

PATIENT SATISFACTION AND ITS PREDICTORS WITH
PERIOPERATIVE ANESTHESIA CARE SERVICES AT REHMAN MEDICAL
INSTITUTE (RMI) PESHAWAR

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Abstract

Background:

Patient satisfaction is an essential indicator of healthcare quality and reflects patients' perceptions of perioperative care. Anesthesia services play a crucial role in ensuring patient safety, comfort, and overall surgical experience. Evaluating patient satisfaction with perioperative anesthesia care helps identify areas for improvement in communication, postoperative management, and service delivery.

Objectives:

To determine the level of patient satisfaction with anesthesia care.

To assess the effect of peri-operative care on patient satisfaction level.

Materials and Methods:

A prospective cross-sectional study was conducted at Rehman Medical Institute (RMI), Peshawar, over four months. A total of 300 patients aged 18–60 years undergoing elective surgeries under general or spinal anesthesia were included using convenience sampling. Data were collected through postoperative interviews using a structured questionnaire and analyzed using SPSS with descriptive statistics.

Results:

The mean age of participants was 35.02 ± 12.41 years. Most patients reported low postoperative discomfort (74.7%) and low perioperative fear (75.0%). High satisfaction with anesthesia care providers was reported by 59.0% of patients and 36.0% moderate satisfaction while 71.0% reported satisfactory waiting time experiences. Overall, most participants expressed satisfaction with communication, professionalism, and care provided by anesthesia staff.

Conclusion:

The study showed a high level of patient satisfaction with perioperative anesthesia care services. Effective communication, professional conduct, and

proper postoperative management were key contributors to patient satisfaction.

INTRODUCTION

Patient satisfaction is an important indicator of healthcare quality and efficacy, reflecting patients' perceptions of medical services in relation to their expectations and previous experiences (1). High patient satisfaction is associated with better treatment adherence, improved communication, and clinical outcomes. Satisfaction surveys help healthcare institutions identify areas requiring improvement, enhance service delivery and patient-centred care, and ensure that healthcare services meet patients' needs and expectations (2,3).

Anesthesia care is an essential component of perioperative management, providing patient safety and comfort from preoperative assessment through postoperative care (4). Patient satisfaction is influenced by effective communication, adequate information, and confidence in the anesthesia team. Preoperative anxiety and fear, particularly regarding anesthesia risks and postoperative pain, can be reduced by clearly explaining the anesthesia process, potential complications, and expected recovery, thereby strengthening trust and supporting patient-centred care (5,6).

Patient satisfaction with anesthesia is influenced by healthcare-related and patient-related factors, including professional competence, effective communication, hospital infrastructure, waiting time, and availability of healthcare services (7). Clear communication builds trust and helps patients feel that their concerns are addressed. Patient characteristics such as age, gender, education, cultural background, and previous surgical experiences may also influence perceptions of anesthesia care (8,9).

Preoperative counseling and patient education are important components of quality anesthesia care. Adequate information regarding anesthesia, potential complications, postoperative experience, side effects, and pain management can reduce fear and emotional stress and improve trust in the healthcare team (10,11). Intensive

and individualized counseling has been associated with reduced anxiety, greater satisfaction, and improved patient-provider relationships (6,12).

Perioperative anesthesia care includes preoperative assessment, intraoperative management, and postoperative recovery, all of which contribute to patient safety, comfort, and satisfaction (13). Preoperative care involves assessing medical history, physical condition, risk factors, and patient concerns. During surgery, anesthesia providers maintain physiological stability, provide adequate anesthesia, and ensure comfort. Postoperative care includes recovery monitoring, pain management, and detection of complications such as nausea, vomiting, and respiratory problems (13,14).

Postoperative outcomes strongly influence patients' perceptions of anesthesia care. Complications such as pain, nausea, vomiting, dizziness, and delayed recovery may reduce satisfaction even when anesthesia is safely administered (15). Quality postoperative care, including effective pain control and early detection and management of complications, improves patient comfort and trust and contributes to positive surgical experiences (16,17).

International research has reported high patient satisfaction where effective communication, good provider-patient relationships, and appropriate follow-up are present (18). Studies from Australia, Japan, and Saudi Arabia highlight the importance of clear explanations by anesthesiologists and adequate postoperative support. Pain and nausea remain important causes of dissatisfaction after surgery (19). Regular assessment of patient satisfaction can identify deficiencies in anesthesia services and support improvements in patient-centred care (20).

Measuring patient satisfaction provides information about patients' experiences of communication, safety, comfort, and

perioperative care (21). Patient feedback can identify strengths and weaknesses in anesthesia services, including preoperative counseling, pain management, and postoperative monitoring, and can guide quality-improvement initiatives (22). Incorporating patient perspectives into healthcare planning can improve service delivery, patient-centred care, clinical outcomes, and trust between patients and healthcare professionals (23).

Improving patient satisfaction requires a patient-centred approach combining clinical competence with effective communication. Education regarding anesthesia procedures, risks, and recovery expectations can reduce anxiety and strengthen trust (24). Effective preoperative counseling, postoperative care, pain management, and prevention or management of complications such as nausea and vomiting are also important (25). Continuous professional training, patient feedback systems, safe clinical practice, effective communication, and ongoing assessment can further improve anesthesia service quality and patient satisfaction (26).

The objectives are to determine the level of patient satisfaction with anesthesia care and to assess the effect of peri-operative care on patient satisfaction level.

METHODOLOGY:

This prospective cross-sectional study was

conducted to assess patient satisfaction and its predictors regarding perioperative anesthesia care services at Rehman Medical Institute (RMI), Peshawar, including different surgical wards. The study was conducted over a period of four months.

A sample size of 300 participants was calculated using the formula $n = Z^2 \times P \times (1-P) / E^2$, with $Z = 1.96$ (95% confidence level), $P = 0.735$ (73.5%), and $E = 0.05$ (margin of error). The calculated sample size was 299.6, rounded to 300.

A non-probability convenience sampling technique was used. Patients aged 18–60 years scheduled for elective surgery under any type of anesthesia were included. Unconscious patients and those refusing consent were excluded.

Data were collected through face-to-face interviews using a structured questionnaire during the postoperative period. Data from 300 participants were entered and analyzed using SPSS (Statistical Package for the Social Sciences). Descriptive statistics were presented as means, frequencies, and percentages.

RESULTS

Our study contained 300 individuals, with no missing observations. The study population had a mean age of 35.02 years and a standard deviation of ± 12.41 , showing a fair age distribution across individuals as shown in the table 3.1 below.

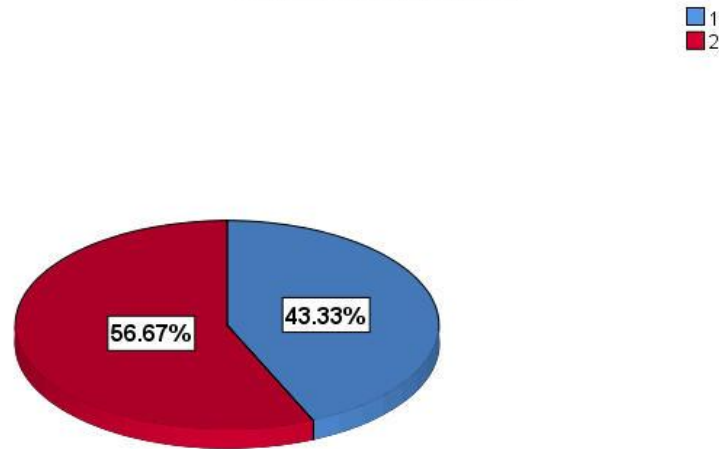
Age of the participants

Valid 300
Missing 0
Mean 35.02
Std. Deviation 12.418

The distribution of genders of the participants revealed that females made up the majority with 170 persons (56.67%), followed by males with

130 participants (43.3%). Overall, 300 participants as shown in figure no. 4.1 below.

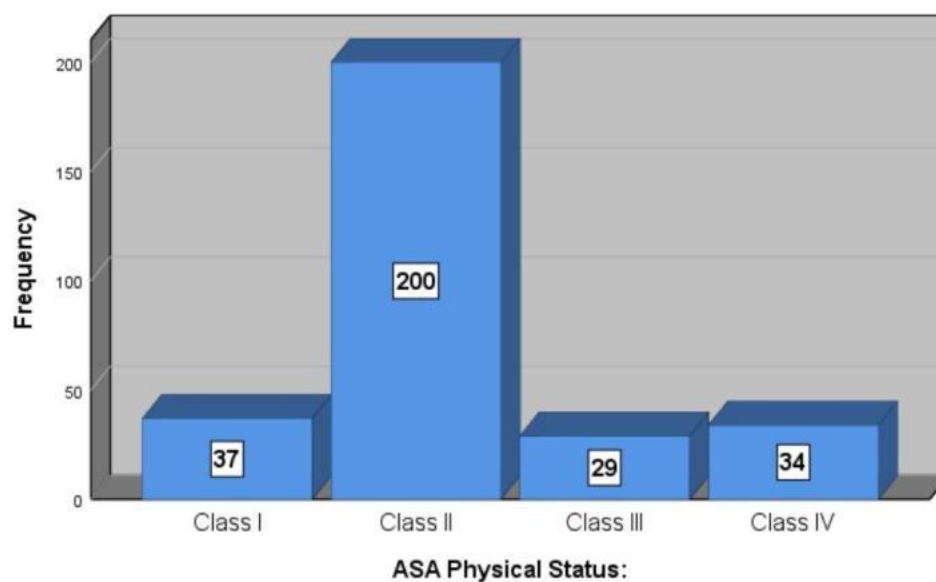
Gender of the participants



In terms of ASA physical state, 200 participants (66.7%) were categorized as Class II. This was followed by Class I with 37 participants (12.3%) and Class IV with 34 people (11.3%). Class III

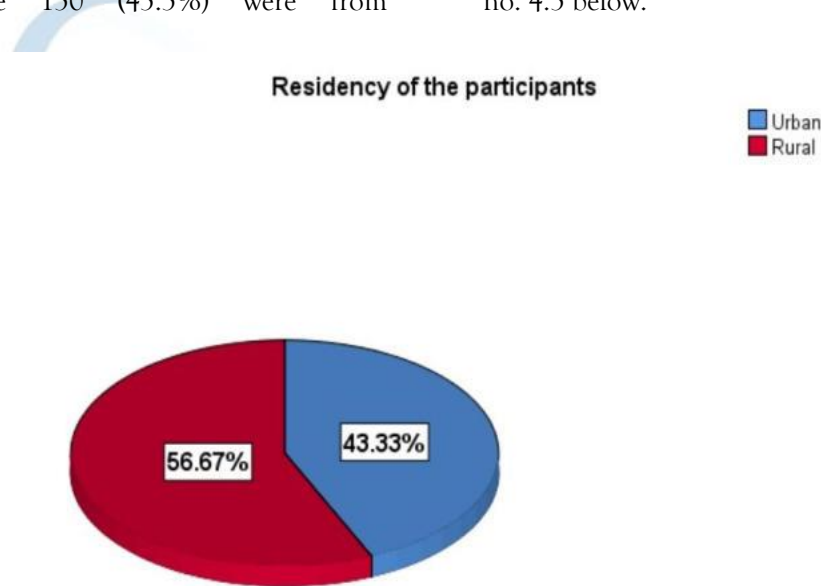
was the least represented category, with 29 players (9.7%). Overall, all 300 individuals (100%) were included, and complete data is provided for this variable as shown in figure no. 4.2 below.

ASA Physical Status:



This study includes 300 individuals (N = 300) based on their domicile. The bulk of participants were from rural regions, accounting for 170 (56.7%), while 130 (43.3%) were from

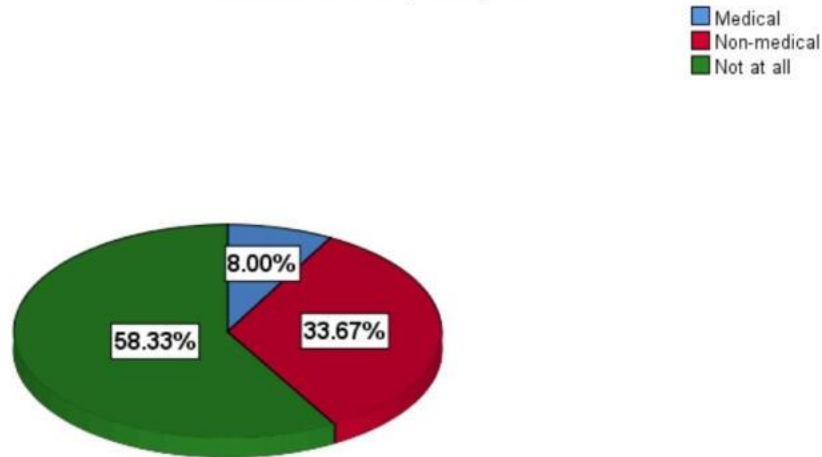
metropolitan areas. This suggests that rural inhabitants formed a bigger share of the study population than urban residents shown in figure no. 4.3 below.



The study comprised 300 individuals (N = 300) based on their occupation. The majority were not involved in any profession ("not at all"), accounting for 175 (58.3%), followed by non-medical participants, 101 (33.7%). Medical

professionals were the least represented category, accounting for 24 (8.0%) of the overall sample. Overall, the results show that majority of participants were not professionals. This distribution is seen in Figure 4.4 below.

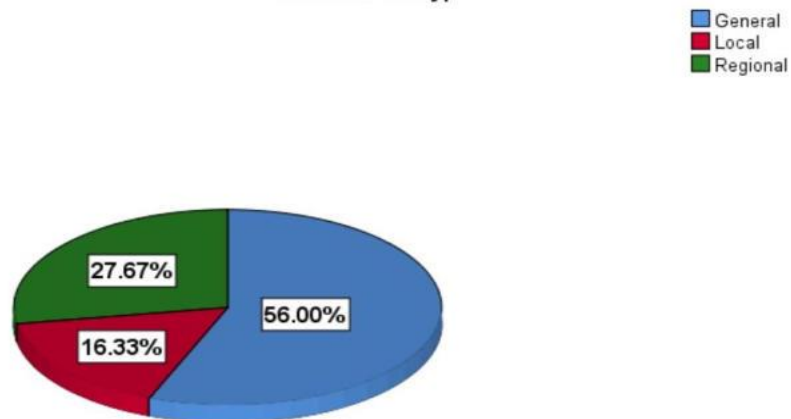
Profession of the participants



The study covered 300 individuals (N = 300) and focused on the kind of anesthetic utilized. Majority of individuals, 168 (56.0%), underwent general anesthesia, followed by 83 (27.7%) who had regional anesthesia. Local anesthetic was the

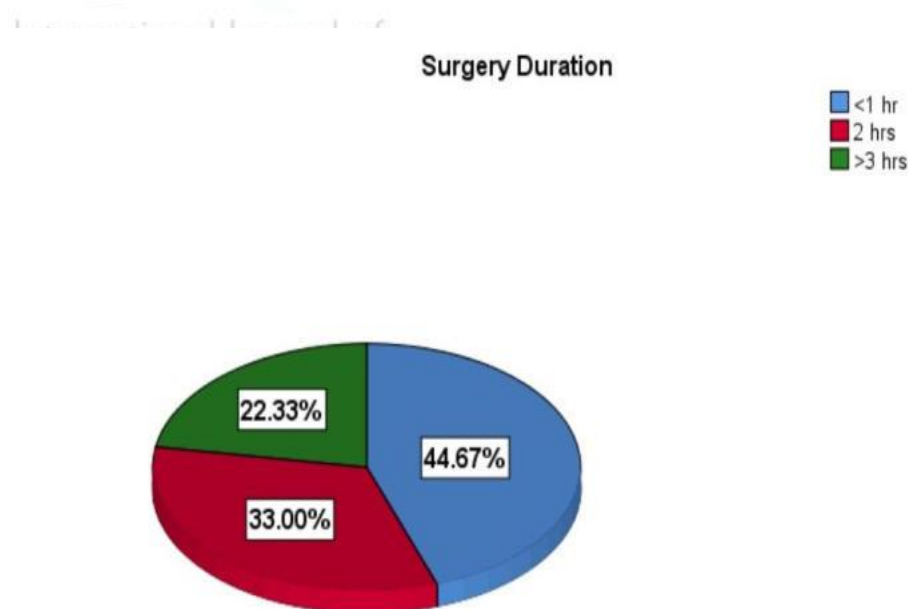
least often utilized, accounting for 49 (16.3%) of participants. Overall, the results indicate that general anesthesia was most commonly used procedure among the study population. This distribution is seen in Figure 4.5 below.

Anesthesia Type



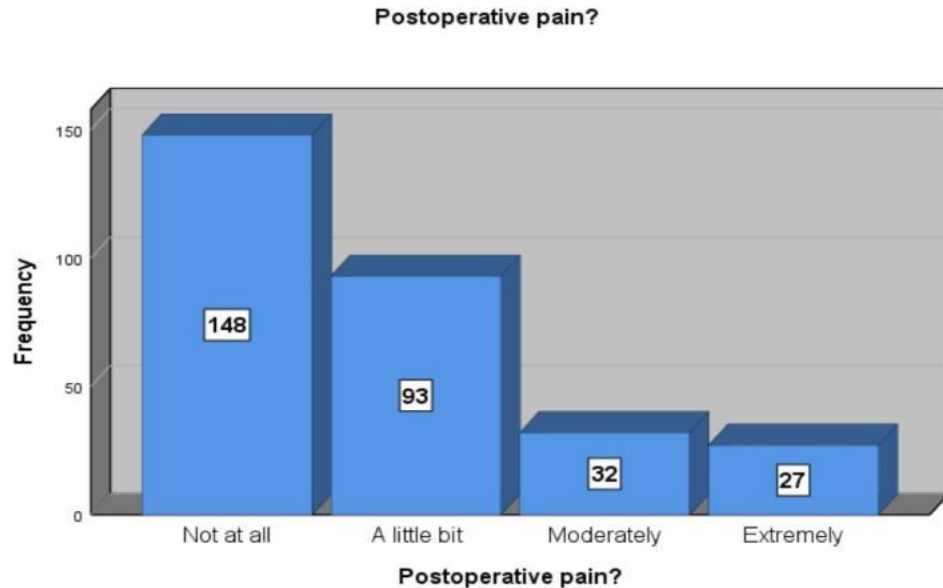
The surgical duration study involved 300 patients (N = 300). The bulk of surgeries lasted less than an hour, with 134 (44.7%), followed by procedures lasting two hours, with 99 (33.0%). The least frequent time was more than three

hours, reported by 67 (22.3%) individuals. Overall, shorter surgical procedures (<1 hour) were more commonly observed in the research population. This distribution is seen in Figure 4.6 below.



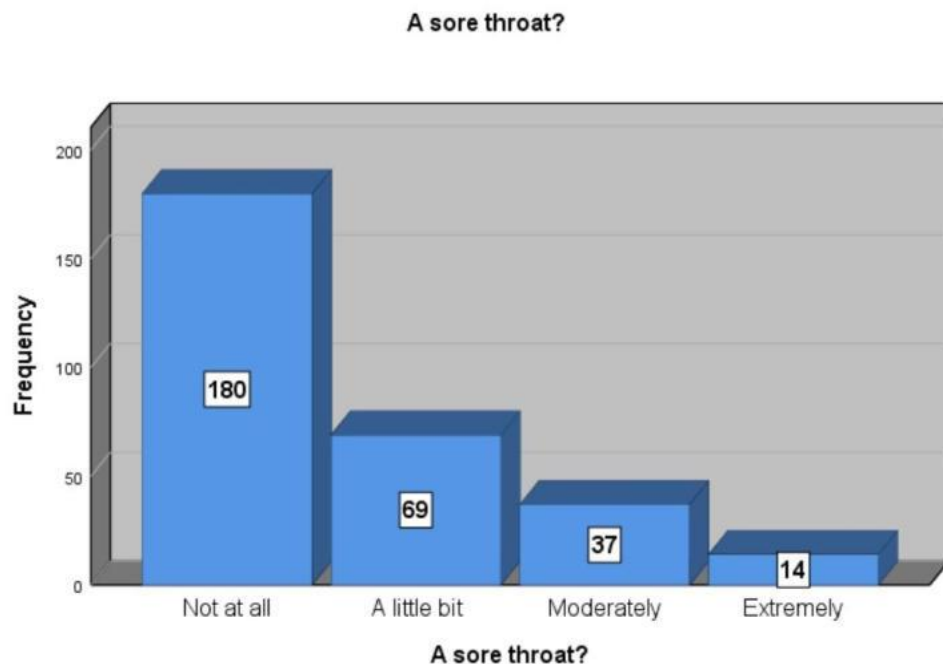
The study comprised 300 patients (N = 300) who had postoperative discomfort. Majority of subjects (148, 49.3%) reported no discomfort at all, with 93 (31.0%) reporting little pain. Moderate pain was reported by 32 (10.7%)

individuals, with intense pain occurring in 27 (9.0%) instances. Overall, the study found that most patients reported little to no postoperative discomfort. This distribution is seen in Figure 4.7 below.



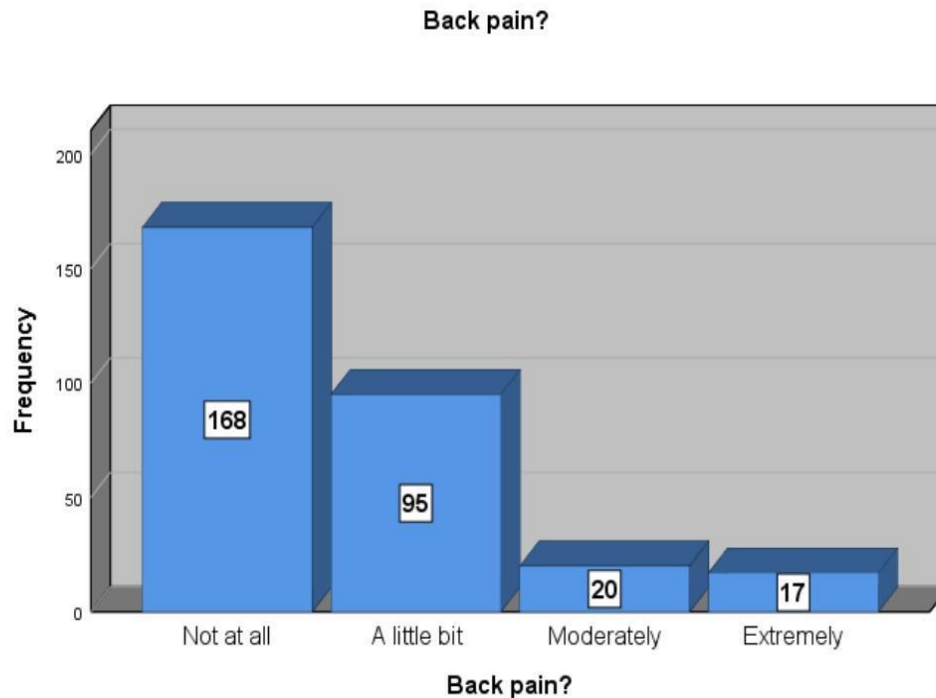
The research on sore throats had 300 participants (N = 300). Majority of participants reported no painful throat at all, accounting for 180 (60.0%), followed by those who experienced a minor sore throat, 69 (23.0%). Moderate painful throat was

reported by 37 (12.3%) individuals, with severe sore throat occurring in 14 (4.7%) instances. Overall, the results show that majority of participants did not develop postoperative sore throats. This distribution is seen in Figure 4.8 below.



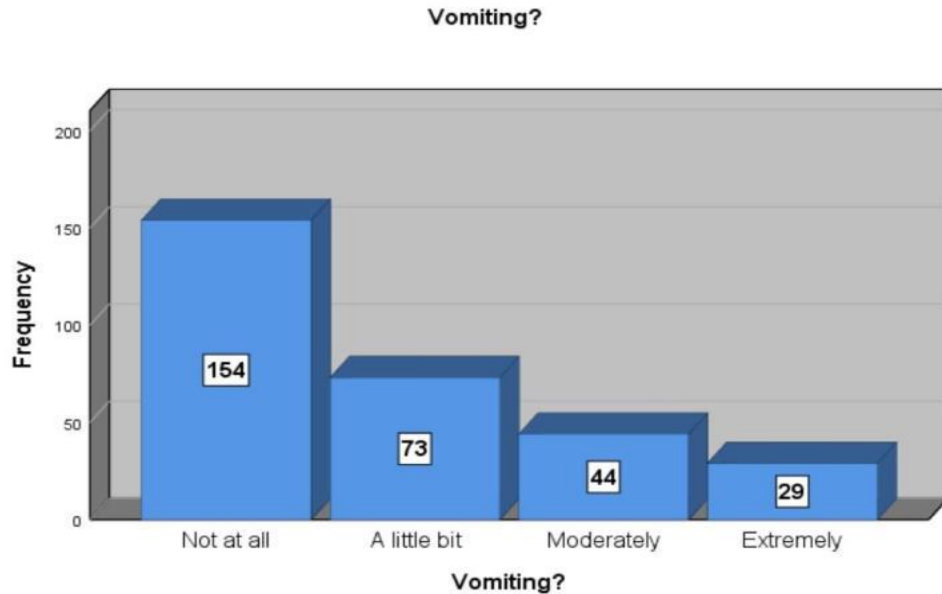
The research on back pain had 300 individuals (N = 300). Majority of individuals reported no back discomfort at all, accounting for 168 (56.0%), followed by those who experienced little back pain, 95 (31.7%). Moderate back pain was reported by 20 (6.7%) individuals, with

significant back pain occurring in 17 (5.7%) cases. Overall, the results show that majority of individuals did not develop postoperative back discomfort. This distribution is seen in Figure 4.9 below.



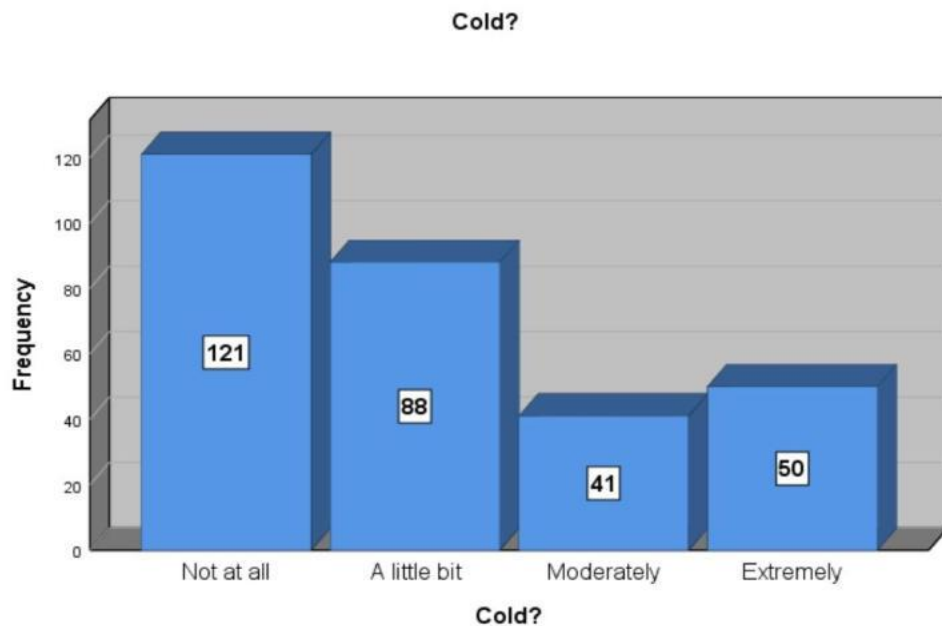
The research on postoperative vomiting had 300 individuals (N = 300). Majority of individuals, 154 (51.3%), reported no vomiting at all, with 73 (24.3%) reporting a small amount of vomiting. Moderate vomiting was reported by 44 (14.7%)

individuals, with severe vomiting occurring in 29 (9.7%) instances. Overall, the results show that majority of individuals did not develop postoperative vomiting. This distribution is seen in Figure 4.10 below.



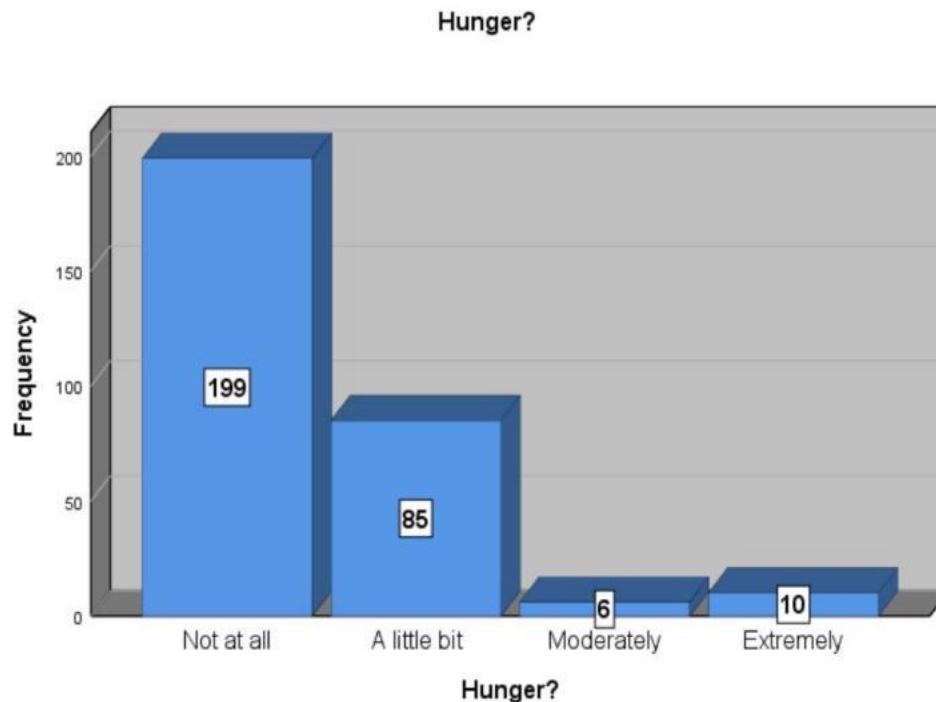
The research on postoperative cold symptoms comprised a total of 300 individuals. Majority of individuals, 121 (40.3%), reported no cold symptoms at all, while 88 (29.3%) had a mild cold. 50 (16.7%) individuals reported severe cold symptoms, whereas 41 (13.7%) had moderate

cold symptoms. Overall, the results show that a significant majority of patients had no postoperative cold symptoms. This distribution is seen in Figure 4.11 below.



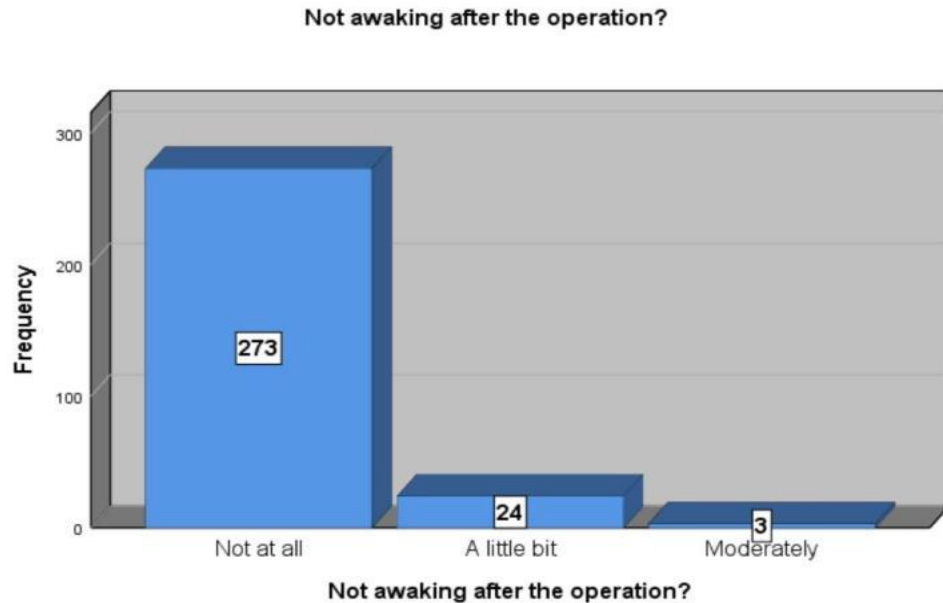
The postoperative hunger research comprised a total of 300 individuals (N = 300). Majority of individuals reported no hunger at all, accounting for 199 (66.3%), followed by those who had some hunger, 85 (28.3%). Extreme hunger was reported by 10 (3.3%) individuals, with mild

hunger being the least prevalent, occurring in 6 (2.0%) cases. Overall, the study found that most individuals did not suffer substantial postoperative hunger. This distribution is seen in Figure 4.12 below.



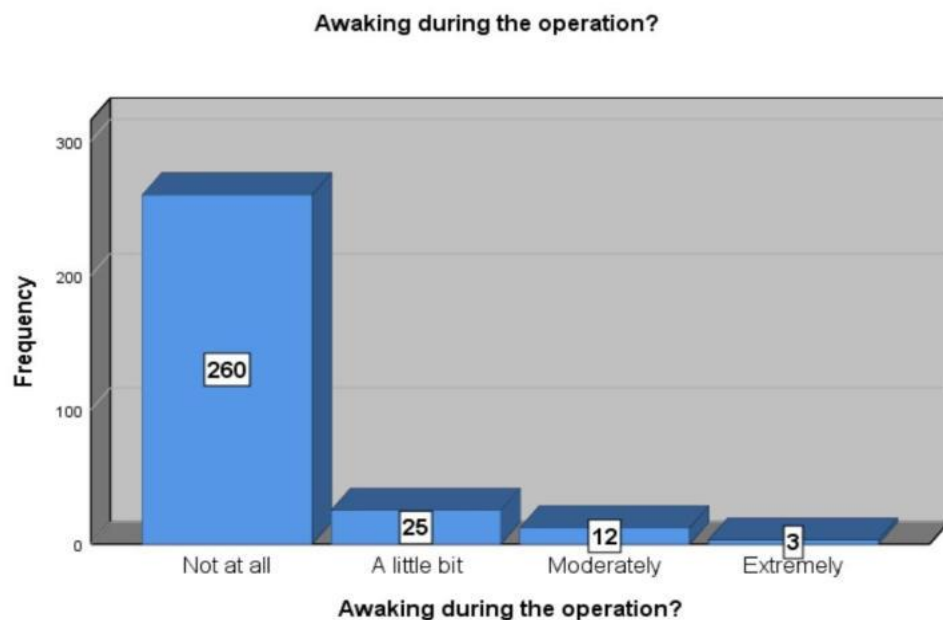
The research comprised 300 patients (N = 300) who had delayed waking following surgery. Majority of participants had no trouble awakening at all, accounting for 273 (91.0%), followed by those who encountered a slight delay in arising, 24

(8.0%). Moderate delayed waking was the least prevalent, affecting only three (1.0%) subjects. Overall, the data show that majority of individuals regained consciousness quickly following the procedure. This distribution is seen in Figure 4.13 below.



The study covered 300 subjects (N = 300) in terms of consciousness or wakefulness during surgery. Majority of subjects, 260 (86.7%), reported no intraoperative consciousness at all, followed by those who had a small amount of awareness, 25 (8.3%). 12 (4.0%) individuals

reported moderate consciousness, whereas high awareness throughout the process was seen in only three (1.0%) cases. Overall, the results show that majority of subjects did not experience awakening or consciousness throughout operation. This distribution is seen in Figure 4.14 below.



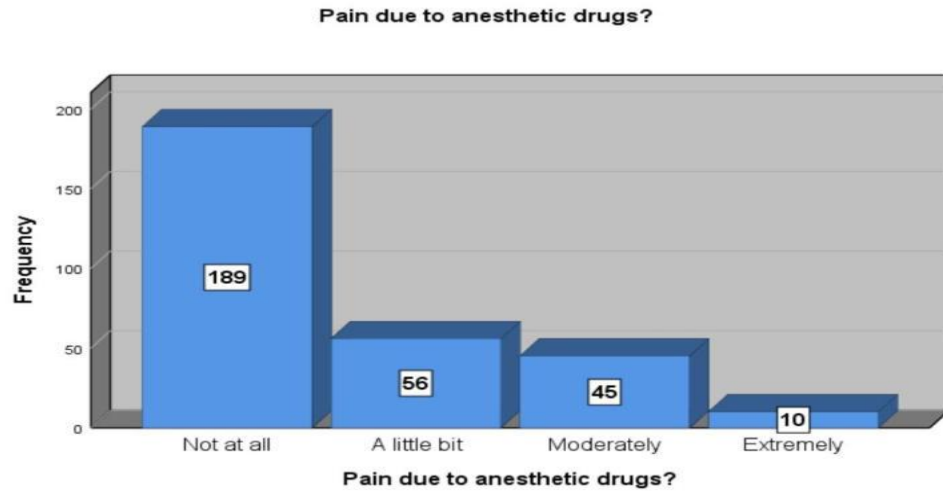
The study comprised 300 individuals (N = 300) who were afraid of being in an operation room. Majority of participants, 152 (50.7%), reported no fear at all, followed by those who experienced a small amount of dread, 93 (31.0%). 38 (12.7%) individuals reported extremely high dread,

whereas moderate fear was seen in 17 (5.7%) cases. Overall, the data show that most individuals had no substantial concern after observing the operating room atmosphere. Figure 4.15 displays this distribution.



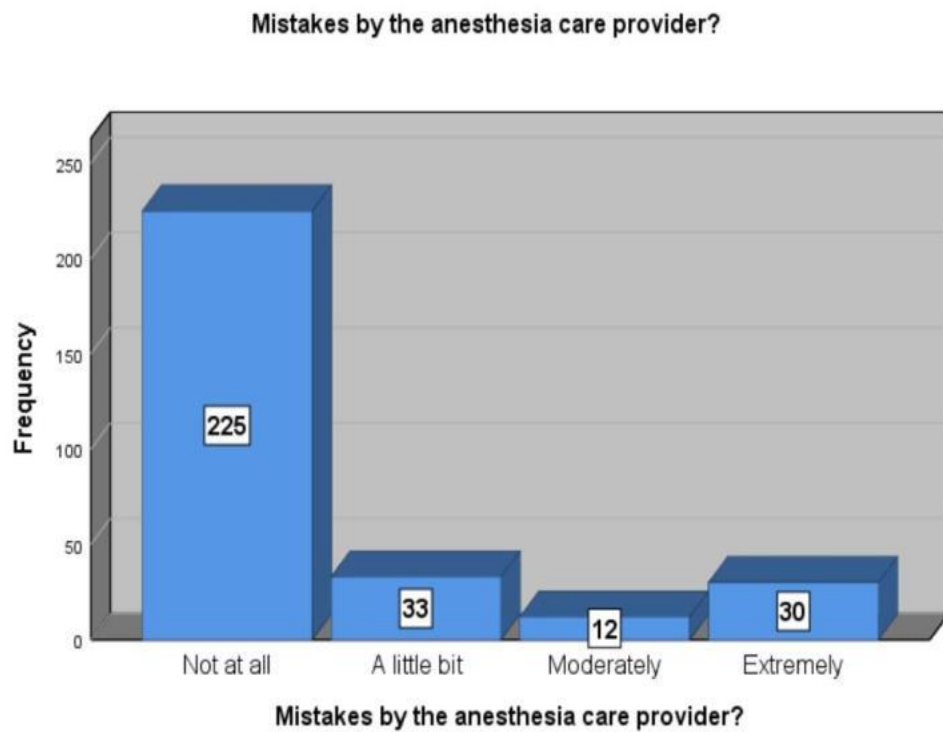
In all, 300 participants (N = 300) participated in the research for anesthetic-related pain. 189 (63.0%) of the individuals reported no discomfort at all, whereas 56 (18.7%) felt mild pain. Of the participants, 45 (15.0%) felt moderate pain,

while only 10 (3.3%) reported intense pain. Overall, the results show that majority of participants did not feel any discomfort associated with anesthetic medications. The distribution is displayed below in Figure No. 4.16.



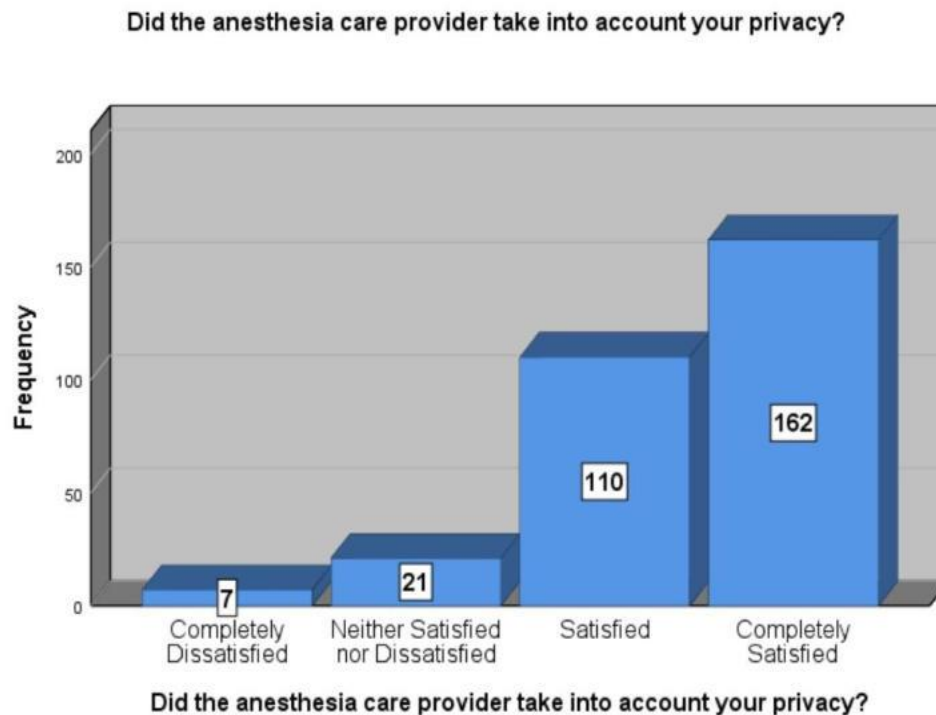
The study comprised 300 individuals (N = 300) to gauge how the anesthetic care provider's errors were perceived. 225 (75.0%) of the participants reported making no mistakes at all, whereas 33 (11.0%) reported making some mistakes. Thirty (10.0%) individuals reported extremely high perceived mistakes, whereas

twelve (4.0%) reported moderate faults, which were the least frequent. Overall, the results show that majority of participants did not report any errors made by the anesthetic care provider. Figure No. 4.17 below illustrates this distribution.



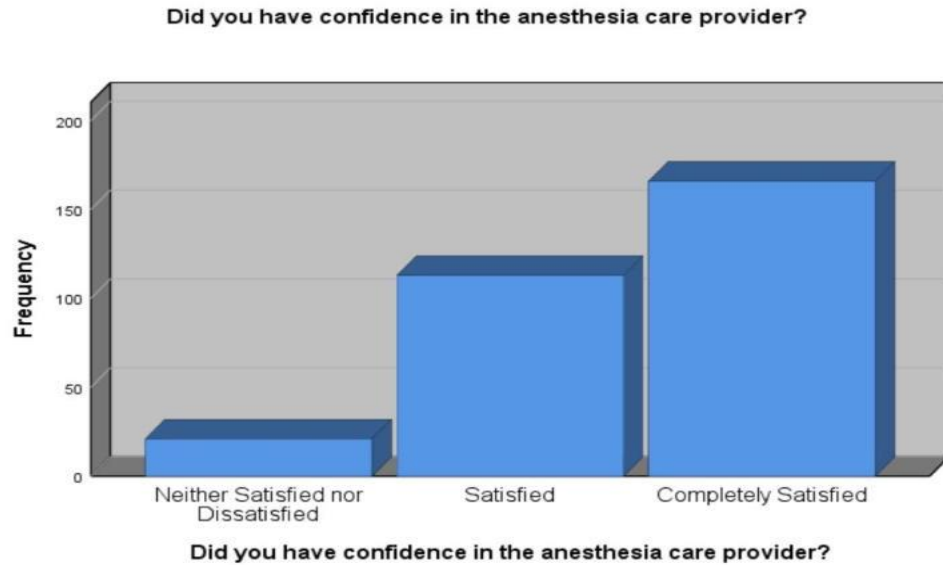
300 participants (N = 300) in the current study were evaluated to see if the anesthetic care provider took patient privacy into consideration. Of the participants, 162 (54.0%) expressed total satisfaction, whereas 110 (36.7%) expressed satisfaction. Just 7 (2.3%) individuals expressed total dissatisfaction, while a smaller percentage,

21 (7.0%), remained neither satisfied nor unhappy. Overall, the results show that participants were quite satisfied with the anesthetic care provider's concern of their privacy. Figure No. 4.18 below illustrates this distribution.



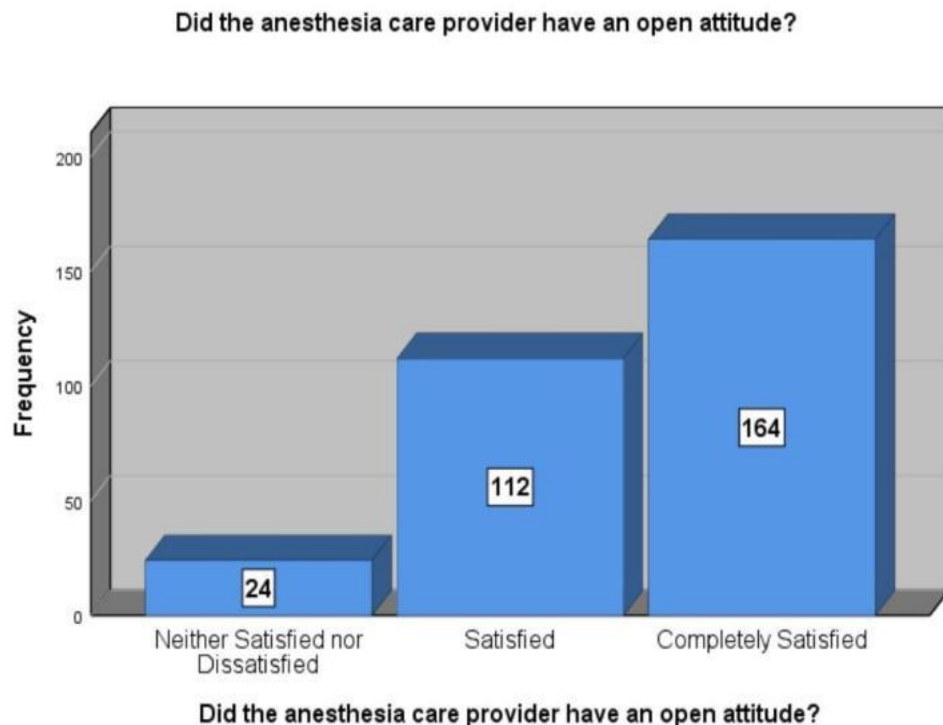
The confidence of a sample of 300 participants (N = 300) in the anesthetic care provider was evaluated. Of the participants, 166 (55.3%) expressed total satisfaction, whereas 113 (37.7%) expressed satisfaction. A lesser percentage of participants—21 (7.0%) of the sample as a

whole—were neither happy nor dissatisfied. Overall, the results show that participants had a high degree of confidence in the anesthetic care provider. Figure No. 4.19 below illustrates this distribution.



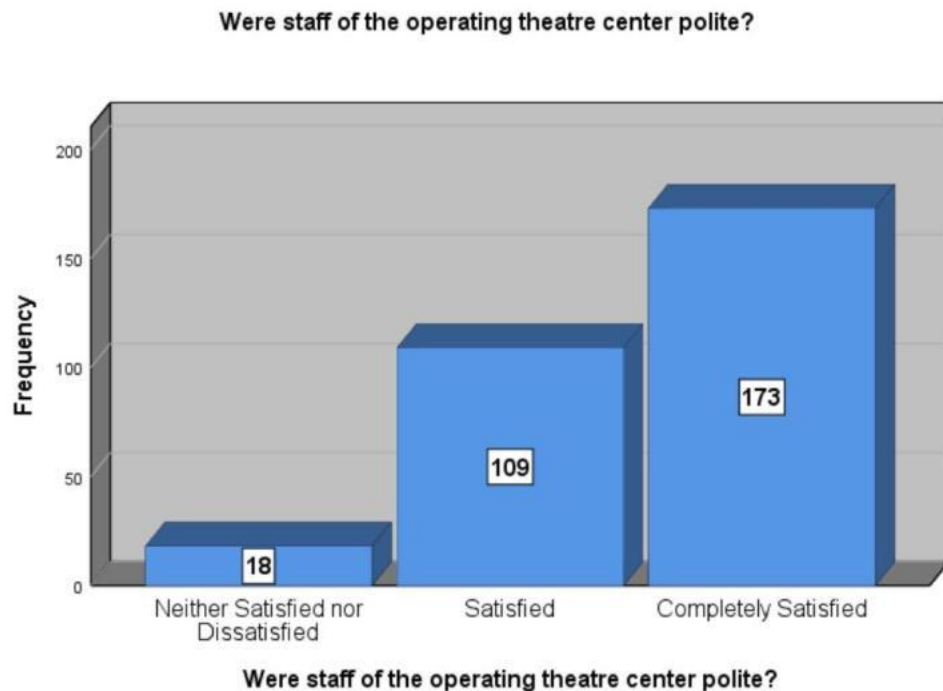
The perceived transparency of the anesthetic care provider was assessed in a sample of 300 participants (N = 300). Of the participants, 164 (54.7%) expressed total satisfaction, whereas 112 (37.3%) expressed satisfaction. A lower percentage of participants—24 (8.0%) of the

sample as a whole—were neither happy nor dissatisfied. Overall, the results show that majority of participants thought the anesthetic care provider was kind and approachable. Figure No. 4.20 below illustrates this distribution.



The evaluation of the operating room staffs friendliness involved 300 participants (N = 300). Of the participants, 173 (57.7%) expressed total satisfaction, whereas 109 (36.3%) expressed satisfaction. A lesser percentage of participants—

18 (6.0%) of the sample as a whole—were neither happy nor dissatisfied. Overall, the results show that participants were quite satisfied with the operating room staffs friendliness. Figure No. 4.21 below illustrates this distribution.



Data was collected from 300 participants (N = 300) to assess the perceived professionalism of the operating room center staff. Of the participants, 172 (57.3%) expressed total satisfaction, whereas 113 (37.7%) expressed satisfaction. A

lesser percentage of participants—15 (5.0%) of the sample as a whole—were neither happy nor dissatisfied. Overall, the results show a high degree of satisfaction with the operating room staffs professionalism. Table No. 3.2 below shows this distribution.

Did you find the staff of the operating theatre center professional?

Frequency	Percent	Valid Percent	Cumulative Percent
Valid Neither Satisfied nor 15 Dissatisfied	5.0	5.0	5.0
Satisfied 113	37.7	37.7	42.7
Completely Satisfied 172	57.3	57.3	100.0
Total 300			

	100.0	100.0	
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To determine if the anesthetic care provider paid attention to concerns such pain and nausea, responses were gathered from 300 participants (N = 300). Of the participants, 177 (59.0%) expressed total satisfaction, whereas 104 (34.7%) expressed satisfaction. Only one person (0.3%) expressed dissatisfaction, while a smaller

percentage of participants—18 (6.0%)—were neither satisfied nor unhappy. Overall, the results show that majority of individuals were pleased with how the anesthetic care provider handled their issues. Table No. 3.3 below shows this distribution.

Did anesthesia care provider pay attention to complaints like pain and nausea?

Frequency	Percent	Valid Percent	Cumulative Percent
Dissatisfied 1	.3	.3	.3
Neither Satisfied nor 18	6.0	6.0	6.3
Dissatisfied			
Satisfied 104	34.7	34.7	41.0
Completely Satisfied 177	59.0	59.0	100.0
Total 300	100.0	100.0	

To assess whether the anesthetic care provider took patients' wishes into account, data was collected from 300 participants (N = 300). Of the participants, 177 (59.0%) expressed total satisfaction, whereas 104 (34.7%) expressed satisfaction. A lesser percentage, 19 (6.3%) of the

samples were neither happy nor dissatisfied. Overall, the results show a high degree of satisfaction with the anesthetic care provider's attention of individual preferences. Table No. 3.4 below shows this distribution

Did anesthesia care provider take into account your personal preferences?

Frequency	Percent	Valid Percent	Cumulative Percent
Valid Neither Satisfied nor 19	6.3	6.3	6.3
Dissatisfied	34.7	34.7	41.0
Satisfied 104	59.0	59.0	100.0
Completely Satisfied 177	100.0	100.0	
Total 300			

To determine if the anesthetic care provider took the patients' cultural background into consideration, 300 participants (N = 300) provided feedback. With 179 (59.7%) cases, majority

of participants expressed total satisfaction, followed by those who expressed satisfaction with 103 (34.3%). A lesser percentage, 18 (6.0%) of the sample were neither happy nor dissatisfied. Overall, the results show a high degree of

satisfaction with the anesthetic care provider's awareness of cultural background. Table No. 3.5

below shows this distribution

Did anesthesia care provider take into account your cultural background?

Frequency	Percent	Valid Percent	Cumulative Percent
Valid Neither Satisfied nor 18 Dissatisfied	6.0	6.0	6.0
Satisfied 103	34.3	34.3	40.3
Completely Satisfied 179	59.7	59.7	100.0
Total 300	100.0	100.0	

To determine if the anesthetic care provider was regarded as informed, the replies of 300 participants (N = 300) were examined. Of the participants, 178 (59.3%) expressed total satisfaction, whereas 104 (34.7%) expressed satisfaction. A lesser percentage, 18 (6.0%) of the

sample were neither happy nor dissatisfied. Overall, the results show a high degree of trust in the anesthetic care provider's expertise. Table No. 3.6 below shows this distribution.

Did you find the anesthesia care provider knowledgeable?

Frequency	Percent	Valid Percent	Cumulative Percent
Valid Neither Satisfied nor 18 Dissatisfied	6.0	6.0	6.0
Satisfied 104	34.7	34.7	40.7
Completely Satisfied 178	59.3	59.3	100.0
Total 300	100.0	100.0	

To determine if the anesthetic care provider handled the 300 participants (N = 300) with kindness, data was gathered. Of the participants, 178 (59.3%) expressed total satisfaction, whereas 107 (35.7%) expressed satisfaction. A

lesser percentage, 15 (5.0%) of the sample were neither happy nor dissatisfied. Overall, the results show that majority of participants thought the anesthetic care provider was kind to them. Table No. 3.7 below shows this distribution.

Were you treated kindly by the anesthesia care provider

Frequency	Percent	Valid Percent	Cumulative Percent
Valid Neither Satisfied nor 15 Dissatisfied	5.0	5.0	5.0
Satisfied 107	35.7	35.7	40.7
Completely Satisfied 178	59.3	59.3	100.0
Total 300	100.0	100.0	

To determine if the procedure was carried out on the scheduled day and time, responses from 300 participants (N = 300) were recorded. Majority of participants (216, or 72.0%) said that the timing was perfect, followed by those who said there was no significant delay (75, or 25.0%).

Nine participants, or 3.0% of the total, felt that the wait time was excessively lengthy. Overall, the results indicate that majority of participants were content with the time and schedule of their procedure. Table No. 3.8 below shows this distribution.

Were you operated on the agreed date and time?

Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes, too long	3.0	3.0	3.0
	25.0	25.0	28.0
No long	72.0	72.0	100.0
Just right 216	100.0	100.0	
Total 300			

The replies of 300 participants (N = 300) were examined to assess how they felt about the waiting period between arriving at the operating room and the procedure. 216 (72.0%) of the participants said that the waiting time was exactly

fine, while 84 (28.0%) said there was no significant delay. Overall, the results indicate that majority of participants were content with how long they had to wait before their procedure. Table No. 3.9 below shows this distribution.

How did you experience the waiting time between your arrival at the operating theatre center and the operation?

Frequency	Percent	Valid Percent	Cumulative Percent
Valid No long 84	28.0	28.0	28.0
	72.0	72.0	100.0
Just right 216	100.0	100.0	
Total 300			

To assess the waiting time between their stay in the recovery room and their departure from the operating room center, responses were gathered from 300 participants (N = 300). 212 (70.7%) of the participants said the waiting time was exactly right, while 78 (26.0%) said there was no

significant delay. Ten participants, or 3.3% of the total, felt that the wait time was excessively lengthy. Overall, the results show that majority of participants were content with the recovery room's discharge waiting period. Table No. 3.10 below shows this distribution.

How did you experience the waiting time between your time spent in the recovery room and leaving the operating theatre center?

Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes, too long 10	3.3	3.3	3.3
	26.0	26.0	29.3
No long 78	70.7	70.7	100.0

Just right 212	100.0	100.0	
Total 300			

The bulk of the 300 patients had very little physical discomfort following surgery, according to an analysis. In particular, 74.7% (n=224) of patients reported little discomfort, suggesting that peri-operative symptoms were successfully managed. Notably, none of the patients fell into

the "High" discomfort group, while the remaining 25.3% (n=76) reported moderate discomfort as shown in table no. 3.11
Postoperative Physical Discomfort Score Among Patients

Undergoing Peri-operative Anesthesia Care

Frequency	Percent	Valid Percent	Cumulative Percent
Valid Low 224	74.7	74.7	74.7
	25.3	25.3	100.0
Moderate 76	100.0	100.0	
Total 300			

Overall good results were found when the study population (N=300) was evaluated for psychological effect and perioperative fear. Effective preoperative counseling and patient reassurance are suggested by the fact that 75.0%

of the participants (n=225) reported little fear or a positive experience. Only a tiny minority of 2.0% (n=6) fell into the extreme fear/anxiety group, whereas 23.0% (n=69) reported moderate dread as shown in table no. 3.12

Psychological and Perioperative Fear/Awareness Score Among Patients Undergoing Anesthesia Care

Frequency	Percent	Valid Percent	Cumulative Percent
Valid Low fear / good experience 225	75.0	75.0	75.0
Moderate fear 69	23.0	23.0	98.0
	2.0	2.0	100.0
High fear / anxiety 6	100.0	100.0	
Total 300			

Most individuals showed high levels of satisfaction with their direct interactions with anesthetic care providers. In particular, 59.0% (n=177) of the patients expressed great satisfaction,

demonstrating a strong sense of clinical skill, professionalism, and friendliness. Only 5.0% (n=15) of the sample expressed low satisfaction, whereas 36.0% (n=108) rated moderate satisfaction as shown in 3.13

Patient Satisfaction with Anesthesia Care Provider Among Study Participants Alternative:

Frequency	Percent	Valid Percent	Cumulative Percent
Valid Low satisfaction 15	5.0	5.0	5.0

Moderate satisfaction 108	36.0	36.0	41.0
High satisfaction 177	59.0	59.0	100.0
Total 300	100.0	100.0	

Patients' experiences with waiting times in peri-operative anesthetic care services were divided into three categories: bad, moderate, and good. Majority of participants (71.0%) reported having good or adequate waiting time experience, according to the data, suggesting that most patients

were pleased with the effectiveness of the services rendered in the operation room. Just 3.7% of patients had a bad experience marked by higher wait times or discontent, whereas a smaller percentage (25.3%) indicated a moderate level of pleasure as shown in table no. 3.14.

Waiting Time Experience of Patients in Peri-operative Anesthesia Care Services

Frequency	Percent	Valid Percent	Cumulative Percent
Valid Poor experience (too long / dissatisfaction) 11	3.7	3.7	3.7
Moderate experience 76	25.3	25.3	29.0
Good / satisfactory 213 experience	71.0	71.0	100.0
Total 300	100.0	100.0	

DISCUSSION

In a study carried out at King Khalid University Hospital in Riyadh, Saudi Arabia, Alshehri et al. (2015) evaluated postoperative patient satisfaction after anesthetic care. According to the study, postoperative pain was a significant factor in determining unhappiness even if the overall satisfaction percentage was high (95.2%). In particular, 21.4% of patients with severe static and dynamic pain had considerably lower satisfaction levels, whereas 12.4% of patients with inadequate postoperative pain control expressed dissatisfaction with anesthetic treatment. These results significantly support the current study's Section A item on postoperative pain, emphasizing that insufficient pain management continues to be a major issue affecting patients' experiences following anesthesia parallel to our study, 300 patients (N = 300) who had postoperative discomfort. Majority of subjects (148, 49.3%) reported no discomfort at all, with 93 (31.0%) reporting little pain. Moderate pain was reported by 32 (10.7%) individuals, with

intense pain occurring in 27 (9.0%) instances. Overall, the study found that most patients reported little to no postoperative discomfort. Postoperative nausea and vomiting were shown to be significant predictors of patient dissatisfaction in the same study by Alshehri et al. (2015) carried out at King Khalid University Hospital in Riyadh, Saudi Arabia. Despite a 95.2% overall satisfaction score, the investigators found that 11.1% of patients with mild nausea were not happy with their anesthetic treatment. Similar to our study, in 300 individuals (N = 300). Majority of individuals, 154 (51.3%), reported no vomiting at all, with 73 (24.3%) reporting a small amount of vomiting. Moderate vomiting was reported by 44 (14.7%) individuals, with severe vomiting occurring in 29 (9.7%) instances. With 1,228 complaints from the study population, sore throat was shown to be one of the most common postoperative consequences in the same research. The incidence of mild adverse effects, such as sore mouth, significantly

decreased patient satisfaction levels ($P < 0.001$), despite an overall high satisfaction rating of 97%. This result shows that airway-related discomfort is a frequent and significant factor impacting patients' perceptions of anesthetic care, which directly relates to the current study's Section A item on sore throat. While in our study, in total of 300 participants ($N = 300$). Majority of participants reported no painful throat at all, accounting for 180 (60.0%), followed by those who experienced a minor sore throat, 69 (23.0%). Moderate painful throat was reported by 37 (12.3%) individuals, with severe sore throat occurring in 14 (4.7%) instances. Overall, the results show that majority of participants did not develop postoperative sore throats.

In a large prospective study at an academic university medical center, Myles et al. (2007) found that 30% of patients had at least one perioperative complaint and 6% reported multiple adverse events, both of which were significantly linked to patient dissatisfaction ($P < 0.001$). These complaints comprised a variety of postoperative discomfort, which may include musculoskeletal pain like back pain, even though back pain was not expressly evaluated as an independent variable. This result emphasizes that even widespread postoperative discomfort can have a detrimental influence on patient satisfaction and should be properly controlled. It is consistent with the current research variable on back pain. Similar to our study, in a total of had 300 individuals ($N = 300$). Majority of individuals reported no back discomfort at all, accounting for 168 (56.0%), followed by those who experienced little back pain, 95 (31.7%). Moderate back pain was reported by 20 (6.7%) individuals, with significant back pain occurring in 17 (5.7%) cases. Overall, the results show that majority of individuals did not develop postoperative back discomfort.

Hume et al., Kennedy et al., and Asbury et al. from the Department of Anesthesia at the Western Infirmary in Glasgow, United Kingdom, found that 43.4% of patients were concerned about not waking up following anesthesia. This data suggests that worry of postoperative non-

recovery or death is a prevalent psychological issue for surgical patients. The relatively high incidence of this worry implies substantial preoperative anxiety and misunderstandings about anesthetic safety. While in our study, in a total of 300 patients ($N = 300$) who had delayed waking following surgery. Majority of participants had no trouble awakening at all, accounting for 273 (91.0%), followed by those who encountered a slight delay in arising, 24 (8.0%). Moderate delayed waking was the least prevalent, affecting only three (1.0%) subjects. Overall, the data show that majority of individuals regained consciousness quickly following the procedure.

Hume et al., Kennedy et al., and Asbury et al. (Western Infirmary, Glasgow, UK) discovered that 51.4% of patients dreaded waking up after surgery, making it the most frequent concern among

responders. Although the real prevalence of intraoperative consciousness is exceedingly rare, patients continue to believe it is very common. This concern considerably leads to preoperative psychological stress and is directly related to the current research item on "Awaking during the operation," which emphasizes the difference between perceived and actual danger in anesthetic

treatment. Similar to our study, in a total of 300 subjects ($N = 300$) in terms of consciousness or wakefulness during surgery. Majority of subjects, 260 (86.7%), reported no intraoperative consciousness at all, followed by those who had a small amount of awareness, 25 (8.3%). Moderate consciousness was reported by 12 (4.0%) individuals, whereas high awareness throughout the

process was seen in only three (1.0%) cases. Overall, the results show that majority of subjects did

not experience awakening or consciousness throughout operation.

Hume et al., Kennedy et al., and Asbury et al. found that 38.0% of patients dreaded pain during surgery, 47.6% thought pain was a necessary element of recovery, and 38.6% believed pain had to be endured. These findings

highlight widespread misunderstandings and great concern about pain and its treatment in perioperative care. This is closely related to the current research item on "Pain due to anesthetic drugs," which emphasizes that fear and misunderstanding of pain continue to be key causes to patient anxiety and unhappiness. Parallel to our study, in total of 300 individuals (N

= 300) who were afraid of being in an operation room. Majority of participants, 152 (50.7%), reported no fear at all, followed by those who experienced a small amount of dread, 93 (31.0%). Extremely high dread was reported by 38 (12.7%) individuals, whereas moderate fear was seen in 17 (5.7%) cases. Overall, the data show that most individuals had no substantial concern after observing the operating room atmosphere.

Hume et al., Kennedy et al., and Asbury et al. from the Western Infirmary in Glasgow, United Kingdom, undertook a physiological research on 92 patients to determine the impact of fentanyl on sevoflurane minimum alveolar concentration (MAC) and MACawake. The study indicated that MACawake (loss of responsiveness to vocal command) was $0.62 \pm 0.03\%$ in patients not receiving fentanyl. It dramatically reduced with increasing fentanyl doses, with up to a 50% reduction at 7.3 ng/ml. This decrease in intraoperative consciousness and increase in anesthetic depth demonstrate efficient anesthesia treatment. While in our study, in total of 300 participants (N = 300) in the anesthetic care provider was evaluated. Of the participants, 166 (55.3%) expressed total satisfaction, whereas 113 (37.7%) expressed satisfaction. A lesser percentage of participants—21 (7.0%) of the sample as a whole—were neither happy nor dissatisfied. Overall, the results show that participants had a high degree of confidence in the anesthetic care provider.

Tyler J. Law et al. (Anesthesia Provider Training and Practice Models in Africa, 2019) found that 83% of responders were physician anesthesiologists (PAs) and 17% were non-physician anesthesia providers (NPAPs) from 51

African nations. The study revealed 30 unique anesthetic training tracks, with 73% tailored for NPAPs, indicating substantial variation in provider certification. Furthermore, 92% of nations indicated that more than half of anesthetics were administered by non-physicians, with many countries having fewer than one physician anesthesiologist per 100,000 people. This unequal distribution of highly trained providers may have a direct impact on patient trust in anesthetic care, since inequalities in training depth, supervision, and workforce availability can all affect the perceived safety and dependability of anesthesia services. Similar to our study, in which a total sample of 300 participants (N = 300) in the anesthetic care provider was evaluated. Of the participants, 166 (55.3%) expressed total satisfaction, whereas 113 (37.7%) expressed satisfaction. A lesser percentage of participants—21 (7.0%) of the sample as a whole—were neither happy nor dissatisfied. Overall, the results show that participants had a high degree of confidence in the anesthesia care provider.

The study also found significant diversity in anesthesia training programs, with physician anesthesiologists completing a median training time of 48 months (range: 36-72 months) vs NPAP programs averaging 24 months (range: 9-48 months). Only 33% of countries required standardized tests before entering practice, and 28% of NPAP programs relied on foreign instructors, indicating educational inconsistencies. Although most programs taught clinicians how to perform basic anesthesia on their own (including spinal anesthesia in up to 90% of programs), over 60% of NPAP programs lacked advanced subspecialty training, such as regional anesthesia. While in our study the replies of 300 participants (N = 300) were examined. Of the participants, 178 (59.3%) expressed total satisfaction, whereas 104 (34.7%) expressed satisfaction. A lesser percentage, 18 (6.0%) of the samples, were neither happy nor dissatisfied. Overall, the results show a high degree of trust in the anesthetic care provider's expertise.

Conclusion:

This study demonstrated that the overall level of patient satisfaction with perioperative anesthesia care services at Rehman Medical Institute was high, reflecting effective clinical practice and patient-centered care. Most patients reported minimal postoperative discomfort, low perioperative fear, and strong confidence in anesthesia care providers, highlighting the importance of professional conduct, effective communication, and timely management of patient concerns. Factors such as respectful behavior, attention to patient complaints, maintenance of privacy, and efficient waiting time significantly contributed to positive patient experiences. These findings emphasize that quality perioperative anesthesia care not only ensures patient safety but also enhances trust, comfort, and overall satisfaction with healthcare services.

RECOMMENDATIONS

The hospital administration and anesthesia department should continue promoting patient-centered perioperative care by emphasizing effective communication, professional conduct, timely service delivery, and proper postoperative management to further enhance patient satisfaction and healthcare quality. Special attention should also be given to non-medical patients, as they may have limited understanding of anesthesia procedures and surgical processes. Simple and clear explanations, counseling sessions, educational materials in understandable language, and emotional reassurance should be provided to reduce anxiety and improve their confidence and satisfaction with anesthesia care services.

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