

PATIENT SATISFACTION OVERVIEW IN POSTOPERATIVE CARE AT PROF. DR. I.G.N.G. NGOERAH CENTRAL GENERAL HOSPITAL

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ABSTRACT

Patient satisfaction is a response of health service users to the suitability between the level of importance and expectations before receiving health services and after receiving health services. Patient satisfaction with anesthesia services plays an important role in improving the quality of services and pain management of anesthesia. The quality of anesthesia services in hospitals and patient satisfaction can be measured through the assessment of effective doctor-patient communication and the assessment of postoperative pain intensity. This study is a descriptive cross-sectional study involving 184 respondents. Sampling was carried out using the consecutive sampling method on all postoperative patients at Prof. Dr. I.G.N.G. Ngoerah General Hospital from May 2022 to June 2022. Data were obtained using the Iowa Satisfaction with Anesthesia Scale (ISAS) questionnaire, an effective doctor-patient relationship questionnaire to assess effective doctor-patient communication, and a Numeric Rating Scale (NRS) questionnaire. A descriptive analysis was carried out on demographic data, patient satisfaction with anesthesia services, effective doctor-patient communication and postoperative pain intensity. Based on the results of the research that has been conducted, it can be concluded that the number of respondents who were satisfied with the anesthesia care received at Prof. Dr. I.G.N.G. Ngoerah Hospital was 94.6%. As many as 88.6% of respondents considered doctor-patient communication in general at Prof. Dr. I.G.N.G. Ngoerah General Hospital to be quite good. 46.3% of respondents did not complain of postoperative pain, and as many as 51.1% of respondents complained of mild postoperative pain. The remaining 2.7% complained of moderate postoperative pain.

Keywords: patient satisfaction., pain., postoperative

INTRODUCTION

In providing healthcare services, the quality of service is essential to consider ensuring patient satisfaction. Patient satisfaction is a response from healthcare service users regarding the alignment between the level of importance and expectations before and after receiving healthcare services. The role of doctors as service providers and healthcare professionals can directly enhance patient satisfaction in healthcare. A global survey conducted in seven countries, namely the UK, Germany, Italy, Korea, Mexico, Spain, and Finland, revealed that doctor-patient communication is key to accurate care and diagnosis and improves patient satisfaction.^{1,2}

Effective communication between doctors and patients enables doctors to understand the condition of patients and their families better, thus improving patient satisfaction related to their feelings, resulting from service performance. This can be used to evaluate the effectiveness of healthcare services, particularly postoperative pain management services, which is crucial in the process of improving the quality of healthcare services in hospitals.³

Pain is a common complaint among postoperative patients. The pain experienced by postoperative patients is acute pain. Severe pain that is not adequately managed can alter brain function, leading to sleep disturbances, concentration issues, anxiety, loss of appetite, interpersonal relationship problems, and depression, which in turn affects

patient satisfaction with pain management outcomes. The goal of postoperative pain management is to minimize patient discomfort, enable early mobilization and recovery of bodily functions, and prevent acute pain from becoming chronic pain.⁴

Patient satisfaction with anesthesia services plays a crucial role in improving the quality of service and anesthesia pain management. Therefore, it is essential for healthcare providers to understand feedback to meet good service standards. According to the minimum service standards for inpatient satisfaction from the Ministry of Health, it should be above 90%. The objective of this study is to determine the relationship between doctor-patient communication and pain management evaluation with patient satisfaction at Prof. DR. I.G.N.G. Ngoerah Central General Hospital, Denpasar.

METHODS

This study is a descriptive cross-sectional study. The population in this study includes all postoperative patients at RSUP Prof. DR. I.G.N.G. Ngoerah from May 2022 to June 2022. Sampling was conducted using the consecutive sampling method. The sample characteristics that meet the inclusion criteria for this study include postoperative patients with general anesthesia and postoperative patients with regional anesthesia, aged between 18 and 60 years. Exclusion criteria include patients who do not meet the

inclusion criteria or patients who refuse to participate as respondents.

Demographic data such as age and gender were collected using secondary data from patient medical records. Primary data were collected using the Iowa Satisfaction with Anesthesia Scale (ISAS) questionnaire to assess satisfaction with anesthesia services, the effective doctor-patient relationship questionnaire to assess effective doctor-patient communication, and the Numeric Rating Scale (NRS) questionnaire to assess postoperative pain intensity measured 30 minutes after analgesic administration.

The process of data processing and analysis began with collecting completed questionnaires on patient satisfaction, doctor-patient communication, and pain management. The data were processed using univariate and multivariate analysis, utilizing the Statistical Product and Service Solutions (SPSS®) version 23 program.

RESULTS

This study was conducted from early May to the end of June 2022 at RSUP Prof. DR. I.G.N.G. Ngoerah. The required sample size, according to Harry King's nomogram with a 95% confidence level, was 184 respondents. The characteristics of respondents in this study, including gender and age, revealed that there were 80 male respondents (43.4%) and 104 female respondents (56.5%). In this study, the most common category of respondents was female patients aged 36-55 years, with 66 individuals. This was followed by male patients aged 36-55 years, with 30 individuals. The least common category was female patients aged 18-25 years, with 9 individuals.

Table 1. Distribution of Respondent Characteristics

Age (yo)	Male	Female	Total
18 – 25	20	9	29 (15,7%)
26 – 35	14	12	26 (14,1%)
36 – 55	30	66	96 (52,1%)
> 55	16	17	33 (17,9%)
Total	80 (43,4%)	104 (56,5%)	184 (100%)

The study found that most respondents who participated in this research rated the performance of anesthesia and surgery at RSUP Prof. DR. I.G.N.G. Ngoerah favorably, with a satisfaction rate of 94.6% for the anesthesia received. This high satisfaction rate may be attributed to the current accreditation status of RSUP Prof. DR. I.G.N.G. Ngoerah Denpasar, which ensures that every service unit, particularly the Central Surgery Installation unit, is standardized to provide optimal service.

Table 2. Respondent Satisfaction Characteristics with Anesthesia

Parameter	Yes	No
I vomited or felt nauseous	20 (10,9%)	164 (89,1%)
I will use the same type of anesthesia	132 (71,7%)	52 (28,3%)
I felt itchy	16 (8,7%)	168 (91,3%)
I felt calm	153 (83,2%)	31 (16,8%)

I felt pain	16 (8,7%)	168 (91,3%)
I feel safe	166 (90,2%)	18 (9,8%)
I felt cold or hot	49 (26,6%)	135 (73,4%)
I am satisfied with the anesthesia care I received	174 (94,6%)	10 (5,4%)
I felt pain during the operation	15 (8,2%)	169 (91,8%)
I felt fine	173 (94%)	11 (6%)
I got hurt	88 (47,8%)	96 (52,2%)

For comparison, a study conducted by Sari at RS PKU Muhammadiyah Gamping using the ISAS instrument found that respondents who were satisfied based on the statement "I vomited or felt nauseous" were more numerous (57.1% vs. 42.9%), and respondents who were satisfied with the statement "I am satisfied with the anesthesia care I received" had a satisfaction rate of 100%. In contrast, the study conducted by Baroudi found that patient satisfaction with anesthesia ranged from 75% to 93% using a modified ISAS questionnaire.⁵

Table 3. Results of the Doctor-Patient Communication Questionnaire

Doctor-Patient Communication Questionnaire	Score				
	0	1	2	3	4
Providing information about the illness?	0	0	4 (2%)	56 (30,4%)	124 (67,4%)
Explaining the purpose of the surgery?	0	0	2 (1%)	50 (27,1%)	132 (71,7%)
Explaining the surgical procedure?	0	0	4 (2%)	51 (27,1%)	129 (70,1%)
Explaining the medications to be used during the surgery and their side effects?	0	0	0	50 (27,1%)	134 (72,8%)
Explaining the possible success of the surgery?	0	0	3 (1,6%)	47 (25,5%)	134 (72,8%)
Explaining the potential complications after surgery?	0	0	4 (2%)	48 (26%)	132 (71,7%)
Advising on the behavior patients should follow post-surgery?	0	0	3 (1,6%)	51 (27,7%)	130 (70,6%)
Involving patients and families in the care plan or decision-making process?	0	0	5 (2,7%)	48 (26%)	129 (70,1%)
Using language and speech that are easy to understand?	0	0	2 (1%)	46 (25%)	136 (73,9%)
Informing patients about any changes in their condition?	0	0	1 (0,5%)	53 (28,8%)	130 (70,6%)
Maintaining a calm demeanor	0	0	0	45 (24,4%)	139 (75,5%)

and attitude?					
Clarifying any unclear points?	0	0	11 (5,9%)	62 (33,6%)	111 (60,3%)
Conducting examinations based on the patient's recovery needs?	0	0	13 (7%)	62 (33,6%)	109 (59,2%)
Maintaining a friendly attitude?	0	0	7 (3,8%)	59 (32%)	118 (64%)

Score Description : 0 : Not at all, 1 : Poor, 2 : Fair, 3 : Good, 4 : Excellent

According to Pratita, there is a significant relationship between effective doctor-patient communication and the level of preoperative anxiety in patients. Effective communication can address control issues from both sides, the patient and the doctor. Doctors can fully understand the patient's and their family's condition, and patients can fully trust the doctor, thereby reducing patient anxiety. This condition greatly influences the patient's healing process. Patients feel calm and safe being treated by the doctor, which leads to compliance with the doctor's instructions and advice, believing that all actions are in their best interest. 95% of respondents feel that effective communication improves patient satisfaction and reduces demands due to misunderstandings and errors.^{3,6}

Table 4. Postoperative pain intensity

Pain Intensity	Total
No Pain	85 (46,2%)
Mild Pain	94 (51,1%)
Moderate Pain	5 (2,7%)
Severe Pain	0 (0%)
Total	184 (100%)

Based on the table 4 above, 46.3% of respondents did not report any postoperative pain, 51.1% reported mild postoperative pain, and the remaining 2.7% reported moderate postoperative pain. This questionnaire used a pain scale ranging from 0 to 10. The NRS scale is categorized into four levels: Scale 0: No pain - Scale 1-3: Mild pain, meaning the pain is tolerable and does not interfere with activities. - Scale 4-6: Moderate pain, which interferes with physical activities. - Scale 7-10: Severe pain, which affects activities to the point where the individual cannot perform tasks independently.

Postoperative pain is a form of acute pain caused by surgical trauma. The occurrence of pain involves a complex process that includes inflammatory and neurohumoral mechanisms.

Pain intensity varies significantly among individuals and is influenced by various factors, such as endocrine metabolic response, autonomic response, psychological and emotional response, and previous surgical pain experiences.

A descriptive study conducted by Othow at Gambella Hospital in Sudan found that 54.6% of patients experienced mild postoperative pain, 23.5% experienced moderate pain, and 21.9% experienced severe pain, out of a total of 183 samples included in the study.⁷

CONCLUSION

Based on the results of the study, it can be concluded that 94.6% of respondents were satisfied with the anesthesia care received at RSUP Prof. DR. I.G.N.G. Ngoerah. Additionally, 88.6% of respondents rated doctor-patient communication at RSUP Prof. DR. I.G.N.G. Ngoerah as generally good. In terms of postoperative pain, 46.3% of respondents did not report any pain, 51.1% reported mild pain, and 2.7% reported moderate pain.

REFERENCES

1. Ismawati W. Kepuasan Pasien Ditinjau Dari Orientasi Komunikasi Dokter. [skripsi]. Universitas Muhammadiyah Surakarta; 2009.
2. Yudia RCP. Pengaruh Komunikasi Interpersonal Dokter terhadap Kepuasan pasien rawat inap di RSUD A.W. Sjahranie Samarinda [skripsi]. Universitas Hasanuddin: 2019.
3. Pratita AL, Indrawanto IS, Handaja, D. *Hubungan Antara Komunikasi Efektif Dokter-Pasien Dengan Tingkat Kecemasan Pada Pasien Praoperasi*. Saintika Medika, 2014;10(2):94-100.
4. Putri R, Wardhani UC, Muharni S. Hubungan Penerapan Manajemen Nyeri Dengan Kepuasan Pasien Pasca-Operasi di Ruang Rawat Inap RSBP Batam. IVJ. 2021; 1(1).
5. Sari, MN. Tingkat Kepuasan Pasien Pasca Operasi Dengan Anestesi Regional dan Anestesi Umum di RS PKU Muhammadiyah Gamping. [skripsi]. Universitas Muhammadiyah Yogyakarta: 2017.
6. Kumar M, Chawla R. Communication skills and anesthesiologists. *Anesthesia: Essays and Researches*; 2013; 7(2):145-46.
7. Othow CO, Ferde YA, Tawuye HY, Aytolign HA. The Magnitude and associated factors of post-operative pain among adult patients: *Annals of Medicine & Surgery*: 2022; 81:104406

