the anaesthetist's visit, and 91.5% were happy with the preoperative consultation with the anaesthetist.

Conclusion:

Most patients expressed satisfaction with the preoperative anaesthetist consultation.

Keywords: Preoperative Anaesthetic Evaluation, Preoperative Anaesthetist Visit, Patient's Satisfaction.

INTRODUCTION

Assessing patient satisfaction is a crucial component for monitoring quality improvement in anesthesia services, substantially influenced by the preoperative anaesthetist consultation. This visit allows the anaesthetist to get information on the patient's overall condition and the nature of the procedure. It is also beneficial to choose the kind of anesthesia and to discuss perioperative issues and their treatment with the patient. Preoperative anesthetic assessment is a crucial component of anesthetic administration. This enables patients to get acquainted with their anaesthesiologist, understand anaesthesia alternatives, discuss postoperative pain, nausea, and vomiting treatment strategies, as well as other potential issues. This also alleviates patient anxiety, reduces the likelihood of surgical cancellations by surgeons and anesthesiologists, and may minimize complication rates and death. It also aids in identifying future anesthetic challenges and alleviates patient anxiety. One of the primary responsibilities of the anesthesiologist is to conduct a preoperative assessment of the patient and authorize them for anesthesia. The primary objective was to evaluate the risk of morbidity and death based on clinical criteria and to confirm the stability of medical conditions before elective surgery.

Recently, efforts have been made to find therapies that enhance outcomes in patients with certain comorbidities. Utilizing patient satisfaction as a metric to assess the quality of clinical treatment has significant relevance. For patients, it signifies an assessment of healthcare experiences based on their own values and perceptions. 5 For the anaesthesiologist, patient satisfaction may signify several facets of treatment, including bedside manner, prompt responsiveness to requirements, involvement in decision-making, and effective communication and information dissemination.

Assessing patient satisfaction is regarded as a crucial metric in the evaluation of provided healthcare services by the medical community. It is significant as it may rectify current healthcare issues, fulfill patients' needs and expectations, address their concerns, and so enhance their faith in the present healthcare system.

Historically, the role of the anaesthesiologist was viewed as limited to the immediate preoperative and intraoperative phases; however, anaesthesiologists are now recognized for their significant involvement in preoperative preparation and postoperative care, facilitating earlier identification and management of postoperative complications. [8-9]

The assessment of patient care quality is contingent upon the degree of evaluation performed. The patient's perspective is the most crucial determinant of the quality of services given to them. Patient satisfaction assessment must consistently rely on the patient's subjective opinion of process quality.

Health concerns are paramount to an individual's well-being; hence, substandard anesthesia services may deter patients from using accessible options. Patient satisfaction is the equilibrium between expectations and perceptions of the received care. If concerns arise, personnel must persist in identifying, monitoring, and adjusting elements that may enhance it. Patient satisfaction with anesthetic treatments is the most effective method to evaluate outcomes from the patients' perspective. However, assessing satisfaction is particularly challenging during the preoperative and intraoperative phases.

Patient satisfaction serves as a measure of the quality of healthcare delivery. The perceptions of patients on healthcare systems seem to have been significantly overlooked by healthcare administrators in emerging nations.

Patient satisfaction is influenced by many aspects, including the quality of clinical treatments, staff conduct, service costs, hospital infrastructure, physical comfort, emotional support, and respect for patient choices. In our hospital, patients undergo an initial assessment at the Pre-anaesthesia check-up clinic within the outpatient department, followed by a reevaluation the day prior to surgery in the respective wards. This process aims to assess the patient's medical condition, evaluate overall health status, identify anaesthesia-related risk factors, educate the patient, and discuss anaesthesia techniques along with available options for postoperative management.

To our knowledge, no research has been performed at our institution to assess patient satisfaction with the preoperative anaesthetic assessment. The objective of this research is to assess patient satisfaction about the preoperative anaesthetic assessment among individuals undergoing surgery with general anesthesia throughout the study period.

Aims and Objectives

AIM:

To evaluate patient satisfaction about the preoperative anaesthetic assessment in accordance with the Standards of the Royal College of Anaesthetists (ROCA).

Objective:

Primary Objective:

The primary purpose was to evaluate the patient's satisfaction with the preoperative anesthetic assessment.

Secondary Objective:

To establish a correlation between satisfaction levels and the variables of age group, gender, residency (urban/rural), and prior exposure to surgery and anesthesia.

Materials and Methodology

Research Methodology:

This cross-sectional, observational research was undertaken at the Department of Anaesthesiology and Critical Care at SCB MCH, Cuttack and SJMC, Puri after clearance from the Institutional Ethical Committee. Patients of either gender aged 20 to 70 years who received elective procedures across several surgical specialties were included.

Patients with cognitive impairment or any incapacity to complete the questionnaire, very unwell patients, those requiring postoperative admission to the intensive care unit, and those who declined to participate in the research were excluded.

Method for Collecting Patient Data

The patients were interviewed within six hours post-surgery and anesthesia, having provided

informed written consent to participate in the study. A questionnaire based on preoperative anesthetic evaluation standards was utilized and compared with the criteria established by the Royal College of Anaesthetists (RCOA), as detailed below.

Table 1: RCOA Standards for the preoperative anesthetic evaluation of patients. [14]

Standard Number	Standard	Source	Target
1.	Seen by anaesthesiologist before surgery	RCOA	100%
2.	Self-introduction done by anaesthesiologist	RCOA	100%
3.	Patient history taken by anaesthesiologist	RCOA	100%
4.	Physical examination done by anaesthesiologist	RCOA	100%
5.	Fasting instructions given	RCOA	100%
6.	Awareness of the type of anaesthesia before surgery	RCOA	100%
7.	Awareness about the possible anaesthesia complications	RCOA	100%
8.	Awareness of modes of post-operative analgesia	RCOA	100%
9.	Awareness about the option for PONV (post operative nausea vomiting) management	RCOA	100%

From the patient's response to the questionnaire, we found out whether the following points make any difference in the level of satisfaction of patients with the preoperative anaesthetic evaluation.

- Age group
- Gender
- Residence (Urban/Rural)
- Previous exposure to anaesthesia and surgery

Sample size calculation: Formula used:

$$n = \left(\frac{Z\sigma}{E}\right)^2$$

$$n = \frac{(1.96*0.5)^2}{(.05)^2}$$

Sample size calculated using the above formula is 384.

Where,

- n = Sample size
- Z = Z-score (using confidence interval of 95%) σ= standard deviation
- E = margin of error

Statistical Analysis: The data was coded and entered into Microsoft Excel spreadsheet. Analysis was done using SPSS version 20 (IBM SPSS Statistics Inc., Chicago, Illinois, USA) Windows software program.

Descriptive statistics including computation of percentages, means and standard deviation was used.

For all statistical tests, a p value less than ≤0.05 was taken to indicate a significant difference.

Age group	Frequency	Percent
20-30	103	25.8
30-40	129	32.3
40-50	58	14.5
50-60	68	17.0
60-70	42	10.5
Total	400	100.0
Mean±SD	40.62±13.48	Range (19-70)

Observations and Results: The following observations were made as under:

Table 2 illustrates the age distribution of the study population.
The current research revealed that the largest cohort of patients was in the younger age range, namely 129 (32.3%) aged 30-40 years, followed by 103 (25.8%) aged 20-30 years. A total of 58 patients (14.5%) were aged between 40 and 50 years. A total of 68 (17%) patients were aged between 50 and 60 years, while 42 (10.5%) patients were aged between 60 and 70 years. In the current research, males outnumbered females, with 211 (52.8%) males and 189 (47.3%) females. In the current research, 185 (46.3%) patients resided in rural areas, whereas 215 (53.8%) resided in urban areas. Among 400 patients, 124 (31.0%) had a history of prior surgical and anesthetic exposure. Upon inquiry on whether the patients were attended to by an anesthesiologist, 362 (90.5%) responded affirmatively, whereas 38 (9.5%) were ignorant of the anaesthetist's presence. Upon inquiry of the anaesthetist's introduction, 224 (56.0%) responded affirmatively. A total of 362 (90.5%) patients expressed satisfaction about the sickness history obtained by the anaesthetist, whereas 38 (9.5%) indicated dissatisfaction. Of the 400 patients, 362 (90.5%) expressed satisfaction after the general physical examination conducted by the Anaesthetist. Only 38 patients (9.5%) expressed dissatisfaction. All patients were questioned on whether they got fasting instructions from the anaesthetist; 281 (70.3%) responded affirmatively. Out of 400 patients, 257 (64.3%) expressed satisfaction with the kind of anesthesia described by the anesthetist, whereas 143 (35.8%) did not express satisfaction.
Of 400 patients, 229 (57.3%) expressed satisfaction with the explanation of postoperative problems provided by the anaesthetist, whereas 171 (42.8%) did not express satisfaction. A total of 195 patients (48.8%) received postoperative pain relief information from the anesthesiologist. Of the 400 patients, 172 (43.0%) received postoperative nausea and vomiting information from the anaesthetist. Upon inquiry on the adequacy of time provided by the anesthesiologist, 351 (87.8%) patients responded affirmatively. Of the 400 patients, 363 (90.8%) expressed satisfaction with the anaesthetist's responses to their inquiries. Only 37 individuals (9.3%) expressed dissatisfaction.
A total of 364 (91.0%) patients reported feeling at ease after the anaesthetist's visit. Patient satisfaction about the preoperative anaesthetic consultation: Out of 400 patients, 366 (91.5%) expressed pleasure, whilst 34 (8.5%) did not.
Table 3 illustrates the satisfaction levels of patients about the time allocated by the anaesthetist.
The age distribution of patients indicated that among the total of 103 patients in the 20-30 age bracket, 13 (12.6%) were unsatisfied, while 90 (87.4%) were pleased. Among the 129 patients aged 30 to 40 years, 12 (9.3%) expressed dissatisfaction, whereas 117 (90.7%) reported satisfaction. Among 58 patients aged 40-50 years, 9 (15.5%) expressed dissatisfaction, whereas 49 (84.5%) reported satisfaction. Among the 68 patients aged 50 to 60 years, 8 (11.8%) expressed dissatisfaction, whereas 60 (88.2%) reported satisfaction. Among 42 patients aged 60-70 years, 7 (16.7%) expressed dissatisfaction, whereas 35 (83.3%) reported satisfaction. The statistical examination of all categories was similar and determined to be non-significant ($p>0.05$). The gender distribution of patients indicates that, among the 211 male patients, 25 (11.8%) were unsatisfied, while 186 (88.2%) were pleased. Of the total 189 female patients, 24 (12.7%) expressed dissatisfaction, while 165 (87.3%) reported satisfaction. The statistical examination of all categories was equivalent and deemed not significant ($p>0.05$).
The residential status of the study group indicated that among 185 patients from rural areas,

26 (14.1%) were unhappy, whereas 159 (85.9%) were pleased. Among 215 patients from an urban environment, 23 (10.7%) expressed dissatisfaction, whereas 192 (89.3%) reported satisfaction. The statistical examination of all categories was equivalent and deemed not significant ($p>0.05$). Of the 124 patients with prior surgical and anaesthetic exposure, 13 (10.5%) expressed dissatisfaction, whereas 111 (89.5%) reported satisfaction. In a cohort of 276 individuals with no prior surgical or anesthetic exposure, 36 (13.0%) expressed dissatisfaction, whereas 240 (87.0%) reported satisfaction. The statistical examination of all categories was similar and determined to be non-significant ($p>0.05$).

Table 5 illustrates the patients' comfort levels after the anaesthetist's visit. The age distribution of patients indicated that among the total of 103 patients in the 20-30 age bracket, 11 (10.7%) were unsatisfied, while 92 (89.3%) were pleased. Among the 129 patients aged 30 to 40 years, 9 (7.0%) expressed dissatisfaction, whereas 120 (93.0%) reported satisfaction. Among 58 patients aged 40-50 years, 5 (8.6%) expressed dissatisfaction, whereas 53 (91.4%) reported satisfaction. Among the 68 patients aged 50-60 years, 6 (8.8%) expressed dissatisfaction, whereas 62 (91.2%) reported satisfaction. Among the 42 patients aged 60 to 70 years, 5 (11.9%) expressed dissatisfaction, whereas 37 (88.1%) reported satisfaction. The statistical examination of all categories was equivalent and deemed not significant ($p>0.05$). The gender distribution of patients indicates that of the 211 male patients, 17 (8.1%) were unsatisfied, while 194 (91.9%) were pleased. Out of a total of 189 female patients, 19 (10.1%) expressed dissatisfaction, while 170 (89.9%) reported satisfaction. The statistical examination of all categories was equivalent and determined to be insignificant ($p>0.05$). The residential status of the study group indicated that among 185 patients from rural areas, 20 (10.8%) were unhappy, whereas 165 (89.2%) were pleased. Among 215 patients from an urban environment, 16 (7.4%) expressed dissatisfaction, whereas 199 (92.6%) reported satisfaction. The statistical examination of all categories was equivalent and deemed not significant ($p>0.05$).

Among 124 individuals with prior surgical and anaesthetic exposure, 11 (8.9%) expressed dissatisfaction, whereas 113 (91.1%) reported satisfaction. Among 276 patients with no prior exposure to surgery and anesthesia, 25 (9.1%) expressed dissatisfaction, whereas 251 (90.9%) reported satisfaction. The statistical examination of all categories was equivalent and deemed not significant ($p>0.05$).

Table 6 illustrates the satisfaction levels of patients about the preoperative anaesthetist consultation.

The age distribution of patients indicated that among the total of 103 individuals in the 20-30 age bracket, 10 (9.7%) expressed dissatisfaction, while 93 (90.3%) reported satisfaction. Among the 129 patients aged 30 to 40 years, 9 (7.0%) expressed dissatisfaction, whereas 120 (93.0%) reported satisfaction. Among 58 patients aged 40-50 years, 5 (8.6%) expressed dissatisfaction, whereas 53 (91.4%) reported satisfaction. Among the 68 patients aged 50 to 60 years, 6 (8.8%) expressed dissatisfaction, whereas 62 (91.2%) reported satisfaction. Among the 42 patients aged 60 to 70 years, 4 (9.5%) expressed dissatisfaction, whereas 38 (90.5%) reported satisfaction.

The statistical examination of all these categories was equivalent and deemed not significant ($p>0.05$). The gender distribution of patients indicates that of the 211 male patients, 16 (7.6%) were unhappy, while 195 (92.4%) were pleased. Among the total of 189 female patients, 18 (9.5%) expressed dissatisfaction, whereas 171 (90.5%) reported satisfaction. The statistical examination of all categories was similar and determined to be non-significant

(p>0.05).
The residential status of the study group indicated that among 185 patients from rural areas, 18 (9.7%) were unhappy, whereas 167 (90.3%) were pleased. Among 215 patients from an urban environment, 16 (7.4%) expressed dissatisfaction, whereas 199 (92.6%) reported satisfaction. The statistical examination of all categories was equivalent and determined to be insignificant (p>0.05). Among 124 individuals with prior surgical and anaesthetic exposure, 10 (8.1%) expressed dissatisfaction, whereas 114 (91.9%) reported satisfaction. Likewise, from
Among 276 patients with no prior exposure to surgery and anesthesia, 24 (8.7%) expressed dissatisfaction, whereas 252 (91.3%) reported satisfaction. The statistical examination of all categories was equivalent and deemed not significant (p>0.05).

Table 2: Age distribution

Age group	**Frequency**	**Percent**
20-30	103	25.8
30-40	129	32.3
40-50	58	14.5
50-60	68	17.0
60-70	42	10.5
Total	400	100.0
Mean±SD	40.62±13.48	Range (19-70)

Table 3: Whether Sufficient Time Given by Anaesthetist

			N	**Y**	**Total**	**Chi square test**	**P value**
Age (Years)	20-30	N	13	90	103	2.409	0.66
		%	12.6	87.4%	100.0%		
	30-40	N	12	117	129		
		%	9.3%	90.7%	100.0%		
	40-50	N	9	49	58		
		%	15.5%	84.5%	100.0%		
	50-60	N	8	60	68		
		%	11.8%	88.2%	100.0%		
	60-70	N	7	35	42		
		%	16.7%	83.3%	100.0%		
Gender	F	N	24	165	189	0.06	0.79
		%	12.7%	87.3%	100.0%		
	M	N	25	186	211		
		%	11.8%	88.2%	100.0%		
Residency	RURAL	N	26	159	185	1.04	0.307
		%	14.1%	85.9%	100.0%		
	URBAN	N	23	192	215		
		%	10.7%	89.3%	100.0%		
Previous exposure to surgery and anaesthesia	N	N	36	240	276	0.52	0.47
		%	13.0%	87.0%	100.0%		
	Y	N	13	111	124		
		%	10.5%	89.5%	100.0%		
TOTAL		N	49	351	400		
		%	12.2%	87.8%	100%		

Table 4: Satisfaction Regarding Patient's Questions Replied Properly by Anaesthetist

			N	Y	Total	Chi square test	P value
Age (Years)	20-30	N	11	92	103	0.99	0.9
		%	10.7%	89.3%	100.0%		
	30-40	N	10	119	129		
		%	7.8%	92.2%	100.0%		
	40-50	N	5	53	58		
		%	8.6%	91.4%	100.0%		
	50-60	N	6	62	68		
		%	8.8%	91.2%	100.0%		
	60-70	N	5	37	42		
		%	11.9%	88.1%	100.0%		
Gender	F	N	20	169	189	0.75	0.38
		%	10.6%	89.4%	100.0%		
	M	N	17	194	211		
		%	8.1%	91.9%	100.0%		
Residency	Rural	N	19	166	185	0.42	0.51
		%	10.3%	89.7%	100.0%		
	Urban	N	18	197	215		
		%	8.4%	91.6%	100.0%		
Previous exposure to surgery and anaesthesia	N	N	27	249	276	0.301	0.58
		%	9.8%	90.2%	100.0%		
	Y	N	10	114	124		
		%	8.1%	91.9%	100.0%		
Total		N	37	363	400		
		%	9.2%	90.8%	100.0%		

Table 5: Patient Felt Comfortable After Anaesthetist Visit

			N	Y	Total	Chi square test	P value
Age (Years)	20-30	N	11	92	103	1.44	0.83
		%	10.7%	89.3%	100.0%		
	30-40	N	9	120	129		
		%	7.0%	93.0%	100.0%		
	40-50	N	5	53	58		
		%	8.6%	91.4%	100.0%		
	50-60	N	6	62	68		
		%	8.8%	91.2%	100.0%		
	60-70	N	5	37	42		
		%	11.9%	88.1%	100.0%		
Gender	F	N	19	170	189	0.48	0.4
		%	10.1%	89.9%	100.0%		
	M	N	17	194	211		
		%	8.1%	91.9%	100.0%		
Residency	Rural	N	20	165	185	1.37	0.24
		%	10.8%	89.2%	100.0%		
	Urban	N	16	199	215		
		%	7.4%	92.6%	100.0%		
Previous exposure to surgery and	N	N	25	251	276	0.04	0.95
		%	9.1%	90.9%	100.0%		

Age (Years)	50-60	N	6	62	68		
		%	8.8%	91.2%	100.0%		
	60-70	N	4	38	42		
		%	9.5%	90.5%	100.0%		
Gender	F	N	18	171	189	0.48	0.48
		%	9.5%	90.5%	100.0%		
	M	N	16	195	211		
		%	7.6%	92.4%	100.0%		
Residency	Rural	N	18	167	185	0.66	0.41
		%	9.7%	90.3%	100.0%		
	Urban	N	16	199	215		
		%	7.4%	92.6%	100.0%		
Previous exposure to surgery and anaesthesia	N	N	24	252	276	0.04	0.83
		%	8.7%	91.3%	100.0%		
	Y	N	10	114	124		
		%	8.1%	91.9%	100.0%		
Total		N	34	366	400		
		%	8.5%	91.5%	100.0%		
anaesthesia	Y	N	11	113	124		
		%	8.9%	91.1%	100.0%		
Total		N	36	364	400		
		%	9.0%	91.0%	100.0%		

Table 6: Satisfaction with Preoperative Anaesthetist Visit

			N	Y	Total	Chi square test	P value
	20-30	N	10	93	103	0.64	0.95
		%	9.7%	90.3%	100.0%		
	30-40	N	9	120	129		
		%	7.0%	93.0%	100.0%		
	40-50	N	5	53	58		
		%	8.6%	91.4%	100.0%		

Discussion

The provision of information and personalized care by the anesthetic team is the most critical component for patient satisfaction. The assessment of any healthcare system relies on whether one evaluates just the work of practitioners or additionally considers patient opinions. Establishing the requisite criteria and acquiring essential information are procedures to assess "The Quality of Care." [15]

The patient's experiences with healthcare are essential for clinical practice. If medical therapies have just partial success without benefiting recipients, they are deemed unsuccessful interventions. Consequently, subjective health status indicators are used to assess the effect of therapies on patients' well-being. Likewise, patient input is essential for enhancing the quality of healthcare services.

This research aimed to assess the relationship between the patient and the anesthesiologist. This assessment enables the anesthesiologist to examine the patient's medical condition, general health state, identify anaesthesia-related risk factors, describe anesthesia procedures and postoperative care alternatives, and gain permission. During the preoperative assessment, the patient may have a comprehensive grasp of the proposed anesthesia and the potential issues that may occur in the perioperative phase. Issues detected during this diagnostic process may be addressed prior to surgery, or, in certain instances, the operation may be

postponed. These techniques may enhance anesthesia safety, significantly contributing to improved outcomes for surgical patients.

This research revealed that men exhibited more satisfaction than their counterparts. This may be attributed to their more active engagement and more information extraction compared to females. This conclusion aligns with the 2007 research by Singh et al. [16], which also indicated that men exhibit more satisfaction than females. However, research conducted by Gebremedhn et al. [17] and Ubaradka et al. [18] indicated elevated satisfaction ratings among females.

In our research, three hundred fifty-one patients (87.8%) expressed satisfaction with the time allocated by the anaesthetist. Male patients and younger patients exhibited more satisfaction with the time allocated by the anesthesiologist. Urban patients had more satisfaction than rural patients. Our research also indicated that patients with prior exposure to surgery and anesthesia expressed greater satisfaction with the time allocated by the anesthesiologist.

In our research, three hundred sixty-three patients (90.8%) posed inquiries to the anaesthetist, whereas one hundred seventy-one patients (81.5%) expressed satisfaction with the responses provided by the anaesthetist. The findings found in our investigation, however, indicate a larger proportion of patients able to pose inquiries and a better satisfaction rate with the responses provided by the anaesthesiologist compared to the study done by Cooray. The disparity may stem from deficiencies in their setup, since the majority of patients expressed dissatisfaction with the duration of their interaction with the anaesthesiologist. The pre-operative examination at our facility emphasizes the use of anxiety reduction measures for patients.

The information delivered by the anaesthetist, the sufficiency of time allocated by anaesthetists to patients, the appropriateness of anaesthetists' replies to patients' inquiries, and the thorough examination conducted by the anaesthetist have all contributed to the elevated degree of satisfaction. Preoperative worry stemming from insufficient knowledge on anesthesia and surgery is a prevalent source of patient unhappiness in surgical candidates. In our setting, this issue was thoroughly addressed, resulting in elevated satisfaction ratings. The male patient group exhibited more satisfaction than their female counterparts. Rural patients had more satisfaction than metropolitan ones. Our research also revealed that the younger population exhibited more satisfaction with the anaesthetist's responses. In our research, three hundred sixty-four patients (91%) reported feeling at ease after their consultation with the anesthesiologist. The male and younger patients exhibited more comfort. Urban patients exhibited more comfort than rural ones. Our research also observed that individuals with prior exposure to surgery and anesthesia reported increased comfort after the anesthetist's visit.

In our research, three hundred sixty-six patients (91.5%) expressed satisfaction with the preoperative anaesthetist consultation. Male patients and those in the younger age group had higher levels of satisfaction. Urban patients had more satisfaction than rural patients. Our research also indicated that individuals with prior exposure to surgery and anesthesia exhibited greater satisfaction.

Patient satisfaction is a delicate equilibrium between past expectations and the perceived quality of the healthcare received.

Elevated patient satisfaction establishes the norm for protocols and methodologies for patient care, while inadequate satisfaction signifies the need for enhancement of overall patient care standards. Consequently, it serves as a significant indicator of healthcare quality.

Contentment with anesthesia serves as an outcome metric in clinical research. Patient pleasure is seen as a fundamental component of service quality. The measurement is necessary to meet performance enhancement and revalidation objectives for healthcare workers.

Most patients at our facility expressed satisfaction with the history obtained and the physical examination conducted by the anaesthetist. To guarantee patient safety, an obligatory consultation with an anesthesiologist occurs one day before to surgery. This serves as a tool for anxiety reduction, allows for re-evaluation of any co-morbid conditions, facilitates discussion of the anaesthesia plan, and provides fasting instructions to the patients. Two hundred eighty-one patients (70.3%) got fasting instructions at our facility. Nevertheless, the results of our research are inferior to those of the investigation done by Vyhunthan et al [2], in which 94.39% of the patients got fasting instructions. The causes for this mismatch highlight the deficiency in our setup, where an inadequate number of patients received pre-operative fasting instructions owing to a communication gap between the patient and the anesthesiologist.

When selecting a questionnaire for clinical practice or research, many factors must be considered. The successful completion of a satisfaction questionnaire with few omissions indicates the clinical acceptability of the instrument, hence endorsing its use in practice. The ideal duration for completing an assessment remains ambiguous; nevertheless, a concise questionnaire that has substantial validity and reliability, using straightforward and comprehensible language, is likely to impose less burden on patients required to complete it. A validated but concise questionnaire is preferable for audit and quality improvement, whereas more comprehensive questionnaires, including more information, may be more beneficial as outcome measures in clinical studies. In the domain of anaesthesia practice, where a variety of sophisticated tools are available, we have provided recommendations based on instruments applicable to quality improvement. However, numerous subfields of anaesthesiology necessitate additional efforts in the development and/or validation of satisfaction measures.

Conclusion

A significant proportion of patients expressed satisfaction with the preoperative anesthetic assessment in our research. A study with a larger patient cohort, while controlling for variables such as surgical kind, duration, and anesthesia method, is recommended for future research.

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